



AGENDA

CABINET

Thursday, 1st December, 2022, at 10.00 am Ask for: **Emily Kennedy**
Council Chamber, Sessions House, Maidstone, ME 14 1XQ Telephone: **Tel: 03000 419625**
Email: **emily.kennedy@kent.gov.uk**

UNRESTRICTED ITEMS

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

1. Apologies
2. Declarations of Interest
3. Minutes of the meeting held on 29 September 2022 (Pages 1 - 12)
4. Revenue and Capital Budget Monitoring Report (quarter 2) (Pages 13 - 76)
5. SEND - Ofsted / CQC Revisit and Transformation Programme
To Follow
6. Developer Contributions Guide (Pages 77 - 188)
7. Kent and Medway Interim Integrated Care Strategy (Pages 189 - 264)
8. Reconnect: Kent Children and Young People - Evaluation of Programme
To Follow

EXEMPT ITEMS

(During this item the meeting is likely to NOT be open to the public)

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

9. High Needs Funding Update (Pages 265 - 272)

Benjamin Watts
General Counsel
03000 416814

Wednesday, 23 November 2022

KENT COUNTY COUNCIL

CABINET

MINUTES of a meeting of the Cabinet held in the Council Chamber, Sessions House, Maidstone, ME14 1XQ on Thursday, 29 September 2022.

PRESENT: Mr R W Gough (Chairman), Mrs C Bell, Mr D L Brazier, Miss S J Carey, Mrs S Chandler, Mr P M Hill, OBE, Mr P J Oakford, Mrs S Prendergast and Mr J A Kite, MBE

UNRESTRICTED ITEMS**1. Apologies**

(Item 1)

Apologies were received from Mr Murphy and Mr Sweetland, for whom Mr Kite was in attendance.

2. Declarations of interest

(Item 2)

RESOLVED that there were no declarations of interest.

3. Minutes of the Meeting held on 21 July 2022

(Item 3)

RESOLVED that the minutes of the meeting held on 21 July 2022 were a correct record and that they be signed by the Chair.

4. Minutes of the Meeting held on 6 September 2022

(Item 4)

RESOLVED that the minutes of the meeting held on 6 September 2022 were a correct record and that they be signed by the Chair.

5. Cabinet Member Updates

(Item 5)

1. Mrs Bell (Cabinet Member for Adult Social Care and Public Health) provided an update on the Kent Drug & Alcohol Strategy 2023- 2028 Consultation which was launched on 6th September. The Consultation sought the views and experiences of Kent residents regarding local drug and alcohol services in order to help shape a new five-year strategy. This was overseen by the Kent Substance Misuse Alliance - a partnership of key organisations including councils, Kent Police, emergency services and health providers. The consultation focused on the 30 strategic priorities which were grouped under 3 areas: prevention, treatment and recovery, and community safety. All the priorities in the Kent strategy were taken

from local needs and were also aligned to the National Drug Strategy: “From Harm to Hope”. Figures for 2021 estimated that nearly 308,000 people in Kent were drinking above the recommended levels of alcohol and an estimated 15% were binge drinkers, with around 10% of adults reporting drug use within the past year. The consultation was due to close on 31 October 2022. Further information was available via: www.kent.gov.uk/drugandalcoholstrategy

World Suicide Prevention Day took place on 10th September 2022. A Maidstone-based mental health charity, which was part funded by Kent County Council, urged people to access free suicide prevention and awareness training. Information regarding the training was available on their website: www.maidstonemind.org and sessions lasted about 3.5 hours. People were also reminded of the help available in Kent including an easy-to-use mental health text service and helpline ‘Release The Pressure’ which was free to call on 0800 107 0160 or people could text the word ‘Kent’ to 85258. Further information was available via: www.releasethepressure.uk

Kent County Council’s Counter Fraud team joined Swale Borough Council’s Parking team as they visited several streets and car parks on Thursday 4 August to check that Blue badges were being used by the authorised person and in the correct way. Blue badge holders who were spoken to throughout the day welcomed the news and gave positive feedback about the need for badges to be inspected in the Borough. In total 209 people had badges inspected and most people spoken to were using the badge in accordance with the scheme. The civil enforcement officers ceased 13 badges that had expired. Changes in the eligibility criteria meant there had been an increase in the number of badges used in Kent. It was therefore paramount that available spaces were used for legitimate purposes. Abuse of the scheme would not be tolerated, and members of the public could report the misuse of a blue badge online via: www.kent.gov.uk/reportfraud

To conclude, the council’s commissioned digital care programme project ‘Kara’ won another award at the Health Tech Digital Awards (1 August) coming first in the “Best COVID-19 Solution for Safeguarding the Vulnerable” category. Mrs Bell reminded Members that in March 2020, Kent County Council commissioned healthcare transformation consultancy Rethink Partners and pioneers of virtual care Alcove to launch a programme to deliver up to 2,000 Video Carephone devices to vulnerable people in the county as part of a swift and innovative social care response to the COVID-19 outbreak, enabling vulnerable adults to talk to friends, family, carers and professionals when they were unable to meet due to COVID-19 restrictions. This project had been nationally recognised again and was a testament to the huge positive difference that digital solutions could make to Kent’s vulnerable residents.

2. Mrs Chandler (Cabinet Member for Integrated Children's Services) reported that Ofsted were in the process of carrying out a revisit of Kent's SEND services from 26th to 30th September, looking at how the county had progressed since the inspection in 2019. An update on the outcomes of this visit would be provided in due course.

With regard to the National Transfer Scheme (NTS) on 24th August 2022, the Minister for Safe and Legal Migration announced that the percentage threshold under this scheme would rise from 0.07% to 0.1%. This change took Kent County Council's quota from 242 to 346 children in care. KCC continued to operate over capacity at the 0.07% level, however, preparations were being made to accept the additional children into the Council's care service. The Safe Care and Reception Service from which children and young people were allocated to other Local authorities through the National Transfer Scheme was still in operation. A request to government had been made to ensure that allocations were spread more evenly. It was noted that Ukrainian children placed into local authority care would not be included in the UASC threshold.

Alongside this change, the government also announced that the deadline for transfers of UASC not currently in local authority care had been reduced from ten to five working days. For transfers between local authorities, this would remain at ten working days. This had been designed to reduce the need for using hotels; however, due to increasing numbers, a new hotel specifically for receiving minors had been opened in Coventry.

It was noted that as of 23rd September, there had been 1035 UASC referrals in 2022, which was already more than the previous record set in 2015. The largest proportion of arrivals was currently from Albania (around 80%). Furthermore, due to KCC's retention of safeguarding responsibilities whilst waiting for UASC to be relocated by the Home Office from hotels, this also created additional workload.

Mrs Chandler went on to report that phase 2 of the Newly Qualified Social Worker recruitment campaign had gone live from 1st September and was hopeful that this would bolster Kent's pool of talented social workers. Furthermore, KCC staff interested in undertaking a Social Work degree apprenticeship, were encouraged to attend a webinar. Details of this were available on KNet.

To conclude, Mrs Chandler expressed her thanks to the Chairs of the 12 Local Children's Partnership Groups for their hard work and input.

3. Mrs Prendergast (Cabinet Member for Education and Skills) offered her congratulations to all pupils who received their GCSE, BTEC, A Level and T Level results. Detailed statistics of the results would be available in November and would be reported at a future meeting. Mrs Prendergast also paid tribute to primary school staff and pupils for their work to prepare for the SATs this summer.

With regard to the Kent Test, 8,298 pupils sat the test on Thursday 8th September and Saturday 10th September. The results were due to be shared with families on 18th October. The outcomes would be reported at a future meeting.

To conclude, Mrs Prendergast provided an update on the economic challenges and skills shortages in the county. Approximately 7,000 people across Kent participated in Adult Education funded courses run by KCC's Community Learning Service and the 3 Further Education Colleges, East Kent College Group, Mid Kent and North Kent Colleges (all rated Good by Ofsted). Assistance in helping people to gain new skills was also available through programmes delivered via the Department for Work and Pensions or independent providers. However, despite areas of excellent work, gaps in provision or duplication continued to result in missed opportunities to help people progress into employment. Assurance was provided that work was being done to improve collaboration between all parties, to ensure the courses met employer demand (as set out in the business-led Local Skills Improvement Plan and KCC's own Workforce Skills Evidence Base), and that resources were shared. Progress on this work would be reported at a future meeting.

4. Mr Brazier (Cabinet Member for Highways and Transport) reported on his recent visit to Dover on 9th August to participate in the formal opening of the £3.6m Dover Public Rail Improvement project within the market square. The development was partly financed through the government's Coastal Communities fund, with contributions from Kent County Council and was constructed by FM Conway Limited with works supported by the Kent Highways Project Management Team.

Brompton Bikes, an ambitious, innovative company that specialised in folding bicycles recently revealed plans to open a revolutionary and sustainable factory in Ashford by 2032, with the aim of producing 200,000 bicycles a year and expanding its campaign for active travel in Kent. This was a concept that Kent County Council were eager to explore further, and meetings would be held in the near future.

Mr Brazier addressed the withdrawal of the 80 commercial bus services across Kent and advised that this was separate to the withdrawal of the 37 subsidised buses agreed at the budget County Council meeting in February 2022. The UK operated a deregulated bus industry whereby service profitability dictated service supply, which in turn created a huge degree of concern for Kent residents particularly for those who lived in rural areas. More recently, the principal independent operator in Sevenoaks lost their operator hub in Otford and had to relocate to Swanley, making services to and from Tonbridge and Tunbridge Wells, which were heavily relied upon by secondary school pupils, increasingly difficult. Whilst KCC had no obligation to mitigate the consequences of this, the Public Transport Team worked tirelessly to identify operators who were prepared

to provide the service and ensure that sufficient travel facilities were in place for those children. Mr Brazier gave thanks to the team for their continued hard work.

To conclude, Mr Brazier also welcomed Haroona Chughtai, Director of Highways and Transportation to Kent County Council.

5. Miss Carey (Cabinet Member for Environment) announced that Kent County Council had been awarded £98,500 from the government's Local Authority Treescapes Fund (LATF), which would help to support the Council's Net Zero project.

It was further reported that recent data taken from the solar energy farm in Somerset revealed that for the 3 days in August whereby the park operated at full capacity (100%), it provided 55% of Kent County Council's energy requirement for that month. The project which was commissioned to run over a 40-year period would help to significantly reduce Kent County Council's carbon footprint and create considerable savings to electricity costs.

On 28th September, Miss Carey attended a tour of the Old Chalk New Downs projects which aimed to restore and reconnect remaining fragments of threatened chalk grassland habitats. The project, which had been funded through the Heritage Lottery Fund, was due to come to an end and a conference was due to be held on 4th October to both celebrate the project's success, but also review the lessons learned.

Members were also advised of the free-to-attend Southeast Retrofit Summit, which was due to be held from 18th to 20th October. These were online sessions and provided attendees with the opportunity to hear and network with the UK's low carbon leaders. Retrofitting which adopts a whole-house approach, helps to create warmer homes which in turn reduces carbon emissions. This was one of the many examples of projects which Kent County Council were involved in which helped both residents and the Council in achieving reduced carbon emissions.

Solar Together Kent, which was a solar panel and battery storage group-purchase scheme was in the mobilisation phase. The scheme had proved to be hugely popular this year amongst the increase in energy costs and there was scope for Kent County Council to do more work around this to help residents reduce energy cost and carbon emissions.

Miss Carey concluded by thanking staff who continued to work tirelessly on delivering the various projects across the Environment and Waste portfolio, and for their efforts in finding additional savings.

6. The Leader provided an update on behalf of Mr Murphy (Cabinet Member for Economic Development) on the No Use Empty Scheme and reported on the recent success of the scheme in Margate whereby a derelict

property had been redeveloped to a home standard. The scheme had also supported the rejuvenation of an empty commercial building in Dover Business Park which would be utilised by Tridax Limited, a Kent-based civil engineering firm.

Members were reminded of the site-visit to Mesaroli on 13th October; a logistics company based at Discovery Park in Sandwich which specialised in the transportation of food, clothes, livestock and pharmaceuticals.

The first Rural Partnership Board was due to meet on 5th October and would bring together key partners from across the rural sector in Kent.

With regard to nutrient neutrality, Dover District Council had been advised that their development plans did not have a significant impact on the quality of Stodmarsh nature reserve and therefore the planning applications which had been put on hold could now be determined. Government's plans released on 20th July provided further clarity around the funding from the Department for Environment, Food & Rural Affairs (Defra) and the Department for Levelling up, Housing and Communities (DLUHC), which allowed planning authorities to take positive steps forward.

To conclude, Members were reminded of the ongoing endeavours of the Economic Development Working Group, in bringing together Kent County Council and Folkestone and Hythe District Council, to put forward a detailed case to ministers as to the suitability of Dungeness for a modular reactor site.

7. Mr Hill (Cabinet Member for Community and Regulatory Services) announced that Kent Country Parks had retained all 8 of their Green Flag Awards which was a testament to the team's hard work and the quality of the parks. New and improved play areas were also being provided across most of KCC's country parks, through a £1.1million investment from Public Health Covid-19 recovery funding. The play area included several carefully considered inclusive elements for those with disabilities. Two additional Changing Places facilities had also been installed at Brockhill and Lullingstone Country Parks.

The summer reading challenge "Gadgeteers" ran between 9th July and 10th September. Participation reached pre-covid levels with 18,419 children taking part. Mr Hill provided feedback from families about how the Summer Reading Challenge helped them.

On 8th September 2022, Mr Hill attended the opening ceremony for the state-of-the-art dance centre for the internationally renowned Jasmin Vardimon Company, based in Ashford. The development was largely financed through an innovative approach by KCC, which utilised income from 26 commercial units on an adjoining site to provide investment for the new building. Further capital investment had been secured from Arts Council England, Ashford Borough Council (ABC) and the South-East

Local Enterprise Partnership (SELEP). Kent Music was also due to move into one of the existing units next to Jasmin Vardimon. A formal opening event was due to take place in December.

To conclude, Mr Hill reported that the Kent County Council led Southeast consortium had been selected as one of the six regions to participate in the Create Growth Programme, an initiative under the Department for Digital, Culture, Media & Sport (DCMS). The programme would provide a bespoke package of business and investor support to assist creative businesses to scale and access finance outside London.

8. Mr Kite (Deputy Cabinet Member for Communications and Engagement) reported that the Great Big Green Week, a UK wide celebration of community action to tackle climate change, was taking place from 24th September to 2nd October 2022. The KCC Communications Team had launched an interactive map to help spread the word of community events taking place and encourage widespread participation.

The Digital Champion campaign, which was established as part of the Helping Hands Scheme to tackle digital exclusion, had been put forward for a national award. Applicants would be notified of the outcome of their submission in December 2022.

The Communications Team continued to provide Kent residents with information on how to stay well protected through its Winter Campaign and assurance was provided that Kent County Council was well placed to deal with any outbreaks. This was closely tied into the cost-of-living crisis, and again, ensuring that the Communications Team continued to provide crucial information, support and assurance to Kent residents.

A number of innovative approaches continued to be adopted by the Kent Communications Team to ensure residents were fully sighted on the Winter Service plans impacting Kent's roads and highways.

National Inclusion Week ran from 26th to 30th September and provided directorates and staff with an opportunity to celebrate inclusion but also reinforce Kent County Council's commitments to inclusivity. Again, the Communications Team were instrumental in ensuring that our work and commitment was shared amongst staff.

To conclude, a review of staff satisfaction and support was being carried out, with feedback to date identifying pay and career progression as priorities on the agenda for change. This was an important area of focus and work was ongoing.

9. The Leader announced that Kent County Council had been approached by the Department for Levelling up, Housing and Communities (DLUHC) regarding government's proposal to introduce Investment Zones, a scheme that would support the acceleration of housing and infrastructure growth.

All Mayoral Combined Authorities (MCA) and Upper Tier Local Authorities (UTLA) were invited to complete an Expression of Interest to submit to government to indicate their desire to be involved in preliminary discussions. The Leader assured Members that the submission of interest did not commit Kent County Council to any further actions. Close examination of the opportunities and challenges would be carried out and Kent County Council would look to work closely with District and Borough Councils, along with Kent MPs to help inform those discussions with government. The Leader thanked Simon Jones (Corporate Director of Growth, Environment and Transport) and his team for their expeditious response to the request.

6. Quarterly Performance Report, Quarter 1, 2022/23
(Item 6)

Rachel Kennard, Chief Analyst was in attendance for this item.

1. Rachel Kennard outlined the report for Quarter 1 (Q1), 2022-2023 and highlighted that out of the 37 Key Performance Indicators (KPIs) contained within the Quarterly Performance Report (QPR), 21 achieved target (rated green), 8 achieved and exceeded the floor standard but did not meet target (rated amber), and 8 did not meet floor standard (rated red). Changes made to the Q1 report included an additional 6 KPIs and increased targets for 10 of the existing KPIs. With regard to the direction of travel, 5 indicators had shown a positive trend, 27 were stable with no clear trend and 5 had shown a negative trend. A summary was provided of the 8 indicators which had been RAG rated as red.
2. Mrs Bell (Cabinet Member for Adult Social Care and Public Health) addressed the negative trend against the proportion of new Care Needs Assessments delivered within 28 days and explained that this was largely due to a higher number of complex cases alongside additional requests for support. This was also detailed within the financial monitoring report (*item 7 of the agenda pack*) in relation to the significant forecast variance for older people in residential care services. Assurance was provided that both the performance and delivery of assessments was closely monitored and that appropriate steps had been put in place to address areas of improvement. A number of digital initiatives were also being explored to enhance access to self-service tools which in turn would help to reduce demand within the service and create capacity within the system which was financially sustainable.
3. Mr Kite (Deputy Cabinet Member for Communications and Engagement) said that whilst the qualitative nature of call handling remained high, difficulty in staff recruitment and retention within the Contact Point was a contributing factor as to why performance levels had fallen in respect of calls answered and complaints responded to within timescale. Work was being done within the service to identify opportunities for career progression to retain experienced staff.

4. Mrs Chandler (Cabinet Member for Integrated Children's Services) commented on the percentage of Education, Health Care Plans (EHCPs) issued within 20 weeks and advised that this was indicative of the challenges across the county for those with Special Educational Needs and Disabilities (SEND). Assurance was provided to Members that improvement within this area remained a strong focus.
5. RESOLVED to note the report.

7. Revenue and Capital Budget Monitoring Report (June 2022-23)
(Item 7)

John Betts, Interim Corporate Director of Finance, was in attendance for this item.

1. Mr Oakford (Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services) introduced the report which set out the overall forecast position as at the end of June for 2022-23. Revenue overspend was +£50.6m and a capital underspend was -£11.2m. Such an overspend was of serious concern for the Council and created a large degree of financial uncertainty which would require immediate action, especially due to the ongoing impact of inflationary pressures which were continuing to increase through quarter 2. In particular, the forecast for Adult Social Care and Children, Young People and Education showed significant overspends of £25.6m and £24.5m respectively. Any overspend at the end of the financial year would need to be met from general or earmarked reserves; however, this approach would not be sustainable in the medium term. Unless mitigated, the current level of overspend would require close to 50% of the Council's total reserves at the end of the 2022-2023 financial year.
2. The capital forecast which showed an underspend of -£11.2m consisted of +£21.0m real overspend and -£32.2m rephasing variance.
3. The projected deficit on the High Needs budget had increased by £47m for the year 2022-2023, from £101m at the end of the 2021-22 and was estimated to increase to around £148m by the end of the 2022-2023 financial year. The High Needs deficit was the Council's single most significant financial risk.
4. RESOLVED to note and agree the recommendations in the report.

8. KCC's Response to the Cost-of-Living Crisis
(Item 8)

David Whittle, Director of Strategy, Policy, Relationships & Corporate Assurance, was in attendance for this item.

1. Mr Whittle introduced the report which set out Kent County Council's response to the cost-of-living crisis. The paper highlighted that whilst the primary responsibility for easing the crisis at the population level sat with Government, through existing schemes and grant programmes following the Covid-19 pandemic, the Council already had in place several support programmes that were helping vulnerable residents in Kent with financial hardship and cost-of-living issues. The report also set out a range of next steps, particularly regarding an enhanced response working alongside strategic partners. Issues of the inflationary pressures on KCC services or budgets directly, or those of our providers, would be considered through the budget development process.
2. Members were advised that the report was based on the paper intended for County Council on 15 September, which was postponed due to the death of the Queen. An addendum paper had since been produced, summarising key announcements in the interim, including energy support schemes for residents, businesses and non-domestic users. This information was detailed in Appendix 1 of the report.
3. Further to comments and questions, it was noted:
 - A third round of Household Support Fund was expected to be provided by the Government. This was awaiting final approval from the Treasury.
 - That a multifaceted, coordinated approach with partners at a local level was essential in ensuring that frontline teams had greater visibility of those experiencing financial and/or social difficulty so that they could be easily identified and provided with the right help, at the right time, through the correct organisation.
 - KCC had launched a secure referral system called ReferKent across the county for organisations to refer individuals for financial advice and wider holistic support. The system would also provide the ability to track referrals.
 - The scope of the Financial Hardship programme (initially established to support people struggling with the impacts of the Covid-19 pandemic) was being expanded to support new workstreams which were required to help tackle the cost-of-living crisis.
 - The Integrated Care Partnership was identified as the vehicle through which Kent and Medway partners could work together to jointly address the medium to longer term impact of the cost-of-living crisis. A paper was due to be presented to the Integrated Care Partnership on 19th October 2022 on the cost of living which would identify ways in which resources could be utilised.
4. Miss Carey (Cabinet Member for Environment) advised that a number of environmental initiatives were being explored to help improve energy saving costs, including working with utility companies and identifying ways to reduce

food wastage. The Environment team were also producing a bid to the public sector Decarbonisation Scheme. This grant would be used to help towards the cost of replacing domestic heating systems which were not included as part of the governments energy price cap scheme. If successful, the replacement programme would include Kent Primary schools.

5. RESOLVED to note and endorse the recommendations as outlined in the report, and that a further report be presented to County Council on 20th October.

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From: Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services, Peter Oakford
Corporate Director Finance, Zena Cooke

To: Cabinet, 1 December 2022

Subject: Revenue and Capital Budget Monitoring Report – September 2022-23

Classification: Unrestricted

Summary:

The attached report sets out the revenue and capital budget monitoring position as at September 2022-23.

Recommendation(s):

Cabinet is asked to:

- a) NOTE the projected Revenue monitoring position of £60.9m overspend.
- b) NOTE the projected Schools' monitoring position of £50.4m overspend.
- c) APPROVE the use of reserves in this year to fund the £1.1m timing difference in Kent Travel Saver income
- d) NOTE the progress on the delivery of £41.2m in-year savings.
- e) NOTE the actions being taken to reduce the projected overspend as far as possible.
- f) NOTE the projected Capital monitoring position of £74.6m underspend.
- g) NOTE the Prudential Indicators report.
- h) NOTE the Reserves monitoring position.

1. Introduction

- 1.1 The September 2022-23 budget monitoring report being presented is the second monitoring position for 2022-23 and sets out the revenue and capital projected position.

2 Revenue and Capital Budget Monitoring Report – September 2022-23

- 2.1 The attached report sets out the overall projected position as at 30 September 2022-23, which is a revenue overspend of +£60.9m and a capital underspend of -£74.6m.
- 2.2 The size of the overspend is of serious concern and will require significant management action, minimising spend as far as possible to ensure we are as close

to a balanced budget as possible by the year end. This is particularly important given the 2023-24 and medium-term budget challenge. Inflationary and demand pressures, combined with non-delivery of some agreed savings, are impacting on both income and expenditure. Any overspend at the end of the financial year will need to be met from general or earmarked reserves, but this approach is not sustainable in the medium term. A new section 12 has been added to the report which details the actions that are being, and will be taken that are not yet reflected in the report but which will reduce the overspend position. Section 12 also highlights the impact of these actions on the 2023-34 budget position.

- 2.4 The Schools' Delegated budgets are reporting an overspend of +£50.4m. This reflects the impact of high demand for additional SEN support and greater demand for specialist provision. The High Needs deficit is the Council's single most significant financial risk and is now part of the DfE's Safety Valve Programme which requires a robust deficit reduction plan to bring the deficit back into balance within 5 years.

3. Recommendation(s)

Cabinet is asked to:

- a) NOTE the projected Revenue monitoring position of £60.9m overspend.
- b) NOTE the projected Schools' monitoring position of £50.4m overspend.
- c) APPROVE the use of reserves in this year to fund the £1.1m timing difference in Kent Travel Saver income
- d) NOTE the progress on the delivery of £41.2m in-year savings.
- e) NOTE the actions being taken to reduce the projected overspend as far as possible.
- f) NOTE the projected Capital monitoring position of £74.6m underspend.
- g) NOTE the Prudential Indicators report.
- h) NOTE the Reserves monitoring position.

4. Contact details

Report Author

Emma Feakins
Chief Accountant
03000 416082
Emma.feakins@kent.gov.uk

Relevant Director

Zena Cooke
Corporate Director Finance
03000 419205
Zena.cooke@kent.gov.uk



Finance Monitoring Report

As at September 22-23

By Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services,
Peter Oakford
Corporate Director Finance, Zena Cooke
Cabinet Members
Corporate Directors

To Cabinet – 1 December 2022

Unrestricted

Contents

Section

- 1 Introduction
- 2 Recommendations
- 3 Revenue
- 4 Adult Social Care & Health
- 5 Children, Young People & Education
- 6 Growth, Environment & Transport
- 7 Chief Executive's Department
- 8 Deputy Chief Executive's Department
- 9 Non-Attributable Costs
- 10 Schools' Delegated Budgets
- 11 Savings
- 12 2022-23 additional management actions and impact on 2023-24
- 13 Capital
- 14 Treasury Management Monitoring
- 15 Council Tax and NNDR

Appendices

- A1 Revenue Variances Table
- A2 Prudential Indicators
- A3 Reserves Monitoring

Contact Details

Corporate Director Finance – Zena Cooke
Head of Finance Operations – Cath Head
Chief Accountant – Emma Feakins
Capital Finance Manager – Jo Lee
Capital Finance Manager – Julie Samson

03000 419 205 | zena.cooke@kent.gov.uk
03000 416 934 | cath.head@kent.gov.uk
03000 416 082 | emma.feakins@kent.gov.uk
03000 416 939 | joanna.lee@kent.gov.uk
03000 416 950 | julie.samson@kent.gov.uk

1 Introduction

This report sets out the Council’s financial position for the year as at the end of September 2022-23. The Revenue General Fund is projecting a +£60.9m overspend for the full financial year. Adult Social Care and Children, Young People and Education are projecting significant overspends of +£27.7m and +£33.9m respectively.

The size of the overspend is of serious concern and will require significant management action, minimising spend as far as possible to ensure we are as close to a balanced budget as possible by the year end. This is particularly important given the 2023-24 and medium-term budget challenge. Inflationary and demand pressures, combined with non-delivery of some agreed savings, are impacting on both income and expenditure.

Any overspend at the end of the financial year will need to be met from general or earmarked reserves, but this approach is not sustainable in the medium term. A new section 12 has been added to this report which details the actions that are being and will be taken that are not yet reflected in this report but which will reduce the overspend position. This section 12 also highlights the impact of these actions on the 2023-34 budget position.

1.1 The overall Revenue General Fund projection is a +£60.9m overspend. The Revenue General Fund projected year end position is a net overspend of +£60.9m.

Overspends are projected in all Directorates except CED & NAC. The largest variances are +£33.9m in CYPE and +£27.7m in ASCH, with overspends in GET of +£5.1m, and DCED +£1.4m. NAC is projecting an underspend of -£6.5m. Details can be found in the individual directorate sections.

1.2 There is £11m of spend that will be funded from the Covid-19 emergency grant reserve. The projected net spend of £1,260.0m includes £11m of Covid-19, and committed Helping Hands and COMF spend which will be funded from the Covid-19 emergency grant reserve. £11m of this is reflected in this report as a drawdown from the reserve as it relates to the committed spend identified in the 2021-22 outturn report.

1.3 The Schools’ Delegated Budgets are reporting a +£50.4m overspend. The overspend position of +£50.4m reflects the impact of high demand for additional SEN support and high cost per child resulting from greater demand for more specialist provision. The projected deficit on the High Needs budget has increased by £46m in this year from £101m at the end of the 2021-22 and estimated to increase to around £147m by the end of this financial year. The High Needs deficit is the Council’s single most significant financial risk and is now part of the DfE’s Safety Valve Programme which requires a robust deficit reduction plan to bring the deficit back into balance within 5 years.

1.4 The Capital projection is a net underspend of -£74.6m.

The Capital Programme continues to experience significant slippage. The net underspend is made up of +£29.1m real overspend and -£103.7m slippage, which represents almost 20% of the budget.

The largest real variance is an overspend of +£19.3m in GET. Details can be found in the capital sections.

The major slippage is -£66.1m in GET and -£23.2 in CYPE. Details can be found in the capital section.

2 Recommendations

Cabinet is asked to:

- | | | |
|-----|--|---------------------------------|
| 2.1 | Note the projected Revenue monitoring position of £60.9m overspend | Please refer to sections 3 to 9 |
| 2.2 | Note the projected Schools' monitoring position of £50.4m overspend | Please refer to section 10 |
| 2.3 | Approve the use of reserves in this year to fund the £1.1m timing difference in Kent Travel Saver income | Please refer to section 6 |
| 2.4 | Note the progress on the delivery of £41.2m in-year savings | Please refer to section 11 |
| 2.5 | Note the actions being taken to reduce the projected overspend as far as possible | Please refer to Section 12 |
| 2.6 | Note the projected Capital monitoring position of £74.6m underspend | Please refer to Section 13 |
| 2.7 | Note the Prudential Indicators report | Please refer to Appendix 2 |
| 2.8 | Note the Reserves monitoring position | Please refer to Appendix 3 |
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General Fund

Projected position as overspend/(underspend)

Directorate	Revenue Budget	Revenue Projected Outturn	Net Revenue Projected Variance	Last reported position	Movement (+/-)
	£m	£m	£m	£m	£m
Adult Social Care & Health	460.6	488.3	27.7	25.6	2.1
Children, Young People & Education	321.0	354.9	33.9	24.5	9.4
Growth, Environment & Transport	178.7	183.8	5.1	5.7	(0.6)
Deputy Chief Executive Department	71.7	73.2	1.4	0.5	0.9
Chief Executive Department	33.5	32.7	(0.7)	0.1	(0.8)
Non-Attributable Costs	129.4	123.0	(6.5)	(5.7)	(0.8)
Corporately Held Budgets	4.1	4.1	0	0.	0
General Fund	1,199.1	1,260.0	60.9	50.6	10.3
Ringfenced Items					
Schools' Delegated Budgets	0.0	50.4	50.4	0.0	50.4
Overall Position	1,199.1	1,310.4	111.3	50.6	59.4

General Fund

The General Fund projected position is a net overspend of +£60.9m, with the most significant overspends in Children, Young People and Education of £33.9m and Adult Social Care & Health of £27.7m. The projected overspend represents 5% of the Revenue Budget and presents a serious and significant risk to the Council's financial resilience if it is not addressed. More detail is provided in the Covid-19 section below. There is £25m set aside in a risk reserve that can be used to mitigate in part the projected overspend, but action will be required to address the remaining overspend.

Covid-19

The 2021-22 Outturn position set aside £15m for the continuation of Contain Outbreak Management (COMF), £8.3m for Helping Hands, £6.8m for Reconnect, £5m for Market Sustainability and £3.7m Covid-19 related roll forward requests. There is £14.9m set aside that is available to support unavoidable future Covid-19 related spend, loss of income and unrealised savings that have been impacted by Covid-19. The £5m for Market Sustainability is available to offset the overspend as it is unlikely that there will be a call on this in this financial year.

The projected Revenue net spend of £1260.0m includes £11.0m spend relating to Covid-19 and committed COMF and Helping Hands off set by £11m (a £10.4m drawdown from the Covid-19 emergency grant reserve and a £0.6m budget allocation).

Collection Fund

Council Tax remains a significant source of income and the 2023-24 budget will be dependent on the improved levels budgeted for in 2022-23 for Council Tax Reduction Scheme discounts and the collection rate materialising.

At this early stage, we can gain some confidence that the projected collection fund deficit is relatively minor (0.8% of the budget). There have also been some changes to the payment arrangements for Council Tax which affect the profile of collections; this has not been factored into this projection and is likely to improve the position further. For more information, please refer to section 15.

Schools' Delegated Budgets

The projected overspend is +£50.4m. The DSG deficit will increase from £97.6m to £146.6m in 2022-23. This is almost entirely due to an increase in the High Needs budget deficit, which is the Council's single biggest financial risk and the finalisation and successful delivery of the Council's deficit recovery plan is critical to bring the budget into balance. The Council is working with the Department for Education (DfE) in the second round of the Safety Valve Programme for those Councils with the highest deficits to support the development of a sustainable plan for recovery. For more information, please refer to section 10.

	Budget	Revenue Projected Outturn	Projected Variance Net Revenue Projected Variance	Last reported position (June)	Movement (+/-)
	£m	£m	£m	£m	£m
Adult Social Care & Health Operations	411.6	448.9	37.3	31.3	6.0
Strategic Management & Directorate Budgets (ASCH)	40.1	30.9	(9.2)	(5.2)	(4.0)
Public Health	0.0	0.0	0.0	0.0	0.0
Business Delivery	9.0	8.5	(0.5)	(0.5)	0.1
Adult Social Care & Health	460.6	488.3	27.7	25.6	2.1
Earmarked Budgets Held Corporately	4.2	4.2	0.0	0.0	0.0
Net Total incl provisional share of CHB	464.9	492.5	27.7	25.6	2.1

The Adult Social Care & Health directorate is projecting a net overspend of +£27.7m, which includes a net contribution to reserves of +£2m.

The Adult Social Care & Health Operations division has a projected net overspend of +£37.3m, which is predominantly due to Older People – Residential Care Services which are projecting a net overspend of +£22.5m.

Projected contributions to the provision for bad and doubtful debts is contributing +£2.1m to the overall overspend, with this pressure arising due to both an increase in levels of debt owed to the council as well as the requirement to set aside an amount for debts not yet due. This is based on the bad debt provision policy, so as debt rises, so will the provision required.

£5.6m has been released from unrealised creditors that are not anticipated to be required. The creditor position at the end of each year is based on the activity position known as at 31 March.

Details of the significant variances on the General Fund are shown below and details of where savings have not been achieved can be found in the Savings Section 11.

Key Service (Division)	Variance	Summary	Detail
Older People - Residential Care Services	+£22.5m	High levels of complexity requiring additional support	<p>+£22.5m of this overspend is driven by increased demand in higher needs placements which are costing more, possibly due to a requirement to pay more due to a shortage in the social care workforce and costs for older people accessing residential and nursing care services, including +£10.4m from the increasing use of short-term beds which are significantly more expensive than long term beds.</p> <p>These are in part due to individuals leaving hospital with increased complex needs requiring additional support and an increase in situations where having been placed in a short term bed, it is considered detrimental to move an individual to a lower cost placement.</p> <p>+£0.9m of this overspend relates to the £2.1m projected contribution to the provision for bad and doubtful debts.</p>

A further overspend of +£0.9m relates to contract and commissioning savings which are no longer expected to be realised against this service line.

The above overspends are partly offset by -£1.8m released from centrally held funds, such as prices and winter pressures and provisions.

Adult Mental Health -
Community Based
Services

+£5.2m

Increases in Supported Living care packages & non-achievement of savings

+£3.3m of this overspend relates to clients receiving supported living care packages, including an increase in average hours provided per client to meet more complex needs.

A further +£2.7m relates to savings which are no longer expected to be realised against this service line. £1.4m is due to arranging care and support where achievement of savings has been impacted by demand and pressures in the social care market. And +£1.3m is due to delays in the procurement of new models of care relating to microenterprises and Technology Enabled Care (TEC).

The above overspends are partly offset by -£0.9m which relates to unrealised creditors.

Adult Learning Disability -
Community Based
Services & Support for
Carers

+£4.4m

Increased complexity and higher costs than anticipated.

+£6.6m of the overspend relates to clients receiving supported living and day care packages with higher costs mainly driven by increasing complexity of needs.

+£0.2m of this overspend is due to unrealised savings, mainly due to contract and commissioning savings which are no longer expected to be achieved this financial year.

+£0.1m due to an increase to projected contributions to the provision for bad and doubtful debts.

The above overspends are partly offset by -£2.5m which related to unrealised creditors (-£2.2m) and centrally held funds (£0.3m).

Older People -
Community Based
Services

+£2.7m

Non-achievement of savings

The overspend is largely due to +£8.7m of savings which are no longer expected to be realised in-year against this service line. +£4.3m is due to arranging care and support where achievement of savings has been impacted by demand and pressures in the social care market and +£4.4m is due to delays in the procurement of new models of care relating to microenterprises and Technology Enabled Care (TEC).

+£0.9m of the overspend relates to an increase in projected contributions to the provision for bad and doubtful debts.

The overspends are partly offset by -£2.4m released from centrally held funds and provisions, and -£1.9m from the unrealised creditors.

The underlying service activity is projecting an underspend of -£2.6m where continuing workforce shortages in the social care

market have reduced the availability of suitable homecare packages and resulted in more clients receiving alternative support.

Adult Mental Health - Residential Care Services	+£2.1m	Increasing complexity of need and costs and non-achievement of savings	+£1.8m of the overspend is due to service activity exceeding budgeted levels. +£0.3m of this overspend is due to contract and commissioning savings which are no longer expected to be achieved this financial year. The above overspends are partly offset by -£0.1m unrealised creditor position and centrally held funds.
Adult Physical Disability – Community Based Services	+£1.8m	Increasing complexity of need and costs and non-achievement of savings	+£1.1m of the overspend is due to service activity exceeding budgeted levels, and +£1.0m relates to savings which are no longer expected to be realised against this service line. The above overspend from service activity and unrealised savings are partly offset by -£0.2m unrealised creditor position and centrally held funds.
Adult Physical Disability - Residential Care Services	+£1.2m	Increasing complexity of need and costs and non-achievement of savings	+£1.2m of this overspend is due to service activity exceeding budgeted levels, and +£0.2m relates to savings which are no longer expected to be realised against this service line. A further +£0.2m pressure relates to contract and commissioning savings which are no longer expected to be realised against this service line. The above overspends are partly offset by -£0.2m released from centrally held funds and provisions.
Strategic Management & Directorate Support (ASCH)	-£2.2m	Release of centrally held funds.	There is a -£2.2m projected underspend on this service due to the release of centrally held funds to partly offset pressures across ASCH operations.
Adaptive & Assistive Technology	-£3.9m	Re-alignment of savings	-£3.1m of this projected underspend relates to savings, with -£2.9m relating to planned expenditure to achieve efficiencies through greater use of technology enabled care being deferred to the following financial year, and -£0.2m from realigned savings which are now expected to be achieved against this service line.
Provision for Demographic Growth - Community Based Services	-£6.7m	Release of centrally held funds.	This is the release of centrally held funds to partly offset pressures across ASCH operations.

	Budget £m	Revenue Projected Outturn £m	Projected Variance		Movement (+/-) £m
			Net Revenue Projected Variance £m	Last reported position (June) £m	
Integrated Children's Services (East & West)	165.8	175.7	9.9	5.6	4.3
Special Educational Needs & Disabilities	91.8	100.2	8.4	7.5	0.9
Education	61.2	76.7	15.5	11.0	4.5
Strategic Management & Directorate Budgets (CYPE)	2.3	2.3	0.0	0.3	(0.3)
Children, Young People & Education	321.0	354.9	33.9	24.5	9.4
Earmarked Budgets Held Corporately	0.0	0.0	0.0	0.0	0.0
Net Total incl provisional share of CHB	321.0	354.9	33.9	24.5	9.4

The Children, Young People & Education directorate is projected to be overspent by +£33.9m

This is due to significant inflationary pressures in school transport services along with higher costs of supporting both looked after children and disabled children and young people.

The £354.9m forecast includes £6.8m in relation to the Reconnect project and £0.1m of Contain Outbreak Management Fund spend. Both have been covered by a drawdown from the Covid-19 emergency grant reserve as agreed in the 2021-22 outturn report.

Details of the significant variances on the General Fund are shown here:

Key Service (Division)	Variance	Summary	Detail
Home to School Transport (Education)	+£13.6m	Significant inflationary increases on transport contracts and increase in demand	The projection includes +£1.3m overspend on mainstream home to school transport and +£12.7m on Special Education Needs (SEN) transport services. Significant inflationary increases on new transport contracts due to higher operating costs and a reducing supplier base, along with increasing bus ticket prices have led to price rises of between 10-20% and pressures of approximately +£1.1m and +£9.3m on mainstream and SEN transport services respectively. The projection assumes the number of children requiring SEN transport will continue to increase in line with historic trends with nearly 10% year on year increase in the number travelling. This is a consequence of the higher Education Health and Care Plan numbers and greater number of children with SEN not being educated in their local school. The forecast assumes work to slow this trend will not start to impact significantly until 2023 (leading to a total pressure of +£3.1m).

The mainstream home to school transport projection also assumes a rise in the number of pupils travelling from the Autumn term due to a combination of rises in secondary population, greater automation of the eligibility process that may result in more children being identified to receive free transport, and wider changes in bus services (leading to a pressure of +£0.3m).

Other School Services
(Education) +£1.6m Various school related costs

Delays in basic need capital projects have resulted in use of more temporary accommodation to ensure sufficient school places are available (+£1.0m). Projected estimates of +£0.4m pressure on essential maintenance of school properties that do not meet the threshold for capital projects. There is a further risk of costs associated with feasibility costs or capital surveys that may result in additional works updates; however these will be forecast once there is clarity regarding the safety valve programme. Further updates will be given in future reports.

Children's Social Work
Services - Assessment &
Safeguarding Service
(Integrated Children Services) +£1.9m High use of agency required to meet demand and inflationary cost increases of agency workers

Recruitment and retention of social workers continues to be a challenge, along with the need to provide sufficient cover for high levels of maternity leave. This has led to a higher number of agency staff to meet demand, coupled with higher costs following high inflationary increases.

Looked After Children -
Care & Support
(Integrated Children Services) +£8.1m Increase in number and cost of looked after children. High costs of legal services.

The number of looked after children has increased slightly over the past 6 months (6%) resulting in a higher use of independent fostering agency placements (increases in demand +£1.6m overspend). The cost of placements continues to rise with a greater number being placed in more expensive external settings as no suitable alternative is available. In addition, the use of unregulated placements has also become more common where it has become more difficult to find suitable residential placements and at significant cost (increases in cost of placements +£3.1m).

Campaigns are continuing to recruit more in-house foster carers but based on current success rates it is likely some savings may not be achieved whilst some will be delayed to 2023-24 (+£1.0m).

The cost of legal services has increased significantly since COVID-19 and initial projections suggest similar levels of activity will occur in 2022/23 due to the continual backlog in court proceedings (+£2.3m).

<p>Adult Learning & Physical Disability Pathway – Community Based Services (Special Educational Needs & Disabilities)</p>	<p>+£4.5m</p>	<p>Increasing cost of Supported Living and Homecare packages</p>	<p>The number of supported living and homecare packages have remained relatively static, however the average cost of packages continue to increase in response to the level of support required. The service has seen a reduction in the use of residential care but this has resulted in higher packages of community support contributing to the higher cost.</p>
<p>Children in Need (Disability) - Care & Support (Special Educational Needs & Disabilities)</p>	<p>+£0.5m</p>	<p>Increasing number of Direct Payments and cost of homecare packages</p>	<p>The number and cost of packages for disabled children have increased, this is partly due to inflationary increases and additional support required during to COVID.</p>
<p>Looked After Children (with Disability) - Care & Support (Special Educational Needs & Disabilities)</p>	<p>+£1.8m</p>	<p>Increased number and cost of residential and unregulated placements</p>	<p>The projection assumes the number of residential & unregulated placements continue to increase in line with historic trends. The projection recognises the increasing cost of new placements.</p>
<p>Special Educational Needs & Psychology Services (Special Educational Needs & Disabilities)</p>	<p>+£1.4m</p>	<p>Increased use of agency</p>	<p>Difficulties in the recruitment of suitably qualified Education Psychologists and SEN officers has led to an increasing use of agency staff.</p>

	Budget	Revenue Projected Outturn	Net Revenue Projected Variance	Projected Variance	
				Last reported position (June)	Movement (+/-)
	£m	£m	£m	£m	£m
Highways & Transportation	66.3	69.9	3.6	1.7	1.9
Growth & Communities	29.1	30.3	1.2	1.9	(0.8)
Environment & Waste	81.9	82.2	0.3	2.0	(1.7)
Strategic Management & Directorate Budgets (GET)	1.4	1.4	0.0	0.1	0.0
Growth, Environment & Transport	178.7	183.8	5.1	5.7	(0.6)
Earmarked Budgets Held Corporately	0.2	0.2	0.0	0.0	0.0
Net Total incl provisional share of CHB	178.9	184.0	5.1	5.7	(0.6)

The Growth, Environment & Transport Directorate is projected to be overspent by £5.1m with significant inflationary pressures (over £5m) contributing to this position. There is a recommendation to fund £1.1m of the overspend from reserves due to the timing of income received in relation to Kent Travel Saver. The income received in 2023-24 will repay the reserve.

The projected variance now reflects that all Contain Outbreak Management Fund (COMF) and Helping Hands projects (£1.0m) are funded from the Covid-19 emergency grant reserve. This is offset by a £1.5m non-delivered income target for recouping business rates to support expenditure on economic development and COVID recovery projects/strategies.

The projection continues to show that bus operators are being supported through this period of recovery and transition and continue to be paid at budgeted levels of activity, which are significantly above actual levels of activity. These payments are being paid on a phased reducing basis down towards the actual level of activity in line with the Government request. For Kent Travel Saver (KTS) and the English National Concessionary Travel Scheme (ENCTS) this is a combined cost of £2.8m. This is included in the projections and is within the existing cash limits. The GET Directorate Management Team (DMT) have also enacted other mitigations, for example, extended vacancy management, delaying non-essential projects/pilots and spend to bring the overspend position into balance by the year-end. More detail on future actions can be found in Section 12.

Details of the significant variance on the General Fund are shown below:

Key Service (Division)	Variance	Summary	Detail
Supported Bus Services (Highways & Transportation)	+£2.7m	Undelivered saving	A budget reduction of £2.2m was agreed at County Council but a delay in progressing the decision has meant that the profiled savings have not been delivered as planned. The decision was confirmed at October's County Council and 90 days' notice has been given to operators with savings assumed to be made from February. The quantum of routes that require withdrawal (to achieve the net £2.2m budget reduction) is in excess of £3m.

Kent Travel Saver (Highways & Transportation)	+£2.1m	Delays in income and increased operator costs	System issues have resulted in direct debits for the first two monthly instalments not being taken from parents who pay the full cost of the pass. It was decided that the instalments would therefore slip by two months with the final payments being taken in April and May. This means the income falls into the next financial year leaving a significant shortfall this financial year (+£1.1m). Due to the timing nature of this overspend, it will be met from reserves in 2022-23 and the reserve repaid with late income received in 2023-24. The remaining overspend relates to increased payments to operators, including additional capacity payments, following an increased take up of passes, offset in part by additional income (+£1.0m). The position would be improved should the service not be required to pay bus operators at budgeted levels for the summer term in line with a request from Government (+£0.4m).
Highway Assets Management (Highways & Transportation)	+£1.2m	Energy inflationary pressure, partially offset by income.	The cost of energy for streetlighting, tunnels and traffic signals has increased significantly since the budget was set (+£1.7m). The projection is based on a known summer price and an estimated winter price as advised by LASER, although the latter is expected to be confirmed shortly. Increases in street works and permit income partially offset the additional energy costs plus small overspends in Highways Managers and Soft Landscaping.
Growth and Support to Businesses (Growth & Communities)	+£1.2m	Non-achieved income target	The business rate pool between KCC and districts and boroughs funds a range of regeneration and economic development projects. To date it has not been possible to identify and agree projects and spend that could be funded by the Business Rate pool. Further work will be undertaken to achieve this income target, this shortfall in income relates to (+£1.5m). This is partially offset by other small variances including vacancies in staffing.
Residual Waste, (Environment & Waste)	+£0.5m	Inflationary pressure partially offset by reduced volumes	This overspend relates to the significant price pressure for Allington Waste to Energy plant as the contractual uplift based on April RPI was much higher than the budgeted estimate (£2.6m). This is offset by reduced tonnes (-£2.0m).
Public Protection (Enforcement) (Growth & Communities)	+£0.2m	Trading Standards new burdens grant not received	The budget for this service was built on the assumption that funding would accompany the additional burdens being placed on Trading Standards following EU Exit (including Border Ports, Animal Health, and Feed Officers/Teams) but no Government funding has been forthcoming. (+£0.5m). This is partially offset by other small underspends including vacancies in staffing.

Waste Facilities & Recycling Centres (Environment & Waste)	-£0.2m	Favourable recycling prices offsetting other pressures	This underspend is due to favourable prices relating to the material recycling facility as well as additional income for recyclables (-£1.7m) and a reduction in tonnes primarily composting and food waste (-£0.5m). However, these savings are almost entirely offset by pressures within haulage (£0.4m), increased price of composted waste (£0.4m), inflationary increases in the costs of managing Transfer Stations and Household Waste Recycling Centres (£0.4m), and shortfalls in some areas of income (£0.5m).
Libraries, Registration & Archives (Growth & Communities)	-£0.3m	Registration income offset by reduced Library income	Levels of Registration income remain high post pandemic (-£0.6m) but Library usage has not returned to pre-pandemic levels, with income lower in areas such as fines and printing (+£0.5m). There are several other smaller variances including staffing underspends due to vacancies. No government funding for the new burden costs resulting from increased demands on the Registration service, following the introduction of the Marriage Schedule Act 2021 (+£0.1m) has been forthcoming.
Transportation (Highways & Transportation)	-£0.4m	Underspend on Driver Diversion Schemes	This is largely due to an underspend within Driver Diversion Schemes resulting from vacancy management, an increase in client numbers and a reduction in venue costs (-£0.2m), together with small underspends across a range of budgets. The increased cost of energy for traffic signals has resulted in a small overspend (+£0.1m).
English National Concessionary Travel Scheme (ENCTS) (Highways & Transportation)	-£1.9m	Activity is below budgeted level	The service is projecting an underspend (-£1.9m) as activity is projected to be below the levels built into the budget. The Government's expectation is that bus operators are paid at pre pandemic rates, reducing towards actual activity by the end of the financial year. Without this request, the service would have been projecting an additional underspend of around (-£2.4m), (-£4.3m in total).

	Budget £m	Revenue Projected Outturn £m	Projected Variance		Movement (+/-) £m
			Net Revenue Projected Variance £m	Last reported position (June) £m	
Finance	12.7	12.8	0.1	0.2	(0.1)
Strategic Commissioning	8.0	8.0	(0.1)	0.1	(0.2)
Governance, Law & Democracy	8.3	8.1	(0.2)	(0.2)	0.0
Strategy, Policy, Relationships & Corporate Assurance	4.4	4.3	(0.1)	0.0	(0.1)
Strategic Management & Directorate Budgets (S&CS)	0.0	(0.4)	(0.4)	0.0	(0.4)
Chief Executive's Department	33.5	32.7	(0.7)	0.1	(0.8)

The Chief Executive's Department is projected to underspend by -0.7m

This consists of the following variances within several key services as below:

Key Service (Division)	Variance	Summary	Detail
Strategic Management & Directorate Budgets (S&CS)	-£0.4m	Reduced Early Retirement Costs	This projected underspend is due primarily to reduced early retirement costs.
Governance, Law & Democracy	-£0.2m	Additional income	Increased income from Schools' appeals together with reduced cost of provision.
Strategic Commissioning	-£0.1m	Difficulties recruiting commissioning staff	Staffing underspend due to difficulties recruiting commissioning staff.
Strategy, Policy, Relationships & Corporate Assurance	-£0.1m	Release of contingencies	Release of contingency budget (held against unpredictable risk exposure), which is no longer required.
Finance	+£0.1m	Overspend against staffing.	This projected overspend relates to staffing and is due primarily to currently unfunded trainee costs.

	Budget	Revenue Projected Outturn	Projected Net Revenue Variance	Projected Variance Last reported position (June)	Movement (+/-)
	£m	£m	£m	£m	£m
Infrastructure	6.2	6.2	0.0	0.0	0.0
Strategic Management & Departmental Budgets (DCED)	3.3	3.3	0.0		
Technology	24.0	23.8	(0.2)	(0.6)	0.4
Corporate Landlord	27.1	28.9	1.9	1.3	0.5
Marketing & Resident Experience	6.0	6.0	0.0		
Human Resources & Organisational Development	5.1	4.9	(0.2)	(0.3)	0.1
Deputy Chief Executive's Department	71.7	73.2	1.4	0.4	1.0

The Deputy Chief Executive's Department is projected to overspend by +£1.4m.

This is mainly due to a projected overspend within Corporate Landlord, with minor projected underspends within the Technology, and Human Resources & Organisational Development Key Service lines.

Details of the significant variances on the General Fund are shown here:

Key Service (Division)	Variance	Summary	Detail
Corporate Landlord	+£1.9m	Inflationary Pressure on Utilities	<p>There is a +£1.9m projected overspend which is due to an anticipated increase in utility costs across all properties. These increases are related to the current national trend and are significantly higher than the budgeted price increase funded as part of the 2022-23 budget. The projected overspend has been modelled by Laser.</p> <p>This position does not show the effect of the government's energy support scheme (the position will be updated in future reports).</p>

	Projected Variance				
	Budget £m	Revenue Projected Outturn £m	Net Revenue Projected Variance £m	Last reported position (June) £m	Movement (+/-) £m
Non-Attributable Costs	129.4	123.0	(6.5)	(5.7)	(0.8)
Earmarked Budgets Held Corporately	(0.3)	(0.3)	0	0.0	0.0
Net Total incl provisional share of CHB	129.2	123.0	(6.5)	(5.7)	(0.8)

Non-Attributable Costs are projected to be underspent by (£6.5m). -£3m of the underspend relates to a drawdown from reserves of the S31 grant for Covid Additional Relief Fund (CARF) which was accrued for in 2021-22.

Details of the significant variances on the General Fund are shown below:

Key Service (Division)	Variance	Summary	Detail
Non-Attributable Costs	-£6.5m	S31 grant for Covid Additional Relief Fund (CARF), net debt costs and increase in Extended Rights to Travel grant	<p>-£3.0m of the underspend is due to the drawdown from reserves of the S31 grant for Covid Additional Relief Fund (CARF) which was accrued for in 2021-22 based on a government data collection exercise and the final figure has not been confirmed. This funding had not been built into the 2022-23 budget and will be an in-year underspend.</p> <p>-£2.4m net debt costs due to the estimated impact of the increase in the Bank of England base rate on our interest on cash balances.</p> <p>-£1.0m increase in the Extended Rights to Travel grant compared to the budget assumption.</p>

The latest forecast for the Schools' Delegated Budget reserves is a surplus of £59.9m on individual maintained school balances, and a deficit on the central schools' reserve of £146.6m.

The balances of individual schools cannot be used to offset the overspend on the central schools reserves and therefore should be viewed separately. The table below provides the detailed movements on each reserve.

The Central Schools Reserve holds the balance of any over or underspend relating to the Dedicated Schools Grant (DSG). This is a specific ring-fenced grant payable to local authorities to support the schools' budget. It is split into four main funding blocks, schools, early years, high needs and central, each with a different purpose and specific rules attached. The Council is required to hold any under or overspend relating to this grant in a specific reserve and is expected to deal with any surplus or deficits through future years' spending plans.

	Individual School Reserves	Central Schools Reserve	<i>Note: a negative figure indicates a drawdown from reserves/deficit</i>
Balance brought forward	61.3	-97.6	
Forecast movement in reserves:			
Academy conversions and closing school deficits	-1.4		
School Block Related Spend		-3.1	
High Needs Placements, Support & Inclusion Fund		-44.9	
Underspend on Early Years		0.2	
Overspend on Central DSG Budgets		-1.1	
Forecast reserve balance	59.9	-146.6	

In accordance with the statutory override implemented by the then Ministry of Housing, Communities & Local Government (MHCLG) during 2020-21, and in line with the Department for Education (DfE) advice that local authorities are not expected to repay deficits on the DSG from the General Fund and can only do so with Secretary of State approval, the central DSG deficit of £146.6m will be held in a separate unusable reserve from the main council reserves. This statutory override is currently in place until April 2023 and may be further extended whilst Councils implement recovery plans. The Council continues to work with the Schools Funding Forum to address the deficit. The DfE have invited the Council to take part in the second round of the Safety Valve Programme for those Councils with the highest deficits to support the development of a sustainable plan for recovery; this may include further funding from the DfE to pay off part of the deficit but only if the Council can demonstrate a credible plan. The DSG deficit is the Council's single biggest financial risk; therefore, the finalisation and successful implementation of the Council's deficit recovery plan is critical. The SEND Green Paper published earlier this year sets out the Governments proposed reforms to the SEND and alternative provision (AP) system which in part is expected to support a more sustainable high needs funding system although it is recognised this will not impact immediately and local actions are required.

Key Issues	Details
School Block: One-off Settlement	<p>The DSG Reserve as at 31st March 2022 of £98m is formed from a net surplus on the Schools Block of £3m and a net deficit on the High Needs block of £101m. The two blocks of funding have different purposes and rules and Secretary of State Approval is needed to transfer funding from the schools' block to other funding blocks. The Schools Block funds primary and secondary schools' budgets, and the accumulated balance from previous years underspend, has been fully committed to be paid to schools, as a one-off additional payment to support the cost of changes to the calculation of pay for term time only staff. Payments began in 2021-22 and the remaining payments are expected to be paid in 2022-23.</p>
Early Years: general underspend	<p>The Early Years Block is used to fund early years' providers the free entitlement for eligible two, three and four-year olds. Each year, when setting the funding rate an estimate must be made as to likely hours that will be provided to ensure it is affordable within the grant provided. This can lead to minor under or overspends if activity is slightly lower or higher than expected. This has led to a small underspend of £0.2m, which will be used to partly fund spend on the Early Years SEN Inclusion Fund which is currently funded from the High Needs Block.</p>
Reduction in government funding for Central Services	<p>Since 2020-21, the Government has reduced the funding used to support some of the central services currently funded from the DSG (£3.3m). Although some of this has been addressed through the Medium-Term Financial Plan (£1.5m) and other short term alternative funding sources (£1.3m) without any direct impact to schools; we are currently undertaking an initial scoping of the areas we may need to review in terms of our future relationship with schools in line with Government policy, funding and wider DSG deficit recovery plan and implement changes that will eliminate the funding shortfall.</p>
Higher demand and higher cost for high needs placements	<p>The High Needs Block (HNB) is intended to support the educational attainment of children and young people with special educational needs and disabilities (SEND) and pupils attending alternative education provision. The HNB funds payments to maintained schools and academies (both mainstream and special), independent schools, further education colleges, specialist independent providers and pupil referral units. Some of the HNB is also retained by KCC to support some SEND services (staffing/centrally commissioned services) and overheads.</p> <p>The net deficit on the high needs block was £101m as at 31st March 2022 and is estimated to increase to around £147m by 31st March 2023. The overspend on the high needs block has been growing significantly over recent years and is the most significant financial risk to the council.</p> <p>The forecast in-year funding shortfall for High Needs placements and support in 2022-23 is +£46m due to a combination of both higher demand for additional SEN support and higher cost per child resulting from greater demand for more specialist provision. The forecast levels of growth are expected to be similar to previous years, since the introduction of the legislative changes in 2014, which also saw the expansion of duties to the age of 25 without sufficient extra funding. Many other local authorities are also reporting deficits on their high needs block resulting from significant increases in their number of EHCPs and demand for SEN services. However, the increases locally are increasing at a significantly faster rate than the other comparative councils and the council is now placing a greater proportion of children in both special and independent schools compared to other local authorities, and a smaller proportion of children with</p>

SEND included in mainstream schools. The tables below detail the trend in both spend and number of HNB funded places or additional support across the main placement types.

Table: Total Spend on High Needs Block by main spend type

	19-20 £'ms	20-21 £'ms	21-22 £'ms	22-23 £'ms
Maintained Special School	97	106	123	136
Independent Schools	40	49	60	70
Mainstream Individual Support & SRP* **	38	46	54	62
Post 16 institutions***	16	17	19	21
Other SEN Support Services	44	49	43	49
Total Spend	234	264	299	338

*Specialist Resource Provision

** Please note this data excludes any costs incurred by primary & secondary schools from their own school budget.

***Individual support for students at FE College and Specialist Provision Institutions (SPIs)

Table: Average number of HNB funded pupils receiving individualised SEN Support/placements. This is not the total number of children with SEN or number of EHCPs.

	19-20 No	20-21 No	21-22 No	22-23 No
Maintained Special School	4,751	5,118	5,591	5,760
Independent Schools	907	1,126	1,348	1,554
Mainstream Individual Support & SRP*	3,922	4,510	5,258	5,938
Post 16 institutions***	1,196	1,281	1,453	1,516
Total Number of Pupils	10,776	12,035	13,650	15,069

Table: Average cost of HNB funded pupils receiving individualised SEN Support or placement cost.

	19-20 £s per pupil	20-21 £s per pupil	21-22 £s per pupil	22-23 £s per pupil
Maintained Special School	£20,330	£20,629	£21,648	£22,066
Independent Schools	£43,851	£43,734	£44,799	£45,349
Mainstream Individual Support & SRP*	£9,691	£10,294	£15,464	£16,326
Post 16 institutions***	£13,393	£13,309	£13,090	£13,865

Since 2020-21 the Government has provided further funding; however, as can be seen from the projection, this has been insufficient to meet the demand and we will need to take further actions to ensure we are able to support children with SEN sustainably, in partnership with the Schools Funding Forum. The Council, with support from Schools, Schools Funding Forum and the Secretary of State have continued to transfer £10m from the schools' budget to the high needs budget each year to fund activities to support inclusive practices in mainstream schools. These activities are being implemented and their impact monitored.

Our response to the Written Statement of Action (WSOA), put in place to address a number of areas of concern raised in the 2019 Ofsted/CQC Local Area SEND Inspection,

overlaps in a number of places with our strategy for reducing the pressure on the High Needs budget. The recent re-inspection has identified further accelerated progress is required to address these concerns and a renewed focus on actions to support improvements across the SEN system. Overlapping actions include:

- Reviewing our commissioning strategy for SEN provision across the county including supporting the development of new special schools and Specialist Resource Provisions to reduce our increasing reliance on independent schools including the opening of two new special schools last year which when fully opened will avoid over 350 higher cost placements.
- Reviewing commissioning arrangements including independent providers, home tuition and therapy services.
- Improving parental confidence through supporting inclusive practice and capacity building in mainstream schools and FE Colleges to reduce reliance on special and independent schools. This will support the council's ambition set out in the report presented to Cabinet in January setting out the council's intention to support a model of provision where the proportion of children and young people supported in each provision type (mainstream and specialist provision) will more closely reflect both statistical neighbours and national averages.
- Further collaborative working with Health and Social Care partners

The longer-term impact of children being out of school during the COVID pandemic on this budget is starting to be evidenced though increasing demand for Social Emotional and Mental Health (SEMH) services.

The budget agreed at County Council included the requirement to deliver savings totalling £41m during 2022-23. A further £10.6m of undelivered savings from the previous year are included in the overall 2022-23 savings requirement of £51.6m. £24.7m of the total £41m agreed savings are on track to be delivered, with the breakdown of the position as follows:

- A net position of £14.3m is forecast for ASCH, CYPE and GET as not achieved in 2022-23 and will slip into future years;
- £4.5m has been identified by ASCH, CYPE, and GET as undeliverable in 2022-23;
- The Public Health, CED and DCED savings for 2022-23 are £2.6m and are on track to be delivered;
- The NAC overachieved saving is due to £2m relating to additional MRP saving due to fewer assets becoming operational in 2021-22 as a result of slippage in the capital programme and £0.5m over-achievement of forecast dividends from our wholly-owned companies.
- £10.6m of undelivered savings from the previous year have been delivered

Directorate	Previous year saving delivered in 2022-23 £m	2022-23 Target £m	Not achieved in 2022-23 £m	Saving no longer required £m	Not Deliverable £m	Over Recovery £m	Forecast Savings 2022-23 £m
Adult Social Care & Health	5.4	22.2	(11.0)		(1.4)		15.1
Public Health		2.2		(0.1)			2.1
Children, Young People & Education	5.2	2.7	(0.8)		(0.9)		6.1
Growth, Environment & Transport		7.1	(2.5)		(2.2)	0.2	2.6
Deputy Chief Executive's Department		0.1					0.1
Chief Executive's Department		0.4					0.4
Non Attributable Costs		6.1				2.5	8.6
Corporately Held Budget		0.3					0.3
Total	10.6	41.0	(14.3)	(0.1)	(4.5)	2.7	35.3

Directorate	2022-23 Target £m	Previous year saving delivered in 2022- 23 £m	Not achieved in 2022- 23 £m	Saving no longer required £m	Not Deliverab le £m	Over Recovery £m	Forecast Savings 2022-23 £m	Split of Forecast savings 2022-23		
								As planned £m	from alternative s (ongoing) £m	from alternati ves (one-off) £m
Adult Social Care & Health	22.2	5.4	(11.0)		(1.4)		15.1	12.5	2.0	0.6
Transformation: Service Redesign	8.4	5.4	(6.6)		(1.0)		6.2	3.7	1.9	0.6
Efficiency: review of existing contracts for commissioned services	5.0		(4.4)		(0.3)		0.3	0.2	0.1	
Income: uplift in social care client contributions	2.5						2.5	2.5		
Policy: Housing Related Support - Homelessness	2.3						2.3	2.3		
Policy: Strategic Review of in-house services	3.4						3.4	3.4		
Policy: review existing contracts & grants with voluntary sector	0.6				(0.1)		0.4	0.4		
Policy: Adult social care non residential charging										
Public Health	2.2				(0.1)		2.1	2.1		
Grant Income: Increase in Public Health Grant	2.0						2.0	2.0		
Income: increase in income for externally funded posts	0.1						0.1	0.1		
Small efficiency savings	0.2				(0.1)		0.1	0.1		

Children, Young People & Education	2.7	5.2	(0.8)	(0.9)	6.1	4.0	1.4	0.7	
Transformation: Change for Kent Children (In-house fostering, newly qualified social workers & social work establishment)		3.1	(0.2)	(0.9)	2.0	0.2	1.4	0.4	
Transformation: Community Learning & Skills Efficiency: SEN Transport re-procurement		2.0			2.0	2.0			
Efficiency: savings to offset reduction in Central Services for Schools Block DSG	0.8		(0.5)		0.3			0.3	
Efficiency: efficiency measures within Community Learning & Skills	0.2				0.2	0.2			
Grant income: new Supporting Families grant	0.8				0.8	0.8			
Income: uplift in social care client contributions	0.1				0.1	0.1			
Policy: Care Leavers placement cost reductions	0.4				0.4	0.4			
Policy: above inflation increase in price of Kent 16+ Travel Saver	0.4				0.4	0.4			
Policy: Adult social care non residential charging									
Policy: introduce HTST hubs for SEN children		0.1	(0.1)						
Growth, Environment & Transport	7.1		(2.5)	(2.2)	0.2	2.6	2.2	0.3	0.1
Transformation: re-focus Sports & Physical activity service to deliver Public Health outcomes with grant funding allocated accordingly	0.2				0.2	0.2			

Transformation: introduction of use of Digital Autopsy within Coroners service	0.1	(0.1)			
Transformation of Country Parks					
Efficiency: Waste renegotiation of gate fee	0.2	0.2	0.3	0.2	
Efficiency: Waste dampening of impact of new recycling performance payments	0.2		0.2	0.3	
Efficiency: Review of school road crossing patrol service	0.1	0.1	0.1	0.1	
Efficiency: Release of LRA ambition delivery budget	0.1	0.1	0.1	0.1	
Efficiency: review of early retirement budget					
Efficiency: Kent Scientific Services savings from expanding toxicology service					
Efficiency: Review of LRA non staffing spend					
Efficiencies within Heritage Conservation Service					
Grant Income: Assumed new burdens grant for ongoing EU Exit costs incl Border Ports and new responsibilities under the Marriage Schedule Act 2021	0.7	(0.6)	0.1		0.1
Income: Reprioritise external income to support the wider economic recovery within Kent	1.5	(1.5)			
Income: Increase in net income for street works and permit scheme	0.4		0.4	0.4	
Income: Kent Travel Saver price increase to offset bus operator inflationary fare increases	0.1		0.1	0.1	
Income: surplus generated from Solar Park					

Income: Review of charges for service users (Coroners SLA with Medway & Highways charges)	0.1		0.1	0.1
Policy: Review and reduction in subsidised bus contracts	2.2	(2.2)		
Policy: above inflation increase in the price of the Kent Travel Saver pass	0.9		0.9	0.7
Policy: HWRC booking system	0.2	-0.2		
Policy: Charge all non-Kent residents for using HWRCs	0.1		0.1	0.1
Policy: Reduction in Trading Standards budget	0.1	(0.1)		
Policy: Review of book start service to nursery settings				
Policy: Change neighbourhood notification as part of determination of planning applications				
Deputy Chief Executive's Department	0.1		0.1	0.1
Efficiency: Emergency Planning deletion of temporary post				
Policy: Review of on-call payments for tactical managers & emergency response team	0.1		0.1	0.1
Chief Executive's Department	0.4		0.4	0.4
Transformation: Automation of Adult Social Care payment system	0.1		0.1	0.1
Efficiency: Review of early retirement budget	0.3		0.3	0.3
Non Attributable Costs	6.1		2.5	8.6
Income: Return from our companies	4.0		0.5	4.5
Financing: Reduction in overall level of	2.1		2.0	4.1

prudential borrowing including review of amounts set aside for debt repayment (MRP)											
	Corporately Held Budget	0.3					0.3				0.3
	Efficiency: Workforce Management	0.3					0.3				0.3
	Total	41.0	10.6	(14.3)	(0.1)	(4.5)	2.7	35.3	29.8	3.7	1.6

Explanation of the Directorate Savings variances are shown below:

Page 46	11.1	The ASCH budget savings for 2022-23 are £22.1m plus £5.4m previous year saving. Of the overall £27.5m £15.1m is identified as being on track to be delivered with £11.0m forecast to slip into future years, and £1.4m assumed at this stage not to be achievable.	£11.0m of slippage is due to delays in the procurement of new models of care; Digital Front Door, Microenterprises and Technology Enabled Care (TEC) £4.8m, Commissioning activity £4.4m and a further £1.9m on 'Arranging support', both which are anticipated to be achieved fully once the new adult social care and health operating model is implemented fully next year, which has been delayed due to the scale and size of the restructure.
		Overall it is felt that £1.4m will not be achieved over the medium term £1m relates to 'Arranging Support' and £0.4m relates to Commissioning activity this will not be achieved over the medium term primarily due to the demand and pressures in the social care market, increased unit costs and potential overlap with other commissioning and review work that is underway.	
	11.2	The CYPE budget savings for 2022-23 £2.7m plus a £5.2m previous year saving. £6.1m has been identified as on track to be achieved, £0.9m will not be achieved and the remaining £0.8m has been slipped into future years.	<p>CYPE budget savings for 2022-23 were set at £2.7m and £5.2m of a prior year savings target has been added to the 2022-23 target, a total of £7.9m. £6.1m is forecast to be achieved this year, of which £2.1m relates to CFKC CSW agency and staffing savings that were not achieved and has been covered through alternative actions including use of MTFP funding and one-off grants.</p> <p>The remaining £0.8m savings has slipped into future years and is due to:</p> <ul style="list-style-type: none"> delays in the piloting of standard pick up points for some SEN transport services until 2023-24 to allow more time to explore and plan for any changes. efficiency savings to offset the anticipated 20% annual reduction in Dedicated Schools Grant: Central Services for Schools Block has not been achieved and is to be considered as part of a wider review of the

DSG and services currently paid for on behalf of the schools. This has been delayed further to reflect any requirements of the DSG safety valve plan.

- £0.2m of CFKC savings relating to foster carer recruitment has been slipped to future years where COVID has delayed delivery.

11.3	The GET budget savings for 2022-23 are £7.1m. £2.7m is identified as being on track to be delivered with £2.2m forecast to slip into future years, £2.2m assumed at this stage not to be achievable.	<p>The £2.2m saving that has not been delivered relates to a budget reduction to Subsidised/Supported Bus services that was agreed at County Council. A delay in progressing the decision has meant that the profiled savings have not been delivered as planned. The decision has now been taken and 90 days notice shortly to be given to operators so the saving will commence from mid February 2023.</p> <p>The £2.2m saving that has not been delivered comprises of two elements:</p> <ul style="list-style-type: none"> • £0.7m was primarily an income target from a grant expected from Government for new burdens in relation to a new border control team that was a required following Brexit/Transition. No new burdens monies have been provided. • £1.5m was a proposal to try and utilise Business Rates income to fund regenerative and environmental activities. This has not been delivered in-year. The proposal will look to be rolled out to fund future growth pressures and projects going forward but this will be worked up working collaboratively with districts on certain projects/initiatives rather than having a target set.
11.4	The NAC budget savings for 2022-23 are £6.1m with £8.6m forecast to be achieved.	£2.0m over achievement relates to additional Minimum Revenue Provision (MRP) saving due to fewer assets becoming operational in 2021-22 due to slippage in the capital programme, but this is simply re-phasing of MRP into future years. £0.5m over-achievement of forecast dividends from our wholly-owned companies.

12 Reducing the gap

This section sets out the management action being taken to reduce the Council's projected overspend of £60.9m, which are not yet reflected in this report. The actions identified to date are expected to deliver a reduction of £7.9m in spend by the end of the financial year, £6.2m one-off reductions and £1.7m that will have an on-going impact. Work is continuing to identify more actions to reduce the overspend further, to be as close as a possible to a balanced budget position. This is particularly important given the 2023-24 and medium term budget challenge. This section 12 also highlights the impact of these actions on the 2023-34 budget position.

Any overspend at the end of the financial year will need to be met from general or earmarked reserves, but this approach is not sustainable in the medium term.

										2023-26 MTFP impact		
Corporate Board Agreed Action	ASCH	CYPE	GET	CED	DCED	TOTAL	22-23 one-off	22-23 recurring	23-24	24-25	25-26	
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	
Corporate Directors to continue to work with their DMTs and services to substantially reduce the current gap e.g. reduced activity in non-essential areas,		+12.5	-600.0	-36.9	0.0	-624.4	-210.9	-413.5	-1,382.0	-300.0	250.0	
"Deep dives" in key areas of demand led spend to identify options for savings / spending reductions through reducing future activity forecasts	-1,615.0	-415.0				-2,030.0	-1,615.0	-415.0	-2,243.8	-845.6		
Maximising use of grant funding and other income for existing eligible spend	-1,345.0	-2,000.0			-115.0	--3,460.0	-3,405.0	-55.0	0.0	0.0	0.0	
Reviewing contract forward plan to identify contracts where quality / quantity can be amended to deliver savings or decommissioned entirely	0.0	0.0	0.0	0.0	-20.0	-20.0	-20.0	0.0	0.0	0.0	0.0	
Ensuring potential discretionary spend over a particular threshold is avoided, largely non staffing	0.0	-250.0	0.0	0.0	0.0	-250.0	-250.0	0.0	0.0	0.0	0.0	
Reviewing and monitoring agreed savings and cost reduction proposals to ensure they are delivered	0.0	0.0	0.0	0.0	-98.0	-98.0	-98.0	0.0	0.0	0.0	0.0	
Formal process to approve workforce spend e.g. vacancy management, use of interims/agency etc.	0.0	-220.8	0.0	-700.0	0.0	-920.8	-620.9	-300.0	-300.0	0.0	0.0	

12 Reducing the gap

Resource Review Panels to review spending for key demand led budgets e.g. care placements and packages	0.0	-480.2	0.0	0.0	0.0	-480.2	0.0	-480.2	-3,284.1	-2,400.2	0.0
	-2,960.0	-3,353.5	-600.0	-736.9	-233.0	-7,883.4	-6,219.8	-1,663.7	-7,209.9	-3,545.8	250.0

Directorate & Division	Details of Actions to be taken	22-23 one-off	22-23 Recurring	23-24	24-25	25-26
		£k	£k	£k	£k	£k
ASCH - Operations	Review of day care forecast	-900.0				
ASCH - Operations	Review of forecast for clients in receipt of more than one type of service	-715.0				
ASCH - Strat Mgmt.	Alternative eligible use of non-ringfenced grant	-845.0				
ASCH - Operations	Public Health Contribution to discretionary preventative services	-500.0				
		-2,960.0				

12 Reducing the gap

Directorate & Division	Details of Actions to be taken	22-23 one-off	22-23 Recurring	23-24	24-25	25-26
		£k	£k	£k	£k	£k
CYPE - ICS	Explore strategies, including statutory guidance, to reduce dependency on social work agency staff		12.5	-1,005.0	-300.0	
CYPE - ICS	Review of Integrated Children's Placements: Reduce dependence on high levels of additional support and seek enhanced contributions from health.		-225.0	-1,000.0		
CYPE - ICS	Reduction in Legal Services Spend through cost efficiencies by Invicta Law and review of the use of legal services by social workers		-169.1	-1,014.6	-845.6	
CYPE - ICS	Section 17 payments will only be made in exceptional circumstances where there is a clear statutory responsibility or where this avoids children coming into care		-20.8	-229.2		
CYPE - ICS	Maximise use of grants to meet statutory responsibilities	-2,000.0				
CYPE - ICS	Review all non-essential non-staffing spend across open access services	-250.0				
CYPE - ICS	Review of vacancies across the directorate	-220.9				
CYPE - SEND	Review of 18-25 community-based services (including daycare, transport, direct payments and supported living): ensuring strict adherence to policy, increased use of framework providers and enhanced contributions from health.		-165.9	-1,754.8	-1,334.1	
CYPE - SEND	Review of Children with disability packages: ensuring strict adherence to policy, review of packages with high levels of support and enhanced contributions from health		-314.4	-1,529.3	-1,066.1	
		-2,470.9	-882.7	-6,532.9	-3,545.8	

12 Reducing the gap

Directorate & Division	Details of Actions to be taken	22-23 one-off	22-23 Recurring	23-24	24-25	25-26
		£k	£k	£k	£k	£k
GET - H&T	Increased income from Technology bagging-up to offset rise in activity		-100.0	-100.0		
GET - H&T	Developer Agreements contribution to part-offset cost increases		-300.0	-250.0		250.0
GET - H&T	Stop in-year road safety campaigns	-100.0				
GET - H&T	Public Protection staff/vacancy management and income opportunities	-100.0				
		-200.0	-400.0	-350.0		250.0

Directorate & Division	Details of Actions to be taken	22-23 one-off	22-23 Recurring	23-24	24-25	25-26
		£k	£k	£k	£k	£k
CED - Strat Comm	Management action to reduce non-essential spend	-10.9	-26.0	-27.0		
CED - Strat Comm	Hold vacancies in year pending the review of the Strategic Commissioning structure.	-400.0	-300.0	-300.0		
		-410.9	-326.0	-327.0		

12 Reducing the gap

Directorate & Division	Details of Actions to be taken	22-23 one-off	22-23 Recurring	23-24	24-25	25-26
		£k	£k	£k	£k	£k
DCED - Property	Increased cost retrieval from industry for regulatory compliance interventions	-60.0				
DCED - Property	Recharge a proportion of team members' time spent working on EU Exit / KRF Pilot		-55.0			
DCED - CLL	Temporary Closure of part floors of buildings or on certain days of the week where occupancy levels are low. Targeted Utilities saving	-20.0				
DCED - CLL	Temporary closure of Henwood and Aylesford Offices in 2022/3 with consolidation into other offices	-98.0				
		-178.0	-55.0			

Directorate	Capital Budget	Variance	Real Variance	Rephasing Variance
Adult Social Care & Health	1.8	-0.5	0.2	-0.7
Children, Young People & Education	96.7	-18.4	4.8	-23.2
Growth, Environment & Transport	255.1	-46.8	19.3	-66.1
Chief Executive's Department	0.6	-0.1	0.0	-0.1
Deputy Chief Executive's Department	37.0	-8.8	4.8	-13.6
TOTAL	391.2	-74.6	29.1	-103.7

The total approved General Fund capital programme including roll forwards for 2022-23 is £391.2m

The current estimated capital programme spend for the year as at the end of September is projected at £316.6m, which represents 81% of the approved budget. The spend to date as at the end of September is £120.8m, representing 31% of the total approved budget.

The directorates are projecting a £74.6m underspend against the budget, this is split between a +£29.1m real variance and -£103.7m slippage.

Inflation

Across the capital programme there are inflationary pressures that are forecast to hit predominantly from 2023-24. The main areas impacted are below:

Education capital projects - £18m forecast inflation pressure based on the latest information from quantity surveyors, of which, £8.1m is included within the current forecast. The majority of the inflation pressure is likely to hit in 2023-24 and 2024-25.

Highways Asset Management (HAM)

The resurfacing element of HAM will not be impacted by inflation until after January 2023 when the contract is renewed for next year's programme of works. The impact could be as much as 20% increase. If there is no additional funding available then less works will be able to be done within the resource available, accelerating the maintenance backlog.

For structures and other areas within this budget the inflation increase will result in less work being done within the budget available and things will have to get pushed back to future years.

Major Highways Schemes - schemes in delivery

The Major Capital Programme team are currently delivering seven schemes which have achieved funding, awarded a construction contract and are currently being delivered on site through a contractor. Where the existing scheme allowance for inflation and cost increases cannot be met by risk and contingency budgets, projects have been descoped to meet the available funding. In all cases, the Council will be a last resort for covering increased costs and additional funding options will be explored and requested from Central Government or the District Council that KCC are delivering on behalf of.

Major Highways Schemes - schemes not yet in delivery

The Major Capital Programme Team are currently progressing 13 schemes which have unlocked external funding, been designed and have either achieved or are very close to achieving planning. The KCC Commissioning Team have been engaged and a contract award is required in the next 12 to 18 months. An increase in cost due to inflation is dependent on how the market prices each scheme through the procurement phase and whether KCC is willing to potentially accept further risk and award a construction contract, noting that this increase may not be fully felt until delivery begins on site.

2022-23 Variances

The major variances (>£1m rephasing and >£0.1m real variances) are described below:

Adult, Social Care & Health:

Project	Real Variance £m	Detail £m
<u>New variances to report:</u>		
There are no variances to report.		

Children, Young People & Education:

Project	Real Variance £m	Slippage£m	Detail
<u>New Variances to Report:</u>			
Annual Planned Enhancement Programme	2.0	-0.5	Real variance represents decarbonisation projects for which Salix funding may be available but has not yet been bid for. If unsuccessful there will be a funding gap. There is also a projected overspend of £6.2m across 2023-24 and 2024-25 due to facilities management referrals which have been identified as priority 1's.
Basic Need Kent Commissioning Plan 2017	3.2	-6.3	The real variance is due to: -£2.7m Deal School and -£1m Oakley Satellite now being reported under High Needs Provision 22-24. +£0.3m Ebbsfleet Green Primary – correction of prior years costs. +£0.2m Sunny Bank Primary due to additional works agreed to finalise the project. +£6.2m correction to overall budget due to funding re Royal School for the Deaf inadvertently added back twice into basic need, which was highlighted during the closure of accounts.

			Slippage due to: -£3.3m Meopham School – the contract has only recently been awarded. -£3.0m Thamesview School due to a delay going out to tender. (Previously reported -£1.8m real and -£0.5m slippage).
Basic Need Kent Commissioning Plan 2018	-0.8	-2.2	The real variance is due to -£ 1.2m Garlinge Primary now being reported under the High Needs Provision line and +£0.4m Tunbridge Wells Boys Annex where the previous forecast was incorrect but it was completed within the Record of Decision (ROD). The slippage is due to Dartford Bridge Primary – offices within the school site are being used by other services and need to be vacated before the expansion can proceed. (Previously reported -£1.2m real and -£0.9m slippage).
Basic Need Kent Commissioning Plan 2019	1.0	-12.0	Real overspend due to: +£0.9m Towers School – previous forecast too low but is within ROD. +£0.6m Whitstable & Seasalter Junior which includes improvement and modernisation works from Annual Planned Enhancement. -£0.5m Nexus Special School now being reported under High Needs Provision 2022-24. Rephasing is due to: -£4.0m Borden Grammar due to a review of design required. -£2.9m Chilmington Green Secondary – initial service installation works have not yet been started. -£1.6m Queen Elizabeth’s Grammar – a school managed project where expenditure is dependant on parties agreeing and signing a funding agreement. -£1.5m Maidstone Girls Grammar- the costs came in high and the quantity surveyor is now reviewing the project which has delayed works. (Previously reported +£3.5m real variance).
Basic Need Kent Commissioning Plan 2020 (2021-25)	-0.5	-2.8	The real variance is due to Dover Christ Church as places are not needed until 2028-29 so it has been removed. The slippage is due to St Mary of Charity Primary where places are not needed until 2024 at the earliest. (Previously reported -£1m slippage).
Basic Need Kent Commissioning Plan 2021 (2022-26)	-0.3	-2.3	The real variance is due to: +£1.0m Archbishop’s School – an urgent bulge year is required. -£0.6m Parkside Primary where expansion is no longer needed. -£0.4m Towers School where expansion is no longer required. -£0.3m Meadowfield School satellite now reported under High Needs Provision 22-24.

£1.8m of the slippage is due to Marden Primary where the timing of expenditure is dependent on parties agreeing and signing a funding agreement, and delivery timescales by the school.

Overall Basic Need Programmes			Across the basic need programmes over the next three years, there is a projection in excess of current budget of approximately £11m. Of this, £6m is due to forecast inflation pressures, which are not expected to materialise until 2023/24 and 2024/25. There are sufficient basic need grant allocations to cover the expected overspend in the current programme, however cash limit changes are on hold pending discussions around total pressures on the capital programme.
High Needs Provision	0.6		The variance is due to: +£0.4m Tenders for the Canterbury Academy are higher than expected due to the requirement of a steel frame. +£0.1m Parkside Primary where design changes have increased costs. (Previously reported +£0.3m real variance).
High Needs Provision 2022-24	-0.6	+6.3	The real variance of -£0.6m is to be used to fund the overspend on the High Needs Provision 21-22 line. The slippage is due to a number of projects that have been added and brought forward: Deal Special School, Garlinge Primary, Oakley Satellite, Nexus Satellite and Sunny Bank Primary. Expenditure is to be funded from the high needs grant which is due to be received in 2022/23. (Previously reported +£5.8m slippage).
School Roofs		-2.6	Birchington CEPS is not commencing until the completion of Lunsford Primary as the mobiles purchased are to be used at Birchington. There is also a forecast overspend of £1m across later years and a revised ROD is being sought.
<i>Previously reported variances:</i>			
Modernisation Programme	+0.1		The real variance is due to a project which has been transferred from the Annual Planned Enhancement Programme. Funding will be transferred and listed in the cash limit changes section of the report.
Basic Need Kent Commissioning Plan 2016	+0.2		The real variance is due to the addition of a school managed project to enable additional places.
Overall Basic Need Programmes			Across the basic need programmes over the next three years, there is a forecast in excess of current budget of approximately £15m. Of this, £7m is due to forecast inflation pressures, the majority of which are not expected

to materialise until 2023/24 and 2024/25. There are sufficient basic need grant allocations to cover the expected overspend, however cash limit changes are on hold pending discussions around other pressures on the capital programme.

	Nest 2	-1.6	Slippage due to land being sought and the project is still at discussion/planning stage.
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Growth, Environment & Transport:

	Project	Real Variance £m	Slippage £m	Detail
<u>New Variances to Report:</u>				
	Highways Asset Management and Programme of Urgent Safety Critical Works (Highways & Transportation)		-16.8	The slippage includes £4.9m of Challenge Fund grant relating to tunnels/structures lighting and re-construction of the Thanet Way. The remaining slippage of £11.88m is due to a lack of Senior Resource in the Structures Operation Team due to the inability to recruit specialist staff and rolling forward funds due to the scale of some projects and lead in time for design, tendering and commissioning. There are also delays with Amey delivery times.
	A229 Bluebell Hill M2 and M20 Interchange Upgrades (Highways & Transportation)		-4.4	This project is awaiting commitment of funding from the Department for Transport therefore it has been profiled across future years
	Bath Street Fastrack (Highways & Transportation)		-2.0	The invitation to tender (ITT) has been delayed due to last minute design changes due to statutory undertake requirements. The ITT is now being issued October 22 meaning the likely start for the contractor will be mid February 23.

Bearsted Road (National Productivity Investment Fund) – Kent Medical Campus (Highways & Transportation)	1.4	-7.9	Significant challenges have been encountered during the design phase which has delayed the programme and contract award. The current profiling reflects expected construction to commence in January 2023 (delayed from April and then August 2022), however since the original pricing of the contract, there have been significant increases in construction costs, notably due to increase in energy and fuel prices and on top of this inflation costs have increased significantly along with changes to red diesel tax and National Insurance increases. Until the price and programme is agreed there could be further changes to the profiling and the overall cost The predicted overspend is due to delays and loss of income due to COVID. (Previously reported -£1.9m slippage).
Dartford Town Centre (Highways & Transportation)		-2.9	The project has been delayed due to partner project management changes, that are now resolved, therefore budget has been reprofiled to 2023/24.
Dover Inter Border facility (Highways & Transportation)	0.7		The real variance is due to additional grant that needs to be added to the cash limit.
Fastrack Full Network (Highways and Transportation)		-8.1	Over the last year or so Balfour Beatty have been slow completing the Preconstruction stage and reviewing internal governance regarding their ability to deliver the works etc. We have therefore been unable to start the tunnel works and have been moving costs back. We have now reached the situation where the project costs have increased significantly, particularly due to inflation pressures. The works are now beyond the available budget and a review is in hand to determine if our funders will/can provide additional budget. At this stage little construction spend is now forecast for FY22/23. (Previously reported -£6.0m)
Faversham Swing Bridge (Highways & Transportation)		-1.2	There are ongoing discussions with Peel Ports relating to this project.
Government Transition Works (Highways & Transportation)	2.0		The variance is due to additional grant funding for the works at Sevington, which will be added to the cash limit.
Herne Relief Road (Highways & Transportation)		1.0	The spend on this project has been reprofiled to more accurately report the anticipated monthly spend for the works based on the current programme for the scheme. Funding is available to cover this spend being brought forward.

Housing Infrastructure Fund – Swale (Highways & Transportation)		-1.3	There are programme delays on Grovehurst Road and Key Street. The contract award was delayed by two months on Grovehurst Rd and by 6 months on Key Street due to ongoing works at M2 junction 5 and awaiting the planning consent of the adjacent development roundabout with an impact on the final proposals.
Sturry Link Road (Highways & Transportation)		-1.7	Delays in appointing the principal contractor has resulted in reprofiling to future years.
Leigh (Medway) Flood Storage Areas (Environment & Waste)	-0.1	-0.8	The funding originally allocated to this project (£2.5m) has now been split between this and a new line – Surface Water Flood Risk Management. The real variance therefore shows the amount to be transferred in this financial year.
Surface Water Flood Risk Management (Environment & Waste)	0.1		Funding to be vired from Leigh (Medway) Flood Storage Areas.
Local Authority Treescape Fund (Environment & Waste)	0.1		Additional grant has been received that needs adding to the cash limit.
Country Parks Access & Development (Growth & Communities)	0.2		Additional external funding has been received that needs adding to the cash limit.
Broadband Contract 2 (Growth & Communities)		-1.3	Invoice from BDUK is expected in 2023-24.
Digital Autopsy (Growth & Communities)		-2.5	The slippage is due to the project tender (ITT) for the DA and body store delivery failing. The project is now looking at alternative options to bring in the necessary providers. Given the amount of time this will take to bring forward, the capital spend has been deferred as the capital element can only be entered into at the same time as the revenue contracts to ensure the project is de-risked. (Previously reported -£1.9m slippage).
Innovation Investment Initiative (i3) (Growth & Communities)		-2.6	Due to the launch of the new Kent and Medway Business Fund scheme and the time constraints this has placed on the team it is not possible to also promote the i3 scheme this year so any forecasted expenditure has been pushed back to future years.
Kent & Medway Business Fund (Growth & Communities)		-3.0	Slippage is due to profiling now in line with anticipated loan applications and approvals.
Kent Empty Property Initiative (Growth & Communities)	1.6	0.6	The real variance is due to additional external funding expected to be received.

Previously reported variances:

<i>Highways Asset Management and Programme of Urgent Safety Critical Works (Highways & Transportation)</i>	7.0	<p>The majority of the real variance is due to the re-establishment of the £7m Pothole Blitz programme. A solution for funding this is being worked up. +£0.5m relates to additional grant which has been awarded from the Department of Transport for traffic signal maintenance. +£0.2m relates to additional external funding which has been received towards the Urban Tree Challenge to reinstate tree loss. (Previously reported +£7.6m)</p>
<i>Integrated Transport Schemes (Highways & Transportation)</i>	0.7	<p>The real variance is due to the addition of a number of minor schemes which will be externally funded and the cash limit will be increased when the funding is banked. (Previously reported +0.6m)</p>
<i>A226 St Clements Way (Highways & Transportation)</i>	-0.2	<p>The defects period of the main works has been completed and retention has been released. An allowance has been held back this year to complete some minor works and for landscape works. The underspend is to be released back to the Strategic Transport Infrastructure Programme (formerly known as Kent Thameside Strategic Transport Programme) as these are the conditions of the funding.</p>
<i>Dover Bus Rapid Transit (Highways & Transportation)</i>	-3.9	<p>The profiling of the scheme has been updated to reflect the latest works programme from Colas, and has resulted in slippage following slow mobilisation.</p>
<i>Green Corridors (Highways and Transportation)</i>	-2.4	<p>The slippage is due to the construction of the three largest sites (sites 6, 8 and 11) will span 2022/23 and 2023/24 financial years. The construction periods have been delayed so that the sites can be procured together and constructed by a single contractor. Other works nearby mean that the construction of these sites cannot begin before January 2023 due to road space availability and procurement timescales.</p>
<i>Kent Active Travel Fund Phase 3 (Highways & Transportation)</i>	-1.2	<p>The areas covered by this grant are Herne Bay Seafront and Sevenoaks Urban area. Timeframes suggest £1.2m of the funding received will be in contract by the end of this financial year but spend will incur in 2023-24, hence the slippage. (Previously reported -£1.1m).</p>
<i>Thanet Parkway (Highways & Transportation)</i>	5.4	<p>The costs in excess of budget are expected to start crystallising in this financial year with an anticipated overspend of £5.4m, and another £1.2m in 2022-23. Funding options are being sought and the position will continue to be closely monitored.</p>
<i>Kings Hill Solar Farm (Growth & Communities)</i>	0.6	<p>Higher than anticipated costs have resulted in a forecast overspend, funding options are being explored. (Previously reported +£0.2m)</p>

Javelin Way Development (Growth & Communities)

-0.01

Slippage is due to delays in finalising the legal agreements, and limited capacity of UKPN following the storms. (Previously reported -£1.0m).

Marsh Million (Growth & Communities)

-0.3

The project has now come to an end and distributions will be made to the contributors of the scheme.

Chief Executive’s Department:

Project	Real Variance £m	Slippage £m	Detail
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New variances to report:

There are no variances to report

Deputy Chief Executive’s Department:

Project	Real Variance £m	Slippage£m	Detail
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New variances to report:

No new variances to report.

Previously reported variances:

<i>Modernisation of Assets</i>	+4.8	<i>The real variance is due to inflation (approximately £0.7m) and addressing category 1 and urgent works. Funding from the Public Sector Decarbonisation Fund will offset approximately 0.6m of the variance. There is a £0.3m revenue contribution towards works at Turner Contemporary. Funding options for the remainder of the overspend are being considered as part of the Capital Budget process to address the remainder of the overspend alongside other pressures identified on the Capital Programme. (Previously reported +£5.4m).</i>
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<i>Dover Discovery Centre</i>	-4.1	<i>The project is reporting slippage as there have been delays in planning approval. The forecast for this year is for design costs only. (Previously reported -£2.4m).</i>
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<i>Strategic Estate Programme</i>	-9.0	<i>The slippage reflects the descoping of initial Stage 2 proposals for Sessions and Invicta refurbishment to keep costs in line with the approved budget, which alongside a delay in the release of the Sessions House Masterplan means a postponement of the original planned commencement date for any refurbishment.</i>
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The purpose of this section is to monitor actual Council Tax discounts and collection rates against the budget throughout the year and to use this to inform collection fund and the Council Tax Base estimates to be included in next financial year's budget.

14.1 Council Tax income is vital source of funding for the Council's revenue budget

Council Tax income is a key source of funding for council services and makes up almost 70% of our net budget (and just under 50% of our gross budget). The amount generated through Council Tax is principally determined by the Council Taxbase. The Council Taxbase is the number of properties (expressed as the number of weighted band D equivalent properties) adjusted for exemptions, discounts and premiums, other minor adjustments (e.g. estimated new builds), the band D charge per property and the collection rate. The most significant discounts are the 25% single persons discount and the Council Tax Reduction Scheme (CTRS) for low income households.

14.2 The budget is based on estimated Council Tax collection. Actual collections are managed through local district collection funds

The twelve Kent districts provide the budgeted Council Taxbase. This forms the basis for the County Council precept after applying the county's share of the Council Tax charge (including a separate precept for adult social care), which is included in the Council's annual budget. Districts must provide the budgeted precept to the County Council in-year and any difference between the budgeted precept and the actual Council Tax collected is accounted for by districts through their local collection funds.

14.3 Following an unprecedented collection fund deficit in 2021-22 due to the pandemic, the budgeted taxbase for 2022-23 has increased by 2.63%

From 2015-16 to 2020-21 the budgeted taxbase increased each year by an average of 1.95%. During this period we also saw collection fund surpluses ranging from £3.9m to £12.5m, reflecting over-collection on the budgeted precept. The Covid-19 pandemic significantly affected both the discounts provided through the CTRS and the collection rate, and this resulted in an unprecedented collection fund deficit of £13.9m in 2021-22. This deficit is being accounted for over three years from 2021-22 to 2023-24.

The budgeted increase in taxbase for 2022-23 is 2.63%. This increase reflects a return to pre-pandemic levels for the budget assumptions for CTRS discounts, and an improvement on collection rates from last financial year, from 97.8% to 98.2%.

The purpose of this section of the monitoring report is to provide an early indication of whether CTRS discounts and collection rates during the year are consistent with the amounts in the 2022-23 budget estimates, and to have early oversight of the likely impact of any variances on the collection fund and the Council Taxbase to be included in the forthcoming year's budget.

Budgeted Tax Base 2022-23

- 14.4 563,284.89 band D Equivalents = £823.1m for the County Council precept
- The 2022-23 net budgeted Council Taxbase for Kent is 563,284.89 band D equivalents which produces the County Council precept of £823.1m. The precept includes the following reductions: £74.2m due to single persons discount, £77.8m relating to Council Tax Reduction Scheme, and £15.4m for the expected collection rate loss. The table below shows the composition of the budgeted Council Taxbase for the Kent County Council precept:

	Band D equivalent	Total Precept @ £1,461.24
Number of Dwellings (692,361)	685,572.00	£1,001.8m
Less Exemptions & Disabled	-14,338.11	£-21.0m
Less Single Persons Discount	-50,801.21	£-74.2m
Less Council Tax Reduction Discounts	-53,216.26	£-77.8m
Less Other Discounts	-1,880.42	£-2.7m
Add Premiums, New Builds, etc	8,508.38	£12.4m
Less Collection Losses	-10,559.49	£-15.4m
Net Taxbase/Precept	563,284.89	£823.1m

The net precept of £823.1m includes £97.6m for the Adult Social Care precept.

Council Tax Charge Increase

- 14.5 KCC's element of individual household Council Tax charge for 2022-23 increased by 2.994% compared to 2021-22
- The 2022-23 budget, which was approved by full council on 10th February 2022, included a 2.994% increase to the Council Tax charge. This increased the band D charge by £42.48, from £1,418.76 to £1,461.24. This increase consists of a £28.35 (1.998%) general increase up to the referendum limit and a £14.13 (0.996%) maximum permitted increase for the Adult Social Care Precept.
- Kent County Council and Kent Fire and Rescue Service have a total band D charge of £1,543.59. It is essential to include the Fire Authority's share of Council Tax for comparison purposes with other Shire Counties because some are still responsible for Fire & Rescue Services and do not levy a separate precept. The charge in Kent is ranked 10th out of 24 when compared with other Shire Counties, the highest charge is £1,728.66 and the lowest is £1,432.17.

Monitoring

14.6 Quarter 2 monitoring is showing a forecast collection fund deficit of £6.2m, largely as a result of lower than estimated collection rates to date.

The twelve Kent Districts have provided an update as at quarter 2 on the Council Tax collection and level of CTRS claimants, and this information has been used to produce a forecast against the budget. The forecast is based on actual collection rates to date and the original projected collection rate for the remainder of the year, which is generally consistent with forecasting methodology for the rest of the Council's budgets.

The table below shows a forecast collection fund deficit of £6.2m (0.8%). This is predominantly due to lower than estimated collection rates (average collection rate 56.2% to date, compared to budgeted 57.0%).

	Budget	Forecast	Variance
CTRS	-£77.8m	-£77.7m	£0.1m
Collection Rate	98.2%	97.4%	-£6.3m
Forecast Collection Fund Deficit			-£6.2m

This projected variance is concerning and could indicate that we are starting to see the impact of the increase in cost of living and economic downturn in the form of lower than budgeted Council Tax collection rates. If this forecast was to materialise and not recover, then the Council would have to account for a deficit on the 2022-23 council tax collection in the 2023-24 budget, and potentially face a lower tax base for 2023-24 in what is already going to be an extremely challenging budget to balance.

It is worth noting that the forecast collection rate does not take into consideration any payments against 2021-22 arrears or the impact of the option for Council Tax payers to change to making payments over twelve monthly instalments (which changes the profile of collection compared to the standard 10 monthly payments). These factors are likely to reduce the forecast collection fund deficit by the end of the year, although data is not available to establish how much of an impact this will have.

In the context of the national cost of living crisis, CTRS and collection fund rates will continue to be closely monitored throughout the rest of the financial year. In addition, significant movements in forecast between quarter 1 and quarter 2 for individual districts are being investigated further. An update will be provided at quarter 3.

14.7 Conclusion

Council Tax remains a significant source of income and the 2023-24 budget currently assumes that the improved levels budgeted for in 2022-23 for CTRS discounts and collection rates will materialise. The forecast deficit of £6.2m is a concern, because both the 2022-23 deficit and reduced council tax collection rate will impact on the 2023-24 budget.

This position will continue to be monitored closely and an updated position, along with the outcome of the discussions with individual districts where significant movements have been seen from one quarter to the next, will be provided at quarter 3.

15 Treasury Management Monitoring

Treasury management relates to the management of the Council's debt portfolio (accumulated borrowing to fund previous and current capital infrastructure investments) and investment of cash balances. The Council has a comparatively high level of very long-term debt, a significant proportion of which was undertaken through the previous supported borrowing regime.

15.1 Total external debt outstanding in September was £822.09m down by £3.88m since 31st March 2022

KCC debt includes £425.61m of borrowing from the Public Works Loans Board (PWLB). The vast majority is maturity debt (debt is only repaid upon maturity) at a fixed rate of interest. The average length to maturity of PWLB debt is 15.20 years at an average interest rate of 4.70%.

Outstanding loans from banks amount to £291.8m. This is also at fixed term rates with average length to maturity of 36.01 years at an average interest rate of 4.40%.

The council has £90m of Lender Option Borrower Option (LOBO) loans. These loans can only be renegotiated should the lender propose an increase in interest rates. The average length to maturity of LOBO loans is 38.97 years at an average interest rate of 4.15%.

The balance of debt relates to loans for the LED streetlighting programme. The outstanding balance is £14.68m with average of 11.74 years to maturity at an average rate of 1.80%.

KCC's principal objective for borrowing is to achieve an appropriately low risk balance between securing low interest rates and certainty of financing costs. This is achieved by seeking to fund capital spending from internal resources and short-term borrowing, only considering external long-term borrowing at advantageous interest rates.

15.2 Majority is long term debt with 12.47% due to mature within 5 years

Maturity 0 to 5 years £102.49m (12.47%)¹
Maturity 5 to 10 years is minimal
Maturity 10 to 20 years £212.00m (25.79%)
Maturity over 20 years £507.60m (61.75%)

15.3 Total cash balance at end of September was £476.1m, up by £12.3m from the end of March

Cash balances accrue from the council's reserves and timing differences between the receipt of grants and other income and expenditure. Balances are forecast to decline over the remainder of the year in line with the typical trend observed in previous years.

¹ Split across the next five years is as follows: Year 1 £16.70m, Year 2 £20.60m, Year 3 £24.18m, Year 4 £24.00m, and Year 5 £17.00m

15.4 Cash balances are invested in a range of short-term, medium term and long-term deposits

Investments are made in accordance with the Treasury Management Strategy agreed by full Council alongside the revenue and capital budgets. The treasury strategy represents a prudent approach to achieve an appropriate balance between risk, liquidity and return, minimising the risk of incurring losses on the sum invested. Longer term investments aim to achieve a rate of return equal or exceeding prevailing inflation rates.

Short term deposits (same day availability) are held in bank accounts and money market funds. Current balances in short-term deposits in September were £113.7m (23.89% of cash balances). Short-term deposits enable the Council to manage liquidity. Bank accounts and money market funds are currently earning an average rate of return of 2.04%.

Deposits are made through the Debt Management Office (an executive agency responsible for debt and cash management for the UK Government, lending to local authorities and managing certain public sector funds). As at the end of September, the Council had £31.8m in government bonds. These deposits represent 6.68% of cash investments with an average rate of return of 1.59%.

Medium term deposits include covered bonds, a form of secured bond issued by a financial institution that is backed by mortgages or public sector loans. In the UK the covered bond programmes are supervised by the Financial Conduct Authority (FCA). King and Shaxson acts as the Council's broker and custodian for its covered bond portfolio. As at the end of September, the Council has £132.3m invested in covered bonds earning an average rate of return of 2.60%.

The Council has lent £19.2m through the No Use Empty Loans programme which achieve a return of 2.50% that is available to fund general services. This total includes £4.6m of loans made since March.

The Council has now agreed 3 rolling credit facilities (RCF) with registered providers totalling £25m, for which we are receiving a fee ranging from 0.25% to 0.40%. None of the facilities have been drawn so far.

Long term investments are made through Strategic Pooled Funds. These include a variety of UK and Global Equity Funds, Multi Asset Funds and Property Funds. In total the Council has £177.8m invested in pooled funds (37.34% of cash balances). Excluding capital returns, these funds have earned a total income of £40.6m since inception, at an average annual rate of 4.11%. Returns on pooled funds can be volatile.

15 Treasury Management Monitoring

15.5	Treasury Management Advice	The Council secures external specialist treasury management advice from Arlingclose. They advise on the overall strategy as well as borrowing options and investment opportunities. Arlingclose provide regular performance monitoring reports.
15.6	Quarterly and Bi-annual reports	A fuller report is presented to Governance and Audit Committee on a regular quarterly basis. A report on treasury performance is reported twice a year to full Council.

Appendix 1 - Key Service Summary

	Revenue Budget £m	Forecast £m	Variance £m
Community Based Preventative Services	13.3	13.1	-0.2
Housing Related Support	4.6	4.6	0.0
Statutory and Policy Support	1.2	1.6	0.3
Provision for Demographic Growth - Community Based Services	10.2	3.5	-6.7
Strategic Management & Directorate Support (ASCH)	6.8	4.6	-2.2
Social Support for Carers	3.2	3.0	-0.2
Partnership Support Services	0.0	0.0	0.0
Strategic Safeguarding	0.7	0.5	-0.2
Strategic Management & Directorate Budgets	40.1	30.9	-9.2
Public Health - Advice and Other Staffing	0.0	0.0	0.0
Public Health - Children's Programme	0.0	0.0	0.0
Public Health - Healthy Lifestyles	0.0	0.0	0.0
Public Health - Mental Health, Substance Misuse & Community Safety	0.0	0.0	0.0
Public Health - Sexual Health	0.0	0.0	0.0
Public Health	0.0	0.0	0.0
Adult In House Carer Services	2.4	2.5	0.1
Adult In House Community Services	5.9	5.5	-0.4
Adult In House Enablement Services	7.4	7.0	-0.4
Adult Learning Disability - Case Management & Assessment Service	5.6	5.6	0.0
Adult Learning Disability - Community Based Services & Support for Carers	101.7	106.1	4.4
Adult Learning Disability - Residential Care Services & Support for Carers	72.3	72.4	0.1
Adult Mental Health - Case Management & Assessment Services	10.0	10.0	0.0
Adult Mental Health - Community Based Services	11.4	16.6	5.2
Adult Mental Health - Residential Care Services	15.6	17.7	2.1
Adult Physical Disability - Community Based Services	21.0	22.8	1.8
Adult Physical Disability - Residential Care Services	17.9	19.0	1.2
ASCH Operations - Divisional Management & Support	6.8	6.7	-0.2
Older People - Community Based Services	37.4	40.1	2.7
Older People - In House Provision	14.5	15.2	0.7
Older People - Residential Care Services	45.9	68.4	22.5
Older People & Physical Disability - Assessment and Deprivation of Liberty Safeguards Services	21.7	22.2	0.5
Older People & Physical Disability - In House Community Homecare Service	0.0	0.0	0.0
Older People & Physical Disability Carer Support - Commissioned	1.2	1.6	0.4
Physical Disability 26+ Lifespan Pathway & Sensory and Autism 18+ - Community Based Services	5.9	6.5	0.6
Physical Disability 26+ Lifespan Pathway & Sensory and Autism 18+ - Residential Care Services	1.1	1.1	0.0
Sensory & Autism - Assessment Service	0.7	0.7	0.0
Service Provision - Divisional Management & Support	0.0	0.0	0.0
Adaptive & Assistive Technology	5.1	1.2	-3.9
Adult Social Care & Health Operations	411.6	448.9	37.3
Business Delivery	8.3	7.8	-0.5
Independent Living Support	0.7	0.7	0.1
Business Delivery Unit	9.0	8.5	-0.5
Adult Social Care & Health	460.6	488.3	27.7
Earmarked Budgets Held Corporately	4.2	4.2	0.0

Appendix 1 - Key Service Summary

	Revenue Budget	Forecast	Variance
	£m	£m	£m
Strategic Management & Directorate Budgets	2.3	2.3	0.0
Community Learning & Skills (CLS)	-0.4	-0.3	0.1
Early Years Education	0.0	0.0	0.0
Education Management & Division Support	1.4	1.2	-0.2
Education Services provided by The Education People	4.5	4.5	0.0
Fair Access & Planning Services	0.3	0.5	0.3
Home to School & College Transport	49.7	63.3	13.6
Other School Services	5.8	7.4	1.6
Education	61.2	76.7	15.5
Adoption & Special Guardianship Arrangements & Service	15.5	15.7	0.2
Asylum	-0.1	-0.1	0.0
Care Leavers Service	6.0	6.2	0.1
Children in Need - Care & Support	3.3	3.3	0.0
Children's Centres	4.6	4.5	-0.1
Children's Social Work Services - Assessment & Safeguarding Service	51.2	53.0	1.9
Early Help & Preventative Services	6.9	7.0	0.1
Integrated Services (Children's) Management & Directorate Support	5.7	5.3	-0.4
Looked After Children - Care & Support	66.8	74.9	8.1
Pupil Referral Units & Inclusion	0.1	0.1	0.0
Youth Services	5.7	5.7	0.0
Integrated Children's Services (East & West)	165.8	175.7	9.9
Adult Learning & Physical Disability Pathway - Community Based Services	32.7	37.2	4.5
Adult Learning & Physical Disability Pathway - Residential Care Services & Support for Carers	9.3	9.3	0.0
Children in Need (Disability) - Care & Support	5.5	6.0	0.5
Children's Disability 0-18 Commissioning	1.7	1.7	0.0
Disabled Children & Young People Service (0-25 LD & Complex PD) - Assessment Service	9.0	9.3	0.3
Looked After Children (with Disability) - Care & Support	16.4	18.2	1.8
Looked After Children (with Disability) - In House Provision	3.6	3.7	0.0
Special Educational Needs & Disability Management & Divisional Support	0.2	0.2	0.0
Special Educational Needs & Psychology Services	13.2	14.6	1.4
Special Educational Needs & Disabilities	91.8	100.2	8.4
Children, Young People & Education	321.0	354.9	33.9
Earmarked Budgets Held Corporately	0.0	0.0	0.0

Appendix 1 - Key Service Summary

	Revenue Budget £m	Forecast £m	Variance £m
Strategic Management & Directorate Budgets	1.4	1.4	0.0
Growth and Support to Businesses	4.7	5.9	1.2
Community (Assets & Services)	2.8	2.9	0.1
Public Protection	11.4	11.5	0.2
Libraries, Registration & Archives	9.5	9.2	-0.3
Growth and Communities Divisional management costs	0.8	0.8	0.0
Growth & Communities	29.1	30.3	1.2
Highway Assets Management	33.0	34.3	1.2
Transportation	6.6	6.2	-0.4
Supported Bus Services	4.5	7.2	2.7
English National Concessionary Travel Scheme (ENCTS)	13.8	11.9	-1.9
Kent Travel Saver (KTS)	4.8	6.9	2.1
Highways & Transportation divisional management costs	3.6	3.5	-0.2
Highways & Transportation	66.3	69.9	3.6
Environment	2.4	2.4	0.0
Residual Waste	45.8	46.2	0.5
Waste Facilities & Recycling Centres	31.9	31.7	-0.2
Environment and Waste Divisional management costs	1.8	1.9	0.1
Environment & Waste	81.9	82.2	0.3
Growth, Environment & Transport	178.7	183.8	5.1
Earmarked Budgets Held Corporately	0.2	0.2	0.0

Appendix 1 - Key Service Summary

	Revenue Budget £m	Forecast £m	Variance £m
Strategic Refresh Programme	0.0	0.0	0.0
Strategic Management & Departmental Support	0.6	0.5	0.0
Health & Safety	0.4	0.4	0.0
Business & Client Relationships	2.4	2.4	0.0
Strategic Management & Departmental Budgets (DCED)	3.3	3.3	0.0
Human Resources & Organisational Development	5.1	4.9	-0.2
Marketing & Resident Experience	6.0	6.0	0.0
Property related services	5.9	6.0	0.1
Emergency Planning	0.2	0.2	0.0
Infrastructure	6.2	6.2	0.1
Technology	24.0	23.8	-0.2
Business Services Centre	0.0	0.0	0.0
Corporate Landlord	27.1	28.9	1.9
Total - Deputy Chief Executive Department	71.7	73.2	1.4
Strategic Management & Directorate Budgets	0.0	-0.4	-0.4
Grants to Kent District Councils to maximise Council Tax collection	3.2	3.1	0.0
Finance	9.6	9.7	0.1
Finance	12.7	12.8	0.1
Governance & Law	6.9	6.7	-0.2
Local Member Grants	1.4	1.4	0.0
Governance, Law & Democracy	8.3	8.1	-0.2
Strategic Commissioning	8.0	8.0	-0.1
Strategy, Policy, Relationships & Corporate Assurance	4.4	4.3	-0.1
Total - Chief Executive Department	33.5	32.7	-0.7
Non Attributable Costs	129.4	123.0	-6.5
Corporately Held Budgets (to be allocated)	-0.3	-0.3	0.0
Total excluding Schools' Delegated Budgets	1,199.1	1,260.0	+60.9
Total Including Schools' Delegated Budgets	0.0	50.4	+50.4

Appendix 2 - Monitoring of Prudential Indicators as at 30 Sept 2022

The prudential indicators consider the affordability and impact of capital expenditure plans, in line with the prudential code.

Prudential Indicator 1 : Estimates of Capital Expenditure (£m)

	21-22 Actuals	22-23 Budget	22-23 Forecast
Total	335.3	339.3	316.60

Prudential Indicator 2: Estimate of Capital Financing Requirement (CFR) (£m)

The CFR is the total outstanding capital expenditure not yet financed by revenue or capital resources. It is a measure of the Council's underlying borrowing need.

	21-22 Actuals	22-23 Budget	22-23 Forecast
Total CFR	1,294.10	1,364.00	1,293.27

Prudential Indicator 3: Gross Debt and the Capital Financing Requirement (£m)

Projected levels of the Authority's total outstanding debt (which comprises borrowing, PFI liabilities, leases and transferred debt) are shown below, compared with the CFR.

	21-22 Actuals	22-23 Budget	22-23 Forecast
Other Long-term Liabilities	232.07	235.80	232.07
External Borrowing	825.97	802.50	802.29
Total Debt	1,058.04	1,038.30	1,034.36
Capital Financing Requirement	1,294.10	1,364.00	1,293.27
Internal Borrowing	236.06	325.70	258.91

Prudential Indicator 4 : Authorised Limit and Operation Boundary for External Debt (£m)

The Authority is legally obliged to set an affordable borrowing limit (the authorised limit for external debt). A lower "operation boundary" is set should debt approach the limit.

	21-22 Actuals	22-23 Limit	22-23 Forecast
Authorised Limit - borrowing	826	876	822
Authorised Limit - PFI and leases	232	245	232
Authorised Limit - total external debt	1,058	1,121	1,054
Operational Boundary - borrowing	826	851	822
Operational Boundary - PFI and leases	232	245	232
Operation Boundary - total external debt	1,058	1,096	1,054

Prudential Indicator 5: Proportion of Finance Costs to Net Revenue Stream (%)

Financing costs comprise interest on loans and minimum revenue provision (MRP) and are charged to revenue. This indicator compares the net financing costs of the Authority to the net revenue stream.

	21-22 Actual	22-23 Budget	22-23 Forecast
Proportion of net revenue stream	9.18%	9.06%	8.57%

Appendix 3 - Reserves Monitoring as at 31 September 2022

	Balance as at 1 April 2022 £m	Forecast Contribution to/(from) Reserve £m	Projected Balance at 31 March 2023 £m
General Fund (GF) Balance	56.2		56.2
Budgeted contribution to/(from) in MTFP		3.0	3.0
	56.2	3.0	59.2
Earmarked reserves :			
Vehicle, Plant & Equipment (VPE)	18.7	0.7	19.4
Smoothing	124.7	(13.5)	111.2
Major Projects	62.3	9.9	72.1
Partnerships	26.3	4.6	30.9
Grant/External Funds	79.1	(58.1)	20.9
Departmental Under/Overspends	8.4	(41.8)	(33.4)
Insurance	13.8	(0.8)	13.0
Public Health	16.8	(3.5)	13.3
Trading	1.2	0.0	1.2
Special Funds	0.6	0.1	0.7
Total Earmarked Reserves	351.9	(102.4)	249.4
Total GF and Earmarked Reserves	408.1	(99.5)	308.6

	Balance as at 1 April 2022 £m	Forecast Contribution to/(from) Reserve £m	Projected Balance at 31 March 2023 £m
Schools Reserves			
School delegated revenue budget reserve - committed	21.8	0.0	21.8
School delegated revenue budget reserve - uncommitted	39.3	0.0	39.3
Community Focussed Extended Schools Reserves	0.2	0.0	0.2
Total School Reserves	61.3	(1.4)	59.9

DSG Adjustment Account - Unusable Reserve

	Balance as at 1 April 2022 £m	Forecast Contribution to/(from) Reserve £m	Projected Balance at 31 March 2023 £m
Unallocated Schools Budget	(97.6)	(49.0)	(146.6)

The General fund Reserve has been increased as agreed by County Council in the 2022-23 MTFP.

The earmarked reserves are decreasing mainly due to the following:

- Funding of £59.7m underlying overspend including using the £24.9m set aside in the risk reserve. The balance is currently being reflected in the Departmental under/overspends until year end when it will be decided which reserves the balance should be funded from.
- £12.2m drawdown from the Covid-19 emergency grant reserve as reflected in this report.

The DSG Adjustment Account deficit has increased due to pressures in Schools Funding. More details can be found in Section 10.

The net £102.4m drawdown reflected in the table above covers more than the reserve drawdowns set out in the Directorate sections of this report, as this includes funding elements, which are roll forwards and the S31 Compensation grants.

**From: Derek Murphy, Cabinet Member for Economic Development
Simon Jones, Corporate Director Growth, Environment and Transport**

To: Cabinet, 1st December 2022

Subject: Developer Contributions Guide

Classification: Unrestricted

Past Pathway of report: GEDCCC 22nd November.

Future Pathway of report: N/A

Electoral Division: County Wide

Summary: KCC’s Developer Contributions Guide (first published in 2007), set out to promote a consistent and transparent approach across the county, regarding the requirement for, and the calculation of developer contributions for KCC provided services. Although still relevant in many areas, it is necessary to update the Guide to reflect changes in legislation, policies, priorities and costs. This report explains how this is to be achieved.

Recommendation(s):

Cabinet is asked to consider the draft Guide, provide any comments or observations on its content and to recommend that KCC proceeds with a targeted public consultation on the updated Developer Contributions Guide as attached at Appendix A.

1. Introduction

- 1.1 Since 2014, KCC has secured a total of £325,452,643 in financial contributions from developers towards specified services. This figure represents a cumulative achievement rate of 97% against KCC’s requests for total contributions from developers (these figures are exclusive of the value of land transferred and Highways Section 278 agreements). Whilst, this is very positive for infrastructure provision, it is not achieved without significant challenges.
- 1.2 Members of the GEDCCC receive quarterly performance reports demonstrating the finance secured for each of the KCC service areas, from developer contributions.

- 1.3 Taking a transparent approach to demonstrate how and why the County Council seeks developer contributions through publication of the Developer Contribution Guide is essential to securing and evidencing our funding and infrastructure requests. This is of increasing importance as the local government funding landscape becomes more challenging.

2. Developer Contributions Guide

- 2.1 Under the Town and Country Planning Act (1990) and Regulation 122 of the Community Infrastructure Levy, development contributions may be sought to fund the infrastructure required to deliver sustainable growth and make proposal(s) acceptable in planning terms. KCC's Developer Contributions Guide outlines the County Council's approach to developer contributions in this context and, in accordance with the legal and planning policy background, sets out the standard requirements and methodologies employed in the calculation of the contributions, on a service by service basis.
- 2.2 First published in 2007, the guide sets out to promote a consistent and transparent approach across the county, regarding the requirement for developer contributions towards KCC provided services and statutory obligations. Although still relevant in many areas, it is necessary to update the guide to reflect changes in legislation, current policies, priorities and costs.
- 2.3 Good infrastructure is vital to creating sustainable communities, and developer contributions play an integral role in this. The contributions help to fund infrastructure to ensure that the demand from new housing growth is not at the expense of the infrastructure and services available for existing communities.
- 2.4 Achieving sustainable development means that the planning system has three overarching objectives: economic, social, and environmental. The proposed guide sets out contributions which may be required by the County Council to support growth and mitigate any adverse impacts, to ensure that development meets the needs of the present, without compromising the ability of future generations to meet their own needs and as such, is sustainable.
- 2.5 Planning obligations and contributions from Section 106 agreements and the Community Infrastructure Levy (CIL) play a key part in the process of delivering sustainable development, ensuring that infrastructure is delivered in a timely manner, is appropriately situated and accessible. Put differently, planning obligations are needed to fund infrastructure to support growth.
- 2.6 The proposed guidance does not specify every type of contribution that may be required to make development acceptable in planning terms. It provides an overview of obligations which may be sought by KCC as part of the planning process, where necessary. Areas of KCC infrastructure covered, in alphabetical (rather than priority) order, are:
 - Adult Social Care (ASC)
 - Community Learning and Skills
 - Education: Early Years Education and Childcare Provision
 - Education: Primary and Secondary Education

- Education: Special Educational Needs & Disabilities (SEND)
- Heritage and Archaeology – Archives & Education
- Flood and SUDs
- General Transfer Terms – School Sites
- Highways and Transportation
- Integrated Children’s Services – Youth Services/Early Help Service
- New School Site Sizes
- Public Rights of Way (PRoW)
- Waste Disposal and Recycling

Historically, KCC has sought for Highways, Education, Libraries, Community Learning, Youth and Adult Social Services, with the majority of contributions split between Highway and Education. This proposed guide sees the inclusion of Special Educational Needs and Disabilities and the formalisation of the request for waste infrastructure.

- 2.7 Other service areas considered for inclusion in the guide are Arts & Culture, Flood & SUDS, Resilience & Emergency and Heritage & Archaeology. Contributions towards the work of the Heritage & Archaeology and Flood & SUDS services are included but will be sought for larger developments such as Garden Communities and/or where developers agree that KCC is the best option as a service provider. It is intended that Arts & Culture and Resilience & Emergency not be included in the guide at this time, largely due to there being an insufficient evidence base to meet the CIL tests set out in Regulation 122 of The Community Infrastructure Levy Regulations (2010).
- 2.8 The document echoes and supports the findings of the Kent and Medway Growth and Infrastructure Framework (GIF), last published in 2018. The GIF is a comprehensive document outlining the scale of growth and highlighting infrastructure priorities and challenges for Kent and Medway. The GIF outlined a projected funding gap of £3.96bn. To assist in bridging the gap, the updated guide demonstrates to how Kent County Council will work with Local Planning Authorities and developers through early engagement in the planning process. The guide will be linked closely to the Infrastructure Mapping Platform as it emerges and is updated. Similarly, the guide will need to have its charging rates checked annually and evidenced rationale revisited at regular intervals by each of the KCC services that seek developer investment, to ensure KCC charges continue to reflect real costs and evolving service delivery costs.
- 2.9 Taking a transparent approach and demonstrating clearly how and why the county council will seek contributions removes significant risks that requests would be subject to challenge from developers and/or Planning Authorities. Challenges to contribution requests create significant resource implications for the county council, both through the increased engagement required in the planning appeal process itself and the ability of KCC services to deliver their statutory obligations and necessary infrastructure resulting from development, should the contributions not be secured.

- 2.10 The launch of the government's White Paper¹- Planning for the Future (August 2020) set out its intention to reform the process for the collection of funding for infrastructure, removing CIL and s106 agreements, with the implementation of an Infrastructure Levy. Updating the guide at this time will provide a helpful reference to demonstrate county's requirements to mitigating the impacts of growth.
- 2.11 A formal, targeted, public consultation with identified stakeholders including district, borough and parish councils, developers and housebuilders is proposed. Any individuals expressing an interest in such matters will also be contacted via KCC's public consultation team. The guide has been presented to the Kent Planning Officers Group and will be presented to the Kent Housebuilders and Developers Group and the Kent Planning Policy Forum. This will ensure that all affected stakeholders are fully engaged with the process of updating the guide.
- 2.12 Subject to the decision of the Cabinet, the guide will be published for a targeted, public consultation on 6th December 2022, for a period of eight weeks.
- 2.13 Following the targeted public consultation and any necessary subsequent amendments, the intention is that the guide will be brought back to the GEDCCC and Cabinet in advance of a key decision by the Cabinet Member for Economic Development that KCC adopt the Guide. Local Planning Authorities will be encouraged to adopt this document as a relevant supplementary planning document (SPDs) and give this guidance the appropriate weight when determining planning applications.

3. Financial Implications

- 3.1 KCC seeks developer contributions to secure financial contributions towards increasing infrastructure capacity, to support services for which it has responsibility to provide. The Development Investment Team within Growth & Communities deals primarily with the seeking of contributions for Education, Waste, Communities and Adult Social Care, with Highways & Transportation and PRow leading their respective areas.
- 3.2 As stated above, since 2014 KCC has secured a total of £325,452,643 in contributions from developers towards specified services. In this context the Growth and Infrastructure Framework has projected that by 2031 (2011 - 2031) Kent will be home to 178,600 new homes and circa 400,000 new residents. The infrastructure required to support this growth is forecast (2017 – 2031) to be £16bn+ with £2.8bn attributed to infrastructure to be delivered by KCC. With regards to KCC's investment and based on total funding identified, £1.6bn is expected to be delivered by development contributions, although there remains a significant risk that such funding may not materialise to the amount or within the timescales required.

¹ now a considerably reworked Levelling Up and Regeneration Bill – currently at Committee Stage

- 3.3 Whilst development contributions form part of a bigger picture, they significantly reduce the impact of additional demand from development on KCC's service providers.

4. Legal implications

- 4.1 The Guide has undergone a review by Invicta Law, Legal Counsel and input from a planning consultant, in conjunction with internal and stakeholder engagement to reduce the likelihood of challenge to its contents.
- 4.2 Proceeding further without an up-to-date guide presents reasons for challenge, both from the local planning authorities and from developers. This Guide sets out the reasons for seeking contributions (within the confines of legislation), the policy/statutory status of KCC's services, robust methodologies, and costs. It enables KCC to justify its s106/CIL requests, as well as providing a clear basis for setting out the county council's requirements within emerging local plans.
- 4.3 The Cabinet is advised that contributions should be sought only for the capital cost of infrastructure and that the revenue costs of staffing are rarely acceptable. Requests must also demonstrate clearly whether there is deficit capacity in the service.

5. Equalities implications

- 5.1 There are no identified equality issues arising from the process of securing developer contributions or updating the guide, although KCC services will have appropriate operational provision within their individual service delivery plans/strategies. An Equality Impact Assessment for the draft Guide describes this further and is available within the GEDCCC papers.

6. Other corporate implications

- 6.1 Providing updated guidance of developer contributions at this time will assist in reducing delays to critically needed infrastructure identified within the GIF, reducing the need for protracted negotiations with the local planning authorities and/or developers.

7. Governance

- 7.1 The report and item has been taken to Corporate Board, the Growth, Economic Development and Communities Committee and now Cabinet, prior to targeted, Public Consultation. The Guide would then be taken back through the same process for a decision to adopt this Guide as policy. Earlier development of the Guide has been considered at a number of KCC's Infrastructure First Groups, chaired by the Leader and attended by a number of Cabinet Members and Directors from across the authority.

8. Conclusions

8.1 Updating of the Guide is appropriate and relevant at this time and should proceed to targeted, public consultation at the earliest opportunity.

9. Recommendation(s)

Recommendation(s):

Cabinet is asked to consider the draft Guide, provide any comments or observations on its content and to recommend that KCC proceeds with a targeted public consultation on the updated Developer Contributions Guide as attached at Appendix A.

10. Background Documents

10.1 The existing (2007) Development Contributions Guide can be found by following the link

<https://democracy.kent.gov.uk/documents/s3003/Appendix%20-%20Guide.pdf>

10.2 The Kent & Medway Growth and Infrastructure Framework can be found by following the link [Growth and Infrastructure Framework \(GIF\) - Kent County Council](#)

11. Contact details

Colin Finch

Strategic Programme Manager
(Infrastructure)

03000 413990

Colin.finch@kent.gov.uk

Stephanie Holt-Castle

Director of Growth and Communities

03000 412064

Stephanie.holt-castle@kent.gov.uk

KENT COUNTY COUNCIL

Developer Contributions Guide

Consultation Draft 2022

kent.gov.uk/developercontributionsguide



We are inviting comments on our refresh of Kent County Council's 'Developer Contributions Guide'

We welcome your feedback on the draft Guide and the technical appendices, in particular your views on how easy it is to find the information you require and whether the content is clear and informative.

Tell us about your views by completing the questionnaire available at kent.gov.uk/developercontributionsguide.

Feedback from the consultation will be used to help us finalise the Guide. A report summarising our analysis of the feedback will be published on the consultation webpage and presented Growth, Economic Development and Communities Cabinet Committee.

This consultation will be open from 6 December 2022 to 30 January 2023.

Alternative formats

If you require any of the documents in an alternative format or language, please email alternativeformats@kent.gov.uk or call 03000 42 15 53 (text relay service number: 18001 03000 42 15 53). This number goes to an answering machine, which is monitored during office hours.

Foreword

I am delighted to introduce Kent's Developer Contributions Guide.

Kent is preparing for continued growth in our population in the years ahead. This could perhaps be as much as 20% growth by 2040, compared to 2020 figures, reflecting the county's position as a place where people wish to live, at all stages of their lives. This growth does require additional housing – of all types - to be developed, with an additional 190,400 homes forecast to be built by that same year 2040.

Infrastructure to support this growth is pivotal to creating sustainable communities. As the provider of most key, large-scale physical and social infrastructure (such as Education, Highways, Transportation, and Waste), Kent County Council (KCC) must ensure that necessary development is not at the expense of the infrastructure and services available for existing residents and businesses.

The National Planning Policy Framework (NPPF) and Kent Planning Authorities' Local Plans include policies requiring developers to mitigate their projects' impact on infrastructure. KCC considers all planning applications under this framework.

As well as securing the appropriate contributions, KCC is clear that essential infrastructure must be provided in the 'right place at the right time'. This principle is clearly outlined in our Strategic Statement '[Framing Kent's Future: Our Council Strategy 2022-26](#)'.

Given the significant levels of projected growth, it is more important than ever that KCC works closely with the 12 District, City and Borough local planning authorities to deliver infrastructure that supports sustainable development, and I am delighted that we have strong relationships to further build upon. Designed for local planning authorities, landowners and developers, this Guide sets out precisely what infrastructure will be required by the County Council to support new housing in the county, how that requirement has been calculated and when it should be delivered.



Derek Murphy,

Cabinet Member for Economic Development

Contents

1.0 Introduction

The Purpose of this Guide

The Status of this Guide

Context - The Legal Framework

The Interaction between S106 and CIL

2.0 Kent

Creating Quality Places

Sustainability and Climate Change

Garden Communities and Large-Scale, Strategic Development

3.0 Kent County Council: Contributions

Type and Level of Contributions

How KCC Assesses the Impact of Each Development

How Infrastructure Projects are Identified – Plan Making

Obsolete or Withdrawn Local Plans

The Scale and Nature of the Planning Obligation

KCC's Approach to Planning Obligations

Thresholds, Qualifying Developments and Contribution Rates

4.0 Land, Buildings and Contributions In-Kind

The Requirement for Land

Location and Suitability

Land Transfers – Legal Agreement

Works and Buildings – Direct Delivery

5.0 Guidance Applicable to all Section 106 Applications

Pre-Application Advice

Planning Performance Agreements

S106 Legal Agreements – Unilateral and Multiparty Agreements

Phased Payment and Triggers for Payments

Indexation

Apportionment and Land Contributions

Bonds and Guarantors

Viability

Viability Reviews

Planning Appeals

Procedure for Discharge of Planning Obligations to KCC

Fees, Charges and Monitoring

6.0 Contact with KCC and District Councils/Local Planning Authorities

Kent County Council Contacts

Local Planning Authorities

Technical Appendices (*set out as separate documents on the website*)

1. Adult Social Care (ASC)
2. Community Learning and Skills (CLS)
3. Development Contributions - Calculator
4. Education – Overview
5. Education - Early Years Education and Childcare Provision
6. Education - Primary and Secondary Education
7. Education - Special Educational Needs & Disabilities (SEND)
8. Education - General Transfer Terms – School Sites
9. Education – New School Site Sizes
10. Education – Example Education Assessment – Primary & Secondary
11. Education – Example Build and Land Contributions
12. Flood Risk Management and Sustainable Drainage
13. Heritage and Archaeology – Community Archaeology Provision
14. Highways and Transportation
15. Integrated Children’s Services – Youth Services/Early Help Service
16. Libraries, Registration & Archives
17. Public Rights of Way (PRoW)
18. Waste Disposal and Recycling

1.0 **Introduction**

1.1 This guide will inform district, borough & city authorities and developers about the impact new development will have on KCC's services and the subsequent developer contributions required to mitigate those impacts. In assessing planning applications, a Local Planning Authority (LPA) will also consider other policy requirements, non-KCC infrastructure requirements, and the cumulative cost of all relevant developer contributions to deliver sustainable development. In the overall planning balance, LPAs will need to assess the public benefits and disbenefits of the development proposals, including their contribution to infrastructure to support growth, in forming their decision.

1.2 **The Purpose of This Guide**

1.2.1 Sustainable development 'meets the needs of the present, without compromising the ability of future generations to meet their own needs'¹. The planning system helps to achieve it by balancing economic, social, and environmental objectives, in the public interest². In seeking to achieve sustainable development in the public interest, the impact of growth on infrastructure is a key consideration. Kent County Council is responsible for delivering and maintaining much of the large-scale infrastructure that its residents and businesses require, such as roads, schools, waste disposal services and libraries. This guide sets out the developer contributions which may be required by the county council to support growth and mitigate any adverse impacts of growth on the Counties infrastructure, to ensure sustainable development. Developer contributions (Planning obligations under s106 of the Town and Country Planning Act 1990 (as amended), works under s 278 of the Highways Act and contributions from the Community Infrastructure Levy (CIL)) play a key part in the delivery of sustainable development, ensuring that infrastructure is delivered in a timely manner, and is appropriately situated and accessible. Put differently, developer contributions are needed to fund infrastructure to support growth.

1.2.2 The use of developer contributions links to the county council's Strategic Statement '[Framing Kent's Future: Our Council Strategy 2022-26](#)'. This includes the key priority 'Infrastructure for Communities' which contains a number of commitments and supporting objectives to improve the county's infrastructure, including the following commitment:

"Our 'Infrastructure First' commitment seeks to ensure that new development provides the appropriate physical and social infrastructure necessary to support new and existing communities' quality of life".

¹ Resolution 42/187 of the United Nations General Assembly.

² As set out in paragraph 8 of the National Planning Policy Framework (NPPF)

- 1.2.3 Following the publication of the Levelling Up White Paper³ and subsequent Levelling Up and Regeneration Bill⁴, significant changes may take place. Until such time as a new mechanism is enacted, the county council intends to refer to this guidance to support requests for developer contributions.
- 1.2.4 This guidance should be read alongside Development Plan Policies (Local Plans and Neighbourhood Plans) and relevant Supplementary Planning documents adopted by Kent Local Planning Authorities (LPAs), in the formation of proposals for development, at pre-application stage, the assessment of planning applications and their determination. The Guide will also be used as the basis of KCC responses to propose growth strategies in developing development plans to provide evidence for the infrastructure delivery planning and viability assessments that underpin the plan. The Guide and/or technical appendices will be reviewed when significant changes are made to service strategies and evidence to support county council requirements. Significant changes will be subject to further consultation.
- 1.2.5 This guide does not specify every type of contribution that may be required to make development acceptable in planning terms. It provides an overview of obligations which may be sought by KCC as part of the planning process, where necessary.
- 1.2.6 Applicants should contact their Local Planning Authority for advice regarding contributions which may be sought by the LPA (e.g., affordable housing, sports provision, public open space, allotments, cemeteries, community buildings and health etc.).

1.3 The Status of This Guidance

- 1.3.1 This Guide is not a statutory planning document: however, KCC has adopted it as policy following public consultation and Cabinet approval. **It states what is required to meet the local plan policy on infrastructure provision in respect of county services.** KCC will use it as a basis for its responses to Local Planning authorities in relation to infrastructure planning for local plans and planning application consultations.

1.4 Context - The Legal Framework

1.4.1 Town and Country Planning Act (1990) - Planning Obligations (s106)

- 1.4.1.2 Planning Obligations (s106) can be used to deliver development plan and government policy objectives and mitigate impacts to make development acceptable in planning terms. They may:

- restrict development or use of the land in any specified way.

³ <https://www.gov.uk/government/publications/levelling-up-the-united-kingdom>

⁴ <https://www.gov.uk/government/publications/levelling-up-and-regeneration-further-information/levelling-up-and-regeneration-further-information#the-levelling-up-and-regeneration-bill>

- require specified operations or activities to be carried out in, on, under or over the land.
 - require the land to be used in any specified way
 - require a sum or sums to be paid to the authority on a specified date or dates or periodically.
- 1.4.1.3 In line with the legal requirement set out in [Regulation 122 of The Community Infrastructure Levy Regulations \(2010\) \(as amended by the 2011 and 2019 regulations\)](#), s106 contributions for infrastructure provision may only constitute a condition for granting planning permission if they meet the following tests:
- Necessary to make the development acceptable in planning terms;
 - Directly related to the development; and
 - Fairly and reasonably related in scale and kind to the development.
- (The same tests are set out in Paragraph 57 of the [NPPF](#) and the [Planning Practice Guidance \(PPG\) for the use Planning Obligations in all circumstances.](#))
- 1.4.1.4 The planning obligations KCC may consider necessary for a scheme will depend on
- the current infrastructure provision
 - the nature and impact of the development on existing infrastructure
 - whether CIL or alternative funding will be available.
- 1.4.1.5 Where they are required, planning obligations, may need to be delivered in-kind on the site or within the vicinity of the site. Others may be financial contributions to be made to the county council as infrastructure provider.
- 1.4.1.6 Planning obligations will be used to deliver infrastructure that directly relates to the specific site. Contributions collected under s106 must be spent in accordance with the terms of the legal agreement. For infrastructure to support growth but not directly connected to the development, either CIL (where available) or alternative funding will be used.
- 1.4.2 Community Infrastructure Levy (CIL)
- 1.4.2.1 The Community Infrastructure Levy Regulations (2010), introduced by the Planning Act 2008 and in force since 6 April 2010, allow local planning authorities to impose a charge to fund infrastructure to support growth when granting planning permission.
- 1.4.2.2 Setting a CIL is not mandatory and under the current legislation, county councils cannot adopt a CIL. However, where a CIL is introduced, payment is compulsory.
- 1.4.2.3 Currently, five of Kent's 12 local planning authorities have introduced a CIL charging schedule They are:

- Dartford Borough Council
- Canterbury City Council
- Folkstone & Hythe District Council
- Maidstone Borough Council
- Sevenoaks District Council

1.4.3 S278 and s38 Highways Act

1.4.3.1 Where works are required to mitigate the impact of growth on the public highway, KCC will normally require this to be fully funded and delivered directly by the developer under a s278 agreement with the Highway Authority. S278 agreements provide an element of security – in the form of a financial bond and a percentage of cash - should the Highway Authority need to complete works to an acceptable standard.

1.4.3.2 Details of any proposals must be agreed by the Highway Authority prior to planning consent being granted. Any associated works are subject to technical inspection and acceptance.

1.4.3.3 After considering the applicant's Transport Assessment, the Highway Authority will advise where mitigation measures are required, and the appropriate time for the works to be delivered. It will then recommend conditions to be placed on the application and the appropriate occupational trigger.

1.4.3.4 A s38 Agreement of the Highways Act 1980 allows KCC to take over and maintain at public expense (adopt), roads, footways, cycleways and other Highway areas and infrastructure constructed by a developer. These will usually relate to internal highways within the red-line application area of a development. As well as providing security of access to new residential areas, KCC will use s38 agreements to secure vehicular or non-vehicular access through a development to connect with any existing adjacent Highways.

1.4.4 National Planning Policy Framework (NPPF)

1.4.4.1 The [National Planning Policy Framework](#) (NPPF) sets out the government's planning policies for England and how these should be applied. It must therefore be considered when preparing development plans and planning applications: paragraphs 31, 34, 55, 57 and 58 relate specifically to developer contributions and infrastructure provision.

1.4.5 Planning Practice Guidance (PPG)

1.4.5.1 [Planning Practice Guidance](#) (PPG) provides government guidance on all areas of planning and the NPPF, including developer contributions and viability ([planning obligations](#), the [CIL and viability](#)). These documents should be read together.

1.5 The Interaction Between s106 and CIL

1.5.1 Local planning authorities (LPAs) must prepare annual Infrastructure Funding Statements (IFS), detailing which infrastructure they intend to fund through s106, s278 Highways Act, CIL (if they are a charging authority) and where they will seek other funding streams (see regulation 121A). As a contribution receiving authority, KCC also produces an Infrastructure Funding Statement.

1.5.2 Many charging authorities have not reviewed their CIL since IFSs were introduced. However, the former regulation 123 infrastructure lists (now abolished) can still be a useful indication of infrastructure that may be funded through CIL. They will help to explain the funding approach taken at the time the CIL was set and therefore, the basis of the viability assessment.

1.5.3 Each charging authority is responsible for collecting, distributing, and prioritising CIL funding. KCC will use this Guidance and the Technical Appendices when seeking funding allocation from a CIL charging authority. To ensure effective mitigation of growth, LPAs should also refer to this guidance, the Technical Appendices and KCCs response to planning applications when planning CIL infrastructure spending.

1.5.4 Whether or not CIL will be available, LPAs can seek s106 contributions for any item that meets the test set out in regulation 122 of the Community Infrastructure Levy Regulations (as amended) 2010. KCC may therefore require s106 to 'top up' CIL to mitigate the direct impact of development on its services and infrastructure.

1.5.5 CIL can be used to fund any infrastructure required to support growth, including strategic infrastructure not directly necessary for, or related to an individual development. By contrast, s106 obligations can be used only to mitigate the needs of the specific development proposal in the planning application.

1.5.6 Kent County Council will report on all s106, and CIL contributions received, showing where these have been spent and how it intends to use future contributions.

1.5.7 Further information on spend and receipt of s106/CIL contributions can be found in KCC's annual [Infrastructure Funding Statement](#).

2.0 Kent

2.1 Creating Quality Places

2.1.1 Kent (excluding Medway) is England's largest non-metropolitan county. It has a population of 1,589,100 across 12 district, city, and borough councils, consisting of urban, rural, and coastal communities. With this figure predicted to reach 1,913,100 by 2040, infrastructure delivery has been recognised as one of four priorities in KCC's strategy for 2022-2026: '[Framing Kent's Future](#)'. As a key infrastructure provider, KCC maintains an 'infrastructure first' approach⁵, ensuring infrastructure is planned for, funded, and delivered in a timely manner to create sustainable places.

2.1.2 Infrastructure helps to shape and deliver quality places. For example, schools provide focus at neighbourhood centres, especially when combined with other community facilities, by enabling parents dropping children off on foot to use local retailers and coffee shops. KCC recognises the importance of engaging early and throughout the planning and decision-making processes, working with other stakeholders to deliver quality places for people living and working in Kent.

2.1.3 KCC is aware that delivering sustainable infrastructure at the point of need is sometimes restricted by financial cashflows. KCC and its key stakeholders will seek to address this issue where possible through detailed master-planning of growth and places. In addition, it may be possible to bid for Government funding to 'unlock' development schemes through the early delivery of infrastructure projects. KCC will work with the LPAs and developers to explore these areas.

2.2 Sustainability and Climate Change

2.2.1 In '[Framing Kent's Future](#)', KCC has prioritised the environment, sustainability and climate change. One of its four key priorities is 'Environmental Step Change'. This includes four commitments to improve how KCC values and protect Kent's environment, take steps to achieve Kent's target of Net Zero by 2050, back carbon-zero energy production and ensure the county is well placed to adapt to climate change.

2.2.2 The planning system and contributions to sustainable development through infrastructure are central to achieving specific objectives, including significantly reducing transport emissions through road space, parking, and other initiatives, and promoting sustainable flood risk management practices in development, regeneration and land management. This reinforces the sustainable development commitment made in Kent Design⁶:

⁵ As set out in [Framing Kent's Future – Our Council Strategy 2022-2026](#) – Priority 2: Infrastructure For Communities

⁶ Currently being revised following public consultation

"To ensure residents have access to viable and attractive travel options that allow them to make safe, efficient and more sustainable journeys throughout Kent."

2.3 Garden Communities and Large-Scale, Strategic Development

2.3.1 Across the county, a proportion of new housing and employment growth is expected to be planned for through the provision of new garden settlements and large-scale, strategic developments. Some will be urban extensions, others distinct, stand-alone new entities. Their success depends on timely and efficient delivery of infrastructure, services, and facilities, including community, employment and environmental infrastructure, to enable residents to 'live, work and play' in resilient, well-connected and inclusive places.

2.3.2 The Town and Country Planning Association (TCPA)⁷ describes a Garden City as 'a holistically planned new settlement which enhances the natural environment and offers high-excellence affordable housing and locally accessible work in beautiful, healthy, and sociable communities'. The Garden City Principles are an indivisible and interlocking framework for their delivery, and include:

- Land value capture for the benefit of the community.
- Strong vision, leadership, and community engagement.
- Community ownership of land and long-term stewardship of assets.
- Mixed-tenure homes and housing types that are genuinely affordable.
- A wide range of local jobs in the Garden City within easy commuting distance of homes.
- Beautifully and imaginatively designed homes with gardens, combining the best of town and country to create healthy communities, and including opportunities to grow food.
- Development that enhances the natural environment, providing a comprehensive green infrastructure network and net biodiversity gains, and that uses zero-carbon and energy-positive technology to ensure climate resilience.
- Strong cultural, recreational, and shopping facilities in walkable, vibrant, sociable neighbourhoods.
- Integrated and accessible transport systems, with walking, cycling and public transport designed to be the most attractive forms of local transport.

2.3.3 KCC expects large-scale/Garden communities to be delivered in line with these principles and will work with districts from an early stage. Such projects may require their own demographic modelling if a predicted population

⁷ <https://www.tcpa.org.uk/garden-city-principles>

change results in a significant increase in young families, for example. This may then result in the requirement for bespoke infrastructure to meet their growth needs (see paragraph 3.3.4).

3.0 Kent County Council: Contributions

3.1.1 KCC is responsible for delivering and maintaining much of the large-scale infrastructure that Kent residents and businesses require, including roads, schools, waste disposal services and libraries. Much of this provision is already at capacity and therefore, the impact of growth is a key consideration.

3.1.2 KCC may seek contributions and/or facilities from developments to mitigate the impact of growth on infrastructure and services including, but not limited to:

Adult Social Care

Community Learning and Skills

Education- Primary

Education- Secondary

Education -Early years

Education – Special Education Needs

Highways and Transportation

Integrated Children’s Services/ Youth Services

Land for Education, Highways and Waste

Libraries, Archives and Registrations

Public Rights of Way (PRoW)

Waste Disposal and Recycling

3.1.3 KCC will engage with the Local Plan processes, led by the Local Planning Authorities to ensure infrastructure is planned for from the outset within Local Plan policies, as required by the NPPF. The detailed approach to setting out KCC contributions is set out in the Technical Appendices to this document.

3.2 Type and Level of Contributions

3.2.1 KCC will take a consistent approach to assessing the need for developer contributions, but the specific circumstances of each case will be considered on its own merit. It will provide evidence that the infrastructure is required (in whole or in part) to serve the proposed development, considering any existing local surplus service capacity. Provision and contributions in respect of large-scale development and Garden Communities will be assessed on a bespoke basis (see paragraph 3.3.4)

3.2.2 Requirements for large sites allocated in local plans will have been calculated and identified at the infrastructure planning and plan-making stage. General contribution levels for each infrastructure type are set out in the Technical Appendices and Table 1 of this Guide.

3.3 How KCC Assesses the Impact of Each Development

3.3.1 KCC uses service-specific models to calculate the likely client numbers generated by any given development. Most are flexible to allow for additional information that may affect the result. Outputs are provided to applicants, who can support the process by providing details of the total number of dwellings and housing mix proposed.

3.3.2 The technical appendices provide information on the approach and justification for seeking planning obligations from new development on a service-by-service basis. They advise on thresholds, base charges, and comment on the potential use of contributions. Information regarding individual projects will be provided at the time of a pre-application enquiry or consultation on a case-by-case basis. A summary is provided in Section 3, Table 1.

3.3.3 Where a CIL charge has not been introduced, planning obligations are the only route to delivering infrastructure to mitigate the effects of development. If a development is not large enough to require on-site provision but large enough to affect service provision, KCC will use the methodology set out in the Technical Appendices to determine the scale and nature of the s106 obligations. Where an application has been submitted in outline, allowing the mix and number of dwellings to change at the Reserved Matters stage, KCC will create a formula for inclusion in the relevant s106 obligation, using the methodology set out in the Appendices.

3.3.4 Garden Communities and Large-scale Strategic Development- Bespoke Assessment

3.3.4.1 Evidence from previous large-scale developments (1,000 units or more) in Kent, such as Park Farm (Ashford) and Kings Hill (Tonbridge & Malling) suggests their population profile can be very different to that of smaller developments. In particular, the number of children, and thus the need for school places, is well above that for smaller in-fill projects.

3.3.4.2 KCC may use bespoke evidence, including from these existing large-scale sites, to ensure appropriate infrastructure is planned and provided on future similar developments. Responses to infrastructure planning at the plan-making and planning application stages will be based on demographic modelling specific to the proposed development – an approach supported by the Department for Education’s [Securing developer contributions for education](#) (November 2019 – para 34).

3.4 How Infrastructure Projects are Identified - Plan Making

- 3.4.1 Local Plans form the basis for service-related infrastructure planning. The NPPF (para 34) recognises that: *'Plans should set out the contributions expected from development. This should include setting out the levels and types of affordable housing provision required, along with other infrastructure (such as that needed for education, health, transport, flood and water management, green and digital infrastructure). Such policies should not undermine the deliverability of the plan.'*
- 3.4.2 In accordance with the NPPF, KCC expects infrastructure to be planned and tested throughout the development of a Local Plan and policy making. It encourages LPAs to engage early on potential development scenarios and will provide evidence in relation to the impact of proposed growth scenarios based on the approach set out in this Guide. KCC will seek to coordinate with Kent LPAs throughout plan production.
- 3.4.3 In support of a Local Plan, local authorities may publish an Infrastructure Delivery Plan (IDP). KCC seeks to collaborate with districts and boroughs to develop a joint working approach to IDPs and unless otherwise agreed, KCC expects LPAs to use the costings and methodologies set out in this Guide (See Technical Appendices and Section 3, Table 1).
- 3.4.4 Strategic sites will often require new infrastructure provision, such as a new school, to mitigate their impact. Consequently, KCC will be seeking the inclusion of key infrastructure in local plan policies.
- 3.4.5 If there are delays in developments coming forward for consideration, the infrastructure evidence provided for the adopted development plan may no longer be up to date. Service needs can fluctuate due to factors beyond KCC's control: changes in national policy, a sudden rise in birth rates, or parents' preference for a particular school, for example. Where new or additional infrastructure requirements arise, KCC will provide robust evidence to support them, showing how the project meets the three tests of Regulation 122 of the Community Infrastructure Levy Regulations 2010 (as amended).
- 3.4.6 KCC may also explore pooling S106 contributions, in accordance with regulation 122 of the CIL Regulations 2010 (as amended), to mitigate the combined or cumulative effects of a selection of smaller sites fairly and efficiently. Applicants are strongly advised to contact KCC at the earliest opportunity to discuss the current potential infrastructure impacts of their specific development.

3.5 Obsolete or Withdrawn Local Plans

- 3.5.1 Where a Local Plan is out of date or has been withdrawn, KCC will assess the impact of each planning application on a site-by-site basis, using the costings and methodologies set out in this Guide and the Technical Appendices.

3.6 The Scale and Nature of the Planning Obligation

3.6.1 KCC will seek proportionate obligations based on the infrastructure needed to mitigate a development's specific impact. Indicative costs are shown in the Technical Appendices: KCC will confirm precise obligations at the point of consultation.

Before requesting a planning obligation, KCC will assess:

- a) If the proposed development will create a need in the local area; and
- b) If the infrastructure project identified to mitigate the impact of development aligns with the estimated costs shown in the Technical Appendix.

3.7 KCC's Approach to Planning Obligations

3.7.1 KCC's approach to calculating and seeking development contributions, including their legal and policy basis, is set out in the individual Technical Appendices.

3.8 Thresholds, Qualifying Developments and Contribution Rates

3.8.1 The thresholds for seeking contributions from each service area are set out within the individual Technical Appendices and Table 1 below.

3.8.2 Unless otherwise stated, no distinction will be made between:

- 'Open Market' and 'Affordable Housing'
- Caravan parks and similar forms of accommodation that are occupied for 12 months of the year as permanent residences.
- Flats and houses

3.8.3 Table 1 (below) summarises the contributions that may be sought to mitigate the impact of growth.

Table 1 - Summary of Contributions Required by KCC Service Area as of 2022/23⁸
(for full details refer to the Technical Appendices)

Service Area	Threshold Seeking Contributions for S106	Expected Contribution	Index
Adult Social Care	10 dwellings and above	£180.88 per dwelling	BCIS All-In Tender Price
Community Learning & Skills	10 dwellings and above	£34.21 per dwelling	BCIS All-In Tender Price
Education – Primary – New Build	10 dwellings and above	£7,081.20per applicable* House and	BCIS All-In Tender Price

⁸ Contact KCC for the most up to date information

		£1,770.30 per applicable* Flat	
Education – Primary – Expansion	10 dwellings and above	£5,412.74 per applicable* House and £1,353.18 per applicable* Flat	BCIS All-In Tender Price
Education – Secondary – New Build	10 dwellings and above	£5,587.19 per applicable* House £1,396.80 per applicable* Flat	BCIS All-In Tender Price
Education – Secondary – Expansion	10 dwellings and above	£5,329.27 per applicable* House and £1,332.32 per applicable* Flat	BCIS All-In Tender Price
Special Educational Needs and Disabilities	10 dwellings and above	£559.83 per applicable* House and £139.96 per applicable* Flat	BCIS All-In Tender Price
Education Land	10 dwellings and above	To Be Advised	BCIS All-In Tender Price
Flood Risk Management and Sustainable Drainage	Strategic Development	To Be Advised	BCIS All-In Tender Price
Heritage and Archaeology – Community Archaeology Provision	Sites which are strategic in size or sited in areas of significant archaeological potential	To Be Advised	BCIS All-In Tender Price
Highways and Transportation	Any development impacting upon the highway	Highway works required to mitigate impacts demonstrated within the applications Transport Statement/Assessment via s278, S38 Agreements. Highway Works and/or Travel Plan interventions via s106 contributions and/or commuted sums for maintenance. What about sustainable transport? – s106?	Road Construction Index (ROADCON) or BCIS General Build
Integrated Children’s	10 dwellings and above	£74.05 per dwelling	BCIS All-In Tender Price

Services – Youth and Early Help Services			
Libraries, Registration & Archives	10 dwellings and above	£62.63 per dwelling	BCIS All-In Tender Price
S106 Monitoring Fee	All S106 agreements	£500 per payment trigger	BCIS All-In Tender Price
Public Rights of Way (PRoW)	Assessed on a case-by-case basis	To Be Advised	Road Construction Index (ROADCON) or BCIS General Build
Waste Disposal and Recycling	10 dwellings and above	£194.13 per dwelling (maximum - dependent on projects required for the locality)	BCIS All-In Tender Price

Please note:

- All costs referred to above and elsewhere within this document are based at Q1 2022 and will be reviewed regularly.
- Indexation Base Date for quoted costs is Q1 2022.
- For the purposes of education contributions, Applicable Dwellings means dwellings with one or more bedrooms, and over 56 sqm GIA.
- The costs to mitigate growth are shown per dwelling and will be used to inform the county council's responses to local plan proposals.
- Where the LPA is not seeking a s106 contribution, KCC may seek CIL contributions for the required infrastructure, as shown above.

3.8.4 This table outlines contributions that may be expected when assessing infrastructure required at the plan-making stage, and for individual planning applications. Planning obligations may be in the form of financial contributions, works, on-site provision, or land.

3.8.5 To establish how contributions are assessed, and the amount likely to be required by KCC, please refer to the Technical Appendices.

3.8.6 To establish an indication of contributions requested by KCC, the dwelling number and housing mix can be entered in Technical Appendix 3 – Development Contributions – Calculator.

4.0 Land, Buildings and Contributions In-Kind

4.1 The Requirement for Land

- 4.1.1 In some circumstances, KCC may require land to be transferred to its ownership. Examples include new or expanded schools and nurseries, buildings for community services or land to be dedicated as highway or other form of travel infrastructure.
- 4.1.2 For some new infrastructure relating to development, land may be required to establish a new facility on the development site itself. In other cases, it may be more appropriate to expand an existing local service.
- 4.1.3 Where infrastructure is needed to serve more than one development⁹, the land element may be provided by one developer on their site, with other developers making a capital contribution towards it. Developers will need to work together to agree a proportionate approach to their contribution. Each development will be considered on a site-by-site basis.
- 4.1.4 Where land has been provided at nil consideration to KCC, other developments coming forward in the site's vicinity may be required to make a proportionate contribution towards the land provided by a developer (see Para 5.6 Apportionment and Land Contributions for further details).

4.2 Location and Suitability

- 4.2.1 Developers should discuss their plans with KCC and the local planning authority at the earliest opportunity to identify the most appropriate potential locations for new infrastructure. For large strategic sites, this should include a masterplan, considering sustainable transport and active travel routes, both within the site and connecting to existing neighbourhoods. The location of a potential KCC service need should be carefully considered in relation to other potential non-compatible uses.
- 4.2.2 Once the location has been agreed, ground conditions must be considered. For school sites, the General Land Transfer Terms are attached at Appendix 8. Please contact developer.contributions@kent.gov.uk for the most up-to-date version.
- 4.2.3 See also Technical Appendix 9 for the current site-size requirements for education purposes.

4.3 Land Transfers – Legal Agreement

- 4.3.1 In most cases land will be provided at a nominal cost of £1 ('nil consideration') with the trigger for transfer set out within the s106 agreement. The agreement's timescales should be flexible, enabling KCC to plan for timely delivery. If KCC has not entered into a build contract to provide the

⁹ For example, where several sites have been grouped together under one strategic allocation within the local plan.

facility within 10 years of the transfer date (or other longer time as may be agreed), the land will be transferred back to the developer.

4.4 Works and Buildings – Direct Delivery

4.4.1 In some cases, developers may wish to carry out works themselves, in lieu of financial contributions. These could include constructing a building that is then transferred to KCC together with land. This can often be the most effective way of timely, on-site delivery; however, it will be subject to strict requirements, detailed specifications, and appropriate surety, and agreed on a case-by-case basis.

4.4.2 Developers should be aware that procurement and competition laws require public works contracts to be openly tendered. Where works-in-lieu are deemed acceptable, KCC will require an indemnity against any claim resulting from a breach in these regulations.

5.0 Guidance applicable to all Section 106 contributors

5.1 Pre-Application Advice

5.1.1 KCC welcomes early involvement in discussions to resolve key issues before planning applications are submitted.

5.1.2 Developers are therefore advised to contact the appropriate LPA (listed in 6.2) at the earliest opportunity. The LPA may wish to conduct discussions with KCC or be happy for the developer to approach KCC directly. KCC offers pre-application s106 infrastructure advice, in respect of education, communities, and waste free of charge: a fee applies for pre-application advice from KCC Highways and Transportation. Further information can be found [here](#).

5.1.3 From the information provided, KCC will use the process/formulas set out in the Technical Appendices to identify the development's impact on local infrastructure and services. It will suggest possible mitigation measures and estimate the cost of any developer contributions it may seek once a planning application is submitted.

5.2 Planning Performance Agreements

5.2.1 Kent County Council encourages Planning Performance Agreements (PPAs). These are voluntary agreements, normally involving the applicant of major or strategic developments that impact the county and the services KCC provides. PPAs enable the applicants and the county council (plus the Local Planning Authority (LPA) as appropriate) to set out a framework for dealing with these applications, including pre-application stage. This framework may include agreeing timescales, setting up working groups, defining the role of each interested party, as well as defining the cost of resourcing KCC's services towards each project.

5.3 S106 Legal Agreements – Unilateral and Multiparty Agreements

- 5.3.1 Unilateral Undertakings under s106 of the Town and Country Planning Act 1990 do not require the LPA or KCC to perform any duties or be a signatory. These are, however, only appropriate for small developments where a full planning application has been made and the dwelling mix is fixed.
- 5.3.2 For most developments, full tripartite agreements are encouraged, to aid effective delivery of infrastructure in a timely manner. KCC and the LPA will need to enter into obligations with the developer requiring:
- the use of financial contributions for specific purposes
 - sums to be placed in interest bearing accounts
 - the safeguarding of land e.g., for education or highways purposes
 - the return of unused contributions after ten years (unless a longer period is otherwise agreed)
- 5.3.3 Where KCC is a receiving authority for planning contributions, it encourages legal agreements to which it is itself a signatory. This avoids any further need to apply to the LPA for the release of funding that has already been determined in the planning application as CIL Regulation-compliant.
- 5.3.4 KCC should be involved in negotiating and agreeing any planning obligations that are due to be paid to it, to ensure these are fit for purpose and CIL-compliant. Again, early engagement is encouraged.
- 5.3.5 Once completed, the LPA will record the s106 legal agreement as a local land charge. Both KCC and the Local Planning Authority will then monitor compliance with the agreement. KCC maintains a register of all planning obligations. KCC will provide clear audits to the district and other stakeholders, showing when s106 monies are received and where and when they are spent.

5.4 Phased Payment and Triggers for Payment

- 5.4.1 In the case of large developer contributions, phased payments may be appropriate. However, KCC will not support contributions being paid in arrears i.e., after the development to which the amounts relate has been occupied. Where later payments are considered essential by the LPA to ensure development viability, KCC may request surety from the developer, through a bond provider, to protect payment in the event of insolvency (see Para 5.7, Bonds and Guarantors).
- 5.4.2 Payment triggers for contributions will generally be on commencement and first occupation. However, on larger phased developments, there may be additional triggers tied into occupation points: for example, 50% of the total contribution at 25% occupations, with the remaining 50% paid at 50% occupations. If payments are made at later stages in the development, contributions should not be made beyond the stage where KCC needs to

begin work on new provision, since it will not forward-fund projects that would incur interest payments. Triggers for payment must, therefore, be met during the development's early stages to avoid additional costs.

5.5 Indexation

- 5.5.1 Contributions are subject to indexation to account for inflation. This ensures that they continue to cover the actual future cost of delivering the infrastructure.
- 5.5.2 Indexation establishes a base date, at which the index equals 100. If costs rise, the index point rises by an equivalent percentage. For example, if costs have increased by 5% since the base date, the current index point will be 105. Updated indices are published regularly.
- 5.5.3 The index for each contribution type is given in Section 3, Table 1 of this Guide and Technical Appendices. Indexation must run from the date the costing is based, up until the date of payment.
- 5.5.4 To apply the index and work out the contribution that is payable, the following formula must be used:

Contribution Payable

$$= \text{Contribution Requested} \times \frac{\text{Index at date of payment}}{\text{Index on which request was based}}$$

- 5.5.5 For example: KCC requests a contribution of £1,000.00 based on the BCIS General Building Cost Index of April Index, which is 360.3. If the Index increases to 378.4 by the date of payment, the contribution payable is calculated as follows:

$$\text{Contribution Payable} = £1,000.00 \times \frac{378.4}{360.3} = £1,050.24$$

- 5.5.6 This example excludes any late-payment interest which applies from the date a payment is due and is not indexed - see Para 5.12.2
- 5.5.7 KCC cannot provide copies of indices (which are produced by subscription services) to developers owing to copyright restrictions. KCC will, however, provide the calculation and an explanation of the result on request.

5.6 Apportionment and Land Contributions

- 5.6.1 The general principles underpinning apportionment are as follows:

- Infrastructure interventions/projects should be matched to those development(s) which result in that intervention being required.
 - Contributions should be equitable between developments, in proportion to the scale of the development and level of impact or generated demand.
- 5.6.2 Therefore, contributions should be proportional to the level of impact or generated demand resulting from the planned growth based on likely trip generation, housing unit numbers and child yields.
- 5.6.3 Through the local plan process, KCC will work with the local planning authorities and developers to identify and allocate sites to meet the needs of new infrastructure provision, including education, highways, and waste services.
- 5.6.4 In terms of land to deliver the infrastructure, it is expected that this land will be provided to the county council at 'nil consideration'. Where a development is providing land and the site area is in excess of that required solely to meet the needs of their development, the landowner should not be disadvantaged. Therefore, KCC will seek proportionate financial contributions for the land from other contributing sites and where secured and received, will transfer these sums to the land provider. For example, the value of the land will normally be based on its existing or alternative use value where there is no realistic prospect of development, or the site has been allocated in the development plan. If the site could realistically have been given residential permission but for the need to facilitate the provision of the infrastructure to meet the needs of other development sites, it would normally be valued at residential land value. In any event the site will be provided to KCC at 'nil consideration' The county council will work with the LPAs to secure this via the s106 process and CIL contributions.

5.7 Bonds and Guarantors

- 5.7.1 KCC may require surety where s106 funding is enabling the delivery of a large infrastructure project. This may take the form of bonds, parent company guarantees or letters of intent, as agreed with KCC's Corporate Director of Finance.
- 5.7.2 The precise nature of the surety will be determined by a detailed analysis of the organisation's published financial statements and independent credit report, using recognised techniques such as accounting ratios. It will also take into consideration the contract's value and duration, and the nature of the industry in which the project is being delivered. This will be discussed with the organisation.
- 5.7.3 The size of a bond will depend on the contribution/s required and calculated to ensure nil cost and risk to the authority. It will take the form of either a cash deposit, or a surety provided by a third party (a recognised bond provider such as a major bank or insurance company on the Financial Services

Register and approved by the Financial Conduct Authority). In the event of a breach, KCC must be sure that any financial contributions are available immediately.

5.8 Viability

- 5.8.1 Viability should be considered at the plan-making stage, as set out in para 58 of NPPF. As part of the evidence base for their Local Plans (or CIL charging schedules), LPAs should have a published a viability assessment, in accordance with the standardised approach in the Viability Planning Practice Guidance (www.gov.uk/guidance/viability). This will include the infrastructure requirements and cost estimates to meet planned growth, as provided by KCC.
- 5.8.2 In areas with an up-to-date Local Plan, viability assessments should not be required for planning applications, since it is assumed that policy-compliant development is viable. Most developments in these areas should therefore meet KCC's s106 requirements as contained in this Guide.
- 5.8.3 Where the plan is out of date, there has been a change in circumstances or requirements in this Guide otherwise can't be met, a viability assessment may be submitted to the LPA when seeking planning permission. This should be based on the standardised approach in the PPG and refer to the viability assessment that informed the Local Plan and what has changed since then. The applicant must explain why the scheme's particular circumstances justify reduced infrastructure delivery. It should also be disclosed to KCC in full and unredacted form.
- 5.8.4 While it is KCC's role to assess a new development's impact on its services, the LPA has to consider the cumulative cost of all relevant developer contributions, assess the development's viability and balance that with the need to deliver sustainable growth. Where the LPA deems the total s106 contributions would not be viable, KCC expects the legal agreement to include a review mechanism enabling additional payments should viability improve.
- 5.8.5 In general, a development should alleviate its own impact. However, KCC accepts that some overwhelming public benefits can only be realised by giving permission to schemes that would be unviable if full planning obligations were met. In these circumstances, the PPG states that a proposed development should not be judged 'not viable' through a developer paying too much for land.
- 5.8.6 Any departure from the normal approach outlined within this Guide will be reported bi-monthly to KCC's Infrastructure First Group.
- 5.8.7 Kent County Council will be transparent regarding all s106 processes, decisions, and procedures.

5.9 Viability Reviews -

- 5.9.1 The PPG ([009 Reference ID: 10-009-20190509](#)) states that Local Plans should set out where a review mechanism may be appropriate. It goes on to say:

“Where contributions are reduced below the requirements set out in policies to provide flexibility in the early stages of a development, there should be a clear agreement of how policy compliance can be achieved over time. As the potential risk to developers is already accounted for in the assumptions for developer return in viability assessment, realisation of risk does not in itself necessitate further viability assessment or trigger a review mechanism. Review mechanisms are not a tool to protect a return to the developer, but to strengthen local authorities’ ability to seek compliance with relevant policies over the lifetime of the project.”

- 5.9.2 Where KCC and the LPA agree to a review mechanism to aid cashflow and the delivery of the development, KCC will follow the methodology set out in the Local Plan or agree the viability review methodology with the LPA to be included in the s106 agreement.

5.10 Planning Appeals

- 5.10.1 Where an appeal is submitted to the Planning Inspectorate and KCC has previously sought planning obligations, KCC will re-assess the development proposal to ensure its requests remain up to date and necessary. Where contributions are required, KCC will submit an appeal statement and /or statement of common ground to the Planning Inspectorate. Applicants should contact KCC early in the appeals process regarding S106 drafts so agreement can be reached where possible.

5.11 Procedure for the Discharge of Planning Obligations to KCC

- 5.11.1 When submitting an obligation discharge request, applicants should provide sufficient information to identify the original permission. This includes the planning application reference, the date of the S106 legal agreement or subsequent deed of variation (if applicable) and the clause to which the request relates.
- 5.11.2 Where KCC is satisfied the requirements of a particular clause or clauses have been complied with, the Development Investment Team will issue a formal discharge notice to the applicant and relevant LPA.
- 5.11.3 Applicants wishing to discharge s106 planning obligations should email: developer.contributions@kent.gov.uk.

5.12 Fees, Charges and Monitoring

5.12.1 S106 Legal Agreement Fees

- 5.12.1.2 Applicants are responsible for the cost of negotiating, agreeing, and completing any legal agreement, to cover KCC officer time and resources. This will apply also to Planning Appeals.

5.12.2 Late Payment Interest

5.12.2.1 Late-payment interest set at 4% above the Bank of England Base Rate will be charged on the outstanding balance from the payment due date.

5.12.3 Monitoring costs

5.12.3.1 KCC applies s106 monitoring fees under Section 111 of the Local Government Act 1972 and Section 1 of the Localism Act 2011. This is reflected in Planning obligations PPG - Paragraph: 036 Reference ID: 23b-036-20190901 and for CIL in the Community Infrastructure Levy Regulations 2010 (as amended).

5.12.3.2 KCC will manage and monitor each legal agreement/unilateral undertaking from the point at which it is signed. The monitoring fee will be payable on completion of the agreement/undertaking.

5.12.3.3 A monitoring fee of £500 will be payable for each payment trigger: where all contributions are paid on two trigger points, this will incur two payments totalling £1000.

5.12.4 Time Limit for Spend of Contributions

5.12.4.1 Any contributions will be repaid to the original payee on request if not committed or spent towards its purpose within 10 years of receipt of the contributions in full (if paid in instalments) or alternative longer period as may be agreed. See also the Department for Education (DfE) guidance 'Securing developer contributions for education' published in April 2019¹⁰.

5.12.5 Infrastructure Funding Statement

5.12.5.1 The Community Infrastructure Levy (CIL) regulations require all LPAs that issue CIL liability notices or enter into section 106 planning obligations during a reporting year to publish an infrastructure funding statement (IFS) at least annually. KCC's IFS can be found [here](#).

6.0 Contact with KCC and District Councils/Local Planning Authorities

6.1 Kent County Council - Contacts

Who to contact:

For planning obligations in relation to all non-transport matters, contact the Development Investment Team.

developer.contributions@kent.gov.uk;

¹⁰

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/909908/Developer_Contributions_Guidance_update_Nov2019.pdf

For information on planning obligations in relation to transport matters, contact the Highways Development Management Team.

[Highway pre-application advice – Kent County Council](#)

For pre-application advice from a specific service area, contact the relevant team as shown below:

<p>Highways & Transportation - East</p> <p>Ashford, Canterbury, Dover, Folkstone & Hythe, Swale and Thanet</p>	<p>DevelopmentPlanningEast@kent.gov.uk;</p>
<p>Highways & Transportation - West</p> <p>Dartford, Gravesham, Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells</p>	<p>Developmentplanningwest@kent.gov.uk;</p>
<p>PRoW - East</p> <p>Ashford, Canterbury, Dover, Folkstone & Hythe, Swale and Thanet</p>	<p>eastprow@kent.gov.uk;</p>
<p>PRoW - West</p> <p>Dartford, Gravesham, Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells</p>	<p>westprow@kent.gov.uk;</p>
<p>Education</p>	<p>North Kent – ian.watts@kent.gov.uk; East Kent – marisa.white@kent.gov.uk; South Kent – lee.round@kent.gov.uk; West Kent – nicholas.abrahams@kent.gov.uk;</p>
<p>Waste</p>	<p>wasteinfrastructure@kent.gov.uk;</p>

6.2 Local Planning Authorities

6.2.1 For advice on local planning authority requirements for developer contributions, please contact the appropriate authority listed below:

<p>Ashford Borough Council</p>	<p>Tel: 01233 331111</p>	<p>www.ashford.gov.uk; planning.help@ashford.gov.uk;</p>
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Canterbury City Council	Tel: 01227 862000	www.canterbury.gov.uk ; planning@canterbury.gov.uk ;
Dartford Borough Council	Tel: 01322 343434	www.dartford.gov.uk ; planning.admin@dartford.gov.uk ;
Dover District Council	Tel: 01304 821199	www.dover.gov.uk ; developmentmanagement@dover.gov.uk ;
Folkstone & Hythe District Council	Tel: 01303 853000	www.folkstone-hythe.gov.uk ; planning@folkstone-hythe.gov.uk ;
Gravesham Borough Council	Tel: 01474 337000	www.gravesham.gov.uk ; planning.general@gravesham.gov.uk ;
Maidstone Borough Council	Tel: 01622 602000	www.maidstone.gov.uk ; planningsupport@midkent.gov.uk ; (shared service with Swale Borough Council)
Sevenoaks District Council	Tel: 01732 227000	www.sevenoaks.gov.uk ; planning.comments@sevenoaks.gov.uk ;
Swale Borough Council	Tel: 01795 417850	www.swale.gov.uk ; planningsupport@midkent.gov.uk ; (shared service with Maidstone Borough Council)
Thanet District Council	Tel: 01843 577000	www.thanet.gov.uk ; planning.services@thanet.gov.uk ;
Tonbridge & Malling Borough Council	Tel: 01732 844522	www.tmbc.gov.uk ; planning.applications@tmbc.gov.uk ;
Tunbridge Wells Borough Council	Tel: 01892 526121	www.tunbridgewells.gov.uk ; planning@tunbridgewells.gov.uk ;

Technical Appendix 1: Adult Social Care (ASC)

1. Service Overview

- 1.1 The UK is an aging society: 25% of the population people will be over 65 by 2050, up from 19% in 2019¹¹. Disability among working-age adults has also increased to 19%, up from 15% in 2010/11¹². This means more people with complex needs who require support from the health and social care system. This includes young people with learning and physical disabilities who are moving from Children's to Adult Services, often with significant support requirements. KCC is therefore constantly re-evaluating how its Adult Social Care (ASC) service commissions care and provides suitable accommodation.
- 1.2 ASC services comprise social work, personal care, and practical support for adults (18 years+) with a physical or learning disability, or physical or mental illness. It also includes safeguarding for those at risk of harm and abuse, and support for unpaid carers.
- 1.3 A key priority is enabling residents to live safely and independently in their own communities for as long as possible. [Making a difference every day – Our strategy for Adult Social Care 2022 to 2027](#) (April 2022) sets out KCC's ASC strategy, in conjunction with [Framing Kent's Future – Our Council Strategy 2022-2026](#), Priority 4: New Models of Care and Support.
- 1.4 Services may be delivered in people's own homes (home or domiciliary care), in day centres and specialist accommodation¹³. KCC also provides 'reablement' services to help people regain independence, aids and adaptations for people's homes, information and advice and support for family carers. Services for those unable to stay in their own homes may be provided via care homes and nursing homes ('residential care').
- 1.5 KCC has statutory responsibilities to provide Adult Social Care services under:
- Care Act 2014
 - Mental Health Act 1983
 - Mental Capacity Act 2005
 - Equalities Act 2010
 - Human Rights Act 1998

¹¹ 'Meeting housing demand' House of Lords, Built Environment Committee 1st Report of Session 2021-2022

¹² Key facts and figures about adult social care, The King's Fund 2 July 2021

¹³ For the purposes of this document, specialist accommodation is an umbrella term which includes supported living, warden assisted housing and extra care accommodation

1.6 The overarching Care Act 2014 adds new and extends existing responsibilities, including:

- promoting wellbeing
- protecting (safeguarding) adults at risk of abuse or neglect
- preventing the need for care and support
- promoting integration of care and support with health services
- providing information and advice

2. **Assessing Need and Calculating Demand**

2.1 Under its Care Act duties and to support sustainable care market in Kent, KCC produces [Adult Social Care Commissioning Market Position Statements](#). These provide a snapshot current demand, supply, and opportunity across the county; they are reviewed regularly as demand and fluctuations in the wider health and care economy affect affordability and provider confidence.

2.2 Threshold for Seeking Contributions and Qualifying Developments

2.2.1 Any development of 10 or more dwellings will be assessed and will generate a request for an ASC contribution where demand for services exceeds supply.

2.2.2 KCC will not seek contributions from:

- Student accommodation
- C2 Dwellings – these may be exempt depending on the type of social care offered within the setting
- Sites specifically set aside for transient Gypsy and/or Traveller communities

2.3 Assessing ASC Client Numbers and Service Capacity

2.3.1 The tables below set out the need and cost of social care infrastructure to deliver ASC services to KCC clients only. KCC is currently operating at capacity, so any increase in need for ASC infrastructure created by new developments will incur a cost. Note that KCC's high thresholds mean there are much larger numbers of Kent adults with appropriate needs who are nevertheless unable to access these services.

2.3.2 ASC client numbers and costs of infrastructure provision per dwelling are derived from total annual clients for each service/infrastructure area, and the average cost per client per week, taken from KCC Social Care data. Total client numbers are converted to clients per 1,000 adult (18+) population based on the latest population estimates available for Kent (excluding Medway). An average

adult occupancy rate of 1.85 is used to estimate the number of new ASC clients generated per new dwelling.

2.3.3 Costs per dwelling (shown in Table 1 below) follow a similar conversion with the average cost per client per week converted to an annual cost, then multiplied by the clients-per-new-dwelling figure.

Table 1: Adult Social Client Numbers (compiled 2021) by Infrastructure Need

Infrastructure Service Area	Number of ASC clients (2019/20)	Clients per 1,000 adult population ¹⁴ (2019/20) ¹⁵	Clients** per Dwelling (2019/20)
*Specialist Housing ¹⁶	3,007	2.40	0.44
Assistive Technology and Home Adaptation Equipment	6,365	5.08	0.94
Equipment including Changing Places and sensory equipment/facilities	51,077	40.73	7.54
Day care (adapting Community Facilities)	2,035	1.62	0.30

*Excludes KEAH¹⁷ **Please note that there is not one client number per dwelling. Within Adult Social Care, individuals may have multiple needs, which means that they may be clients of one or more of the infrastructure areas set out above.

3. Contribution Rates

3.1 Contributions for Adult Social Care are set out in Table 2 below:

Table 2: Adult Social Care Contribution Rates Per Dwelling

Infrastructure Area	Number of Clients (2019/20)	Cost Per Client*** (2019/20)	Cost per Dwelling
Specialist Housing	3,007	£30,989.40	£137.48
Assistive Technology and Home Adaptation Equipment	6,365	£156.52	£1.47
Equipment Including Changing Places and Sensory Equipment	51,077	£201.76	£15.20

¹⁴ Population data based on KCC Forecasts April 2022

¹⁵ Client rates based on the Kent mid-year population estimate in 2019

¹⁶ Includes supported living and extra care accommodation

¹⁷ Kent Enablement at Home (KEAH - an intense short period of help given to people to stay at home and recover following for example time in hospital, and therefore stay independent at home as long as possible)

Day care (Adapting Community Facilities)	2,035	£8,904.48	£26.73
Total Contribution Rate Per Dwelling			£180.88

***Costs per client are based upon a one-off average annual cost of providing the infrastructure for each client per category.

4. Spending Contributions: Projects

4.1 KCC will direct contributions towards the following infrastructure areas to meet its priority of supporting independent living:

- Specialist housing – including extra care and supported living accommodation¹⁸.
- Digital technology systems and home adaptation equipment
- Adapting community facilities to make them accessible for all, so clients can access support services and facilities safely and comfortably and be active and engaged in their communities
- Sensory facilities – including the innovative technology to reduce stress and anxiety or encourage sensory development and social engagement, or exterior facilities including sensory gardens.
- [Changing Places](#) with additional features beyond standard accessible toilets to meet the needs of people with a range of profound disabilities, and their carers, usually located in or near a popular public area.

5. Accessible Homes

5.1 KCC's focus on independent living means the number of people living in older person care homes in Kent is falling dramatically. At the same time, the demand for supported living schemes and homes that cater for an aging population and complex needs is growing.

5.2 KCC therefore expects large, new developments and settlements to provide supported housing and care home requirements and will seek s106 contributions to purchase nomination rights for its clients. KCC will use the local plan process and encourage changes to LPA housing policy to require new residential developments in Kent to provide for this shifting housing need, including:

¹⁸ S106 contributions are being sought from new housing developments, it may therefore, be queried why the county council is then seeking contributions towards Specialist Accommodation. Whilst new residents may move in without any ASC requirements, accidents or illness that result in temporary or permanent disabilities can happen at any point, resulting in specialist accommodation requirements for some.

- Supported housing for those of working age - smaller housing units that may be delivered by a registered provider, or in conjunction with a private landlord.
- Housing with care ('extra care housing') for older people on a range of tenures including rental, shared ownership and private freehold
- Care homes and nursing homes for those with high-level residential needs, complex nursing needs and dementia, plus short-term provision for respite care.

5.3 In June 2019, guidance from the Ministry of Housing, Communities and Local Government identified a critical need to provide housing for older and disabled people. KCC will therefore request

- **all homes within the planning application to be built (as a minimum) as Wheelchair Accessible & Adaptable Dwellings in accordance with Building Regs Part M4 (2).**

6. Indexation

6.1 To ensure financial contributions continue to cover the actual cost of delivering infrastructure, these will be subject to indexation. KCC applies the BCIS All-In Tender Price index, with the base date for indexation set at Q1 2022.

7. Time limit on Spend

7.1 Any contributions will be repaid to the original payee on request if not committed or spent towards its purpose within 10 years of receipt of the contributions in full (if paid in instalments) or alternative longer period as may be agreed.

Technical Appendix 2: Community Learning and Skills (Adult Education)

1. Service Overview

1.1 KCC provides community learning and skills (CLS) facilities and services in line with [Framing Kent's Future – Our Council Strategy 2022/2026](#) (Priority 1 – Levelling UP Kent and Priority 2 – Infrastructure For Communities).

1.2 The CLS vision¹⁹ is 'to help every adult and young person in Kent to achieve their potential in life, whatever their background'. In collaboration with other skills and education services, KCC's CLS supports:

- adults seeking skills for employment
- young people entering the world of work
- organisations seeking to improve the skills and potential of their staff
- adults learning for personal development, pleasure, and wellbeing
- families (especially those in Kent's disadvantaged neighbourhoods)

1.3 Through its district centres and outreach facilities, CLS provides a wide range of learning opportunities including:

- flexible learning in basic employment-related skills such as English, Maths and ICT providing, improving the general skill level of the workforce, and supporting economic growth
- specialist courses such as IT & Business, Arts and Crafts, Health & Wellbeing and Therapies & Beauty, helping adults develop their career and obtain higher-skilled work
- English for Speakers of Other Languages (ESOL) courses to boost employment and education opportunities
- courses in Parenting, Family Learning and Neighbourhood Learning to promote social cohesion, especially in deprived communities.

1.4 As well as increasing people's skills and educational attainment, CLS can help those moving into new developments to overcome social isolation, and encourages community cohesion, both within the new development and wider area.

¹⁹ The Community Learning and Skills: Vision and Priorities is an internal document, setting out the vision and mission statement of the service. This document is reviewed under the five-year Ofsted Inspection Cycle and is mapped against Ofsted's Education Inspection Framework.

2. Assessing Need and Calculating Demand

2.1 Threshold for Seeking Contributions and Qualifying Developments

2.1.1 Any development of 10 or more dwellings will be assessed and could generate a request for CLS contributions.

2.1.2 KCC will not seek contributions from:

- Student accommodation
- C2 Dwellings – depending on the type of C2 Dwelling and whether residents are able to participate in CLS activities
- Sites specifically set aside for transient Gypsy and/or Traveller communities

2.2 Service Capacity

2.2.1 CLS generally operates from one central location per district owned by KCC. Many practical courses require resources (potter's wheels, kilns, stained glassing making equipment) that are not portable.

2.2.2 Provision of general courses (such as modern foreign languages, Maths, English and ESOL) are at capacity within these main centres. To increase capacity, CSL operates an outreach programme to bring services directly to communities: new developments will be required to contribute towards the cost of equipment and resources.

2.2.3 There is currently physical capacity within the hubs for specialist courses. However, increased enrolments will place additional demands on IT, learning technology and other equipment. New developments will also be expected to contribute towards this.

2.3 New Users Per Dwelling

2.3.1 The number of new enrolments per dwelling (Table 1) is derived from the total number of current enrolments. This figure is applied against the latest adult (19+) population estimates to create an enrolment per head of population ratio. The per dwelling figure is based on an average adult occupancy rate of 1.85 per new dwelling.

Table 1 – New Enrolments per Dwelling

Total Enrolments in Service	→	Enrolments per 1,000 Adult (19+) Population	→	Enrolments per New Dwelling
33,000	→	26.70*	→	0.05*
Calculations		$33,000/1,236,171*1,000$		$26.70/1,000*1.85$

*rounded to two decimal places

3. Contributions Per Dwelling

3.1 Similarly, the total cost (Table 2 – below) of providing flexible classroom equipment and in-centre equipment upgrades to CLS students (enrolments), based on average usage ratios, is applied to the enrolments per dwelling figure.

Table 2 - Cost of additional equipment to meet the needs of each new enrolment.

Infrastructure Requirement	Total Cost of additional IT, equipment, and resources per New Enrolment for flexible classroom and in-centre equipment upgrades
Cost Per New Enrolment**	£692.74

**costings based on previous experience of providing this infrastructure over 5 years.

3.2 The cost per dwelling (Table 3 – below) is calculated by multiplying the total cost of infrastructure/equipment per new enrolment by the number of new enrolments per dwelling.

Table 3 - Contribution Per Dwelling

	Contribution for Infrastructure/Equipment Per Dwelling (Cost Per New Enrolment * New Enrolments Per Dwelling)
Community Learning & Skills Contribution	£34.21

3.3 Strategic Development/Garden Communities

3.3.1 While KCC currently has no plans for new additional community learning centres, large strategic developments/garden communities may require new stand-alone buildings or library facilities within a community hub. The drive for

efficiencies is likely to influence overall space requirements and opportunities for co-location will be actively explored.

Requirements for new or extended CLS facilities (plus fixtures and fittings) will be assessed on a case-by-case basis and contributions sought accordingly, based on the costing set out below in Table 4.

Table 4 Example Contribution sought for new build/extension

Build Cost Per Square Metre (including Fixtures and Fittings)	£3500
Classroom facility of 40 sqm + 20 sqm ancillary space/kitchenette/toilets	£210,000
Contribution Per Dwelling (using a development of 3000 dwellings) £210,000 / 3000	£70.00

4. Provision of Infrastructure – Project Types

4.1 Development contributions collected to increase CLS capacity within will be applied towards:

- additional IT, equipment, and resources to create flexible classrooms and extend the outreach service
- in-centre upgrades of specialist equipment, IT and learning technology

5. Indexation

5.1 To ensure financial contributions continue to cover the actual cost of delivering infrastructure, these will be subject to indexation. KCC applies the BCIS All-In Tender Price index, with the base date for indexation set at Q1 2022.

6. Time limit on spend

6.1 Any contributions will be repaid to the original payee on request if not committed or spent towards its purpose within 10 years of receipt of the contributions in full (if paid in instalments) or alternative longer period as may be agreed.

Technical Appendix 3: Development Contributions - Calculator

Based on the information that you input, the following spreadsheet will provide an **indication** of the s106 contributions that your development may be required to provide to mitigate the needs of the new population. [This will calculate the contributions for Kent County Council services only.](#) To establish the exact requirements, please contact developer.contributions@kent.gov.uk

Council District	Canterbury	Select Dropdown to choose	Indicates where information is required to be inputted.	
Notes:				
Total Number of Dwellings	90			
Number of C3 Houses	50	If you do not know the dwelling mix, set all dwellings as houses. This will calculate the maximum contributions that KCC will request for the services set out below.		
Number of C3 Flats	20			
Number of 'non-applicable' C3 dwellings	10	Non-applicable' C3 dwellings are under 56 square metres, Gross Internal Area (GIA)		
Number of C2 Dwellings	10	Education and Youth contributions will not be sought on C2 Dwellings. There may also be exemptions applied for adult social care and youth, depending on the dwelling type and level of care provided.		
	Per Applicable House	Per applicable flat	Total Contribution	Notes
	50	20		
Primary Education	£7,081.20	£1,770.30	£389,466.00	Contribution set at the maximum required - for the provision of a new school.
Primary Education - Land*	£3,377.03	£844.26	£185,736.83	Proportionate contribution based on residential land value for district
Secondary Education	£5,587.19	£1,396.80	£283,549.90	Contribution set at the maximum required - for the provision of a new school.
Secondary Education - Land*	£4,392.89	£1,098.22	£241,608.89	Proportionate contribution based on residential land value for district
SEND Education	£559.83	£139.96	£30,790.70	This is a blended rate based upon the delivery of special schools and Specialist Resource Provision based on mainstream school sites.
SEND Education - Land*	£578.92	£144.73	£31,840.60	Proportionate contribution based on residential land value for district
	Per Dwelling	Total	Notes	
	90			
Community Learning	£34.21	£3,078.90		
Youth Service	£74.05	£5,924.00	C2 dwellings are exempt from Youth Service contributions. Deductions are included in the total.	
Library Service	£62.63	£5,636.70		
Social Care	£180.88	£16,279.20	C2 dwellings may be exempt from social care contribution requests, depending on the type of social care offered within the setting.	
	All Homes built as Wheelchair Accessible & Adaptable Dwellings in accordance with Building Regs Part M 4 (2)			
Waste	194.13	£17,471.70	This is the maximum contribution rate, based on your development area requiring capacity increases in both Waste Transfer Stations and Household Waste Recycling Centres.	
Highways	<i>This will be calculated on a case-by-case basis</i>			
PRoW	<i>This will be calculated on a case-by-case basis</i>			
Flood & SUDS	<i>This will be calculated on a case-by-case basis</i>			
Heritage & Archaeology	<i>This will be calculated on a case-by-case basis</i>			
Total Contribution requested by KCC for Education, Libraries, Community Learning, Youth, Adult Social Care and Waste			£1,193,911.72	

* Working with the Local Plan Authorities, the county council will seek to achieve site allocations within the local plans for infrastructure delivery, particularly for schools and waste. The allocation of land for education/waste use within a development will make it more difficult for land owners to secure planning consent for alternative uses on that land, enabling the land to be valued at use value rather than residential. Until sites are secured by s106 however, KCC will continue to seek land contributions at residential land values. This is to enable KCC to purchase land at residential value, should land not be secured through the local plan/s106 process. Any unused/unrequired land contributions will be returned to the contributing development.

Technical Appendix 4: Overview

1. **Education Service Overview**

- 1.1 KCC is the Statutory Authority for education and the Strategic Commissioner of Education Provision from the private, voluntary, charitable, and maintained sectors. It is the major provider of education, maintaining most Kent schools, and is also 'provider of last resort' when no other acceptable new provision comes forward.
- 2.2 Education in Kent is divided into three, sometimes overlapping phases:
- Early Years: primarily delivered by private, voluntary, and independent pre-schools, accredited child-minders, and schools with maintained nursery classes.
 - 4-16 years: "compulsory school age" during which schools are the main providers.
 - Post-16: schools and colleges, the latter being the sole provider for young people aged 19-25 years.
- 2.3 The Local Authority also has specific duties in relation to provision for pupils with Special Educational Needs (SEND), those excluded from school and those unable to attend school due to ill health.
- 1.4 KCC's Commissioning Plan for Education Provision in Kent (KCP) is a five-year rolling plan updated annually. It sets out how KCC will ensure:
- enough high-quality education places
 - places located in the right areas
 - places for all learners.
- The latest version of the KCP can be found [here](#).

2. **Capital Funding – Meeting the Educational Need of New Developments**

- 2.1 Planned housing growth in Kent is equivalent to building another town the size of Faversham every year until 2031. Providing education infrastructure to meet the needs of this new housing is essential.
- 2.2 There are multiple funding sources including Government Basic Need Grant and borrowing by KCC. However, the Department for Education's (DfE) '[Securing Developer Contributions for Education' November 2019](#) is clear that, where new places are required to meet the need of new housing development, KCC should seek s106 contributions both for build and land requirements. Paragraph 5 of the DfE's guidance states:

“Central government basic need grant, the DfE free schools programme and other capital funding do not negate housing developers’ responsibility to mitigate the impact of their development on education.

When the DfE free schools programme is delivering a new school for a development, we expect the developer to make an appropriate contribution to the cost of the project, allowing DfE to secure the school site on a peppercorn basis and make use of developer contributions towards construction.”

2.3 Specifically, the guidance requires that:

- housing development should mitigate its impact on community infrastructure, including schools.
- developer contributions towards new school places²⁰ should provide both funding for construction and land where applicable subject to viability assessment when strategic plans are prepared and using up-to-date cost information; and
- the early delivery of new schools within strategic developments should be supported where it would not undermine the viability of the school, or of existing schools in the area.

3. Commissioning School Places

3.1 As the Strategic Commissioner, KCC must ensure sufficient school places across Community, Voluntary Aided and Controlled, Foundation, Academies and Free School provision, through the expansion of existing schools and building new ones.

3.2 Paragraph 94 of the NPPF states: ‘It is important that a sufficient choice of school places is available to meet the needs of existing and new communities. Local planning authorities should take a proactive, positive, and collaborative approach to meeting this requirement, and to development that will widen choice in education. They should:

- Give great weight to the need to create, expand or alter schools through the preparation of plans and decisions on applications; and
- Work with school promoters, delivery partners and statutory bodies to identify and resolve key planning issues before applications are submitted.’

3.3 As the statutory authority, KCC has a duty to set out the requirements for any new school needed to serve a new or growing community. The county council should, therefore, be a signatory to any s106 agreement and receive appropriate contributions.

²⁰ Including SEND and Early Years provision

4. Land Contributions and Allocation of Sites

- 4.1 Where new schools are required, or additional land needed to enable an existing school to expand, KCC will seek the provision of land and/or proportionate financial contributions.
- 4.2 National Planning Practice Guidance advises how local planning authorities (LPAs) should prepare plans and take account of education requirements. KCC will work with the LPAs and developers to identify and allocate sites to ensure additional education places are planned for, including land required for school expansions and new schools.
- 4.3 This land should be provided to KCC at 'nil consideration'. Where the site has been allocated in the development plan for a school or where there is no realistic prospect of development, its value will normally be based on its existing or alternative-use value. If the site could realistically obtain residential permission, if it had not been required to provide education infrastructure for other sites, it will normally be valued at residential land value: it will still be provided to KCC at nil consideration, however. KCC will work with the LPAs to secure this via the s106 process and CIL contributions.
- 4.4 Where a developer is providing land and the site area exceeds the development's needs, the landowner should not be disadvantaged. In these cases, KCC will seek proportionate land contributions from other sites and transfer these sums to the land provider when received.

Technical Appendix 5: Education - Early Years Education and Childcare Provision

1. Service Overview

- 1.1 Early Education and Childcare in Kent is available through a large, diverse and constantly evolving network of maintained, private, voluntary, independent and school-run providers, childminders and academies. All operate as individual businesses, subject to market forces. Early Years Childcare for children aged 0–4 years is provided for at least four hours a day and will almost always include at least one of free entitlements detailed below (almost always the Universal Entitlement).
- 1.2 Early Education and Childcare is governed by the Childcare Acts 2006 and 2016. These place a duty on all local authorities to improve outcomes for young children, reduce inequality and enable parents to work, specifically through:
- Two-Year-Old Entitlement: 15 hours of early education for eligible two-year olds (known in Kent as Free for Two).
 - Universal Entitlement: 15 hours for and all three- and four-year olds.
 - Extended Entitlement: 30 hours of free childcare for eligible three- and four-year-olds.
- 1.3 All free entitlement places can be provided by Ofsted-registered providers, schools not required to register with Ofsted, or schools registered with the Department for Education (DfE) and inspected by the Independent Schools Inspectorate. All must deliver the full Early Years Foundation Stage. Provision can be made over 38 weeks a year or extended over up to 52 weeks, depending on the provider.

2. Future Planning

- 2.1 KCC aims to secure a sufficient long-term supply of sustainable, high- quality early years and childcare provision. It works with existing and potential providers to encourage additional provision where required, whether for Free Entitlements and/or parent/carer funded places.
- 2.2 The supply of Free Entitlement places for two-, three- and four-year-olds will be kept under review as planned new housing developments are built, potentially increasing demand. Where developments are proposed in school planning areas with a forecast deficit of places, or the development's size may make new provision necessary, KCC will engage with developers and Local Planning Authorities (LPAs) to advise on the most appropriate form, size, and location of provision. This will generally be through the private or voluntary sectors, using a community or commercial building within the proposed development.

3. Cost of Provision

- 3.1 Where a new 2 Form Entry Primary School (or larger) is delivered according to the Education and Skills Funding Agency (ESFA) Baseline Design, the design

should include a 26-place nursery space. The cost is included in the primary education new-build contribution rates for houses and flats and is therefore not subject to additional contributions.

- 3.2 The cost of other facilities, such as Specialist Resource Provision (SRP) is not part of the baseline design for new primary schools and will be subject to additional contributions. For details see Technical Appendix 7: Education – Special Educational Needs and Disabilities (SEND).

Technical Appendix 6: Education – Primary and Secondary Education

1. Service Overview

- 1.1 KCC has a statutory duty to offer a school place to any child in Kent aged between 4-16 who requires one, under Section 14 of the Education Act 1996.
- 1.2 For young people aged 16 and over, KCC must:
 - Provide sufficient, suitable education and training for those aged 16-19 (and 20-24 with an Education, Health, and Care Plan).
 - Make support available to those aged 13 and upwards to encourage, enable or assist their participation in education or training (tracking this participation successfully is a key element of this duty).
 - Have processes in place to deliver the ‘September Guarantee’ of an education or training place for all 16- and 17-year-olds.
- 1.3 Most Kent secondary schools offer post-16 (sixth form) provision, for which the Local Authority currently receives no Basic Need funding. When additional post-16 provision is required (due to increases in student numbers), this will need to be funded by the Education and Skills Funding Agency (ESFA), which will expect KCC to seek proportionate developer contributions²¹.

2. Planning Groups and Forecasting

- 2.1 KCC uses groupings²² of schools for provision planning to ensure adequate school places for existing and future Kent residents. These planning groups are geographically aligned within groups of wards known as planning areas: a minority comprise just a single ward.
- 2.2 Most children within these planning areas will attend the same school(s). Wards are used as they are a nationally recognised planning feature: generally small enough to be locally representative but large enough to produce national-level datasets (population, births, deaths, migration, indices of multiple deprivation).
- 2.3 Whether additional school places will be required or sufficient places are available will depend upon an assessment conducted for each proposed development site, based on the planning group in which it sits. This assessment will start with the forecast capacity of existing schools, taking in to account existing cohorts, the pre-school aged population, historic migration patterns and the pupil product of developments already granted planning consent in the area.
- 2.4 Where a development is on the margins of a planning group, the assessment may be conducted over more than one planning group, or an alternative geographical area.

²¹ Para 10 ‘Securing developer contributions for education’ Department for Education, November 2019

²² In agreement with the Department for Education, planning groups are based predominantly upon travel to school pattern.

2.5 A detailed breakdown of the planning groups can be found within the [Commissioning Plan for Education Provision in Kent \(KCP\)](#) which is updated annually.

2.6 KCC forecasts include a minimum surplus capacity of 2% to allow for fluctuations in demand and parental choice, in line with government guidance²³. The DfE also uses this minimum when assessing KCC’s forecasts through the statutory school capacity survey (SCAP) process.

3. Assessing the Need and Calculating Demand

3.1 Threshold for Seeking Contributions and Qualifying Developments

3.1.1 Any development of 10 or more dwellings will be assessed and a request for Primary and/or Secondary education contributions requested where demand for school places exceeds capacity.

3.1.2 KCC will not seek contributions from the following:

- One-bed dwellings of less than 56 sqm GIA
- Homes restricted in perpetuity to persons over 50 years of age
- Student accommodation
- C2 Dwellings
- Sites specifically set aside for transient Gypsy and/or Traveller communities

3.2 Service Capacity - Forecasting Demand Generated by New Developments

3.2.1 Pupil yields are an estimate of the number of primary and secondary pupils created per new dwelling. Pending publication of a new national methodology by the DfE, KCC’s local approach remains valid, as set out in Table 1 below.

Table 1 Primary and Secondary Education Pupil Yields per House/Flat

	Pupil Yield	Pupil Yield
	Primary (Mainstream)	Secondary (Mainstream – Years 7-11)
Per House	0.28	0.20
Per Flat	0.07	0.05

3.2.1 An example capacity assessment for primary and secondary education, including explanations of the process can be found in the Technical Appendix 10: Example Education Assessment – Primary & Secondary.

²³ [‘Securing developer contributions for education, November 2019’](#), Department for Education

3.3 Provision of Infrastructure – Project Types

3.3.1 Where an assessment demonstrates that the pupil need created by the development (plus cumulative need within the planning areas) exceeds surplus capacity, KCC will review the most appropriate strategy for accommodating this additional demand. The options are:

3.3.2 Permanent Expansion

3.3.2.1 Where this is the appropriate mitigation, KCC will request a financial contribution, based on pupil need multiplied by the cost per pupil, to fund capital works to create additional capacity. Expansion may also require additional land: the applicant will be required to provide this to KCC at nil consideration or make financial contributions to KCC to purchase it. Where land is required to provide places for more than one development, proportionate contributions will be sought from all developments. For further information, see para 4.2 Land Contributions below.

3.3.2.2 Please note: KCC is unable to unilaterally decide to expand a school for which it is not the Admissions Authority, this includes Voluntary Aided, Foundation, Free and Academy schools

3.3.3 Establishment of new Schools

3.3.3.1 Where the pupil need created by the development (plus demand from permitted development and existing applications in the planning group/s) exceeds existing capacity and cannot be appropriately accommodated by permanent expansion of an existing school, KCC may propose establishing a new school. Financial contributions will be sought for new-build places and the provision of land and/or financial contributions towards its cost.

4. The Cost of Additional Places – S106 Contribution Rates

4.1 Build Contributions

4.1.1 KCC regularly reviews the cost of providing additional education places. A 2019 review by Aecom of KCC's education build projects has been benchmarked against project sample data from the National Schools Delivery Cost Benchmark (NSDCB) database. The rates in Table 2 below reflect average build costs, including buildings, site works, professional fees, plus furniture, fixtures and equipment but excluding abnormal costs.

Table 2 Primary and Secondary Education Build Rates

	Per Pupil	Per House (Per Pupil Rate x Pupil Yield Per House)	Per Flat (Per Pupil Rate x Pupil Yield Per Flat)
Primary Education -New Build	£25,290.00	£7,081.20	£1,770.30
Primary Education - Extension	£19,331.20	£5,412.74	£1,353.18
Secondary Education – New Build	£27,935.96	£5,587.19	£1,396.80
Secondary Education - Extension	£26,646.36	£5,329.27	£1,332.32

4.1.2 Contribution rates are based on build data from 2017/18 and adjusted for inflation (rebased to Q1 2022).

4.1.3 An example of build and land costs for primary and secondary education can be found in the Technical Appendix 11: Example Build and Land Contributions.

4.2 Land Contributions

4.2.1 Where new schools are required, or an existing school needs additional land to expand, KCC will seek the provision of land and/or proportionate financial contributions.

4.2.2 National Planning Practice Guidance advises how local planning authorities (LPAs) should prepare plans and take account of education requirements. KCC will work with the LPAs and developers to identify and allocate sites to ensure additional education places are planned for, including land required for school expansions and new schools.

4.2.3 This land should be provided to KCC at ‘nil consideration’. Where the site has been allocated in the development plan for a school or where there is no realistic prospect of development, its value will normally be based on its existing or alternative-use value. If the site could realistically have obtained residential permission, if it had not been required to provide education infrastructure for other sites, it will normally be valued at residential land value: it will still be provided to KCC at nil consideration, however. KCC will work with the LPAs to secure this via the s106 process and CIL contributions.

4.2.4 Where a developer is providing land and the site area exceeds the development’s needs, the landowner should not be disadvantaged. In these cases, KCC will seek proportionate land contributions from other sites and transfer these sums to the land provider when received.

5. Spending Contributions – Projects

- 5.1 The complex nature of planning education provision according to need and rate of housing growth means KCC requires flexibility, to ensure places are provided at the right time, in the most appropriate locations. KCC will therefore seek to secure contributions on a preferred and ‘contingency’ project within a planning group/s and may need to apply contributions to any existing or new school within an area that serves the development. This enables KCC to respond to new circumstances and information, such as detailed feasibility work which alters the proposed mitigating project, in line with DfE guidance²⁴. For example, an allocated Local Plan school site may not be available at the time of need, so alternative sites are required.
- 5.2 A need may also exist for additional primary and/or secondary education places, but school sites are yet to be allocated within the local plan. In these cases, it may not be possible to identify a proposed or contingency project at the time planning permission is granted; but contributions will still be required. A ‘contingency’ project may be specified in terms of additional education places in relevant education planning group/s

6. Indexation

- 6.1 To ensure financial contributions continue to cover the actual cost of delivering infrastructure, these will be subject to indexation. KCC applies the BCIS All-In Tender Price index, with the base date for indexation set at Q1 2022.

7. Time limit on spend

- 7.1 Any contributions will be repaid to the original payee on request if not committed or spent towards its purpose within 10 years of receipt of the contributions in full (if paid in instalments) or alternative longer period as may be agreed.

²⁴ Para 20 Securing developer contributions for education, 2019 – Department for Education

Technical Appendix 7: Education – Special Educational Needs and Disabilities (SEND)

1. Service Overview

- 1.1 Under the Children and Families Act 2014, KCC has responsibilities to improve services, life chances and choices for vulnerable children and to support families. This underpins wider reforms ensuring all children and young people can succeed, no matter what their background. The Act extends the special educational needs and disabilities (SEND) system from birth to the age of 25 where appropriate, giving children, young people and their parents/carers greater control and choice in decisions and ensuring their needs are properly met.
- 1.2 The Equality Act 2010 and Part 3 of the Children and Families Act 2014 interact in several important ways, including a common focus to remove barriers to learning. Under the latter, duties for planning, commissioning, and reviewing provision, the Local Offer, and requirements for different agencies to work together apply to all children and young people with special educational needs or disabilities.
- 1.3 [Kent's SEND Strategy 2021-2024](#) has been developed jointly by KCC and the NHS, in conjunction with children, young people, parents and carers, Kent Parents and Carers Together (PACT) and other key stakeholders.
- 1.4 Kent is committed to identifying SEND needs early to plan and provide appropriate support. The SEND strategy, together with the Kent's New Approach²⁵ to inclusion in schools, will ensure a graduated approach to meeting additional needs.

2. Types of SEND Provision

- 2.1 A child or young person must have an Education Health Care Plan (EHCP) to access SEND services, which are provided through:
- 2.2 Specialist Resource Provision (SRP) and Designated Units on Mainstream School Sites
 - 2.2.1 SRP and Designated Units provide additional specialist facilities on mainstream school sites for a small number of pupils (typically less than 30). These children have EHCPs and who require higher levels of support than mainstream school can normally provide, but their needs are not so complex that special school placements are appropriate. These needs typically include speech, language, and communication needs (SLCN), hearing or visual impairment (HI/ VI) or autism spectrum disorders (ASD). Less commonly, they may serve pupils with a physical disability (PD) or behavioural difficulty. SRP and Designated Units vary widely, often reflecting the local approach to inclusion.

²⁵ https://www.kelsi.org.uk/_data/assets/pdf_file/0004/119470/Countywide-Approach-to-Inclusive-Education.pdf - currently as draft KCC policy

2.2.2 SRP provision generally consists of:

- 2 Rooms – smaller than classrooms
- Accessible toilet
- Office Space
- Intervention/sensory room
- Kitchen – depending on distance from main school building
- Separate entrance/exit and external hard play space

2.3 Special Schools

2.3.1 Special schools serve children and young people with a special educational need or disability that cannot be met in a mainstream school. They vary widely in their programmes of study: in some, the curriculum is essentially mainstream, while in others it can focus more on life skills and developing personal independence. Special Schools in Kent currently provide for:

- Autism Spectrum Disorder
- Behaviour and Learning Needs
- Physical Disability
- Profound, Severe and Complex Needs
- Social, Emotional and Mental Health

2.4 Special School Satellites

4.4.1 Several Kent Special schools have satellites: classes run by their own staff but hosted in additional, specific infrastructure at mainstream schools. These give pupils an opportunity to learn alongside their peers, with appropriate support.

3. **Assessing the Need and Calculating Demand**

3.1 Threshold for Seeking Contributions and Qualifying Developments

Any development of 10 or more dwellings will be assessed and a request for SEND contributions requested.

KCC will not seek contributions from the following:

- One-bed dwellings of less than 56 sqm GIA
- Homes restricted in perpetuity to persons over 50 years of age
- Student accommodation
- C2 Dwellings
- Sites specifically set aside for transient Gypsy and/or Traveller Communities

3.2 Service Capacity

3.2.1 Both nationally and within Kent, the number of children and young people with an EHCP is increasing every year. SEND infrastructure in Kent is currently at capacity, so KCC will seek contributions from all housing proposals that meet the threshold to mitigate this new demand.

3.3 Forecasting Demand Generated by New Developments

3.3.1 The Pupil Yield figures set out below in Table 1 have been calculated by multiplying the Mainstream pupil yield figures for primary and secondary education by 3.7% (the current proportion of pupils with EHCPs) and deducting the percentage of children and young people who have an EHCP, but do not access specialist education provision (based on England percentages only)

Table 1 SEND Pupil Yield

	Per Flat	Per House
Mainstream Primary Pupil Yield	0.07	0.28
Mainstream Secondary Pupil Yield	0.05	0.2
Combined Primary and Secondary Pupil Yield	0.12	0.48
Combined Pupil Yield x % Pupils with an EHCP (England)	0.12 x 3.7%	0.48 x 3.7%
EHCP Pupil Yield minus EHCP Pupil Yield not accessing SEND specialist provision	0.0044 X 61.95%	0.0178 x 61.95%
SEND Pupil Yield	0.0027*	0.0110*

*To four decimal places

4. Cost of Additional SEND Places – S106 Contribution Rates

4.1 Build Contributions

4.1.1 The build rate per pupil (Table 2) is derived from a 2019 Aecom study of Kent SEND build projects commissioned by KCC, benchmarked against national projects. A blended rate²⁶ is used as the baseline, covering provision of a broad range of SEND school places.

Table 2 SEND Education Contribution Rates – Build Costs

²⁶ Incorporating the cost of new build specialist schools, extensions, and SRP provision

	Per Pupil	Per House (Per Pupil Rate * SEND Pupil Yield Per House)	Per Flat (Per Pupil Rate * SEND Pupil Yield Per Flat)
SEND Contribution Rate (Build Only)	£50,893.35	£559.83	£139.96

4.1.2 Contribution rates are based on build data from 2017/18 and adjusted for inflation (rebased to Q1 2022).

4.2 Land Contributions

4.2.1 Where new schools are required, or additional land needed to enable an existing school to expand, KCC will seek the provision of land and/or proportionate financial contributions.

4.2.3 National Planning Practice Guidance advises how local planning authorities (LPAs) should prepare plans and take account of education requirements. KCC will work with the LPAs and developers to identify and allocate sites to ensure additional education places are planned for, including land required for school expansions and new schools.

4.2.4 This land should be provided to KCC at 'nil consideration'. Where the site has been allocated in the development plan for a school/education or where there is no realistic prospect of development, its value will normally be based on its existing or alternative-use value. If the site could realistically obtain residential permission, if it had not been required to provide education infrastructure for other sites, it will normally be valued at residential land value: it will still be provided to KCC at nil consideration, however. KCC will work with the LPAs to secure this via the s106 process and CIL contributions.

4.2.5 Where a developer is providing land and the site area exceeds the development's needs, the landowner should not be disadvantaged. In these cases, KCC will seek proportionate land contributions from other sites and transfer these sums to the land provider when received.

4.2.6 An example of build and land costs for SEND can be found in the Technical Appendix 11: Example Build and Land Contributions.

5. Spending Contributions – Projects

5.1 To meet the need for specialist places across Kent, a mixture of new special schools, expansions of existing schools and the establishment of satellites and SRPs will be commissioned within the districts.

6. Indexation

- 6.1 To ensure financial contributions continue to cover the actual cost of delivering infrastructure, these will be subject to indexation. KCC applies the BCIS All-In Tender Price index, with the base date for indexation set at Q1 2022.

7. Time limit on spend

- 7.1 Any contributions will be repaid to the original payee on request if not committed or spent towards its purpose within 10 years of receipt of the contributions in full (if paid in instalments) or alternative longer period as may be agreed.

Technical Appendix 8: General Land Transfer Terms – School Sites

1. The following sets out KCC's general transfer terms for land. Specific terms will be provided where abnormal site conditions exist. Prior to transfer, the developer/landowner must provide a site-specific information pack containing formal desktop and, if necessary, intrusive land investigation reports by a competent registered expert(s). This pack should confirm that the land and associated areas are:

i) free from the following, together with details of any mitigation works:

- contamination (including radiation)
- protected species
- ordnance
- rubbish (including broken glass)
- any adverse ground and soil conditions including subsidence, heave and land slip
- occupation
- archaeological remains
- existing and planned noise generation from adjoining land that would require attenuation measures in the new school design
- poor air quality that would require mitigation measures in the new school design.
- the presence of service mains such as drains sewers, electricity cables, water mains, gas lines and other utility media crossing the land that would affect the land's ability to be developed as a school.

NB: Surveys should set out their expiry date and the mitigation measures required to ensure the integrity of the reports right up to the point of transfer. e.g., for ecology, vegetation management when required.

ii) above flood plain level and adequately drained

iii) close to accessible public transport (bus stop or railway station).

iv) to a set of levels (if required), specified by the County Council to allow construction of the new school to local planning authority requirements. This should include any relevant permissions required.

2. Should any of the requirements in paragraph 1 not be satisfied, the developer/owner must implement, at their own cost, an agreed remediation / removal / rectification / diversion strategy prior to transfer to KCC. This should include liaison with all statutory authorities and obtaining all necessary consents from neighbouring landowners and others as required.

3. Any remedial/removal/rectification/diversion works must be designed by competent professional companies and covered by a collateral warranty in a standard industry form for the benefit of KCC or its nominated body.
4. If the site is used for construction or other activities (apart from remedial/ removal/ rectification/diversion work) after the reports required in paragraph 1 has been provided; the developer/landowner must submit additional reports to ensure the criteria have still been met.
5. The land shall be transferred as a single undivided site, and in shape capable of accommodating sports pitches to the appropriate size and levels for the type of school proposed, as set out in Department for Education [School Output Specification Technical Annex 2B: External Space and Grounds – May 2022](#)
6. KCC shall be granted a Licence for access onto the land prior to transfer to conduct surveys and technical investigations.
7. Before the transfer is completed, the land shall be clearly pegged out to the satisfaction of KCC's Director of Infrastructure's delegated representative. It must be fenced with GIS co-ordinates to a minimum standard of 1.80m high chain-link security fencing on galvanised steel posts with double access gates secured by lock and key, or an alternative specification agreed with KCC
8. The land shall be transferred as freehold, unencumbered, and conveyed to KCC with full title guarantee and vacant possession. There must be no onerous covenants that would limit the land's use as a school or restrict any ordinary school activities.
9. The land must not be within a consultation distance (CD) around any major hazard sites and major accident hazard pipelines, as determined by the Health and Safety Executive.
10. Prior to land transfer, the developer/landowner must provide, at their own cost and subject to KCC approval, suitable free and uninterrupted construction access to a suitable location on the site boundary. Haul roads should be constructed, at no cost to KCC, and maintained to a standard capable of accommodating HGVs and other construction traffic.
11. The developer/landowner is to provide, at their own cost and subject to KCC approval, adopted services and utilities to an agreed location(s) within the site boundary. These are to be of sufficient capacity and depth to accommodate the maximum potential requirement without mechanical aid upon transfer. They should include fresh, foul, and surface water, gas (if applicable), electricity, and telecommunications with High-Speed Fibre Optic Broadband (minimal internal speed of 1000mbps) connections to multi-point destinations and capable of connection to commercial broadband providers. Necessary statutory undertakers'

plant (such as electricity sub-stations or transfer stations) shall be located outside of the site boundary: KCC shall not be liable for any associated commissioning, installation, or legal costs.

12. The owner shall provide KCC with full drainage rights to allow discharge of all surface water from the land. The surface water management requirements for the school site must be approved by the County Council at design stage, in accordance with the flood risk assessment and/or drainage strategy contained in the planning approval.
13. The developer/landowner shall provide temporary electricity, drainage, and water supplies to the site from the start of construction where formal permanent utilities are not present.
14. A highway for vehicular and pedestrian use (adopted or capable of being adopted) suitable for the site's intended use as a school must be provided up to a suitable point on the site boundary. The highway and any alternative access must be approved by KCC, which will not be liable for maintenance charges should the developer chose not to adopt it. The developer/landowner must also provide crossing points, pedestrian and cycling routes on the adjoining highway networks and other measures as required by the Highway and Local Planning Authority to service the land. This will include active travel routes, linking the school site with the new development and existing dwellings.¹
15. The developer/landowner shall provide separate entrance and exit points on to the adoptable highway from the school site, in compliance with the Highway Authority's 'in and out' access requirements and guided by the site layout.
16. No mobile phone masts, overhead cables etc shall be located within 250m of a school site. Where possible the developer/landowner must impose a covenant that none will be erected within this distance of any site boundary.
17. KCC shall be granted rights to enter as much of the Developer's adjoining land as is reasonably necessary to carry out construction works on the site. KCC shall be responsible for making good any disturbance, to adjoining owner's reasonable satisfaction.
18. The landowner shall be responsible for KCC's legal costs, surveyor's fees and administrative costs incurred during the land transfer negotiations and in completing the Section 106 Agreement. These include Land Registry costs, any easements/licences, and any other related documents and Project Management agreements.
19. Site plans to a scale of 1:1250 and marked with GPS coordinates showing site levels, access, boundaries, details of any adjoining development shall be supplied to KCC in a suitable electronic format, together with paper copies, prior to transfer.

20. Subject to the above, adjoining uses should not cause interference, conflict or be inappropriate in any way to school curriculum delivery. This includes, but is not restricted to, adverse conditions, disruption and inconvenience by noise, dust, fumes, traffic circulation, artificial lighting, etc.

PRIMARY SCHOOL Service Requirements – Example for 2 Forms of Entry (FE)

INCOMING SERVICES

ELECTRICITY

250 kVA (280A) for main base building with additional capacity/supplies for:

- Electrical infrastructure to allow for 20% of parking spaces with electric vehicle chargers (EVCs) - a minimum of 10% active and 10% passive - or in accordance with planning requirements if higher.
- External lighting (car parks, MUGAs etc)
- Life safety systems such as fireman's lifts, sprinklers, smoke ventilation.

GAS

60 cu m/hr 430,000 kWh/year

WATER

15 cu m / day, 4 l/s (63mm NB)

FIRE HYDRANT

A 200 diameter 20 l/s fire supply in accordance with fire regulations, to be in the Highway adjacent to the school entrance and within 90m from an entrance to the school building.

BROADBAND

Before development commences, details shall be submitted (or as part of reserved matters) for the installation of fixed telecommunication infrastructure and High-Speed Fibre Optic (minimal internal speed of 1000mbps) connections to multi point destinations to all buildings. This must provide sufficient capacity, including duct sizing, to cater for all future development phases, and flexibility to existing and future educational delivery needs. The infrastructure shall be laid out in accordance with the approved details, at the same time as other services during construction.

DRAINAGE

Surface water drainage shall be discharged in accordance with the approved strategy agreed at planning and following review by the Lead Local Flood Authority (LLFA).

In general, surface water flow from impermeable areas must discharge to the ground in the first instance, as stated within Building Regulations H3. Where underlying

ground conditions are not acceptable, the site discharge rate shall be limited to greenfield runoff rates for appropriate design rainfall events. For initial design purposes, this may be assumed as 4 l/s/ha from the total impermeable area or can be calculated using standard guidance approved by the LLFA.

On some occasions, management of surface water runoff generated from the school site may be included within wider development site provision through a strategic surface water drainage system. This must comply with the allowances and provisions specified in the Drainage Strategy approved as part of the original site-wide planning application: the applicant must contact the LLFA before pursuing this approach.

The surface water drainage system must provide service levels that ensure the drainage network does not surcharge for a 1-in-1 year event or result in flooding within the site for the 1-in-30-year event and manages the 1-in-100-year plus climate change event within the site boundaries. It must also provide adequate access for inspection and maintenance.

Any drainage strategy should comply with the latest version of Kent Drainage and Planning Policy.

NOTE

These are indicative requirements. KCC will need to confirm exact requirements at the detailed design stages.

SECONDARY SCHOOL Service Requirements – Example for 8 Forms of Entry (FE)

INCOMING SERVICES

ELECTRICITY

380 kVA for main base building with additional capacity/supplies for:

- Electrical infrastructure to allow for 20% of parking spaces with electric vehicle chargers (EVCs) - a minimum of 10% active and 10% passive - electrical vehicle chargers as a minimum or in accordance with planning requirements if higher.
- This means electrical infrastructure to allow for 20% of parking spaces with EVCs External lighting (car parks, MUGAs etc)
- Life safety systems such as fireman's lifts, sprinklers, smoke ventilation.

GAS - 134 cu m/hr 1,440 kWh

WATER - 5.5 l/s (63mm NB)

FIRE HYDRANT

A 200 diameter 20 l/s fire supply in accordance with fire regulations, to be in the Highway adjacent to the school entrance and within 90m from an entrance to the school building.

BROADBAND

Before development commences, details shall be submitted (or as part of reserved matters) for the installation of fixed telecommunication infrastructure and High-Speed Fibre Optic (minimal internal speed of 1000mbps) connections to multi point destinations to all buildings. This must provide sufficient capacity, including duct sizing, to cater for all future development phases, and flexibility to existing and future educational delivery needs. The infrastructure shall be laid out in accordance with the approved details, at the same time as other services during construction.

DRAINAGE

Surface water drainage shall be discharged in accordance with the approved strategy agreed at planning and following review by the Lead Local Flood Authority (LLFA).

In general, surface water flow from impermeable areas must discharge to the ground in the first instance, as stated within Building Regulations H3. Where underlying ground conditions are not acceptable, the site discharge rate shall be limited to greenfield runoff rates for appropriate design rainfall events. For initial design purposes, this may be assumed as 4 l/s/ha from the total impermeable area or can be calculated using standard guidance approved by the LLFA.

On some occasions, management of surface water runoff generated from the school site may be included within wider development site provision through a strategic surface water drainage system. This must comply with the allowances and provisions specified in the Drainage Strategy approved as part of the original site-wide planning application: the applicant must contact the LLFA before pursuing this approach.

The surface water drainage system must provide service levels that ensure the drainage network does not surcharge for a 1-in-1 year event or result in flooding within the site for the 1-in-30-year event and manages the 1-in-100-year plus climate change event within the site boundaries. It must also provide adequate access for inspection and maintenance.

Any drainage strategy should comply with the latest version of Kent Drainage and Planning Policy.

NOTE

These are indicative requirements. KCC will need to confirm exact requirements at the detailed design stages.

Technical Appendix 9: New School Site Sizes

1. Service Overview

- 1.1 In line with its aspiration to increase educational achievement, enhance skills, provide high quality infrastructure and comply with KCC Highways requirements²⁷, the county council will seek site areas above the maximum – as set out in [Department for Education Building Bulletins](#)²⁸ and other relevant publications.
- 1.2 The county also supports the government’s ‘extended schools’ initiatives, which allow community use of facilities outside school hours²⁹. The provision of ‘extended schools’, however, may place additional demands on land, requiring further land to be secured.
- 1.3 To ensure manageable year groups and deliverable curriculums, KCC will require the number of pupils predicted from a development to be rounded up to the nearest viable/deliverable number.
- 1.4 For example, a development predicting 380 primary pupils would require a site for a two-form entry (420-place) on-site primary school: a school accommodating exactly 380 pupils is not deliverable in either curriculum or revenue funding terms.
- 1.5 Kent County Council currently seeks land allocations of the following sizes for new mainstream schools and Special Educational Needs (SEND) Schools:

Table 1: Example KCC School Site Areas for New Mainstream Schools and SEND Schools

School Size	Total School Site Area (Hectares)
Primary School – 2 Form of Entry (420 Places)	2.05
Primary School – 3 Form of Entry (630 Places)	3.00
Secondary School – 6 Form of Entry (Years 7-11/900 places)	6.77
Secondary School – 8 Form of Entry (Years 7-11/1200 places)	8.66
Secondary School – 6 Form of Entry (Years 7-11/900 places) and a 250-place sixth form	8.35
Secondary School – 8 Form of Entry (Years 7-11/1200 places) and a 250-place sixth form	10.24
SEND School	Site sizes will be related to the specified need type

²⁷ BB103 provides for parking within the site area calculations. However, it does not include allowances for ‘stop and drop facilities’ staff parking, plus pull-in and turning provision for busses etc. For primary schools, this also includes the provision of separate entrances for early years provision.

²⁸ BB103 for mainstream schools and BB104 for SEND provision

²⁹ Use of school facilities outside of school hours should not be construed as ‘public open space’, which is unacceptable for school sites.

- 1.6 The site sizes for mainstream schools do not allow for any SEND activities such as Specialist Resource Provision (SRP). Where SEND accommodation is required within a mainstream setting, it will be in addition to the site sizes shown above. Applicants are advised to seek advice from KCC on a case-by-case basis.
- 1.7 Under KCC’s General Transfer Terms (Technical Appendix 8), school sites must be transferred as undivided sites, free of encumbrances and capable of accommodating required number of appropriately sized sports pitches (see below).

2. Minimum School Site Sizes

2.1 Primary

- 2.1.2 To ensure financial viability, the Education & Skills Funding Agency (ESFA) currently regards two form entry primary schools (420 places) as a minimum for both local authority maintained and Academy schools. KCC supports this approach and will therefore seek sites of at least 2.05ha: this also provides sufficient space for Early Years and Childcare provision where required.

2.2 Secondary

- 2.2.1 As a minimum, KCC will seek new secondary school sites of at least 6.77Ha, to deliver six forms of entry – (Years 7-11). It may also request that additional land be set aside to allow for future expansion, particularly where the school will serve a number of development sites. Please note that 6th Form provision will require additional land-take, in line with DfE Guidance Building Bulletin 103.

3. Pitch Sizes

- 3.1 When considering locations and land for new schools, applicants should consider the requirements for sports pitches – see Sports England³⁰ for further guidance. In general, surfaces require a consistent gradient of approximately 1 in 70 widthways to encourage water run-off without hindering play. Applicants should also consider orientation of potential pitches to reduce solar glare. Pitch sizes are advised according to the Football Association (FA) Guide to Pitch and Goalpost Dimensions³¹, as shown in Table 2 below:

Table 2: Football Pitch Sizes including run-off (safety area around pitch)

Age	Length (metres)	Width (metres)
Youth U11/U12	78.64	51.21
Youth U13/U14	87.78	55.78
Youth U17/U18	106.07	69.49
Over 18 (senior ages)	106.07	69.49

³⁰ www.sportengland.org

³¹ www.thefa.com

Please note: The FA advises football dimensions in yards. A conversion to metric has been carried out for ease.

- 3.2 Where a developer has demonstrated that site constraints mean minimum areas cannot be achieved, artificial pitches may be considered. However, the cost of providing and maintaining these is significantly higher than turf pitches, so will be considered on a case-by-case basis. Any agreement will require additional contributions for build and commuted sums for long-term maintenance.
- 3.3 All the information above is for guidance only. Specific requirements will be agreed on a site-by-site basis in consultation with KCC Education and Property.

Technical Appendix 10: Education - Example Education Assessment - Primary & Secondary

District:		1-bed:	28
Site:	Example Development	Houses:	100
Plan ref:		Flats:	46
Date:		Total unit:	174

Primary Education

Current and forecast pupils on roll for schools within		xx planning group										
DfE no.	School	2021-22 (A)	2022-23 (F)	2023-24 (F)	2024-25 (F)	2025-26 (F)	2026-27 (F)	2027-28 (F)	2028-29 (F)	2029-30 (F)	2030-31 (F)	2031-32 (F)
Section 1 shows the Primary Schools in the planning group, in which the proposed development is sited. It shows the current and forecast number of pupils within the schools. It also includes 2% of spare capacity, which enables the county council to respond to changes in need, such as increased numbers of looked after children in the planning group, who have priority on places.	Primary School 1	98	99	100	101	100	97	96	94	91	89	88
	Primary School 2	95	104	106	108	109	109	109	107	105	103	102
	Primary School 3	410	422	443	460	469	469	461	454	441	428	418
	Primary School 4	117	132	150	168	186	192	189	184	179	173	169
Current and forecast pupils on roll (excluding the expected pupil product from new developments)		720	756	798	837	863	866	855	839	816	793	777
Required capacity to maintain 2% surplus capacity		735	772	814	854	881	884	873	856	832	809	793

Current and forecast capacity for schools within		xx planning group										
DfE no.	School	2021-22 (A)	2022-23 (F)	2023-24 (F)	2024-25 (F)	2025-26 (F)	2026-27 (F)	2027-28 (F)	2028-29 (F)	2029-30 (F)	2030-31 (F)	2031-32 (F)
Section 2 shows the Primary Schools in the planning group, in which the proposed development is sited. It shows the current and forecast number of places within the schools.	Primary School 1	98	98	98	98	98	98	98	98	98	98	98
	Primary School 2	105	105	105	105	105	105	105	105	105	105	105
	Primary School 3	420	420	420	420	420	420	420	420	420	420	420
	Primary School 4	135	150	165	180	195	210	210	210	210	210	210
Current and forecast capacity (1)		758	773	788	803	818	833	833	833	833	833	833

(1) including expansion projects at existing schools that have successfully passed through statutory processes but may not yet be complete

Expected pupil product from new developments within the planning group		xx planning group		
Planning reference	Development	Houses	Flats	Primary product
Section 3 - KCC operates a 'first come, first serve' process for allocating any spare capacities within schools. This section lists extant and approved planning applications, along with their predicted number of new pupils.	New developments within the planning area	1,029	115	296
This development		100	46	31

Assessment summary
Section 4 takes the surplus/deficit capacity of the schools shown in Section 2 and applies the number of pupils created from previous applications in Section 3 and then applies the predicted number of pupils created by this planning application. From this it calculates whether the number of pupils can be accommodated within the existing schools in the planning group/s. This is shown on the bottom line of Section 4.

Detail	2021-22 (A)	2022-23 (F)	2023-24 (F)	2024-25 (F)	2025-26 (F)	2026-27 (F)	2027-28 (F)	2028-29 (F)	2029-30 (F)	2030-31 (F)	2031-32 (F)
Surplus / (deficit) capacity (excluding the expected pupil product from new developments)	23	1	-26	-51	-63	-51	-40	-23	1	24	40
Expected pupil product from new developments	296	296	296	296	296	296	296	296	296	296	296
Surplus / (deficit) capacity including the expected pupil product from new developments	-273	-295	-322	-347	-359	-347	-336	-319	-295	-272	-256
Expected pupil product from this development	31	31	31	31	31	31	31	31	31	31	31
Surplus / (deficit) capacity including the expected pupil product from new developments and this development	-304	-326	-353	-378	-390	-378	-367	-351	-327	-303	-287
Expected pupil product from this development that on current plans for school provision cannot be accommodated		31	31	31	31	31	31	31	31		

Background notes:

Pupil forecasts 2022 employed from September 2022. Incorporating roll data from Schools Census Autumn 2021. Data from the Health Authority includes pre-school children born up to 31st August 2021. Forecasts use trend data over the previous three years.

Technical Appendix 10: Education - Example Education Assessment - Primary & Secondary

District:		1-bed:	28
Site:	Example Development	Houses:	100
Plan ref:		Flats:	46
Date:		Total unit:	174

Secondary Education Years 7-11

Current and forecast pupils on roll for schools within		XX non-selective and YY selective planning group										
DfE no.	School	2021-22 (A)	2022-23 (F)	2023-24 (F)	2024-25 (F)	2025-26 (F)	2026-27 (F)	2027-28 (F)	2028-29 (F)	2029-30 (F)	2030-31 (F)	2031-32 (F)
Section 1 shows the Secondary Schools in the planning group, in which the proposed development is sited. It shows the current and forecast number of pupils within the schools. It also includes 2% of spare capacity, which enables the county council to respond to changes in need, such as increased numbers of looked after children in the planning group, who have priority on places.	Grammar School 1	726	735	746	751	749	765	768	762	771	773	764
	Secondary Academy 1	1,349	1,359	1,406	1,403	1,408	1,410	1,401	1,355	1,368	1,357	1,315
	Grammar School 2	874	901	906	912	916	940	943	948	964	973	971
	Grammar School 3	755	790	822	831	841	858	864	867	885	895	896
	Secondary Academy 2	682	721	766	783	798	817	835	832	848	861	859
	Secondary Academy 3	956	1,014	1,078	1,083	1,028	1,002	977	928	901	870	824
	Grammar School 4	763	763	762	761	750	736	744	736	730	742	743
Current and forecast pupils on roll (excluding the expected pupil product from new developments)		6,105	6,281	6,486	6,524	6,491	6,528	6,533	6,428	6,467	6,471	6,371
Required capacity to maintain 2% surplus capacity		6,230	6,409	6,618	6,657	6,623	6,661	6,666	6,559	6,599	6,603	6,501

Current and forecast capacity for schools within		XX non-selective and YY selective planning group										
DfE no.	School	2021-22 (A)	2022-23 (F)	2023-24 (F)	2024-25 (F)	2025-26 (F)	2026-27 (F)	2027-28 (F)	2028-29 (F)	2029-30 (F)	2030-31 (F)	2031-32 (F)
Section 2 shows the Secondary Schools in the planning group, in which the proposed development is sited. It shows the current and forecast number of places within the schools.	Grammar School 1	750	750	750	750	750	750	750	750	750	750	750
	Secondary Academy 1	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290
	Grammar School 2	825	825	825	825	825	825	825	825	825	825	825
	Grammar School 3	750	750	750	750	750	750	750	750	750	750	750
	Secondary Academy 2	750	750	750	750	750	750	750	750	750	750	750
	Secondary Academy 3	1,080	1,080	1,080	1,080	1,050	1,050	1,050	1,050	1,050	1,050	1,050
	Grammar School 4	710	720	760	800	840	870	900	900	900	900	900
Current and forecast capacity (1)		6,155	6,165	6,205	6,245	6,255	6,285	6,315	6,315	6,315	6,315	6,315

(1) including expansion projects at existing schools that have successfully passed through statutory processes but may not yet be complete

Expected pupil product from new developments within the planning group		XX non-selective and YY selective planning group		
Planning reference	Details	Houses	Flats	Secondary
Section 3 - KCC operates a 'first come, first serve' process for allocating any spare capacities within schools. This section lists extant and approved planning applications, along with their predicted number of new pupils.	New developments within the planning area	5,200	817	1,081
This development		100	46	22

Assessment summary - Section 4

Section 4 takes the surplus/deficit capacity of the schools shown in Section 2 and applies the number of pupils created from previous applications in Section 3 and then applies the predicted number of pupils created by this planning application. From this it calculates whether the number of pupils can be accommodated within the existing schools in the planning group/s. This is shown on the bottom line of Section 4.

Details	2021-22 (A)	2022-23 (F)	2023-24 (F)	2024-25 (F)	2025-26 (F)	2026-27 (F)	2027-28 (F)	2028-29 (F)	2029-30 (F)	2030-31 (F)	2031-32 (F)
Surplus / (deficit) capacity (excluding the expected pupil product from new developments)	-75	-244	-413	-412	-368	-376	-351	-244	-284	-288	-186
Expected pupil product from new developments	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081
Surplus / (deficit) capacity including the expected pupil product from new developments	-1,156	-1,325	-1,494	-1,493	-1,449	-1,457	-1,432	-1,325	-1,365	-1,369	-1,267
Expected pupil product from this development	22	22	22	22	22	22	22	22	22	22	22
Surplus / (deficit) capacity including the expected pupil product from new developments and this development	-1,178	-1,348	-1,516	-1,515	-1,471	-1,479	-1,455	-1,347	-1,387	-1,391	-1,290
Expected pupil product from this development that on current plans for school provision cannot be accommodated	22	22	22	22	22	22	22	22	22	22	22

Background notes:

Pupil forecasts 2022 employed from September 2022. Incorporating roll data from Schools Census Autumn 2021. Data from the Health Authority includes pre-school children born up to 31st August 2021. Forecasts use trend data over the previous three years.

Technical Appendix 11: Education - Example Build and Land Contributions

Site Name	Example Development
Reference No.	
District	Canterbury

	Houses	Flats	Total
Unit Numbers	100	46	146

Primary Education			
		Per house	Per flat
<i>Primary pupil generation rate</i>		0.28	0.07
New Primary Pupils generated from this development			31
New Primary School build contribution			
	per Pupil	per House	per Flat
<i>NewBuild Rate</i>	£25,290.00	£7,081.20	£1,770.30
Contribution requested towards New Primary School Build			£789,553.80
New Primary School site contribution			
Residential Land Price per acre for Canterbury			£1,000,000
	Pupils	Hectares	Acres
<i>2FE Primary School</i>	420	2.05	5.06555
	per Pupil	per House	per Flat
<i>Land Rate</i>	£12,060.83	£3,377.03	£844.26
Total = Primary School Site area x Residential Land Value x (Number of pupils generated by development/Number of pupils in New Primary School) = 5.06555 x 1000000 x (31.22 / 420)			
Contribution requested towards New Primary School Site			£376,539.22
Total Primary Education Build and Land contribution			£1,166,093.02

Secondary Education			
		Per house	Per flat
<i>Secondary pupil generation rate</i>		0.20	0.05
New Secondary Pupils generated from this development			22
New Secondary School build contribution			
	per Pupil	per House	per Flat
<i>NewBuild Rate</i>	£27,935.96	£5,587.19	£1,396.80
Contribution requested towards New Secondary School Build			£622,971.80
New Secondary School site contribution			
Residential Land Price per acre for Canterbury			£1,000,000
	Pupils	Hectares	Acres
<i>6FE Secondary School</i>	900	8.00	19.768
	per Pupil	per House	per Flat
<i>Land Rate</i>	£21,964.44	£4,392.89	£1,098.22
Total = Secondary School Site area x Residential Land Value x (Number of pupils generated by development/Number of pupils in New Secondary School) = 19.768 x 1000000 x (22.3 / 900)			
Contribution requested towards New Secondary School Site			£489,807.11
Total Secondary Education Build and Land contribution			£1,112,778.91

Special Education Needs			
		Per house	Per flat
<i>SEN pupil generation rate</i>		0.0110	0.0027
New SEN Pupils generated from this development			1
New Special Educational Needs build contribution			
	per Pupil	per House	per Flat
<i>NewBuild Rate</i>	£50,893.35	£559.83	£139.96
Contribution requested towards New SEN School Build			£62,421.16
New Special Educational Needs site contribution			
Residential Land Price per acre for Canterbury			£1,000,000
	Pupils	Hectares	Acres
<i>Special Educational Needs Sch</i>	140	2.05	5.06555
	per Pupil	per House	per Flat
<i>Land Rate</i>	£36,182.50	£398.01	£97.69
Total = Special Educational Needs Site area x Residential Land Value x (Number of pupils generated by development/Number of pupils in New SEN School) = 5.06555 x 1000000 x (1.2242 / 140)			
Contribution requested towards New SEN School Site			£44,294.62
Total SEN Build and Land contribution			£106,715.78

Notes

Costs above will vary dependant upon land price at the date of transfer of the school site to KCC

Totals above will vary if development mix changes and land prices change

Technical Appendix 12: Flood Risk Management and Sustainable Drainage

1. Service Overview

- 1.1 Around 64,000 properties in Kent are estimated to be at risk of flooding. This risk is particularly significant in coastal areas, notably the Romney Marshes, Dartford, and Gravesend, where flood defences are widely in place; on the floodplains of the Rivers Medway, Beult, Stour and Darent, flood defences are more limited.
- 1.2 A further 24,000 properties, generally concentrated in urban areas, are estimated to be at risk of flooding from surface runoff - one of the highest figures for local authority areas in England.
- 1.3 Under the [Flood and Water Management Act 2010](#), KCC is the Lead Local Flood Authority (LLFA) for Kent, with statutory oversight of local flooding arising from:
- surface runoff
 - ordinary watercourses
 - groundwater
- 1.4 KCC is required to produce a [Local Flood Risk Management Strategy](#) that sets out how these risks will be managed by the relevant authorities.

2. Pre-Application Advice

- 2.1 Housing and other new developments may present an increased flood risk due either to their location, or the amount of water discharged from the site. These matters must be addressed in planning applications, as set out in the National Planning Policy Framework (NPPF) paragraphs 159 to 169. Local planning direction and information is provided through:
- Strategic Flood Risk Assessments, developed by individual Local Planning Authorities (LPAs)
 - [Surface Water Management Plans](#) prepared by KCC for specific locations.
- 2.2 Under the Town & Country Planning (Development Management Procedure) (England) Order 2015, KCC is a statutory consultee with respect to surface

water drainage. KCC's [Drainage and Planning Policy](#) (November 2019) provides guidance on the application of minimum operational standards as required under paragraph 165 and as stated within the Defra-published Non-Statutory Technical Standards for Sustainable Drainage.

- 2.3 Flood risk mitigation, including sustainable drainage systems (SuDS) may be combined and delivered with other requirements or initiatives such as green infrastructure, biodiversity net gain, nutrient neutrality, open space provision, urban and landscape design.
- 2.4 KCC encourages early engagement at the pre-application stage to ensure the most efficient design scheme. Contact KCC Sustainable Urban Drainage (SUDs) for further information: suds@kent.gov.uk

3. Assessing Need and Calculating Demand

- 3.1 Developers will be expected to mitigate any proposed new developments where direct impacts are identified on local drainage and flood risk management.
- 3.2 Contributions from KCC will be sought on strategic sites only, where the complexity of SUDS systems could be more effectively dealt with directly by the LFFA. Planning obligations, secured through the s106 process, may be sought where the developer requests assistance with meeting NPPF paragraph 169 requirements through KCC issuing a Certification of Compliance as LFFA.

Para 169 states: *Major developments should incorporate sustainable drainage systems unless there is clear evidence that this would be inappropriate. The systems used should:*

- a) *take account of advice from the lead local flood authority;*
- b) *have appropriate proposed minimum operational standards;*
- c) *have maintenance arrangements in place to ensure an acceptable standard of operation for the lifetime of the development; and*
- d) *where possible, provide multifunctional benefits.*

- 3.3 In these instances, the LFFA will complete the necessary inspection and assessment of flood attenuation, removing the need for a planning condition to be requested with regards to verification of construction.
- 3.4 Under the s106 Agreement, KCC and the developer will need to agree the nature of the works to secure appropriate contracts before the development can commence.

4. **Indexation**

- 4.1 To ensure financial contributions continue to cover the actual cost of delivering infrastructure, these will be subject to indexation. KCC will apply the BCIS All-In Tender Price index, based on the date at which the contribution has been calculated.

5. **Time limit on spend**

- 5.1 Any contributions will be repaid to the original payee on request if not committed or spent towards its purpose within 10 years of receipt of the contributions in full (if paid in instalments) or alternative longer period as may be agreed.

Technical Appendix 13: Heritage & Archaeology – Community Archaeology Provision

1. Service Overview

- 1.1 Many development proposals submitted in Kent will have an impact on archaeological remains. These tangible survivals of Kent's heritage are irreplaceable and form a key part of each district's historic environment. They are also highly valued by local people, as they contribute to an area's character and distinctiveness.
- 1.2 Community Archaeology helps integrate new communities into Kent's existing social landscape. Engaging with new residents and helping them explore their heritage builds community strength, identity, pride, and sense of place, and helps them understand how their area relates to its surroundings. There is also evidence that engaging with Community Archaeology brings significant physical and mental health benefits, through meeting new people and being outdoors. People can also develop new understanding and skills; for those who may be excluded from other forms of learning, Community Archaeology can give them the opportunity and confidence to become engaged citizens.
- 1.3 The National Planning Policy Framework (NPPF) recognises the importance of archaeological assets under paragraph 189, which states:
- “Heritage assets range from sites and buildings of local historic value to those of the highest significance, such as World Heritage Sites which are internationally recognised to be of Outstanding Universal Value. These assets are an irreplaceable resource and should be conserved in a manner appropriate to their significance, so that they can be enjoyed for their contribution to the quality of life of existing and future generations.”*
- 1.4 Para 205 adds: *“Local planning authorities should require developers to record and advance understanding of the significance of any heritage assets to be lost (wholly or in part) in a manner proportionate to their importance and the impact, and to make this evidence (and any archive generated) publicly accessible. However, the ability to record evidence of our past should not be a factor in deciding whether such loss should be permitted.”*
- 1.5 The NPPF requirement should be met by either entering into a s106 agreement with KCC or by a planning condition setting out how paragraph 205 will be met, to be agreed by the LPA in consultation with KCC Archaeology.

2. Assessing the Need and Calculating Demand

- 2.1 S106 contributions will be calculated on a case-by-case basis, following assessment. Requests for contributions will depend on the potential for archaeological finds, based on data available to KCC at the time of application.

- 2.2 Contributions will be sought only on strategic development sites, or those in areas of significant archaeological potential. In these latter cases, KCC's Heritage Conservation service will advise on delivering a service that would meet the NPPF requirements; this service offer will be an option for inclusion in a s106.
- 2.3 The projects required will depend on the development and anticipated level of archaeological significance but may include:
- Interpretation panels and other enduring forms of promotion
 - Community Archaeology activities such as study at workshops and archive centres, and field research using geophysical survey, scanning and photogrammetry, earthwork survey, test-pitting and excavation and other techniques
 - Interpretation and education activities such as training events, exhibitions of artefacts, physical and digital promotional materials, and public events.

3. **S106 Contribution Example**

3.1 The following table provides examples of contributions that may be sought for a large-scale, strategic development. The per dwelling cost set out in Table 1 is calculated by:

- Community Archaeology activities – a part-time Heritage & Archaeology Officer (plus oncosts) employed for three years, divided by 5000 dwellings
- Interpretation and education activities – a total cost of £78,265 for a development site of 5000 dwellings (£78,265 / 5000). This is based on previous experience and costs of delivering these activities.

Table 1 – Example s106 Contribution Example

	Per dwelling
Community Archaeology activities	£12.86
Heritage Interpretation and education	£15.65
Total	£28.51

4. **Indexation**

4.1 To ensure financial contributions continue to cover the actual cost of delivering infrastructure, these will be subject to indexation. KCC will apply the BCIS All-In Tender Price index, based on the date at which the contribution has been calculated.

5. Time limit on spend

- 5.1 Any contributions will be repaid to the original payee on request if not committed or spent towards its purpose within 10 years of receipt of the contributions in full (if paid in instalments) or alternative longer period as may be agreed.

Technical Appendix 14: Highways and Transportation

1. Service Overview

- 1.1 Under the [Highways Act 1980](#), KCC is the Highway Authority for Kent, responsible for managing and maintaining all adopted roads in the county: motorways and trunk roads are the responsibility of National Highways.
- 1.2 KCC is also the Local Transport Authority for Kent³². Policies and measures to actively promote alternatives to car-based travel, and improve the safety, accessibility, sustainability and efficiency of Kent's highway and transport networks are set out in its [Local Transport Plan for Kent](#) (LTP). These will be applied to new developments as appropriate. The LTP is currently under review to align with evolving UK transport policies and to meet KCC's commitment to Carbon Neutral.
- 1.3 New development can put pressure on both the transport system and the environment; the land-use strategy (as set out in the Local Plans) and each individual development must be as sustainable as possible. Each development granted planning permission must make proportionate contributions to mitigate its impact on the transport network. This helps avoid safety and capacity issues that could prejudice the delivery of subsequent developments necessary to meet KCC's housing and employment targets.
- 1.4 With ever-increasing traffic volumes (particularly HGVs), new development can also add to KCC's constant challenge to maintain a growing and ageing highway network. Developers and others designing highways for adoption must consider at an early stage, the lifetime cost of their proposed materials and equipment. Specifications should demonstrate how this compares with alternatives and how the assets will be maintained safely, in line with KCC's new technical approvals process.

2. Strategic Transport Infrastructure

- 2.1 KCC works closely with district councils and National Highways to develop comprehensive transport strategies and policies as part of the Local Plan making process. These are underpinned where appropriate by multi-modal traffic modelling, to identify the strategic transport infrastructure required to facilitate housing and employment growth. Measures are set out in the Infrastructure Delivery Plan (IDP) to the Local Plan.

³² Transport Act 2000

- 2.2 Where potential development sites have been considered in combination, significant infrastructure may be required as the most appropriate form of mitigation. Examples include a bypass, major new junction configuration or a traffic calming and pedestrian/ cycle scheme through a village or town.
- 2.3 Such schemes should be designed and costed to outline stage for inclusion in the IDP to the Local Plan. The LPA, in consultation with the Highway Authority, would be responsible for securing appropriate contributions from development sites, in proportion to the trips generated by the proposed developments, divided by the cost. Funding would be secured via s106 contributions made to the Highway Authority; this enables detailed design, consultation, and implementation, subject to appropriate guarantees.
- 2.4 Large scale development sites will also need to submit their own Transport Assessments through the planning application process, identifying specific mitigation measures that could be delivered irrespective of the other sites on a particular route or at a junction. This should be done on a similar timescale and in a similar area to the Local Plan process. Site promoters will be encouraged to work together to determine a collective solution that could be delivered by the Highway Authority as outlined above, particularly addressing the financial risk should one or more sites not come forward.
- 2.5 KCC may also have opportunities to bid for Government support to jointly fund infrastructure measures or, ideally, facilitate up-front implementation to enable the delivery of housing or employment sites. Some LPAs use CIL as an alternative source of funding. External Government funding however cannot be relied on as this is subject to funding bids to the Government which may or may not be successful so a development proposal should seek to mitigate its impact on the local highway network.

3. Site-Specific Transport Infrastructure

- 3.1 Even where there are no other planning or environmental issues, KCC requires the transport impacts of all development proposals to be assessed at planning application stage.
- 3.2 For smaller sites of up to 100 dwellings, and employment sites of under 2,500 m² gross floor area (GFA) a Transport Statement (TS) will normally be sufficient. For smaller sites in traffic-sensitive areas and for larger sites (over 100 dwellings or employment sites of over 2,500 m² GFA) a Transport Assessment (TA) will be required.
- 3.3 These should be prepared in accordance with the guidance set out in '[Travel Plans, Transport Assessments and Statements](#)' (March 2014, Ministry of Housing, Communities and Local Government).

- 3.4 The required scope and content of the TS/TA will vary on a case-by-case basis. Developers must consider whether safe and suitable access can be created with the public highway, including additional emergency/secondary access points for larger sites in accordance with [Manual for Streets](#) and [Kent Design Guide](#). They should also investigate road safety implications, network capacity impacts (which require traffic modelling) and access to sustainable transport infrastructure/ services.
- 3.5 TAs should consider accessibility by all modes of transport and quantify the development's overall impact on the local transport network. This provides a basis for identifying and agreeing any required mitigation measures, which will be subject to conditions. A planning condition may be imposed on the grant of planning permission for the delivery of transport improvements requiring the developer and/or owner to enter into a s278 Agreement (Highways Act 1980). In some cases, measures may be delivered by KCC through a s106 Agreement (Town and Country Planning Act 1990) or via CIL.
- 3.6 Following the Covid-19 pandemic, people are increasingly using digital connectivity and delivery services, rather than travelling for meetings, work and shopping. In addition, the UK also has a legally binding commitment to decarbonise its economy. As a result, KCC is changing how it assesses traffic impacts of new development, moving from the traditional 'predict and provide' approach to a new 'decide and provide' model. Rather than considering the worst-case traffic growth forecasts and physically adjusting the road network to accommodate them, it focuses on providing infrastructure to accommodate its preferred future vision.

4. Agreements - s278 and s38

- 4.1 Highway works executed by a party other than KCC as a result of a planning permission, are usually carried out under s278 of the Highways Act 1980.
- 4.2 A s38 Agreement of the Highways Act 1980 enables KCC to take over and maintain at public expense (adopt), roads, footways, cycleways, and other areas constructed by a developer by way of agreement.
- 4.3 Highway work versus contributions
- Mitigation must be fully funded and delivered directly by the developer, under an s.278 Agreement with the Highway Authority. All work within or affecting the highway will be subject to technical approval by the

Highway Authority before commencement; details are to be agreed with KCC.

- Contributions for highway works will be agreed only in exceptional circumstances, such as:
- a large-scale strategic transportation scheme
- with more than one funding source
- identified through the Local Plan process and included in the associated IDP

4.4 Where more than one development in an area generates the need for a specific local highway scheme that an individual development cannot deliver, KCC may secure financial contributions and procure the works, using a s106 or s278 Agreement as appropriate.

4.5 Highway work and surety

KCC will require an appropriate surety (either a cash deposit or a bond) it can call upon if the developer does not complete works to the satisfaction of the Highway Authority.

4.6 Inspection fees

KCC charges a fee for preparing and managing s278 & s38 agreements. This covers:

- checking the design of the highway works and any associated structures and drainage
- safety audits
- design checks
- site inspections.

The level of fees charged are:

- s278 - 10% of the cost of the works up to £500,000, then 3% of the balance, plus a consultancy fee for transport advice.
- For s38 - 10% of the cost of the works

Further information:

www.kent.gov.uk/roads-and-travel/highway-permits-and-licences/apply-for-a-highways-permit-or-licence/highways-fees#tab-4

4.7 Traffic Regulation Orders

Where a development requires a traffic regulation order (TRO) - for example, to provide waiting restrictions - KCC charges a fee to cover the processing and advertising costs. This varies according to the order(s) and associated works required. The developer will be responsible for informal consultations with those affected (residents, businesses, emergency services, bus operators, elected Councillors for the area) prior to any formal consultations, and procurement and implementation of the associated infrastructure, including signage and lining. This will be secured through a s.278 Agreement unless otherwise agreed with KCC. TROs cannot be a condition of planning since they are governed by separate legal processes; a condition may stipulate that 'best endeavours' are made to secure them. The TRO process can take time and should be undertaken promptly to avoid delays in implementation.

4.8 Commuted Sums for Maintenance

The Highway Authority will require commuted sums from developers to cover the lifetime maintenance costs of assets it takes on, and replacement costs at the end of their useful life. These sums are secured through both s278 and s38 agreements. Assets attracting contributions on transfer to KCC may include:

- Street lighting
- Traffic signals and illuminated signs
- Pedestrian crossings
- Highway structures such as retaining walls, bridges, and gantries
- Landscaping and adopted land
- Fencing and noise bunds
- Bus shelters and other public transport infrastructure
- Street furniture and bollards
- Soakaways
- Drainage infrastructure
- Tree planting in soft and hard landscaping, hedges
- Culverts
- Traffic management features
- Interceptors
- Pavements

4.9 Calculating Commuted Sums

KCC calculates commuted sums for maintenance using principles set out in guidance produced for the Department for Transport by [ADEPT, the Association of Directors of Environment, Economy, Planning and Transport](#).

Developers should not assume KCC will accept responsibility for or maintain all highways infrastructure. For example, street lighting that does not perform a useful network function may not be requested on some roads and would not be automatically eligible for adoption.

Any asset a developer is seeking KCC to adopt must be in an appropriate condition, with necessary maintenance work completed prior to transfer. Where proposed materials are not within the current Highway Authority specification, additional sums may be requested, or adoption refused.

Under special circumstances, KCC will require commuted sums for maintenance of an asset it already owns; for example, if construction traffic is likely to damage the carriageway. These sums, usually secured through a s106 agreement, will be returned in whole or in part if no damage occurs.

5. Sustainable Travel Plans

5.1 Background

Travel Plans are long-term management strategies providing a framework for managing transport issues and promoting travel choice. They can help reduce private car use, which in turn helps tackle localised congestion.

Under the NPPF, a Travel Plan is an essential component of workplace, residential and school planning applications. The Plan should include 'modal share' targets and measurable outcomes, with arrangements for monitoring progress and mitigating actions to be agreed where targets are not met.

5.2 Development Travel Plans

When constructing a Travel Plan, developers should consider how to positively contribute to:

- Sustainable travel
- Improving air quality
- Improving health & quality of life
- Reducing motorised traffic on the transport network
- Improving road safety

A Travel Plan will typically incur a monitoring fee covering a five-year period, as required by a Section 106 obligation. Fees generally range from £948 to £1422 but may be increased depending on the site. Travel Plans are suitable for:

- Large commercial and mixed-use sites with potential for significant trip generation affecting the local or strategic road network
- Some medium commercial and mixed-use sites within areas where cumulative traffic increase seriously affects the environment, economic viability, or quality of life e.g., congestion hotspots, AQMA etc.
- Some larger residential developments, depending on local context and likely value of ongoing monitoring in contributing to the Travel Plan objectives
- Any other development where ongoing monitoring and targets can bring about improvements to sustainable travel

All other developments will require a Sustainable Travel Statement and List of Sustainable Travel Measures where necessary to comply with the NPPF.

5.3 School Travel Plans

Under the Education and Inspections Act 2006, and where it aligns with NPPF objectives, local authorities are encouraged to develop travel plans with schools. These set out measures to promote safe, active, and sustainable travel to school, both for pupils and staff. The main emphasis is usually to reduce the number of children being driven to and from school, which will also have a positive impact on local air pollution.

Travel plans for new schools are secured as part of planning conditions. Developers are encouraged to incorporate sustainable and active travel planning from the outset and should consider ways to:

- Reduce the number of car journeys to the school
- Establish active journeys from the outset
- Improve both mental and physical health through physical activity
- Promote independence and improve safety awareness
- Reduce the environmental impact of the journey to school.

Developers are encouraged to investigate the feasibility of or consider designing car-free and clean air zones around school developments, particularly at school entrances.

Developers should seek KCC's advice and, where possible, register with its online Travel Planning tool system for free, interactive guidance.

6. Public Transport

6.1 KCC Public Transport supports Kent's bus network by

1. contracting services which are not financially viable (where budgets allow)
2. providing infrastructure
3. facilitating relationships with operators
4. providing concessionary schemes such as the Kent Travel Saver

6.2 The department also arranges home-to-school transport for eligible pupils and those with Special Educational Needs.

6.3 Public Transport is a key part of sustainable travel, so contributions from new developments may be sought to:

- improve nearby existing local bus services through frequency enhancements, vehicle upgrades and ticketing initiatives.
- provide new and additional local bus services to the development.
- provide new bus stop infrastructure and fund ongoing maintenance.
- fund home-to-school bus capacity required as a result of the new development
- provide new community transport, flexible and/or Demand Responsive Transport services.

6.4 Contributions will be based on the site location and its impact, and the current local bus service network. Contractual arrangements determined on a site-by-site basis. Some cases may see a direct arrangement between the operator/District Council; in others, the funding should come to KCC Public Transport.

6.5 Developers should consider bus access requirements when designing new developments.

7. Indexation

7.1 Indexation will be applied to contributions in accordance with advice issued by the Office of National Statistics (ONS) and should match the type of measure to be delivered. For highways construction works this will generally be the Road Construction Index (*ROADCON*) or the General Building Costs Index. The base date for indexation will be based upon the date at which the costs have been established.

7.2 Time limit on spend

Any contributions will be repaid to the original payee on request if not committed or spent towards its purpose within 10 years of receipt of the contributions in full (if paid in instalments) or alternative longer period as may be agreed.

8. Further Information

S106 contributions will be based on the development's specific circumstances (location, size, type, amount of off-site sustainable travel works to be delivered by condition and cost of local KCC sustainable transport schemes). Site promoters are encouraged to seek pre-application advice on highway matters via the KCC website at: [Highway pre-application advice - Kent County Council](#). A charge will apply for a formal written response.

Technical Appendix 15: Integrated Children's Services – Youth Service/Early Help Service

1. Service Overview

- 1.1 KCC has a statutory duty to provide Youth Services under [section 507B of the Education Act 1996](#). This requires KCC, so far as reasonably practicable, to secure sufficient educational leisure-time activities and facilities to improve the well-being of young people aged 13 to 19 and for those aged 20 to 24 who have additional needs.
- 1.2 Under the statutory guidance '[Working Together to Safeguard Children](#)', KCC is also required to safeguard and promote the welfare of children, assess their needs and provide help through inter-agency working from pre-birth to 19 years (or 24 years for young people with additional needs).
- 1.3 Access to good quality Youth Services is essential to ensure equal opportunities and support for all young people across the county, preventing them from engaging in harmful behaviour and leading them towards a positive future. The service sits within the Early Help Open Access provision that includes children's centres, youth work and Kent's Duke of Edinburgh award. The Youth Service in Kent works predominantly with young people between the ages of 8 to 19 (up to 24 with additional needs), but also interacts with parents and carers. Youth Services give young people access to a range of help and advice including:
- drug and alcohol support
 - family support
 - education welfare
 - sexual health advice
 - career guidance
 - mental health support
 - volunteering and community involvement
- 1.4 In addition, Youth Services provide young people with a place to go and socialise safely, access training and skills development support, and find opportunities to engage with their community.
- 1.5 Youth Services are delivered across Kent's districts via direct delivery and commissioned services, with central youth hubs and community buildings, outreach/mobile units and outdoor spaces, providing a variety of ways for young people to access the support they need. The current and future focus

of the Kent Youth Service is set out below, enabling it to reach as many young people as possible:

- expanding and enhancing Youth Hubs to offer more specialist resources, help and advice and to provide access to more young people – this may involve internal reconfiguration of existing space, additional space provision, new equipment and learning resources
- expanding the Mobile and Outreach Service provision to increase remote access to youth services and targeted help for more complex issues. Outreach youth work takes place on young peoples' own territory, supporting and complementing new and existing centre/project-based youth work. By taking youth work out into the community, barriers to participation are reduced.

1.6 For parents and young children, Children's Centres provide a range of community play and health services to support the early health and educational development of babies and children, offering parenting advice and guidance through a range of activities including parenting programmes. Services are offered in partnership with public health services including health visiting services. Parents in new and developing communities can experience social isolation that can impact their emotional wellbeing. Therefore, ensuring outreach services for support is a critical part of the offer. The Children's Centre services include outreach provision to communities who cannot easily access existing services and where there is a defined community need for parents to be, and children up to the age of 11 years. The service will advise and guide on a range of topics including:

- Parenting support
- Child Development
- Financial and debt advice
- Work, employment and training advice
- Mental health and other health services
- Local services for parents and children

1.7 For the Early Help Service, the focus is on intensifying the use of existing physical infrastructure through reconfiguration and enhancement of space and resources, plus expanding the Outreach service.

2. **Assessing The Need and Calculating Demand**

2.1 Threshold for Seeking Contributions and Qualifying Developments

2.1.1 Any development of 10 or more dwellings will be assessed and may generate a request for Youth Service/Early Help contributions.

2.1.2 KCC will not seek contributions from the following:

- Homes restricted in perpetuity to persons over 50 years of age
- Student accommodation
- C2 Dwellings
- Sites specifically set aside for transient Gypsy and/or Traveller Communities

2.2 Service Capacity

2.2.1 Historically, services for children and young people have been delivered from a static facility, typically youth/children’s centres. The level of growth planned for each district will see the majority of development taking place away from the main hubs. To increase capacity and provide for the additional need created by new developments, much of the youth/early help services will be provided via Mobile/Outreach work. This will enable services to be delivered in the vicinity of new developments, increasing the likelihood of children, young people and parent/carers engaging with them. Therefore, all development will be expected to make contributions towards equipment and resources to enable Mobile/Outreach work to take place.

2.2.2 For expansions and enhancements of youth hubs and children’s centres, including provision of specialist equipment and resources to increase capacity, this will be determined on a case-by-case basis, to mitigate the impact of growth. District provision will be assessed, and contributions requested where there is a project.

2.3 New Users and Contributions Per Dwelling

2.3.1 Kent’s Youth and Early Help Service works with children and young people, aged 0-24. Within this age group, for the purposes of developer contributions, KCC targets 25% of 0-18-year-olds.

Table 1 - New Youth Service Clients Per Dwelling

	New Youth/Early Help Service Clients Per Dwelling
Proportion of 0–18-year-olds per dwelling x 25% reach target = 0.55 x 0.25	0.14
Average occupation per dwelling = 2.4 person	

Average 0–18-year-old occupation per dwelling = 0.55	
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3. Contributions Per Dwelling

3.1 The contributions per dwelling are set out in Table 2. Where there is a need for both Youth Hub expansion/enhancement and outreach capacity increases, a combined contribution of **£74.05** per dwelling will be requested.

Table 2 - Contribution Per Dwelling for Youth Service/Early Help

Capital Cost of Youth Hub and Children’s Centre Expansion/Enhancement - including equipment and resources to increase capacity and enable the existing facility to be used more intensively.	Contribution Per Dwelling
<i>Clients per dwelling x Cost per additional client = 0.14 x 187.50</i>	£25.78
Capital Cost of Mobile/Outreach Work (equipment and resources necessary to deliver the service)	Contribution Per Dwelling
<i>Clients per dwelling x Cost per additional client = 0.14 x £351.08</i>	£48.27
<i>Includes essential staff resourcing costs (£14.79 per dwelling) required to deliver the capital programme of Outreach Work</i>	

3.2 Strategic Development/Garden Communities

3.2.1 Whilst Kent County Council currently has no plans to provide additional youth hubs in the county, the promotion of large strategic developments may require a new building to be considered. The drive for efficiencies and co-location of facilities is likely to influence overall space requirements and any opportunities for co-location will be actively explored. The requirement for a new youth/children’s centre facility or extension of an existing youth hub/children’s centre (plus fixtures and fittings) will be assessed on a case-by-case basis and financial/land contributions sought accordingly. Example costings are set out in Table 3 below.

Table 3 – Example Contribution sought for new build/extension

Build Cost Per Square Metre (including Fixtures and Fittings)	£3,668.00
150sqm Facility	£550,200.00
Per Dwelling £366,000 / 5000 dwellings	£110.04

Based on provision of 100sqm for 5,000 new dwellings

4. **Provision of Infrastructure – Project Types**

Kent's Youth and Children's Centre Services operate on a Hub and Spoke model, with outreach into targeted communities across the districts. Outreach work enables the Youth/Early Help Service to create bespoke programmes to meet the needs of specific areas, reaching young people and parents/carers who may not be able to access the central hubs, for various reasons such as the cost of travel etc.

To mitigate the needs of new development, KCC may seek contributions towards:

- Expansions and enhancement of existing Hubs to create more capacity, including the provision of resources and specialist equipment to build additional capacity.
- Equipment and resources to enable outreach work within the vicinity of the new development.

5. **Indexation**

To ensure that financial contributions continue to cover the actual cost of delivering infrastructure, these will be subject to indexation. The BCIS All-In Tender Price index will be applied, with the base date for indexation set at Q1 2020.

6. **Time limit on spend**

Any contributions will be repaid to the original payee on request if not committed or spent towards its purpose within 10 years of receipt of the contributions in full (if paid in instalments) or alternative longer period as may be agreed.

Technical Appendix 16: Libraries, Registration & Archives (LRA)

1. Service Overview

- 1.1 KCC has a statutory duty under the [Public Libraries and Museums Act 1964](#) to provide a comprehensive and efficient library service for everyone working, living, or studying in the area.
- 1.2 KCC's library policies are contained in [Framing Kent's Future, Our Council Strategy 2022-2026](#) and the [Libraries, Registration and Archives Strategy 2019-22](#).

For national guidance see:

[Building Better Libraries for the Future](#) (updated 2017),
[Libraries as a statutory service](#) (July 2019),
[Libraries Deliver: Ambition for Public Libraries in England 2016 to 2021](#)
[Government Policy on Archives \(1999\)](#).

- 1.3 KCC has a network of 99 libraries across 12 districts and boroughs. In 2018/19, Kent libraries received almost 4.6 million visits and issued around 4.9 million books, eBooks, and audio-visual items; over 240,000 people attended 23,000 events. As well as being places to browse, request and borrow books, libraries offer a range of services to Kent residents and visitors, including:
- Free access to PCs and public Wi-Fi
 - Help for job seekers
 - 'Ask a Kent Librarian' giving 24-hour access to trusted information on any and all topics
 - Free physical and digital activities for all ages, such as baby rhyme time, talk time, book groups, craft clubs, after school homework help and the summer reading challenge
 - Mobile library service delivering to smaller and more remote communities
 - Home library delivery service and Red Book Box service to care homes
 - The Business and Intellectual Property Centre, Kent History and Library Centre, offering free professional advice to start up and small businesses
 - Registration services
 - Study spaces
 - Community Space for group activities

1.4 With new communities come new users, who place increased pressure on local libraries to offer services that suit their needs. Co-location with other services at new community hub buildings and improving existing spaces to accommodate larger borrower numbers and audiences at events for example, are the current focus for increasing capacity.

2. **Assessing Need and Calculating Demand**

2.1 Threshold for Seeking Contributions and Qualifying Developments

2.1.1 Any development of 10 or more dwellings will be assessed and could generate a request for library contributions.

2.1.2 KCC will not seek contributions from:

- Student accommodation
- Sites specifically set aside for transient Gypsy and/or Traveller Communities

2.2 Service Capacity

2.2.1. New developments will place additional demands for both physical (hard copy) books and digital (eBooks/EAudio) stock. The National Library Standard upper threshold recommends 1532 items per 1000 population; where stock levels are below this, contributions will be sought.

2.2.2. Library capacity has historically been based on Museums, Libraries and Archives (MLA) recommendation of 30sqm per 1,000 population – KCC does not currently meet this standard and has no plans to increase the number of libraries in Kent (the possible exception is the provision of new space on strategic sites/garden communities – (see below). In most cases, it will seek instead to meet the need generated by new growth by:

- improving existing facilities
- refits and reconfiguration
- intensification of use

2.2.3 To create additional capacity within existing libraries, extending the public space will be considered where possible, this could include:

- Converting space previously used by staff into public space by reducing the number or size of offices, workrooms, or storage space
- Making staff space available for community use at certain times
- Reconfiguring libraries to allow more flexible use of space that can be used by different customer groups at different times of day.

2.3 New users per dwelling

2.3.1 The number of new users created per dwelling is set out in Table 1.

Table 1 – Additional Users Per Dwelling

Kent Population	1,576,100 ³³
Library Users per Year	188,807 ³⁴
% Of Kent Population who are library users	11.98%
Average Occupancy Rate of Each New Dwelling	2.4
New Residents from 100 Dwellings	240
New Library Users from 100 Dwellings	28.75
New Library Users Per Dwelling	0.29

3. Contributions Per Dwelling

3.1 Contributions per dwelling for the provision of additional book stock, plus shelving, furniture, and equipment to enable more intensive use of existing library space are set out in the Table 2.

³³ 2021 Census data

³⁴ 2019 data

Table 2 – Per Dwelling Contribution Rate³⁵

Project	Cost Per User	Contribution Per Dwelling
Book Stock	£145.44	£41.81
Shelving and Furniture	£56.72	£20.82
Equipment and resources to enhance service provision, including IT, self-service equipment, digital dens	£15.67	
Total Contribution Per Dwelling		£62.63
Contribution Per Dwelling = Cost per user x users per dwelling		

3.2 Reconfiguration of Library Space

Where reconfiguration of library space requires building works, this will be assessed on a case-by-case basis and cost applied to new housing growth served by the facility.

3.3 Strategic Development/Garden Communities

3.3.1 While KCC currently has no plans for new additional libraries, large strategic developments/garden communities may require new stand-alone buildings or library facilities within a community hub. The drive for efficiencies is likely to influence overall space requirements and opportunities for co-location will be actively explored. Requirements for new or extended library facilities (plus fixtures, fittings and equipment) will be assessed on a case-by-case basis and contributions sought accordingly, based on the example costing set out in Table 3 below.

³⁵ Figures shown in calculations have been rounded to 2 decimal places and may therefore, not sum correctly.

Table 3 Example Contribution Per Dwelling - Sought for New Build/Extension of Existing Building

Build Cost Per Square Metre (including Fixtures, Fittings and Equipment)	£3,668.00
Build cost Per 1000 population (30 sqm)	£110,040
Per Dwelling (using Average Occupancy 2.4) £95,040/1000 x 2.4	£264.09

4. Provision of Infrastructure – Project Types

4.1 Library services infrastructure will be required from developments within the catchment area of the affected library or libraries. Need will generally be based on the library most local to the development, but contributions may also be sought for those most affected, which may include a sub-regional library delivering services/stock to a wider catchment area. NB: Libraries in urban areas also serve surrounding rural areas and villages.

4.2 Development contributions collected to increase capacity at existing Libraries will be applied towards one or more projects, including:

- reconfiguring/expanding space, creating community meeting rooms and events space and improving accessibility
- additional book stock, eBooks and eAudio books
- furniture including shelving and display equipment
- other equipment necessary to enhance the library offer

5. Indexation

5.1 To ensure financial contributions continue to cover the actual cost of delivering infrastructure, these will be subject to indexation. KCC applies the BCIS All-In Tender Price index, with the base date for indexation set at Q1 2022.

6. Time limit on spend

6.1 Any contributions will be repaid to the original payee on request if not committed or spent towards its purpose within 10 years of receipt of the contributions in full (if paid in instalments) or alternative longer period as may be agreed.

Technical Appendix 17: Public Rights of Way (PRoW)

1. Service Overview

- 1.1 KCC has a duty under section the Highways Act 1980 to assert, protect and maintain the highway network, including 6,900km of Public Rights of Way (PRoW). This network of paths is freely available to the public to explore the countryside and coast: it is also integral to creating sustainable development, by providing important links between and within Kent's communities Ensuring new development preserves and enhances the existing network adds significantly to the quality of life, health, and wellbeing of Kent's residents. The [Rights of Way Improvement Plan 2018-2028](#) and its supporting evidence base provides detail about the current network, its value and how it needs to evolve to meet future demand.
- 1.2 The [Definitive Map and Statement](#) (DMS) records Public Rights of Way and is conclusive evidence of the existence and alignment of PRoW at the date specified in the statement: National guidance for Local Authorities on Public Rights of Way is contained within the Department for Environment Food and Rural Affairs' [Rights of Way Circular \(1/09\)](#).

2. Existing PRoW Network

- 2.1 Granting planning permission does not also permit the obstruction or diversion of a PRoW required for the development to proceed. Extinguishing or diverting the PRoW requires a separate application to the Planning Authority under section 257 Town and Country Planning Act 1990. Generally, KCC prefers a new development's design to incorporate any PRoW on existing alignments and within open green corridors. Poor design that leaves PRoW in narrow corridors with no natural surveillance will not be supported. Where the need to divert or extinguish a PRoW is identified, KCC recommends early engagement with its PRoW and Access Service to avoid an objection to the development or the diversion / extinguishment order, and subsequent delay to the development.
- 2.2 KCC's general expectation is that the existing network, or amendments to it, will be preserved and improved within the development boundary.

3. Assessing the Impact of New Development

- 3.1 The [National Planning Policy Framework](#) (NPPF), Para 100 includes the expectation that “Planning policies and decisions should protect and enhance public rights of way and access”.
- KCC will work with local planning authorities during their plan-making stage to assess proposed sites and development areas to establish the impact on the PRoW network. Where possible, costings for works will be set out.
- 3.2 KCC’s PRoW and Access Service will assess development proposals on a case-by-case basis, and may seek developer contributions to fund the mitigation of development impacts to the PRoW network on-site or in adjoining areas, such as:
- the need to improve sections of PROW to ensure suitability for increased use
 - the need to upgrade or create sections of PRoW to accommodate cycle and equestrian use required by the planning consent
 - to improve the connecting network to encourage active, non-vehicular travel
- 3.3 To establish the S106 contribution, the PRoW and Access Service will:
1. Identify the development’s likely impact on the PRoW network
 2. Identify what is required to mitigate that impact
 3. Establish a best estimate of the cost of implementing the mitigation works, based on the current price KCC is paying for such works and the published charging schedule.

4. Indexation

- 4.1 Indexation will be applied to contributions in accordance with advice issued by the Office of National Statistics (ONS) and should match the type of measure to be delivered. For highways construction works this will generally be the Road Construction Index (ROADCON) or the General Building Costs Index. The base date for indexation will be based upon the date at which the costs have been established.

5. Time limit on spend

- 5.1 Any contributions not committed or spent within 10 years of receipt in full (if paid in instalments) will be repaid to the original payee on request.

6. Pre-application Advice

- 6.1 For further information and pre-application advice, contact the PRow and Access Service at prow@kent.gov.uk.

Technical Appendix 18: Waste Disposal and Recycling

1. Service Overview

- 1.1 Under the Environmental Protection Act 1990, KCC is the Statutory Waste Disposal Authority (WDA) for Kent, responsible for arranging recycling and final disposal of household waste within Kent's 12 district Waste Collection Authorities (WCAs).
- 1.2 Section 34 of the Act places a duty on anyone who produces, imports, keeps, stores, transports, treats, or disposes of waste to take all reasonable steps to manage it properly. This duty extends to anyone who acts as a broker and has control of waste.
- 1.3 KCC currently operates five Waste Transfer Stations (WTS) under contract for the deposit and bulk loading of waste collected by district councils. with another three, non-KCC WTS under contract. Some WCA waste is delivered directly to its final disposal point, eliminating double handling, and freeing up WTS capacity.
- 1.4 KCC also operates 19 household waste recycling centres (HWRC), providing Kent residents with facilities for reuse, recycling, and safe disposal of a range of materials. HWRCs play a key role in enabling KCC to meet its statutory responsibility as a WDA, handling over 170,000 tonnes of wastes in 2018/19 alone.

2. Planning for the Future

- 2.1 Housing growth across Kent is increasing demand for HWRC and WTS facilities, with many now needing replacement or expansion.
- 2.2 KCC's [Kent Waste Disposal Strategy 2017-2035](#) sets out the current position, identifies future pressures and outlines how KCC will maintain a sustainable waste management service. It includes population and housing growth, budget pressures, market provision, current performance, legislation, and performance targets.
- 2.3 Growing national and international waste management challenges also have a significant impact on KCC, including:

- International waste management facilities beginning to refuse importation of materials to increase their own circular economy.
- The Government's aim to increase household recycling rates from 45% to 64%.
- Adherence to the Waste Hierarchy, which sets targets to reduce the amount of waste sent for incineration.
- Limited nationwide landfill capacity.
- The cost of incineration and landfill, which is double that of other disposal and recycling options.

2.4 Kent's waste infrastructure provision will be further affected by [Defra's Resource and Waste Strategy](#). A component of the Environment Act, this sets out measure to preserve material resources by minimising waste, promoting efficiency, and moving towards a circular economy by recycling 65% of waste. Minimising damage to the natural environment by reducing and managing waste safely and carefully, and tackling waste crime, such as fly-tipping is required. It combines actions with firm commitments and longer-term policy direction in line with the 25 Year Environment Plan, a strategy for eliminating all avoidable waste, including plastics, and doubling resource productivity by 2050.

3. Approach to Contributions for Waste Infrastructure

3.1 Paragraph 20 of The [National Planning Policy Framework](#) (NPPF) requires strategic policies for infrastructure provision, including waste. KCC will work with the LPAs through the Local Plan process, advising where additional infrastructure is required to meet the needs of new housing growth.

3.2 As the Minerals and Waste Planning Authority for Kent, KCC must also plan for waste management capacity in its [local plan](#). This forms part of the statutory development plan for Kent, together with the adopted local plans prepared by the 12 district and borough planning authorities, and relevant Neighbourhood Plans prepared by local communities.

3.3 There is a direct link between increasing demand on waste facilities and housing growth. Consequently, KCC will seek developer contributions towards the provision of increased HWRC/WTS infrastructure. The contributions sought will meet the tests set out in Regulation 122 of the CIL Regulations 2010 (as amended).

3.4 In order to fulfil its statutory duties, KCC has a network of WTS and HWRC across Kent. Whilst many districts are served by a WTS and at least one

HWRC, to aid efficiency, the provision of waste facilities are planned across Kent with one facility sometimes serving two or more districts. Unlike the WCAs, KCC waste operations are not bound by district borders.

However, there will be one WTF that will directly serve a new development and its expansion, improvement or a new provision will directly meet the need created by the development. For HWRCs KCC seeks to ensure that facilities are located within a circa 20-minute radius of a development. Therefore, the impact of growth on facilities in the 20-minute radius will be assessed and where there is a deficit of provision, a contribution will be sought for a HWRC directly related to the development.

4. Assessing Need and Calculating Demand

4.1 Threshold for Seeking Contributions and Qualifying Developments

4.1.1 Any development of 10 or more dwellings will be assessed. This could generate a request for a contribution where there is an infrastructure deficit in relation to WTS and/or HWRC, and insufficient capacity to accommodate waste and recycling produced by new development.

4.2 Capacity Assessment Criteria

4.2.1 A number of factors influence when a site requires replacement or improvement, including:

- Refuse Collection Vehicles (RCVs) queuing for access to the site, which is a common problem at both WTS and HWRC facilities. As well as the safety implications of RCVs queuing on to the public highway, delays reduce their ability to complete collection rounds in a timely manner.
- Site restrictions in terms of scale and layout, which result in operational inefficiencies and lower-than-average recycling rates. Many WTSs and HWRCs have been modified to accommodate the latest requirements for material segregation, but further work will be needed as new legislation designed to increase recycling rates comes into effect.
- The site no longer being fit for purpose in terms of public usability. Many of KCC's HWRC facilities require the public to use steps to dispose of waste into containers.

This is not only in breach of the Disability Discrimination Act (DDA), but also reduces site capacity since the steps take up much-needed container storage space.

4.2.2 Further housing development within an area exacerbates all the above issues, creating the need for new sites, or extension to existing facilities. Note that KCC's capacity assessment takes only housing growth into account, not any background growth brought about through changes to residents' behaviours.

4.2.3 The need for replacement /extended sites is set out below.

4.2.4 KCC will continue to engage with the district councils through the local plan process, providing details of project in their areas with a view to seeking site allocations within the plan. Regular reviews of infrastructure capacity will ensure service demands are adequately captured in the longer-term.

4.2.5 Mercantile facilities¹ are currently used for Waste Transfer Facilities in Canterbury, Thanet, and Maidstone districts. Contracts have secured sufficient capacity up to 2030 (as a minimum) so contributions towards WTS facilities are not currently being requested in these areas.

4.3 Contribution Methodology

4.3.1 When considering the need for a new facility, KCC assesses all available delivery models to ascertain the most cost-effective solution. This includes using mercantile facilities where available, as well as new build projects funded through capital borrowing or Design, Build, Finance, Operate (DBFO) contracts via revenue funds. Only those projects funded through capital borrowing are included in requests for developer contributions.

4.3.2 Contributions will be requested on a 'per dwelling' basis. The methodology is based upon the build cost per tonne of infrastructure capacity, multiplied by the tonnage of waste produced by a household. The per dwelling rates for WTS and HWRC are set out below.

4.4 Infrastructure Need and Contributions

4.4.1 Waste Transfer Station (WTS) Facilities

4.4.1.1 To meet the needs of housing growth up to 2030, KCC has identified the need for at least five new or improved WTS facilities across Kent. These are summarised in Table 1.

TABLE 1 - WTS PROJECTS

WTS Sites	Project Type	Serves (District)
Folkestone WTS	New (additional)	Ashford, Folkestone
Ebbsfleet WTS	New (additional)	Gravesham Dartford
Sevenoaks WTS	Extension	Sevenoaks
Sittingbourne WTS	Extension	Swale
Tunbridge Wells WTS	Replacement, including increased capacity	Tunbridge Wells, Tonbridge and M

4.1.1.2 Based on KCC's recent experience on similar projects, the estimated cost of providing a WTS facility with 75,000-tonne capacity is £13 million.

4.1.1.3 This equates to £173.33 per tonne and includes the cost of build and land. Tonnage figures for Kent show that each dwelling produces 0.82 tonnes of waste requiring processing at a WTS each year -see Table 2 below.

This gives a per dwelling rate for new WTS infrastructure of therefore £142.13.

Table 2 – WTS - Contribution Per Dwelling

New WTS	Cost	Cost Per Tonne £13,000.000 / 75,000	Waste Per Dwelling	Cost Per Dwelling (£173.33 * 0.82)
75,000 Tonne Capacity (Per Annum)	£13,000,000	£173.33	0.82 Tonnes Per Annum	£142.13

4.4.2 Household Waste Recycling Centre (HWRC) Facilities

4.4.2.1 To increase recycling capacity, several existing HWRC sites have been identified for replacement or extension, with one additional facility required. These are summarised in Table 3 below.

TABLE 3 - HWRC PROJECTS

HWRC Sites	Project Type	Serves (District)
Dover HWRC	Extension	Dover HWRC catchment
Ebbsfleet HWRC	New (additional)	Dartford and Pepperhill HWRC catchment
Sittingbourne HWRC	New (replacement, including increased capacity)	Sittingbourne HWRC catchment
Faversham HWRC	Extension	Faversham HWRC catchment
Maidstone HWRC	Extension in the short term New (Replacement, including increased capacity in the long term)	Maidstone HWRC catchment
Margate HWRC	Extension	Margate HWRC catchment
Sheerness HWRC	Extension	Sheerness HWRC catchment
Swanley HWRC	Extension	Swanley HWRC catchment
Tunbridge Wells HWRC	Extension	Tunbridge Wells HWRC catchment
Folkestone HWRC	Extension	Folkestone HWRC catchment

4.2.2.2 Based on KCC's recent experience of delivering similar projects, the estimated build cost of providing a new HWRC facility of 25,000 tonnes capacity is £5 million, and £1 million for a 5,000 tonne HWRC extension. Both equate to a build cost of £200 per tonne, again, including provision for land purchase. Figures show that each Kent household produces 0.26T of waste to be processed at a HWRC each year, giving a per dwelling rate for HWRC infrastructure of £52.00 – See Table 4 below.

Table 4 – HWRC – Contribution Per Dwelling

New HWRC	Cost	Cost Per Tonne £5,000.000 / 25,000	Waste Per Dwelling	Cost Per Dwelling £200.00 * 0.26
25,000 Tonne Capacity (Per Annum)	£5,000,000	£200.00	0.26 Tonnes Per Annum	£52.00
HWRC Extension	Cost	Cost Per Tonne £1,000.000 / 5,000	Waste Per Dwelling	Cost Per Dwelling £200.00 * 0.26
5,000 Tonne Capacity (Per Annum)	£1,000,000	£200.00	0.26 Tonnes Per Annum	£52.00

4.4.2.3 Unlike the WTS catchment areas, those for HWRCs have not been defined by district boundaries: residents are thus free to use any HWRC, regardless of which district/borough it lies within. Typically, residents choose a site based on ease of access, typically a circa 20-minute radius, depending on distance, site capacity or the range of materials accepted.

4.4.2.4 All customers must book a slot in advance and provide a postcode, allowing KCC to monitor which district customers are travelling from. An analysis of 1.7m trips to Kent's HWRCs between March 2021 and February 2022 is provided in **Table 5** below, with the shaded cells representing the district in which each HWRC is located. It is clear that most users choose the facility in their area, or where access is easiest.

**Table 5 Part 1: Proportion of trips made to HWRCs from customer postcode location
(March 2021 – February 2022)**

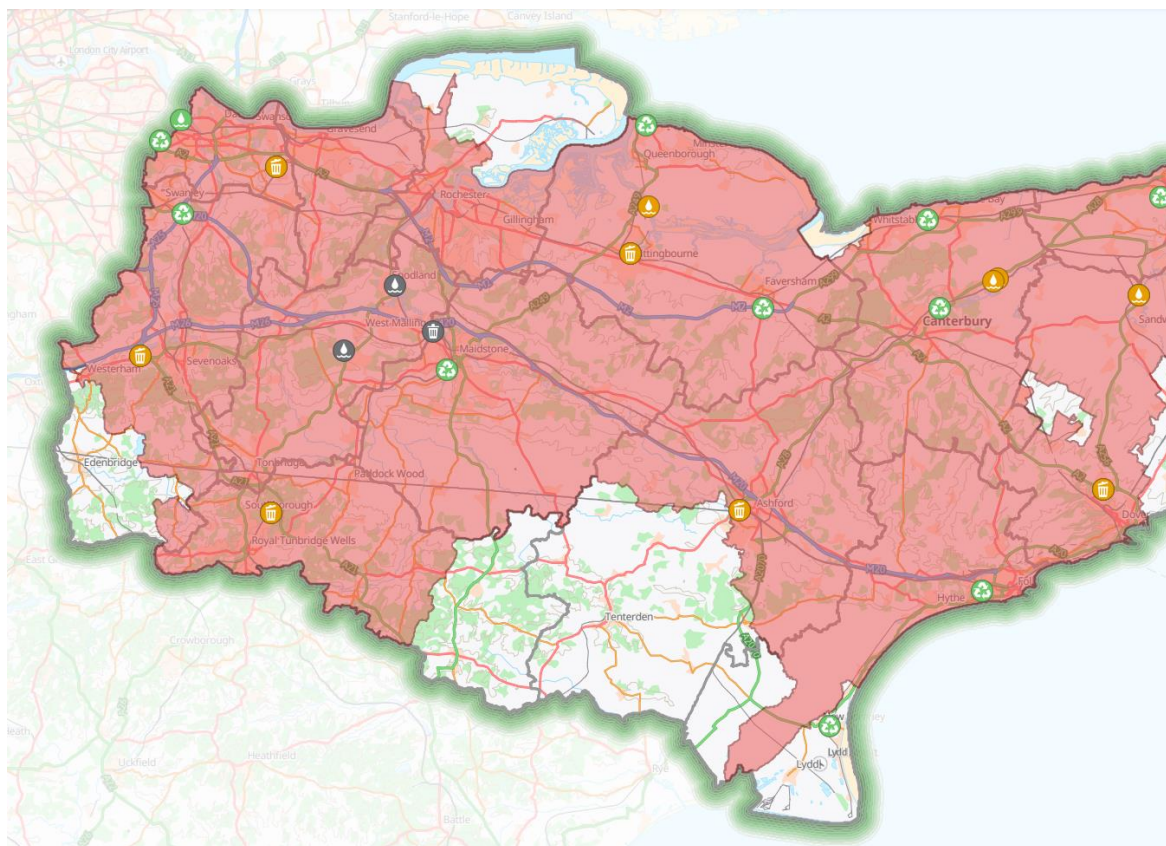
HWRC	Customer's postcode location						
	Ashford	Canterbury	Dartford	Dover	F&H	Gravesham	Maidstone
Ashford	91.3%	0.4%	0.0%	0.2%	2.4%	0.0%	4.5%
Canterbury	1.7%	89.1%	0.0%	4.4%	1.7%	0.1%	0.3%
Dartford	0.1%	0.1%	90.1%	0.1%	0.1%	1.4%	0.4%
Deal	0.1%	0.4%	0.0%	97.7%	0.3%	0.0%	0.0%
Dover	0.2%	2.2%	0.0%	93.4%	3.5%	0.0%	0.0%
Faversham	5.6%	6.8%	0.0%	0.4%	0.3%	0.1%	1.5%
Folkestone	0.8%	0.3%	0.0%	2.6%	95.6%	0.0%	0.1%
Herne Bay	0.1%	97.0%	0.0%	0.4%	0.1%	0.0%	0.1%
Maidstone	0.4%	0.2%	0.0%	0.1%	0.1%	0.1%	85.1%
Margate	0.1%	0.6%	0.0%	0.6%	0.1%	0.0%	0.0%
New Romney	8.1%	0.2%	0.0%	0.3%	87.1%	0.0%	0.2%
Pepperhill	0.1%	0.1%	18.5%	0.1%	0.1%	69.8%	0.5%
Richborough	0.1%	1.2%	0.0%	44.4%	0.2%	0.0%	0.1%
Sevenoaks	0.1%	0.1%	0.0%	0.0%	0.1%	0.0%	0.3%
Sheerness	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.5%
Sittingbourne	0.2%	0.3%	0.0%	0.1%	0.1%	0.1%	3.8%
Swanley	0.1%	0.1%	5.6%	0.1%	0.1%	1.1%	0.9%
Tunbridge Wells	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%
Total Visits	139,030	205,922	88,993	213,938	163,839	87,435	142,036

Table 5 Part 2: Proportion of trips made to HWRCs from customer postcode location (March 2021 – February 2022)

HWRC	Customer's postcode location						
	Sevenoaks	Swale	Thanet	Tonbridge and Malling	Tunbridge Wells	Medway	Outside Kent
Ashford	0.0%	0.2%	0.1%	0.1%	0.5%	0.0%	0.2%
Canterbury	0.0%	1.2%	1.2%	0.1%	0.0%	0.0%	0.2%
Dartford	4.9%	0.1%	0.1%	0.3%	0.0%	0.1%	2.3%
Deal	0.1%	0.0%	0.8%	0.0%	0.0%	0.0%	0.4%
Dover	0.0%	0.1%	0.4%	0.0%	0.0%	0.0%	0.1%
Faversham	0.0%	84.6%	0.4%	0.1%	0.0%	0.2%	0.1%
Folkestone	0.1%	0.1%	0.1%	0.0%	0.1%	0.0%	0.2%
Herne Bay	0.0%	0.5%	1.4%	0.0%	0.0%	0.0%	0.2%
Maidstone	0.1%	0.3%	0.1%	12.6%	0.7%	0.2%	0.1%
Margate	0.0%	0.1%	98.1%	0.0%	0.0%	0.0%	0.2%
New Romney	0.0%	0.0%	0.1%	0.1%	0.2%	0.0%	3.6%
Pepperhill	8.0%	0.2%	0.0%	0.8%	0.0%	1.5%	0.2%
Richborough	0.0%	0.1%	53.6%	0.0%	0.0%	0.0%	0.2%
Sevenoaks	73.0%	0.0%	0.0%	17.3%	1.2%	0.0%	7.7%
Sheerness	0.0%	98.2%	0.1%	0.1%	0.0%	0.2%	0.2%
Sittingbourne	0.0%	94.3%	0.2%	0.4%	0.0%	0.5%	0.1%
Swanley	75.0%	0.1%	0.1%	9.0%	0.2%	0.1%	7.6%
Tunbridge Wells	1.5%	0.0%	0.0%	24.7%	70.3%	0.0%	1.1%
Total Visits	120,257	144,311	199,758	77,919	107,583	3,091	18,820

4.4.2.5 As the table shows, while most residents use their own district HWRC (shown in green), this is not always the case. The [WRAP](#) (Waste and Resources Action Programme) Guide recommends that HWRC provision should be located so residents are within a 20-minute drive. KCC has used this recommendation to create its HWRC catchment area, using Lower Layer Super Output Area (LSOA) boundaries. The HWRC rate will be applied to those developments within a HWRC catchment area with an identified project, as shown by Plan 1.

Plan 1: HWRC catchment area (shown in red)



4.4.3 Land Contribution

4.4.3.1 Where new waste infrastructure is required, or additional land needed to enable an existing WTS/HWRC to expand, KCC will seek the provision of land and/or proportionate financial contributions.

4.4.3.2 National Planning Practice Guidance advises how local planning authorities (LPAs) should prepare plans and take account of education requirements. KCC will work with the LPAs and developers to identify and allocate sites to ensure additional education places are planned for, including land required for school expansions and new schools.

- 4.4.3.3 This land will generally be provided to KCC at 'nil consideration'. Where there is no realistic prospect of development, its value will normally be based on its existing or alternative-use value. If the site could realistically have gained residential planning permission, but is required to provide infrastructure for other sites, it will normally be valued at residential land value. Where a developer is providing land and the site area exceeds the development's needs, the landowner should not be disadvantaged. In these cases, KCC will seek proportionate land contributions from other sites and transfer these sums to the land provider.
- 4.4.3.4 The site will still be provided to KCC at nil consideration. KCC will work with the LPAs to secure this via the s106 process and CIL contributions.

5. Indexation

- 5.1 To ensure that financial contributions continue to cover the actual cost of delivering infrastructure, these will be subject to indexation. The BCIS All-In Tender Price Build index will be applied, with the base date for indexation set at March 2022.

6. Time limit on spend

- 6.1 Any contributions will be repaid to the original payee on request if not committed or spent towards its purpose within 10 years of receipt of the contributions in full (if paid in instalments) or alternative longer period as may be agreed.

7. Further Information

- 7.1 Please seek early advice from KCC Waste for further information on land requirements and transfer terms – email wasteinfrastructure@kent.gov.uk

From: Roger Gough, Leader of the Council
David Cockburn, Chief Executive

To: **Cabinet 1 December 2022**

Subject: **Kent and Medway Integrated Care Strategy**

Key decision: Yes

Decision Number: 22/00097

Classification: **Unrestricted**

Future Pathway of report: County Council

Electoral Division: All

Summary:

KCC is a statutory partner in the Kent and Medway Integrated Care System, along with Kent and Medway NHS and Medway Council, and has confirmed its commitment to the partnership in its strategic document, Framing Kent's Future.

The Integrated Care Partnership is required to produce an Integrated Care Strategy for Kent and Medway. Statutory guidance from the Department for Health and Social Care states that Integrated Care Strategies must be published by the end of December 2022 to inform the first Five-Year Joint Forward Plans which ICBs (NHS) must agree for the next financial year.

Given the tight deadline to produce a complex partnership document the guidance recognises that 2022/23 will be a transitional period and that Integrated Care Partnerships will want to refresh and develop their Integrated Care Strategy as they grow and mature. Therefore, this is an interim version that will be further developed throughout 2023. The later iteration will expand on the ambitions and commitments of the Partners.

Recommendation(s):

Cabinet is asked to approve the Kent and Medway Interim Integrated Care Strategy

1. Introduction

- 1.1 The Health Act 2022 required the creation of Integrated Care Systems (ICSs), consisting of health and social care bodies in local area as a means to integrate health and social care services and deliver stronger place based population health management. From 1 July 2022, all 42 integrated care systems (ICSs) across England became legal entities, with statutory responsibilities to deliver for their local populations. Legally, Integrated Care Systems comprise two core parts: an Integrated Care Board (ICB), the NHS budget-holding body, and an Integrated Care Partnership (ICP), a broader coalition of partners within the

system, to join up planning and delivery. The lead partners of the Kent and Medway Integrated Care System are NHS Kent and Medway (the ICB), KCC and Medway Council

- 1.2 The ICP is required to produce an Integrated Care Strategy to set the strategic direction for health and care services across the whole geographic area of the Integrated Care System. It will be approved by the three statutory partners and agreed by the ICP. National guidance sets out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life. The Strategy presents an opportunity to do things differently to before, such as reaching beyond 'traditional' health and social care services to consider the wider determinants of health or joining-up health, social care and wider services. It provides the framework in which the Partners will work and supports the Council to fulfil its commitment made in Framing Kent's Future to seize the opportunity of integrating our planning, commissioning and decision making in adult, children, and public health services.
- 1.3 The Department for Health and Social Care (DHSC) mandated that Integrated Care Partnerships must publish an initial strategy by December 2022 to inform the local NHS Five Year Joint Forward Plans which are due to be published before the next financial year.
- 1.4 DHSC recognised this was a challenging timeline for the newly formed ICPs and accepted that this will be reflected in the breadth and depth of the work that can be done in preparing the strategy and, subsequently, what is included in the initial strategy. Therefore, this iteration of the Kent and Medway Integrated Care Strategy is recognised as an interim strategy and has been built on work that has previously been undertaken across the System, including that of the Health and Wellbeing Boards. This version, the Interim Strategy, will be presented at County Council in December and to the Health Reform and Public Health Cabinet Committee in January.
- 1.5 As the system matures it is expected that ICPs will want to refresh and further develop their Integrated Care Strategy. To that end, more extensive wider consultation and engagement with Members, partners and the public is planned from early in 2023. Comments from Members on the Interim Strategy will also be fed into the next iteration along with feedback from the planned consultation and engagement activity. The DHSC will publish further guidance in June 2023, and subsequent to that guidance, any significant changes to the strategy may be subject to a further key decision as is considered necessary.

2. Overview of Strategy Development

- 2.1 In preparing the Integrated Care Strategy each ICP must have regard to guidance issued by the Secretary of State. Alongside this requirement, ICPs, when preparing an integrated care strategy must also consider the following areas:
 - The Integrated Care Strategy must reflect evidence based system-wide priorities that will improve the public's health and wellbeing and reduce disparities.

- The Integrated Care Strategy must set out how the assessed needs (identified in the Joint Strategic Needs Assessments) of the ICB and ICP's area are to be met by the exercise of functions by the ICB, partner local authorities, and NHSE (when commissioning in that area).
- Agreement within the Integrated Care System on priority outcomes, based on the needs identified in the Joint Strategic Needs Assessments. This will bring focus to the system, galvanising joint working and driving progress on the most important outcomes for the local population.
- The Integrated Care Strategy will meet the needs of local people of all ages identified in the relevant Health and Wellbeing Boards' Joint Strategic Needs Assessments. These Assessments relate to all health (physical and mental), and social care needs of the whole population.
- The Integrated Care Strategy will be developed and published by December 2022
- The Integrated Care Partnership must involve in the preparation of the integrated care strategy: local Healthwatch organisations whose areas coincide with or fall wholly or partly within the ICP's area; and people who live and work in the area.
- The Integrated Care Partnership must publish the Integrated Care Strategy and give a copy to each partner local authority and each ICB that is a partner to one of those local authorities.
- Integrated Care Partnerships must consider revising the Integrated Care Strategy whenever they receive a Joint Strategic needs assessment.

2.2 Development and Content

2.3 The Integrated Care Strategy builds on existing work and momentum to further the transformative change needed to tackle challenges such as reducing disparities in health and social care; improving quality and performance; preventing mental and physical ill health; maximising independence and preventing care needs by promoting control, choice and flexibility in how people receive care and support.

2.4 The development of the Interim Strategy has been overseen by the ICP which is currently chaired by the Leader of KCC. A multiagency steering group and project group made up of representatives from KCC, Medway Council and the ICB has led the development of the document, working closely in partnership with wider partners. KCC's Director of Public Health and Director of Strategy, Policy, Relationships and Corporate Assurance have been members of the Steering Group

2.5 The expected content is set out in Guidance and therefore the Interim Strategy includes:

- Quality improvement
- Joint working and section 75 of the National Health Service Act 2006
- Personalised care
- Disparities in health and social care
- Population health and prevention
- Health protection

- Life Course- Babies, children, young people, their families, and healthy ageing
- Workforce
- Research and innovation
- 'Health-related' services
- Data and information sharing

2.6 Communications and Engagement

2.7 Despite the limited timescales to produce the Interim Strategy, the Integrated Care System has sought opportunities to engage with stakeholders through:

- Together We Can Symposium on 28 October involving Members, leaders and senior managers across the County from KCC, NHS, Medway Council, Voluntary and Community Sector and business leaders to comment and contribute to the interim Strategy
- Online platform for public and professionals to provide feedback (<https://www.kmhealthandcare.uk/about-us/kent-and-medway-health-and-care-symposium>)

2.8 However, there is much more to do. Broader public consultation will be delivered from early 2023 to shape the further development of the Strategy and a Kent and Medway system wide communications and engagement plan has been drafted for post December 2022 which will be presented for approval by the ICP on December 8th. Healthwatch Kent and Medway, as members of the ICP and experts in engaging with the public on issues relating to their health and wellbeing, are supporting this work. The VCSE is also represented on the ICP and will be part of the engagement and consultation process.

2.9 There is also a requirement to include in the strategy details of communications and engagement plans across the Integrated Care System to ensure effective implementation. This will be a partnership approach between the ICB, KCC and Medway Council Communications Teams with an update on progress being shared with the ICP when available.

3. Alignment to Other KCC Duties and Functions

3.1 Guidance acknowledges that there is a wide diversity within Integrated Care Systems in terms of geography, population size and configuration of local authorities and NHS partners and recognises that different approaches are required from one local population or area to another, and that there will be different levels of maturity and development. There is recognition that since Integrated Care Partnerships and Health and Wellbeing Boards have similar purposes, local authorities and ICBs may choose to bring their Health and Wellbeing Board and ICP together if many of the same parties are involved. In these few systems where Integrated Care Partnerships and Health and Wellbeing Boards are coterminous, the government recommends that they work with partners to agree the relationship between the Integrated Care Strategy and the Joint Local Health and Wellbeing Strategy.

3.2 Kent's Health and Wellbeing Board is unusual in being one of the few Boards that is coterminous with the ICS area. This presents Kent with different opportunities and challenges in terms of how the Kent Joint Health and

Wellbeing Board operates with and within the Integrated Care System and introduces the risk of duplication between the Kent Joint Local Health and Wellbeing Strategy and the Kent and Medway Integrated Care Strategy.

- 3.3 The Kent Health and Wellbeing Board has adapted to the introduction of the ICS by reducing its meeting frequency to once per year, or more often if required to meet its statutory requirements. This will reduce duplication and the risk of stretching resources trying to support the developing system. It is also proposed that the Integrated Care Strategy is adopted as Kent's Joint Local Health and Wellbeing Strategy. This is an opportunity to promote greater integration and partnership between the NHS, Public Health, and local government and to avoid duplication in developing a separate Health and Wellbeing Strategy. This must be agreed by the Health and Wellbeing Board, which next meets in February 2023 and the recommendation will be subject to the advice of the Director of Public Health. The Director of Public Health is clear that the content in the next iteration of the Integrated Care Strategy must be detailed enough to provide assurance that it sets out the agreed priorities and joint action for partners to address the health and wellbeing needs identified by the Joint Strategic Needs Assessment.

4. Financial Implications

- 4.1 There are no direct financial costs associated with the development of the ICS Strategy for KCC other than staff time in supporting the Steering Group overseeing its development. Further work on the consultation and engagement plan for the Strategy is ongoing, but any financial or non-financial resources required to support that exercise will be met from within service budgets. To fully maximise the opportunities that arise regarding integration and joint arrangements that the ICS offers, further resources to support the operation of the ICS Partnership architecture will be included within the Budget considered by the County Council in February.

5. Legal implications

- 5.1 The Health and Care Act 2022 requires Integrated Care Partnerships to produce an Integrated Care Strategy to set out how the assessed health and care needs of the area can be met through the exercise of the functions of the ICB, partner local authorities or NHS England.

6. Equalities implications

- 6.1 An Equality Impact Assessment has been led by the ICB and is attached to this report. The NHS EIA template and process has been followed with partners providing commentary and input as appropriate. This is a live document and will be developed further as the consultation and engagement process takes place and the strategy is further iteratively developed throughout 2023.

7. Conclusion

- 7.1 The development of the Strategy, although against exceptionally tight timescales set by DHSC, has proved a useful exercise in bringing the statutory partners together to set out a clear ambition across the health and care system

for residents of Kent and Medway. It provides a strong platform to undertake further work as to how we can further integrate and join up our commissioning, decision-making and service delivery as a system to ensure it is more effective at meeting both the needs of individual patients and service users, but also the needs of our communities at a local and Kent wide level. As such, it represents the start of a process which will see KCC play an important part in developing and delivering through the Integrated Care System, which will support both our wider organisational objectives and support the sustainability of our health and social care services.

8. Recommendation

8.1 Cabinet is asked to approve the Kent and Medway Interim Integrated Care Strategy

9. Contact details

Report Author:
Karen Cook,
Head of Integrated Care System
Engagement
E-Mail: karen.cook@kent.gov.uk
Tel: 03000 415281

Relevant Director:
David Whittle,
Director of Strategy, Policy, Relationships
& Corporate Assurance
david.whittle@kent.gov.uk
03000 416833

Kent and Medway Interim Integrated Care Strategy

Page 195



Version Control

Version No	Purpose	Date
1.0	Issued to core Project Team for review.	17/10/22
2.0	Issued to Project Team for second review and commissioning of additional material from content leads where gaps have been identified. Not for wider distribution - Content lead and Steering Group Members' editing only.	19/10/22
3.0	Consolidated version of chapters shared with Project Team at Ashford Symposium feedback workshop 2/11/22. It includes initial review of Symposium outputs and response to comments on v2.0. Outstanding actions are as agreed at workshop for completion by 4/11.	1/11/22
4.0	Incorporating comments and additional content from Symposium and content leads. Distributed to Steering Group for review.	10/11/22
5.0	Incorporating comments from Steering Group and IPPH colleagues.	16/11/22
6.0	Incorporating ICP comments	22/11/22
7.0	Approved by Steering Group	22/11/22

Page 196

Overall document status:

- Content reflects what has been received from a number of colleagues from across Kent and Medway. Thanks for all the input to date. It has been edited to achieve flow and consistency. Please note all graphics or pictures are placeholders subject to replacement by communications team. This will also pick up final typesetting and formatting. Coloured panels represent illustrative case studies/examples only.

Foreword

Welcome to the Interim Integrated Care Strategy. The Integrated Care System is an opportunity for the NHS and Local Authorities to work together in different ways, putting our residents at the heart of everything we do. This Interim Strategy sets out the shared purpose and common aspiration of partners to work in increasingly joined up ways. It is rooted in the needs of people, communities and places and will help us drive forward on the agreed priorities for action across health and social care across Kent and Medway.

The breadth of the Integrated Care System, across Kent County Council and Medway Council, the NHS, District Councils, the Voluntary, Community and Social Enterprise sector (VCSE) and Healthwatch puts us in a unique position to identify opportunities for wider partnerships to strengthen our collective approach to improving longer-term health and wellbeing outcomes. For example, across education, housing, environment, transport, employment, and community safety; these wider social determinants of health, and others, have a significant bearing on the health and wellbeing of communities and health inequalities, particularly for people experiencing deprivation. The Integrated Care Partnership will champion joint approaches and look for opportunities to embed and accelerate these in our strategy.

We truly believe that *Together, we can.*

That is why we, as the leaders of the Kent and Medway Integrated Care System are signing this pledge and making this commitment through the Integrated Care Strategy.

Our Pledge

Recognising that citizens' health, care and wellbeing are impacted by economic, social and environmental factors more than the health and care services they can access, we pledge to bring the full weight of our organisational and individual efforts to collaborate to enable the people of Kent and Medway to lead the most prosperous, healthy, independent and contented lives they can.

Through this collaborative movement we will work together to reduce economic and health inequalities, support social and economic development, improve public service outcomes, and ensure services for citizens are excellent quality and good value for money. Together, we can.

Signatures to follow

Cedi Frederick,
NHS Kent and Medway

Cllr Alan Jarrett,
Medway Council

Cllr Roger Gough,
Kent County Council



Kent and Medway



Serving You



Integrated Care Strategy

We will work together to make health and wellbeing better than any partner can do alone

Shared Outcome 1

Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.

Shared Outcome 2

Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.

Shared Outcome 3

Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.

Shared Outcome 4

Support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.

Shared Outcome 5

Ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.

Shared Outcome 6

Make Kent and Medway a great place for our colleagues to live, work and learn.

Enabler: We will drive research, innovation and improvement across the system

Enabler: We will provide system leadership, and make the most of our collective resources

Enabler: We will engage our communities on this strategy and in co-designing services

TOGETHER, WE CAN

WORKING WITH THE INTEREST OF THE PEOPLE WE SERVE!

ALL PARTNERS WORKING TOGETHER AT PACE...

- Working with a SHARED PURPOSE...
- ...and a COMMON ASPIRATION.
- ...to create BETTER and FAIRER health OUTCOMES across our COMMUNITIES.

NO ONE ORGANISATION can ADDRESS our CHALLENGES on their OWN!

- ...we need to EMBRACE new ways of WORKING TOGETHER!
- ...we need MUTUAL RESPECT & TRUST between LOCAL AUTHORITIES & VOLUNTARY ORGANISATIONS
- INVEST in our PEOPLE & BUILD MORALE
- AS LEADERS we must learn to LISTEN DIFFERENTLY
- ...learning from FRONTLINE STAFF and VOLUNTARY ORGANISATIONS

Addressing the SOCIAL DETERMINANTS of HEALTH & WELLBEING

CREATING SOLUTIONS ROOTED in PEOPLE, COMMUNITY and PLACE!

WE ARE FACING MANY CHALLENGES

- SPENDING RESTRAINT
- INCREASED NEED
- ...BUT we have LEARNED many LESSONS on how to WORK TOGETHER during COVID.

OUR VISION

- ENSURING CHILDREN have the BEST POSSIBLE START in LIFE
- HELPING PEOPLE manage their own HEALTH
- ENSURING HOSPITALS are AVAILABLE to those who NEED THEM
- HELPING the MOST VULNERABLE and DISADVANTAGED
- SUPPORTING PEOPLE with MULTIPLE HEALTH CONDITIONS
- MAKING KENT and MEDWAY a GREAT PLACE to WORK and LIVE
- ENSURING CHILDREN have the BEST POSSIBLE START in LIFE
- HELPING PEOPLE manage their own HEALTH
- ENSURING HOSPITALS are AVAILABLE to those who NEED THEM
- HELPING the MOST VULNERABLE and DISADVANTAGED
- SUPPORTING PEOPLE with MULTIPLE HEALTH CONDITIONS
- MAKING KENT and MEDWAY a GREAT PLACE to WORK and LIVE

WE MUST SHARE DATA BETTER...

- ...creating a SINGLE SOURCE OF TRUTH!

MOVING from being a SICKNESS SERVICE to a HEALTH SERVICE

- ...this will require TRUST from MANAGEMENT.

VOLUNTARY SECTOR

- EMPOWERING COMMUNITIES
- ...& MAXIMISING COMMUNITY INSIGHT!
- It's about ENGAGEMENT!
- including communities in CO-DESIGNING SOLUTIONS.

JOINING the DOTS between SMALL VOLUNTARY ORGANISATIONS

REFER KENT!

- MANY SMALL VOLUNTARY ORGANISATIONS CANNOT GATHER QUALITATIVE DATA on their PROJECTS.
- IDENTIFY and REPLICATE BEST PRACTICE wherever it HAPPENS!

PREVENTION IS BETTER than CURE!

- ...it will be the KEY to our SUCCESS!

"DEVELOPING a MOVEMENT ACROSS KENT & MEDWAY"

RESEARCH, INNOVATION & DATA

- WE MUST BUILD TRUST in RESEARCH and RESEARCHERS.
- WE NEED QUALITATIVE and QUANTITATIVE DATA.
- BARRIERS: DATA SETS, LACK OF AWARENESS of what RESEARCH in the REGION.
- FOCUS on RESULTS that ENABLING INNOVATION.
- PEOPLE WANT TO WORK in REGIONS that ENCOURAGE RESEARCH.

MIND & BODY

- HOUSING SAFETY & QUALITY & HEALTH IMPACTS
- ENCOURAGING PEOPLE & ACCESS SERVICES.
- SHARED DATA RECORDS.
- WORKING with VOLUNTARY ORGANISATIONS.
- ONE AGENCY NEEDS to LEAD!
- HOUSING SAFETY & QUALITY & HEALTH IMPACTS
- ENCOURAGING PEOPLE & ACCESS SERVICES.
- SHARED DATA RECORDS.
- WORKING with VOLUNTARY ORGANISATIONS.
- ONE AGENCY NEEDS to LEAD!

ECONOMICS & SHARED PROSPERITY

- JOINED UP STRATEGY is REQUIRED
- CAREER advice & SKILLS FOR SCHOOL CHILDREN
- ONE YOUNG CHILDREN EXPERIENCE OF HEALTH & SOCIAL CARE
- ADDRESS INCOME GAP.
- IMPROVE the IMAGE of the AREA.
- ANCHOR INSTITUTIONS.

DELIVERING for LOCAL PEOPLE.

- HEALTH EDUCATION is KEY!
- LESS REPORTING & MORE DOING
- STRATEGY ACTION PLAN & PRIORITISE.
- LOOK AFTER our WORKFORCE as well as the COMMUNITY.
- MOST PEOPLE AREN'T INPATIENTS!
- BE PREPARED to PUSH BACK vs GOVERNMENT & TAKE RISK.

Page 199

Contents

Foreword

1. Introduction and Vision
2. Giving children the best start in life
3. Tackling inequalities and wider social determinants of health
4. Helping people to manage their own health and wellbeing and be proactive partners in their care
5. Supporting people with multiple health conditions
6. Hospital services and specialist Care
7. Developing our workforce
8. Driving research, innovation and improvement across the system
9. System leadership and making the most of our collective resources
10. What next? Engaging our communities on the issues that matter

Chapter 1

Introduction and Vision

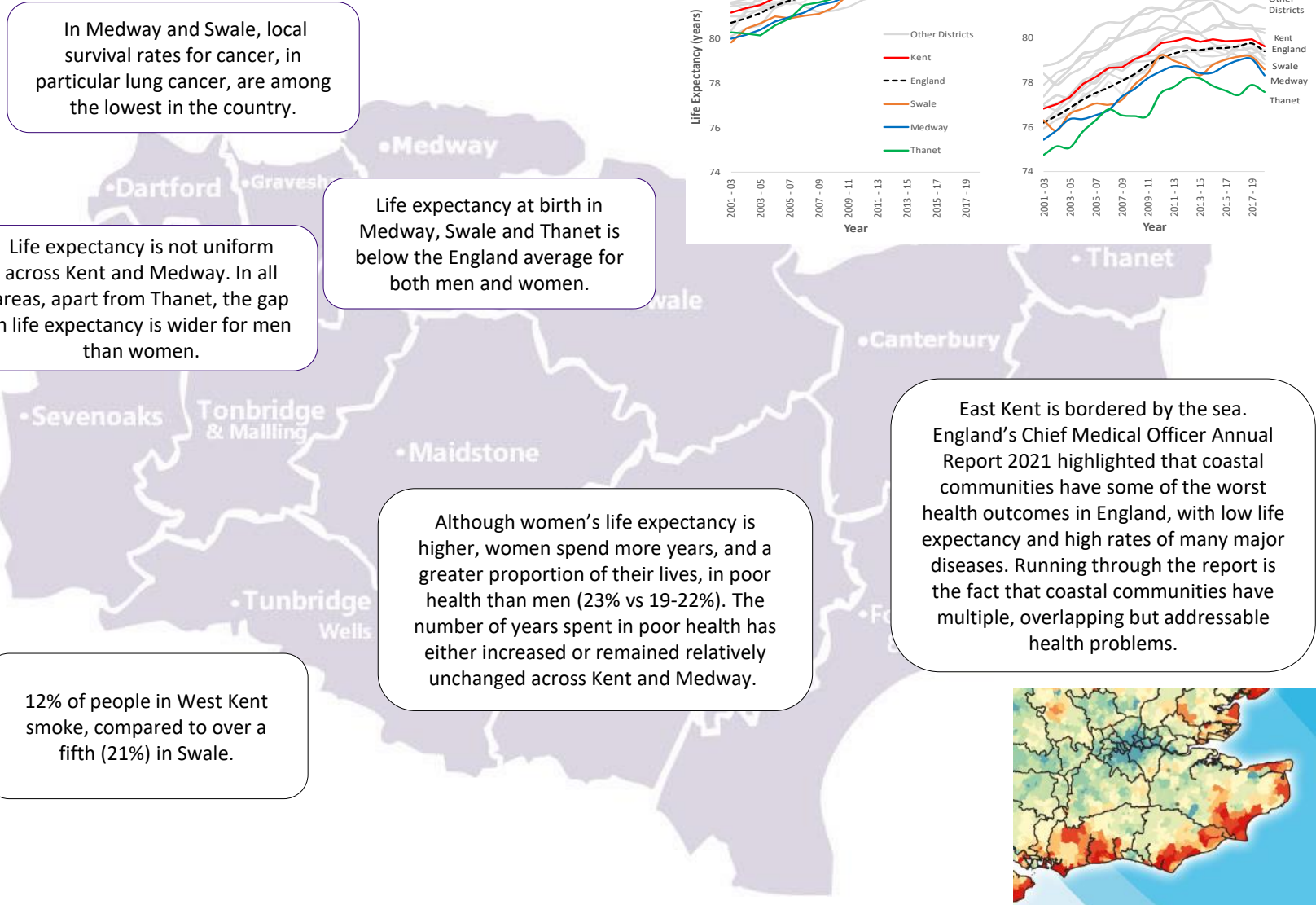
Introduction and context

Kent and Medway is an attractive place for so many who choose to make their lives here. With close proximity to London and mainland Europe, and a plethora of green spaces known as the 'garden of England', it is home to some of the most affluent areas of England.

Nevertheless, it is also home to some of the most (bottom 10%) socially deprived areas in England. This correlates with the health outcomes achieved. With the current cost of living crisis, these disparities will persist or worsen without our concerted, collective effort.

Kent and Medway Integrated Care Partnership was formed in 2022. This strategy is our initial blueprint for delivering a healthier future for the population of Kent and Medway over the next 5 years. We will continue to develop and refine this integrated care strategy as we engage with, and listen to, our communities. The strategy is underpinned by our joint strategic needs assessments, individual strategies on selected areas, and our Joint Forward Plan, Medway Joint Health and Wellbeing Strategy, and Kent Public Health Strategy to follow.

Page 202



System 1.9m people

- At system level we come together at scale to set overall system strategy, manage resources and performance, share research and good practice, plan specialist services, and drive strategic improvements. **All** partners constitute the system. System-wide partners include NHS Kent and Medway, Kent County Council and Medway Council.

Places 260,000 – 720,000 people

- Alliances of health and care partners working together to design and deliver services to improve outcomes for the population of Kent and Medway, within delegated responsibilities and budgets. We have 4 Place Based Health and Care Partnerships in Kent: Dartford Gravesham and Swanley; East Kent; Medway and Swale; and West Kent.

Neighbourhoods Typically 30,000-50,000 people

- Local decision making and integrated teams to meet the unique needs of their populations – including local health and care organisations and the VCSE, primary care networks, community groups and community assets.



Kent and Medway Integrated Care Partnership

Members include: Kent and Medway ICB, Kent County Council, Medway Council, Health and Care Partnerships, District Councils, VCSE representative

Owens this Integrated Care Strategy

NHS Kent and Medway Integrated Care Board
Responsible for the Joint Forward Plan

Kent County Council and Medway Council

NHS England

4 Place-based Health and Care Partnerships

12 District and Borough Councils

Provider Collaboratives

41 Primary Care Networks

Individual Providers
including voluntary and community
services, independent sector,
NHS Trusts and NHS Foundation Trusts

What affects our health and wellbeing?

Health and wellbeing is the embodiment of how we live, learn, work and play: it does not start at the GP's door. The overwhelming evidence is that the **wider determinants of health** - socioeconomic factors, our physical environment and our health behaviours - have the most impact on our health.

Variation in people's experience of wider determinants, for example the quality of their housing, their level of education or how safe they feel in their community, has a fundamental effect on their health – creating **health inequalities**. These are the preventable, unfair and unjust differences in health status between groups, populations or individuals. The ICS is committed to tackling health inequalities to improve the health of our population.

This is why this strategy deliberately addresses **health**, rather than solely **healthcare**. We will have a new focus on working together to address the wider determinants of health, tackle inequalities, and prevent people becoming ill in the first place.



SOURCE: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

Developing Kent and Medway as a place where people thrive

To address the wider determinants of health, we need to create an environment where everyone can thrive. This means having all of the right building blocks in place, such as stable jobs, high quality housing, good education, green spaces and the opportunity to make healthy choices.

Page 205

There are several major developments underway in Kent and Medway, with health and wellbeing considered from the outset. For example, **Otterpool Park** is a proposed Garden Town located in the Kent countryside, close to the seaside towns of Folkestone and Hythe. Otterpool Park will offer the best of a rural and urban lifestyle. Everything that's needed will be there – homes, workspaces, schools, shops, community facilities, spaces for leisure, arts and culture. It will be a healthy and inspirational place to live, work and visit, characterised by large amounts of green space and its strong culture and community.

At place level, the things partners will focus on to make a difference include:



Good access to jobs, facilities and social opportunities

Ensuring everyone has access to education and skills development to fulfil their potential and support a thriving economy

Ensuring high quality homes available to all, including the most vulnerable, and tackling homelessness

Attracting and retaining high quality sustainable employment to local areas

Ensuring people can live in safety with little fear of crime

Developing places where active travel, such as walking and cycling, is favoured, and healthy choices are easier to make

Ensuring there are systems with sufficient capacity to deliver health protection

Recognising and supporting communities as key partners in delivering local solutions

How we will work differently

Demand for health and social care services is at higher levels than ever before and there are increasing pressures on public spending. This means we must not only push further and faster in integrating health and care services, we must also cast our net more widely than our traditional organisational boundaries to build the foundations of improved health and wellbeing for the Kent and Medway population.

The Kent and Medway Integrated Care Partnership provides a unique opportunity for the NHS and social care to work together with local government and other partners to ensure those chances to improve population health are recognised and maximised, and to ensure that we use our resources to address our population's most pressing needs.

Some examples of how we will work together include embedding Population Health Management across the system and working together on improving the economic prosperity of the county to improve health and wellbeing.

We recognise that integration will not happen without our concerted, collective effort. We are determined to lead by example and create a culture of collaboration and trust, putting the health and wellbeing of the people of Kent and Medway at the heart of everything we do.

Population Health Management (PHM)

Our vision is to ensure that Kent and Medway's population has the best health possible. PHM uses historical and current data to understand what factors are driving poor health outcomes in different population groups, taking a broad view across the wider determinants. Local services can then design new proactive models of care which will improve health and wellbeing today as well as in future years.

Our key goal will be to ensure a whole system collaborative approach to adopting PHM, working across the NHS, council services including public health and social care, the voluntary and community sector and the communities and neighbourhoods of Kent and Medway, to design new models of proactive care and deliver improvements in health and wellbeing which make best use of our collective resources.

People accumulate harms to health across the course of their lives, starting from conception through to old age. Approaches to PHM and prevention need to consider and address each of the stages of people's lives.

A new **economic strategy for Kent and Medway** is being developed.

Three objectives: By 2030 we want our economy to be more...

Productive

Sustainable

Inclusive

To 2030: **Five ambitions** to...

Enable innovative, productive and creative businesses

Widen opportunities and unlock talent

Secure resilient infrastructure for planned, sustainable growth

Place economic opportunity at the centre of community renewal and prosperity

Create diverse, distinctive and vibrant places

Leading to economic and wider environmental, health and wellbeing outcomes

Our vision

“We will work together to make health and wellbeing better than any partner can do alone”

Page 207



1. **Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.**



2. **Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.**



3. **Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.**



4. **Support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.**



5. **Ensure that when people need hospital services, most are available from people’s nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.**



6. **Make Kent and Medway a great place for our colleagues to live, work and learn**

The remainder of this document sets out our strategy for achieving each of these six strategic outcomes.

We also set out our key enablers of system leadership focus, how we will drive research, innovation and improvement across the system, and our next steps, including engaging with our communities.



Chapter 2

We will give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.

Page 208

We will achieve this by:

- Delivering effective maternity services;
- Supporting families to start well;
- Adopting a whole family approach, and;
- Safeguarding our most vulnerable children.

Maternity services

We are committed to improving outcomes and experience for families using our maternity and neonatal services. We will continue to implement the ambitions of the NHS Long Term Plan and use the learning from the Independent Inquiry into East Kent maternity services (known as the Kirkup Report) to help us hear the voices of families who use services and involve them in helping us make positive changes.

Through the existing clinically led partnership of our local maternity and neonatal system (LMNS) we will:

- Ensure that we have robust processes to identify quality concerns across all of our trusts, enabling shared learning and taking proactive actions to improve patient safety.
- Continue to develop local Maternity Voices Partnerships as our main way of hearing service user feedback and involving people who have used services in making improvements.

- Embed personalised care and support planning to increase choice and control for women throughout their pregnancy and postnatal period.
- Take targeted action on workforce recruitment, retention and training to ensure that all of our maternity and neonatal services achieve sustainable, safe and effective staffing levels.
- Support all of our trusts to implement maternity continuity of carer, initially focusing on black, Asian and mixed ethnic groups and those living in our most deprived communities.
- Take targeted action to improve equity of outcomes for those from local minority groups and deprived communities, engaging closely with voluntary sector groups who support these communities, and developing a more diverse workforce.
- Procure a new shared maternity information system across all of our trusts to give families improved access to their records and enable better information sharing.
- Ensure community maternity services work in close partnership with health visiting and other community services for families, particularly in the development of Family Hubs.

Kent Start for life – we have built our awareness and understanding of the impacts of perinatal mental health on infant health. Training has been offered and delivered to different groups such as non-health professionals. This has included highlighting the differing needs and ways in which ethnicity or culture may change the way mental health need is expressed by pregnant or post-natal women and recognising that partners' and carers' mental health is impacted as well. Focus groups in Kent contributed to the findings which reiterated the need to help inform and support parents – to-be and parents in the workforce which led to the development of parental workplace wellbeing recommendations.

- Continue to develop our specialist perinatal mental health community services, enabling more people to access them, including assessment and signposting for partners.
- Complete implementation of Thrive, our new maternal mental health service offering psychological support for birth trauma and perinatal loss.
- Complete the implementation of other new services that support families who need extra help during their maternity journey, including smoking cessation pathways, pelvic health services, and specialist maternal medicine.

Starting well

Health inequalities begin early in life. Differences exist between population groups in many key health outcomes for children. These differences include smoking in pregnancy, breastfeeding and childhood obesity, which can affect health and wellbeing outcomes in later life.

We need to take a holistic and family-centered approach. Integrated support for families must include a wide offer that spans housing, communities, health, education, social care and the voluntary sector.

The prevention of poor health and wellbeing outcomes before birth and the promotion of good health and wellbeing at the start of life lays the foundation for better health outcomes. The wider socio-economic context of the family and community also contributes, e.g. if fewer children experience child poverty, adult health outcomes and healthy life expectancy will improve.

Services need to evolve to meet the needs of the population, be evidence based and co-produced with our partners and users that have lived experiences. Therefore, a focus on growing our place and system workforce to work together to deliver care closer to home and within a wider network of support at local level (e.g. VCSE) is required.

Through this we will:

- support parents to be the best parents they can be;
- ensure high quality preschool education and school readiness;
- provide inclusive education that will optimise every child's potential; and
- support practices to increase uptake of childhood immunisations, including a targeted media campaign to improve coverage of pre-school vaccination.

We know that we need to rapidly improve the support we provide to children with special educational needs and disabilities (SEND) in Kent and Medway, including those who are neurodiverse, and we will work as a system to do this. Short-term actions will include better and faster clinical assessment of SEND needs, improving the experience that parents have when they contact us and strengthening SEND provision in mainstream schools. In the longer-term, we will explore arrangements to bring services for children with SEND together to maximise our resources and deliver better outcomes and experience for children and families.

Medway Council is committed to its child-friendly Medway programme, demonstrating that the voices, needs, priorities and rights of children are an integral part of public policies, programmes and decisions.

Being **overweight or obese** increases the risk of developing a host of diseases. In Kent and Medway, over a third of children aged 10 to 11 are overweight or obese, and are more likely to stay obese into adulthood. At a practical level, establishing widespread use of initiatives such as the Daily Mile in schools can reduce obesity, increase fitness and improve classroom focus. Our built environment also has a role to play e.g. access to green spaces and safe walking and cycling routes to schools. **MedwayGO** by Medway Council provides healthy meals and activities including sport and nature walks during school holidays for children eligible for benefits-related free school meals.

Whole family approach

A whole-family approach, with early help and a focus on preventing rather than responding to crises, is an essential component to reducing inequalities. Taking an approach like this across Kent and Medway Integrated Care System will better enable families to have the confidence to take ownership of their health and care journey. It will ensure improved outcomes by addressing issues such as generational trauma, housing challenges and other components that inhibit families from thriving.

We are committed to developing a **Family Hub** model, including access to Start for Life Universal Services; midwifery, health visiting, mental health, infant feeding, safeguarding and Special Educational Needs and Disabilities.

The programme presents an opportunity to streamline and improve early identification, assessment and interventions for children and families through the hub model.

The funding will enable improved integration, particularly in relation to perinatal mental health and parent infant relationships, parenting support, infant feeding and home learning environments. It is also an opportunity to deliver more Young Person's Mental Health services in the community. Early and targeted identification will also prevent unnecessary escalation and identify families with complexities earlier.

Consistent contact with lead practitioners will enable better engagement with families to help grow their confidence to navigate the system and manage their health and care needs.

All transitions are important points in a child's or their families' lives. We recognise that children and their families' experience of transitions can be difficult and sometimes traumatic. This can destabilise families making it harder for them to cope, especially when the people supporting them - practitioners, services, interventions – move on or change.

Implementing a strategic approach to integration, whole-family, patient-led, asset-based health and care can help to address some of the challenges children and families face at a time of transition. Needs-led and outcome-based systems help to reduce unnecessary and unwanted change.

Families should feel seen, heard and enabled to ask for help and to feel confident to help themselves. The system should have a clear understanding of the local communities, demographics and needs to build a workforce and offer that meets the diverse needs of the population. Growing neighbourhood and place-based solutions and innovations outside of (but connected to) specialist services will target populations that are seldom engaged.

We aim to build a system where a family is met with understanding and empathy when they tell their story, and we respond with a coordinated solution that addresses their needs.

Safeguarding and children in care

Protecting vulnerable children and young people is one of our most important responsibilities. As partners, we need to bring together our collective information, skills and resources to provide fully joined up support for children and families. In everything that we do to support and protect children and young people, we will put them at the centre, ensuring their voice is listened to and they have a say in decisions about them.

Page 11

We will safeguard and promote the welfare of children in care and care leavers, supporting them to live a positive and fulfilled life and transition into independence with confidence and ambition for the future. This means ensuring they have a stable and supportive place to live, a good education, full assessment and support for their physical, mental and emotional needs and feel part of their community.

Many partners will play a role in this, for example:

- Medway Council and Kent County Council have a statutory duty to provide services for safeguarding children and the NHS is a statutory partner
- Working with Council housing teams to ensure that permanent housing is available for care leavers.
- Working with VCSE organisations to provide advocacy for young people.

We will ensure the information that all agencies collect about children in care and care leavers is used to the best advantage to plan and deliver support for them, including to support a smooth transition into adulthood.

A particular challenge for our system is the large number of unaccompanied asylum-seeking children that arrive in the county due to Kent's border location. These children and young people are extremely vulnerable, and we have a responsibility to provide care for them, which stretches system resources. We will continue to work closely with Government to support the National Transfer System and ensure new arrivals are cared for fairly and safely without disproportionate impact on our area.

Multiagency safeguarding arrangements are in place for Kent and Medway through safeguarding children's partnerships, however, there is more work to be done. For example, Medway's children's services has been inadequate since 2019 and are working under statutory notice from Central Government. The ICS presents opportunities to strengthen our partnership approach so we can ensure children and young people grow up in safe, strong communities free from adverse situations that could harm them.

'Virtual School Kent' champions the educational achievement of children in care and care leavers, ensuring they receive a good quality of education and out of school learning, closing attainment gaps and encouraging the voice of young people to be heard.

Priorities for safeguarding children and young people that partners have identified include:

- reducing significant harm to children under two
- reducing injuries as a result of serious youth violence
- identifying and responding to risks of child sexual exploitation
- preventing other forms of exploitation including 'County Lines' drug trafficking
- implementing the Prevent strategy to safeguard from radicalisation and extremism
- preventing domestic abuse and providing effective support for victims and their children
- helping, and where necessary, protecting children in households where neglect is a feature.

Delivering our priorities for children's safeguarding will require a strong partnership response, enhancing the sharing of information to understand the risks and root causes and putting in place a coordinated multiagency response where everyone plays their role. We will more widely embed learning from practice reviews and other learning opportunities to continuously improve practice right down to the frontline across all services for children and families.



Chapter 3

We will help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.

We will achieve this by:

- Tackling inequalities and preventing ill health, targeting those most in need;
- Supporting people deal with the current cost of living crisis;
- Tackling mental health issues with the same energy and priority as physical illness;
- Addressing the social determinants of health, such as community support and employment and skills, and;
- Developing the Kent and Medway physical environment as a place where people thrive.

Tackling inequalities and preventing ill health

The challenge...

Everyone deserves the same opportunities to lead a healthy life, no matter where they live or who they are.

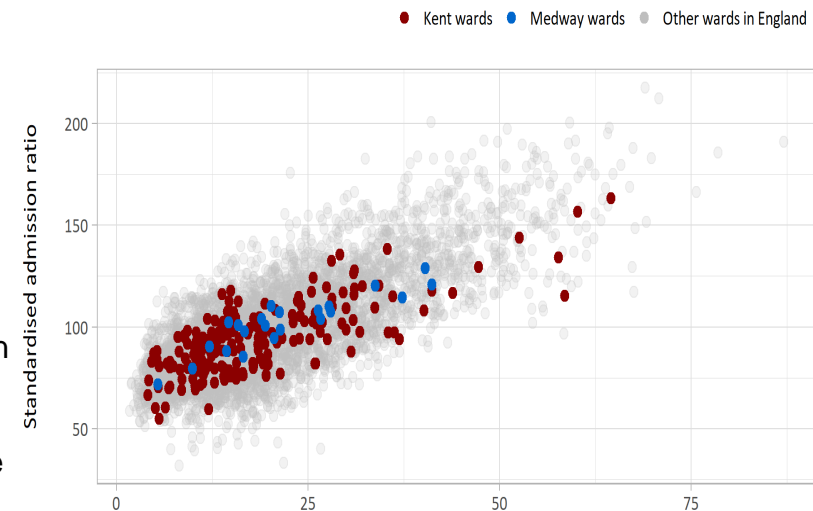
In Kent and Medway people in more affluent areas live longer than those living in more deprived areas. Life expectancy is significantly shorter for some groups of people, including homeless people, people with learning disabilities and people with severe mental illness compared to the general population. Another important group is children in care, who are at significant risk of being disadvantaged in a number of ways that can lead to poor health and wellbeing outcomes and considerable demand on health and care services.

There are inequalities in the access to both primary care (general practice, community pharmacy, dental services) and secondary care (hospital or clinic). Digital exclusion can also play a key role in inequality of access to services.

Emergency admissions to hospital are more common in areas with higher levels of deprivation. Research also shows that individuals from more deprived communities are less likely to engage in preventative programmes, such as immunisations, screening, dental check-ups and eye tests, when facing no immediate discomfort or disability. People from deprived areas are more likely to present to health care providers at a later stage of illness.

Services are often poorest in the areas that need them most - an issue known as the “inverse care law”. It is hard to attract and retain high quality clinicians to areas with high deprivation and needs. The work may be harder due to the high needs of the local people. There may also be more VCSE services in more affluent areas where it is easier to attract volunteers. A strategic approach to tackling inequalities will need to address these issues.

The Kent and Medway Listens programme was a community engagement process which (via community organisations) heard the voices of vulnerable people throughout Kent about their experience of living through COVID-19 and took those voices directly to the ICB leadership to create a series of pledges and actions, listening to the voices of people in need.



Index of Multiple Deprivation score, IMD2019

Ministry of Housing, Communities & Local Government, IMD 2019.
Office for Health Improvement and Disparities, Fingertips, Indicator ID: 93227.
Hospital Episode Statistics (HES), NHS Digital.

The Armed Forces community includes serving personnel (Regular and Reservists), former service personnel and their family and carers. In Kent and Medway, this community is about 8-10% of our population and is a group that frequently experiences health inequalities and poorer access to healthcare as a result of developing more complex needs during or following their service. Those with the most needs often live in areas of high deprivation. Their families can also be disadvantaged though the frequent moves, and associated absence due to military service. We will have due regard for the needs of this community in implementing this strategy.

Our solutions

Page 215

We can deliver sustainable and resilient approaches and evidence-led change; putting people and communities at the heart of the conversation which focus on reducing health inequalities. Our key goal will be to ensure a whole system collaborative approach to **Population Health Management**, reducing and, where possible, removing avoidable unfairness in people's health and well-being outcomes.

This means that our health and social care provision needs to be made available to all, with increasing attention needed for those who are more disadvantaged - an approach known as '**proportionate universalism**' - helping everyone, whilst improving the lives of those with the worst health, fastest.

We will empower our **local neighbourhood and place-based partners** to tailor services and interventions to meet the needs of their communities. We will support the development of local prevention plans.

We aim to make promotion of healthy choices part of every encounter with individuals - **Making Every Contact Count (MECC)**. This can help ensure individuals are signposted to additional support that they need, for example, support for health behaviours such as weight loss, social issues such as loneliness or economic challenges such as access to benefits.

All public sector workers and services who are in contact with people should offer MECC supported by simple signposting systems that minimise the work involved for the front-line worker. The approach is also appropriate for VCS workers. Each service will wish to consider what the likely challenges those they serve may face, and ensure signposting to that support is available, e.g. health visitors in areas with high child poverty could signpost to advice on access to benefits.

Carers' Support East Kent is a charity that provides carers with the information and support they need. Their services are available to people who look after a relative or friend, who due to physical or mental illness, age related difficulties, disability, or an addiction, cannot manage without their support.

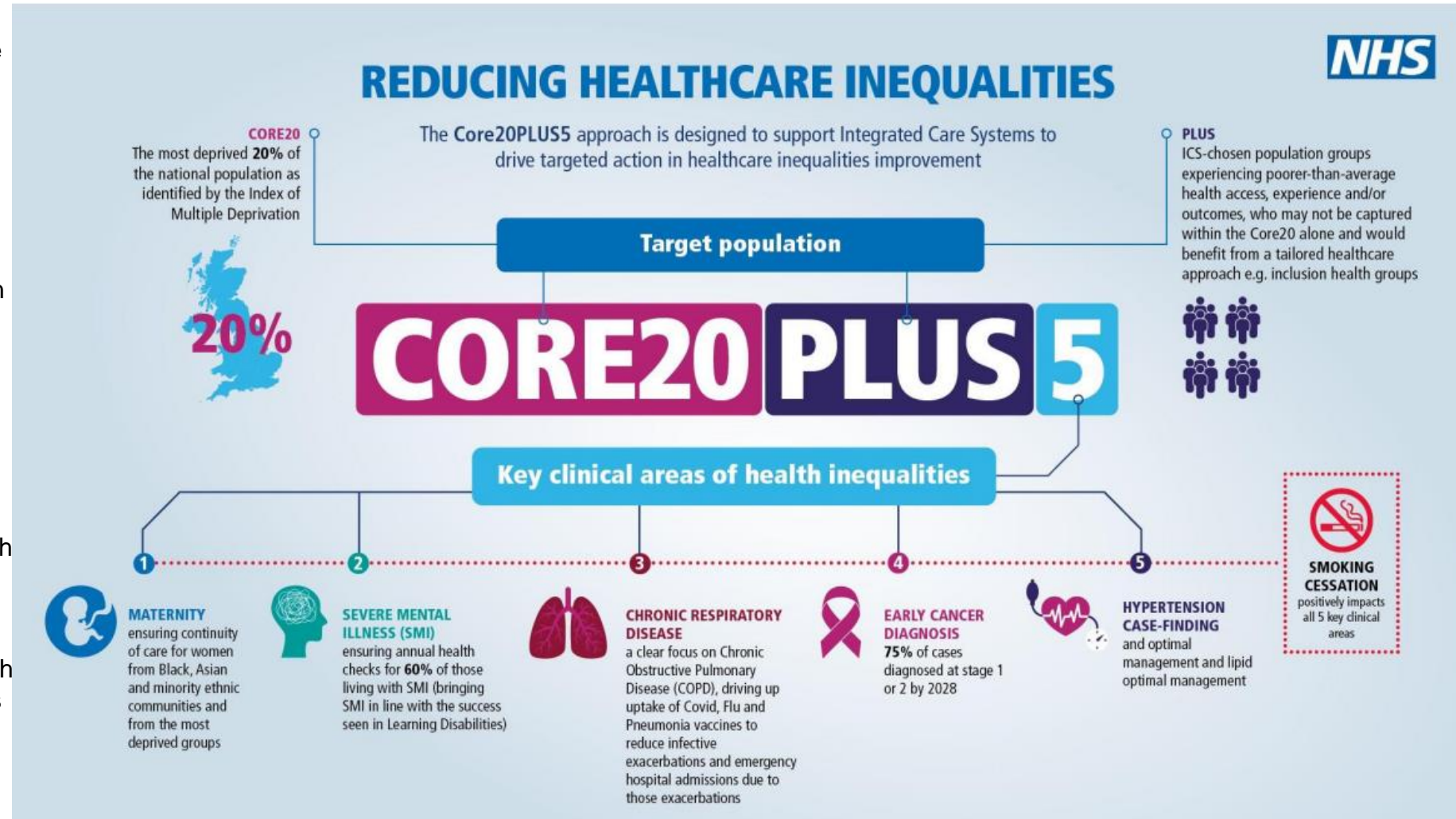
East Kent's Social Prescribing platform is managed by Social Enterprise Kent for the East Kent area. The service can support with short term issues such as, food and fuel support, form filling, social isolation, as well as long term support such as housing, debts, benefits and more.

Our NHS organisations will also continue to adopt the **Core20PLUS5 model** to target those most in need.

Core20PLUS5 is a national NHS approach to support the reduction of health inequalities at both national and system level.

The approach defines a target population group – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement. We will also respond to the recent additions for children and young people.

Core20PLUS5 will support us to drive targeted action in improving healthcare inequalities. This aligns with our approach to population health management and gives a foundation on which to build future joint action, engaging our local communities in design and delivery, which will lead to Health and Care Partnerships aligning to this approach, and identifying specific local population groups.



Cost-of-living crisis

The cost-of-living crisis is likely to have a detrimental effect on people's health and could widen health inequalities. It is an issue of high importance for the system and an early opportunity to work together better.

Alongside national interventions, partners across the Kent and Medway ICS are putting in place support for local people. Kent County Council and Medway Council are ensuring vulnerable people can access help including food and fuel vouchers and community services are working to identify people who are struggling and refer them to support. The district councils in Kent are responding to local needs through their housing and benefits teams and providing advice. NHS Kent and Medway are factoring cost-of-living pressures into winter planning, identifying transport options to help patients access appointments and supporting staff wellbeing. The VCSE provides a range of support for people experiencing financial hardship including food banks, employment support and debt advice.

It is a challenging time for all partners, for example the VCSE itself is under pressure with costs increasing whilst for some donations are falling, and demand for support is likely to continue to increase.

The ICP has agreed to coordinate activity where this will add value and agree collectively how best to focus resources to have the greatest positive impact on health and wellbeing.



The Kent County Council Financial Hardship Programme addresses a strategic need to develop a solution which allows frontline teams greater visibility of individual vulnerability, both financially and socially (e.g. homelessness, falls prevention) to enable a proactive response in providing support. It involves, among other things, district frontline teams using risk stratification for case finding. It also includes a “no wrong door” approach for referring people to support - the “ReferKent” system

Mental wellbeing

The challenge

Our mental health and physical health must be treated equally. The COVID-19 pandemic has shone a spotlight on the importance of mental wellbeing, and the vital role of communities in tackling issues such as loneliness and isolation.

People in Kent and Medway that have a serious mental illness experience significantly worse health outcomes than people that don't. For example:

- Adults in Kent and Medway with a serious mental illness are 3.6 times more likely to die prematurely.
- In 2021, nearly one in five 6- to 16-year-olds had a probable mental disorder and we have seen this increase in recent years.
- The prevalence of people with more than one long-term illness or condition is around 50% higher amongst those with a serious mental illness than the rest of the population.
- The rate of suicide across the county was 10.9 per 100,000 in 2015-17. This is higher than the England average rate which was 9.6.

Our solutions

We will deliver **high quality mental health and wellbeing support to our population, giving it equal energy and focus as supporting physical health**. We will:

- Promote positive mental wellbeing in all communities.
- Work through communities to tackle the wider drivers of mental ill health in all age groups (including loneliness, financial distress, abuse, addiction, housing, relationships).
- Ensure people of all ages with mental health issues can access the support they need, whether that's clinical treatment or wider support such as housing, access to and retention in employment, etc.

The NHS Long Term Plan sets out an ambitious mental health service model, taking more action on prevention. The **Kent and Medway Mental Health Learning Disability and Autism Provider Collaborative Board (MHLDA PCB)** brings together all the mental health and wellbeing partners with those with lived experience to design a new way of working, integrate service models and develop a shared accountability for improving the mental health and wellbeing of our communities.

“As local authority, third sector and health partners we will build on the foundations we have put in place in recent years to transform the way Mental Health, Learning Disability and Autism services are delivered across Kent and Medway and, vitally, significantly improved the outcomes and experiences for service users, families and carers.”

The MHLDA Provider Collaborative Board

Through our community mental health framework, **Mental Health Together**, we are implementing an entirely new service model to support people with complex mental health difficulties. It will provide a person who is living with serious mental illness care that is centred around them, their family and local community by joining up support from different services that can help. The model focusses on supporting mental ill health in the context of someone's whole life, for example how debt, relationships and employment can impact someone's mental wellbeing, as well as how physical health can impact them too.

We will also deliver our **Local Transformation Plan for Children, Young People, and Young Adults' Emotional Wellbeing and Mental Health**. The Plan outlines how we will widen access to services closer to home, reduce unnecessary delays and deliver specialist mental healthcare, and is based on a clearer understanding of young people's needs, provided in ways that work better for them.

Community Support

Our **communities** can provide us with support, resilience and a feeling of belonging that help us to lead healthy and fulfilled lives and reduce the need for health and care services. We will continue to work in partnership to promote **community safety**, tackling issues such as crime, antisocial behaviour and discrimination that can make people feel unsafe or unwelcome.

Alongside the important role of public sector partners, it is often the informal support from the thousands of local organisations, community networks and local volunteers that help to make a community and create a sense of identity. As a system we will recognise, value and support the vital role that these groups and individuals play, and engage in a way that utilises these community assets for our population's health and wellbeing.

Befriending offers supportive, reliable relationships through volunteer befrienders to people who would otherwise be socially isolated. Medway Voluntary Action are working in partnership with Carers FIRST, Medway HCP and other local voluntary and community organisations to deliver and co-ordinate befriending support in Medway.

Social prescribing helps to connect people to community services and groups local to them that can help to support their mental and physical health. For example, environmental sustainability activity can play a key role in supporting people with mental health problems. When social prescribing works well, people can be easily referred to link workers from a wide range of local agencies, including general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations. Self-referral is also encouraged.

The profile and level of investment in social prescribing has increased considerably over the last few years. This rapid progression has led to an increase in the number of providers and services such as Link Workers, Community Navigators and Community Wardens.

Kent and Medway is in a good position, through the development of a number of initiatives, to now go further by building on and strengthening what is in place through the system.

South Kent Mind Provides coffee, cakes, and lunches at low cost, as well as fresh bread sold separately, for all members of the community. The Café also runs classes on Coping with Life, and Food and Mood, as well as general wellbeing activities.

A strategy board was set up in June 2022 to set the strategic direction and a steering group began in July 2022 to take the work forward and develop a **Social Prescribing and Community Navigation Strategy** that sets the framework for social prescribing and community navigation across the Kent and Medway system.

Kent and Medway Councils are an integral part of the strategy board and are working collaboratively to ensure future commissioning is aligned and meeting common goals and outcomes for the people in our communities.

We are also working together to implement a **single social prescribing platform** that will be launched in 2023. It will enable the public and referrers to search a single directory of services and provide the infrastructure for a single Kent and Medway referral pathway, helping to contribute to an approach with “no wrong door” to access services.

Employment and skills

Access to good, stable work with fair pay is one of the building blocks of good health and wellbeing. Loss of employment can lead to financial hardship, increased social isolation, loss of self-esteem and purpose and insecure housing tenure, and lead to poor health outcomes. A healthy population is also an essential component of a successful and productive economy.

Our ambition is to grow the Kent and Medway economy and ensure that everyone can benefit from increased prosperity. This will include working with partners to boost skills levels, attracting more good-quality jobs into the area and supporting businesses to grow. We will particularly focus on areas that are falling behind the rest of the county on measures like employment and skills levels, helping reduce inequalities in opportunity. We will also seek to close gaps between Kent and Medway's economic performance and the rest of the South East.

The ICS will work with the partners involved in economic development, employment and skills to ensure it plays its role in achieving our ambition. As major employers and purchasers we can also play a direct role in improving local economic prosperity.

Priorities already identified by partners to improve access to good quality employment and skills include:

- Supporting young people into work through dedicated support and guidance, exploring opportunities for work-based learning and increasing access to higher education.
- Supporting the existing workforce by increasing access to training that reflects new technologies being used in the workplace, and helping people re-skill and move between jobs and sectors over their career.
- Building stronger relationships between employers and education and skills providers to put in place the skills that the local area needs to grow.
- Building on Kent and Medway's strengths, including in life sciences, to promote innovation and create more high quality jobs.
- Promoting Kent and Medway as a great place to live and work to attract and retain skilled workers.
- Helping people with mental health or Learning Disabilities into sustained work.

The new Kent and Medway Economic Strategy will set out shared objectives.



Where people are finding it hard to access or remain in work due to mental or physical health issues, there needs to be sufficient support in place to help them find appropriate, good-quality work. We will do this by working together to maximise uptake of DWP support programmes and continuing to work with experts in the VCSE who can provide support to address all of the issues that a person might be facing in returning to work, including improving their confidence, securing training to develop new skills and practical support on applying for jobs. We will also work with employers to help them adapt and accommodate the needs of all employees.

The built environment

The ICS continues to recognise the fundamental impact that the homes and environment that we live in have on our health and wellbeing.

Everyone who lives in Kent and Medway should have access to a decent, safe, secure, warm and affordable home.

We will work with housing providers, VCSE partners and others to continue to improve the quality of housing of all tenures. Our key priorities include improving the energy efficiency of private rented households to reduce fuel poverty and addressing issues like dampness that can cause health problems.

We will encourage housing that is designed with health and wellbeing built in, promoting healthy lifestyles, and responding to the impacts of climate change and changes to the way we all live and work.

We will continue to work together to prevent and respond to homelessness, addressing the root causes.

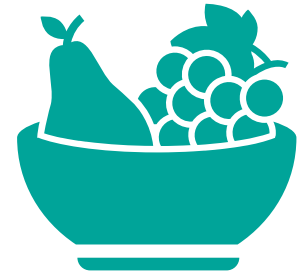
As Kent and Medway continues to grow, partners will work together to plan housing development and regeneration in a way that improves quality of life for new and existing communities, with the physical infrastructure in place that we all need. This includes good transport links, high speed internet connection and sufficient childcare, school places and health and care services to meet local needs.

Access to green space and nature is beneficial for physical and mental health. The physical environment is one of Kent and Medway's greatest natural strengths. We will continue to support everyone to be able to access open spaces including at parks, at the coast, and via safe walking and cycling routes.

Protecting and enhancing our environment is a priority across the system. There are clear health and wellbeing benefits to reducing carbon emissions, improving air quality and managing the impacts of climate change. Reaching our challenging environmental targets and adapting to climate change will require all partners to play their part and system partners to coordinate their activity to go further and faster. We will play our role as anchor institutions, minimising our environmental impact and promoting sustainable practices across the system.



For example, as Swale Borough Council started to give consideration to the future expansion of Faversham to meet local needs, the Duchy of Cornwall's land at the south east edge of the town was identified as the most sustainable location for growth. Careful consideration is being given to the architecture and materials but also the landscape ecology, soil, air and water of the land which can all be improved over time by sensitive development, intelligent land uses and management practices. Beautifully-designed public spaces and streets will be designed around the pedestrian rather than the car, and provide a sense of wellbeing and connection to nature, helping to create a new community that will thrive in the longest term, for people and the planet.



Chapter 4

We will help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.

We will achieve this by:

- Supporting our population to adopt positive health behaviours;
- Protecting the public from diseases such as Covid-19;
- Supporting people to age well - championing resilience and independence;
- Delivering personalised care so people have choice and control over their care;
- Providing palliative and end of life care to those in the last stages of their life.

Health behaviours

Health behaviours, for example our diet or whether we are physically active, have a direct impact on health outcomes.

As part of our Population Health Management approach, we will deliver **evidenced based support**, including emotional and mental health support, at an appropriate scale to help people maintain a healthy weight, eat a healthy diet, participate in physical activity, maintain good sexual health, and minimise alcohol, substance and tobacco use. Increasing activity and preventing diabetes is identified as a priority by all 14 Councils within Kent and Medway. We will continue to conduct system-wide health needs assessments to help us to target where we need to mitigate against health and social inequalities, and test and learn from new approaches to promoting **positive health behaviours**. For example, we will build on current Health Inequalities pilots to provide targeted, improved **access to proactive reviews and screening, including dental checks**, supported by patient focussed support services that understand and address barriers and behaviours which prevent people from engaging in their wellbeing and long term health.

We will learn from and develop schemes delivered through the voluntary sector to provide holistic support to the public in accessing care and meeting preventative goals. With nearly two thirds of adults within Kent and Medway already overweight or obese, local community support for weight management is vital to help our population to thrive. We will engage with and raise awareness of National programmes - such as the **NHS Digital Weight Management Programme and the Diabetes Prevention Programme** - and incorporate these into existing pathways in a coherent way to ensure that we optimise their impact within Kent and Medway.



Smoking is the most important cause of preventable ill health and premature mortality in the UK. It is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. While smoking rates in Kent and Medway have significantly fallen over the last decade, rates remain high in some wards and occupations (e.g. routine and manual). Furthermore, in 2020/1 over a tenth of mothers in Kent and Medway smoked at the time of delivery, which is significantly higher compared to England average.

Cancer Research UK reports that, whilst smokers from more deprived areas are more likely to access stop smoking services, when they do, they are less likely to successfully quit. This pattern is also seen in Kent and Medway. It is therefore important that every aspect of referral and treatment pathways are focused on helping reduce the smoking rates in these higher prevalence groups. We will **Make Every Contact Count** to signpost support.

Contraceptive services providers will work together to ensure a seamless service for the public, and will also consider the wider health and sexual health needs of the patients. With the additional pressures on GP practices and Sexual Health Services, the ICS will monitor and evaluate accessibility to ensure people have good access to contraception.

Health protection

The past two years have shone a spotlight on the important role that our health protection responsibilities play in delivering improved outcomes for our population and the communities we serve.

Health protection is multi-faceted and there are many agencies involved in protecting the public from communicable diseases, non-infectious environmental hazards and the risks of a future in which antimicrobials are no longer effective.

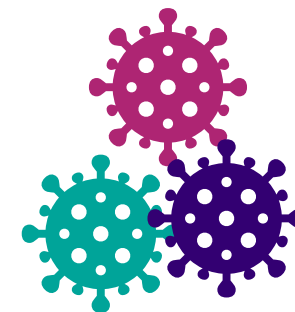
A cross-cutting theme is to ensure that particularly vulnerable groups are being identified and their needs around the prevention and response to health protection issues are addressed. These groups include refugees and asylum seekers - a particular challenge for Kent and Medway - homeless people, Roma, Sinti, Travellers and other groups.

Health Protection includes:

- **Infection prevention and control** (IPC) arrangements within health and social care settings as well as in the community.
- Tackling antimicrobial resistance in the community, primary, secondary and tertiary care.

- Managing and controlling communicable diseases, and new and emerging infections.
- Environmental hazards including air and water quality, food safety, contaminated land, and control of biological, chemical, radiological and nuclear threats.
- Reducing the impact of vaccine-preventable diseases through **immunisation**.
- National **screening** programmes.
- **Emergency preparedness**, resilience and response (EPRR) across all hazards, including epidemics and pandemics.

The Kent and Medway Health Protection Board is a multi-agency board on health protection across Kent and Medway with a focus on protecting the public. Originating from a multi-agency board that coordinated the system response to the Covid-19 pandemic, this board has now taken charge of the wider remit of health protection, building on the effective partnerships and networks developed over the last two years.



The Board provides oversight of existing health protection issues as well as horizon scanning for any emerging situations and threats to support a joined-up and coherent system. The Board provides assurance and system leadership to Directors of Public Health in Kent and Medway in relation to their statutory functions around health protection.

The Board oversees the appropriateness of strategies and plans in place on health protection and emergency prevention, planning and response matters. It receives updates on areas of health protection and recommends steps for system-wide improvement, system alignment and the commissioning of services with a focus on reducing health inequalities in our populations.

In addition, task and finish groups support the Board around specific health protection areas to recommend steps.

Ageing Well

Our adult social care services support people of all ages to live as full and safe a life as possible. They will continue to promote people's wellbeing prevent, reduce or delay the need for care and support and safeguard vulnerable adults. We will do this by focusing on the individual strengths of people with care needs, their families and carers.

Accessible and integrated health and social care services where partners work together will enable people to live independently and safely within their local community.

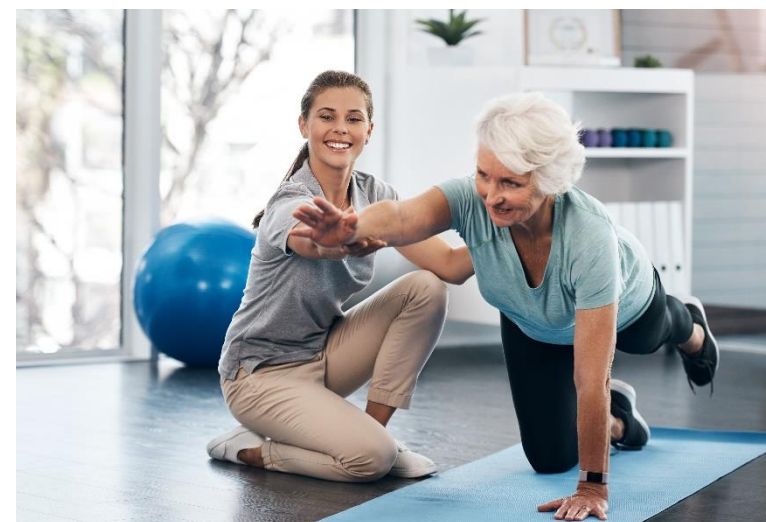
We are committed to:

- Giving people choice and control about the care and support they receive throughout their lives.
- Empowering people to maintain good physical and mental health and well-being.
- Offering people relevant support, information, guidance and interventions to enable them to be proactive and address any lifestyle or related issues, promoting healthy ageing and reducing the likelihood of escalation of health or care need.
- Connecting people with their community, e.g. through social prescribing, to help to combat social isolation and loneliness, and enrich later life.

Key priorities and pathways include:

- Promoting a multidisciplinary approach where professionals work together in an integrated way to provide tailored support that helps people live well and independently at home for longer.
- Developing community response teams to support people with health issues before they need hospital treatment and help those leaving hospital to return and recover at home.
- Making the system more coordinated so it is easier to navigate and get the right care to maintain independence.
- Proactive identification of those that are frail or at greater risk of future hospitalisation, care home admission or death so that we can target prevention strategies and support people to manage their health and wellbeing as they age and provide support on the basis of their needs through to the end of their life.
- Offering more support in care homes including making sure there are strong links between care homes, local general practices and community services.

- Embedding technology-enabled care such as wearable devices and home monitors as core tools to support long term health problems in new ways, and support people to remain at home safely where possible.
- The Kent and Medway Care Record will support continuity of care and a holistic approach for people at higher risk of deteriorating health.





Personalised Care Delivery

“Personalised care means people have choice and control over the way their care is planned and delivered. It is based on ‘what matters’ to them and their individual strengths and needs”. NHS England

Personalised care represents a new relationship between people, professionals and the health and care system. It provides a positive shift in power and decision-making that enables people to have a voice, to be heard and be connected to each other and their communities. It takes a whole system approach, integrating services around the person including health, social care, public health and wider services.

Kent and Medway’s personalised care approach is underpinned by the ESTHER philosophy, this emphasises the **“what matters to me”** methodology.

We currently have 1,700 ESTHER Ambassadors across Kent and Medway in Social Care and VSCEs and over 100 in partner NHS organisations.

Both Kent and Medway Councils work with ‘Think Local, Act Personal’ to make personalised care real.

Shared Decision Making and Patient and Resident Choice

- Encouraging our workforce to carry out training for Shared Decision Making and Patient and Resident Choice via the Personalised Care Institute.
- Enabling our residents to have discussions on their treatment and care including what is important to meet their needs.

Personalised Care and Support Planning (and Review)

- Encouraging take up of the Personalised Care Institute (PCI) Personalised Care and Support Planning module across all PCNs and our Delivery Partners.
- Encouraging Local Maternity Services to utilise the PCI for their personalised care planning.
- Addressing the disparity in data collection of personalised care and support plans. There is inconsistency across the system in approach and coding across the PCNs.

Social Prescribing and Care Navigation (Community-based support)

Tailored to local strengths but with a more consistent, equitable and joined up approach across the Kent and Medway System.

Personal Health Budgets and Integrated Personal Budgets

Increasing our offer of PHBs and Direct Payments through continuing to support, and evaluate pilot projects working with our system partners.

Work **with** Better Care Fund to support early discharge across the system.

Enabling Choice (including legal right to choose)

Legal right to choose provider in respect of first outpatient appointment and suitable alternative provider if people are not able to access certain services within the national waiting time standards.

Supported Self Management

Encouraging people with lived experience to carry out Peer Leadership training to support others with their experience.

For example: A project developing volunteers to teach others to check their own blood pressure, and what to do if this is not normal.

Dementia care

We are committed to ensuring that every person living with dementia is supported to live as well and as independently as possible. The means receiving high quality, compassionate care from diagnosis through to end of life. This applies to all care settings, whether home, hospital or care home. We will:

Empower and support people and their carers:

Promoting individual health and wellbeing, empowering people and their carers to effectively access better information and support.

Empower our workforce: Developing a more productive, competent, and confident workforce (including in the care sector) to use the tools and information they need to provide high quality care and support.

Improve partnerships: Working closely with partners to seek opportunities to collaborate, innovate, and share information to deliver better outcomes for people.

Improve standards, safeguarding and quality of care: Working with all providers to continually improve the quality of dementia care, delivered in an integrated way, with the person with dementia at the centre.

Key priorities and pathways include:

- Increasing awareness and education on how to avoid the risks by promoting individual health and wellbeing, empowering people and their carers to effectively access better information and support.
 - Increase Kent and Medway's Dementia Diagnosis Rate (DDR), ensuring that individuals and their families are able to access timely and accurate diagnosis. We aim to create an improved referral pathway that is individualised and person-centred.
 - Support people living with dementia to live happy, healthy, fulfilled lives remaining safely at their normal place of residence with appropriate support, and making a smooth transition into other residential settings when needed.
 - Enable carers to be able to access support at the right time, helping them to continue in their caring role, whilst also maintaining a life of their own.
 - Ensure that people living with dementia are able to die with dignity in a place of their choosing, for those living with dementia and their families to feel supported during this difficult time and ensure the end of life care provided is excellent.
- To work in partnership across health, social care, community, voluntary and independent provision to develop services that reflect the wants and needs of people living with dementia in Kent and Medway which will:
 - Recognise the need for a collaborative journey where people's values and opinions are recognised.
 - Be delivered with care, compassion, kindness, and friendliness.
 - Keep people well informed.
 - Treat people as individuals and not make assumptions.
 - Offer consistent support and motivation.
 - Ensure that people are listened to and not disregarded.

Palliative and End of Life Care (PEOLC)

The Palliative and End of Life Care Strategy (Adults and Children and Young People) in Kent and Medway 2022-2027 published in May 2022 provides a steady basis from which to grow. The strategy was based upon the six national ambitions for palliative and end of life care:

Our strategy aims to make sure that individuals who are in the last stages of their lives and dying receive the care they need to preserve their dignity and wellbeing, to keep them independent for as long as possible and to be comfortable, dying in a place of their choosing.

Since July 2022, the Integrated Care Board also has become responsible for PEOLC as part of the Health and Care Bill with both statutory guidance and a handbook for implementation published in late September 2022.

Key local, regional and national priorities include:

- Improving the identification of those who are likely to be within the last year of life with targeted support to manage their changing health needs over time.
- Supporting people to die in their place of choice by ensuring models of care and services evolve over time, always keeping the individual's wishes at the heart of decision making.
- Raising community awareness of death and dying to enable "Compassionate Communities" to grow, and providing robust bereavement services for all.

- Providing a single point of access, available 24-hours-a-day, seven-days-a week to provide an alternative to 111/999 in times of crisis and to enable more people, where appropriate, to live well and die well, at home or the place of their choosing such as a hospice.
- Developing advance care plans for every individual enabling joined up care through the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) roll out across Kent and Medway.
- Prescriptions for medicines that support comfort at the end of life will be the norm and readily available in pharmacies and we will aim to broaden training for informal carers on how to administer these 'just in case' medications.
- Supporting people and their families during the transition between children's and adults' services.
- Learning from individuals and families to improve comfort, dignity and ensure wishes are being met.
- Providing a comprehensive end of life care training programme across all in Health and Social Care in Kent and Medway.





Chapter 5

We will support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.

Page 229

We will achieve this through:

- High quality Primary Care;
- Patient Empowerment and Multidisciplinary Teams, and;
- Support for Carers.

Primary Care

Primary care is, and will remain, the bedrock of the NHS. It is the first point of contact with the NHS and is highly valued by people. It plays a vital role in supporting those with complex conditions. With the right tools, skills and investment, our primary care workforce can continue to deliver world class, place-based patient care.

We know that it is still too difficult for people to get an appointment to see their GP and primary care team, and we must do all we can to support people and general practices.

We want **general practice** to offer a consistently high-quality service to everyone in Kent and Medway, delivered by a skilled multidisciplinary team working in partnership with other health and care services to maximise benefits for our population.



We want general practice to remain true to its core principles of continuity of care and a person-centred approach whilst playing an active part in developing the integrated care system for Kent and Medway. The patient consultation will remain at the heart of general practice but the ways in which that care will be delivered is changing.

Our general practices will increasingly work with neighbouring practices through **primary care networks (PCNs)** to deliver place-based care for their local patient populations. People will benefit from more joined up care in the community, with care being received in the most appropriate setting at a local level and with local accountability.

Practice teams will widen the range of services provided with an extended range of clinical and support staff providing care for both physical and mental health and allowing patients to see the right professional more quickly.

Technology will be used to best effect for patients and general practice staff, offering better care, helping people stay healthier and more independent and improving efficiency for general practice teams. For those unable to use technology other options will be available offering care of equal quality.

Kent and Medway ICB has recently taken over delegated authority for commissioning **Pharmacy, Optometry and Dentist** services.

Harnessing the role of **pharmacy** as part of a PCN approach to the delivery of local health and care services, we will ensure all pharmacies are supporting people with health care, self care, signposting and healthy living advice.

We will improve and increase access to **dentist** services, maximising capacity and improving urgent care, minimising deterioration of oral health and reducing health inequalities.

We will also improve people's access to NHS sight tests and other locally commissioned eye health services, focussing on improving equality of access for everyone. We will ensure that **optometry** services are integrated into wider system as a key component of vital community-based services.

Medicines Optimisation

Spanning health, social care and justice, total spend on medicines across the ICS is estimated at c.£500m with an estimated annual growth of 8%. Our ICS has developed a pharmacy and medicines optimisation strategy to ensure that medicines are utilised safely and effectively to improve patient outcomes, whilst reducing wastage in medicines usage.

Patient empowerment and multi-disciplinary teams

The increasing number of people living with long-term conditions means that the needs of our population are often complex, requiring agencies to work in partnership to provide the desired outcomes for our population.

People with multiple health conditions are best served by teams made up of multiple disciplines.

This will ensure a holistic approach to common conditions such as cancer, cardiovascular disease, dementia, respiratory disease, and frailty.

Identifying people that require multi-disciplinary care earlier and being proactive in their referral will lead to better outcomes.

Primary Care will be supported in targeting proactive referrals for people based on their individual needs and choices. Complex Care Teams and Multi-Disciplinary Teams working with Primary Care and Social Care will co-ordinate identified groups of people and respond to needs and opportunities at a local level.

A strategic joint needs assessment, in support of Better Care Fund improvements between health and social care, will identify opportunities to invest in sustainable improvements in housing, environments and access to care close to home with the aims of enabling independence through system design with timely access to care where appropriate. This strategy will be informed by evidence including lessons learned from patient centred services such as Complex Care Nursing and Multi Disciplinary Teams.

A model of shared decision-making will empower the people of Kent and Medway to make informed choices about how, when and where they receive care. This will utilise personal health budgets and social prescribing where appropriate, alongside patient centred services such as complex care teams encompassing physical, mental health and social care disciplines, enabled by the Better Care Fund.

Where possible, delivering care in a person's own home will help maintain independence and quality of life. This needs to coincide with easy, local access to support services and where appropriate, assistive technologies to continue independence.

We will develop a strategy to build links with the VCSE to facilitate the business as usual approach to linking people with non-NHS and local authority services.

Cardiovascular disease outcomes are improving but remain the biggest cause of premature mortality nationally. A person dies of cardiovascular disease in Kent and Medway every 2 hours.

As a system, we are strengthening collaborative working in our Cardiovascular Networks to improve earlier detection of those at risk, and working with prevention programmes to manage cardiovascular risks (for example, high blood pressure or cholesterol) at an earlier stage. This includes increasing access to education and support to enable people to manage their own condition.

Our Networks are committed to reducing the variation of services and outcomes across the system by adopting population health management approaches to identify gaps and target resources.

Support for carers

We recognise the important role of formal and informal carers in a person's care team. There are many different types of carer and they come from all walks of life, ages, ethnicities, and backgrounds. Anyone can find themselves in a caring role at some point in their life. However, they have one thing in common; their role directly benefits the people they look after and society as a whole, so we must recognise their needs and support them too.

A carer's role can make paid work, study, maintaining social connections and getting involved in leisure activities difficult and sometimes almost impossible. Carers are more likely to suffer with physical, emotional and mental health problems.

Young carers can experience lower educational attendance and attainment, isolation and physical and mental health problems due to their caring responsibilities. We are committed to working as a partnership to address this. We will continue to work together to ensure there is good understanding across all services that work with children about the impacts of being a young carer, how to identify 'hidden carers' and how to put support in place for them. VCSE organisations provide vital support for carers of all ages, including one-to-one support for young carers to build resilience and help them cope with challenges, respite activities and in-school support.





Chapter 6

We will ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.

We will achieve this through:

- Providing quality healthcare as close to home as possible;
- Continuing to develop centres of excellence for specialised services, and;
- A range of alternatives to hospital care, shorter stays and safe discharge enabling effective flow through the system.



Hospitals and centres of excellence

We recognise the importance of providing **quality healthcare as close to our populations as possible** and we will continue to plan our services in to enable this to happen.

Access to hospital care at the right time is not just about location, it is also about how we look at how services are configured within a Place. Partners within the ICS must join up health and care around individuals so that they can access the service and receive the requisite quality. Some hospital services will continue to move to community based settings. For example, during the COVID-19 pandemic, virtual wards and consultations helped ease pressure on hospitals and enabled primary care and other parts of the system to provide essential services.

There is a compelling case for investment and change in the way acute care is delivered to the population of East Kent. Since 2015, we have worked closely with East Kent Hospitals University NHS Foundation Trust, other partner organisations, and the public to review how hospital services should change. The proposals form the basis of a bid to become one of the Government's New Hospitals Programme. Over the next few years we will continue to support the Trust to further develop their plans to improve the care it provides for East Kent residents.

Nevertheless, there is compelling evidence that creating **centres of clinical excellence** provides improved outcomes for patients. Increasing the volume and variety of cases within a specialism in centres of excellence that have all the necessary supporting clinical adjacencies, helps to address major geographical inequalities in life expectancy, infant mortality and cancer mortality. These centres of clinical excellence are also proven to attract and retain quality staff, and enhance clinical research and innovation.

Here in Kent and Medway, we have already established a number of centres of excellence. We already have two Neo-Natal Intensive Care Units, one single inpatient Renal Centre, one single centre for Primary Percutaneous Coronary Intervention (PPCI), and a small number of specialist cancer surgical centres. We are also in the process of creating three Hyper Acute Stroke Units and we will shortly be centralising all inpatient Vascular Surgery at Kent and Canterbury Hospital. We will continue to work will all partners to further develop centres of excellence where there are clear clinical benefits from doing so.

The recent Health and Care Act gave NHS England the powers to delegate commissioning responsibility to Integrated Care Boards for **NHS Specialised Services** and there is a national ambition to delegate commissioning responsibility for 67 of the 154 specialised services from NHS England to Integrated Care Boards.

From April 2024, Kent and Medway ICB will take over commissioning responsibility for 67 services, such as complex neurology and tier 4 child and adolescent mental health services, and will become the lead commissioner for these specialised services for Kent, Surrey and Sussex.



Improving flow through the system

Demand on our emergency departments is at an all-time high nationally, exacerbated by seasonal pressures such as winter-related illnesses as well as overflow from primary care and inappropriate referrals. In turn, this leads to full hospital wards, made worse by the challenges of discharging patients from the acute hospital setting.

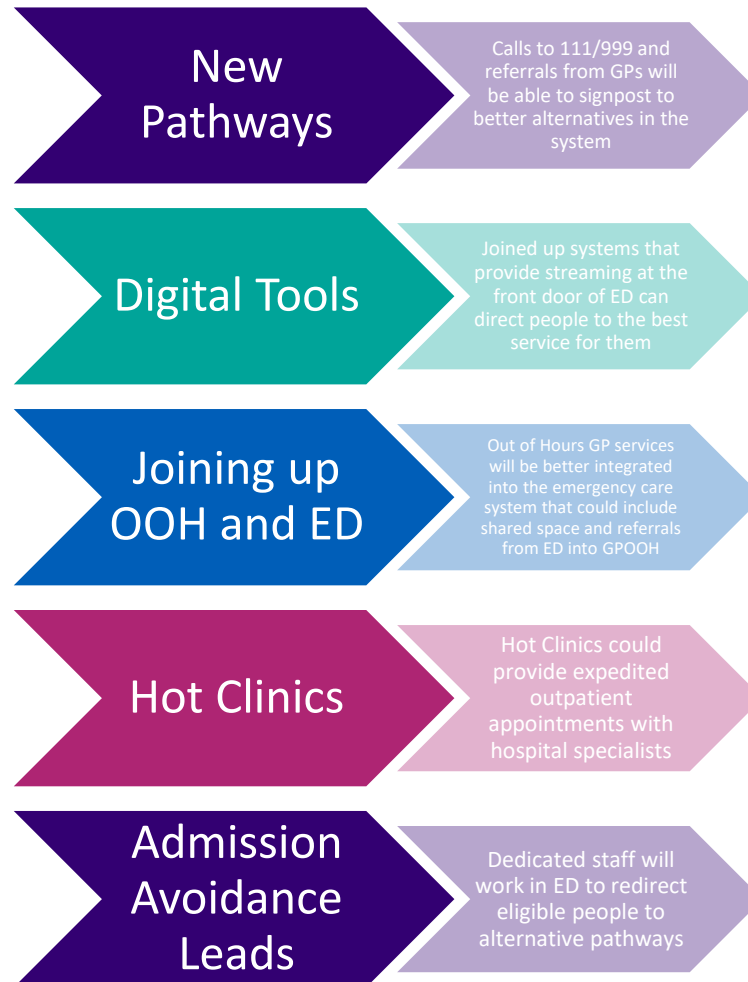
Page 235

Embedding new models and services will allow us to not only reduce pressure on Emergency Departments but also deliver more appropriate care faster and closer to the patient's home.

Urgent Treatment Centres and facilities that can provide **Same Day Emergency Care** are able to redirect people who would otherwise have visited an emergency department. By reviewing the provision of these services across our region we will ensure they are reflective of best practice, and we will champion these services to reach the best standards.

Working together during surge

In peak times, we want to improve the communication channels of our services throughout the system so they can escalate and de-escalate to support the wider system and take proactive decisions to balance demand.



We will continue to develop relationships with our partners and get better at using data and evidence to inform commissioning decisions. By improving our commissioning relationships with providers of **adult social care** (including private sector and VCSE) we will ensure sufficiency of the adult social care market and aid discharge from the acute setting.

Community services play a significant role in supporting acute hospitals both in prevention of exacerbation of health issues reducing the need for admission, and in rehabilitating people to prevent re-admission.

A focus on discharge

Our ambition is that the Kent system jointly plans, commissions, and delivers discharge services that maintain flow and are affordable within existing budgets available to NHS commissioners and local authorities, pooling resources where appropriate and responding to seasonal pressures.

We will leverage the benefits of being able to work at system-level to support improved flow and faster, more successful discharges. This will include reducing the transactional behaviour and competition that exists for health and local authority placements.

We will be able to manage the market better, providing joint commissioning and shared tariff and payment mechanisms for care.

Similarly, being able to evaluate our performance at system level will unlock new insights. We will monitor quality effectiveness, outcomes and value for money through new frameworks.



Local Enhanced Services

Certain investigations and treatments which could traditionally only be provided in hospital will increasingly be available in primary care, enabled through PCNs with wider skill mixes, more estate options and extended hours.

Community Diagnostic Centres

A system-led network solution for diagnostics aims to reduce time to diagnosis through improved patient flow. They provide convenience for patients, away from acute hospital, with rapid results.

Virtual Wards

Patients can get the care they need at home safely and conveniently, rather than being in hospital thanks to virtual wards, enabled by telemetry and wearables, support is delivered by a multi-disciplinary team at a distance.

Urgent Community Response

We are bolstering our UCR services that aim to see patients within 2 hours of referral in their own home.



Shorter In-Patient Stays

Single EPR

As part of our system-wide digital transformation, we're aiming for a single, electronic patient record that will allow clinicians to provide continuity of care with easy access to important clinical information.

Same-day Emergency Care

Providing rapid and targeted treatment to applicable patients without prolonged admission can reduce the risks with long stays in hospital.

Better Testing and Pathology

Consolidating pathology services allows for more consistent, clinically appropriate turnaround times, ensuring the right test is available at the right time.

Urgent Treatment Centres

These community services can be used to relieve pressure on larger A&E departments, which are better placed for treating the seriously unwell, shortening waiting times for both ambulances and patients.



Successful Discharge

Discharge Pathways Programme

K&M ICB have used the BCF to help deliver closer collaboration and joint risk sharing when funding and delivering discharge pathways.

Single, integrated discharge teams will have access to system-wide knowledge and resources to plan discharge.

Reablement

Joint commissioning of care will have a stronger focus on reablement and therapy and reduce the number of handovers needed between services.

Data-supported discharge services

Improved discharge flow is underpinned by system-level demand and capacity modelling as well as accurate and contemporary data to support us in identifying inequality across the system, allowing us to implement steps to improve pinch points and equality.



Chapter 7

Page 237

We will make Kent and Medway a great place for our colleagues to live, work and learn

We will achieve this through:

- Championing an inclusive workforce;
- Looking after our people;
- Growing our local workforce, and;
- Building 'one' workforce.

Our Context

There are over 80,000 health and care colleagues across a range of services based in Kent and Medway.

We have a multi-generational workforce with differing needs and there are opportunities to work more closely together to offer attractive employment at each stage of people’s career.

While good examples of collaboration and innovation exist and should be adapted and scaled up where we can, there are differing experiences across our teams which should be tackled. This is especially true for colleagues from ethnic minority groups and those with disabilities or long-term conditions.

The demand for staff is outstripping supply and, along with an ageing workforce, this is putting increased pressure on our teams.

There are many opportunities to work together as a system to grow and develop our workforce and make Kent and Medway a great place for our colleagues.

Our Ambition:

Wherever you work in health and care in Kent and Medway, we want it to be a great place to work and learn.

We see our future as one where our people champion Kent and Medway as a great place to work – where they are empowered to drive improvement, innovation and are active in research.

We want our people to work together across organisations and collaborate with local residents to create communities that are amongst the healthiest in England.

We want our workforce to work together, across health, care and voluntary sector, enjoy their work, learn and develop in their jobs, be empowered, engaged and develop to be excellent at what they do.

To do this, organisations within the ICS will work together to attract and retain professionals, work with education and training providers to develop exciting and diverse careers and training opportunities, provide talented and capable leadership and offer flexible and interesting careers.



Homegrown Doctors

Kent and Medway Medical School is a ground-breaking new collaboration between local universities and NHS partners. The curriculum is delivered with integration in mind, with early exposure to a range of health and care professionals, and early experience in general practice. In the future, locally trained doctors will be able to serve our local communities and work within the ICS to meet the challenges of modern health and social care.

Championing inclusive teams

We will work with all our partner organisations to embed cultures that promote civility, respect and inclusion, providing shared talent and development opportunities and education for leaders and teams, with shared action to grow and celebrate our diversity and be representative of our communities including systematically addressing bias, empowering and developing colleagues from underrepresented groups and celebrating diversity at all times.

We will build from best practice, working with colleagues with lived experience to build inclusive teams and cultures and tackle racism and discrimination.

Looking after our people

We will develop wrap-around wellbeing services for our workforce. These will support those with illnesses as well as empowering colleagues to proactively manage their wellbeing. We will identify specific interventions that align with our population health priorities, particularly with colleagues who are experiencing health inequalities.

Growing our workforce and skills

We will build on our Kent and Medway health and care academy by working in partnership with local employers, schools, careers services and education partners to create a robust pipeline of local workforce for future years, developing new roles such as apprenticeships, new ways of working such as cross-organisational portfolio roles with the skills and digital capability to be ready for the modern workplace.

We want to develop programmes that help to reduce long term and youth unemployment, bring young people into work and support carers as part of our wider workforce.

We will create an attractive employment proposition for health and care. One that develops and retains our exceptional local workforce and attracts people into careers in health and care from

within and beyond Kent and Medway, reducing the need for expensive agency workers.

Building 'one' workforce at place

Working across health and care partnerships, we will use our anchor institutions to develop one workforce at place, create integrated neighbourhood teams with embedded flexible working, mobility and enabled through digital technology and capabilities. Through this, we hope to reduce unnecessary commuting and reduce our carbon footprint.

We also have a vital and valued volunteer workforce - we will ensure that that we celebrate their invaluable work but also seek their input to shape, improve and deliver services.

The Kent and Medway People Strategy is being developed alongside the Integrated Care Strategy and Five Year Joint Forward Plan and is being led by the Chief People Officers across Kent and Medway with engagement of a range of partners. The strategy development will be overseen by the Integrated Care Board's People Committee.

Chapter 8

Page 240

We will drive research, innovation and improvement across the system

We will achieve this through:

- Establishing ways to better collaborate on research across our system;
- Unlocking additional capacity by empowering our workforce to take part in research and improvement in their everyday work;
- Championing innovation and being open to trying new ideas;
- Sharing and using data safely and effectively to achieve better outcomes, and;
- Embracing digital transformation as a system.

Our Research Context

There is a large amount of high quality research already taking place across Kent and Medway. However, this research is not always as widely shared as it could be and it is difficult to find out what research is currently underway across the system.

The data that our partners hold is a rich source of information that can provide valuable insights and, in turn, can drive improvement. Trusted frameworks and governance structures are needed to facilitate combined data sets.

The formation of our ICS presents an opportunity to establish new ways of working and reshape the focus of our research. Our aim is to bring the research activity, data and innovation of our organisations closer together. This will allow for better **collaboration**, unlock additional research **capacity**, and help share **innovation** across our system, collectively to improve the lives of people who reside and work in Kent and Medway.

Our 6 Research and Innovation Outcomes are set out below:

1. People are well informed and understand it's their right and choice to participate in research

- We'll achieve this by integrating research messaging into everyday communications

2. Reduced disparities in: people accessing research and benefitting from proven innovations

- We'll achieve this by making available an expansive and diverse portfolio of studies that unites system partners for equitable access to patients, carers and the general public

3. Research evidence is utilised to support improved outcomes

- We'll achieve this by enabling system-wide capability to access and synthesise new evidence

4. Co-develop new research projects in response to local evidence gaps and in line with local strengths

- We'll achieve this by commissioning local research, with university collaboration in response to local needs and priorities

5. Increase the number and diversity of the research and innovation workforce

- We'll achieve this by supporting our workforce, promoting research as a career and jobs that span multiple disciplines

6. Enabling and supporting the adoption and spread of proven innovation, for better outcomes and thriving lives

- We'll achieve this by horizon scanning and industry engagement to generate a rich pipeline of useful innovation

Research Collaboration

Involving all of our partners will allow us to apply a more holistic approach, considering more of the wider determinants of health and challenging partners to view prevention as our primary focus.

Our own research should be utilised to help us plan and commission services more effectively. By consulting with our research community on modelling and appropriate methodologies, we can commission services based on local, evidence-based research. As our confidence in collaborative research grows, we will understand the needs of our communities better, and identify collective solutions to address them.



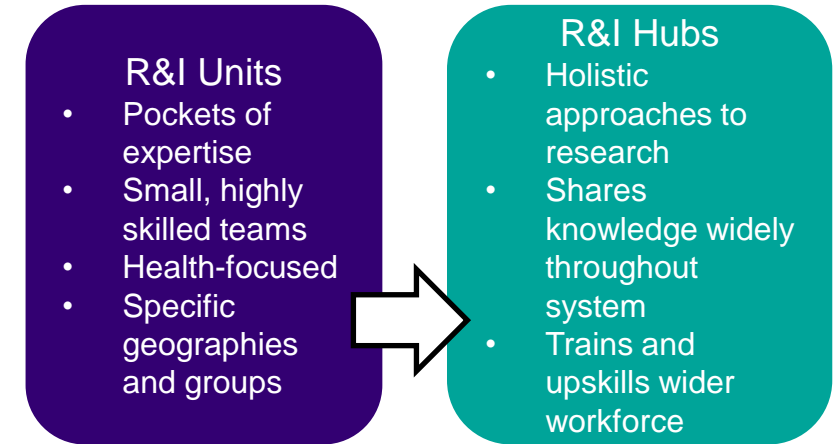
Joint Research Collaborative

The JRC brings established NHS Trust Research and Innovation Units and local academic partners together, and now has been extended to public health and social care teams. This will support better prioritisation of research objectives and improve representation of otherwise under-represented service users.

Health Determinants Research Collaboration

Medway Council, in collaboration with the University of Kent, has been successful in bidding for £5m in funding to establish a Health Determinants Research Collaboration, one of just 13 in the country. The team will conduct research on wider determinants of health which will inform council and ICS policy on how we work to improve health and wellbeing.

Kent County Council Public Health has recently set up a Research, Innovation & Improvement Unit working with Adult Social Care (known as Kent Research Partnership) and the wider council to strengthen existing research infrastructure, capacity and culture. This will build upon KCC Public Health's track record on international research activities (Health & Europe), experience in linked dataset development and associated education and training activities such as Darzi Fellowship and other university placement programmes.



Our Research and Innovation Units are key centres of talent and expertise that need to be harnessed to disseminate learning throughout the system. Our aim is to develop these into hubs that broaden our outlook and equip more people with skills to carry out research and improvement work.

With a system-wide overview, we can deploy additional support, such as in general practice and district councils, to bolster their research output and align it to wider system priorities.

Lastly, there is the opportunity to create new integrated research roles that traverse different sectors as well as advocating for adding research activity into job descriptions.

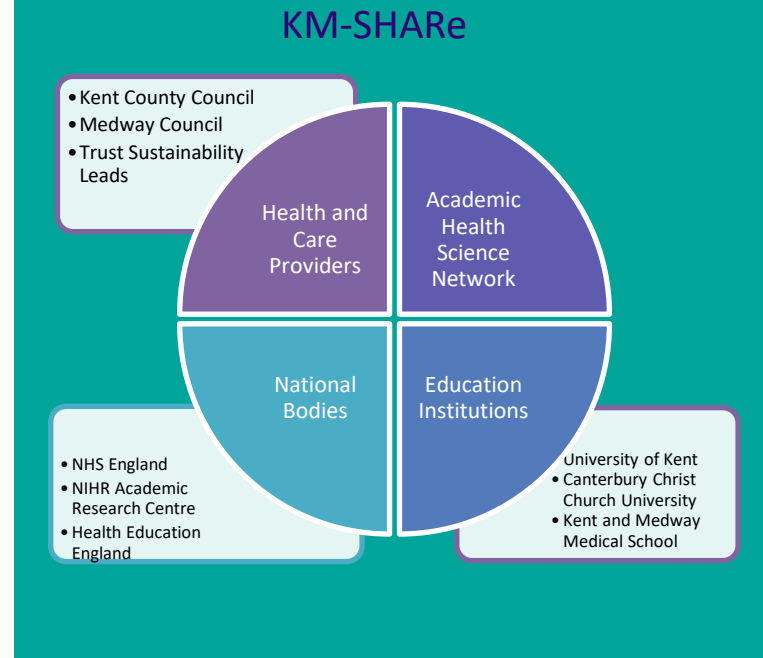
Quality Improvement and Innovation

We will make a commitment to, and adopt, **single methodology and philosophy** (such as Quality, Service Improvement and Redesign – QSIR), and develop capacity and capability at all levels of the ICS. We will change culture to increase focus on experimentation and rapid improvement cycles.

Upskilling our workforce and empowering colleagues to take on research, innovation and quality improvement across a wider cross-section of our system will provide greater capacity. In doing so, we can instil continual improvement across the entire system.

Quality improvement and innovation are activities already underway across the system. As an ICS, we will be better able to share best practice and learning. We will work with regulators, such as CQC and Ofsted, where appropriate to drive improvement through the system.

KM-SHARe is a collection of local and national partners who are coming together, hosted by the ICS, to overcome traditional boundaries to focus on sustainability and environmental initiatives in support of our Green Plan.



COVID-19 driving innovation

Throughout the pandemic, additional research activities were undertaken by social care, public health and primary care teams in order to respond to issues directly affecting local populations. Maintaining this momentum and capitalising on reduced barriers to work between organisations can be facilitated by the joined up approaches of working as an integrated system.

We will build a partnership between the University of Kent and key partners such as the Kent and Medway Medical School to build a centre of excellence in delivering research that creates evidence and solutions for local health and care providers and commissioners.

We will ensure a focus on key system enablers, with strategic attention to digital, including shared data and analytics.

Data and Information Sharing

Easy access to information when and where it is required through **the Kent and Medway Care Records Programme** will help guide our decision making, allowing for informed decisions on real-world, local knowledge.

Page 24

Allowing this data to be more routinely shared throughout our system will be enabled through better legislation at both a national level and through local arrangements.

Through the **“My Care Record”** programme we will provide the residents of Kent and Medway with access to their own medical record.

Our long-term ambition is to build a **Trusted Research Environment**, based on national guidance that will allow for a safe, secure space for linked data across our local region.

A shared information governance model across local government and NHS will be developed to enable data sharing and integration for 'secondary uses' such as population health.



Digital Transformation

The ICS Digital Charter describes how we want to work together on both a data and digital standpoint. Our collective aim is to **reduce complexity, communicate digital plans** and **deliver healthcare transformation** through a series of digital and data programmes.

Some of the ways to do this include empowering digital champions to lead transformation, building confidence within our workforce around digital and data and developing a sustainable service that does away with waste and consolidates in areas where there is duplication.

We are investing in the development of single clinical systems across the ICS. Examples include a single pathology information system, a single maternity system and a single cancer information system which will provide richer data and further develop record sharing with people.

Chapter 9

Page 245

We will provide system leadership and make the most of our collective resources

We will achieve this through:

- Championing our values;
- Monitoring quality and providing governance;
- Guiding resource allocation;
- Interfacing with national bodies;
- Building resilience and preparing for emergencies, and;
- Working with our Places and Neighbourhoods to align priorities and develop implementation plans.

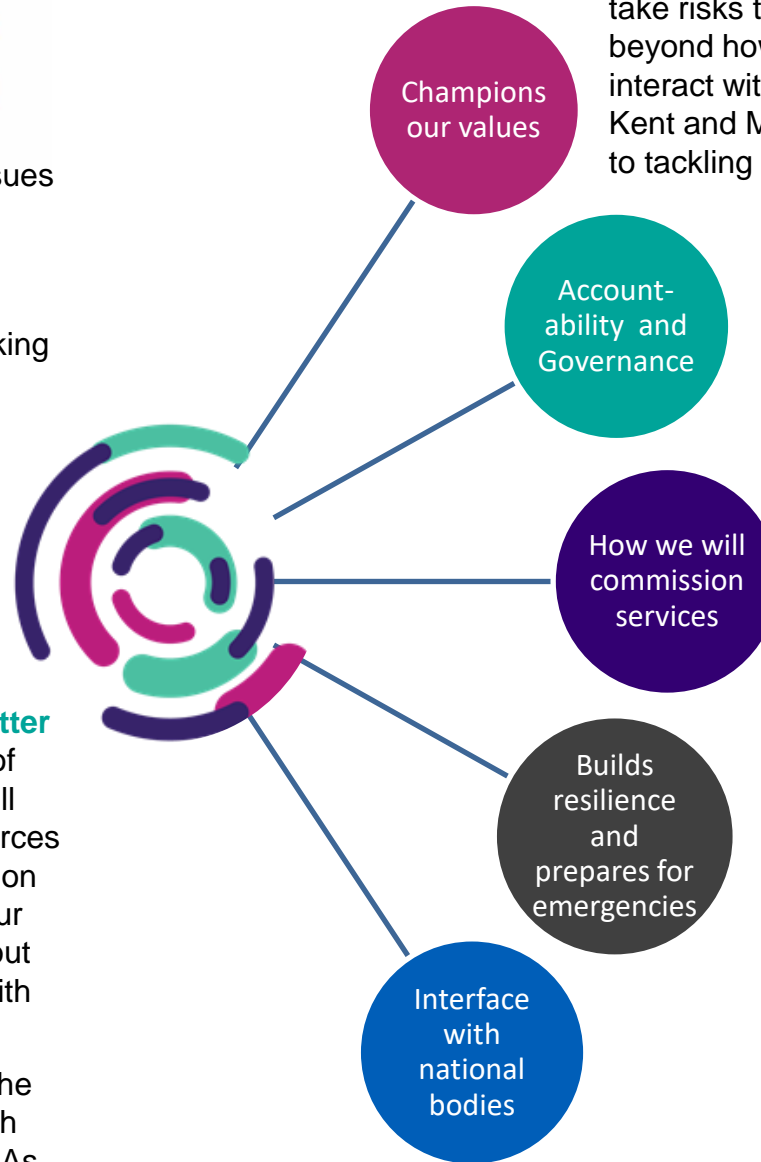
At **system level** we must focus on the complex issues that can only be dealt with by acting together.

We are facing a period of significant financial challenge. We recognise the tangible patient and population benefits that can come from closer working with partners in delivery and commissioning of services.

We will work with our **Health Care Partnerships at Place level** to ensure that priorities and ambitions are aligned and that robust implementation plans are developed with the system holding each other to account for the delivery.

Organisations need to **understand each other better** so that we reduce duplication and make the most of our collective resources. Where appropriate, we will also use the tools at our disposal to pool our resources and overcome barriers to integration. We will position Voluntary, Community and Social Enterprises as our strategic partners in various workstreams throughout the ICS by having an established VCSE alliance with formal agreements on how we will work together.

This strategy reflects insights from the public and the output of a Symposium held in October 2022, which had over 100 participants from across the system. As leaders, we must find ways to create space to continue to build a **culture of collaboration and trust**.



Our values act as the foundations for the way we conduct our work. We will build a culture of organisational trust and transparency and be prepared to take risks to achieve the right outcomes for our population. This extends beyond how we work together as a system but also sets out how we should interact with private businesses, voluntary organisations and the people of Kent and Medway. We will continue to build partner leadership and commit to tackling the wider determinants of health.

We must monitor progress of activity and our impact and hold each other to account for delivery on commitments. For the first time, targets will encompass combined metrics for both health and social care. We will work to develop core outcomes that will enable us to show tangible improvement. Governance will enable coordinated prioritisation and planning of activities and sharing of best practice between partners.

We will continue to listen to the voice of those with lived experience of our services, including those unable to access what they perceive they need. We are committed to increasing the resources that we can allocate and share between partners, that are jointly commissioned across health and social care. The ICB is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services. This could support new and emerging provider collaboratives, and remove obstacles to operational teams working together.

We have legal duties to be prepared to respond and coordinate services in emergencies. System-wide resilience and emergency preparedness requires robust leadership and accountability. We have a robust system-level response plan and test these plans locally, regionally and nationally. Our ongoing, coordinated response to Covid-19 is led at an ICS level.

As changes take place across health and social care on a national level, the ICS will act as the voice of the people of Kent and Medway on the national stage. We will advocate on behalf of our community and influence wider policy to benefit our population.

Section 75 agreements allow us to pool budgets between local health and social care organisations and authorities.

We have agreed a new Section 75 agreement for Learning Disability and Autism (LDA) services earlier this year, with Kent County Council, Medway Council and NHS Kent and Medway as partners in this single Section 75 arrangement, a move from the two separate ones.

Co-design and joined up commissioning

The formation of our ICS will transform how we commission services. Supported by legislation, we will deploy services and pathways that are tailored to specific needs and localities.

We will involve service users throughout design and seek regular feedback to respond to new demands and improve experiences. We will involve VCSE and Healthwatch as additional important voices in the development of our services.

These services will be able to transcend health and social care for joined up, single access provision with an emphasis on staying well and prevention.

The Better Care Fund allows spending for joined up services that span health and social care, bringing them closer together in a more streamlined way. Work has also commenced to review all Better Care Fund spend in Kent and Medway. We will look for opportunities for further joint working and re-working the Better Care Fund to make it fit for purpose and a transformational vehicle. The first stages of this work will be completed before 2023.

For example in Medway, a joint commissioning management group, made up of system senior officers oversees all spends from the BCF. The partnership commissioning function ensures that health and social care are both embedded in new contracts.

Our Green Plan

Kent and Medway ICS is taking the impact of climate change on health and inequalities very seriously. Partners across the system are now working together to create a coordinated plan of activity to maximise the effect of our collective action in tackling climate change. The more we do to reduce carbon emissions, improve air quality and promote biodiverse green spaces, the bigger the positive impact on our population's health and wellbeing. Our vision is bold: It is to embed sustainability at the heart of everything we do, providing first-class patient care in the most sustainable way. Not just by choosing greener but by using less, repurposing what we use, and avoiding waste.

It is imperative that we work at pace and at scale as partners to deliver a combined approach not only to reducing our carbon footprint, but also promoting biodiversity and adapting to the changes in our climate that are already happening. We are confident that we can unite with our partners and our communities to achieve the ambitions of our Green Plan, and beyond.

We have responded to the NHS commitment to be the first healthcare service in the world to reach net zero on carbon emissions by 2040 by producing a 5-year Green Plan which we will deliver in partnership with staff, patients and suppliers.

As system partners, we are working to understand the impacts associated with significant housing developments, including the likely health needs and the future provision of health services. Through this process and as part of the wider healthcare infrastructure strategy, we will continue to identify infrastructure development requirements, including through developer contributions, that support the provision of additional healthcare services and healthcare facilities (including plans associated with existing facilities) for local populations.

Playing our part as ‘anchor institutions’

Our reach extends beyond how we work together as a system. The term ‘anchor institutions’ is used to describe large organisations, connected to their local area, that use their assets and resources to benefit the communities around them.

We have many large organisations across the ICS and all have a vital role to play in the health and wellbeing of our communities. As public sector anchor institutions in Kent and Medway, we will explore how we can make a difference directly to influence health and wellbeing in a positive way, including tackling health inequalities. For example, through:

- how we procure goods and service, using the power of our supply chains to broaden our reach;
- looking after our workforce and offering training, employment, and professional development opportunities;
- looking at how we use our buildings and land, e.g. ensuring that all green spaces across the ICS footprint are utilised fully for the benefits of biodiversity, the welfare of our staff and the people of Kent and Medway;
- reducing our environmental impact and being leaders in achieving Net Zero;
- working in partnership with other anchors;
- retaining wealth in the region and driving inclusive, sustainable economic growth.



Chapter 10

Page 249

What's next? Engaging our communities on the issues that matter

We will actively engage our communities on this strategy and our joint forward plan.

We will achieve this through:

- Involving people from all walks of life to have their voice heard;
- Utilising multiple channels to ensure accessibility, and;
- Refreshing our strategy and developing supporting documents.

Next steps

In this document, we have laid out our Interim Strategy on how we will work together to improve the lives of people in Kent and Medway. We plan to publish an updated strategy in the autumn of 2023 to reflect the insights gathered from a wide range of engagement activities.

Our immediate next step is to create a plan to transform these initial ambitions into reality. This will be a Five-Year Joint Forward Plan.

Medway Council is refreshing its Joint Local Health and Wellbeing Strategy to be published in late 2023 and Kent County Council is developing an action plan based on the priorities set out in this Strategy.

We will work to develop core outcomes that will enable us to measure success and show tangible improvement. We will then compile an annual report that will reflect on our performance and track our progress against targets.

Before the start of each financial year, we will publish a refreshed five-year plan, setting out our activities across health and social care that will work towards achieving our strategic goals. We will update our plan to celebrate our successes, refocus our efforts and respond to new challenges.

A new approach to engagement

We will not succeed unless we actively engage with and listen to the communities we serve, and people working throughout the system.

We want to:

- raise awareness of the work to improve health and care in Kent and Medway and the wider determinants of health and wellbeing;
- give people the opportunity to influence decisions;
- ensure insights gathered are considered in future plans and strategies.

Engagement activities will support us to identify priorities and improve the way we deliver services for local people. Formal public consultation and engagement activities will take place for Medway Council and Kent County Council and system partners to further develop and refine their strategies throughout 2023.

Collectively, we will use multiple channels to reach our audiences. We will ensure that, where possible, any engagement or involvement opportunities are accessible, locally available, allow for reasonable adjustments, and, where appropriate, provide resources and training to build capability and capacity to enable effective participation.

At times, engagement will be carried out on a system basis (for instance a programme of roadshows, surveys and online engagement platforms). At other times, Health and Care Partnerships - which bring together partners at a place-based level - will lead more localised engagement, including through local district and borough councils and primary care networks, which will engage through their patient participation groups. Individual partners may also deliver localised engagement activities. Partners will share the insights gathered through all engagement activities.

We will support, complement and champion this place-based and neighbourhood engagement and make sure there are mechanisms in place for local insights to be considered and inform strategies and plans.



Have your say

We need everyone to help us do things differently; it's time to make positive, long-term change to the way we plan and deliver services so that we can make meaningful changes to the health and wellbeing of Kent residents.

We want to prevent ill-health wherever possible. This strategy outlines some of the work we are planning – we want to know what you think and your ideas.

There are lots of ways for you to have your say to help us plan for the future.

Your views will be listened to and will help shape our plans and strategies for the future.

You can share your thoughts on our strategy or on wider issues relating to health and wellbeing by registering for our online platform:

[Have Your Say in Kent and Medway](#)

<https://www.haveyoursayinkentandmedway.co.uk/>

Here you will also find out more about some of the exciting projects underway and examples of how we are demonstrating our new future.

- Alternatively, you can write to us at:

Kmicb.engage@nhs.net or

The Engagement Team

Kent and Medway ICS

Kent House

81 Station Road

Ashford

TN23 1PP



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Equality, Diversity and Inclusion Impact Assessment

Stage 1

Section 1: Policy, Function or Service Development Details

This section requires the basic details of the policy, function or service to be reviewed, amended or introduced.

Section 2: Assessing Impact

This section asks the author to consider potential differential impacts the policy, function or service could have on each of protected groups. There is a separate section for each characteristic, and each should be considered individually.

Authors should refer to relevant evidence to inform the assessment, and to understand the likely demographics of the patient population who will be impacted by the policy, function or service. For example, findings from the Joint Strategic Needs Assessment (JSNA). It may be that no evidence is available locally. In this case, relevant national, regional or county-wide data should be referred to.

Authors must consider what action they will take to mitigate any negative outcomes identified and what actions they will take to ensure positive impacts are realized.

A link is provided to the legal definition for each of the protected characteristic groups.

Section 3: Equality Act 2010

This section asks the ICB's equality, diversity and inclusion lead to consider compliance to the Equality Act (2010) having completed the impact assessment of each of the protected characteristics covered by the Act in section 2. Consideration should be given to whether the evidence included in the impact assessment demonstrates that the organisation has upheld its legal duty to eliminate discrimination and promote equalities and good community relations by having given due regard to equality, including all nine of the protected characteristics covered by the Act.

Section 4: Conclusions & Recommendations

Now the impact has been assessed, the reviewing panel is asked to consider whether, based on the findings, they agree with the findings and any mitigating actions.

Section 5: Planning Ahead

This section outlines the requirements for any next steps. This should be completed by the ICB's Equality, Diversity and Inclusion lead and the author of this impact assessment to ensure that requirements are reasonable and deliverable within project/programme timeframes.

Section 1: Policy, Function or Service Development Details (to be completed by the author)

Directorate: Strategy

Officer responsible for assessment:

Date of assessment: On-going

Is this a (please confirm): New assessment

Defining what is being assessed:

What is the title of the policy, function or service this impact assessment applies to?

- Interim Kent and Medway Integrated Care Strategy

Please briefly describe the purpose and objectives of this policy, function or service

The Integrated Care Partnership (ICP) is required to write a strategy which sets out how commissioners in the ICB and local authorities will work with partners to deliver joined up and person-centered care across the Kent and Medway population. To reflect the transitional nature of 2022-2023, an interim strategy is being developed by December 2022 with wider engagement and further development planned from early 2023 and in line with the first 5-year joint forward plans that are due to be published before the next financial year.

The ICP strategy, through joint, integrated ways of working, looks to reflect evidence-based, system wide priorities which address and improve health and wellbeing as well as reduce disparities. The strategy will meet the needs of the local population of all ages and will relate to all physical and mental health as well as social care needs.

Who is intended to benefit and in what way?

The strategy looks to improve the health and wellbeing of the entire Kent and Medway population. It will consider a 'life course' approach by incorporating conception through to end-of-life care, considering different life phases and settings. There will be a particular focus on prompting and restoring health and wellbeing as well as reducing disparities.

What is the intended outcome of this policy, function or service?

The strategy will be used to extend current work to further the needed transformative change to tackle challenges including reducing health disparities across health and social care, improving quality and performance, preventing mental and physical ill health, and promoting patient choice and flexibility in how care and support are delivered. The strategy will be used to agree the steps required to deliver system level, evidence-based priorities in the short, medium and long term.

Who are the main stakeholders in this piece of work?

Providers across adult and children's social care, primary care, local authorities, community health services, secondary care, public health services, voluntary and independent sector and other partners that influence the wider determinants of health will be involved in the development and implementation.

What factors may contribute to the outcomes of this policy, function or service?

Ensuring the voice of the service user is used in the development of services.

Involvement/engagement of people who live and work in the Kent and Medway area that are covered by the ICP. This includes specific engagement with children, young people and their families as well as hard to reach and underrepresented groups, for example, people who are experiencing homelessness or members of the

travelling community. Consideration about how to give a voice to those not accessing services will also be incorporated into the ICS.

Time constraints are a risk, but it is acknowledged that the strategy will mature overtime and be refreshed accordingly.

Funding and enhanced partnership working arrangements that will enable new ways of working/commissioning more support and services

Workforce challenges may impact timescales and deliverability of some of the proposals outlined in the strategy

What factors may detract from the outcomes of this policy, function or service?

Some of the 'factors that contribute' above could also be factors that detract – e.g., funding, workforce shortages, need for enhanced partnership working. These factors continue to be considered as the strategy matures.

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Who is responsible for implementing this change to policy, function or service? (Please provide contact details).

The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007 and requires integrated care partnerships to write an integrated care strategy to set out how the assessed needs (from the joint strategic needs assessments) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE).

Section 2: Assessing Impact (to be completed by the author)

When completing this section please give consideration to the fact that a differential impact may be positive or negative.

1. Could there be a differential impact due to <u>racial/ethnic groups</u> ?	Yes	
<p>The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local populations to enable greater provision of care across both health and social care. The document outlines how Kent and Medway will proactively look to involve people who have lived experience, particularly those from underrepresented groups. The project governance includes endorsement from the Kent and Medway Inequalities, Prevention and Population Health Committee (IPPH) to ensure that the strategy details how current programmes of work and future initiatives will help improve access, patient experience and patient outcomes for all racial/ethnic groups. For example, the strategy details how existing Mental Health provision acknowledges that mental health services use a western understanding of emotional health and wellbeing which may mean that services are inaccessible for some groups. For example, Unaccompanied Asylum Seeking Children and Refugees may not access emotional wellbeing and mental health support at school. This is an area that is being reviewed to help identify gaps in need, future commissioning needs and address health inequalities. Health Prevention and Living Well are key areas within the strategy including early cancer diagnosis and cancer screening which is an area of low uptake amongst black, ethnic and minority groups. The ambition of 75% of cancer cases being diagnosed at stage 1 or 2 by 2028 is included, reflecting one of the five focus clinical areas of the Core20PLUS5 national approach to reducing health inequalities. This work will include patient focused support services that understand and seek to address barriers that stop cohorts of patients engaging with health and wellbeing services.</p> <p>In addition, the strategy champions an inclusive workforce with all organisations creating a culture that promotes diversity, respect, shared learning, development, and opportunity.</p>		

2. Could there be a differential impact due to <u>disability</u> ?	Yes	
<p>It is recognized that people with disabilities are more likely to require health and care services and so are more likely to be impacted by this strategy. It is felt that the strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local populations to enable greater provision of care across both health and social care. The strategy incorporates all aspects of health-related services, recognizing that not all services are health and/or social care. For example, the strategy includes a joined-up approach to the planning, commissioning, and delivery of housing arrangements to allow independent living for those who require additional support and housing arrangements. The strategy details how personalised care will allow for increased patient choice and flexibility and aims to allow greater independence for those living with a disability. Joined up working will allow people to access support that allows people with disabilities to work, again supporting the aim to allow people greater independence. In addition, there is a commitment to providing support for carers including young carers, acknowledging the huge benefits they provide to the people they look after as well as wider society but also recognizing the physical and emotional impact on them.</p>		

3. Could there be a differential impact due to <u>gender</u> ?	Yes	
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The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care. For example, the strategy includes a commitment to improving outcomes and experience for families using maternity and neonatal services. Kent and Medway will continue to implement the ambitions of the NHS Long Term Plan and use the learning from the Independent Inquiry into East Kent maternity services to help make positive changes.

4. Could there be a differential impact due to sexual orientation ?	Yes	
<p>There will be a positive impact as the strategy looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.</p>		

5. Could there be a differential impact due to religion or belief ?	Yes	
<p>There will be a positive impact as the strategy looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.</p>		

6. Could there be a differential impact due to people's age ?	Yes	
<p>What evidence exists for this?</p> <p>The strategy will encompass the needs of the whole population, of all ages. The strategy will consider the needs and outcomes of babies, children, young adults and their families by working collaboratively with partners including children's services. There is a commitment to giving children the best start in life with a particular focus on prevention including improving awareness, education, and support to decrease the levels of smoking and drinking alcohol during pregnancy. Giving children the best start, ensuring that they are not at a disadvantage because of their background or where they live as well as ensuring that they are free from fear or discrimination, forms a key part of the overall strategy. This will be achieved through supporting families, delivering effective maternity services, adopting a whole family approach and safeguarding our most vulnerable children. The strategy identifies the need for a holistic and family approach that incorporates housing, communities, health, education, social care and the voluntary sector. A key area will be around key transitional points to ensure continuity of care as well as improve patient outcomes and patient experience. The strategy highlights the importance of increasing fitness, reducing childhood obesity, improving focus in schools and increasing the uptake of childhood vaccinations.</p> <p>The strategy includes how Kent and Medway will help people manage their own health and wellbeing including how to live well and age well, encompassing health initiatives that promote positive health benefits. For example, The Healthy Workplace programme supports health and wellbeing at work, ensuring that workplaces are supportive of good health and wellbeing. Ageing well looks to continue the focus on supporting people of all ages to live happy, healthy and independent lives with accessible, integrated health and social care being central to achieving this. The strategy outlines how a public and marketing strategy will be developed to help build relationships and understanding of how the public can stay well and how to access services outside of just health and social care. Technology will be a key tool in enabling continuity of care for older people who are at a higher risk of multiple co-morbidities and deteriorating health. Extending social prescribing, allowing people to connect with their community also forms a core part of the ageing well strategy.</p>		

7. Could there be a differential impact due to marital/civil partnership status ?	Yes	
<p>The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.</p>		
8. Could there be a differential impact due to a person being trans-gendered or transsexual ?	Yes	
<p>The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.</p>		
9. Could there be a differential impact due to a person being pregnant or having just had a baby ?	Yes	
<p>There is a recognition that prevention of poor health starts before birth with good foundations leading to better health outcomes overall. The strategy outlines how a joined-up network of support will be provided to support parents and parents to be, including awareness around smoking during pregnancy, breastfeeding and childhood obesity as well as support being available around housing and education in line with providing a holistic and family approach. Maternity services are identified as a key area of focus within the strategy with a commitment to improving outcomes for women and birthing people. Considering, the ambitions of the NHS Long Term Plan and the learning from the Independent Inquiry into East Kent maternity services, the ICS has identified 11 key areas of focus to continue to develop and improve services for people who are pregnant or have just had a baby.</p>		
10. Are there any <i>other</i> groups that may be impacted by this proposed policy, function or service (e.g. speakers of other languages; people with caring responsibilities or dependants; those with an offending past; or people living in rural areas, homeless or war veterans) but are not recognised as protected characteristics under the Equality Act 2010?	Yes	
<p>The strategy furthers work and the required transformative change that is needed to tackle health inequalities across Kent and Medway. In addition to tackling and reducing health inequalities, the strategy looks to improve quality and performance, prevent physical and mental ill health and improve independence by promoting personalised care, choice and flexibility. This applies to the entire Kent and Medway population with partners aiming to deliver collaborative, joined up, person centered care throughout people's lives. The strategy has a wide scope with focus on:</p> <ul style="list-style-type: none"> • quality improvement • joint working • personalised care • disparities in health and social care • population health and prevention • health protection • babies, children, young people, their families and health ageing • workforce • research and innovation • health related services 		

- data and information sharing

The scope encompasses, and will impact all groups of people including speakers of other languages, carers etc.

11. The FREDA principles (fairness, respect, equality, dignity and autonomy) are a way in which to understand Human Rights. What evidence exists to demonstrate that this initiative is in-keeping with these principles?

The strategy will continue to adopt the Core20PLUS5 model which aims to support the reduction of health inequalities at system level (as well as national). There are 5 focus clinical areas that require accelerated improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding. These clinical areas align with the Kent and Medway approach to health population management that aims to ensure that population groups who experience poorer than average health access, experience and/or outcomes are able to access an inclusive and holistic care.

There is a specific focus on health protection to ensure that vulnerable groups are being identified and their needs are addressed. These groups include refugees, asylum seekers, homeless people, Roma, Sinti, Travelers, and other groups.

NB: Remember to reference the evidence (i.e. documents and data sources) used

Section 3: The Equality Act 2010 (to be completed by the ICB equality, diversity and inclusion Lead)

Under The Equality Act 2010, the ICB is required to meet its Public Sector Equality Duty. Does this impact assessment demonstrate that this policy, function or service meets this duty as per the questions below? A 'no' response or lack of evidence will result in the assessment not being signed off.

12. The need to eliminate discrimination, harassment and victimisation	Yes	No
Please evidence how		
13. Advance equality of opportunity between people who share a protected characteristic and those who do not	Yes	No
Please evidence how		
Page 259		
14. Foster good relations between people who share a protected characteristic and those	Yes	No

who do not		
Please evidence how		

NB: Remember to reference the evidence (i.e. documents and data sources) used

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Section 4: Action Plan

The below action plan should be started at the point of completing the Impact Assessment (as impacts are identified), however, it is an ongoing action plan that should support the project throughout its lifespan and therefore, needs to be updated on a regular basis.

Potential Impact identified	Which Protected Characteristic group will be impacted upon?	Action required to mitigate against impact	Deadline	Who is responsible for this action (Provider/ICB- please include job title where possible)?	Update on actions (to be provided throughout project)	RAG rating
	All	To reflect the transitional nature of 2022-2023, an interim strategy is being developed by December 2022	December 2022	ICB		
	All	Wider engagement and further development is planned from early 2023 and in line with the first 5-year joint forward plans that are due to be published	April 2023	ICB		
	All	Ensure that detailed equality analysis and mitigation is in place for specific service changes or projects that happen as a result of the strategy	On-going	ICB		

Section 5 Conclusions (to be completed by the author)

Could the differential impacts identified in questions 1-15 amount to there being the potential for adverse impact?	Yes	No
This is still being considered and will be reviewed and updated as the strategy matures		
Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group, or another reason?	Yes	No
This is still being considered and will be reviewed and updated as the strategy matures		

Is there an opportunity to alter your proposal to meet the ICB duties?	Yes	No
Is there evidence of a disproportionate adverse or positive impact on any groups of protected characteristic?	Yes	No
Are there concerns that there may be an impact that cannot be easily mitigated or alleviated through the alterations?	Yes	No

For any 'Yes' answers, please amend your equality impact assessment and resubmit it for further review. For any 'No' answers, the EDWG panel must now make a decision as to whether it considers this proposal to be viable.

Section 6: Sign Off (to be completed by author and ICB Equality, Diversity and Inclusion Lead)

Date of next review	Jan 2023		
Areas to consider at next review (e.g. new census information, new legislation due)	All areas as highlighted above in line with final strategy		
Is there <i>another</i> group (e.g. new communities) that is relevant and ought to be considered next time?			
Signed (Author) J Keats	Date	22/11/2022	
Signed (ICB E,D&I Lead) LS Brailey	Date	22/11/2022	

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet

DECISION NO:

22/00097

For publication

Key decision: YES

Subject Matter / Title of Decision

The Kent and Medway Interim Integrated Care Strategy

Decision:

Cabinet agree the Kent and Medway Interim Integrated Care Strategy on behalf of the County Council.

Reason(s) for decision:

Integrated Care Systems came into existence in July 2022. The Integrated Care Partnership is required to produce the Kent and Medway Interim Integrated Care Strategy, and this has been managed by the three statutory partners of the Integrated Care Partnership - KCC, Medway Council and the Integrated Care Board (NHS Kent and Medway). Development of the Interim Strategy has followed the requirements set out in statutory guidance and it sets out the commitment to closer working and integration between health and care services and with other services that influence the wider determinants, many of which are provided by KCC as well as other partners in the public and voluntary and community sectors.

The Department for Health and Social Care requires that Integrated Care Strategies are published by the end of December 2022 to inform the first 5-year joint forward plans which Integrated Care Boards (NHS) must agree before the next financial year. The guidance recognises that 2022 to 2023 will be a transitional period and that Integrated Care Partnerships will want to refresh and develop their Integrated Care Strategy as they grow and mature. Therefore, the Strategy published by the end of December will be an interim version that will be subject to further development.

In its Council Strategy, Framing Kent's Future, KCC has committed to seize the opportunity of integrating our planning, commissioning and decision making in adult, children, and public health services through being a partner in the Kent and Medway Integrated Care System at place and system level. Through its statutory requirements and the commitments, it has made, KCC is a key partner in the development and implementation of the Integrated Care Strategy.

Cabinet Committee recommendations and other consultation:

Given the limited time available for the development of the Interim Strategy, engagement with stakeholders has been focused on key partner organisations across the Kent and Medway Integrated Care System, including at a symposium on 28th October 2022 involving partners across the public, VCSE and private sector, and presentations at Joint Kent Chiefs and Leaders meetings. An online platform was also set up to allow stakeholders and the public to comment on key themes. Feedback and priorities identified through this engagement have shaped the development of the Interim Strategy.

Public and partner consultation will be delivered throughout 2023 to shape the development and implementation of the next iteration of the Strategy.

Any alternatives considered and rejected:

No alternatives were considered due to the requirement from Department of Health and Social Care for all Integrated Care Systems to publish an Integrated Care Strategy by the end of December 2022.

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

None.

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signed

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date

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