

SCRUTINY COMMITTEE

Wednesday, 16th July, 2025

10.00 am

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





AGENDA

SCRUTINY COMMITTEE

Wednesday, 16th July, 2025, at 10.00 am
Council Chamber, Sessions House, County Hall,
Maidstone

Ask for: **Anna Taylor**
Telephone: **03000 416478**

Membership

Reform UK (8) Mr W Chapman, Mr S Dixon, Mr J Eustace, Mrs G Foster,
 Ms I Kemp, Mr T Mole, Dr G Sturley and Vacancy

Liberal Democrat (2): Mr R G Streatfeild, MBE (Chair) and Mr A J Hook

Conservative (1): Mrs S Hudson

Labour (1): Mr A Brady

Green (1): Rich Lehmann

Church
Representatives (3): Mr J Constanti, Mr M Reidy and Mr Q Roper

Parent Governor (2): Ms R Ainslie-Malik and Ms H Carter

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

UNRESTRICTED ITEMS

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

A - Committee Business

- A1 Introduction/Webcast Announcement
- A2 Election of Vice-Chair
- A3 Apologies and Substitutes
- A4 Declarations of Interests by Members in items on the Agenda for this Meeting
- A5 Minutes of the meeting held on 18 March, 10 April and 22 May 2025 (Pages 1 - 16)

B - Any items called-in

C - Any items placed on the agenda by any Member of the Council for discussion

- C1 Kent's Adult Social Care Services - Local Authority Assessment Improvement Plan (Pages 17 - 122)
- C2 Special Educational Needs and Disability - Quarterly Update (Pages 123 - 142)
- C3 Progress of the Kent Department of Local Government Efficiency (to follow)

D - To Note

- D1 Work Programme (Pages 143 - 144)

EXEMPT ITEMS

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

Benjamin Watts
General Counsel
03000 416814

Tuesday, 8 July 2025

KENT COUNTY COUNCIL

SCRUTINY COMMITTEE

MINUTES of a meeting of the Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 18 March 2025.

PRESENT: Mr A Booth (Chairman), Mr P V Barrington-King (Vice-Chairman), Mr A Brady, Mrs S Prendergast, Mr O Richardson and Mr M Reidy

ALSO PRESENT: Mrs S Chandler, Mr R W Gough, Mr D Jeffrey, Mr R C Love, OBE, Mr P J Oakford and Mr D Watkins

IN ATTENDANCE: Mrs A Beer (Chief Executive), Mr J Betts (Interim Corporate Director Finance), Mrs S Hammond (Corporate Director Children, Young People and Education), Ms C Holden (Head of Children's Commissioning), Ms C McInnes (Director of Education), Mr R Smith (Corporate Director Adult Social Care and Health), Mrs R Spore (Director of Infrastructure) and Mrs A Taylor (Assistant Democratic Services Manager (Scrutiny))

UNRESTRICTED ITEMS

105. Apologies and Substitutes

(Item A2)

Apologies were received from Mrs Binks, Mr Bond, Mr Brazier, Mrs Game, Ms Hawkins, Mr Webb and Mr Whiting.

Mrs Game and Ms Hawkins joined the meeting virtually.

106. Minutes of the meetings held on 29 January and 26 February 2025

(Item A4)

Mr Oakford addressed comments made by the Chairman at the last meeting which he considered inaccurate and personally insulting. The Chairman explained that Mr Oakford's presence and participation at Scrutiny meetings was valued by all members of the Committee, he offered his apologies for any of the commentary made that offended Mr Oakford, Mr Oakford thanked the Chairman for his apology.

RESOLVED that the minutes of the meetings held on 29 January and 26 February 2025 were correct records and that they be signed by the Chair.

107. Devolution and Local Government Reorganisation

(Item C1)

1. Following the detailed update to County Council on 13 March Mr Gough gave the Committee a reminder of the headlines in relation to Local Government Reorganisation (LGR).
2. The interim submission, which would be a high level document, would be submitted on 21 March with a full submission due on 28 November. A Cabinet

Committee would be established, alongside regular member briefings to ensure Members remained engaged in the process of LGR.

3. In relation to devolution, the outcome on 5 February was worse than expected, it was vital for Kent that a clear and committed timeline for devolution was set out and that devolution should proceed in parallel with LGR. It was also essential that any successor organisations should be financially viable.
4. Mr Gough responded to questions and comments from Members which included the following:
 - a. This was a challenge for the Government with big and complex geographical areas to consider. Further decisions would be made after the November submissions but constructive discussions had been had with the Minister and the hope was that KCC would be on a similar timeline to those areas within the devolution priority programme.
 - b. A Member raised a concern about the rapid pace of LGR and the need for a balanced approach to ensure successful implementation.
 - c. It was considered that there was confusion over the concurrent timelines for devolution and LGR and the importance of aligning both processes for effective outcomes was reiterated by Members of the Committee.
 - d. Mr Gough confirmed that there was no preferred option set out within the March submission for the number of unitary authorities.
 - e. It was considered that there was a need for unity amongst stakeholders to avoid potential stumbling blocks in the process. Mr Gough confirmed that there would be continued engagement with stakeholders to shape the submission by November 2025.
5. There would be continued discussions with the Minister to align devolution and local government reorganisation processes.

RESOLVED that the Scrutiny Committee note the update provided by the Leader on devolution and local government reorganisation.

108. Revenue and Capital Budget Monitoring Report – November 2024-25 (Item C2)

1. Mr Oakford introduced the Revenue and Capital Budget Monitoring Report which set out a £23.3million revenue overspend and capital underspend of £111million – much of the capital underspend related to rephasing.
2. The primary challenge remained in Adult Social Care with a reported overspend of £35.4million. Further deep dives were being undertaken into the actions being taken to reduce this overspend as much as possible.
3. There was an improved position in the overall overspend which had decreased slightly, mainly due to work within the Children, Young People and Education Directorate and work to reduce the cost of the school transport budget.
4. The Chairman offered his support and praise to Mr Love following the intense pressure on his portfolio to reduce the previous overspend.
5. The Cabinet Members and guests responded to questions and comments from Members which included the following:
 - a. In response to the capital projects which were not being delivered, £12.9m was an underspend and £124million in rephasing. There were many

reasons for rephrasing and for many of the council's contracts, if the rephrasing was due to the contractor the project would still have to be delivered at the original cost. However, there were also occasionally additional costs due to the Council and these were addressed on a case-by-case basis.

- b. In relation to prevention, this was a key aspect of ensuring residents were able to continue living happy and healthy lives from home. There continued to be challenges with a lack of qualified carers and the financial viability and sustainability of any proposal for in-house care. The preventative framework would prioritise and bring new ideas for prevention which would contribute to balancing the budget as well as providing the best outcomes for residents.
- c. The Corporate Director for Adult Social Care and Health set out the current in-house care services, positive outcomes were noted from the reorganisation of the adult social care connect service.
- d. In relation to the recommissioning of contracts the focus was on older people, residential and nursing care, the recommissioning process would consider all options, including in-house provision.
- e. It was vital to continue to consider outcomes and value for money.

RESOLVED that the Scrutiny Committee note the Revenue and Capital Budget Monitoring Report November 2024-25.

109. Late Changes to the 25-26 Budget and 25-28 Medium Term Financial Plan (Item C3)

1. Mr Oakford introduced this technical report which provided details of the late changes to the approved 2025-26 revenue budget which were not available in time for the County Council budget meeting – this was an annual occurrence.
2. The core budget had increased by £356,000 which was a minor adjustment.
3. Additional funds were received through ring-fenced grants for public health and the active travel fund, which were not included in the core budget.
4. Mr Oakford and Mr Betts responded to questions and comments from Members which included the following:
 - a. In relation to a question about the substantial increase in public health grants. Mr. Watkins clarified that the increase in the public health grant is approximately 5%, but the actual impact may be neutral due to costs associated with NHS staff pay awards and national insurance contributions.
 - b. The additional funds would be used to cover NHS staff pay awards and national insurance costs, which affected the cost base of providers of public health services.
 - c. The Public Health Transformation Strategy aimed to ensure best value for the Council and improved outcomes at the frontline.

RESOLVED that the Scrutiny Committee note the report.

110. Safety Valve Programme (Item C4)

1. Through Mr Oakford and Mr Love, Mr Betts introduced this report which outlined the challenges in delivering improved outcomes at reduced costs, in order to

repay the cumulative deficit on the Dedicated Schools Grant High Needs Block. There was an emphasis on the complexity of the Special Educational Needs and Disability (SEND) system and the need for a holistic view of the actions outlined in the report.

2. The key areas for focus within the actions to improve financial performance and indicative timescales were:
 - Revised model of support for early years.
 - Localities model of school inclusion.
 - Review of Specialist Resource Provisions (SRPs).
 - Review of state-funded special schools.
3. Mrs Hammond, Corporate Director of Children, Young People and Education (CYPE) highlighted the importance of an effective model of early years with early interventions and the impact that this had on school readiness and inclusion. This resulted in better outcomes and reduced costs in independent provision.
4. There were also challenges and risks, including the delay in the delivery of two new special schools managed by the Department of Education (DfE) and national challenges around the flow of funding and the need for continued focus on the safety valve agreement.
5. The Cabinet Members and Officers responded to questions from members which included the following:
 - a. A Member commented on the statutory override and the associated financial implications of the 26 March deadline, Mr Betts explained the accounting complexities of the safety valve and welcomed the offer of the Member to lobby for an extension to this deadline.
 - b. Following a question from a Member about the costs of EHCP tribunals and the impact on policy and early intervention, Mr Love emphasised the importance of defending professional decisions to avoid false expectations and delays. This had been reported to the Scrutiny Committee in December 2024 but if questions remained this could come back to the Committee at a future date.
 - c. In response to a question from the Chairman, Mrs Hammond referred to the council's bid to be part of the University College London research on toilet training delays and its potential impact on early years development. A further update around early years could be brought back to the Committee at a later date as this was a critical area.
 - d. Concerns were raised by members about the significant increase in requests for mainstream top-up funding and exceptional pupil needs.
 - e. Mrs McInnes, Director Education and SEN, discussed the measured approach to system transformation and the capping of the communities of schools budget.
6. Members of the Committee agreed on the importance of a continued focus on the Safety Valve Programme and early years interventions.

RESOLVED that the Committee noted the report.

111. Decision - 23/00100 - Commissioned Youth Service Contracts (Item C5)

1. Mrs Chandler, Cabinet Member for Integrated Children's Services gave a brief introduction to the report and, along with the Officers, responded to questions from members which included:

- a. A member raised concerns about the decrease in referrals for young people in Kent – and in addition expressed concern about this decrease being framed as positive. The Member questioned the reasons behind this trend and Mr Chandler explained the national trend of reduced referrals, attributing it to improved early help and support from various agencies post-pandemic.
 - b. Ms Crisan highlighted the impact of reduced universal provision and commissioned contracts on referral numbers. Following up on this Mrs Hammond clarified the nature of open access services and their limited role in generating referrals, offering to provide a detailed analysis of adolescent referrals to the Committee at a future meeting.
 - c. A Member asked for further information on how providers and young people were being supported post cessation of contract.
 - d. Following a question, Mrs Spore explained that there were ongoing negotiations regarding building conditions and dilapidation claims, with some buildings in accordance with the lease terms that were in place between KCC and the providers that were commissioned to provide youth services. Ms Spore also confirmed that the auction process for one of the sites in Ramsgate had also commence and any party who might be interested was able to participate in the auction process.
 - e. A Member emphasised the need for more outreach and support for young people arguing that reduced opportunities led to fewer referrals. Ms Crisan reiterated the focus on vulnerable children and the importance of targeted intervention within the constraints of limited resources.
 - f. A Member asked about the availability of open access youth support and services for CV and interview preparation. The Cabinet Member explained that there had been a shift to targeted intervention and highlighted the role of The Education People in supporting young people with their CVs and job searches.
2. The Committee welcomed the offer of a further detailed analysis of both early years intervention and adolescent referrals.

RESOLVED that the Committee note the report.

112. SEND Scrutiny - Quarterly Reporting (3rd report) (Item C6)

1. Mr Love introduced the report and provided an overview of the significant improvements in the performance of completing Education, Health, and Care Plans (EHCPs) within the 20-week target.
2. Mr Love noted that 90% of EHCPs were completed within the target timeframe last month and highlighted the progress from being in the bottom 10% to the top fifth of local authorities in England for this key performance indicator.
3. The oldest cases now ranged between 28-30 weeks, down from over two years during difficult times. Mr Love commented that these EHCP cases were complex and required additional work due to the complexity of needs and placement difficulties.
4. There had also been an improvement in the completion of annual reviews of EHCPs, from about one-third to two-thirds being completed on time. Mr Love emphasised the importance of collaboration with educational settings.

5. Mr Love credited the improvements to changes in management structure and operating practices over the past 18 months to two years and highlighted the role of the SEN team and the integration of SEN back into education. He acknowledged the hard work and commitment of the staff, noting the contrast in staff engagement and understanding of their roles. Mr Love also mentioned the support from the corporate centre and organisational development efforts. There was now a culture of continuous improvement with ongoing efforts to meet aspirations and expectations.
6. The Cabinet Member and Officers responded to questions from members which included:
 - a. A Member inquired about the reduction in EHCP applications and the process for annual reviews for homeschooled children. Mrs McInnes noted a 7% reduction in requests for assessment and improvements in the statutory framework application. She then went on to address the process for annual reviews for homeschooled children and the importance of the child's voice in the process.
7. The Committee congratulated the team for their efforts and achievements. The need for further improvements and continuous progress was acknowledged.

RESOLVED that the Committee note the report.

113. Work Programme

(Item D1)

1. The clerk advised that a potential item on early years and adolescent referrals would be brought to the agenda planning meeting for discussion.

RESOLVED that the Scrutiny Committee note the work programme.

- (a) **FIELD**
- (b) **FIELD_TITLE**

SCRUTINY COMMITTEE

MINUTES of a meeting of the Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 10 April 2025.

PRESENT: Mr A Booth (Chairman), Mrs R Binks, Mr T Bond, Mr A Brady, Mrs L Game, Mrs S V Hohler (Substitute for Mrs S Prendergast), Rich Lehmann, Mrs M McArthur (Substitute for Mr S Webb), Mr O Richardson and Mr M J Sole (Substitute for Mr A J Hook)

ALSO PRESENT: Mr P J Oakford

IN ATTENDANCE: Mr J Betts (Interim Corporate Director Finance), Mr D Shipton (Head of Finance Policy, Planning and Strategy) and Mrs A Taylor (Assistant Democratic Services Manager Scrutiny)

UNRESTRICTED ITEMS

114. Membership

(Item A2)

It was noted that Mr R Lehmann has replaced Mrs J Hawkins on the Committee

115. Apologies and Substitutes

(Item A3)

Apologies were received from Mr P Barrington-King, Mr D Brazier, Mr S Webb, Mr Whiting, Mrs S Prendergast and Mr A Hook.

Mr M Sole was substituting for Mr A Hook, Mrs S Hohler for Mrs S Prendergast and Mrs M McArthur for Mr S Webb.

116. Declarations of Interests by Members in items on the Agenda for this Meeting

(Item A4)

Mr Sole declared that he was Canterbury City Councillor and a Cabinet Member for finance. Mr Brady was also a Canterbury City Councillor. Mr Lehmann was an opposition group leader at Swale Borough Council

117. Call-in of Decision 25/00004 - Council Tax Collection Subsidies and Incentives

(Item B1)

1) The Chair opened the discussion by explaining to members the options available to the committee A) make no comments, B) express comments but not require reconsideration of the decision C) require implementation of the decision to be postponed pending reconsideration of the matter by the decision-maker in light of the

Committee's comments. D) require implementation of the decision to be postponed pending review or scrutiny of the matter by the full Council.

2) Mr Lehmann highlighted the rationale for the call-in of decision 25/0004. The decision had been considered by the Policy and Resources Committee but responses to queries raised at both the Cabinet Committee and Full Council had not been received.

3) The Member prefaced the previous headlines on the agenda and the desire to try and ensure that the best financial outcomes were in place for the authority and asked that Members' questions be fully answered and explored during the debate.

4) The proposal had been put forward originally prior to the knowledge that KCC was on course for local government unitarisation. The Member suggested that it was unlikely that the current scenario would result in greater council tax being collected throughout the county.

5) There was a duty to the taxpayer to ensure that collections were maximised over the next four years to enable authorities to maintain the strongest financial position in advance of any local government reorganisation proposals.

6) The Member raised concerns about how the districts would continue to collect Council tax as part of their statutory duty and the benefits of the district councils being able to develop local council tax reduction schemes and policies on empty property discounts.

7) Members during the recent Policy and Resources committee discussed a desire to review the policy progress after a year. It was considered that this had not been satisfactorily addressed in the past and some confusion on consultation to reverse a decision remained.

8) Mr Brady highlighted the information captured in section 1.8 of the Policy and Resources document from the 5th of March and noted:

'The billing authorities' response was that if such incentives were removed they would have to review the working age CTRS and empty properties discounts/premiums, especially where these result in council tax charges that are not cost effective for the district to collect from their share of council tax'

9) It was suggested that the statement was a demonstration that any decision needed to be stress tested with risk analysis, impact assessments and mitigation proposals. The Member added that the past responses to similar concerns had been met with a response that further communications with districts was underway as the decision was now 'live'.

10) The Member asked for clarification on what further data and information needed to be collected and shared with Members so that a greater understanding of the potential impacts could be understood.

- Point 5.3 in the executive decision report was discussed. The estimate if all districts chose to offer a maximum 100% local discount to those working age households already in receipt of the current maximum discount has been

modelled which could decrease the tax take by £14.6 million, resulting in a £12 million impact to KCC's share of council tax.

- Information suggested that a 1% reduction in the collection rates across all 12 authorities would result in a £9.5-£9.8-million-pound reduction in council tax (as a financial assessment of the risk).
- The local taxation equalisation reserve was at £11.95m at the start of 2024-25 with a an in-year drawdown of £1.8 million and a further drawdown of £3.48m planned in 2025-26. This would leave a balance £6.67m by the end of March 2026. The Member suggested that the reserves would not cover the loss and would impact negatively on the decision making of the next administration.

The Chair asked Mr Oakford to respond to the points raised by the call-in Members:

11) Mr Oakford acknowledged the concerns raised by Members; the intention was always to engage with Members as part of the key aspects of the democratic process. The decision on the removal of a County Council subsidy had been considered on a number of occasions within the Policy and Resources Committee framework and in addition it had been discussed at February's Full Council meeting.

12) Comments made and queries raised by Members were noted and responded to as part of the scrutiny item before the decision could be implemented

13) Due to the financial pressures faced by Kent County Council and the authority's statutory responsibilities it was noted that the authority could no longer afford to subsidise the statutory responsibilities of other public bodies.

14) It was noted that it would be irrational for districts who would form any part of a future unitary authority put in place schemes that reduced the amount of council tax that was collected.

15) A key consideration in balancing the budget was the investment into discretionary services and the extent to which it would harm the overall financial sustainability of KCC. The concerns that Members had raised were acknowledged. Potential impacts could be reviewed at the 2026-27 budget setting under the new administration. Additionally, it was discussed that if any Member had suggestions for improvements within the agreed funding envelope further discussions with finance colleagues could take place before a final decision was made.

The Cabinet Member and Officers responded to comments and questions of detail from Committee Members which included the following:

16) It was suggested that the decision would lead to a reduction in resources which could ultimately impact front line services. The Member further highlighted that increased discounts and reductions in premiums that had been smoothed by the reserve fund should not be a permanent solution.

17) Members queried the 1% reduction in income stated in the report and asked if this figure was a best/worst case scenario and enquired on where the 1% figure rationale had originated. Mr Betts confirmed that this was calculated to aid and inform the risk assessment.

18) Members highlighted KCC's collection rate of council tax which sat at 96.72%. This was lower than geographical neighbours such as Thurrock (98.4%). It was suggested that additional funding should be in place to aid collection. The Member further added that there were no solid details to show how a reduction could impact on the quality of service to taxpayers.

19) Officers agreed that Kent districts had been below average in the collection of council tax. However, it was stressed that it was not for KCC to fund any district in supporting their statutory duties of collection. The underlying argument presented by Members could not be supported due to KCC not having a statutory responsibility to collect council tax.

20) Mr Shipton clarified that the equalisation reserve allowed KCC to budget for a consistent level of overall surplus council tax collection. If a higher surplus was available payment would be made into the reserve and vice versa. Officers noted it would not be used to fund any ongoing reductions in the council taxbase and that the annual budget and council tax precept must be based on the council tax base estimates determined by the billing authorities. The reserve only existed to smooth variations in the estimates of collection fund balances from previous year over/under collection which also must be included in the annual budget.

21) Members asked if a possible review after the first year could take place and additionally if districts decisions which were not easily reversible be subject to a review. The subject had been previously discussed with the response having suggested that if any district wished to talk to KCC about payment for enhanced collection they should make a direct approach to KCC. KCC had not directly approached districts to confirm their financial decisions, this was not the responsibility of KCC.

22) In response to a query it was confirmed that all 12 districts data would be available by the end of the financial year when final reporting would be completed. The three districts discussed had reported a 3% increase (indicating that taxbase estimates had not all reduced), but this would be subject to a final financial position.

23) Mr Betts confirmed that there would be a statutory requirement for districts to consult with KCC on any changes or rescind any decisions that had a financial implication. Those implications discussed would be modelled into 2026-27 or into 2027-28 budget decisions to pre-empt and manage any risks that may occur.

24) Officers highlighted the 1.22% increase in the tax base across all districts. The collection fund estimates from billing authorities for previous years collection was a £3.2m surplus and required a £3.8m draw down from smoothing reserve (partly offset by small surplus on share of business rate collection fund estimate). The noted 1.22% increase had been included in the 2025-26 budget and council tax precept.

25) In response to questions on the maximum increase allowed for district precepts (2.99%), it was clarified that this was separate from the number of properties and the

deduction of council tax discounts and assumed council tax collection rates that then formed the overall taxbase.

26) Members argued that during the production of the County Council's draft budget, higher projections of 2.2% had been developed and so the drop in the taxbase was significant. Officers confirmed that the taxbase estimate in the budget modelling was based on the average growth over recent years. A Member highlighted that a 1% drop would indicate a reduction in the tax base estimate of between £9.5 million and £9.8 million and asked what mitigations proposals are in place to deal with the drop if it occurs. Members added additional concerns on the potential impact placed upon the smoothing fund.

27) Officers noted the observations on the LGR timetable and suggested that it was unlikely to be in place within the next four years. Financial plans had captured the increase in budget, but it was re-emphasised the need to have all final financial positions in place from districts to assess the financial impacts correctly.

28) If issues arose regarding the adequacy of local taxation equalisation reserve then the assumed average collection fund surplus in budget being built for future years would be subjected to reassessment by the next administration.

29) Clarification was sought on the origin and implementation of subsidies to district authorities. Mr Shipton explained that the history of the schemes had dated back to 2013 and was originally a three-year rolling review programme. Members emphasised the importance of a data driven comprehensive risk analysis with solid mitigation proposals in place. Solid stress testing of future financial decisions was also highlighted as a concern.

30) Mr Oakford responded to the highlighted risk models and highlighted the past submitted estimates supplied by districts. In previous years the collection fund estimates had been higher than the assumed amount in the medium-term financial plan (MTFP) and allowed the smoothing reserve to be topped up. This year (2025-26) funding had to be drawn down from the reserve as the collection fund estimate from billing authorities was less than the assumed amount. It was noted that by the end of the next financial year payments into the fund would likely return subject to district submissions.

- The medium-term plan had assumed a growth rate of 1.5% every year and this had included new housing growth as well as changes in discounts and assumed collection rates. The MTFP was based on an assumed £7 million collection fund surplus. A deficit was seen in 2021-22 during COVID although every other year had reported a surplus.
- KCC would be a statutory consultee on any district's council tax reduction schemes for working aged people on low incomes before any changes could be made to existing schemes. There were no consultation requirements on the empty property discounts and premiums and the decision over these rests with districts.
- In response to the subsidiary origin query, Officers explained that prior to 2013, individuals on low incomes had council tax paid by the Department for

Work and Pensions (DWP). In 2013-14 responsibility was transferred to local authorities and each billing authority had to apply statutory arrangements for pensioner households and agree and implement local schemes for working age households.

- The transfer of responsibility had come with an expected 10% efficiency saving. KCC had an agreement with Kent districts that as part of this arrangement, districts would not give working age claimants a maximum 100% discount and that only an 81.5% discount be available and that the discount on empty and largely unfurnished properties would be reduced from 6 months to 3 months to meet the efficiency target.
- Individual authorities could agree to offer a higher working age discount providing the financial impact was offset by changes in other discounts. The major precepting authorities agreed to pay a total of £1.5m from their share of council tax towards setting up and administering local schemes. A review of this arrangement was undertaken in 2017 and KCC agreed a further £0.5m in total as incentive subsidy for to those districts which aligned local schemes with changes to other welfare benefits under the Welfare Reform and Work Act 2016 and introduced further changes to reduce the impact of local schemes on the council tax base.
- The last review took place in 2017 and was due to occur every three years. COVID had caused significant disruptions in 2021-21. Timelines had now aligned to allow for reviews to resume.

31) Mr Brady asked for further clarification on the current risk analysis employed. Officers noted that a rebalancing of the risk analysis would occur if districts reinstated working age discounts to 100% and/or reinstated empty property discounts or removed premiums on long-term empty properties. Officers highlighted that the paper had shown the difficulty in assessing empty properties as a quantifiable risk. Mitigation would be reviewed once all districts have submitted their financial estimates for 2026/27 budget setting.

32) It was noted that if all 12 districts were to collect less (£18,000 example used) then this would result in a £1.75 million saving being wiped. Mr Lehmann suggested a number of concerns remained in place and proposed that members select option D *require implementation of the decision to be postponed pending review or scrutiny of the matter by the full Council*. Mr Brady seconded the motion.

33) Members echoed the concerns that had been raised and felt that the decision if implemented would still have a negative impact. It was noted that the subsidy was more beneficial to KCC, and its removal would impact the next administration negatively.

34) Mr Oakford noted the changes since 2017 and the current financial position being considerably different with difficult financial challenges ahead. The Cabinet had taken consideration on what had been raised by the call in and asked committee to form a decision.

Mr Lehmann proposed, and Mr Brady seconded the option

d) require implementation of the decision to be postponed pending review or scrutiny of the matter by the full Council.

The Chair put this to the vote: For: 3 Against: 7

This motion was lost.

The Chair proposed and Mrs Binks seconded Option b) express comments but not require reconsideration of the decision

This was put to the vote: For :7 Against: 2 Abstain: 1

This motion was carried.

The Committee resolved, by majority, to **(b) express comments but not require reconsideration of the decision.**

This page is intentionally left blank

SCRUTINY COMMITTEE

MINUTES of a meeting of the Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 22 May 2025.

PRESENT: Mr A Brady, Mr W Chapman, Mr J Eustace, Mr A Hook, Mrs S Hudson, Ms I Kemp, Mr R Lehmann, Mr R Streatfeild, Mr D Taylor

IN ATTENDANCE: Mr J Cook (Democratic Services Manager)

UNRESTRICTED ITEMS

118. Election of Chair

(Item 1)

1. Mr Hook proposed and Mr Lehmann seconded that Mr R Streatfeild be elected Chair of the Committee.

RESOLVED that Mr R Streatfeild be elected Chair of the Committee.

This page is intentionally left blank

From: Diane Morton Cabinet Member for Adult Social Care and Public Health
Richard Smith, Corporate Director Adult Social Care and Health

To: Scrutiny Committee – 16 July 2025

Subject: **Local Authority Assessment Improvement Plan**

Classification: Unrestricted

Summary: This report presents the Committee with the findings of the Care Quality Commission assessment of Kent County Council's Adult Social Care function, in fulfilling their obligations under Part 1 of the Care Act 2014.

Recommendation(s): The Scrutiny Committee is asked to **NOTE** the local authority rating and the improvement activity identified.

1. Background

- 1.1 The Health and Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessment of care at a local authority and integrated care system level.
- 1.2 The CQC Local Authority Assurance Framework, introduced in April 2023, is designed to evaluate the quality and effectiveness of services provided by local authorities under the Care Act 2014.
- 1.3 The Care Act 2014 sets out the legal framework for the provision of Adult Social Care in England. The key principles of the care act are:
 - Duty to promote wellbeing
 - Duty to prevent, reduce or delay needs for care and support
 - Duty to provide an information and advice service
 - Duty to meet assessed eligible needs of adults with care and needs
 - Duty to assess carers' with support needs
 - Duty to ensure a vibrant, diverse and sustainable market of care and support (market shaping)
 - Duty to establish safeguarding adults board with specific requirements
 - Duty to temporary care and support where providers fail
 - Duty to promote integration of health and social care
 - Duty of cooperation between council officers
- 1.4 In April 2024 CQC launched a new single assessment framework for providers, local authorities and integrated care systems. For local authorities the assessment framework uses a subset of the quality statements from the overall assessment framework. This is because local authorities are being assessed

against a different set of statutory duties (Care Act 2014) to registered providers.

1.5 [The assessment framework for local authorities](#) comprises of nine quality statements mapped across four overall themes. Each theme is also aligned to;

- I statements – what people expect and based on [Think Local Act Personal's 'Making it Real' Framework](#)
- We statements – commitments local authorities must commit to, to deliver high-quality, person-centred care.

Table 1- Quality Statements

Four Themes	Nine Quality Statement
How the local authority works with people	Assessing needs
	Supporting people to live healthier lives
	Equity in experiences and outcomes
Providing Support	Care Provision, integration and continuity
	Partnerships and communities
How the local authority ensures safety within the system	Safe systems, pathways and transitions
	Safeguarding
Leadership	Governance, management and sustainability
	Learning, improvement and innovation

1.6 The CQC provide a one-word score for each quality statement (inadequate, requires improvement, good and outstanding), and provides an overall one-word rating for the local authority. The report also provides an overall percentage to indicate whether the local authority is nearer the upper or lower threshold of a rating.

1.7 As part of their assessment of local authorities CQC use a number of evidence categories and approaches, to inform their overall assessment.

- An information return of key documents and evidence determined by the CQC Information template
- A self-assessment - the local authority's own assessment and judgements of performance, highlighting successes, risks and challenges.
- 'Case Tracking' – lived experience of people who draw on care and support journey and their interactions with social care
- Information collected from national bodies

- Feedback from staff and leaders
- Feedback from partners

1.8 During the summer of 2023 CQC undertook five pilot local authority assessments to test and improve their approach. In December 2023 formal government approval was granted and CQC began implementing their formal assessments of all 153 local authorities.

2 Kent County Council's Assessment Process and Timeline

2.1 Kent County Council's assessment commenced on 18 March 2024 with a notification of local authority assessment. (Please see table 2 with the timeline of associated activities)

2.2 CQC met with a number of people during their assessment which included:

- Eight Leadership interviews
- Nine Partnership interviews
- Two Co-production sessions with people with lived experience (16 people)
- 17 Staff group interviews (approx. 130 staff)
- Four brief drop-in sessions open to all staff
- Two brief drop-in sessions open to all managers

2.3 A number of additional meetings, and other means of information gathering such as surveys, took place between April and October between CQC and partners within the voluntary and community sector and providers of care and support services. These were not arranged through the local authority but were intended to support CQC in their information gathering.

Table 2 - Kent County Council's Assessment Process and Timeline

Date	Activity
March 2024	Notification of local authority assessment • Requires the council to provide an information return and self-assessment within a three-week period. • The information return is a key part of part of the assessment to demonstrate how the local authority is carrying out its functions as part of the Care Act 2014. • It enables CQC to review key documents, information and data before their on-site activity. • It supports CQC to plan their assessment activity, and forms part of the evidence they use to assess. • KCC provided over 250 pieces of evidence, alongside our April 2024 self-assessment. • The notification also identified that the on-site assessment could take place six months following notification.
March 2024	Self-Assessment completed

April 2024	Start of information gathering, meetings, and surveys with voluntary and community sector partners and providers of care and support services
July 2024	Second notification for assessment received confirming our on-site visit for the week of 30 September 2024. • KCC was required to return an anonymised list of 50 people who have drawn on care and support, to support CQC's 'case tracking', in response to the notification. • 'Case Tracking' is designed to understand people's experiences of adult social care and the CQC may meet with them either virtually or in person during their assessment. • Ten people (out of the 50) were selected by CQC to then engage with, and or their family and carers, where consent was given.
September 2024	CQC Assessment Team met with the Corporate Director of Adult Social Care and Health and his Senior Leadership Team. • The team provided an overview of the directorate structure, an example of person's care journey, partnerships, strengths, and areas for improvement within Adult Social Care and Health. • This provided the CQC with insight and allowed them to refine their assessment schedule. • Additionally, we updated our self-assessment in line with the CQC assurance process. (Appendix1) • On 10 September 2024, the CQC Assessment Team met with the Corporate Director of Adult Social Care and Health and his Senior Leadership Team. The team presented the structure, care journey, partnerships, strengths, and improvement areas of Adult Social Care and Health. This provided the CQC with insight and allowed them to refine their assessment schedule. Additionally, we updated our self-assessment (Appendix 1) in line with the CQC assurance process.
26 September 2024	The formal assessment interviews begin Virtual interviews with a number of partners
1 October 2024	CQC Assessment Team arrive in Kent until 3 October 2024, with a number of virtual interviews continuing until the 8 October 2024
October 2024	End of initial information gathering phase
15 October 2024	Request for additional information from the local authority

13 December 2024	Second request for additional information from the local authority
16 May 2025	Report Published

3. Outcomes of Local Authority Assessment

- 3.1 The findings of the CQC assessment aligned with KCC's own self-assessment of its adult social care services and the CQC acknowledged the council's improvement successes and ongoing plans in line with its ["Making a Difference Every Day"](#) adult social care strategy.
- 3.2 We are aware that there are significant improvements to be made with the length of time that people are waiting for an assessment, review of care and support and safeguarding enquiries and also due to the transition to the new ways of working, some areas of practice varied across the locality safeguarding hubs and we are working to improve consistency in both our approach and our practice. We are also working to ensure there is sufficient care and support available to meet demand, via our locality placed based commissioning model.
- 3.3 However, there were two areas in which we were rated as "Good" higher than we scored ourselves in our own self-assessment. These were Equity in Experiences – which evaluates how well a local authority identifies and addresses the needs of people, their experiences and outcomes of social care especially for people at risk of disadvantage. It also evaluates how the local authority works in a personalised way to ensure care and support meets the varied needs of individuals and communities and how we act on feedback from people with care and support needs, carers, and community groups to improve services.
- 3.4 Kent County Council also scored "Good" on outcomes and Learning, Improvement and Innovation. This section of the Assurance Assessment evaluates and recognises how well we promote continuous learning and professional development among our workforce, and that we encourage a culture of reflection and improvement across the organisation. Additionally, the Assurance Assessment recognises that we use audits and quality assurance to identify areas for improvement and that we support innovation and new ways of working to improve care and support need outcomes for people and that as an organisation, adult social care in Kent collaborates with both people and partners, including through co-production, to shape and improve services.
- 3.5 The findings of the CQC assessment aligned with KCC's own self-assessment of its adult social care services and the CQC acknowledged the council's improvement successes and ongoing plans in line with its ["Making a Difference Every Day"](#) adult social care strategy.

4. Strengths and Improvement areas

4.1 The CQC identified a number of strengths for the local authority:

- People spoke of positive experiences of Care Act assessments, with packages of support meeting their needs which were person-centred and strength-based, reflecting people's right to choice, and built on their strengths and assets to meet their chosen outcomes.
- Positive arrangements are in place for co-production, working with local people to understand the care and support needs of people and communities, with access to diverse local support options. People felt they had choice over their support services and control over their daily lives. People with lived experience of care and support were included on boards making strategic decision, they felt listened to and that their impact had made a difference.
- There was a focus on equality and diversity, and KCC had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions, working to reduce inequalities and to improve the experiences and outcomes for people who were more likely to have poor care.
- KCC had implemented integrated Transfer of Care Hubs across Kent which had improved joint planning for hospital discharge. The Home First approach was fundamental to ensuring people left hospital on the correct discharge 'pathway' and were able to return home, or to an appropriate placement, as soon, and as safely as possible. Demonstrating good partnership working with shared goals.
- The needs of unpaid carers were recognised as distinct from the person with support needs, and carers' assessments, support plans and reviews for unpaid carers were undertaken separately.
- KCC provided timely, independent advocacy support to help people participate fully in Care Act assessments and the care planning processes. People said they were always asked if they would like an advocate present, whether this was a family member, friend, or professional independent advocate.
- KCC worked with people, partners, and local communities to commission a range of preventative services to promote independence, and to prevent, delay or reduce the need for care and support. KCC worked collaboratively with people and partners to actively promote and support innovative and new ways of working which improved people's social care experiences and outcomes.
- People told us they could easily access information and advice on their rights under the Care Act 2014. This included unpaid carers and people who funded or arranged their own care and support.

- Frontline teams used technologies, including telecare and telehealth, direct payments, personal health budgets, care packages and social prescribing, to support people to achieve their goals and live the life they want in a place called home.
- Safety was a priority for everyone. KCC understood the risks to people across their care journeys. Risks were identified and managed through proactive risk management, overview, and scrutiny. Where the presenting risks were considered low, frontline staff applied a proportionate approach to assessments and ensured risk assessments were 'suitable and sufficient' for the person receiving support.
- The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategy, improvement activity and decision making.

4.2 CQC also identified a number of areas for development:

- High demand for support, combined with shortages in frontline staffing had led to waiting lists for assessments, reviews, equipment provision, and safeguarding enquiries.
- The local authority has undergone significant transformation over the last few years and changes were still being embedded. There were notable inconsistencies in practice.
- Some partners and providers felt relationships were poor and there was a lack of communication and engagement in joint priorities.
- Some people told CQC their experience of safeguarding enquiries was not always positive, with outcomes not shared and concerns not being closed in a timely manner.
- Some people told CQC there was a lack of suitable, affordable care provision in certain areas of Kent. This meant when people needed supported accommodation, they were often placed in different areas away from loved ones.
- Quality monitoring wasn't consistent across all areas leading to varied experiences for people using services.
- Some partners told CQC they were concerned about a lack of support available for people with mental health and substance misuse needs, leading to poor outcomes
- Some staff reported low morale, capacity issues and that they lacked the skills needed to effectively support people with specialist needs

5 Improvement Actions

- 5.1 The CQC assessment clearly demonstrates mixed feedback from people who draw on care and support, our partners and our workforce on inconsistency of practice. We have made great progress to date in addressing inconsistencies of application of practice across the county but are aware that this needs further action.
- 5.2 The Directorate has seen some significant structural transformation over the last few years, we now have an embedded and established leadership team which gives us a strong foundation to deliver the aims and objectives set out in our Making a Difference Every Day Strategy. Additionally, to create a culture of continuous development and learning with our workforce and establishing stronger relationships with our Partners.
- 5.3 Following on from the published report we have aligned all our current improvement activities into one plan which supports the findings of CQC. We have applied these thematically to the CQC Assessment Framework. The Improvement Plan (The initial Improvement Plan, which was shared with the Department for Health and Social Care (DHSC) is attached as Appendix 2) will provide enhanced oversight to monitor the progress of all activities ensuring alignment to our strategic goals and legislative frameworks, interdependencies, prioritisation and resourcing and required mitigations to challenges and barriers in achieving our plans.
- 5.4 The Improvement Plan will be monitored monthly through the Adult Social Care Delivery Board, chaired by a person with lived and life experience of drawing on adult social care and is attended by the Director of Adult Social Services (DASS), directors and senior managers within the Directorate. Quarterly reporting will also be provided to the DASS through the Adult Social Care Assurance Board, and regular reporting to KCC's Strategic Reset Programme Board.
- 5.5 Kent County Council's journey from current challenges to a future where every adult in Kent lives a "glorious ordinary life" is one of transformation, collaboration, and resilience. We are on a journey of practice improvement in line with ensuring our strategic objectives are embedded into everyday practice.

6 Response to the published report

- 6.1 We have taken up a support offer from Partners in Care and Health (PCH). PCH is a collaboration between the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). PCH play a key role in supporting local authorities through the Care Quality Commission (CQC) Assurance process, especially post-publication when a council is rated as "Requires Improvement" or lower.

7 Stage 2 Reporting

- 7.1 Whilst it is not compulsory for the us to share our final improvement plan with the DHSC, it is encouraged that we share it or a version of it, to support the overall context and progress to be made/ or is being made.
- 7.2 Submission of the stage 2 report is due to be shared with the DHSC in August and quarterly updates will be provided thereafter.

8 Recommendations

8.1 Recommendations: The Scrutiny Committee is asked to **NOTE** the local authority rating and the improvement activity identified.

9. Background Documents

[Assessment framework for local authority assurance - Care Quality Commission](#)
["Making a Difference Every Day" adult social care strategy](#)
[Kent County Council's Local authority assessment](#)
[Think Local Act Personal's 'Making it Real' Framework](#)

10. Report Author

Jade Shepherd
Business Improvement Manager, Adult Social Care and Health
03000 410211
Jade.Shepherd@kent.gov.uk

Relevant Directors

Sydney Hill
Director of Adult Social Care
03000 416510
Sydney.Hill@kent.gov.uk

Tricia Pereira
Head of Service Improvement
03000 418160
Tricia.Pereira@kent.gov.uk

This page is intentionally left blank

Kent County Council

Adult Social Care

Self-assessment Update

September 2024



Section A: Overview and summary3

Theme 1: Working with people.....13

Theme 2: Providing support36

Theme 3: Ensuring safety within the system.....53

Theme 4: Leadership.....64

Section A: Overview and summary

1. About Kent County Council (KCC)

There are currently estimated to be 1,610,300 people living within the Kent County Council area (2024). Kent County Council is the upper tier of elected local government, below which are 12 district and borough councils and 309 town and parish councils. Medway Unitary Authority operates independently in the north of the county.

The County Council has 81 elected councillors. It is one of the largest local authorities in England in terms of population served and the largest local authority of its type. The council is based at County Hall in Maidstone and has been under Conservative majority control since 1997.

Kent has a land area of 1,368 square miles and has approximately 350 miles of coastline. It is known as 'the garden of England' as a minimum of 72.7% of the land in each of the 12 districts and boroughs is undeveloped.

2. Adult Social Care and Health Directorate (ASCH)

2.1 Demography

With a resident population of 1.6million, Kent has the largest population of all the southeast counties. Just over half of the total population of Kent is female (51.3%) and (48.7%) is male. The population is expected to rise by 18.2% between now and 2040.

Overall, the age profile of Kent residents is similar to that of England. However, Kent does have a greater proportion of young people aged 14 years and under and of people aged 50+ years than the England average. Just over a fifth of Kent's population is aged 65 and over (20.5%).

Kent has an ageing population and forecasts show that the number of people aged 65 and over is forecast to increase by 40.7% between 2022 and 2040, which is likely to significantly increase the demand for adult social care services. However, the proportion of the population aged under 65 is only forecast to increase by 12.3%.

2.2 Disability

According to the 2021 Census, 281,423 people in Kent (17.9% of the resident population) were recorded as disabled as per the Equality Act at the time of the census. A further 116,477 had a long-term health condition but their day-to-day activities were not limited by their condition.

10.2% of Kent's population were claiming a disability benefit as of November 2023 (161,897 claimants). 61.4% of claims were because of a physical health condition, 22.9% for a mental health condition and 15.7% because of a learning disability.

What would improve Kent's position:

- More robust personalisation in care and support plans to ensure that people who draw on care and support can access the care that best suits their specific needs.
- Stronger advocacy for accessible and culturally competent care and support, especially for those who experience multiple barriers (e.g. disability and ethnicity).

2.3 Ethnicity and religion

The largest ethnic group in Kent is white British (83%), with 17% of the population being of other ethnic origin. The largest single other ethnic group in Kent is Asian, representing 4.4% of the total population of Kent.

48.5% of Kent residents describe themselves as Christian, whilst the largest non-Christian religious

group is Muslim (1.6%).

What would improve Kent's position:

- **Increased co-production efforts with minority communities** to design care and support services that are culturally sensitive and inclusive.
- **Training for staff in cultural competence** to ensure care is delivered with respect to religious practices and cultural expectations.

2.4 Deprivation

There are 901 Lower Super Output Areas (LSOAs) in Kent. These are areas comprising 400 – 1,200 households (populations of between 1,000 – 3,000).

The number of Kent LSOAs that are within the 10% most deprived LSOAs in England (between 2015 and 2019) is 51.

The level of deprivation in 9 out of 12 Kent local authority districts has increased since 2015 relative to other areas in England.

- Thanet continues to rank as the **most deprived** local authority area in Kent.
- Tunbridge Wells continues to rank as the **least deprived** local authority area in Kent.
- Tonbridge and Malling has experienced the **largest increase** in deprivation relative to other areas.
- Gravesham has experienced the **largest decrease** in deprivation relative to other areas.

The social and economic context of Kent adds further complexity, with areas of significant deprivation such as Thanet requiring culturally competent, equitable care and support.

2.5 Supporting people

- There are over **16,700** people receiving a service from adult social care at any point in time.

In 2023/24:

- There were **42,828** new requests to adult social care teams for support
- Our Short-term Pathway team supported **11,272** discharges from hospital
- **5,311** people received support from our enablement service, Kent Enablement at Home (KEaH)
- **9,690** carers were supported by adult social care and partnership carer support organisations in Kent
- We received **19,321** safeguarding concerns, and we see approximately **36%** of concerns progress to enquiries
- **25%** of people are in receipt of a direct payment.

2.6 Workforce

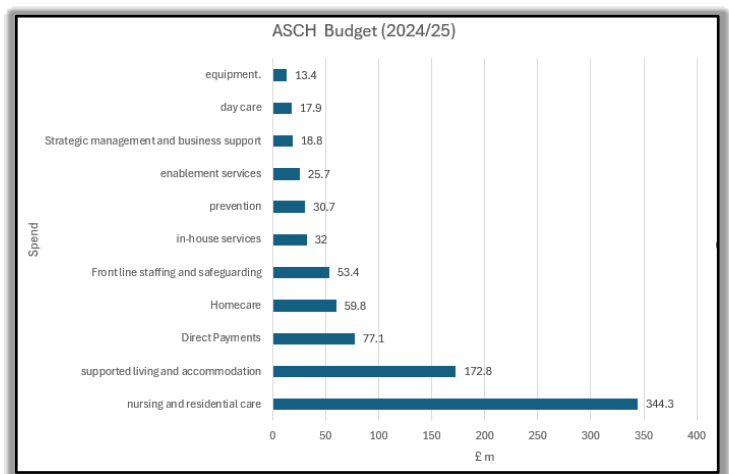
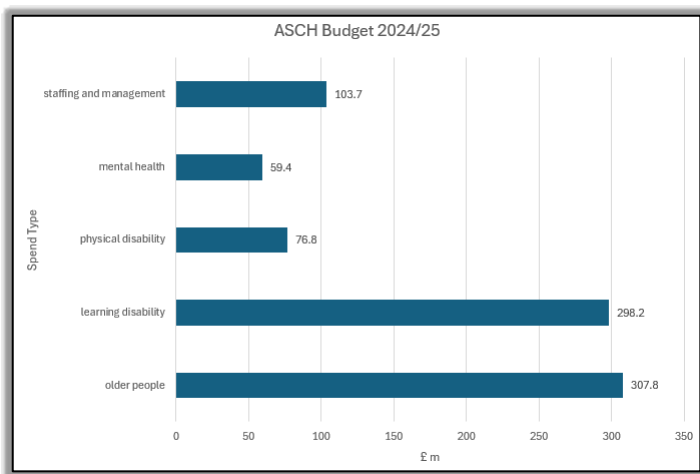
Kent County Council employs 9,069 permanent staff (not including the school workforce) which equates to 7,874 full-time equivalent roles (March 2024).

ASCH employs **2,577** permanent staff which equates to **2,257** full-time equivalent roles (March 2024), of which:

- 85.7% of people are female
- 12.2% of people are from an ethnic minority
- 5.9% of people are disabled.

3. Budget

The Adult Social Care and Health Directorate has a gross budget of **£845.9m** (2024-25 including 18-25 services, excluding Public Health)



Graphic: budget and spend

4. Vision and strategy for adult social care

Kent County Council (KCC) Adult Social Care and Health Directorate (ASCH) serves a population of over 1.6million, with a significant proportion of older adults and individuals with disabilities. KCC's strategy is built around the vision of enabling 'glorious ordinary lives', where each individual experiences autonomy, purpose, and connection in their daily lives. This concept is intertwined with the implicit themes of love and joy, reflected in the council's commitment to personalisation, equity, and co-production.

The overarching vision is to not only meet the needs of people drawing on care and support, but to enrich their lives. By focusing on dignity, respect, and empowerment, we seek to create a care and support environment where individuals can thrive, supported by compassionate and inclusive services.

The destination and overarching reflection of glorious ordinary lives, love and joy;

- **Glorious ordinary lives:** this theme echoes throughout the strategy. It's not just about meeting people's needs but enabling them to live full, meaningful lives that are ordinary in the best sense - rich with the everyday experiences of autonomy, purpose, and connection.
- **Love:** though the word itself isn't used, the care and commitment to equity, co-production, and personalisation reflect a deep sense of love for humanity. The strategy shows that people are treated not just as recipients of services but as valued individuals with unique aspirations.
- **Joy:** joy is found in the strategy's focus on empowering people to achieve independence and wellbeing. There is a sense of striving to make life not just manageable, but enjoyable for those who draw on care, as well as for the workforce. The idea of "glorious ordinary lives" points to the joy found in stability, security, and autonomy - things that make the small, everyday moments of life truly fulfilling.

Our vision for adult social care is simple yet profound: **"Making a positive difference every day, supporting our residents to live as full and safe a life as possible and make informed choices."** This vision, underpinned by the commitment to enabling 'glorious ordinary lives', drives every decision we make.

Putting the person first:

We prioritise the needs, preferences, and aspirations of every person, empowering them to make

informed choices about their care and support.

Improving all the time:

Continuous improvement is central to our approach. By learning from experiences and innovating, we enhance the quality of our services.

Measuring what matters:

We focus on outcomes that truly matter to our residents, ensuring that our efforts lead to meaningful, positive impacts on their lives.

Vision for adult social care in Kent: [Making a Difference Every Day - Adult Social Care Strategy](#)

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

Vision for carers: [Kent Adult Carers' Strategy](#)

“Making a difference every day by supporting and empowering you to live a fulfilling life whilst being a carer, as long as you are willing and able.”

What would improve Kent's position:

- **Outcome transparency:** providing clearer, more tangible examples of how the vision for adult social care is directly benefiting individuals.
- **Inclusive co-production:** expanding co-production efforts to ensure that all communities, including marginalised or underrepresented groups, are engaged in shaping services.
- **Measurable impact:** Developing and sharing more specific metrics and benchmarks that reflect both service quality and individual wellbeing, ensuring that performance is measured by what matters most to those drawing on care and support.
- **Flexibility in financial planning:** Ensuring the budget can adapt to rising demand, especially in areas with high deprivation or increasing complexity of need.
- **A greater focus on collecting and reporting outcomes** from individuals drawing on care and support to assess how well the vision of glorious ordinary lives is being realised.
- **More transparent feedback mechanisms** from people drawing on care and support, including personal stories and experiences.

5. Co-production

We are proud of the focus we put on co-production and are currently working to ensure our approach is fit-for-purpose and gives us the best opportunity to listen and act in response to the person's voice. The adult social care co-production plan gives an overview of where we are now and outlines several actions to improve our approach to co-production, including:

- Reviewing representation of people with protected characteristics against population data and identifying gaps and opportunities to connect and co-produce more inclusively
- Recruitment of social care involvement officers linked to community-based teams across Kent to increase outreach resource
- Developing our 'Valuing your voice' policy to ensure that people's time given to support co-production is recognised and rewarded where appropriate.

In Kent, we have lots of examples of good practice when it comes to co-producing both individual support on a one-to-one basis and working with groups of people to design the future of social care and make improvements to what we offer. Dr Clenton Farquharson CBE is a member of our leadership team and provides lived experience of social care and is also a national leader for co-production. Clenton advises and challenges us in improving our co-production approach in Kent,

championing the voice of the person.

Our 'Making a Difference Every Day' Adult Social Care Strategy and Kent Adult Carers' Strategy were co-produced with people in Kent. We are currently undertaking a mid-point review with people, carers and staff to see what we have achieved and understand where we need to continue to improve.

The feedback from people is contributing to shaping day-to-day service delivery and future commissioning intentions.

We have three groups that are co-chaired by people with lived experience: Kent Learning Disability Partnership Board, Adult Social Care Digital Group, and Kent Adult Carers' Strategy Group. We also have our People's Panel, Safeguarding Co-production Group, we commission community engagement groups and have included people with lived experience in our recruitment processes. The three co-production groups co-chaired by individuals with lived experience represent voices that are deeply engaged in shaping care. Behind these numbers are people who, through their participation, aim to improve the care and support system not just of themselves but for everyone who comes after them. Adult Social Care and Health advocates for deeper involvement for those drawing on care and support, believing that the best services are those co-designed by people they impact.

We have a 'Valuing your voice' policy and a budget to reward people with lived experience, however, there is a long way to go before we can say we are truly co-productive. This requires us to be thinking in a co-productive way and for our decision-making processes to be much more inclusive for people with lived experience. Our Co-production Plan identifies the areas of work we have delivered and our future commitment to ensure we are truly working in co-production.

What would improve Kent's position:

- Ensure that the co-production process leads to measurable changes and feedback loops are closed with individuals involved, so they see the impact of their input.
- Expanding co-production to include more diverse voices, especially from marginalised and underrepresented groups.

6. Business plan priorities for adult social care

6.1 One - People

We believe in the potential of every person we support, as well as the dedication and skill of our workforce. Our work is grounded in the understanding that every person, including our valued staff, deserves to live with dignity, autonomy and the opportunity to thrive in their community.

By prioritising the needs and aspirations of the people we serve and empowering our workforce to deliver compassionate care, we are committed to building a more inclusive society, where everyone can lead 'glorious ordinary lives' - lives enriched by the care they give and receive.

Kent's Adult Social Care and Health Directorate centres its efforts around the people it serves, ensuring that their voices are heard and their needs are met with respect and care. This is made possible by a committed and skilled workforce that is supported to perform their roles with excellence. The focus is on enabling independence and enhancing quality of life, empowering both people that draw on care and support and our workforce to contribute to 'glorious ordinary lives' - marked by the fulfilment that comes from meaningful care and connection.

The position is one where the person is always at the centre of care and support, and where staff are empowered to deliver services that reflect compassion and respect.

What would improve Kent's position:

- **Strengthening workforce development**, ensuring that staff have the resources, training and support they need to consistently deliver compassionate care.
- **More direct feedback** from people drawing on care and support, their carers about the autonomy and choice they experience in the care and support process.

6.2 Two - Performance

Our dedication to excellence drives us to continually improve our services, ensuring that every person benefits from the highest standard of care and support. We recognise that the strength of our workforce is central to this mission. By fostering a culture of innovation, learning and professional development within our teams, we aim to set new benchmarks in adult social care. This not only inspires hope and confidence in the future of our community, but also uplifts our staff to support 'glorious ordinary lives' - where the everyday efforts of our workforce create extraordinary outcomes for those they serve.

Performance in adult social care in Kent is about delivering high-quality, person-centred care efficiently and effectively, thanks to the dedication and expertise of our workforce. It's about continuous improvement and the professional growth of our staff, ensuring that the services provided meet the evolving needs of the population. Our commitment to performance ensures that both those we serve and those who serve them can experience 'glorious ordinary lives' - where quality care and support, and professional pride go hand-in-hand.

ASCH advocates for high-performance standards that go beyond efficiency, focusing on compassionate, person-centred care that delivers real outcomes.

What would improve Kent's position:

- More focus on **collecting and analysing outcome-based data** to ensure that improvements are directly benefiting those drawing on care and support.
- **Setting clearer benchmarks** that reflect not just operational efficiency but the quality of life for people who draw on care and support.

6.3 Three - Pounds

We are committed to ensuring that every pound spent is an investment in a better future for our community, including the development and wellbeing of our workforce. By managing our resources wisely and transparently, we maximise the impact of our work, ensuring that both the people who draw on care and support and the staff who deliver care have what they need to lead 'glorious ordinary lives'. This careful stewardship ensures that our financial decisions support sustainable services and a motivated, capable workforce.

The financial stewardship in adult social care in Kent, emphasises value for money, ensuring that public funds are used efficiently to provide the best possible outcomes for the community and the workforce. This focus on pounds reflects a responsible and sustainable approach to funding essential services, enabling both our staff and those they support to lead 'glorious ordinary lives' - lives where financial prudence translates into the ability to provide and draw on care and support that makes every day meaningful.

We aspire to a responsible, transparent approach to managing public funds, ensuring that every pound spent directly benefits the community by delivering high-quality care and support.

What would improve Kent's position:

- Providing clearer examples of **how financial stewardship has resulted in enhanced services** or outcomes, helping the public understand the direct connection between financial

decisions and improvements in care and support.

- Ensuring **flexibility within the budget** to address unforeseen pressures, such as increases in demand or additional support for deprived areas.

7. Prevention

Adult social care supports millions of people in England to live 'glorious ordinary lives' in a place they call home; while being independent, maintaining dignity and choice. Traditionally, it encompasses a range of activities, such as personal care, domestic help, respite care, day care, supported living, residential care, and nursing care. Adult social care is diverse and complex, involving multiple stakeholders, such as local authorities, care providers, health services, voluntary organisations and carers.

Strengthening community resilience and partnerships is key to supporting people to lead the lives they want to live, in a place they call home, by putting the person at the heart of everything we do. Promoting an individual's wellbeing and preventing, reducing or delaying the development of the need for care and support are core to our ways of working in line with the Care Act 2014.

In Kent, a range of preventative services are commissioned which aim to prevent, delay or reduce a person's need for care and support. Examples include:

- Live Well Kent and Medway
- Integrated Community Equipment Services
- Care Navigation
- Kent Integrated Domestic Abuse Service
- Technology Enhanced Lives Service (TELS).

Our Public Health team is involved in many activities to promote a person's independence. Examples of this include:

- Healthy living centres
- One You Kent
- Step By Step Men's Sheds
- Delivering campaigns to promote positive lifestyle changes
- Postural stability services
- Substance misuse services.

Adult Social Care and Health is advocating for a future where prevention is the cornerstone of social care, reducing the pressure on more intensive services.

What would improve Kent's position:

- Collecting more **data on outcomes for individuals who participate in preventive services**, particularly on whether these services have delayed or reduced their need for more intensive care and support.
- **Ensuring equitable access** to preventive services for people of all demographics, especially those in deprived or seldom heard areas of Kent.

8. Workforce

8.1 Workforce structure

The workforce structure has been redesigned to be as close as possible to the individuals who draw on care and support, with the creation of community-based teams. This structure allows the workforce to be more responsive, personalised, and connected to the communities they serve. The ongoing emphasis is on co-production, testing innovative technologies, and developing a

personalised approach to direct payments.

To bring to life the vision of our co-produced strategy 'Making a Difference Every Day', a service redesign was undertaken in 2023. This ambitious programme to place our workforce as structurally close as possible to people who draw care and support, led to the creation of community teams operating in specific localities.

We have begun work over the last 12 months to mobilise our multidisciplinary workforce, working closely with communities and partners across the county. Embracing the voice of people who draw on care and support is at the centre of our approach. Focusing on co-production to test innovation in technology, grow and develop a richer and personalised approach to the use of direct payments and engage people with lived experience in our decision-making and cultural growth.

Ongoing activity to support connections to adult social care and enable early intervention and prevention will continue to strengthen our ambition. We continue to develop our workforce, supported by strong leadership and management to create the conditions for our people to thrive in an environment where co-production informs practice, commissioning, partnership development and innovation. Our goal is to support choice and enablement that will ensure people who need our care and support can sustain a 'glorious ordinary life', in a home they choose.

What would improve Kent's position:

- **Regular feedback loops** to assess whether the redesigned workforce structure is delivering improved outcomes for individuals drawing on care and support including carers.
- Offering **more support to frontline workers** to ensure they have the resources and capacity to meet these high expectations.

8.2 Recruitment and retention approach

In Kent, we are committed to growing our own experienced workforce and future leaders. One of the ways that we are doing this is through our Social Work and Occupational Therapy Apprenticeships. We have so far supported 17 social work apprentices to qualification, with a further 17 who were enrolled in 2023. We have recently approved our future plans to have an annual intake of social work apprentices with the intention to enrol up to ten a year. We also enrol up to four occupational therapist apprentices each year.

We have re-established our 'Think Ahead' partnership and will be supporting four staff this year to undertake the post-graduate degree which focuses on Mental Health Social Work.

Jointly, with our colleagues in children's social work, we have been undertaking newly qualified social worker recruitment campaigns as well as exploring the use of national recruitment events and sponsored adverts to help draw more attention to careers at Kent County Council. We attended two events jointly in 2023 and have planned activity for 2024.

The focus is on creating a strong, sustainable workforce that is well-equipped to meet future demand, with an emphasis on professional development and leadership growth. We are investing in the future by fostering new talent through education and training.

What would improve Kent's position:

- **Collecting more data on retention rates for newly qualified staff**—are they staying in the field, and what challenges are they encountering.
- **Expanding recruitment campaigns** to address immediate workforce needs, while maintaining a long-term focus on building a sustainable workforce.

8.3 Organisational development

We have a dedicated Organisational Development Group which includes senior representation from all areas of the directorate. This group is also supported by two sub-groups to enable the delivery of our workforce plans: the 'Resources Group' and the 'Kent Academy Group'.

A **Strategic Workforce Plan** was set in 2022 with five key priority areas of work:

1. Attracting and recruiting newly qualified staff
2. Skills and roles for new ways of working
3. Management and leadership development
4. Contemporary and inclusive recruitment approaches
5. Equitable role requirements and remunerations

Following organisational change, the action plan to meet the priorities is currently being reset for 2024 to ensure we can put the right mechanisms, tools and support in place to have an appropriately skilled and resourced workforce. This work will also include the outputs from 'culture growth' events held in 2023 and the outputs of our staff survey.

What would improve Kent's position:

- More **direct feedback from staff** on how these development programmes are impacting their day-to-day work and confidence in their roles.
- A **clearer connection** between the outcomes of staff surveys and the ongoing evolution of workforce development initiatives.

8.4 Equity, equality, diversity and inclusion

The principles of equity, equality, diversity and inclusion are a central focus of the Directorate Management Team's discussions and actions. The requirement is set for all matters presented to the leadership group to explore implications of equity, equality, diversity and inclusion and state clearly how the lives of people who draw on care and support are impacted, establishing where key actions and involvement feature on the ladder of co-production. The members of the Directorate Management Team actively engage with the chairs of all KCC's staff groups, highlighting key issues for the attention of staff and management. Continuous improvement is driven through our workforce race equality standards and associated action planning. Practice development colleagues have been sharing postcards from practice, bringing to life the experience of people who draw on care and support.

We advocate for an inclusive workforce and care system, where equity is embedded in all aspects of service delivery and decision-making. In our directorate, we would like the impact of these efforts to be more explicitly tied to outcomes.

What would improve Kent's position:

- **Clearer meaningful measurements** on how equity, equality, diversity and inclusion initiatives are improving experiences for both staff and people who draw on care and support, specifically around access to opportunities, retention rates, and service quality for diverse groups.
- A **stronger narrative** around how equity, equality, diversity and inclusion work is making a direct impact on reducing disparities in service delivery and outcomes for marginalised or underrepresented groups.

9. Working effectively in partnership

9.1 Kent and Medway Integrated Care Strategy

The Kent and Medway Integrated Care Strategy sets out shared outcomes for improving the health and wellbeing of our population and tackling health inequalities, that all partners in the Kent and

Medway Integrated Care System will work together to deliver. The strategy reflects the views, priorities and needs of people across Kent and Medway, and partners across the health and care sector, who are working to support them and has been co-produced across the system. It is an important opportunity to do things differently, integrate our services and act together on the wider impacts of health. There are shared ambitions within the strategy that align our adult social care and wider council strategies. This is also the council's statutory Kent Joint Health and Wellbeing Strategy.

9.2 Joint commissioning

We are proud of how we work with our partners to jointly commission services and we have some excellent examples including our work on the Learning Disability and Autism Alliance, Integrated Community Equipment Service and Carers Services, all of which are delivered and funded jointly with our health colleagues. The Joint Commissioning Management Group brings together representatives from NHS Kent and Medway Integrated Care Board and the council to look at joint commissioning arrangements across the county.

We also work in partnership across Kent County Council to deliver important initiatives such as Prevent, Ukraine and Afghan Resettlement projects. Although we are proud of our approach to co-production, we recognise that there is more to do in ensuring every change activity is co-produced.

Some examples of where we have included people with lived experience through the commissioning of new services include people helping with the tender evaluation for the advocacy contract, developing the new community wellbeing offer and throughout the design of the new Technology Enhanced Lives contract.

We need to build on those successes to develop positive partnerships across our services. As we recommission our main contracts we will seek to do this jointly with our health partners, in co-production with those who draw on care and support and those who provide it, including unpaid carers.

KCC aims for a stronger leadership in commissioning to enhance partnership working and joint commissioning, with a long-term goal of reducing demand on statutory services through early intervention. The focus on co-production emphasises that those that draw on care and support services should be essential to the design and commissioning process, ensuring services are tailored to their needs and preferences. Integrated care should be the future of health and social care, aligning strategies to tackle wider determinants of health and reduce inequalities.

What would improve Kent's position:

- Providing **data on the outcomes of the Commissioning Academy's first cohort** could showcase tangible improvements in leadership and commissioning effectiveness.
- Including specific **meaningful measurements on how joint commissioning and integration efforts have reduced health inequalities** or improved service access could strengthen the argument for expanding these initiatives.
- Highlighting examples of **how co-production has led to better services or outcomes** for people would add depth to the narrative on involving people with lived experience.
- Addressing **challenges or barriers**, such as difficulties in aligning health and social care priorities, could make the strategy more relatable and transparent.

Theme 1: Working with people

We are on a journey of practice improvement in line with ensuring that our strategic objectives are embedded into everyday practice. We have made great progress, but we are addressing inconsistencies of application of practice across the county. We also have a way to go to ensure that equity in experiences and outcomes is embedded at every level of service delivery and in developing our **quality assurance framework** to have **meaningful measures** in place to ensure that care and support meets the diverse needs of our communities, and that people are not experiencing inequalities in experience and outcomes.

1. Our strengths

- We are proud to improve accessible information for our communities through our digital front door, including our Kent Connect to Support website and directory, online self-assessment, financial estimator, and our virtual equipment house and technology house.
- At the first point of contact, the Adult Social Care Connect teams perform holistic assessments to promote wellbeing by linking the person with community resources.
- We have undertaken significant work to understand the barriers to enhancing direct payments in Kent and have developed plans that are aimed increasing choice and control through developing our self-directed support offer. This will be further enhanced once the internal audit team have concluded their findings into the culture of direct payments in Kent. There is political support for changing the culture of direct payments in Kent.
- We have increased our Personal Assistant (PA) market and are growing community micro-enterprises across Kent.
- The council has a range of commissioned services, such as community navigation and social prescribing, aimed at improving a person's quality of life and supporting carers.
- People with lived experience chair multiple boards. We have introduced paid roles through our 'Valuing your voice' policy.
- We focus on equity, equality, diversity and inclusion being a golden thread through everything we do. We participated in Workforce Race Equality Standards (WRES) pilot and developed an action plan to improve experiences for staff.

2. What we are doing to be the best we can be

- We want to make it simpler for people to have a direct payment and continue to grow our community offer and local assets.
- We need to continue to build our self-directed support offer to maximise the choice and control people have over their care and support.
- We need to improve our understanding of our local communities, including our seldom heard groups in Kent.
- We need to improve the use of our resources, intelligence and sharing of best practice to create consistency across the county. We will continue to build on our data collection to understand the impact to people with protected characteristics.
- We need to improve how we identify and support unpaid carers and that we accurately measure the support provided and gaps in provision. Our carers' strategy delivery plan is in progress and is focused on improving the support to unpaid carers.

3. How we can improve further

- Providing more **transparent data on the specific impact of practice audits** on service delivery could help demonstrate the real-world benefits of these initiatives.

- **Strengthening the connection between staff feedback and improvements made** to the induction process would provide clarity on how KCC is responding to staff needs.
- **Expanding the reach of feedback mechanisms** to ensure they include a diverse range of voices, especially from underrepresented or marginalised groups, would improve the inclusivity of service design and delivery.
- **Developing case studies or examples** that show how learning from audits or complaints directly led to service improvements would strengthen the argument for co-production.
- **Simplify and streamline the process for accessing direct payments**, ensuring that individuals can easily use these funds to maximise their choice and control over their care by:
 - Strengthening co-production: While the direct payment project mentions engagement with lived experience, incorporating these voices more robustly into decision-making at all levels could ensure the reforms are truly person-centered.
 - Clearer outcome measurement: developing and communicating metrics on the success of these interventions would help build confidence in the changes, particularly among skeptical staff and people that draw on care and support.
 - A more dynamic PA Portal: the PA portal's passive nature is a clear challenge. A more proactive platform with features that actively match people with PAs and better screened applicants could improve its effectiveness.
 - Continued cultural change: beyond training, creating peer support networks and showcasing real-world successes can help shift the mindset from traditional care approaches to more flexible, creative solutions.

4. Key statistics

Activity	Working Well	Improving
In 2023/24, we had 18,700 incoming / proposed Care Needs Assessments and 18,118 were completed (97%).	3,528 Carers Assessments were proposed in 2023/24 with 3,873 completed in the year (110%), reducing the number of people awaiting a Carers Assessment through the financial year. So far in 2024/25 (April 24 – August 24), 1,483 Carers Assessments have been proposed, with 1,411 completed (95%).	We are currently reducing the number of Care Needs Assessments still to be completed. Incomplete assessments are down from 3,220 in Mar 2024 to 2,886 in Aug 2024. There was a 34% increase of First Reviews completed in Quarter 1 24/25 compared to Q1 23/24.
The number of people in residential or nursing care: - 4,534 older people - 356 people with a physical disability	The number of people accessing Kent Enablement at Home has been increasing. In August 23 there were 872, and in August 24 there were 930 (7% increase). 85% of clients receiving an enablement service had their needs fully met (no further service required). Of the remainder (14.83%), their needs were reduced by 50% or more.	29% of adults are supported through a Direct Payment (2023/24) up from 27% (2022/23)

Graphic: Key statistics – working with people

Current Position

Making a
difference
every day

Care Needs Assessments, from a high in April 2024 of 3,246 open assessments, we are now reducing this month on month, and currently at 2,911

	incoming	Completed	% completion against incoming	% completed within 28 days (ASCH2)
2023/24	18,769	18,117	97%	70%
2024/25 so far	7,570	7,880	104%	75%

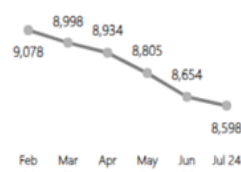
Incomplete Assessments - Last 6 Months



Reviews: Since April 2024, each month we have been completing more reviews than were scheduled, an improvement in delivery compared to the same period last year where scheduled far exceeded completed.

	Scheduled	Completed	% completion against incoming
2023/24	19,178	16,749	87%
2024/25 so far	6,568	7,203	110%

Overdue Reviews - Last 6 Months



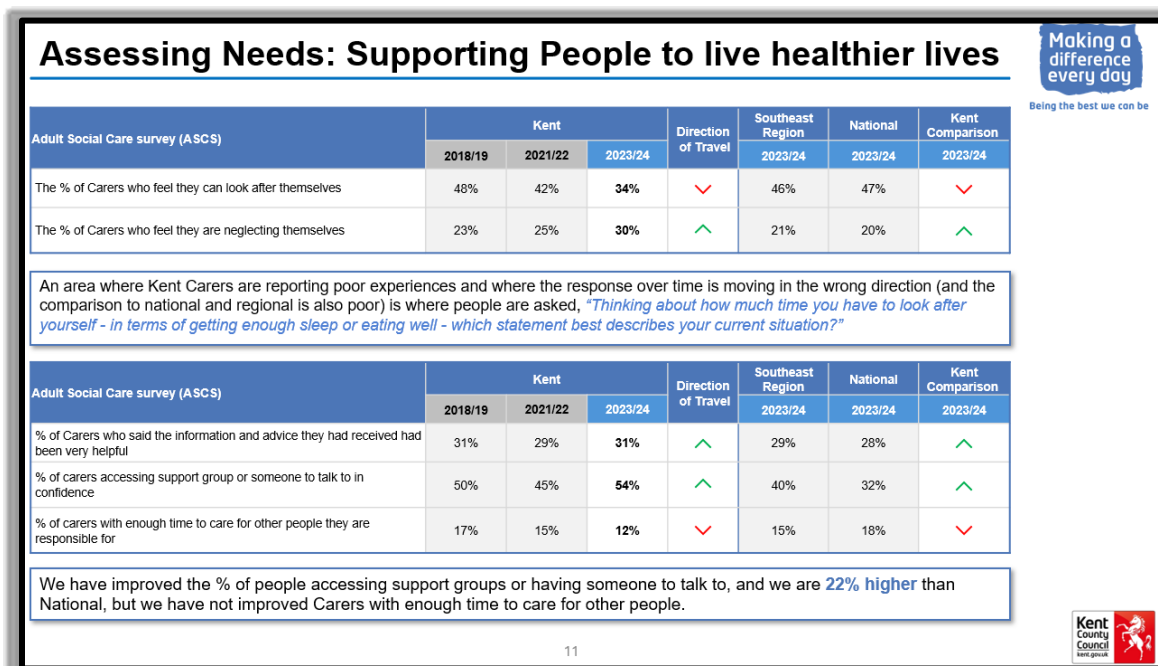
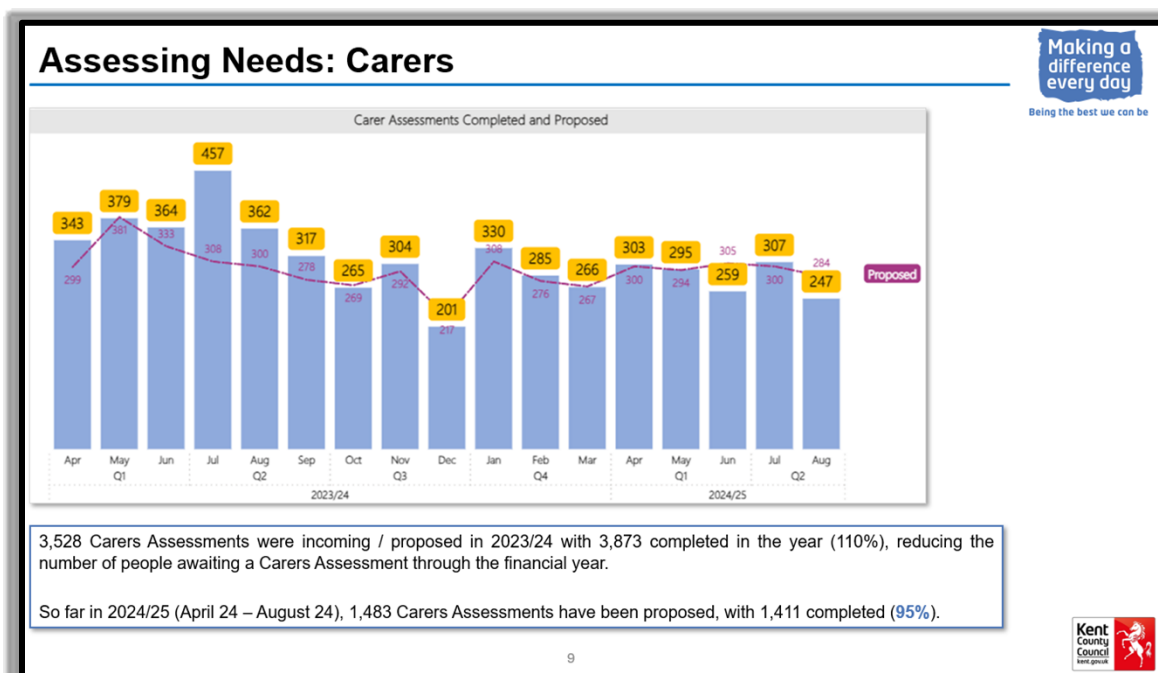
Graphic: Care Needs Assessments and First Reviews – current position

5. Risk prioritisation

The risk prioritisation tool and guidance has been co-produced with practitioners across adult social care and was launched on 6 August 2024. Practitioners are actively using the tool to risk-assess and prioritise all people who are currently waiting for assessment or a review to ensure people are waiting well. The processes put in place support managers to dynamically allocate to practitioners based on risk and how long the person has been waiting. The use of the tool and the guidance will be regularly reviewed as part of our continuous improvement cycles with the first review in early September.

6. Support for unpaid and family carers

Carers may not have a diagnosis of dementia, a learning disability or mental ill-health but they *are* living with it. Carers provide support to husbands, wives, sons, daughters, neighbours and friends. Where both the cared-for person and the carer have needs of their own, the carer may have an assessment jointly undertaken by a Kent County Council commissioned carer support organisation and an adult social care practitioner or they may have an assessment on their own through a Kent County Council commissioned carer support organisation. Carer support organisations are a specialist independent resource with a wealth of experience and knowledge and are best placed to provide independent carer assessments.



Graphic: Carers' Assessments and Graphic: supporting people to live healthier lives

Case study – carers

Ben lives with his mum, Beryl. Beryl is awaiting an occupational therapy assessment due to her mobility and epilepsy and Ben does not feel he can leave his mum due to risks and safety, he is often up during the night caring for Mum and she is reliant on Ben for help in and out of bed, mobility around the house, he helps her into and out of the bathroom and is on hand whilst she showers. He undertakes all household tasks. Ben has a carer direct payment which he uses for support with housework or gardening.

Helen is in her thirties; she has Down's Syndrome and lives with her parents. Helen's parents work so she is at home alone on Monday and Tuesday and the rest of the week she attends day groups. This is when Helen can get bored and will spend time online where she is vulnerable to scams. Her parents want to continue to work but worry about Helen and asked for support, requesting a direct payment for ten hours a week for the two days when she is alone, so she can access the community, go shopping and cook. Her parents can work without the worry of Helen being at risk.

Beccy's husband Jim, is struggling with his caring role due to his own health needs. Beccy has a left side weakness following a stroke several years ago, her needs have not changed. It is the changes in Jim's health which impact on his ability to support Beccy. Their children do not live locally, but neighbours have supported when needed. Beccy has a morning and evening call and Jim, prepares lunch, reassures Beccy when she becomes anxious and provides a lot of daytime care. Carer organisations, Involve and Crossroads, completed a carer assessment, and a sitting service was agreed to give Jim a break. An additional midday call will be provided and domestic support to help Jim worry less about Beccy and to help him to stay well.

Graphic: case study – carers

7. Strengths-based practice with a focus on prevention and enablement

7.1 Practice framework

Our [practice framework](#) describes the principles, approaches and models of intervention that need to inform our work with people, families and communities and support the development of high-quality practice. We are committed to always putting people at the heart of what we do, listening to their hopes and aspirations and using practitioners' skills and expertise to support and enable people to achieve what is important to them, keeping their safety and wellbeing at the forefront. We are committed to equity in care and support services, striving to involve people in their care planning and address barriers to equity. We do this through ensuring that all those receiving care and support from our services are treated with fairness, dignity and respect and we challenge discrimination wherever we see it. Our practice framework is now two years old and is due for review.

7.2 Quality assurance framework

Our [quality assurance framework](#) launched in December 2022, and was developed with the aim of ensuring that we are consistent in the standard of practice we're delivering, that it complements and co-ordinates with our practice framework and with our revised strengths-based documentation. The two frameworks set the ambitions of our journey to become the best we can be in adult social care practice. The quality assurance framework sets out a cycle for quarterly practice audits taking place within adult social care.

The audits of our assessment and review duties began in January 2023 and have continued to evolve in line with feedback received from people who draw on care and support, practitioners and auditors. The audits completed have supported us to identify areas of good practice and learning opportunities when reviewing how we have met people's personal outcomes. The audits have included feedback from those drawing on care and support to ensure that the person's voice and experience is captured. The practice audits are different from our safeguarding closure audits

completed by the Strategic Safeguarding Team. Our audit findings are reported through our governance routes.

In 2023, we undertook three thematic audits, and a quantitative and qualitative supervision audit is in progress which has included a staff survey. The next step is to undertake a dip sample of supervision records. We want to review how we can audit the person's journey more effectively and have started conversations with our analytics team. We are aware that our audit activity has not met the ambitions of the quality assurance framework, and this has been due, in part, to redirecting officers into supporting with the safeguarding recovery work.

The outcomes of our audits identified that 74% people have had a positive experience of social care. However, we identified learning needs in relation to legal literacy, improvement in communication and direct payment awareness. Improvement actions have been put in place to embed this learning as demonstrated in IR2 evidence.

We are planning to review both the quality assurance framework and the practice framework as they have been in place for two years now. This will ensure they are relevant and reflective of current practice and standards

7.3 Practice development

The Adult Social Care and Health Directorate has a dedicated Practice Development Team managed by our Principal Social Worker. The Practice Development Team is made up of practice development officers and newly qualified social worker (NQSW) supervisors.

Case study - practice postcards

Adult Social Care practice postcards are innovative monthly sessions, available to all adult social care staff, to share insights, best practices, and resources among practitioners and people with lived experience.

The neurodiversity practice postcard, delivered during Neurodiversity Week made a great impact, and following this, the popular awareness and discussion sessions were fully booked within a week. These sessions provide a safe space for self-disclosure and the content was relatable for attendees. They also provided an excellent opportunity to connect our Practice framework, legislation, policy, and resources with real-life experiences. Attendees reported that the session would help them in their work with neurodivergent adults, by providing them with possible approaches, tools, and further training to consider. Most attendees provided the feedback that they felt more confident with understanding neurodivergence and using the tools and resources to support them in practice.

Graphic: Case study – practice postcards

The practice development officers work with all teams across adult social care to identify areas of good practice and those where further improvements need to be made. They provide creative approaches to the management and delivery of adult social care services to improve outcomes for people who draw on care and support, unpaid carers and their families, influencing the delivery of effective integrated strengths-based practice and embedding the practice framework.

The team promotes a culture of learning that further develops the knowledge base of social care practitioners, and they raise awareness of legislative changes.

An area we are particularly proud of are our practice postcards. These sessions are valued by staff and recently acknowledged by Local Government Association (LGA) advisors as an example of

good practice. The postcards focus on key areas of practice development and are shared across the workforce including, at times, our colleagues in children's social care. If staff are unable to attend the sessions, the postcard is bitesize so can be used by managers in team meetings and has links to tools and resources to support practice.

The NQSW supervisors support and assess newly qualified social workers to undertake and complete the Assessed and Supported Year in Employment (ASYE) programme. This also involves working in partnership with managers and ASYE practice educators to provide additional reflective supervision and guidance. They deliver a range of support and learning activities that complements the formal ASYE programme.

7.4 Practice development – occupational therapy

The Principal Occupational Therapist (OT) is supported by two practice development officers who work with the occupation therapy workforce to determine areas of professional development required and create training initiatives to meet this need. They deliver a monthly OT 'pOsT-It' education and reflection session for the occupational therapy staff to promote their ongoing professional development, write policy and guidance for practice in Kent and support all areas of occupational therapy student education including the apprentice programme. This all contributes to an effective professional occupational therapy workforce nursing professional standards are maintained in practice.

Case study – occupational therapy 'pOsT- Its'

One of our recent pOsT-Its was based on a common experience of occupational therapists (OTs) across all services.

The example used concerned Sheila, an older woman, to look at access in and out of the property. Sheila had mild dementia and severe lymphedema and required the community nurses to dress the affected area every day. This had led to Sheila not being able to go upstairs and she was sleeping in her chair which was negatively impacting on her legs improving as they were not elevated. Sheila's family had suggested she have a bed downstairs, but she didn't want this. The community nurses had also made this suggestion and Sheila had said no. When the OT arrived, she also suggested a bed downstairs, and again Sheila said no. Rather than try to fix the issues that sleeping in chair was creating, the OT asked Sheila the most important question of all: why? Why do you not want a bed downstairs?

As the conversation developed it turned out that Sheila did not realise that sleeping in the chair was making her lymphoedema worse. The OT took the time to explain the benefits of sleeping in a bed, and how by doing this Sheila could help to improve her own health. It didn't take long for Sheila to agree to a bed downstairs. The pOsT-Its reflection session supported the OTs to think about what is meaningful to the person, and what drives the person to engage in their chosen activities. Sometimes a person's chosen actions may not be of health benefit, and supporting these directly conflicts with the occupational therapy professional and ethical code of conduct that states OTs must do no harm. The OTs were given space to reflect on how conflicts are managed while maintaining the therapeutic relationship with the person, how can the professional guidelines align with the person's values, and how to work with the person to achieve the best outcomes.

The feedback from the reflective session following this pOsT-It was so good it led to a further two round table discussions. Those who took part, both in the reflective session and round table discussion, felt it gave them space to look at the OT code of professional conduct, organisational policy and maintaining a person-centred approach.

7.5 Induction

Alongside our council-wide induction programme, we identified a need for a bespoke adult social care induction programme that can be tailored to the needs of the person, acknowledging the breadth of functions that are carried out across our teams.

A suite of information, training and further resources has been developed, based on staff feedback and jointly development with our teams. We are in the final stages of launching an Induction Guide which will include a video explaining the resources and will also be available in British Sign Language (BSL). It is anticipated that the resource will be completed by the end of October, delayed from our initial aim for earlier this year.

What would improve Kent's position:

- Providing more **transparent data on the specific impact of practice audits** on service delivery could help demonstrate the real-world benefits of these initiatives.
- **Strengthening the connection between staff feedback and improvements** made to the induction process would provide clarity on how KCC is responding to staff needs.

7.6 Supervision

Adult Social Care has a Supervision Policy and Guidance document which includes a templated agreement and record template which was produced with a group of practitioners.

We ensure that all staff are able to access professional supervision, and arrangements are in place for a number of social workers and occupational therapists where current line management reporting does not support this.

The KCC Supervision Policy includes a section on anti-discriminatory practice in supervision which covers unconscious bias, cultural competence and intersectionality and how they are vital to enable an honest dialogue in supervision, and for supervisors to attain the necessary skills to support supervisees who have protected characteristics, as well as to ensure anti-discriminatory practice with the people they support. There is also a [GOV.UK](https://www.gov.uk/government/articles/2018/05/why-intersectionality-matters-for-social-work-practice-in-adult-services) link on 'Why intersectionality matters for social work practice in adult services' within our supervision template. It is anticipated that the supervision audit in progress will support with identifying further learning and development to be undertaken and ensuring that the practice guidance is explicit in relation to the necessary knowledge and skills required in this area.

A supervision audit is currently in progress. A questionnaire was sent to the workforce to ask about the frequency of supervision, whether people had a supervision agreement and their view of the quality of the supervision. The results are currently awaiting analysis (delayed due to officers supporting with the safeguarding recovery work). The second stage of the audit will be to complete a sample qualitative check of supervision records. The outcomes will inform any changes to the supervision policy and guidance and inform training needs of supervisors.

What would improve Kent's position:

- Providing **more feedback to staff on how their input is being actioned**—ensuring that engagement efforts lead to tangible changes in workplace practices or service delivery.
- **More detailed reporting on staff satisfaction and morale**, especially in relation to how organisational changes are impacting their day-to-day work.

8. Working with people

8.1 Learning from people's experiences:

We have several different mechanisms where we gather feedback from people about their experience of care and support, some of the common ways we receive this is:

- During assessment or throughout our conversations and support with people
- Complaints and compliments sent into the local authority
- Direct observations of practice, examples such as oversight with newly qualified staff
- Audits we undertake
- Feedback from people with lived experience through involvement forums.

Areas such as complaints and compliments are regularly reported to our senior leaders, Principal Social Worker, area managers and the Policy and Quality Assurance team, collating themes trends and actions required to support our learning and improvement. Through our monthly performance assurance, we have increased our oversight within this area. We have also recently enhanced a regular forum we hold to ensure this also includes our Involvement and Information team to triangulate all areas of feedback and not look at areas of feedback in isolation.

We do, however, recognise that feedback from people on their experiences is not always done consistently and with the greatest reach and this is an area we recognise we need to improve on. Some key strands of activity through our co-production plan include:

- Review representation of people with protected characteristics against population data and identify gaps and opportunities to connect and co-produce more inclusively
- Recruitment of social care involvement officers linked to community-based teams across Kent to increase outreach resource
- Develop 'Valuing your voice' policy to ensure that people's time given to support co-production is recognised and rewarded where appropriate.

Case study: learning from Local Government and Social Care Ombudsman (LGSCO) decision

An LGSCO investigation upheld a complaint and found Kent County Council (KCC) at fault in respect of incorrectly charging someone a contribution towards their care fees when they were entitled to free care under Section 117 of the Mental Health Act 1983. The council was also found at fault for not explaining how it had calculated the refund of the fees and did not clarify if this included interest on the payments made.

As a result of this investigation, the council has reviewed and updated its procedures in relation to Section 117 aftercare. A new workflow had been included on Mosaic, our main recording system, to improve the accuracy of the recording and monitoring of people that draw on care and support who are eligible for Section 117 After Care. A staff briefing was used to inform the workforce of the changes to the system and practitioners were reminded of their responsibilities under Section 117 (Mental Health Act 1983) After Care Services. A webinar was also developed to remind staff to their duties under the Act and shared. It is recognised that legal literacy in relation to S117 After Care Services is an area of development for our practitioners and we are in the process of identifying champions across the county to support with knowledge sharing and being a point of contact for support.

Graphic: case study – learning from local government social care ombudsman decision

What would improve Kent's position:

- **Expanding the reach of feedback mechanisms** to ensure they include a diverse range of voices, especially from underrepresented or marginalised groups, would improve the inclusivity of service design and delivery.

- **Developing case studies** or examples that show how learning from audits or complaints directly led to service improvements would strengthen the argument for co-production.

8.2 Information and advice

We offer different ways for people to access care and support. Adult Social Care Connect is one of our main access points and offers a holistic assessment which promotes wellbeing and a focus on our statutory duty to prevent, reduce and delay needs for care and support. One of the ways we do this is by linking people to community resources, for example; community wardens (as part of our Community Safety Partnership), community navigation and Live Well Kent.

72% of referrals into Adult Social Care Connect are resolved by information and advice, community referrals or minor equipment. In Q3 2023-24 our Key Performance Indicator on the percentage of people who re-contacted adult social care, having had a previous contact resolved with advice and information, was just 5% and is below our threshold of 9%. This indicates that more people are receiving the information they need at the first point of contact.

We are currently developing our first point of contact services in line with our duty to prevent, reduce and delay needs for care and support with a focus on:

- Supporting people to access universal community services rather than just traditional services.
- Supporting people to live an independent life (prevent).
- Increasing enablement opportunities to support people's independence and remain at home through the use of occupational therapy, self-directed support i.e. personal assistants, direct payments, community micro-enterprises and technology enhanced lives (reduce and delay)
- Increasing the capacity and the skills of our team to better support people who contact adult social care and our organisational partners.

The overall aim is to make it easier for people to receive the right support at the right time, and that meets their desired outcomes.

8.3 Enablement

Enablement services in Kent are delivered in-house by the Enablement and Support Services division through the following services:

- Kent Enablement at Home (KEaH – covering older people and people with a physical disability)
- Kent Enablement Service (KES – covering people with mental health needs, people with a learning disability and autistic people).

The enablement services offer short-term, preventative services to improve a person's independence and work towards agreed goals. Our Kent Enablement at Home (KEaH) team have worked extensively with the Adult Social Care Connect service and community teams to increase referrals into their service and have been actively looking at ways to increase enablement opportunities with those in the process of receiving a care needs assessment or who are already receiving services.

The KEaH team has also been supporting the Occupational Therapist Service and KES, where there have been opportunities for joint working and sharing expertise. In 2024 the intention for KES is to increase joint working and provide total wrap-around support for people within these services, therefore increasing the positive outcomes for the people we support.

We also have a dedicated Sensory Enablement service which provides short-term intervention to develop skills in daily life which typically involves equipment and/or technology solutions to maximise outcomes for the people we support.

8.4 Advocacy

KCC commission advocacy services through the **Kent Advocacy Hub** contract, with The Advocacy People. Kent Advocacy also have their own website, which includes information about what advocacy is and how to apply using their online referral forms. Awareness raising is included within the Kent Advocacy contract, and KCC attends team and quarterly monitoring meetings with The Advocacy People (TAP) to share knowledge and highlight any teams that may benefit from further training or escalation of issues.

KCC Commissioning receive quarterly Key Performance Indicators (KPIs) from the provider, this data is analysed to measure the volume of referrals and to identify who the referring agencies are. The Advocacy People (provider) also send through case studies showing the impact the provision of advocacy has had.

Our Strategic Safeguarding Unit (SSU) undertook a small dip sample audit in relation to advocacy where a person is self-neglecting. This was a result of recommendations from the Safeguarding Adult Review (SAR). The audit found that consideration of an advocate had been given for 58% of people. Our safeguarding operational guidance and flowchart have been updated to reflect the need to refer a person for Advocacy when required. In addition, the SSU newsletter provided a reminder to practitioners of their duty to refer to advocacy. There is also ongoing work include a prompt to consider the need for a referral to advocacy on our Mosaic safeguarding forms which can be reported on. A re-audit is to be planned to check on improvements in this area.

8.5 Self-directed support

As part of the Making a Difference Every Day Adult Social Care Strategy, we are making improvements to the way people can access and use direct payments. This includes looking at the support options available to help someone use a direct payment, the way the team is set up and the processes used for people to access a direct payment.

The project is called Self-directed Support and builds upon the thinking on this topic by Think Local Act Personal, as well as their priorities for direct payments. We have been working with Clenton Farquharson CBE, the chair of Think Local Act Personal, to progress this project and recognise that direct payments are an enabler to helping people to live a meaningful life. To kick-start this work, we held two 'game changer events' with our staff to encourage them to think differently.

Through early assessment work on our direct payments team and support offer, several issues were identified. A programme was set up to improve access to direct payments with work completed to date which includes:

- Development of a Personal Assistant (PA) Portal and recruitment of a PA development officer to support the PA market in Kent. The PA portal allows people to independently match themselves with people who register as offering PA support. This has had limited success as it is a relatively passive platform and although basic screening is completed it seems that there are a number of people registered who may not want to undertake a role as PA. A review of the current platform is being undertaken to see what else might work.
- Review and amendments made to the Mosaic processes for direct payments to make things easier for practitioners. Changes were made to the forms on Mosaic for direct payments to make the set-up process easier for practitioners. There is a proposal to move set-up activity to the direct payments team which would benefit both people who draw on care and support and staff setting up the process.
- A design and implementation of mandatory e-learning training for practitioners was rolled out to all staff.

- Considering what other support options we could provide to better support people to use a direct payment, as our current offer is for people that choose the option to recruit a PA. A number of options are being considered which would allow greater equity of access to direct payments. The primary option is for a managed account and payroll service, and we are aiming to start this procurement in the next financial year. Options have also been presented to include support workers/connectors to support people to consider and arrange the support that would meet their needs once an estimated budget has been agreed. This could include options around lived experience-led organisations who act as facilitator and support people to creatively plan.
- There have been a number of regular staff newsletters to provide an update on the development of micro-enterprises, direct payments, and personal assistant capacity.
- Engagement with the market through a public interest notice to understand what direct payment support is available externally and whether commissioning a provider to deliver the support would be a better option was completed and supported the proposals leading to the decision to procure a payroll and managed account service.
- We researched what other local authorities are doing to support people to use direct payments and there is a 'significant findings report' which was completed and also informed the recommendations to senior leadership colleagues.

The Self-directed Support project put in place a number of things to support practitioners and people who draw on support to positively consider a direct payment. A suite of videos was created with support from people with lived experience and staff to promote positive understanding of the flexibility of a direct payment and the positive outcomes that it could support. Sessions were completed with all teams across the county to support understanding of direct payments, micro-enterprises, PAs and the Technology Enhanced Lives Service. A proposal was made to the Directorate Management Team (DMT) to consider a range of options which would help provide equitable access to direct payments and boost the take-up of these as a straightforward and desirable option. DMT agreed the proposal to extend the Community Catalyst contract for micro-enterprises and explore options to amend the KPIs and target their work to smaller specific areas to produce greater opportunities based on the needs of a community. This has been incorporated into the 'Art of the Possible - Community Assets' work in Thanet. Contract management of this is now overseen by commissioners and the agreement for the managed account and payroll service was also confirmed and is now led by commissioning colleagues.

There continues to be a need to support some staff to move away from traditional thinking around the use of direct payments to a more creative approach. Although there are pockets of excellent practice in this area, we are continuing to explore how we can support staff and people who draw on care and support to give greater consideration to the use of direct payments.

We need to continue to build on our self-directed support offer to maximise the choice and control that people have over their care and support. This includes increasing the number of direct payments and continuing to grow our community assets

8.6 Technology Enhanced Lives Service (TELS)

Case study - technology

Derek is in his eighties and has early onset dementia. Derek lives with his wife who supports him as his informal carer and has a son who lives close by. Derek has started to frequently wander without purpose in the day and of a night. Derek and his wife sleep in different rooms however his wife is now struggling to sleep due to worrying about Derek wandering and leaving the house.

Derek was admitted to hospital from a fall after he was found in the early hours of the morning in the front garden by a neighbour. Derek was referred to the Hospital Technology Facilitator by the Occupational Therapist in the hospital. Through conversations with Derek and his wife it was apparent that Derek's wife was struggling to manage her caring role for her husband and the lack of sleep was impacting her ability to support him during the day. The Hospital Technology Facilitator discussed the use of technology to support her to maintain her caring role for Derek. To help support Derek's wife's caring role, a PIR movement sensor was given to support her with getting quality sleep and reduce the risk of carer burnout. The movement sensor was placed downstairs by the front door and would alert Derek's wife in the event of him getting up during the night. This enabled his wife to get quality sleep and was the least restrictive solution to locking doors. In the event Derek tried to leave the property, his wife would be notified through the pager alarm and would be able to assist, reassure and support him accordingly. Derek was discharged with the equipment with their son agreeing to set this up within his parents' home. At the point of the two-week check, Derek's son commented on the difference the technology had made to his parents' lives and that his mother is now able to have quality sleep whilst continuing to support Derek. He also commented on how simple the device was to set up.

Graphic: Case study -Technology Enabled Lives Service

Our new TELS service came into place at the end of November 2023 in partnership with The Argenti Partnership, led by PA Consulting. In addition to being one of the leading suppliers of technology across the country, Argenti are working with several other local authorities to produce a technology enhanced lives service, which means we can build on those successes within other areas and produce a service that is suitable for Kent.

The service was co-designed, procured and implemented with Peter Zein, who draws on care and support, and chairs the TELS governance board. The council has received a number of awards for this approach and shared learning nationally and regionally through ADASS networks.

The co-production group designed the name and branding of the service, agreed the KPIs and designed and delivered training. The co-production group continues to play a key role in overseeing the service. We are always working to grow the co-production group.

There has been significant investment within KCC, with the creation of a TELS Team who are responsible for supporting referrers through engagement, training and offering advice (either through meetings or one-to-one conversations). The service is outcomes focused. There is a short-term service to support hospital discharge and enablement and supports prevention, a long-term service for people with ongoing care and support and private pay.

We have trained over 950 people, with positive feedback. We have trained 54 practitioners to be TELS Champions within adult social care teams.

Since November 2023 to mid-August 2024, 1677 TELS referrals have been made. We have developed a quality assurance approach to support continuous improvement and integrated referrals into the Mosaic system to support robust reporting.

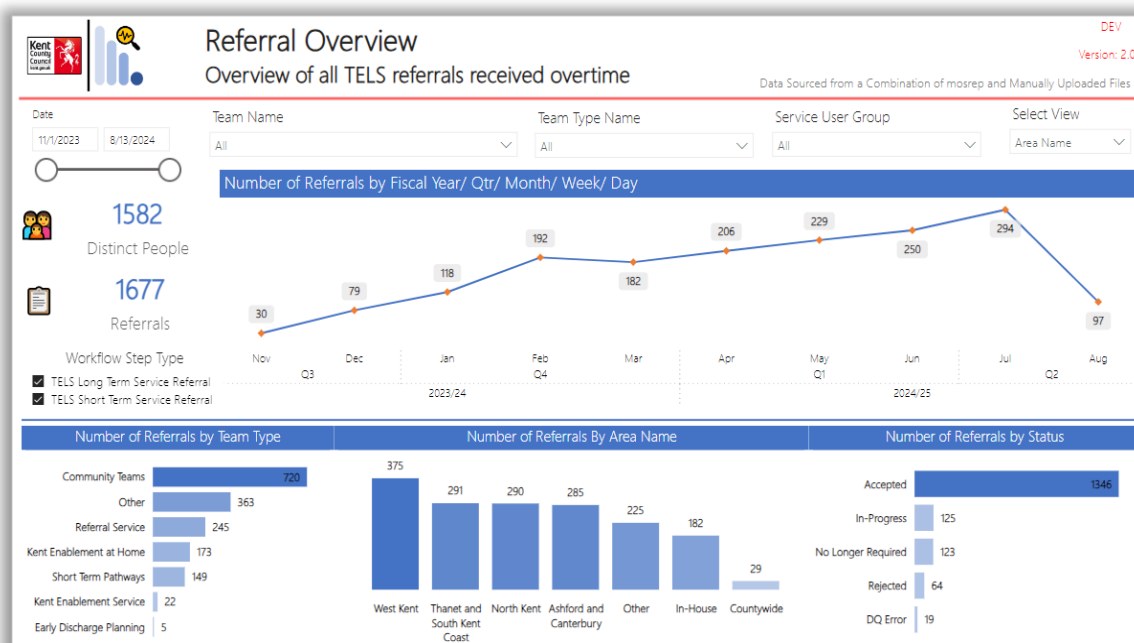
Graphic: Technology Enabled Lives Service - numbers

Plans to develop the service this year:

- Transitions innovation sprint
- Learning disability and supported living pathfinder
- Further development of information and support with Digital Kent colleagues to support digital inclusion and raise awareness of benefits of technology for Kent residents
- Embedding data-led practice – using lifestyle monitoring to support assessments and care and support planning
- Carers' care technology using Accelerating Reform Funding
- Developing a National Institute of Health Research technology-enabled social care research bid (October 2024) Partnership with Kent Fire and Rescue, Kent Police and South East Coast Ambulance Service to agree approach.

8.7 Community micro-enterprise development

People are increasingly seeking opportunities to live the lives they wish to live and have more control and support to make informed choices regarding the type of care and services they receive.



Traditional commissioned services are the predominant 'offer' available to people in Kent, which may not, in all cases fully meet people's needs, aspirations and desired outcomes. To develop the care in the community offer in Kent, we have:

- Worked with Community Catalysts to introduce over 100 community micro-enterprises across Kent and further information on these can be found on the Small Good Stuff website.
- Developed the awareness and knowledge of community micro-enterprises (CME) by creating a new workshop course on our internal Delta learning platform.
- Created an 'availability map' to highlight the number of enterprises in each area as well as the number of care hours available both in the community and in the home.
- Updated the CME webpages on Kent Connect to Support and kent.gov.uk websites to widen

awareness of these opportunities.

- Developed a series of [educational and promotional videos](#) to increase awareness both internally and externally of micro-enterprises and how they can be used to support a person's needs.
- Committed to continue our contractual relationship with Community Catalysts to explore sustainability options for the future.
- We are in the process of bringing the service in-house to embed it with our locality commissioners.

What would improve Kent's position:

- **Data-driven insights:** providing clear metrics on the impact of micro-enterprises, such as user satisfaction, cost savings, and care outcomes, would strengthen the case for expanding this model.
- **Financial support and mentorship:** offering micro-enterprises more robust financial support, including access to funding and business mentorship, could help ensure their long-term viability and sustainability.
- **Quality assurance mechanisms:** developing a clear framework for monitoring and ensuring the quality of care provided by micro-enterprises would increase trust in these services and encourage broader adoption.
- **Enhanced integration strategies:** strengthening communication and collaboration between micro-enterprises, local authorities, and traditional care providers would help ensure a smoother integration into the wider care and support system.
- **Targeted outreach:** focusing on specific populations that could benefit most from micro-enterprises, such as individuals with specific care and support needs or those in underserved areas, could increase adoption and impact.

9. Integrated working

9.1 Section 75 arrangements

- NHS Kent and Medway Integrated Care Board (ICB) and Kent County Council Adult Social Care Partnership Agreement under Section 75 (NHS Act 2006) relating to the Better Care Fund (BCF).
- NHS Kent and Medway Integrated Care Board (ICB) and Kent County Council Adult Social Care Partnership Agreement under Section 75 (NHS Act 2006) relating to the Integrated Community Equipment Service (ICES).
- NHS Kent and Medway Integrated Care Board (ICB) and Kent County Council Adult Social Care Partnership Agreement under Section 75 (NHS Act 2006) relating to the Integrated Care Centres (ICCs). 4 Integrated Care Centres predominantly used for short-stay assessment and rehabilitation (Westbrook House, Margate; West View, Tenterden; Broadmeadow, Folkestone; Gravesham Place, Gravesend).

9.2 Integrated Community Equipment Service

Kent County Council has put in place an Integrated Community Equipment Service (ICES) that has been commissioned jointly by KCC and the Kent and Medway NHS Integrated Care System through a section 75 agreement. The service has the largest range of equipment in the country offering more choice to people who need a little help with everyday activities. The provision of community equipment for children, older people and people with disabilities can be crucial in promoting independence, social inclusion, safety and quality of life. It helps to give people control over their own lives allowing them to live at home for as long as they wish. It supports carers and

families to stay together and makes a difference to everyday lives. The service supports people to remain independent in their own homes and reduces the need for care calls or care home placements, as well as supporting faster discharges from hospital.

To enable us to retain a greater choice of equipment, KCC is currently working with the market to increase the rate of recycling and reduce waste through a loan and recycle service with an option for people to self-purchase. This collaborative design work will be led by people accessing the service and their carers, with advice from providers of the service. This commissioning work is ongoing, and the new service was put in place in April 2024.

What would improve Kent's position:

- **Providing data on how ICES is reaching diverse populations** and addressing equity challenges would strengthen the case for its effectiveness.

9.3 Hospital discharge – 'Home First'

We are continuing to build on our partnership arrangements and integration with acute trusts, community health colleagues and the voluntary sector through our hospital discharge pathways. Jointly developed with the acute trusts and community health services across Kent, they are a focal point for coordinating discharge, comprising a multi-disciplinary team of health, social care, voluntary sector and housing partners.

We have implemented 'Transfer of Care Hubs' across Kent which has improved joint planning for hospital discharge, supporting more people to return home with the right support. The hubs have been fundamental in improving the culture of joint working, demonstrating good partnership working with shared goals, trust, respect and good communication.

Whether at home or in a community setting, people should be supported to be discharged to the right place, at the right time, and with the right support that maximises their independence and leads to the best possible sustainable outcomes.

We are ambitious to continue to develop our integrated models of service delivery and joint commissioning further, to ensure that pathways from hospital promote recovery, rehabilitation and reablement.

9.4 Integrated Learning Disability Nursing Service

Case study – homes not hospital

Andrea has a mild learning disability and emotionally unstable personality disorder. She experienced trauma as a child including abuse. Andrea first became known to services at a young age and was previously detained under the Mental Health Act after a manslaughter conviction.

Andrea was in hospital from the early 1990s – in high secure and medium secure units before being transferred to a low secure hospital unit in the 2000s, where she stayed until very recently. This is a total of over **30 years in hospital** without a discharge plan for a significant amount of this time. Andrea was discharged to a supported living placement in 2024 with a recommendation from the hospital for 3:1 staffing support. This was reduced to 1:1 staffing support within four months. Health and social care colleagues continue to work together to ensure Andrea is safe. Andrea now has a pet cat and has said she is so happy in her home. She thought they were always going to be in hospital.

Graphic: Case study – homes not hospital

We are proud of how we work with our partners to jointly commission services and have some excellent examples including our work on the Learning Disability and Autism Alliance, Integrated Community Equipment Service and our carers' services, all of which are delivered and funded jointly with our health colleagues.

What would improve Kent's position:

- Providing **case studies or data on how equity of experience is being achieved** would help illustrate the impact of the partnership's work.
- **Highlighting the role of carers in shaping services** would demonstrate a more inclusive, person-centered approach.

10. Transforming care

We are focusing efforts on improving experience and outcomes for people who are more likely to experience poor care, which is proudly reflected in some of the work we have carried out. This includes 'homes not hospitals' for people with mental ill-health, our domestic abuse contracts, carrying out reviews for people living in supported living properties, tackling health inequalities in west Kent with our health colleagues, researching personalised care for veterans with depression and exploring cancer inequalities for some protected characteristic groups.

11. In-house and shared services

11.1 Adult Short Breaks

Our in-house provision offers short term breaks to people over the age of 16 with a learning disability, physical disabilities and people who may be autistic or have sensory impairments across five services in Kent. Each adult short break service is regulated by the Care Quality Commission (CQC) and is registered to provide accommodation for persons who require care, are living with learning disabilities, physical disabilities, are autistic or have sensory impairments.

Within the service we have a consistent and positive team which enables us to provide outstanding person-centred care and support and provide personalised stays ensuring the people that draw on care and support can participate in activities that they have chosen and are of interest to them.

11.2 Shared Lives

Kent Shared Lives provides people with the opportunity to stay in the homes of trained and approved carers and their families. This can be long or short-term in addition to day support depending on the assessed need of the person. People who are over the age of 18 (or in some cases 16) and live with a physical or learning disability, mental health problems, are autistic, are living with dementia or who are of an older age group, can really benefit from the support and companionship from a shared lives carer who will welcome them into their home for long or short periods. This support could be outside of their own family, or as an alternative to a residential care home type setting to help them get the most out of life.

11.3 Short Stay Service

Our Short Stay Service provides residential re-enablement and respite services for older people and adults with physical disabilities, with a range of care needs, including dementia, across four units. The service is designed to prevent further admission to an acute hospital, facilitate a safe and prompt return home following a hospital stay and prevent admission to permanent residential care. All regulated services have an overall CQC rating of Good.

11.4 Kent Enablement at Home (KEaH)

KEaH provides a service which supports people to do more for themselves at home, by learning or re-learning skills that make them feel safe and confident in their own home. During the service, we

will get an understanding of a person's needs to determine the best way to support them to remain independently in their own home. The focus has continued to be delivering a flexible service that assists people with support needs regaining skills and supporting Kent County Council's adult social care teams, in delivering their aim of assisting people with long term care needs. Through their enabling approach, we have been able to ensure the needs of people waiting for a care package have been met, but also work with people to reduce their needs further, for example by working towards regaining life skills after a hospital stay. We are in the process of expanding this team alongside our health partners to create a more sustainable hospital discharge pathway.

12. Deprivation of Liberty Safeguards (DoLS)

Kent has a dedicated DoLS team, with mixed role Best Interest Assessors (BIA) contributing from the community teams. Due to demand, Kent also use independent BIAs to carry out assessments on our behalf. The centralised DoLS team also have oversight of the all the data relating to DoLS including community DoL and section 21a challenges. The Deprivation of Liberty Safeguards (DoLS) Team is responsible for safeguarding people who lack the capacity to consent to their care and treatment, by ensuring the wellbeing and rights of the person are upheld. The assessments we carry out protect people by ensuring that any deprivation of liberty is proportionate, reasonable and justifiable, whilst focusing on the least restrictive means.

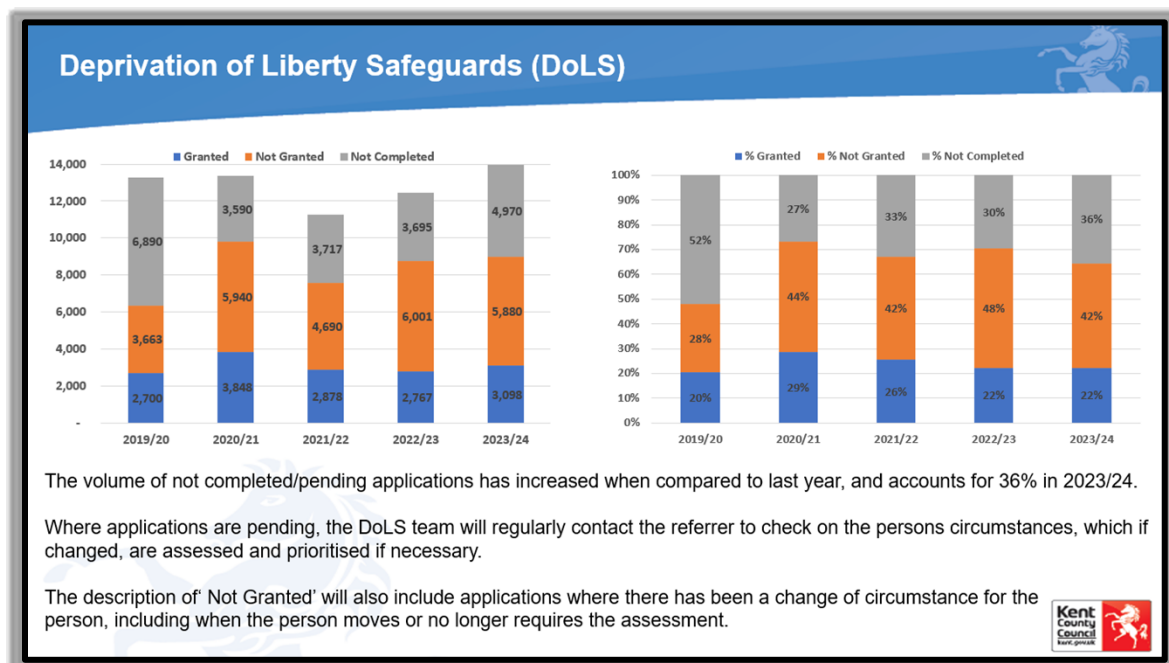
Receiving nearly 10,000 referrals annually, our DoLS team's role is one of independent scrutiny and when considering a person's best interest, their wishes and feelings play a crucial role in the assessment process. To achieve the best outcome for the person, we involve (consult) family members and friends who know the person well, so they can actively contribute to the assessment. We also work with 'Section 12' doctors who provide a mental health assessment for the person, as well as advocacy services for those people who are 'un-befriended'.

In Kent, the DoLS team actively seek out Deprivation Authorisations that are due to expire, to ensure the person's situation is reviewed and that the necessary safeguards are in place for the person. As part of the legal framework, the person also has the right to challenge the local authority and have their care arrangements reviewed by the Court of Protection to ensure their Human Rights are upheld.

The Mosaic system is used extensively to ensure we progress applications as quickly as possible and helps us identify those people who need our support. Reports from the system are used weekly and feed into our DoLS monthly performance meetings.

We constantly review what we do and how we do it. The voice of the person is of paramount importance – this is why we continually review our service. Models of sustainability have been introduced over the past 24 months, and we have developed further efficiencies by embracing technology as demand continues to outstrip capacity, which is not unique to Kent as this is a national issue. Where a person is waiting for a DoLS assessment, the Kent DoLS Service makes systematic checks on those who wait to be seen. On a regular basis, we reach out to every care home or hospital we are working with, check if the application is still required, and whether the circumstances have changed. This ensures we have consistent conversations with managing authorities, whilst creating the opportunity to have an application reprioritised when necessary.

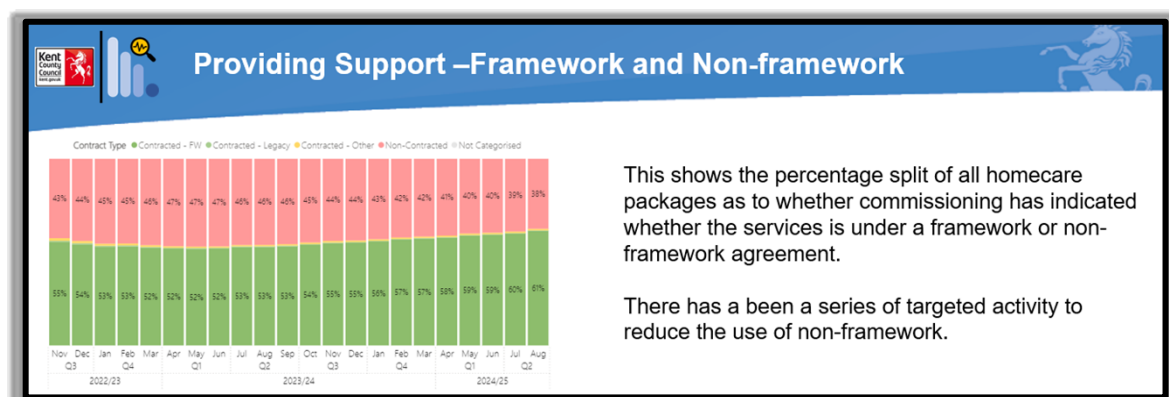
We plan to continue being proactive in finding modernised ways of working to support the DoLS Service here in Kent.



Graphic: DoLS numbers

13. People waiting for homecare

There is an insufficient supply of homecare places with framework providers. This has resulted in care packages being placed with providers outside the framework, often at a higher price and 42% of homecare packages has been purchased off-contract (*March 2024*). Capacity with framework providers has slightly improved over the last year.



Graphic: Homecare – Framework vs non-framework

14 People waiting for Care Act, carer and specialist assessments

14.1 Transition from children's services to adults' services

The transition from childhood to adulthood is an important time in young people's lives, and the authority has a responsibility to ensure it is smooth and enables the young person to achieve their wishes and aspirations. Both the Children, Young People and Education (CYPE) and Adult Social Care and Health (ASCH) directorates aim to work collaboratively to provide a seamless as possible transition, ensuring personal outcomes for young people are met.

The Strengthening Independence Service sits in the Children Young People and Education Directorate; the Young People's Sensory and Occupational Therapy teams focus on ensuring young people with a physical disability and/or learning disability receive a timely and planned

transition to adulthood at age 18 and then into adult community teams at the age of 26. There are several other transition points for children into adults; these include Children's Social Work, Children in Care and Care Leavers teams.

Approaches used to support transition include:

- Joint working at least three months prior to transition.
- Transition panels to facilitate discussions and decision making were expanded countywide in March 2024 and are proving effective with teams working together to plan smooth transitions for young people into adult social care.
- The Transition Panels provide the main access point into adult social care and for agreement for a Care Needs Assessment where there is the appearance of need. These panels also serve to address any learning of thematic issues that may arise from the transitions of a young person, and to understand each other's working practices.
- Future planning tool used by the Disabled Children Teams and Strengthening Independence Teams to show care and support and when people will transition.
- Commissioning focusing on extending adults' providers to extend their registration from 18+ to 16+ for a longer-term accommodation solution.

There is work planned to improve the transition pathway and ways of working between children's and adult's services and transitions are a key programme of activity within the council's strategic reset programme. In 2023, Kent Analytics conducted research to understand the experiences of young adults in Kent who were transitioning from Integrated Children's Services (ICS) to Adult Social Care and Health (ASCH). The research found that while most care leavers felt informed and prepared for their transition, there were some areas where improvements could be made. These included:

- More young adults than not felt informed and prepared for their transition.
- Some young adults felt "left in the dark" about what would change once they turned 18.
- Some planning conversations took place just before their 18th birthday, leaving them feeling they had little say.
- Some felt rushed to leave care and live on their own and were heavily dependent on their Personal Assistant for support.

CYPE and ASCH came together in workshops during November 2023 and January 2024 to identify key challenges and improvement areas, creating the foundations to revise our vision, protocols, policies and pathways. To accelerate this transformation, KCC has commissioned a Transformation Partner, to provide expert support for both children's and adults' services, including dedicated support for 18-25 services. The Transformation Partner has developed a project plan for the different areas of transition that they will be supporting which includes co-producing practice guidance with young adults who have experience of transitioning to adult social care.

A practice postcard was developed in relation to transitions from child to adult services, which was circulated to staff and is available to access on the Kent Academy to use as a learning tool. The practice development officers also held meaningful conversation sessions to bring practitioners from the children and adult services together to explore how we can make transition as smooth as possible for the young people we support by sharing our knowledge and perspectives, good practice and how we can overcome barriers.

Case study - transition panel

Jane will be 18 at the end of 2024. She is a Child in Care, on a Care Order and had been in foster care since the age of seven. Jane moved from her foster carers to a residential placement when she was a teenager and gets on really well with her keyworker, who is supporting her with learning to budget, cook and manage household tasks and says about her keyworker: "She is my favourite human being." Jane has autism, a chromosome deletion and epilepsy.

Jane has some learning needs, is supported by an Education Health and Care Plan (EHCP) and attends college - she has now learnt to travel there independently. She sees her Mum and her Nan every month and they continue to be important people in her life. Jane's Social Worker from the Children in Care team presented her case to the Transition Panel where it was agreed that a Care Act assessment should be carried out to see if Jane had ongoing care and support needs. A referral was sent to the Adult Community Team and a joint visit to Jane by the adult worker and the children's worker took place in after Jane had finished college. Further visits have taken place so that the Care Act assessment can be completed by September and a clear plan put in place before Jane turns 18 when she will need to move on from her current placement. Jane will be sad to leave her placement but is happy to be involved with planning her future and will continue to be supported as a Care Leaver after she turns 18, as well as receiving support from adult services.

Graphic: Case study – transition panel

14.2 Prisons

In North Kent, we have named social work and occupational therapy practitioners who provide in-reach to our prisons to complete Care Act assessments. They have also developed specific ways of working to support prisoners to meet their care and support needs in line with the working with people in prison practice guidance.

A high-profile Secretary of State ordinary residence dispute involving four local authorities was found in favour of Kent on appeal. Our experience was shared with the network and subsequently informed national guidance which clarified how the Care Act should be interpreted. We have also played a vital role in shaping the 'Women's review' which is aimed at improving the health and wellbeing for women in prison and following their release and an example of best practice including an occupational therapist and sensory services staff who will be referenced when this is published.

Work has been done to increase the number of self-referrals. This has included a simple referral form that is left, for example, in prison libraries and an increased presence of our staff on the prison's wings.

What would improve Kent's position:

- **Data collection and impact measurement:** gathering and sharing data on the outcomes of these initiatives, including the number of prisoners served and their feedback, would strengthen the case for expanding and sustaining these efforts.

- **Broader access initiatives:** expanding the accessibility initiatives to ensure that all prisoners, particularly those with limited knowledge of the Care Act, can easily access care services.
- **Sustainability planning:** developing a clear strategy for the long-term sustainability and scalability of these initiatives, particularly as demand grows and resources remain constrained.
- **Focus on broader populations:** while women's health is an important focus, addressing the broader health and social care needs of the entire prison population, including mental health and substance abuse, would ensure more comprehensive support.
- **Feedback from prisoners:** actively seeking input and feedback from prisoners themselves could help refine the approach and ensure that it meets their needs effectively.

14.3 Armed Forces / veterans

Kent County Council holds a Gold Ministry of Defence (MOD) Employers Recognition Award for ongoing support of the county's Armed Forces community. Kent's support for veterans and for the armed forces is well-established and as such we offer mentoring schemes for veterans who join us from the Armed Forces. We also support army reservists and have staff who use the skills they have from the workplace in their reservist roles, an example being an occupational therapist who uses her skills and knowledge of safeguarding in her reservist role.

Case study – Armed Forces/Veterans

Ram is a man in his forties of Nepalese heritage, and he is former British army veteran. He joined the British Army where he had a nine-month training placement in Catterick after which he became an army clerk. He is the oldest child and has a younger brother who is also serving with the British army based in Cyprus. Ram currently lives in the Royal British Legion village with his mother and father. Ram is not married and has no children, he enjoys music and used to like football and watching films.

Ram was diagnosed with a brain tumour whilst serving in the forces as a Gurkha, unfortunately the surgery was not successful which resulted in him having an acquired brain injury. It was reported that the only memory he has are the memories before his surgery hence he experiences short term memory and limited concentration. Due to his memory loss he has to be continuously prompted to undertake all his activities of daily living. Ram's parents used to live in Nepal, however after his surgery, the army brought his parents from Nepal to support him. The army supported him with a property that he moved into alongside his parents who have since become his full-time carers. Occupational therapists from Kent County Council provided support to ensure the property was appropriately adapted. Ram attends a support charity called Compaid and gym via a direct payment plan, his Nepalese friend is his PA. Due to language barriers, a Nepalese interpreter is required if Ram's friend/neighbour (Sagar) is not available to support. Ram is also attending day services to promote his socialisation in order to give him a break from his home life. This way his parents will also get a break from their caring role.

Graphic: Case study – armed forces/veterans

The Forces Connect App is used extensively by staff, particularly at Adult Social Care Connect who ensure veterans and their families can receive optimum support from their community. Links to the Nepalese and Gurkha communities in Maidstone and Folkestone are strengthened through the unit. Welfare officer meetings are attended quarterly, which are an opportunity to discuss a range of different issues from the movement of the Brunei Regiment into Kent, including continuance of care arrangements for people moving into Kent and ensuring arrangements for people who remain in Kent and have care needs when their family members are posted to Brunei. The 10th Annual

Armed Forces Covenant conference took place in June of this year. An opportunity for networking and for ensuring that veterans with care needs have the right support, for social care we ensure that forces colleagues understand how we can support veterans, examples such as the following are explored.

What would improve Kent's position:

- **Enhanced mental health services:** strengthening the mental health support for veterans, particularly those dealing with trauma, PTSD, or other mental health conditions, would create a more comprehensive care offering.
- **Long-term outcome tracking:** implementing a system to track the long-term outcomes of veteran support services, particularly in terms of quality of life, mental health, and social integration, would provide valuable insights into the effectiveness of these programs.
- **Increased outreach and awareness:** Expanding outreach efforts to ensure that all veterans, including those who may be more isolated or unaware of available services, can easily access the support they need.
- **Sustainability planning:** developing a clear, long-term strategy to ensure that these services remain sustainable and continue to draw on the necessary funding and staffing.
- **Focus on veteran families:** enhancing support for the families of veterans, particularly those who take on caregiving roles, could help create a more holistic support system.

Theme 2: Providing support

We are committed to promoting independence and reducing the need for care and support through a range of commissioned services, partnerships and community-based interventions. We are actively engaged in understanding and addressing the diverse care and support needs of our population. We do this through collaboration with local stakeholders, co-production with people that live in Kent and the integration of care services to ensure that support is accessible, sustainable and person-centred.

The recent move of the commissioning function from Strategic Commissioning in the corporate centre of the council into Adult Social Care and Health is a good move, as it brings commissioners closer to where all the information and specific needs are collected. Closer working relationships between operational and commissioning staff will ensure that the support commissioned through the provider market will align with and adhere to the 'Making a Difference Every Day' principles and ensure the voices of the people that draw on care and support are heard through all the commissioning activity. The move back into the service is a journey which we are at the early stages of, and the full benefits will accrue over the coming years.

1. Our strengths

- We are driven by innovation, working with partners locally and across the social care sector seeking out opportunities to jointly develop and improve services.
- Our complex geography poses some challenges but gives us great strength in making whole system improvements in a complex environment.
- We have brought commissioning back into the Adult Social Care and Health Directorate, which is strengthened with the inclusion of Public Health Commissioning. We share skills and experience to make improvements across health and social care, aligning priorities to make the biggest impact for people of Kent.
- We have been developing locality-based commissioning and developing micro-enterprises with the support of Community Catalysts.
- We have established joint commissioning arrangements for Learning Disabilities and Autism.
- We have jointly commissioned Pathway 1 provision, which we are in the process of in-sourcing with a community health provider trust as part of our integrated 'Home First' model.
- We are developing integrated bed brokerage with the Integrated Care Board and an established jointly commissioned community equipment service.
- We are enhancing our partnerships at place through the Health and Care Partnerships.
- We are strengthening our system and local partnerships and have created a new Head of Innovation Partnerships role to drive this.

2. What we are doing to be the best we can be

- Developing, creating and implementing a comprehensive, co-produced prevention strategy that aligns with the Integrated Care Strategy. This strategy will set clear goals for preventing, delaying, or reducing care needs and outline the roles of various stakeholders, including partners and the community. This should enable a more coordinated and effective approach to prevention, leading to better outcomes and more efficient use of resources.
- Improving access and equity by reviewing and addressing the inequalities in access to preventative services, particularly the impact of charging policies. Ensure that information and advice are accessible to all, including those who fund their own care and unpaid carers. This will reduce disparities in service access and more equitable support for all residents.
- Enhancing monitoring and evaluation, developing a robust system for monitoring and

evaluating the impact of preventative services. This should include collecting and analysing data on outcomes, feedback from people accessing support, and service performance. This will improve service delivery and the ability to make data-driven decisions that enhance the effectiveness of preventative measures.

- Promoting digital and technological innovation by expanding the use of technology-enabled care and digital innovations, such as the Technology Enhanced Lives Service and the digital front door. Ensure that these technologies are integrated into care pathways and accessible to all residents. This will enhance independence and wellbeing through the use of innovative solutions that reduce the need for more intensive care and support.
- Strengthening partnerships and co-production by engaging more effectively with partners, providers and local communities in the development, funding, and delivery of preventative services. This should include co-producing services with people who access them to ensure they meet the needs of the community. This will create more responsive and effective services that are better aligned with the needs and preferences of local residents.
- Developing and commissioning a Direct Payment Managed Account service so that the benefits of a direct payment can be accessed by more people who draw on care and support, and those that care for them.
- Recommissioning homecare to ensure a sufficient supply and equity of access to good quality care for those who choose to remain in their own home and who need support but do not wish to use a direct payment.
- Reimagining care and support in accommodation, ensuring a range of supported accommodation types across Kent, reflecting the different needs of communities (both geographic communities and communities of interest) and offering a choice to remain in a home of their own for those who need to live in an environment with on-site support, without needing to move into residential care.
- Undertaking an access and equity audit to better understand the gaps in our understanding and our offer.
- Working with partners to address gaps in provision; for example, areas without a nursing home, supported living for people with acquired brain injuries, mental health step-down capacity.
- We are developing our approach to market sustainability and shaping our markets from a local level, taking a more proactive approach and help prevent providers from failing. We are in the process of recruiting to a new Quality and Monitoring Team to sit alongside our locality commissioners, following a review of our approach to quality monitoring, and work will commence in mid-September.
- We will continue to build on the good relationships we have developed through the Integrated Care System to ensure we are working in partnership to shared objectives and improving services for people of Kent. This includes implementing a joint bed brokerage service and in-sourcing Pathway 1 with our community provider trust.

3. How we can improve further

- **Greater use of technology** to support people's independence, not just after hospital discharge but before critical events happen.
- **Broader co-production:** expanding the co-production group to ensure diverse voices and experiences are represented, including people who may be less familiar with technology.
- **Impact measurement:** clear meaningful measurements on the success and outcomes of these technological interventions, such as data on reductions in hospital admissions or improvements in carer wellbeing, would strengthen the case for scaling up.

- **Person-friendly design:** ensuring that our technology is intuitive and easy to use for all individuals, including people with limited digital skills.
- **Digital literacy initiatives:** partnering with organisations to run digital literacy workshops, particularly for carers or older adults, could enhance the effectiveness of the technology.
- **Ongoing training and support:** in addition to initial training, ongoing support for practitioners and carers will help to integrate technology into care and support more seamlessly.
- **Data-driven insights:** providing clear metrics on the impact of micro-enterprises, such as satisfaction levels, cost savings, and care outcomes would strengthen the case for expanding this model.
- **Financial support and mentorship:** offering micro-enterprises more robust financial support, including access to funding and business mentorship, could help ensure their long-term viability and sustainability.
- **Quality assurance mechanisms:** developing a clear framework for monitoring and ensuring the quality of care provided by micro-enterprises would increase trust in these services and encourage broader adoption.
- **Enhanced integration strategies:** strengthening communication and collaboration between micro-enterprises, local authorities, and traditional care providers would help ensure a smoother integration into the wider care and support system.
- **Targeted outreach:** focusing on specific populations that could benefit most from micro-enterprises, such as individuals with specific care and support needs or those in underserved areas, could increase adoption and impact.
- **Gathering and sharing more personal stories** and feedback from people benefiting from these services.

4. Key statistics

Activity	Working Well	Improving
The percentage of Homecare providers, with an office registered in Kent, who have a Good rating is 51% (2024).	Kent commissioned 1,861 day opportunity placements in 2023-24, with 1640 people using a variety of day opportunities.	77% of people supported in residential or nursing care where the CQC rating is Good or Outstanding. Our current target is 80.
People supported in long term community-based services (Supported Living and Supporting Independence Services): - 543 people with a physical disability - 1,610 people with a learning disability - 838 people with mental health - 49 people with a sensory impairment	84% people with a learning disability are living in their own home or with family (the regional average is 78%)	Waiting times for an Occupational Therapy assessment has reduced from 29 days (Sept 2023) to 19 days in Aug 2024.

Graphic: Key statistics – providing support

5. Innovation

Our Making a Difference Every Day Adult Social Care Strategy is positive about innovation. We are proud of our innovation and new ways of working that aim to improve people's health and wellbeing outcomes.

An innovation framework was co-designed with the workforce to build the right conditions for innovation to work. To empower the workforce to innovate, to take positive risks in a supportive and safe environment and to test ideas, we have created a new Digital and Innovation Team to lead on innovation on behalf of the director and working across partners. From September 2024, a senior innovator within the team will be dedicated to supporting social care teams to innovate as we are aware innovation is wider than digital innovations.

Regular Innovation Network Forums in Kent and Medway bring together health, social care and partners to innovate and collaborate.

We are working with partners in Thanet (selected because this is rich in community assets and due to a higher level of deprivation in comparison to other areas) to explore the 'art of the possible' and community assets. Working together we are exploring how assets can support prevention and benefit people who draw on care and support. This is about redefining and creating an equitable society and equitable adult social care in Kent. The first workshop took place in June 2024 and a follow-coup workshop was held in September 2024. Between June and September, teams have been working with partners and Thanet residents to understand more about the assets, challenges and ideas. We are working with West Kent Health and Care Partnership to design a falls prevention programme which will use data from Kent and Medway Care Record (KMCR) to identify people at risk of a fall and agree a range of interventions. Initial approaches identified above will to be tested in their designated areas in Kent and appropriately scaled up across other parts of Kent.

Our digital priorities for the year are set out in an adult social care digital roadmap, these priorities include, digital front door, digital self-service, Technology Enhanced Lives, opportunities in partnership with health (social prescribing platform) and using AI tools such as Microsoft Co-pilot to help improve our way of working. The roadmap was informed through assessment against the 'Digital What Good Looks Like' tool. Digital activity is overseen by a digital group consisting of staff, people who draw on care and support and other council departments and is co-chaired by Peter Zein who draws on care and support.

5.1 Supporting the care sector with digital

Adult social care teams are also currently working with the integrated care board to digitise social care through our Kent and Medway Integrated Care System Digital Plan. This is a national programme through which funding has been allocated to Integrated Care Boards (NHS). We are working with the Kent and Medway Integrated Care Board and the care sector to implement new technologies and support the care sector to become more digital. Some of the ways in which we are taking this work forwards include:

- Supporting the care sector to implement digital records.
- Implementing falls technology in care homes and improving confidence of care technology - testing of Feebris.
- Testing the approach of technology facilitators being aligned to hospitals to support discharges through a nine-month pilot which ended in March 2024 – the learning from this has informed the Technology Enhanced Lives Service.
- Data Protection Security Toolkit for providers. Kent has 68.80% compliance against the target of 70% by July 2024.
- Working with Skills for Care to support with digital skills and Kent colleges to build a digital skills and care technology learning offer which includes technology rooms across the county.
- In November 2023, we held a digital event with care providers and set up care sector digital group, together developed a care sector digital plan.
- Building local relationships with locality commissioners to inform future commissioning intentions.

6. Using analytics

The Kent Analytics team in KCC supports evidence-based decision making across KCC by undertaking research and analysis such as qualitative insight work, survey design, evaluations, in-depth analytical projects, demographic analyses and performance monitoring.

The Kent Public Health Observatory is a team within Kent Analytics, but led by the Public Health senior team and it manages our Joint Strategic Needs Assessment (JSNA).

The data provided by KCC Analytics supports commissioners to understand the needs of people and communities to shape and develop the market. One example of using data to inform the commissioning cycle is the Domestic Abuse Needs Assessment. This assessment has and will continue to inform commissioning of domestic abuse services in Kent. Information and data regarding need was taken from the Mental Health Needs Assessment for Kent to inform the recommissioning of Live Well Kent. Recent analytics will support the refresh of our Adult Social Care and Health Accommodation Strategy that supports our aim of enabling people to keep living at home for longer.

7. Commissioning arrangements

As previously mentioned, Commissioning was transferred from the corporate centre back into the Adult Social Care and Health Directorate in September 2023, to create the Adults and Integrated Commissioning Division. This division brings together all the commissioning activity across adult social care, public health and joint arrangements with health partners and Medway Council. The opportunity to bring the placement, purchasing and brokerage teams (that were already in the Adult Social Care Directorate) into the Commissioning division has also been taken, to forge closer working between the teams.

A significant focus in 2024 has been to improve our relationships with our market and providers. We have listened to our providers and their concerns over our processes and payment methods, with a significant project underway to improve the timeliness with which we pay providers.

The Kent and Medway Learning Disability and Autism Partnership (or Partnership for Neurodiversity as it is soon to be called) is developing a system-wide strategy for learning disability and autism to improve outcomes and reduce inequalities in this population. This will include progressing joint commissioning of accommodation and jointly re-procuring services.

We have a long-established partnership and joint working approach with NHS Kent and Medway through delivery of the Better Care Fund, which is overseen through the Joint Commissioning Management Group and Senior Leader group. The groups enable discussion and agreement of the strategic approach to our joint working arrangements between the council and NHS Kent and Medway.

We have joint working arrangement in the commissioning and management of the Integrated Community Equipment Service (ICES).

An updated review on the cost of care in Kent was undertaken early in 2024. The results are being used to inform recommissioning projects for Homecare and Older People's Residential and Nursing Care Provision.

Through 2024, the division has been working with NHS Kent and Medway on two key projects to support our integrated approach to hospital discharge pathways.

- The provision of support for Pathway 1 is being brought in-house, following a similar model to that of Northumberland. This should be fully implemented by 1 October 2024, with a joint provider approach of the Kent County Council in-house enablement service (Kent Enablement at Home) and Kent Community Health Foundation Trust (KCHFT) and their 'Home First' model.
- A joint bed brokerage project is building a joined-up approach for hospital discharge residential care bed placements. Initially utilising the council's framework of Residential and Nursing Care providers, through the council's Arranging Support team, with a further integration phase of a

jointly funded brokerage team.

Finally, through developing the Locality Commissioning function across the team, there has been successful recruitment to create a provider Quality Monitoring and Improvement team, which will be in place from October 2024. This is in recognition of the need to improve this element in our approach and relationship with providers, and further support the frontline social work and safeguarding functions. The Locality Commissioning team is also building relationships in their local area, with providers, stakeholders (like the district / borough councils and the local Health and Care Partnership) and the local Adult Social Care Community teams.

What would improve Kent’s position:

- **Including specific data on how KCC is measuring equity of access** and outcomes would provide more clarity on how these goals are being achieved.
- **Sharing examples of where equity of experience has been successfully implemented** through commissioning, and how it has improved outcomes for people with diverse needs, would strengthen the position.

7.1 Commissioning span

The span of the Commissioning Division is represented in the table below:

Accommodation-based support	• Care Homes (Residential / Nursing) • Extra Care • Supported Living • Discharge
Community-based support	• Care and Support in the home • Supporting Independence Services • Discharge
Preventative services	• Community Wellbeing (MH / OP / PD / SI) • Navigation • Carers Support • Domestic Abuse Support • Technology and Equipment • Welfare Support

Graphic: Commissioning span

7.2 Commissioning intentions



Graphic: Commissioning Intentions

The Adults and Integrated Commissioning Division work aligns with the Commissioning Intentions 2022-2027 statement, which sets out our ways of working with partners, stakeholders and the

market and how we aim to ensure the voice of the people that draw on care and support is reflected in our commissioning activity.

7.3 Commissioning pipeline

The pipeline provides oversight of strategic commissioning activity, which is critically aligned to the objectives of Framing Kent's Future (FKF) and delivery of Securing Kent's Future (SKF) set out below:

- New models of care and support
- Prioritise best value and statutory responsibility
- Evaluation of statutory minimum requirements
- Risk appetite.

The Commissioning Board provides a safe space for strategic thinking early in the commissioning cycle to ensure adherence to the Best Value Policy. It is intended that the board will consider activity over the medium to long term. The pipeline will help with:

- Aligning activity
- Engaging partners
- Identifying opportunities
- Assessing risks.

Ultimately, the board aims to shape commissioning practice to build strategic partnerships with providers through earlier engagement and more consistent and proactive commissioning practice with a focus on co-design.

7.4 Market position statements

Our market position statements communicate our direction of travel and priorities for adult social care to help them shape their services for the people of Kent. These are being updated alongside our Commissioning Intentions and Accommodation Strategy in preparation for our recommissioning programme. We currently have three market position statements that focus on:

- Wellbeing and prevention
- Discharges
- Accommodation with care and support.

8. Our partnership arrangements

8.1 Kent and Medway Integrated Care Strategy

The Kent and Medway Integrated Care Strategy sets out shared outcomes for improving the health and wellbeing of our population and tackling health inequalities, that all partners in the Kent and Medway Integrated Care System will work together to deliver. The strategy reflects the views, priorities and needs of people across Kent and Medway, and partners across the system who are working to support them and has been co-produced with colleagues across the system. It is an important opportunity to do things differently, integrate our services and act together on the wider impacts of health. There are shared ambitions within the strategy that align our adult social care and wider council strategies. There is also the council's statutory Kent Joint Health and Wellbeing Strategy.

The strategy includes what we need to achieve to:

- Give children and young people the best start in life
- Tackle the wider determinants to prevent ill-health
- Support happy and healthy living for all
- Empower patients and carers

- Improve health and care services
- Support and grow our workforce.

8.2 Partnership working – integrated therapies

We recognise that joint working across enablement and therapy can lead to reduced duplication and make best use of the resources available. Some examples of the integrated work we are doing in Kent are:

- KCC Occupational Therapy (OT) Services working closely with NHS acute, community and mental health OT partners to look at opportunities to better support people and reduce duplication across the system.
- Recent development of a multi-agency moving and handling assessment and plan linked to the Kent and Medway Care Record, which all organisations including Medway Council can access. This enables plans to be immediately updated and accessed, improving safety, reducing duplication, therapist time and improving service responsiveness. We have an ongoing project with interest from other local authorities and we aim to build suite of therapy assessments and further develop Trusted Assessment.
- Multi-system adoption of good practice moving and handling pictorial resources which are provided to the person, informal carers and providers with their bespoke moving and handling plan.
- Successful single-handed care training pilot across areas of the NHS using KCC's trainer, working on a joint health and social care offer and how we can commission joint training for therapists.
- Additional training to enable therapists to prescribe additional equipment traditionally outside organisational roles.
- Networking and shadowing opportunities, plans to develop cross organisation occupational therapy rotations.
- Development of a Standard Operating Procedure to support staff across different organisations to understand when and how to access mental health services for those people they are working with.

8.3 Joint Operating Protocol with Kent and Medway NHS and Social Care Partnership Trust (KMPT)

NHS England has set up a South Region New Care Model and KMPT is a part of this, which aims to reduce the length of in-patient stays in secure settings, and rates of admission and readmission to secure care, for people who have a forensic history.

One of the ways in which the new model will achieve NHS England's aim is to develop robust community service for people who are forensic in-patients being discharged from secure care (low, medium and high secure psychiatric facilities).

In response to this, KMPT developed a Forensic Outreach and Liaison Service (FOLS). To support Kent and Medway NHS and Social Care Partnership Trust, we are developing a Community Forensic Social Work (CFSW) team to work alongside FOLS. The teams work together to support a person to achieve safe and supported transition from secure in-patient wards into the community. In addition to this the Forensic Outreach and Liaison Service will offer a range of risk reduction services to people in contact with mental health and criminal justice agencies where there is a risk of serious harm to others due to the nature of a person's mental disorder (including where no offence has occurred).

8.4 Partnership working - Live Well Kent and Medway

Our Live Well service is delivered jointly with the NHS, working with Porchlight and the Shaw Trust to help people address housing, social, economic and health issues and to help people achieve their ambitions and gain greater independence.

Working across a range of voluntary organisation and charities the service can help people to:

- Better manage their mental health and general wellbeing
- Gain confidence and meet new people
- Get advice for money, debt or benefit-related issues
- Get support for housing concerns
- Access free therapy and counselling-type services
- Find work, volunteering and education opportunities
- Join local activities and support groups run by people with similar experiences.

There is a range of online resources, online referral forms as well as a contact number for people to access support. The service continues to achieve good outcomes with Q3 2023-2024 87% people maintaining or improving their SWEMWBS (Short Warwick Edinburgh Mental Wellbeing Scale) and wider wellbeing score during the quarter. 97% of people would also recommend the service to friends or family in a similar situation.

8.5 Community-based Wellbeing and Navigation Services

The council's ambition is for older people to be given the opportunity to choose what activities they access which will best achieve positive outcomes. To support the ambition, direct payments are encouraged, to give people the opportunity to be creative in designing a personalised offer. A community offer with voluntary, community and social enterprise organisations (VCSE) to provide community navigation, community wellbeing services including support for those with dementia and their families was commissioned. The community wellbeing services provide a range of activities such as:

- Peer support, so that people with similar experiences can help each other
- Befriending, offering supportive relationships with people and reducing loneliness
- Arts and heritage visits, for example, trips to places of historical interest and the theatre
- Creative activities, for example, photography and art groups
- Physical activities for all abilities, for example, walking football and gardening
- Enabling people to pursue new and old interests as desired.

The dementia specific offer includes:

- Dementia cafés for people living with dementia and their carers
- Dementia peer support groups where people experiencing different stages of the condition can meet, share experiences and offer mutual support
- Social opportunities and befriending services, offering supportive relationships with people and reducing loneliness.

Community navigation helps to signpost people to the wellbeing services and provide information and guidance.

There are a relatively small number, currently 71 older residents that attend day opportunities delivered in a day centre. These services are agreed between the person and their social worker, with an individual contract for each placement. Our ambition for the future is to better understand the quality of the day opportunity services provided to older residents and this will form part of the role of the new Quality Monitoring and Improvement team.

8.6 Sensory Services – Community-based Wellbeing Contract

People are supported to understand the conditions which affect their everyday functioning and to gain the support they need. There are information and advice services through the Sensory Community-based Wellbeing Contract. There are current challenges for d/Deaf people gaining access to GPs and other health professionals with support from interpreters. This means they are often supported by the Sensory Community-based Wellbeing Contract or Enablement Service to overcome this barrier and promote independence, choice and control.

There are peer group support services and counselling available through the wellbeing contract, including British Sign Language (BSL) and more opportunities being created for social groups. People are supported using an enablement approach to reach their potential and reduce future need for support, this also includes using assistive technologies to promote independence as much as possible. The use of the wellbeing contract has enabled the service to reduce their waiting list and ensure that people are being seen at the appropriate time.

8.7 Arrangements for working with housing

The Kent Housing Group (KHG) is a forum for housing organisations in Kent and Medway. KHG has representation from all 12 Kent local authorities, Medway Council, 11 housing associations, five support providers, Kent County Council and Kent Public Health.

The Kent Housing Group (KHG) are responsible for the following:

- Providing strategic leadership: shaping and setting the housing agenda.
- Building relationships and influencing decisions for the benefit of people in Kent.
- Drawing in resources from both traditional and alternative sources.
- Working together to improve the supply and quality of affordable homes.
- Creating sustainable communities in Kent.
- Stimulating innovative models of housing and social care.
- Taking forward collaboratively the shift from reactive to preventative practice.
- Seizing the opportunities that public health approaches can deliver in partnership with housing teams and providers.
- Our occupational therapy teams work closely with their local district/borough councils to make recommendations for both Disabled Facilities Grants (DFG), or where there is council-owned stock, the provision of the equivalent major adaptation.
- District/borough councils fund KCC to host additional seconded Disabled Facilities Grants occupational therapy (OT) posts, to speed up delivery of Disabled Facilities Grants and offer additional housing assessments/support.
- Joint site visits are commonly completed between occupational therapists, the person, council and home improvement agency (HIA) where the scheme may be more complicated, to share skills and ensure the best possible outcome.
- Joint Disabled Facilities Grants management meetings are held between KCC occupational therapy adults and children's service managers, the Home Improvement Agency and council lead on this to explore initiatives and share practice and performance
- KCC have a discretionary top-up Home Support Fund, for those who may have a Disabled Facilities Grants contribution or where the scheme exceeds the Disabled Facilities Grants limit. The person must demonstrate financial "hardship" and either an interest-free loan or charge against the property is applied.

8.8 Care sector workforce support

In adult social care, we employ two care sector workforce officers to support the sector to develop registered managers, improve quality in care, identify recruitment and retention solutions, provide

training opportunities and more recently wellbeing of the workforce. These roles work collaboratively with partners such as specialist nursing teams within the Integrated Care System, Kent Integrated Care Alliance, Skills for Care, Job Centre Plus, the Southeast Workforce Group and a National Local Authority Workforce Collaborative which enables us to share good practice, learn from other initiatives and discuss workforce issues common across the county, with a view to working together to test ideas and initiatives. Funding for planned activity comes from KCC, the NHS and Medway Council. The team also applies for various grants to enable us to fund initiatives and support activities so that most initiatives are offered free to the workforce; this is important as cost can inhibit engagement from the sector. A summary of just some of the activities undertaken include:

- A monthly newsletter to 750 provider contacts on our mailing list keeping them updated with changes to legislation, practice etc.
- A website specifically for registered managers to source training, resources, webinar recordings and support.
- Kent Registered Manager conference-free to managers to give them an opportunity to hear from local and national speakers, attend workshops and visit a variety of stands (see attached) - over 300 attendees and waiting lists for each event.
- Funded bitesize webinars on clinical and specialist topics. Examples of this include deaf awareness sessions with 400 attendees, falls prevention sessions with 93 attendees, de-biasing recruitment for 200 people.
- Free access to on online training platform 'Scils' (Social Care Information and Learning System) with over 200 courses and care certificate resources - over 1,100 staff are accessing this site.
- Social Care Nurse Network.
- Nurse Associate programme, funded via the apprenticeship levy, to help upskill current care workers in nursing services.
- Using CQC data to identify and tailor support providers.
- Funded training – Skills for Care Moving Up Programme to help Black and Asian staff who are leaders or aspiring leaders and want to develop themselves and progress in their career, Being Prepared for CQC inspection and Improving Your CQC Rating.

8.9 Building our local relationships

We work with our providers across geographical areas having a lead provider who then subcontracts to local services that meet the needs of the area. We work jointly with the NHS and our lead partners and believe we work jointly at both a strategic and local level with the sector.

Kent County Council has a Civil Society Strategy which supports connecting communities and a sustainable social sector for Kent. Just one of the areas that we support is funding for the Voluntary, Community and Social Enterprise (VCSE) steering group for Kent and Medway which provides a strategic forum with statutory and key partners to help shape future strategy on the key issues facing the people of Kent and Medway.

We have been working with Community Catalysts since 2022 who have been supporting the growth of community micro-enterprises. They are working with both new and existing enterprises to support the growth of services available in our communities. We have several micro-enterprises that are operating in Kent and are available via our Small Good Stuff webpage. We also share regular bulletins with staff to make them aware of new and existing enterprises to give people more choice and control about their care and support.

In our Ashford locality we are currently operating The Gateway. This is an opportunity for adult social care to be based within a community setting in the local community. The 'One You Shop' is a

community-based provision with several other services available to access during the week including Primary Care Nurses, Improving Access to Psychological Therapies (IAPT), Health and Wellbeing Coordinators. The Gateway is intended to offer social care assessments for people who are waiting for an assessment, with identified low level needs who can access the community for a face-to-face assessment. We are testing this way of working and sharing outcomes with other teams who are exploring this model in their localities.

In Thanet we have set up the Community Partnership Forum. The purpose of the Community Partnership Forum is to bring together key frontline staff working within statutory and community adult social care services. The forum provides an opportunity to discuss and address the delivery of services for people in their geographical area as well as providing networking, information exchange and updates on local services. The forum currently has reached 24 different community services, strategic partners and charities across Thanet.

Over 60% of Kent benefits from being 'parished' and we have been working with the Kent Association of Local Councils (KALC) to help local communities support healthier lives locally. KALC has developed an action plan with priorities including loneliness, mental health, dementia, physical activity and weight loss.

We recognise the important leadership role that local districts play in healthy lives and through public health have been supporting districts to develop local health alliances focused on local solutions to local health challenges.

9. Residential and nursing care

Kent County Council currently support just under 900 people in long term residential accommodation for those aged 18 and over on our framework, and around 520 people in non-framework homes in the county.

The contract is a closed framework, and out of a total of 237 care homes in Kent and Medway for people with learning disability, physical disability, or with mental health needs, there are 196 services on the Disability Residential Contract framework delivered by 60 providers.

The purpose is to provide accommodation, care, support, stimulation and community engagement. Services provide 24-hour care, with night cover comprising of a sleep or wake night staff member, or both, dependent on people's assessed needs. The daytime week consists of 105 hours and support may include one-to-one, two to one, shared hours, day services, informal support or no support. Some night support may be required based on 63 hours per week.

Commissioners use a range of contract management tools and processes to help identify quality and safety issues and to drive improvement within all care homes. Commissioners work closely with adult social care colleagues and with relevant agencies to develop robust action plans to support homes that are rated Inadequate by CQC to make significant improvements.

9.1 Older People's Residential and Nursing Care

There are currently 190 contracted care homes on the contract (which includes 16 out of county homes). This is out of a total of 272 older persons residential and nursing care homes in Kent, meaning that nearly two thirds of care homes in Kent are on the contract.

Available mapping placement patterns and trend-based forecasting shows that the overall demand for residential and nursing care home placements is declining. However, changing demographics and an increase in the complexity of need means that the demand for placements in Kent for people with specialist long-term needs or bespoke physical needs will increase. Current modelling shows a drop in the demand for traditional residential beds and an increase in the need for more complex support and dementia care or those people who would benefit from a more specialised

approach for their physical needs. The contracting model is flexible to accommodate the changes and pressures in the market and budget constraints and enables new high-quality providers to enter the market and respond to people's need and demand.

The contract is by way of an open Dynamic Purchasing System (DPS) that allows the council to add new providers during the lifetime of the contract having passed the relevant selection criteria. The DPS provides a high level of flexibility that allows the market the freedom to price in accordance with market conditions as well as the person's needs. Residential and nursing placements for older people are sourced via the Dynamic Purchasing System (DPS) from a list of contracted providers evaluated and ranked based on quality, capability, and value for money.

The proportion of placements to contracted and non-contracted homes has remained even over time at approximately 21% placements being made 'off contract'. However, if a person is placed 'off contract', the provider must agree to contract standard terms and conditions before an individual placement is agreed. Individual contracts are managed in a robust manner to mitigate against poor quality care, financial instability, and contractual challenges.

Kent has a total of 272 care homes for older people with a total of 12,036 registered beds. The number of registered beds varies across the 12 district footprints ranging from 798 – 1513.

10. Care and Support in the Home (Homecare)

Homecare	CQC Registration required for Regulated Activity but can include non-regulated activity.	Care and support within an individual's home.
Supporting Independence Service (SIS)	CQC Registration required for Regulated Activity but is more likely to be non-regulated activity.	Support with care within an individual's home or the community.
Extra Care Scheme Background Hours The Housing/building element is a separate contract managed as a distinct contract	CQC Registration required for Regulated Activity but is more likely to be predominately non-regulated activity.	Flexible care and support hours in an Extra Care setting.
Care & Support in Prison	CQC Registration required for Regulated Activity.	Care and Support within the Prison environment.

Graphic: Care and support in the home contract elements

The current contract is a closed framework with 30 providers contracted across 19 geographically based cluster areas. All but one of the contracted providers have more than one cluster area in which they are contracted. The Extra Care scheme background hours and the provision in prisons are purchased as blocks for specific locations.

The percentage of Homecare providers, with an office registered in Kent, who have a Good rating is 51% (2024). 13% have are rating of Requires Improvement and 0.3% are rated Inadequate. KCC are currently working closely with CQC in respect of a specific issue in the north Kent area.

The council is purchasing homecare for 52,624 hrs a week for 4,362 people, from 143 providers (as of 02 August 2024). In addition, there are 885 Kent residents for whom we purchase a Supporting Independence Service. The average number of hours per person per week are 12.9 and are purchased in units of 30-minutes, 45-minutes and 60-minutes of care and support.

In August 2024 66% of the packages purchased were with Framework (contracted) providers. As there is still use of non-framework providers, commissioners have developed a Provider Order, List of Approach (POLA) to establish a structured approach to purchasing from non-framework providers. This is a process that considers the CQC ratings of a non-framework provider as well as the rates they charge. Non-framework providers with a CQC rating of 'Inadequate', 'Requires Improvement' or 'Registered, not yet inspected' are not offered new work.

11. Supported Living (including Community Support)

The current supported accommodation offer to Kent residents includes supported living, shared accommodation and single person flats (for adults of all ages) and extra care housing (for people over the age of 55).

Kent County Council currently supports just under 2,000 people in long term supported accommodation. The contract supports both the ASCH Directorate and Strengthening Independence teams located in the Children's, Young People's and Education Directorate. The supported living contract is a closed framework where 94 providers support Kent residents to live independently, either in shared properties, or individual flats. Providers have developed relationships with landlords to deliver accommodation to support a range of needs. The Brokerage Team works collaboratively with providers, developers and district/borough councils and health colleagues to develop services in locations where a gap has been identified, especially with supporting people to leave long term hospital stays and live in the community. There is a strong focus on ensuring people are given a choice of accommodation in the location they desire with the support that best meets their needs.

Kent currently has 18 extra care schemes that support 800 people to live in their own flats with access to care and support 24 hours a day. These schemes have been delivered in collaboration with district and borough councils, landlords and providers to support people in Kent, either through Private Finance Initiative (PFI) contracts, leasing of land or nomination agreements.

What would improve Kent's position:

- **Greater transparency on the quality of these services** and the outcomes for the individuals supported, alongside more robust mechanisms for feedback from people drawing on these services.

12. Everyday Life Activities and Day Opportunity Services

Kent commissioned 1,861 day opportunity placements in 2023-24, with 1640 people using a variety of day opportunities at the end of the financial year in 2024. The majority (89%) of people accessing commissioned day opportunities are people with physical or learning disabilities, 10% are older adults and 1% people with mental health conditions.

Approximately 900 placements in adult social care are with the Everyday Life Activities providers, which is the current day opportunities contract for people with disabilities. The contract comprises 27 providers with services in 47 locations across Kent. It was developed through consultation to allow greater flexibility of options for people who wanted to attend shorter sessions with a service provider by moving the rates to hourly from the previous full day/half day contract.

The Children, Young People and Education Directorate commissioned 253 day opportunity placements at the end of the 2024 financial year for people aged 18-25 years of age, 200 of which were with the Every Day Life Activities contracted providers.

There are approximately 51 other day opportunity providers in the Kent and Medway market that Adult Social Care and Health has placements with across 60 locations.

What would improve Kent's position:

- **More data on people who draw on care and support including carers outcomes** and satisfaction, as well as ensuring there is no disparity in access for people with mental health conditions.

13. Shared Lives

The complexity of circumstances of people who are supported by adult social care has vastly changed within the last decade and it is important to now review how the Shared Lives service is

made available to people that draw on care and support, offering the best choice and control, and ensuring that the shared lives carers are developed and fully supported in their role. Through a consortium comprising Medway Council, Kent County Council, Kent and Medway Integrated Care Board (NHS) and other health organisations within Kent, funding has been awarded from the Department of Health and Social Care to help deliver the key objectives which are to:

- Grow the service as an invest-to-save strategy
- Widen the span of the service to accommodate more people with varying needs and increase its viability as an alternative provision
- Maximise income generation
- Improve the attractiveness of the 'Shared Lives Carers' offer.

What would improve Kent's position:

- **More training and support for carers** to ensure they are well-prepared, and greater visibility of carers outcomes to measure the success of the program.

14. Carers Short Breaks Services

KCC work with an external provider, Crossroads, to deliver carers short breaks services. The aim of this service is to support the physical and mental wellbeing of carers and reduce and prevent carer breakdown. The service can offer both planned and crisis care for cared-for people to support the wellbeing of carers. The service provides emergency crisis short breaks, in a prompt way, delivered for up to two weeks. The planned breaks for carers allows them to attend their own health appointments, and for carers to achieve their own identified personal outcomes.

We are currently in the process of recommissioning our Carers Short Break Services. The work will focus on ensuring an efficient, high quality, easily accessible navigation and short breaks service(s) that improves awareness of information and support available, provides short breaks and training at a time that fits with carers' schedules and improves awareness of carers needs in the workplace.

By jointly working with prescribers, people with lived experience, carers and market providers we are co-designing a high-quality, value for money service, harnessing innovation to drive service quality improvements and affordability.

What would improve Kent's position:

- **Improving access to these services by increasing awareness**, expanding capacity, and providing more flexible, tailored respite options.

15. NHS Continuing Healthcare (CHC)

KCC has a specialist team dedicated to NHS Continuing Healthcare (CHC) activity, and we have good working relationships with our NHS CHC partners in the ICB All Age Continuing Care (AACC) team and South Central West (SCW) Clinical Commissioning Group. The team delivers all NHS CHC training to staff within the council and supports joint training delivery with Integrated Care Board partners.

We hold monthly Joint Solutions meetings to support people who are not eligible for fully funded NHS Continuing Healthcare but who do have elements of health care needs. The meetings are used to collaboratively explore how we can ensure people are receiving the right care, at the right time and that support is provided by the agency most appropriate to meet those needs.

One of our biggest challenges currently is the number of continuing healthcare assessments that are carried out using a trusted assessment model approach meaning that a social care practitioner is not present at the assessment. This is due to a combination of circumstances including staff availability and the very short notice of assessment dates issued by our continuing healthcare

partners. In these circumstances, we hold joint multi-disciplinary recommendation setting and verification panels. The terms of reference and processes for these meetings are jointly developed. We are currently working with the ICB to develop a more collaborative approach to assessment date setting that will support more full multi-agency assessments which will produce a better experience and outcome for the people that draw on care and support. In the east and west of the county, we have an early dispute resolution process that was jointly developed with the SCW Clinical Commissioning Group and where agreements on NHS CHC eligibility cannot be agreed at operational level, we have an agreed escalation process. In north Kent, we currently hold regular multi-disciplinary meetings with the ICB to discuss recommendation setting for trusted assessment model assessments and inter-agency disputes to agree outcomes at a local level. Resources have just been agreed to ensure consistency across the county.

16. Domestic abuse

16.1 Kent and Medway Domestic Abuse Strategy

Our multi-agency strategy was launched in March 2024, made up of 21 organisations. The partnership works together to reduce domestic abuse, hold abusers to account for their actions, and ensure anyone affected gets the right support quickly.

This strategy was shaped by wider community and expert views through public consultation and looks at future ways to meet peoples' immediate needs when abuse is happening and support survivors through long-term recovery.

Among the many initiatives delivered through this strategy are an annual 'Domestic Abuse Aware' campaign, training to enable people to recognise and reduce abuse – and educational resources for schools designed to help young people examine healthy relationships, online harm, cyber safety and cyber bullying.

Through an associated governance structure in partnership, we will work collaboratively to meet the commitments within the **Kent and Medway Domestic Abuse Strategy**. The Domestic Abuse services are due to be recommissioned in 2026 and work has just begun on the retender process, working closely with our CYPE colleagues.

Case study – domestic abuse

Jane lived within our communal refuge from October 2022 and moved to our new dispersed accommodation in March 2023 and moved on in 2024. An Independent Domestic Violence Adviser (IDVA) supported Jane around alcohol use, initially with the support of Forward Trust (commissioned provider for alcohol and substance misuse). Jane did not feel this was working for her but she gradually reduced her alcohol intake and became more settled in new accommodation. She attended support groups for debt, money management and addiction. The IDVA worked with Jane to talk through her experiences and make sense of them. When Jane's alleged perpetrator tried to contact her, the IDVA and Jane would talk through and report the breaches to the police. Jane completed the Phoenix Program to gain a greater awareness of domestic abuse and tactics that abusers use. As Jane reduced her alcohol intake, her mental health improved and she felt able to get back in contact with one of her sons who then moved into a refuge with her. The IDVA supported Jane to move on from the allocated accommodation for a single person to a family set-up in a two-bedroom flat. After attending support groups run by our volunteer and peer mentors, Jane felt emotionally supported and made new friends which helped her settle into the community she relocated to. Through working with the IDVA and completing the Phoenix Program, Jane is now more confident, stronger and feels able to face her abuser in court. Jane has awareness of the tactics that abusers can use and can deal with situations that occur by speaking with her support network. She is no longer self-medicating with alcohol, has left the refuge and is in a temporary accommodation flat whilst waiting to be assigned her forever home with her son.

Graphic: Case study – domestic abuse

17. Monitoring arrangements

17.1 Locality commissioner role

The Making a Difference Every Day Adult Social Care Strategy 2022-27 delivery plan describes the following: locality-based commissioning model – moving to more flexible, open, diverse and locally adopted arrangements to enable more person-centred support, with a balance of ensuring quality and value.

The Locality Commissioning Team bring a place-based perspective to new commissioning activity. The team help to identifying gaps in the market and use this information to inform future commissioning. For example, through our locality-based Practice Assurance Panels, a feedback mechanism has been developed to highlight gaps in provision in particular areas with commissioners. The locality commissioners are developing area-based profiles for each locality.

The team has developed and are building strong relationships with key stakeholders such as:

- District and borough councils to inform planning and housing initiatives
- Health and Care Partnerships and Integrated Neighbourhood Teams to ensure the council and health are working together.

We are developing our approach to market sustainability and shaping our markets from a local level, taking a more proactive approach to help prevent provider failure. We are in the process of recruiting to a new team to sit alongside our locality commissioners, following a review of our approach to quality monitoring. It will commence work in October. The new Quality Monitoring and Improvement Team will enhance the work already undertaken by locality commissioners in understanding and monitoring the quality and experience of the care and support we commission.

Theme 3: Ensuring safety within the system

Kent County Council's values such as openness, collaboration, and a strong whistleblowing policy, help foster a culture of safety and transparency. We are committed to ensure safety, continuity of care and effective transitions within the social care system.

There is significant transformation and improvement activity in this and with work across the four health and care partnerships on continuously improving our integrated hospital discharge pathways.

The transition from childhood to adulthood is an important time in young people's lives, and the authority has a responsibility to ensure it is smooth and enables the young person to achieve their wishes and aspirations. There is also significant transformation activity and improvement in this area as both CYPE and ASCH directorates aim to work collaboratively to provide a seamless as possible transition, ensuring personal outcomes for young people are met.

Kent County Council is a statutory member of the Kent and Medway Safeguarding Adults Board (KMSAB) and have established working relationship with multi-agency colleagues, working together to provide guidance and seek the latest research in practice to be able to dynamically respond to the concerns highlighted in relation to Adult Safeguarding.

There is significant improvement activity in the area of operational safeguarding as we continue to improve outcomes for the residents of Kent.

1. Our strengths

- We are developing innovative models of integrated services. Our 'Home First' model in east Kent offers a new career pathway into health and social care.
- Working with health partners we have developed joint bed brokerage and are in the process of in-sourcing Pathway 1 provision.
- We have a culture of safety: the KCC values, such as openness, collaboration, and a strong whistleblowing policy, help foster a culture of safety and transparency.
- There are robust business continuity plans and emergency response protocols in place, which have been tested and refined based on past incidents, such as the ICT outage in 2021.
- There are specific protocols for self-neglect and safeguarding have been developed, including multi-agency approaches and pathways in the Mosaic system to manage people in high-risk situations.
- Processes are in place to manage transitions from hospital to community care and from children's to adult's services, including specific teams and tools like the Kent and Medway Care Record.

2. What we are doing to be the best we can be

- We are currently rolling out of our new front door and safeguarding hubs making sure that our first response is preventative and promotes independence and choice for people. New ways of working should help to ensure that people are supported at the right time, by the right people and we aim to reduce the waiting times for assessment and review and improve outcomes for people.
- We are conducting an end-to-end business process refresh to ensure that our systems and processes support our ambitions and help our staff work productively. We have already made significant progress with this work
- We are working hard to get providers paid on time through automated payment system.
- We want to strengthen continuity of care by developing clearer protocols and accountability

frameworks to ensure that people experience seamless care when transitioning between services, teams, or local authorities to reduce the risk of care disruptions and better support for the person during transitions.

- We are enhancing risk monitoring and mitigation to implement more comprehensive risk assessment and monitoring systems so that we can proactively identify and address potential risks to a person's safety and wellbeing. This will improve our ability to prevent and respond to risks, leading to safer care environments.
- We are improving timeliness and coordination of transitions by reviewing and refining transition processes, particularly from children's services to adult services, to ensure they are timely, coordinated, and centred on the person's needs which will ensure more effective transitions with reduced delays, ensuring that people who draw on support receive continuous and appropriate care.
- We are clarifying roles and providing targeted training to establish clear roles and responsibilities for care providers, particularly in areas like medication management, and ensuring that all staff receive the necessary training. This will lead to increased accountability and competence among care providers, leading to safer and more reliable care delivery.
- We are incorporating the views of people who draw on care and support, our care sector workforce and unpaid carers, to introduce mechanisms for regularly gathering and analysing feedback from people who draw on care and support and care providers to assess the effectiveness of care continuity and safety measures. This will enable more person-centred care and continuous improvement based on real-world outcomes.

3. How we can improve further

Continue to develop a proactive, equitable approach to providing care for prisoners under the Care Act by:

- **Data collection and impact measurement:** gathering and sharing data on the outcomes of these initiatives, including the number of prisoners served and their feedback, would strengthen the case for expanding and sustaining these efforts.
- **Broader access initiatives:** expanding the accessibility initiatives to ensure that all prisoners, particularly those with limited knowledge of the Care Act, can easily access care services.
- **Sustainability planning:** developing a clear strategy for the long-term sustainability and scalability of these initiatives, particularly as demand grows and resources remain constrained.
- **Focus on broader populations:** while women's health is an important focus, addressing the broader health and social care needs of the entire prison population, a wider focus including mental ill-health and substance abuse, would ensure more comprehensive support.
- **Feedback from prisoners:** actively seeking input and feedback from prisoners themselves could help refine the approach and ensure that it meets their needs effectively.

To continue to develop a holistic, culturally sensitive approach to supporting veterans and their families.

- **Enhanced mental health services:** strengthening the mental health support for veterans, particularly those dealing with trauma, PTSD, or other mental health conditions, would create a more comprehensive care offering.
- **Long-term outcome tracking:** implementing a system to track the long-term outcomes of veteran support services, particularly in terms of quality of life, mental health, and social integration, would provide valuable insights into the effectiveness of these programs.
- **Increased outreach and awareness:** expanding outreach efforts to ensure that all veterans, including those who may be more isolated or unaware of available services, can easily access

the support they need.

- **Sustainability planning:** developing a clear, long-term strategy to ensure that these services remain sustainable and continue to draw on the necessary funding and staffing.
- **Focus on veterans’ families:** enhancing support for the families of veterans, particularly those who take on caregiving roles, could help create a more holistic support system.

4. Key statistics

Activity	Working Well	Improving
9,120 Safeguarding concerns so far this year 3,050 (37.2%) have progressed to enquiry.	88.5% of enquiries, where action taken to mitigate risk, saw that risk reduced or removed (2023/24)	91.3% who say services have made them feel safe and secure (88.7% in 2023/24)

Graphic: Safeguarding key statistics

5. Safeguarding

5.1 Operating model

With the introduction of the locality operating model in April 2023, the management of safeguarding activity moved into the 23 community teams. This meant that the relevant community team would be responsible for triaging and undertaking initial fact-finding information of safeguarding concerns to determine if the S42 criteria was met or another outcome (e.g. a care needs assessment was required) and undertaking S.42 statutory enquiries as required.

Through our continuous improvement cycles, Safeguarding and the Area Referral Service (front door – now renamed ‘Adult Social Care Connect’) were quickly identified as areas to review. We identified the need to ensure we had adequate capacity to manage the demand for managing safeguarding activity and contacts into the Area Referral Service. In addition, we recognised we needed to support practitioners to have the right knowledge, skills, and tools to meet our statutory duties under the Care Act for safeguarding. We quickly implemented a specific project looking at these elements and on 4 March 2024 we launched four new Safeguarding Hubs within each of the area referral services (Adult Social Care Connect). Although we are in the early stages of implementing the hubs, we expect that this model will support our ability to respond to the high volume of concerns, assess risk in a timely way, improve relationships with partners, improve our response and ultimately result in better outcomes and consistency of approach for the person.

We have co-produced with our safeguarding lived experience group, partners and staff members on our revised online safeguarding referral forms. These are in the final stages of development and, following some unforeseen delays, should be live in September 2024. Our Mosaic safeguarding documentation is also being updated to support practitioners with being clearer and to improve recording of Making Safeguarding Personal (MSP) outcomes. Again, this should be live in late September. Since April, there have been over ten presentations delivered by the strategic safeguarding team which now also feature specific guidance on MSP, using the latest resources and tools on the dedication MSP Kent.gov.uk page, developed for adults at risk and practitioners. In addition, to support links between strategic and operational safeguarding, we have also recently re-established a County Safeguarding forum that meets monthly to share information, good practice and learning.

The same processes are followed in the young people’s teams, led by their two designated safeguarding officers, who also oversee safeguarding transition plans from children’s to adults’ services where needed.

New guidance was produced in October 2023, by the Principal Social Worker and practice development officers, along with collaborative discussions with strategic and operational colleagues.

The purpose of this guidance is to provide clear, practical, and easily accessible guidance to social care practitioners on the specific duties, roles and responsibilities undertaken by adult social care. The guidance is intended to complement and supplement the KMSAB Multi Agency Safeguarding Policy, Protocols and Guidance. The guidance is available to all adult social care colleagues on Tri-x (our policies portal) within the staff intranet. There are several templates in an appendix for practitioners to use to support them with their practice.

- The volume of safeguarding enquiries remains high and has increased throughout 2023-24. The number of safeguarding enquires open over 3 months has continued to increase as well. The Safeguarding Hubs have been implemented to better support our ability to respond to concerns in a timelier way.
- We know that the Making Safeguarding Personal outcomes were only recorded for 29% of safeguarding enquiries in 2023-24, whereas this should be completed for all enquiries. This will become a mandatory field in our revised safeguarding Mosaic forms.
- We have variation across the county in relation to meeting KPIs including risk assessments completed within 3 working days and conversation rates from concern to S. 42 enquiry, we are addressing this through our quality assurance framework and sharing best practice.
- Our recording for risk outcomes has improved in 2023-24.
- We are seeing increasing number of DoLS applications received and looking across the south east region, we have the third highest number of applications not completed by the end of the reporting year (2022-23).

5.2 Learning from Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs)

KCC Strategic Safeguarding Team work closely with the Kent and Medway Safeguarding Adults Board and have access to the latest updates in relation to policies, briefings and events. These are shared with colleagues across adult social care via the monthly newsletter, Adult Social Care and Health Staff Bulletin, online noticeboard and through team meetings.

As a tool for learning, Strategic Safeguarding produce seven-minute briefings on selected published SARs and DHRs. The briefings are produced to give an overview on the themes highlighted within the reviews to make the information accessible to operational colleagues and to be used as a discussion tool within team meetings. These are also available on our [internal intranet](#) alongside an interactive tool to support learning from themes.

Case study – learning from Safeguarding Adult Reviews (SARs)

Strategic Safeguarding has raised awareness and improved practitioner knowledge and confidence when working with people who self-neglect. Self-neglect has been a recurring theme in our SARs and 'Adam' most recently published in May 2024. 'Adam' was a white male, living with his family, who all drew on care and support. 'Adam' sadly died in hospital after he was found unresponsive in his room by paramedics, in unsanitary conditions.

Strategic Safeguarding delivered countywide self-neglect workshops from December 2023 through to August 2024 to support practitioner understanding of self-neglect, develop knowledge of the Kent and Medway Safeguarding Adults Board (KMSAB) multi-agency self-neglect policy and support with operational application with respect to risk identification, and taking a person centred, co-ordinated and effective multi-agency approach. The workshops reached all operational teams with 96% of staff reporting they were more confident using the KMSAB policy; 'I was able to identify a low, medium and high risk' of self-neglect.

Strategic Safeguarding also produces audit outcomes and Reflective Briefings to be used in operational team meetings such as SAR Douglas. These briefings are embedded through our Team Talk programme and forms part of our safeguarding practice resources.

Graphic: Case study: learnings from safeguarding SARs

5.3 Making Safeguarding Personal

The Adult Strategic Safeguarding Unit have produced a new [Making Safeguarding Personal page](#) which was launched on Kent.gov.uk in September 2023. The information page explains what happens when safeguarding concerns are shared with Adult Social Care, with our purpose to keep the person at the heart of the enquiry. KCC have a link accessible on the above webpage, which transfers the person to the [Kent and Medway Safeguarding Adults Board \(KMSAB\) website](#). This enables access to the adult safeguarding leaflets such as: [Worried about an adult? \(kmsab.org.uk\)](#), a guide for the public leaflet in 26 different languages, easy read format and British Sign Language (BSL).

There is also a link on our information page to enable people to provide feedback on their experience of the safeguarding process: [Safeguarding Personal Feedback form](#). Practitioners can use this MSP Feedback form link and share it with the adults they have supported (or their suitable person/advocate). The work in relation to MSP remains ongoing to ensure the voice of the person is clear, recorded and is central to the work undertaken within the safeguarding process.

5.4 Self neglect

KMSAB updated the multi-agency Self Neglect Policy and Protocols in September 2022. The document provides guidance to all agencies on assessing risk and managing concerns raised in relation to a person who is self-neglecting.

Multi-agency training is available to support staff with embedding the policy and protocols into practice. SSU delivered a further refresher session on the Kent and Medway Multi-Agency Policy to support people that self-neglect or demonstrate hoarding behaviour in May 2024. This session was delivered to colleagues from all operational teams within Adult Social Care. There were 11 workshops held in total from December 2023 to May 2024, reaching 763 frontline colleagues. feedback/ Impact/ Outcomes/ examples - The feedback was very positive, such as: *"the training really helped me to prepare for my visit that took place later that day I was able to identify a low, medium or high risk to the person and that I was able provide the necessary evidence to support this, following the visit, which I will of course use in future visits. As a result of my visit to the person, my feelings were that it could have been a potential safeguarding issue and following discussion with a Senior Practitioner, it was felt that this was not a safeguarding issue, however, a*

risk of self-neglect was identified, and this has been referred to the relevant community team for further assessment”.

In August 2024 – Assessed and Supported Year in Employment (ASYE) Workshop was held to discuss self-neglect processes and MSP resources and feedback. This provides an opportunity to speak to newly qualified colleagues and help to shape learning and awareness of current themes identified within Safeguarding.

Our Principal Social Worker is leading on developing self-neglect Mosaic documentation to support with embedding practice that is in alignment with our policy and protocols, supports the recording of decision making and taking a multi-agency approach to self-neglect concerns.

5.5 Training and development

Adult social care has a safeguarding competency framework, this has been reviewed to become a wider Competency Framework for Statutory Responsibilities. The revised framework has been agreed by the Senior Management Team in April 2024 and is currently in its final stages for upload to the Kent Academy Delta platform before being launched with the workforce.

The Kent and Medway Safeguarding Adults Board also has a competency framework for partners and providers to use if required and provides multi-agency training and support to enhance the knowledge and understanding of safeguarding across Kent.

Our Learning and Development Team commission safeguarding training from an external provider and in addition to this the Practice Development Team, provides bespoke sessions to operational teams in relation to audit feedback and specific needs of teams.

5.6 Identifying and embedding learning

KCC have a Strategic Safeguarding Unit (SSU) that complete the independent management report for SARs and DHRs. Having these completed within the unit provides a level of objectivity and supports with earlier identification of learning and a central and effective collation of themes. SSU have also developed a new process to capture learning from coroners to support the identification of themes and trends related to coroner reports completed by adult social care.

Feedback provided from operational colleagues indicated a need for further training in relation to completing a ‘DASH’ risk assessment when supporting someone experiencing domestic abuse. Workshops for operational colleagues to improve knowledge in relation to completing the DASH. Seven sessions (20 staff per session) were held between July-September 2024 and were fully-booked with operational staff.

5.7 Kent and Medway Safeguarding Adults Board

Kent County Council is a statutory member of the Kent and Medway Safeguarding Adults Board (KMSAB) and as such have established a robust working relationship with multi-agency colleagues, working together to provide guidance and seek the latest research in practice to be able to dynamically respond to the concerns highlighted in relation to Adult Safeguarding.

The risks and priorities for Adult Safeguarding are outlined in the Kent and Medway Safeguarding Adults Board Strategic Plan 2022-2025. This is supported by the overarching policy, protocols and guidance document for safeguarding adults in Kent and Medway which provides clear guidance in relation to colleagues’ legal responsibilities, how organisations work together, and general guidance on how to recognise and react to abuse or suspected abuse against adults at risk. There are several policies and practice guidance currently under review by KMSAB.

5.8 Quality assurance

A quality assurance audit tool for safeguarding was launched in January 2023 which looks at safeguarding closures and focuses on various aspects of the safeguarding process including making safeguarding personal outcomes, risk assessment, demonstration of legal literacy and appropriate next steps. These audits are reported into senior management.

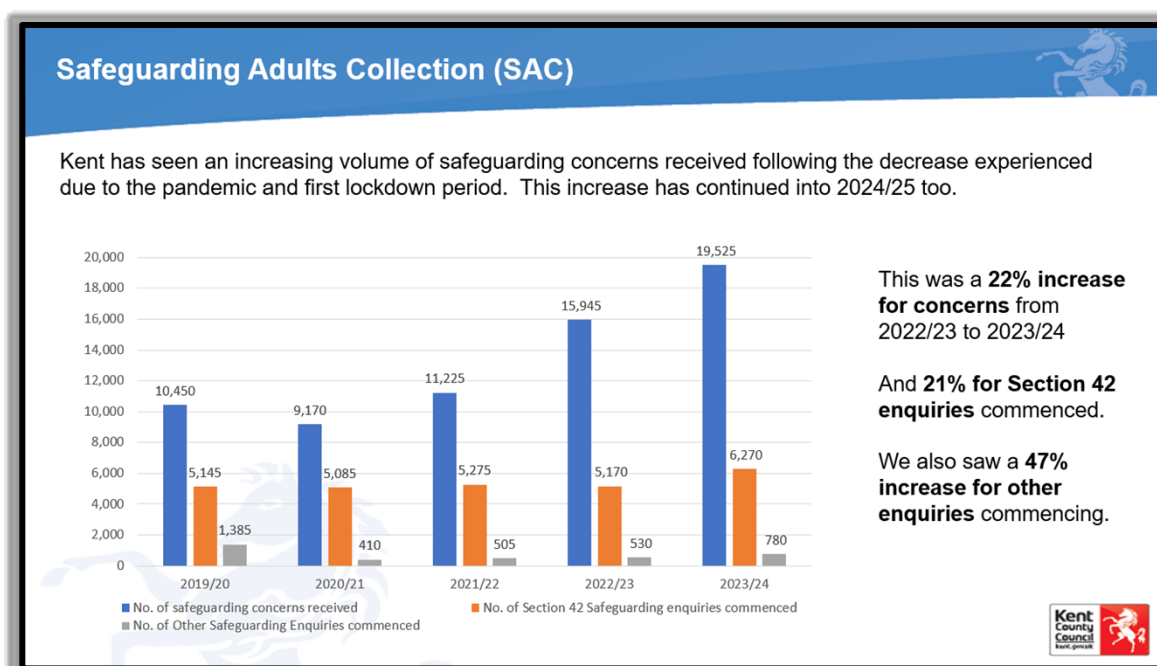
As part of our quality assurance arrangements, SSU completed internal audits, reviewing 100 safeguarding closures; a combination of Safeguarding Concerns and Enquiries closed between April – June 2024. These audits follow previous audits undertaken between January – October 2023. The audits have provided an insight into core areas such as MSP, risk assessments, Mental Capacity Act consideration, feedback provided to referrer and the person involved etc. audit outcomes were shared with senior managers (Assurance Board and Senior Management Team) and operational colleagues, for ongoing practice improvement.

Another assurance process is through the Kent and Medway Safeguarding Adult Board's self-assessment framework. This is a tool used by all partners to provide assurance to the board that partners have the appropriate policies, processes and resources in place to manage safeguarding adults across Kent; the tool is completed annually. The self-assessment for 2024 was completed earlier this year and was peer audited by KMSAB partners.

5.9 Safeguarding performance measures

In 2023-24, we received 19,321 safeguarding concerns, and so far this year 8,511 have been received. Last year we started 6,857 enquiries and have started 2,976 this year. We see approximately 36% of concerns progress to enquiries.

There is an ongoing increase in the number of concerns received with a 23% increase comparing Q1 2022-23 to Q1 2023-24, and a 19% increase for Q1 2023-24 to Q1 2024-25. We have increased the number of concerns and enquiries closed with a 35% increase in closures when comparing Q1 2024-25 to Q1 2022-23.



Graphic: Safeguarding numbers

6. Safe systems

6.1 Policies and procedures to support continuity of care

We recognise that the relocation of people from one care setting to another or between local authorities can be particularly stressful and unsettling. We therefore have a range of policies, practice guidance and procedures in place to support people to move between areas or services safely. Some of these documents are currently under review to align to our new operating models.

- Making 'out of area' arrangements practice guidance - Completed
- Ordinary residence practice guidance – Due Review Dec 2024
- Joint Transition Policy for Care Leavers – In progress
- Closure of a care home: protocol for managing the process – Full review due 2024: in progress
- Protocol for managing the exit of a homecare provider – Due to be reviewed

The completion of this work has been delayed in part due to resources available and additionally redirecting resource into other areas of adult social care, including the safeguarding recovery work.

6.2 Approved Mental Health Practitioners (AMHP)

Within Kent we have a dedicated AMHP service, we ensure that the principles of the Mental Health Act are adhered to for anyone referred into our service. We provide a high-quality Mental Health Act assessment for all people who reach a mental health crisis point in their life. We work to improve the systems that AMHPs work within to enhance a person's experience and utilise quality measures to ensure a high standard of AMHP practice.

The Kent AMHP Service has a memorandum of understanding with Medway Council and provides urgent Mental Health Act assessments for Medway residents that originate out of hours and that cannot wait until the next working day.

The service manages all complex Nearest Relative delegations and displacements and the Nearest Relative register. The Kent AMHP Service does not undertake duties relating to Guardianship but oversees the quality of the AMHP work within this and attends the Guardianship Scrutiny Panel. The Kent AMHP Service also reports all Section 3 detentions for Kent residents so the Section 117 register can be maintained.

Alongside our dedicated AMHP team, we also have staff who are mixed role AMPHs. These are staff that have gained their AMHP registration but work within our community teams, undertaking a rota approach within the service to increase our capacity. This mixed role approach also supports the skills and experience that we have within our community teams.

6.3 Moving out of hospital

The Short-term Pathways Team and the Early Discharge Planning Team, Forensic Team and Homes Not Hospitals Team support people to move safely out of secure, specialist, acute and community hospitals and back into the community. Some examples of ways of working to ensure the safety of the person and others include:

- Social care teams working across systems with partner agencies and organisations, hospitals and community health services to identify people who are ready for discharge.
- Attending multi-disciplinary and multi-agency meetings.
- Joint health and social care assessments to ensure robust discharge/aftercare plans that supports the person to live safely in the community.
- Developing robust health and social care contingency plans to ensure timely responses in the event of a crisis.
- A single risk assessment tool to support discharges from acute hospitals.

- Monitoring people on restricted community forensic pathways including reporting to the Mental Health Casework Section at the Ministry of Justice on their progress/engaging with the Multi-Agency Public Protection (MAPPA) risk management framework.
- The dynamic support database to identify and monitor autistic people and/or people with learning disabilities who may need higher input from services and are at risk of being admitted to a specialist or mental health hospital or the criminal justice system.

6.4 Adult Social Care Pressures Plan

Adult Social Care and Health needs to manage and navigate an unprecedented range of pressures across social care and health whilst continuing to operate in the context of high demand for services, budget pressures, market pressures and workforce issues both within our own social care workforce but also the wider care workforce across Kent.

Therefore, it is essential to have in place robust contingency planning that documents these issues, risks and pressures and that evidences how we, and where applicable, partners can mitigate these and ensure high quality and safe services to the people we support, but to also be clear where the risks are to us being able to achieve this.

We maintain a live Adult Social Care Pressures Plan that identifies the component elements of the directorate's response to the unprecedented pressures on the health and social care system and identifies owners for each of the response elements. This also includes the local authority's escalation process against the Operational Pressures Escalation plan framework which again is maintained as a live document. We report twice a year to our Adult Social Care Cabinet Committee on how we have mitigated risks and implemented joint working initiatives.

6.5 Provider monitoring

In September 2023 the council implemented the outcome of the restructure of corporate strategic commissioning function which saw dedicated commissioning resource and expertise return to the line management of the Corporate Director of Adult Social Care and Health. Prior to this all-commissioning activity had been provided as a central corporate function for many years.

This move was to support the Corporate Director of Adult Social Care and Health (DASS) to fulfil their statutory responsibilities, and expectations of role as set out in the National ADASS guidance note.

The council has protocols and arrangements in place that complement the Care Act Service Provider exit principles. The purpose of these is to first prevent the sudden and unplanned exit of providers from the market, to provide support to the market when failure is identified as a risk, and to ensure overall the wellbeing of people that draw on care and support, continuity of care, and safe and effective delivery of care and support during such arrangements are central to all decision making. This ensures all managers and stakeholders are clear on arrangement for managing the process, ensuring legal duties are met, best practice is followed, and wellbeing is maintained and promoted. The guidance describes the mobilisation processes involved with a service provider exit.

With any significant incident management action required, KCC take a lesson-learned approach to reflect and identify any improvements to our practice. Following a recent provider closure, we undertook a desk top review with key stakeholders to understand how where the council and other key stakeholders worked together, whether there had been missed opportunities to act, and how this could inform our plans to enhance our oversight of the market. This is critical to ensuring safe and high-quality care and support as the council recognises that where providers exit the market people are more likely to have experienced or be at risk of experiencing abuse and neglect.

This review has further informed the council's position that our current local arrangements have created a gap in the Corporate Director of Adult Social Care and Health (DASS) oversight regarding oversight of the quality and safety of the market. The council has commenced plans to ensure that this issue is addressed and has committed to the development of a quality monitoring and improvement function to ensure that the council have oversight of quality to proactively respond to quality in care and/or safeguarding intelligence; via timely, targeted interventions. In addition, we are developing our approach to market sustainability and shaping our markets from a local level, taking a more proactive approach to help prevent provider failure. We are recruiting a new Quality and Monitoring Team to sit alongside our locality commissioners, following a review of our approach to quality monitoring, commencing mid-September 2024.

Case study - lessons learned from provider failure

A nursing home providing nursing care for up to 100 people with complex health needs was inspected by the CQC and was rated as Inadequate in all five areas. Following the inspection, a level 3 sanction was placed on the home by ASCH and the ICB were informed. Many residents were funded by the ICB or funded their own care. CQC issued a notice of proposal shortly after their inspection, which later progressed to a notice of decision, the latter being based mainly on the financial sustainability of the home.

A high volume of individual safeguarding concerns was raised. It was determined that the nature of the concerns was systemic, and the area Assistant Director convened establishment safeguarding meetings which ran concurrently with the individual safeguarding enquiries and actions. The CQC, ICB (commissioning, continuing healthcare, safeguarding, quality), KCC (commissioning, operational) and Primary Care attended meetings initially two-weekly to share progress and intelligence. The attendance of the GP aligned to the home was heavily valued. The meetings were invaluable at holding the provider to account for taking ownership of the required improvements.

The home successfully managed improvements. Prior to filling beds there was an incident in another local care home which required their residents to be urgently relocated. Such was the confidence in the turnaround that CQC agreed that residents could be relocated to the nursing home temporarily whilst repairs were made. The nursing home also contributed to the learning from the emergency incidents telling us what worked and what was needed to ensure residents were safely relocated.

The changes made helped sustain 100 beds in the care home, and most importantly we did not have to move people from the place they called home. The partners worked well together, sharing information and concerns openly and in providing appropriate advice and support to the home.

6.6 Kent and Medway Domestic Abuse Strategy 2022-2025

Our multi-agency strategy was launched in March 2024, made up of 21 organisations. The partnership works together to reduce domestic abuse, hold abusers to account for their actions, and ensure anyone affected gets the right support, quickly.

This strategy was shaped by wider community and expert views through public consultation and looks at future ways to meet peoples' immediate needs when abuse is happening and support survivors through long-term recovery.

Among the many initiatives delivered through this strategy are an annual 'Domestic Abuse Aware' campaign, training to enable people to recognise and reduce abuse – and educational resources for schools designed to help young people examine healthy relationships, online harm, cyber safety and cyber bullying.

Through an associated governance structure in partnership, we will work collaboratively to meet the commitments within the Kent and Medway Domestic Abuse Strategy. Domestic abuse services are

due to be recommissioned in 2026 and work has just begun on the retender process, working closely with our colleagues in the Children, Young People and Education Directorate.

6.7 Kent Community Safety Partnership

The community safety partnerships work together across multiple partners in Kent to address key community safety priorities for the county, identifying the shared objectives and outcomes required to improve the lives of the people in Kent. The partnership works to support and safeguard vulnerable people, tackling issues of substance misuse, improving road safety, enhancing quality of life and developing community resilience. The team is also responsible for managing Domestic Homicide Reviews (DHR) in line with Home Office guidance. The team works closely with the Strategic Safeguarding Unit, who undertake the Independent Management Reports for DHRs when required, and Kent and Medway Safeguarding Adults Board, to support continuous learning and development.

The Kent Community Safety Agreement 2023 outlines the key [achievements from 2022-23 and the priorities for 2023-24 these cover the key themes of:](#)

- Early intervention, prevention and education
- Improve the quality of life and enhance community resilience
- Support mental health and wellbeing
- Reduce re-offending and support victims
- Response and recovery from significant community events.

Our operational teams work very closely with our community wardens to support residents of Kent.

7. Multi-agency arrangements

Operational team practitioners support a multi-agency response where there are concerns in relation to domestic abuse by attending the Multi-agency Risk Assessment Conference (MARAC).

In terms of Public Protection, where required practitioners will attend the Multi-agency Public Protection Arrangements (MAPPA) meetings which may include our Assistant Director who is the Single Point of Contact (SPOC) for Level 3 referrals.

8. Suicide Prevention Strategy

To reduce suicide and self-harm in Kent and Medway as much as possible; we have adopted the six priorities from the National Suicide Prevention Strategy and adapted them for our local circumstances. We have also added a seventh priority highlighting the system leadership ambitions within the strategy. These actions are led by a Kent and Medway Multi-agency Suicide Prevention Steering Group.

9. Prevent

Our Prevent and Serious Organised Crime functions, whilst covering the whole remit of the council, are managed within the Adult Social Care and Health Directorate.

Kent and Medway is a regional Prevent priority area and as such receives additional funding from the Home Office to deliver Prevent outcomes. The aim of Prevent is to stop people becoming terrorists or supporting terrorism. There is a multi-agency governance structure in place and Prevent is well connected into the different partners across Kent an example of this is the monthly Channel Panel meetings which bring together Medway Council, Kent County Council, health partners and the Police, identifying the best support and interventions required to support the person, and work in partnership

Theme 4: Leadership

1. Adult Social Care and Health Directorate overview

The Adult Social Care and Health Directorate brings together four directors with responsibilities for operational social work practice, adults and integrated commissioning and public health. Other senior manager roles include Head of Innovation and Partnerships, Strategic Advisor for Social Work, Quality and Safeguarding, Strategic Advisor for Personalisation and Co-production, Principal Social Worker and Assistant Directors. The directorate leads, co-ordinates and discharges the local authority adult social care statutory functions in the council such as, assessments and reviews, financial assessments, advocacy, care and support planning, provision of care and support and safeguarding.

2. Our strengths

- A co-produced Making a Difference Every Day Adult Social Care Strategy and Kent Adult Carers' Strategy in 2022 with a mid-point strategy review taking place to check on progress and ensuring people are at the heart of our strategic plan(s) and delivery plan(s) and to renew our commitments.
- A strategic plan for improving outcomes for unpaid carers, recognising the diverse needs of this group and setting clear objectives through the 'Kent Adult Carers' Strategy 2022 to 2027'. The Kent Carers' Strategy Group is co-chaired by a person with lived experience
- A good practice and quality assurance framework and governance structure, with a new Assurance Board.
- A strong commitment to equity, equality, diversity, and inclusion, embedding these principles in its culture and leadership. This is evident through the various staff groups, the Equality Forum, and the implementation of the Social Care Workforce Race Equality Standard (WRES)
- Kent has been recognised in several areas of best practice, including co-production, digital innovation and research, across regional and national and international networks, with officers and people with lived experience representing Kent.

3. What we are doing to be the best we can be

- With a complete leadership team in place, we will review and refine the governance levels to ensure seamless coordination, clearer communication, and aligned decision-making processes with clear leadership roles and responsibilities defined.
- Following the organisational change into community-based teams, an updated Strategic Workforce Plan is required to ensure we have an appropriately skilled and resourced workforce as we reimagine social care.
- As we continue to face financial pressures, we will implement a robust framework for assessing the impact of budget reductions on service delivery and statutory duties, including regular benchmarking against regional and national standards.
- We will refresh the monitoring framework to evaluate the effectiveness of the Making a Difference Every Day Adult Social Care Strategy and the Kent Adult Carers' Strategy 2022 to 2027 and the associated delivery plans, following the mid-point review.
- Our last staff survey highlighted areas where staff morale is low, and how communication with senior leaders could be improved. We acknowledge the impact that various change has on our workforce. We are committed to learning from our staff feedback and implementing improved communication channels and being transparent with our decision making.

4. How we can improve further

- **Long-term funding strategies:** developing clear strategies to ensure the long-term sustainability of digital and market-support initiatives, including securing funding and addressing resource constraints, would enhance the stability of these programs.
- **Enhancing data collection and usage:** improve the collection and usage of demographic and protected characteristic data through tools like Power BI to better understand and address inequalities. This data should be actively used to monitor and report on the impact of services, ensuring continuous improvement.
- **Targeted support for marginalised groups:** initiatives like the Deaf and Deafblind Community programs and the Public Health team's focus on vulnerable groups must be expanded and integrated into broader service delivery strategies.
- **A focus on workforce morale:** continued investment in staff wellbeing, ensuring that changes are introduced with clear support structures, will help to alleviate concerns around low morale.
- **Broader co-production:** expanding co-production groups to ensure diverse voices and experiences are represented, including those who may be less familiar with technology.
- **Impact measurement:** clear meaningful measurements on the success and outcomes of these technological interventions, such as data on reductions in hospital admissions or improvements in carer wellbeing, would strengthen the case for scaling up.
- **Person-friendly design:** ensuring that the technology is intuitive and easy to use for all individuals, including those with limited digital skills.
- **Digital literacy initiatives:** partnering with organisations to run digital literacy workshops, particularly for carers or older adults, could enhance the effectiveness of the technology.
- **Ongoing training and support:** in addition to initial training, ongoing support for practitioners and carers will help integrate technology into care and support more seamlessly.
- **Regular feedback loops:** direct feedback from individuals involved in safeguarding cases is vital to understanding how effective the system is in real-world scenarios.
- **Improved communication:** enhanced, transparent communication channels between leadership and frontline staff will help bridge the gap highlighted in the staff survey.
- **Consistent safeguarding practices:** addressing inconsistencies in the recording of MSP outcomes will ensure that the voices of those in care are fully represented.
- A stronger, more measurable **link between leadership development and care and support** outcomes.
- Addressing the specific barriers preventing underrepresented staff from moving into leadership roles.

5. Key statistics

Activity	Working Well	Improving
9.4% turnover rate for ASCH (275 leavers 2023/24). 8.6% vacancy rate.	0% of workers employed on zero-hours contracts .	25.7% increase in people from ethnic minority groups compared to the same month last year.
7.5 the average number of sickness days lost per worker	9.4 years is the average years of experience in the role.	567 compliments received during 2023/24 – an increase of 28%
66% of staff work full time	We have recruited 17 social work degree apprentices (starting in Sept 2024).	25.41% increase in people with a disability employed compared to the same month last year.

Graphic: key statistics - workforce

6. Learning and development opportunities

There is a strong focus on and a commitment to workforce development. Kent has a Practice Framework and culture which is based on shared values and behaviours. Kent holds a joint Kent Academy Strategic Group which looks at our learning and development needs across social work for both children's and adults' services, as well as an Adults Academy group to look at the development needs specific to meeting our statutory duties.

Our Kent Academy portal is the dedicated platform for social care training and development. The academy is home to several faculties including Student, Professional Development and Research, and offers easy access to training courses, development programmes, videos, resources, blogs and research material.

We have a suite of mandatory training for all staff in adult social care, as well as core skills training for front line practitioners and specialist training for staff required to carry our specialist assessments such as Best Interest Assessor training or courses for Approved Mental Health Professionals. We are also recruiting annually to the Social Work and Occupational Therapy Degree Apprenticeship programme.

6.1 University partnership

Kent County Council has a long-standing relationship with our two local universities, The University of Kent and Canterbury Christ Church University, through the provision of statutory placements and the delivery of undergraduate and post-graduate programmes to ensure the continuation of regional and national workforce planning, recruitment and retention strategies for social work education, including the development of high-quality learning within the practice environment.

We are also an active partner with Medway Council in a teaching partnership. This partnership was founded in 2017 with a substantial grant from the Department for Education to:

- Provide student placements in a statutory setting for 70 days, 100 days and 'readiness for practice shadowing'.
- Provide students with appropriately qualified practice educators.
- Provide practitioner teachers to co-deliver academic modules.
- Provide qualified practitioners to sit on admission panels.
- Contribute to skills days, open days and employment fairs.
- Contribute to research projects.
- Receive a small grant to fund joint Continuous Professional Development (CPD) events with guest speakers and masterclasses.
- Fund quarterly practice educator forums.
- Are involved in suitability panels and Disclosure and Barring Service (DBS) judgements.

6.2 Kent Research Partnership

Kent Research Partnership is a (£1.7m) four-year project (June 2021 - May 2025) co-led by the University of Kent and Kent County Council and funded by the National Institute of Health and Care Research (NIHR). The wider team includes national and local partners such as Homecare Association, National Care Forum and KiCA. The partnership is supported by the lived experience working group, co-led by a public advisor and made up of 12 members with experience of social care. The overall aim of the partnership is to build research capacity and develop a research culture in adult social care in Kent, including developing long-term collaboration opportunities between academia and practice.

Through the **Building Research Capacity programme** there has been a focus on setting up research governance which includes a social care research group which reviews research activity and learning to inform practice. The programme has funded membership to subscriptions including Community Care Inform which helps research development. During the programme, ten social workers have been funded to attend research conferences. Researchers in Residence (one at University in Kent and the other in adult social care) have a work programme to support social care staff with research development all with an aim to use research to inform decision making. Communities of Practice meet monthly and focus on workforce and living with complex needs, these are groups consisting of people who draw on care and support, staff and partners, take learning from practice to inform research and research to inform practice. Celebration and learning events are held on regular basis to make research relevant and help embed a research culture.

The programme has funded two KCC research fellows: 1) to understand the support needed for neurodivergent social workers, the aim is to improve the retention of a diverse workforce to better support the diversity of the population. 2). To explore factors that may contribute to feelings of burnout within the social work workforce. Exploring factors that may improve burnout outcomes or may help prevent this. The aim is to focus on the social work workforce within KCC, identifying specifically their views and what is important to them.

There are two research champions who are doing projects on transitions across the care pathway, one with a particular interest on Sikh women and African migrants.

Recently one Applied Research Collaborative Fellowship has been approved to undertake a research project on asylum seekers being supported to work in social care. Workstreams include:

- Communities of Practice (CoPs)
- Researchers in Residence (RiRs)
- Research and Training Fellowships
- Dissemination and impact.

6.3 Commissioning Academy

We have set an ambitious joint plan to develop leadership capability across our commissioning teams, with a focus on achieving outcomes, developing skills in partnership working at all levels including place, localities and communities. The Commissioning Academy is designed to give participants the tools, techniques, and confidence to approach the most challenging issues facing communities in a collaborative, creative, and evidence-driven way. The academy is accredited by the Cabinet Office and was launched in 2012. A nine-month programme, focused on joint working, building better trusted relationships, resulting in improved and greater joint commissioning. Our first cohort commencing in January and the second starting in April, both cohorts have a mixture of KCC Commissioners, ICB, wider NHS and Medway participants.

Alongside the academy, we have established a Community of Commissioning Professionals. The first event will be held at the end of April, with the aim to improve how we all work effectively

together as a system, creating a network across directorates, services, partners, and communities. This is critical to achieving long-term efficiencies in public service, and most critically, to reducing demand for statutory provision through enabling early support. This forum will share best practice and embed the disciplines of excellent commissioning.

7. Staff survey

KCC undertakes an annual staff survey to gain the honest, confidential views on what it's like to work at KCC, including how staff feel about their job, their manager and how they are being treated as a person. The outcomes of the survey support both the council, directorates and teams to develop targeted action in response to feedback. Our survey was undertaken in October 2023 and council-wide staff events were held in January to share the summary of results and areas of focus for KCC. This included feedback from our Chief Executive on the actions being taken forward with a specific focus on actions around bullying, harassment and abuse.

A specific adult social care staff session was also held in March 2023 to discuss the results for the directorate. The results of the staff survey will help to inform future work to ensure that we take account of the staff views. We do know from feedback and our annual staff survey results that there is a disconnect with communication between leadership and frontline staff and we are actively working on bridging that gap. As a leadership team we have reviewed our communication methods based on feedback from staff and have developed a communication plan for the year.

8. Good news stories

There are many good news stories across the organisation, but it can sometimes be difficult to share these across such a broad workforce. Our directors have just introduced a new process of ensuring the senior management team meetings include a good practice example to hear from our frontline teams directly and acknowledge and celebrate the good practice.

As well as key highlights shared in staff bulletins and on our intranet, we have also been asking colleagues to consider and share what they are proud of in their day-to-day work to make sure we continue to celebrate the difference our teams are making every day. We have developed a living library which is on our staff website, for positive stories and outcomes for people to be shared. At our staff roadshows we are also asking our workforce about their motivations, any barriers to innovation, what they are proud of and their ideas for improvements.

9. National and staff awards

In December 2023 the directorate held its Adult Social Care Awards which was the opportunity to recognise and celebrate some of the excellent and remarkable work undertaken by all staff in Adult Social Care. A presentation event was delivered by the senior leadership team.

Over 250 nominations were received for the eight categories with winners and commendations received by 22 staff in various categories. The awards will be running for a second year this December 2024. We have also been successful in receiving several national awards. These are summarised in the diagram below.

iESE public sector transformation Awards 2022	• Certificate of Excellence 2022 • Communications Award - Silver Winner 2022 and Gold Winner 2023 • Best use of Digital & Tech Award - Bronze Winner 2023 • Transformation in H&SC Award - Bronze Award Winner 2023 • Procurement Award - Silver Award Winner 2023
National Safeguarding Awards 2023	Three staff from community teams received awards for Protection, Proportionately and Empowerment.
Healthwatch Recognition Awards 2023	• People's Panel • Technology Enhanced Lives
Digital Transformation for Technology Enhanced Lives and co-production (MJ Awards) 2023	Shortlisted and was a finalist in
European Social Services Awards 2023	Shortlisted for our work on co-production and digital
Social Worker Awards 2024	Shortlisted for Technology Enabled Lives Award, Innovation in Practice Award and Practitioner-led Research Award.

Graphic: national wards won

10. Sharing our innovative approaches

There are several areas where Kent is leading in our development of initiatives and practice development. Some examples of this include:

- Kent contributed to the south east Regional DoLS Network in developing a risk management tool, with Kent presenting our models of working in early March. There have subsequently been approaches by other local authorities on how they could utilise our approaches within their respective organisations.
- As part of the Self-directed Support National Peer Group, we have discussed our PA portal and have met with several local authorities to discuss our lessons learned and share best practice.
- The work of our online self-assessment was presented at a Department of Health and Social Care webinar acknowledging our good practice, sharing our approach, and learning.
- Worked with Partners in Care and Health (PCH) for the IAG toolkit, Adult social care information and advice toolkit: [Step 3. Tools and resources Local Government Association](#).
- Our approach to designing and implementing Technology Enhanced Lives shared at national and regional events such as the South East ADASS Digital Network.
- Peter Zein, Digital Group co-chair was invited to speak at the ADASS Spring Seminar April on Artificial Intelligence (AI) and the importance of co-production.
- A new Kent and Medway Digital Innovation Board has been established to work across the Integrated Care Partnership (ICP) and adult social care is influencing the agenda
- Our Head of Innovation and Partnerships sits on the Health Excellence Through Technology (HETT) Steering Group to shape and influence national events to ensure adult social care is at the forefront of integration innovations.
- Kent is represented the south east region at the ADASS/LGA Digital Strategic Network.

11. National and regional leadership roles

Colleagues from adult social care take lead roles in many regional and national networks. The Director of Kent Adult Social Care sits on the South East Association of Directors of Adult Social Services (ADASS) Executive Board. The Director of Operations is an ADASS representative on National Care and Justice Network. The Head of Innovation and Partnerships is a representative on the SE ADASS Strategic Digital Network and is also the Social Care Advisor to HETT Steering Group. The Director of Public Health is a representative on the Centre for Healthy Empowered

Communities Board, the SE England and National Association of Directors of Public Health and represents at the LGA County Council Network DASS-DPH Forum.

12. Adult social care leadership

The Directorate Management Team is responsible for:

- Managerial and operational leadership and strategic and cultural direction of the directorate.
- Ensuring the delivery of effective services and contributes to setting corporate direction and objectives.
- Overseeing of the budget and risk management.
- Internal and external partnership working arrangements to improve outcomes and further agreed objectives.
- Improving the health and wellbeing of the population of Kent through the Public Health function.

There have been a number of changes within the last few years which includes changes to the leadership personnel and our locality model reorganisation along with the adults' commissioning function coming back into the directorate.

We are aware that these changes have caused some periods of instability across the workforce, and this has impacted on staff morale. Support through change has been offered to the workforce during this time, including bespoke offers where identified.

We currently have a full senior structure and are embedding the leadership culture and cohesiveness as a senior leadership team to deliver our priorities for adult social care. We have recently worked with our partners in health and care through a Test of Assurance review to look at our senior leadership capacity and capability to meet our duties within the Care Act. One of the areas we requested was supervision and accountability. The findings and recommendations from this sample external review has been used to identify priority improvement activity as a leadership team.

13. Cabinet Committee system

The council operates a Cabinet Committee system. The Adult Social Care and the Health Reform and Public Health Cabinet Committees meet regularly and provide advice to inform decision making on policy and budgetary matters for services in the portfolio of the Cabinet Member for Adult Social Care and Public Health. The Cabinet Committees have no formal decision-making authority.

14. Corporate Management Team

Our Corporate Management Team consists of corporate directors who represent our main directorates. They provide the:

- managerial leadership and direction of the council.
- formal response to Cabinet policy direction.
- council-wide policy and initiatives for Cabinet consideration.
- co-ordination and commissioning of council-wide activity, planning, programme management.

They are responsible for a budget of £2.4billion and more than 12,000 staff (excluding school staff). They lead a complex organisation that works in partnership with other public agencies, local business and the voluntary and community sector.

15. Performance reporting

The council has core performance reporting requirements to provide an update on the latest information on key performance indicators and activity indicators for each directorate, including trends and comparisons against national average and highlight any remedial actions to improve performance levels.

Our Adult Performance Team has developed a suite of Power BI reports which are available for all staff across adult social care to provide clear performance information. Bespoke reports are also available within Power BI, in relation to areas such as Safeguarding Activity, Domestic Abuse and Care Needs Assessments.

Whilst we have a high level of data available to us, we need to continue to build data understanding and use across our teams to support understanding of activity and drive improvements.

16. Leadership on diversity and inclusion

16.1 Equity, Equality, Diversity and Inclusion

We are proud of the focus we put on equity, equality and diversity. Some examples of how we ensure equity, equality and diversity is at the heart of everything we do include the following:

- Diversity is celebrated in Kent County Council such as Black History Month, Race Equality Week and Learning Disability Week. This also includes a Race Action plan for the council recently launched.
- We have five staff groups across KCC to support staff and represent their views.
- Our Corporate Director is a passionate leader for ensuring equity, equality, diversity and inclusion, holding diversity lunches and having close links with our staff group representatives and we co-design the diversity lunches with our workforce
- Our Corporate Director takes the senior lead within adult social care for equality, representing the service within our Corporate Equality Group.
- All staff are expected to complete a mandatory training course on Equality and Diversity.
- Kent were one of the 18 pilot local authorities that took part in the social care workforce race equality standards (WRES) from 2021-22 to improve the experiences of people from minoritised ethnic backgrounds and we have registered for the 2024 programme. Looking at nine key metrics we have developed an action plan to address gaps with short medium- and long-term measurable goals.

Case study –workforce race equality standard

As part of the WRES programme, Kent worked with the workforce to understand the data and develop an action plan. This also included the care sector workforce. In reviewing the data, Kent has 22% of the care sector workforce Black, Asian, Ethnic majority. In reviewing the data and feedback, it was confirmed that recruitment and retention is an ongoing issue within the care sector and for staff from Black, Asian Ethnic majority backgrounds face more challenges and obstacles when trying to advance their careers. Given that good experienced registered managers are key to the stability and performance of a service, there are benefits to supporting aspiring managers from Black, Asian Ethnic majority backgrounds to progress their careers. Options were explored on how to support the staff and the Skills for Care Moving Up programme was identified. Funding was secured for 40 managers and aspiring managers (deputies, team leaders) in Kent. Applications are now open for the course to start in October 2024. To share learning and experiences across social care teams and the care sector, two social workers are going to be part of the cohort and to bring learning into KCC to inform our learning and development offer.

Graphic: Case study - WRES

17. Adult Social Care and Health Assurance Board

The purpose of the Adult Social Care and Health Assurance Board is to monitor all information and activity across Kent pertaining to quality, performance and culture to provide confidence in the consistency and approach to practice across the directorate. The main aim is to provide assurance that the 'Making a Difference Every Day' approach to practice, with the person being at the heart of what we do, continues to be embedded.

The Assurance Board is anchored by our Quality Assurance Framework which sets out the approach to quality assurance at a strategic and operational level across adult social care. It aligns with our three pillars of **Putting the person first**, driven by our Practice Framework and practice development and embedded through good quality supervision; **Improving all the time** learning from feedback from people we support, families and carers, compliments and complaints, practice audits and safeguarding adult reviews **and Measuring what matters**, understanding how we are making a difference to the lives of people we support and using data to improve care and support and reduce inequities of opportunities and outcomes.

Appendix 2 - Initial Improvement Plan Shared with The Department of Health and Social Care

CQC Theme	Improvement Action	How	Goals	Start Date	Due Date
Review and Governance Support					
All Themes	Develop an initial Implementation and Improvement Plan regarding the recommendations from the initial review, focusing on new ways of working, risk assessment, and data usage	The Head of Service Improvement and Adult Safeguarding will be senior responsible officer for our Improvement plan providing assurance to the Director of Adult Social Services (DASS).	To ensure recommendations from the initial CQC assessment review are effectively integrated into our KCC Improvement Plan and influence our operational processes.	May 2025	18 June 2025
Collaboration with Transformation Partner PWC					
All Themes	Continuing the existing project, focusing now on the final stages around developing, and the analysis of adult social care connect initial contact sustainability. developing early intervention capability.	Working with Delivery Partners PwC and the Care and Health Improvement Adviser (CHIA)	Business Case detailing efficiency and productivity improvements	January 2025	20 June 2025

All Themes	Examine workforce capacity and ways of working in community teams to enhance performance management and capabilities across teams.		Business Case detailing workforce configuration, required capabilities and productivity tools.	March 2025	20 June 2025
Waiting Times					
Theme 1, 3 and 4	Localised recovery plans are in place for 25/26 that include area-specific key performance indicators to reduce time that people are waiting for assessment, review, safeguarding and Deprivation of Liberty Safeguards (DoLS). Enhanced weekly governance is in place to monitor progress, provide escalation and support mitigating actions.	Localised recovery plans are now in place for each demographic area and progress is reviewed weekly	Reduction in waiting times	March 2024	Ongoing review

Safeguarding and Deprivation of Liberty Safeguards (DoLS)					
Theme 3	Interim Assistant Director for Strategic Safeguarding and Prevention and Adult Social Care Connect Area Operations Manager for the adult social care connect, safeguarding hubs are in post to support improved communication, staffing skills and knowledge and refined processes.	Safeguarding action plan developed focused on improving our response to safeguarding. Weekly strategic performance meetings in place. Safeguarding Team developed and in place	Better strategic and operational oversight of safeguarding productivity, response times	October 2024 and March 2025	Ongoing
Communication					
Theme 3	Focused effort on improved communication and feedback on outcomes from safeguarding enquiry and people's experiences of adult safeguarding (Making	Audit of documentation on Making Safeguarding Personal and engagement with the referrer Introduce technology – Telephony system	Improved consistency of record keeping People feel informed and updated People feel valued and listened to	October 2024 Technology implementation July 2025	Ongoing Audit Cycle Ongoing feedback cycle

	Safeguarding Personal (MSP)) i.e. do they feel safer etc. are they satisfied with the service / assessment etc. Streamline processes, enhance staff training, standardised documentation templates. Relationship building and provider training.	to capture initial feedback and persons satisfaction in a timely way Provider training and refresher		October 2024	Ongoing
Commissioning					
Theme 2	Restructure of adult commissioning, engagement with people, expansion of PA market and microenterprises Align local resources, synchronise prevention framework, innovation, accommodation and housing strategy	Consultation and engagement is underway	Meet community needs, improve stakeholder relationships, guarantee choice and control for individuals	January 2025	September 2025

Partnership Working					
Theme 1 and 2	Enhance provider relationships, joint Kent and Medway Mental Health Summit. Improve mental health services, create mental health lead role, develop joint brokerage function	Partnership engagement and relationship sessions are in place	Support hospital discharge, improve transitions between services	April 2025	Ongoing
Workforce Development					
Theme 4	Refreshing our Strategic Workforce Plan and career pathway to ensure we have an appropriately resourced, skilled, supported, valued and motivated workforce in place to support the demographics of our communities and the increasing need for care and support now and in the future.	Activity to be carried out by Organisational Development Group. Work with CHIA to brokerage support.	Improve recruitment and retention. Improve staff satisfaction. Improve outcomes for people with timely and appropriate support.	April 2025	September 2025

This page is intentionally left blank

Adult Social Care: Current Position

Richard Smith

Corporate Director Adult Social Care and Health

This presentation will cover detail on the following:

- The Adult Social Care Strategy Midpoint Review.
- The Care Quality Commission (CQC) reported areas of strength and improvement
- The 2024-25 budget position

Making a difference every day: Midpoint progress check

Introduction

Making a difference every day



Page 108

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

[Kent Adult Social Care Strategy 2022 - 2027](#)

“Making a difference every day by supporting and empowering you to live a fulfilling life whilst being a carer, as long as you are willing and able.”

[Kent Adults Carers Strategy 2022 to 2027](#)

Both strategies are set to run until 2027 and were co-designed and co-produced with residents and the people we support. This aligns with the government white paper, *people at the heart of care and support*, embodying the call for action from the Association of Directors of Adult Social Services (ADASS) and the Council’s strategic vision for Securing Kent’s Future.

We are in the process of conducting a **midpoint review** (co-produced) to outline the realised benefits for staff, people we support and partners to date.

Our strategy midpoint progress check

Making a
difference
every day

Why and why now?

We are now halfway through our plan and have been working hard to get the foundations right to do things differently - however we still have more to do. The midpoint review enabled us to check in with people to see if anything has changed and help us identify key priorities for 2025-2027.

How?

We hosted a county-wide roadshow with 68 varied community engagement opportunities across Kent to hear people's views in person including carers forums, disability events, voluntary and charity sector partner forums, social care involvement groups, public information stands and drop-ins at community locations such as libraries, town centres, places of worship and community centres.

A series of staff events also took place to ensure that our teams gave their view on what to focus on going forward. These insights have been used to shape our workforce plans and ways of operating. We discussed 5 key stages of the care and support journey: Prevention, Initial contact, Co-producing care and support planning, Innovating and improving support and Ongoing support

Aims of the review were to:

- update people on what's been achieved since 2022
- discuss what our strategy means in practice
- reflect on what's working well and what needs to work better halfway through the strategy for our 3 core principles: putting the person first, improving all the time, measuring what matters
- hear the public's preferred ways of accessing information and advice
- identify how we reach underrepresented people in Kent (e.g. hidden carers)
- explore any innovations and new possibilities to help people live a full life.

Our vision and strategy

Putting the person first

Improving all the time

Measuring what matters

Adult Social Care



Building blocks put in place since the launch of the strategy in 2022:

Making a difference

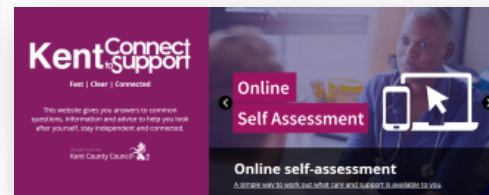
Putting the person first through...

- Technology enhanced lives services
- Micro-enterprises in the community
- Direct payments improvements
- Dementia friendly communities
- Practice framework
- New community teams
- Lived experience roles
- Technology coordinators
- Kent carers' strategy group
- Partnership for neurodiversity (including autism and learning disabilities)



Improving all the time through...

- Kent Connect to Support website
- Virtual equipment and virtual technology house / community tech demo suite
- PA web – personal assistant recruitment and matching portal
- Financial estimator tool
- Your guide to social care (printed and digital)
- Your voice network updates
- Local micro-enterprises directory
- Learning Disability Partnership Board
- Care sector workforce hub.



Measuring what matters through...

- Adult Social Care Digital group
- Quality Assurance framework
- Increased co-production
- Established involvement and information team - face to face public involvement groups expanded to reach across the county and improved staff engagement
- Performance team established - coordination of better data / improved reporting
- Living library



Strategy delivery progress in detail 2022-2025

Adult Social Care Strategy

Making a difference every day

Putting the person first

Improving all the time

Measuring what matters

Page 111

Kent Adult Carers' Strategy

Supporting you to be you Providing the best support possible Positive outcomes

Projects in progress

Carers' digital self- assessment

Carer support re-commissioning

Carer information and carers' voice

Training and support

Shaping social care in Kent

Planning and co-producing how social care will work best for the people of Kent and joining up our overall approach with partners, listening to people with lived experiences.

- ✓ Kent Adult Carers' Strategy
- ✓ Co-production plan
- ✓ Adult social care commissioning intentions
- Kent & Medway Learning Disability and Autism Strategy (in development)
- Locality-based commissioning model
- Integrated commissioning with the NHS
- Provider Payments (upcoming)

Meaningful Measures work

- ✓ Performance Assurance Meetings
- ✓ Power BI Dashboards (Information and Data)
- ✓ Performance Improvement planning
- ✓ Redesigned / Restructured Performance Team
- ✓ Quality Assurance Framework
- ✓ Quality Assurance Tool
- Benefits Realisation (in progress)

Community resilience and partnerships

Strengthening how we work with community organisations, local care providers and small businesses to offer a variety of wellbeing and support services that suit the individual.

Micro-Enterprises & Community Catalysts

- ✓ Approved Provider List
- ✓ Community Micro-enterprises
- ✓ Improved Relationships with Growth, Environment and Transport Directorate
- ✓ Social Prescribing Directory (now linked to JOY platform developments)

- Building resilient communities (now Prevention Framework)
- Dementia-friendly communities (ongoing)

Digital innovation

Exploring and implementing new ways of informing, advising and supporting people on all aspects of adult social care in Kent.

Digital Front Door

- ✓ Adult Social Care and Health Kent.gov.uk updates
- ✓ Equipment and adaptations portal / virtual house
- ✓ Senior Digital Content Officer recruitment
- ✓ Kent Connect to Support
- ✓ Self-Assessment and Financial Estimator

- ✓ Mosaic system redesign and training (business process programme now being delivered)
- ✓ Innovation team established
- ✓ Innovation Framework
- ✓ Digital Roadmap
- ✓ Systems strategy

Technology Enhanced Lives

- ✓ Technology Enhanced Lives Build and Test
- ✓ Technology for Independent Living Facilitators
- ✓ Digital Social Care Transformation project
- ✓ Technology Enhanced Lives Countywide Model

Digital Self-serve

- ✓ Self Assessment Tool
- Self Financial Assessment Tool / Care Account (paused)

Future ways of working

Reviewing and reshaping how we work from the first conversation to accessing and paying for care and support, to make sure we are putting the person first in all we do and monitoring the quality of our support.

Practice Framework

- ✓ Strength-Based Documentation and training
- ✓ Quality Assurance Framework and Tool
- Estimated Personal Budgets Tool
- Refined Authorisation Process

Locality operating model / Future Ways of Working

- ✓ Staff consultation - feedback incorporated into model
- ✓ 23 new community teams
- New pathways development / Operating Processes and Protocols (in progress)

Self-directed Support

- ✓ Personal Assistant Development Officer role
- ✓ Personal Assistant Portal
- ✓ Game Changer direct payment events /self-directed support workshops
- ✓ Direct Payment improvements
- Direct payments operating protocols and processes (in progress)
- **Safeguarding – continuous improvement**
- **Arranging Support – purchasing**

Snapshot of feedback from Kent communities: priorities

Putting the person first through...

Key points

- **Trust, consistency and accuracy / responsiveness** from services should be prioritised
- Enabling people drawing on support to feel that they can **live as full a life** as those who don't access services
- Reassuring people without family support that they shouldn't fear for their future - they need to **understand what support is available** and information about professional advocates and deputies.
- Not having to **share your story** multiple times
- **Inclusion and access**, better advertising and awareness of support
- **Listening to the person and acting on it** shows that you mean what you say.

Summary

People appreciated the efforts being made so far in difficult circumstances and understood the financial and resource limitations. They now want to be able to feel the difference on the ground of the recent changes we have made to our processes and structure towards making things clearer for the public and responsiveness of support. Transition of support from children's to adults' services was a consistent theme for improvement and awareness of carer support was highlighted as something crucial to focus on going forward. Self-directed support was welcomed as a way to maintain choice and control with the right guidance.

Improving all the time through...

Key points

- Implementing better **communication** between social care and people drawing on support.
- **Designing with flexibility** and being able to adjust i.e. care plan not being rigid, allowing growth.
- **Getting into the community** - use technology but don't forget the importance of **human interaction**
- Getting **back to basics** is as important as innovation
- Continuing to work with people with **lived experience**
- Focusing less on processes and **more on autonomy of care**
- **Networking with other agencies** and be aware of changes.

Summary

There was positive feedback from local communities including carers about the improvements to information and guidance being made available.

The financial estimator was especially welcomed as a tool to equip people that draw on care and support. The use of technology and digital innovations was received well, but it was noted that this should be advertised widely and that face to face and telephone contact should be retained to ensure choice of communication channels.

Measuring what matters through...

Key points

- **Asking what's needed** and show how responses make a difference
- Understanding that things are not always measurable – **it's about relationships** / how people feel about care and support
- **Reaching out to people** on why they're not engaging or accessing services
- **Taking negative feedback on board** so change happens
- Sharing a place to give feedback and **not just a complaint procedure** for bad experiences.

Summary

Respondents highlighted the need to measure experiences as well as numbers and talked about providing channels for open and honest discussions to continue learning and improving. People were keen to see more opportunities to provide their feedback through proactive methods including through technology. Human relationships were raised as an important way of building rapport and trust between people who draw on care and support and members of social care teams – leading to more efficient and effective support by getting things right first time.

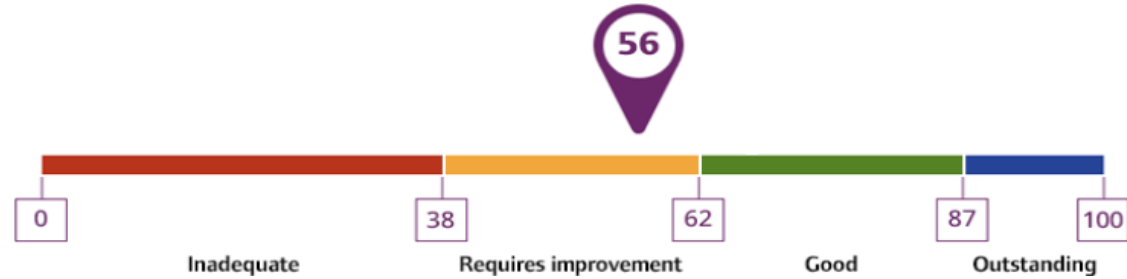


Care Quality Commission (CQC) Local Authority Assessment Outcomes and The Adult Social Care Improvement Plan

Outcomes of Assessment



Overall Rating: 56% **Requires Improvement**



Quality Statement	Score
Assessing needs	Requires Improvement
Supporting people to live healthier lives	Requires Improvement
Equity in experience and outcomes	Good
Care provision, integration and continuity	Requires Improvement
Partnership and Communities	Requires Improvement
Safe systems, pathways and transition	Requires Improvement
Safeguarding	Requires Improvement
Governance, management and sustainability	Requires Improvement
Learning, improvement and innovation	Good

- CQC Assessment commenced on 18th March 2024 with the first notification received.
- The on-site assessment took place w/com 30th September 2024
- Final report was published on 16th May 2025
- Overall, the outcomes of the CQC assessment aligned to the directorates own self-assessment of its performance.
- Scored higher than expected in 'Equity in experience and outcomes' with only 7/27 published to date achieving good or above.

Summary of Strengths and Areas for Improvement

Making a
difference
every day

Strengths Identified

- People had positive experiences of assessments and person-centred approaches
- Co- production arrangements and feeling listened to
- Carers needs are recognised
- Focus on personalised approaches and reducing inequalities
- Joint planning approaches to support hospital discharge
- Timely and independent advocacy
- preventative collaborative services
- Innovative ways of working and use of technology
- Safety is a priority with pro-active risk management

Areas for improvement

- Waiting times for assessment, reviews, equipment and safeguarding enquiries
- Consistency of practice and outcomes
- Building stronger relationships with Partners and Providers
- Availability of suitable and affordable care provision across Kent
- Support for people with Mental Health and substance misuse needs
- Staffing morale and perceived lack of opportunities for skills development.



Improvement Plan

Aligning both our self-assessment and CQC report outcomes we have developed one Improvement Plan which captures what we need to do to ‘**be the best we can be**’.

The thematic Improvement Plan (based on the quality statements) will be monitored monthly through the Adult Social Care Delivery Board.

Aligning our
commissioning and
operational structures

Embedding our
Performance recovery
and Practice
Improvement

Co designing our ways
of working and
developing our
Organisational Culture

Aligning our
Commissioning
activities to
sustainably meet the
increasing need

Working with our
Transformation
Partners to improve
practice models

Developing our
Strategic Workforce
Plan to ensure we are
fit now and for the
future

Working with partners
to deliver shared
ambitions and
initiatives

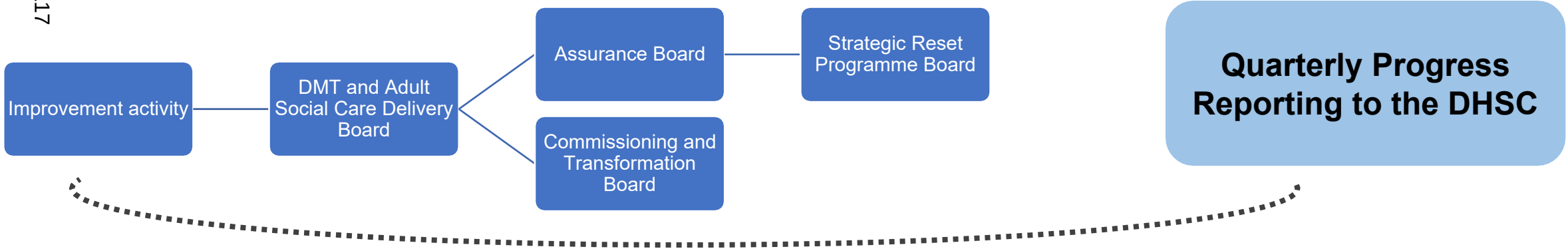
Harnessing AI to
support productivity
and performance

Governance and Oversight

Aligning both our self-assessment and CQC report outcomes we have developed one Improvement Plan which captures what we need to do to '**be the best we can be**'.

The Improvement Plan will be monitored monthly through the Adult Social Care Delivery Board.

Alongside regular internal monitoring we will be required to demonstrate improvements to the Department for Health and Social Care (DHSC)



Budget Position and savings 2024-2025

Last reported forecast position to Cabinet March 25:

- The Adult Social Care & Health directorate has a projected net overspend of +£35.4m of which £26.2m relates to savings unable to be delivered in this year, leaving £9.2m of other service-related pressures. The forecast assumes that £19.1m of savings have been delivered, and that a further £9.7m will be delivered to the end of the financial year.*

The outturn position will be reported to Cabinet on 22 July 2025, so will be published on 14 July, therefore a verbal update can be provided at Scrutiny Committee on 16 July 2025.

Where the Pressures Were in 2024/25

Budget Line	Forecast Pressure – Last reported (£000)
Older People - Residential & Nursing	27,394.4
Older People -Community Services	6,349.2
Mental Health - All Services	11,314.9
Physical Disability - All Services	9,174.3
Learning Disability - All Services	2,434.3
Less Provision for Demography	-26,070.5
Preventative Services	1,501.4
Staffing	1,854.5
In-House Services	2,488.9
Other	-1,014.9
Total	35,426.5

2025/26 Savings

Making a
difference
every day

Page 121

2025-26 Savings		2025-26 (£000's)
Full year effect of 2024-25 future cost increase avoidance savings to review and reshape ASCH to deliver new models of social care - long term support		-24,595.6
Efficiency savings in relation to the purchasing and monitoring of delivery of supported living, residential & nursing for older people, care & support in home & Equipment		-7,519.1
Review of preventive services to prevent, reduce and delay care and support. Working with the NHS and wider partners to commission collaboratively to deliver efficiencies		-2,588.6
Review of 18-25 community-based services: ensuring strict adherence to policy, review of packages with high levels of support and enhanced contributions from health - long & short term support		-650.0
Income Uplifts - Client Contribution & BCF		-6,247.1
Other		-1,141.4
FYE Charging Policy Changes		-1,500.0
Total NEW Savings in MTFP		-44,241.8
Realignment & Removal of Undelivered Savings		20,073.4
Total – As presented in MTFP		-24,168.4
Summary of Savings to be achieved		
New Savings as presented in MTFP		-44,241.8
Plus Roll-forward on rephased savings from 24-25 **		-18,896.0
Total Savings & Income		-63,137.80

** This is slightly higher than in published budget due to outturn not being known

This presentation has covered detail on the following:

- The Adult Social Care Strategy Midpoint Review.
- The Care Quality Commission (CQC) reported areas of strength and improvement
- The 2024-25 budget position

From: Beverley Fordham, Cabinet Member for Education and Skills

Sarah Hammond, Corporate Director of Children, Young People and Education

To: Scrutiny Committee, 16th July 2025

Subject: SEN Update - Quarterly reporting

Classification: Unrestricted

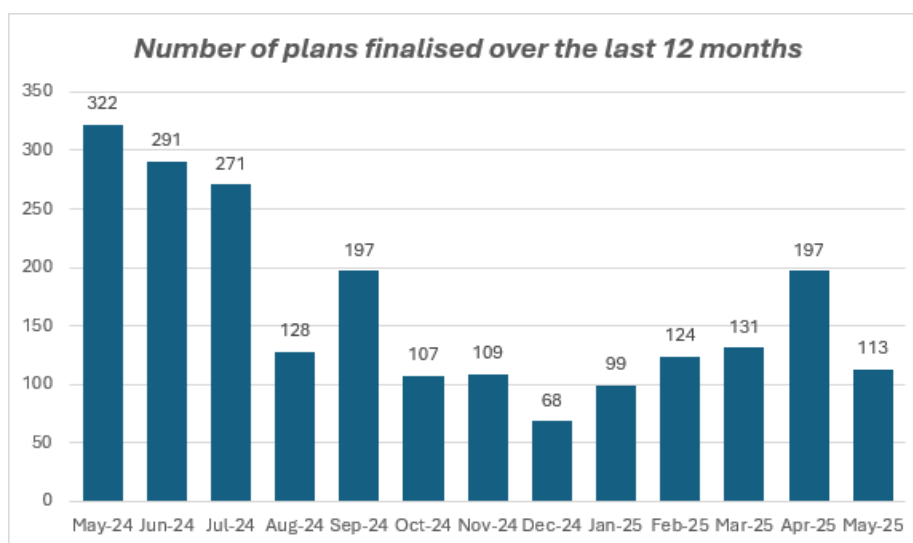
Summary: This report provides the quarterly update on key performance indicators.

Recommendation(s): The committee is asked to note the report.

1. Key Performance Indicator Update

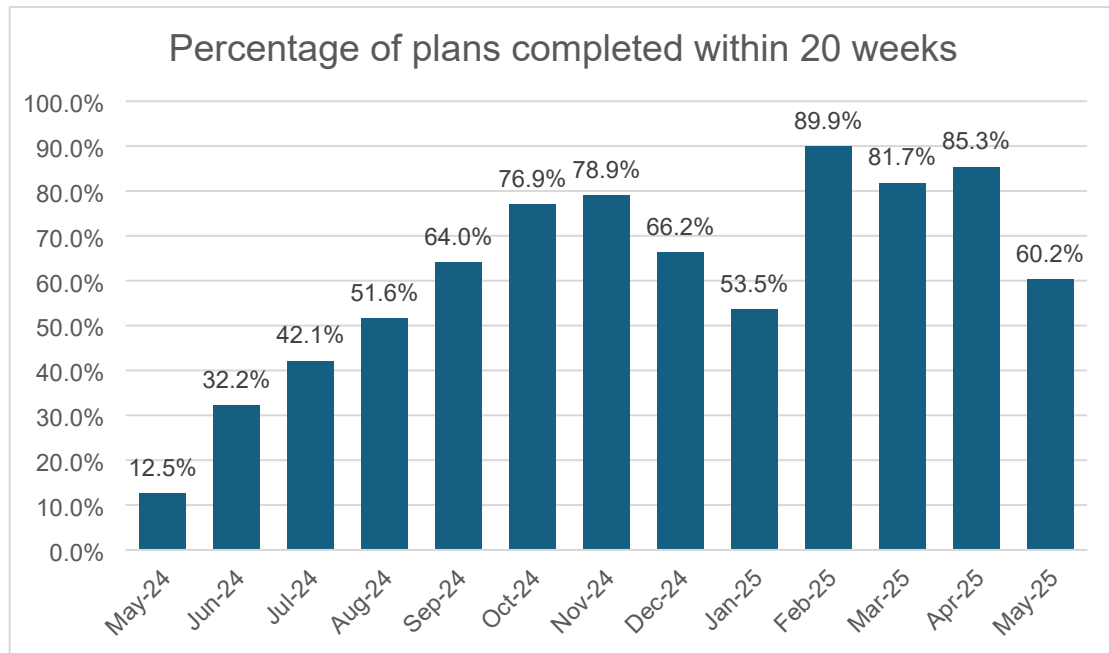
1.1 Number of Assessments Completed Over the Last 12 Months - The overall decrease in plans reflects the successful processing of the significant backlog of children and young people waiting to be issued with a plan.

May-24	June-24	July-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	March-25	April-25	May-25
322	291	271	128	197	107	109	68	99	124	131	197	113



1.2 Percentage of Plans Completed within 20 Weeks – May 2025 Dataset

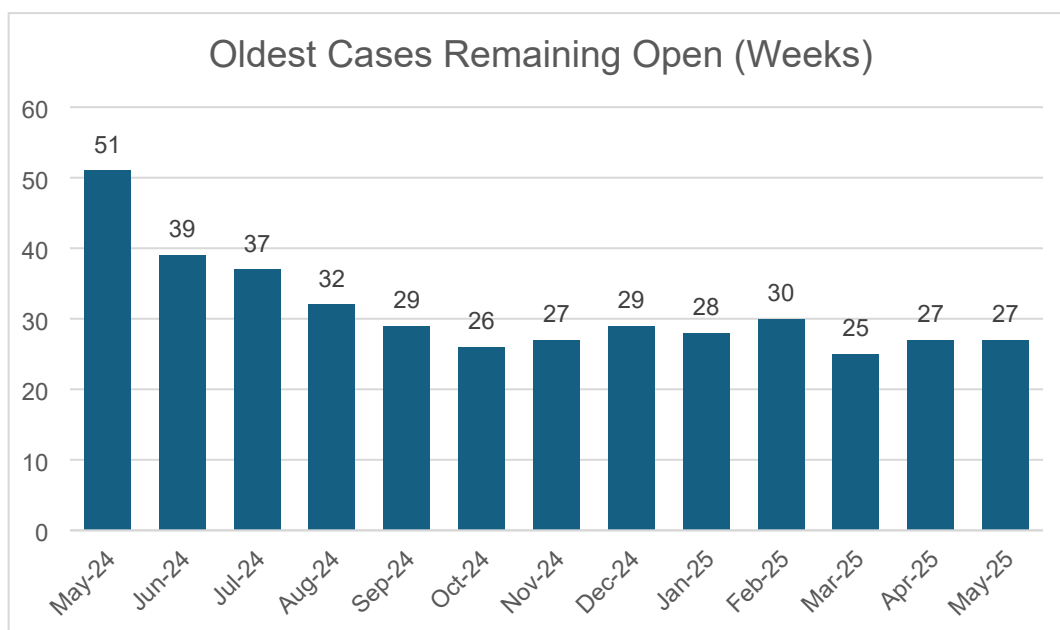
May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
12.5%	32.2%	42.1%	51.6%	64.0%	76.9%	78.9%	66.2%	53.5%	89.9%	81.7%	85.3%	60.2%



Following three consecutive months of completion of EHCPs within 20 weeks being 30+% above the national average, there continues to be a level of volatility in this indicator. This reflects higher than predicted Requests for Assessment being received by KCC particularly in March (261 received), April (289 received) and May (245 received) and challenges particularly in the capacity of the Educational Psychology Service, where adjustments are being made to increase productivity.

1.3 Oldest Cases Remaining Open (Weeks)

May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
51	39	37	32	29	26	27	29	28	30	25	27	27



Some EHCPs are more complex and in order to ensure all the relevant evidence is considered, the statutory deadline cannot be met. KCC's work on ensuring a high quality EHCP does mean for a few children and families, there is a longer wait to have an EHCP issued than the statutory 20 weeks. The numbers continue to be carefully monitored to ensure there is good reason for not meeting the deadline. Again, this is an indicator where we expect monthly fluctuations. Monthly numbers have been relatively stable over the last 6 months.

1.4 Percentage of Annual Reviews completed

Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24
39.8%	42.6%	45.1%	48.6%	51.1%	51.9%	54.8%	58%

Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	March 25	April 25	May 25
60.2%	62.8%	64.4%	65.3%	65.8%	55.4%	64.0%	59.1%	64.7%	62.3%	57.1%	48.1%

1.5 Annual Reviews - Once a child or young person has been issued with an EHCP, a review of the plan should take place annually, or potentially more frequently in the Early Years. A review can also be requested ahead of the annual cycle of review if there is a good reason such as a view that there is an urgent need for a change to the child or young person's EHC plan. The review generally takes place in the education setting or school. For children and young people who are educated other than at school or college or are

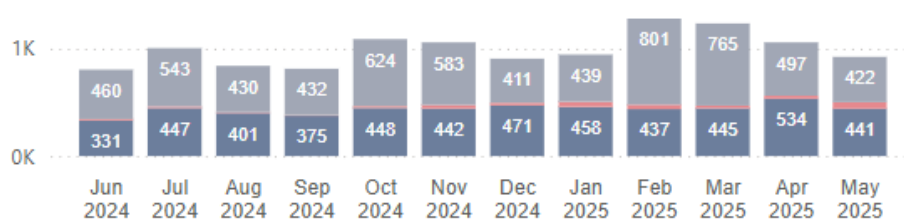
Electively Home Educated, they will have their annual reviews arranged and chaired by a case officer at the Local Authority.

- 1.6 Good progress was made in clearing the backlog of Annual Reviews, but the relatively poorer performance in April and then in May is due to changes in deployment of staff in the SEND workforce. Performance is expected to improve again from June.

Annual Review Completions Made by Type by Outcome

Number of annual review completions made

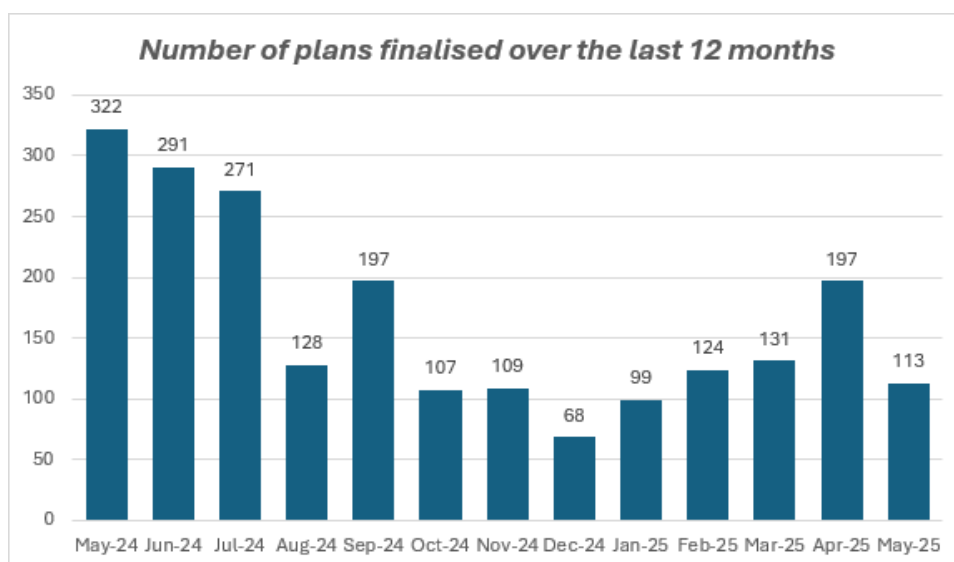
● No Amend ● Ceased ● Amend



Current MMM YYYY	No Amend	Ceased	Amend
Apr 2024	334	11	376
May 2024	320	8	403
Jun 2024	331	14	460
Jul 2024	447	15	543
Aug 2024	401	9	430
Sep 2024	375	6	432
Oct 2024	448	17	624
Nov 2024	442	34	583
Dec 2024	471	25	411
Jan 2025	458	48	439
Feb 2025	437	42	801
Mar 2025	445	25	765
Apr 2025	534	28	497
May 2025	441	61	422

1.7 Number of Plans Finalised in the Last 12 Months

Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	March 25	April 25	May 25
325	278	256	322	291	271	128	197	107	109	68	99	124	131	197	113



2. Feedback from DfE and NHSE assessment

2.1 The most recent assessment event by the two Departments took place on Friday 31st of January. The follow up letter was received in April 2025 and is included as Appendix 1. The DfE and NHSE commented “During the meeting, the local area demonstrated a collective determination to continue making sustainable improvements to Kent’s SEND services and to the lives of children and young people with SEND. The evidence provided in advance, alongside the additional information from partners, demonstrated a range of actions being taken to accelerate improvement.” The letter shows the number of projects from the Accelerated Action Plan that are being formally monitored have now reduced to 46 actions from 116. Officers are continuing to work on completing the outstanding actions and preparing for the next assessment which will take place in the Autumn.

3. Developing a sustainable school system in Kent including the special school review

3.1 Work is continuing with mainstream schools and settings extend the existing effective SEND inclusion practice across the county through the Communities of Schools model of delivery which went live on 1st April 2025, more information can be seen here <https://www.kelsi.org.uk/special-education-needs/inclusion/localities-model-for-school-inclusion/communities-of-schools>

3.2 Representatives of all schools, including special schools, continued to work with Dr Alison Ekin of Valley Invicta Multi Academy Trust to develop the final draft of the SEND continuum of Needs and Provision (<https://www.kelsi.org.uk/news-and-events/news/primary/continuum-of-need-and->

[provision](#)) which provides greater clarity over the expectations of mainstream, Specialist Resource Provision, Special School Satellites, Pupil Referral Units and Special Schools in educating children and young people with special and additional needs. The contents will be finalised when the next schools White Paper is published, expected in the autumn.

3.3 The KCC Education Accessibility Strategy 2025-28 is live <https://www.kelsi.org.uk/special-education-needs/inclusion/education-accessibility-strategy-2025-28> with supporting School Access Initiative and Policy <https://www.kelsi.org.uk/special-education-needs/inclusion/school-access-initiative-sai-policy-and-procedure> Whilst the strategies and policies may be new, KCC's commitment to improving accessibility has been supported by prioritising the use of capital funding. Over the 5-year period 2019-24, £3,152,274 was spent on 83 school accessibility projects. This investment (together with other support) has enabled children and young people with physical disabilities and/or complex medical needs to access education at a local school in their community. Investment going forward will be used more strategically to develop accessible school buildings across the county so that all families have improved access to an adapted school locally.

3.4 There are currently 72 Specialist Resource Provisions operating in 68 mainstream schools. Following a review of the existing provisions and robust pupil data it has been identified there would be a clear benefit to put a total of 55 new SRPs in place over the next three years across the four areas of Kent.

Overall total planned SRPs:

	Primary	Secondary	Total
East	4	5	9
North	12	7	19
South	9	6	15
West	5	7	12
Total	30	25	55

3.5 Each one of these SRPs is subject to an individual business case being considered by CYPE Cabinet Committee and decision by the Cabinet member. The two highest incidences of need are neurodiversity (autism, ADHD /communication and interaction) and Social, Emotional and Mental Health. KCC has invested significantly in developing school capacity and expertise through work disseminating the Autism Education Trust materials and more recently in partnership with the Integrated Care System on This is Me programme as well as the DfE funded Promoting Neurodiversity in Schools (PINS) pathfinder. Gaps

in existing SRP provision for children and young people who are neurodivergent have been identified through KCC's work on school sufficiency and proposals will be brought forward to address these gaps.

3.6 With regard to SEMH, the new SRPs planned will make an important contribution to developing capacity to better meet SEMH needs.

3.7 With regard to special schools, officers have visited and met with leaders and staff in all the Kent special schools during the academic year. Since taking up the role of Special school lead in January 2025, the Assistant Director for SEN Statutory Services has visited Valence, The Orchard, Stone Bay, Aspire, Laleham Gap, Foreland Fields, Nexus, Oakley, Snowfields, Goldwyn, Broomhill Bank East and Broomhill Bank West and The Beacon special schools, with further plans to visit the remaining schools planned by the end of term. In addition, Loca Area Provision meetings have been established, which bring together Special Schools, Specialist Resource Provision and mainstream schools to explore opportunities and challenges in their local area. The first of these has been held, with further meetings focusing on Special schools and SRPs working together. These are co-planned with ADEs and the schools themselves to ensure the information shared and topics explored are appropriate.

3.8 Proposals to make changes to school SEND funding were considered by KCC CYPE Cabinet Committee in January 2025 - [\(Public Pack\)Supplementary Agenda No.1 Agenda Supplement for Children's, Young People and Education Cabinet Committee, 16/01/2025 10:00](#). Since the decision was made, officers have worked with the KsENT Executive and focused groups of headteachers which were established to agree the funding descriptors.

3.9 The two KsENT co-chairs and AD for SEN Statutory Services meet regularly to co-plan meetings for the next academic year. Members of the placement team and tribunal team hold regular problem-solving meetings with special school staff to manage placements and tribunal appeals. Commissioning meetings with the Special schools are planned again for September 2025 to prepare for the September 2026 cohort intake, in a similar way to the approach taken in the autumn of 2024.

3.10 The Assistant Director for Quality Assurance and Strategy and the Assistant Director SEN Statutory Services thoroughly enjoyed a visit to the KSENT Games, where a number of Kent Special School pupils were attending a joint Sports Day, experiencing a wide range of sports including wheelchair basketball and Judo.

3.11 With regard to the special school review, the report which was considered in November 2024 CYPE Committee and subsequently at Scrutiny Committee in January 2025 when the decision was called in included an explanation of the change process for schools –

“5.6 Before final decisions can be made whether or not to change the designations (i.e. the type of SEN provision) of maintained special schools, KCC will need to publish proposals in a statutory notice, and follow the steps required by the statutory prescribed alteration procedure. These public notices will specify the alterations proposed for individual schools through the authority delegated to the Director of Education and SEND.”

“5.9 A part of the prescribed alteration process, a formal consultation and representation period will run for 4 weeks following publication of the statutory notice. Any representations and/or objections received will be considered by KCC before a final decision is taken on whether to proceed with the changes in the type of special educational needs for which the school is organised to make provision. If the changes are adopted, then the accompanying admissions guidance for the schools will also be amended to reflect the change.”

“5.12 It is important to note that if decisions are made to proceed with the prescribed alterations for the maintained special schools and/or if the Secretary of State approves the changes in designation to special Academies, KCC (and/or Academy Trusts) would amend the applicable admission guidance to align with those decisions at a later stage. This progression towards updating the admission guidance for the seven special schools proposed to undergo a designation change is dependent on the outcomes of these initial decisions.”

3.12 Following the Scrutiny call in of the decision, officers have been working with Broomhill Bank Special School to ensure KCC is able to commission the most appropriate provision for local children and young people. The first changes at the school will be considered by CYPE Cabinet Committee in July 2025. Additionally, KCC has just launched a consultation to increase the number of day places at BHB and to develop the school to create a curriculum offer to support children and young people with a wider dimension of need. That second proposal will be considered by CYPE CC in the Autumn. Reports with recommendations on changes to Parkwood Hall and Aspire special schools will be drafted for consideration at CYPE Committee in the autumn.

4. Safety Valve

4.1 KCC's latest monitoring report to Department for Education (DfE), reported that Kent was likely to be £10m off target for the planned accumulated deficit position as of March 2025. We further reported we were not confident of fully recovering the financial position partly because of the delay in the building of two new special schools by DfE, unanticipated rapid increase in costs and the delays in changing policy. This impact of continued delays was highlighted to CYPE Cabinet Committee members in the November 2024 report on the Special Schools Review.

"7.3 The consequence of a further delay in taking action to address the above would be to postpone the plans for a fully functioning continuum of educational provision so that types of schools have complementary admissions criteria. This in turn would negatively impact learning and development opportunities for children to be suitably educated alongside their peers, creating future challenges and potentially limiting life choices as they transition into everyday life at the end of their education."

"7.4 The Special School Review forms one part of a suite of changes to support the delivery of reducing our spending on High Needs to bring us in line with the funding provided by Government to pay for these services. This is mainly expected to be achieved through reducing our reliance on private and non-maintained special school places. Any delay therefore also increases the risk of KCC not staying on target with reducing High Needs spend and this places the remaining c£60m of Safety Valve funding in serious jeopardy."

4.2 Report to Scrutiny in January ([Safety Valve Programme.pdf](#)) included financial projections showing a potential residual balance of at least £30m deficit by the end of the Safety Valve agreement. DfE has continued to make its agreed payments to KCC, primarily because it is satisfied that the Council is doing everything it can to contain costs. The DfE and MHCLG recently announced a two-year extension (until March 2028) to the statutory override. This is the legal tool by which the deficits do not actually appear on the Council's balance sheet. A White Paper is expected later in the year, announcing changes to the SEND system that should help Local Authorities manage these deficits, but the Authority is unlikely to know more detail until the Autumn.

5. SEND policy position

5.1 KCC SEND policy is in line with statutory requirements and effective practice nationally, the current administration will continue to work within the law and implement best practice. The Leader of KCC and the Cabinet Member for

Education are committed to ensure that the Kent SEND system continues to improve but the pace of change will speed up.

5.2 KCC receives an annual High Needs Funding Grant which is £351m in 2025-26. This grant is to provide support for children and young people with SEND. The funding is used to pay for special school places as well as to support mainstream schools in their statutory duty to educate children and young people with special educational needs and disability as outlined in the statutory SEND Code of Practice 2014, which includes a 'mainstream school presumption'.

5.3 Kent now has over 21,400 children and young people with an Education Health and Care Plan, circa 14% higher than the English average. National data shows that Kent places more children in both state-funded special schools and independent special schools than most other equivalent local authorities with circa 40% more children placed in specialist provision in Kent than the national average. Kent spends over half of its funding on Kent special schools and is ranked within the top 20 local authorities in the country for the number of special school places per head of the population. The administration will be considering what action can be taken within the statutory framework which would bring Kent more in line with the national data over time.

5.4 The Cabinet member is committed to schools being safe places to learn and acknowledges the effective work going on across Kent schools and Alternative Provision which has resulted in suspension and permanent exclusion levels well below the national and South East region rates in the most recently published data (2022-23). We intend to build on and extend this effective practice to reduce disruption further. We will be considering the work of the Kent Pupil Referral Units and how this can be further extended to contribute to improving children's behaviour, engagement with learning and attendance, and to reduce preventable exclusions through short term placements of 6-12 weeks providing interventions with a pathway back into mainstream school where appropriate.

5.5 KCC will undertake a review with secondary schools, PRUs and other interested parties over the next 12 months on the use of the Alternative Provision grant which is devolved to schools. The purpose of the review is to consider the evidence of the most effective use of this money by schools in promoting positive behaviour. On the occasions when the school's approach does not have the desired impact, a headteacher makes the difficult decision to permanently exclude a pupil and that decision is upheld by the governing body, KCC applies the principle that the funding follows the child so a contribution from the AP grant devolved to the school should follow the child to their next educational setting to ensure there is the resource for a fresh start.

5.6 We welcome the work of the state-funded SEMH special school headteachers working collaboratively and now in partnership with the LA to meet changing pupil SEMH needs and on planning a more strategic and consistent approach across the county. New SRPs referenced above will make an important contribution to gaps in provision. Alongside this, we will actively support work to use this expertise to develop pathways from mainstream schools into SEMH schools for short term support and intervention for example for children who are in crisis because of a change of circumstances, who can then return to a mainstream setting.

5.7 We support this innovative model of bringing together sector expertise to work collaboratively with the LA to problem solve with a focus on improving the offer for children, young people and families as well as making more efficient use of resources. We will support the other types of state funded special schools to work collaboratively and in partnership with the LA to develop capacity across Kent.

5.8 Kent residents are making a £82m contribution to reducing the accumulated High Needs Funding deficit, and in 2025-26 paying £84m on Home To School Transport and £18m on statutory SEND staffing. Going forward, the Cabinet member will give careful consideration to balancing improvements in performance and demands, against a clear understanding of our statutory duties and the financial implications for residents.

5.9 The Cabinet member believes in being honest with schools, settings and with parents and carers, and in setting realistic expectations, so will be instructing officers to ensure there is always a fair and transparent distribution of support and resources within the statutory framework. While members sympathise and understand parents who will want what they consider is the best for their own child, KCCs responsibility is for all children and young people, and we are concerned about some of the decisions of the SEND Tribunal that can undermine the council in meeting its statutory duties and impact significantly on the Kent-wide SEND budget.

5.10 These examples are real Tribunal cases

- A high achieving post 16 young person, formerly a pupil at a selective school, whose parents secured an educational package costing £160,192.70 per annum
- Parents securing a place at an expensive private independent special school which requires long distance Home To School Transport when there is a place available at a high-quality state funded special school nearer to home

- Not giving serious consideration to the LA's proposed placement of a child with an EHCP in a mainstream school that has stated they can meet the child's needs (and is part of a very SEND inclusive Multi Academy Trust) and demonstrating a preference for placements parents have wanted in expensive private independent special schools.

5.11 The Cabinet member will be raising these concerns and case studies directly with the government.

5.12 It is important to develop a more sustainable school system which provides opportunities for children and young people to attend a school close to their home. We will accelerate the capital programme particularly the implementation of the Education Accessibility Strategy and the opening of new Specialist Resource Provisions where there is robust evidence of need. We will strongly lobby the government to bring forward the two new special schools, in Swanley and Whitstable, which were due to open in September 2026 and there is still no date for starting the building programmes. By doing this we will benefit families in accessing a place in a state funded special school as well as helping to reduce pressures on the Home to School Transport budget.

5.13 This administration will invest in understanding research into what works for children and young people and implementing those approaches in practice. Good work has been going on developing mainstream schools to better meet the needs of a wider range of children, most recently through the DfE funded pilot Promoting the Inclusion of Neurodiverse Children in Mainstream Schools (PINS) together with the locally developed This is Me programme rolled out in Maidstone and now in Swale. Preliminary evaluation suggests this early identification and intervention model is better for children, young people and their families and for school staff. As parental confidence grows in this approach, it may potentially reduce the number of families waiting for diagnosis of autism. Alongside this, the conclusions of Sweden's recent longitudinal study into young people with Attention Deficit Hyperactivity Disorder (ADHD) supports the growing body of research questioning the continued focus on diagnosis, rather than designing appropriate educational interventions and services for people with ADHD. We will use a range of evidence to further develop our policy going forward.

5.14 We will be undertaking a new review of Home To School Transport, particularly looking at the impact of school placements on transport costs, improving contracting and how to better promote independent travel where appropriate through Personal Transport Budgets and Independent Travel Training, to improve young people's life chances and get better value for money for Kent residents.

5.15 Currently, there is a constant stream of expensive, independent special schools being agreed by the DfE that then go on to aggressively market their offer to parents and create a demand. Kent spends over half of its funding on special schools and is ranked within the top 20 local authorities in the country for the number of special school places per head of the population. In addition to the 25 publicly funded Kent special schools which provide 6,500 places at a cost of over £160m per year, a further 1,800 children are placed in the independent private sector at an additional cost of over £80m annually. National data shows that Kent places more children in both state-funded special schools and independent special schools than most other local authorities with the equivalent of 40% more children placed in specialist provision in Kent than the national average. This is a contributor to Kent's overspend on the High Needs Block.

5.16 Whilst we appreciate there will always be a need for some school places in the private independent sector, the current situation where companies backed by private equity investors are making many millions of pounds of profit directly from the public purse is not acceptable. We will be actively lobbying the government to close off this tap of new, expensive private special schools that are not held to the same high standards that state funded schools are judged against. The legislation should be changed and the same rules and requirements applied to the private sector as the state sector. Private special school providers should be required to demonstrate why additional school places are needed before they are allowed to open a new school, costs should be capped, and quality and safeguarding standards made more robust.

5.17 The Early Years is a critical time for children's development, when early identification of need and the right intervention can make a big difference for children and families. We will accelerate the reform early years in Kent to free staff from bureaucracy to give them more time to support families, children and settings. The special nursery outreach model we will be bringing in from September 2025, will make sure children get the best opportunity and support in their local setting to thrive. We will expand the Community Learning Service Family Learning offer to proactively support families to meet their children's needs more effectively.

5.18 We believe that young people should have every opportunity to become an active member of their community, live as independently as possible and have a job. This work on promoting independence and resilience starts in early childhood and carries on throughout statutory education and into post 16. We are considering the evidence of approaches that develop resilience nationally and internationally such as the work of the Peto Institute to see if there is any learning that can be applied in Kent.

5.19 We will have a much greater emphasis on the post 16 sector. For the first time this summer 2025, the Kent Choices website will list all of the course provision available across the county. This means that young people will be able to easily apply to continue their education or training, significantly reducing the risk of NEET.

5.20 Building on this we will be working towards launching a one stop Apprenticeship shop with information on the apprenticeship offer across the county, simplifying the application process.

6. Recommendation(s)

6.1 Committee is asked to note the report.

Contact Details:

Report Author: Christine McInnes	Relevant Director: Christine McInnes
Job Title: Director of Education & SEN	Job Title: Director of Education & SEN
Telephone Number: 03000 418913	Telephone: 03000 418913
Email: christine.mcinnnes@kent.gov.uk	Email: christine.mcinnnes@kent.gov.uk

Appendix 1 - Feedback following the Third Progress Review of Kent's Improvement Plan (APP)

Sarah Hammond, Director of Children's Services, Kent County Council.
Lee Martin, Executive Director for SEND, NHS Kent and Medway Integrated Care Board.

By email to: Sarah.hammond@kent.gov.uk and lee.martin@nhs.net

3 April 2025

Dear Sarah and Lee,

Feedback following the Third Progress Review of Kent's Improvement Plan (APP)

I am writing following the third Improvement Plan (APP) formal progress review meeting held on TEAMS on 31st January 2025.

Thank you to you and your teams for the paperwork that was submitted prior to the meeting, for the contributions during the meeting itself, for the responses to our follow up questions after the meeting as well as the further parental feedback from Kent PACT.

During the meeting, the local area demonstrated a collective determination to continue making sustainable improvements to Kent's SEND services and to the lives of children and young people with SEND. The evidence provided in advance, alongside the additional information from partners, demonstrated a range of actions being taken to accelerate improvement.

Your Improvement Plan (APP) includes the nine areas that were highlighted by Ofsted/CQC as areas of weakness in Kent's local area SEND revisit in September 2022. Our summary and feedback on the evidence you submitted is set out below.

Area 1: A widely held concern of parents that the local area is not able, or in some cases not willing, to meet their children's needs.

In the evidence submitted and the information shared at the review meeting, you reported ongoing improvement in the level of satisfaction from parents whose children are being issued with Education, Health and Care (EHC) plans. However, you are aware there is more to do to engage with families where EHCPs have been in place for some time. You reported that the SEN enquiries hub is helping with answering parent concerns and queries more efficiently, but it was not clear whether the wider body of parents would agree with this.

Based on the evidence and information provided at this review, it is view of the Department and NHS England that you have demonstrated clear and sustained progress against actions 1A1, 1A3, 1B2, and 1E1. This means we will reduce formal monitoring of these actions.

The actions that we are still formally monitoring are: 1A2, 1B1, 1B3, 1C1, 1C2, 1C3, 1D1, 1D2, 1E2, 1E3, 1F1, 1F2, and 1F3.

For the next review we would like an update on all outstanding actions and in particular we are looking for:

- Evidence of improved communication with schools/families and the impact this is having.
- Focused feedback from parents on the implementation of new communication working practices by SEND officers in relation to keeping parents informed during EHC processes (Action 1A2).
- For Actions 1F1 – 1F3 we would like to see examples of the evidence you have that demonstrates the effectiveness of antenatal and postnatal support for families.

Area 2: A variable quality of provision and commitment to inclusion in schools, and the lack of willingness of some schools to accommodate children and young people with SEND.

In the evidence submitted and the information shared at the review meeting, you reported an increase in the percentage of children and young people with SEND successfully educated in mainstream settings, and that you had received some positive feedback from school leaders and parents regarding more consistent application of inclusive practice.

To secure further progress in this area, the local area needs to ensure this inclusive practice is evident in the majority of schools in Kent, particularly in secondary schools where the response thus far has not been as widespread.

Based on the evidence and information provided at this review, it is view of the Department and NHS England that you have demonstrated clear and sustained progress against actions 2A1, 2A4, 2D3, 2E2. This means we will reduce formal monitoring of these actions.

The actions that we are still formally monitoring are: 2A2, 2B1 and 2C1.

For the next review we would like an update on all outstanding actions and in particular we are looking for:

- An update on how you are supporting schools to take up the Autism Education Trust Training (Action 2A4).

Area 3: That parents and carers have a limited role in reviewing and designing services for children and young people with SEND.

In the evidence submitted and the information shared at the review meeting, you reported some improvement in the engagement and co-production with children and

young people with SEND and their families on mental health pathways and the Lived Experience framework. You reported that there is better engagement with parents and carers and that these dialogues are influencing and shaping policies and practice. It was reported that parents are not confident that co-production is fully embedded, and this requires further work, including embedding the Co-production Charter.

Based on the evidence and information provided at this review, it is view of the Department and NHS England that you have demonstrated clear and sustained progress against actions 3A2, 3D1, 3D2, and 3E1. This means we will reduce formal monitoring of these actions.

The actions that are still being formally monitored are: 3B2, 3B3, 3B5, 3C1, and 3C2.

For the next review we would like an update on all outstanding actions and in particular we are looking for:

- Evidence of engagement with families on Action 3B5.
- The latest report of the most recent termly meeting with Kent PACT held as part of the collaboration agreement (Action 3C1).

Area 4: An inability of current joint commissioning arrangements to address known gaps and eliminate longstanding weaknesses in the services for children and young people with SEND.

In the evidence submitted and the information shared at the review meeting, you reported ongoing progress in this area. You provided a commissioning timetable and further information linking three SEND strategic priorities to the procurement of community services, which is led by Kent and Medway ICB. There are plans to continue rolling out the Lived Experience framework and you reported early signs of improvement in the language and practice of professionals across the Kent system. There is an ambition to embed the Lived Experience framework in contracts to underpin strategic work and commissioning thereby making lived experience a golden thread within strategic planning and design across the local area partnership.

Based on the evidence and information provided at this review, it is view of the Department and NHS England that you have demonstrated clear and sustained progress against actions 4A2, 4B1, and 4C2. This means we will reduce formal monitoring of these actions.

The action that is still being formally monitored is: 4C3. For the next review we would like an update on this action. We would in particular like to see the data developed to support the local area partnership in the oversight of commissioned activity and the impact for children and young people with SEND and their families.

Area 5: Poor standards achieved, and progress made, by too many children and young people with SEND.

In the evidence submitted and the information shared at the review meeting, you reported that the work of the inclusion champions is having a significant impact on schools' response to the outcomes framework, which has been refreshed following

feedback from stakeholders including young people. The local area confirmed that this will continue to be an area of focus, with both quantitative and qualitative evidence being collected to help shape future plans and maintain effective two-way communication regarding the outcomes framework.

Based on the evidence and information provided at this review, it is view of the Department and NHS England that you have demonstrated clear and sustained progress against actions 5A1, 5A2, and 5E1. This means we will reduce formal monitoring of these actions.

The actions that are still being formally monitored are: 5B1, 5C1, 5C2, 5C3 and 5E3. For the next review we would like an update on all outstanding actions and in particular we are looking for:

- An update on the roll out of the Communities of Schools project and what impact this has had (Action 5B1).

Area 6: The inconsistent quality of the EHC process; a lack of up-to-date assessments and limited contributions from health and care professionals; and poor processes to check and review the quality of EHC plans.

In the evidence submitted and the information shared at the review meeting, you reported significant progress in the timeliness of both new assessments and completing annual reviews. Further work is needed to secure improving quality of the content of plans, but you consider your multi-agency audits and quality assurance processes to be good, and that they are becoming embedded into the process as BAU. Although there has been an improvement in communications with parents and carers, you acknowledged that there is more to do to, as some parents – particularly those where the EHCP has been in place for some time – remain unsatisfied with the current communication systems in place.

Based on the evidence and information provided at this review, it is view of the Department and NHS England that you have demonstrated clear and sustained progress against actions 6B1, 6B2, 6C1, 6D2, 6D3, 6F2, 6F3, 6G1, 6H2 and 6J2. This means we will reduce formal monitoring of these actions.

The actions that are still being formally monitored are: 6D1, 6E1, 6F1, 6F4, 6I1, 6J1, and 6J3. For the next review we would like an update on all outstanding actions and in particular we are looking for:

- An update on how Kent PACT are part of the quality assurance process for EHC plans and reviews (Action 6J1).

Area 7: Weak governance of SEND arrangements across the EHC system at a strategic and operational level and an absence of robust action plans to address known weaknesses.

In the evidence submitted and the information shared at the review meeting, you reported ongoing progress in the area. We heard of the continuing commitment from senior leaders across the local area to effective partnership working to deliver improvements in SEND services. You are evolving SEND governance in Kent with

the introduction of the SEND Partnership Board (SPB), with an independent chair, membership based on expertise, and the inclusion of the Cabinet Member for Education and Skills. The SPB has been designed to provide strategic oversight of SEND improvement across Kent, and to support this you are in the process of mapping all work across the Safety Valve programme, the APP and the 11 areas in the Area SEND inspection framework. You are very close to publishing your new SEND Strategy which has been developed over the past two years with education, health, and social care stakeholders, as well as parents/carers and young people.

There is only one action in this area that we are still monitoring closely which is 7B2, and we will continue to do so. For the next review we would like an update on the refresh of the Kent SEND strategy.

Area 8: Unacceptable waiting times for children and young people to be seen by some health services, particularly CAMHS, tier two services, SALT, the wheelchair service and ASD and ADHD assessment and review.

In the evidence submitted and the information shared at the review meeting, you reported some further progress in the area. You reported a positive trajectory of the number of young people age 14+ with a learning disability having an annual health check and an increase in health action plans in place to meet their health needs.

There is a system wide Neurodiversity transformation plan, with several workstreams focused on providing 'support first' to children, young people and families, with a diagnosis or waiting for an autism assessment. However, despite the collective efforts across the system, the number of children and young people waiting for an autism assessment continues to rise.

We heard that the number of children and young people waiting, and the time waited, for a speech and language assessment has reduced, which is attributed to the Balanced System model. However, there are a number of children and young people waiting for longer than 12 weeks; a majority of these children and young people are from the Swale area. You have told us there will be further work to improve this through the community health services reprocurement.

Based on the evidence and information provided at this review, it is view of the Department and NHS England that you have demonstrated clear and sustained progress against the action 8A3. This means we will reduce formal monitoring of this action.

The actions that are still being formally monitored are: 8A1, 8A2, 8A4, 8B1, 8C1, 8C2 and 8D1. For the next review we would like an update on all outstanding actions and in particular we are looking for:

- An update on plans to roll out the ND alternative screening and support interventions, including the offer and coverage across all areas.
- Data to evidence that children and young people with SEND and their families are supported whilst waiting for an autism assessment.
- A recovery plan to address the number of children and young people with SEND waiting for an ADHD assessment and treatment.

Area 9: A lack of effective systems to review and improve outcomes for those children and young people whose progress to date has been limited by weaknesses in provision.

In the evidence submitted and the information shared at the review meeting, you reported that the revised outcomes framework is becoming embedded, and that the scorecard captures statistical evidence to help the local area glean an overview of outcomes. You are aware of some specific areas that still require improvement, for example showing the impact of the anxiety-based school attendance (ABSA) initiative, and tuition provision for those children and young people not in school.

The Department and NHS England will continue to formally monitor the following actions: 9A1, 9A2, 9A3, and 9B1. For the next review we would like an update on all these outstanding actions.

Summary

In summary, it is evident that the local area has made further progress in all nine areas of the Improvement Plan (APP); though there is still progress to be made, particularly in demonstrating the impact of some of the remaining actions on the lives of children and young people with SEND and their families.

We know that this positive result is due to a great deal of commitment and hard work across the local area partnership to address the areas of weakness highlighted in the SEND revisit report by Ofsted and CQC in November 2022. We would like to thank you for everything you are doing to support the children and young people in your local area and encourage you to continue with these efforts and build on your successes across all remaining areas of your Improvement Plan (APP).

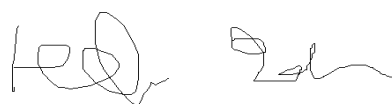
For the next review meeting, please report any relevant brief updates on actions that have been reduced for formal monitoring, along with a full update on all remaining actions in the Improvement Plan (APP). We will aim to arrange the third Improvement Plan (APP) review meeting for September 2025.

A copy of this letter goes to Councillor Roger Gough, Councillor Rory Love OBE, Christine McInnes, Abigail Kitt, Sophie Dann and Liz Flaherty.

Yours sincerely,



Catherine Norrie
Assistant Director
South East Vulnerable Children's Unit
Region's Group
Department for Education



Helen Todman
Assistant Director of Mental Health,
Learning Disabilities, Autism and SEND
South East Region
NHS England

Work Programme - Scrutiny Committee July 2025

Items identified for upcoming meetings

Date requested	Item
06.06.23	Report back on social and financial impacts of the decision to end funding to Homeless Connect – refer to ASC Cabinet Committee – discuss at agenda setting.
06.12.23	Decision 23/00083 – Supported Accommodation Service 16-19 and transitional arrangements. For prioritisation at agenda setting meeting.
January 2024	23/00107 Kent SEND Sufficiency Plan 2023 - Chairman request to place this decision on the Scrutiny Committee/SEND Sub-Committee agenda for discussion at an appropriate time. (This went to Cabinet Committee in November 2023 and Cabinet in January 2024) Liaising with CYPE about future reporting pathways for SEND Sufficiency Plan.
24.01.24	Request at Scrutiny Committee for: a. a deep dive into the mainstream home to school transport budget; and b. cross examination of the Council's school admissions, home to school transport and public transport policies. For prioritisation at agenda setting meeting.
28.02.24	Discussion with ASCH Chairman, Scrutiny Ch & Spokespeople in relation to further scrutiny of ASCH contracts – potentially 6 month on review. Ensure minimal duplication in Committee. Contracts & In year savings. Impact on savings. For prioritisation at agenda setting meeting.
April 2024	European Union Entry Exit System – further monitoring For prioritisation at agenda setting meeting.

Work Programme

2 October 2025	
Item	Item background
Crime and Disorder Committee	Statutory Requirement for the Scrutiny Committee to meet as the Crime and Disorder Committee Annually

19 November 2025	
Item	Item background
Kent Flood Risk Management Committee Annual Report	Constitutional requirement
Draft Budget and MTFP	

22 January 2026	
Item	Item background
Final Draft Budget and MTFP	

Provisional Future Items

November – Draft Budget

January 2026 – Budget Monitoring half yearly

June 2026 – Budget Monitoring year end

July 2026 – Scrutiny Committee meeting as Crime and Disorder Committee

November 2026 – Kent Flood Risk Management Committee Annual Report