

**ADULT SOCIAL CARE AND PUBLIC HEALTH CABINET
COMMITTEE**

Tuesday, 8th July, 2025

2.00 pm

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

AGENDA

ADULT SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 8 July 2025 at 2.00 pm
Council Chamber, Sessions House, County Hall,
Maidstone

Ask for: **Ruth Emberley**
Telephone: **03000410690**
ruth.emberley2@kent.gov.uk

Membership (13)

Reform UK (9)

Ms I Kemp, Mr A Kibble,
Mr O Bradshaw, Mr R Mayall,
Mr S Dixon, Mr R Ford,
Mr M Brown and Ms B Porter **(plus 1 Vacancy)**

Liberal Democrat (1)

Mr C Sefton

Conservative (1)

Mr A Kennedy

Green (1)

Mr S Jeffery

Labour (1)

Ms C Nolan

UNRESTRICTED ITEMS

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

- 1 Introduction/Webcasting Announcement
- 2 Election of Chair
- 3 Election of Vice-Chair
- 4 Apologies and Substitutes
- 5 Declarations of Interest by Members in items on the agenda
- 6 Minutes of the Adult Social Care Cabinet Committee meeting held on 15 January 2025 (Pages 1 - 10)
- 7 Minutes of the Health Reform and Public Health Cabinet Committee meeting held on the 11 March 2025 (Pages 11 - 18)

- 8 Verbal Updates by Cabinet Member and Corporate Directors
- 9 25/00042 Older Persons Residential and Nursing Re-commissioning Contract - Key Decision (Pages 19 - 114)
- 10 Improvement Plan (Pages 115 - 202)
- 11 Update on Public Health Service Transformation (Pages 203 - 214)
- 12 25/00039 Public Health Service Transformation: NHS Health Checks - Key Decision (Pages 215 - 244)
- 13 25/00041 Public Health Service Transformation: Sexual Health Services - Key Decision (Pages 245 - 272)
- 14 25/00038 Public Health Service Transformation: Physical Activity Service for Older People - Key Decision (Pages 273 - 366)
- 15 25/00005 Kent and Medway Work and Health Strategy - Key Decision (Pages 367 - 438)
- 16 Work Programme (Pages 439 - 440)

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

Monday, 30 June 2025

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

KENT COUNTY COUNCIL

ADULT SOCIAL CARE CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care Cabinet Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 15th January, 2025.

PRESENT: Ms L Parfitt (Chair), Ms L Wright (Vice-Chairman), Mr A Brady, Mrs P T Cole, Ms S Hamilton, Ms J Hawkins, Mr A Kennedy, Ms J Meade, Mr J Meade and Mr R G Streatfeild, MBE.

ALSO PRESENT: Mr P Oakford and Mr D Watkins

IN ATTENDANCE: Richard Smith (Corporate Director Adult Social Care and Health), Michael Thomas-Sam (Corporate Lead Adult's and Children's Policy and Strategy), Simon Mitchell (Senior Commissioner), Mark Albiston (Director of Adult Social Care (Operations) Kent), Richard Ellis (Director of Integrated Commissioning), Sydney Hill (Director Adult Social Care), Dave Shipton (Head of Finance Policy, Planning and Strategy) Andrew Rabey (Independent Chair of the Kent and Medway Safeguarding Adults Board) Victoria Widden (Kent and Medway Safeguarding Adults Board Manager) and Ruth Emberley (Democratic Services).

UNRESTRICTED ITEMS

224. Introduction/Webcasting Announcement
(Item. 1)

225. Apologies and Substitutes
(Item. 2)

Apologies were received from Mr Collor and Mrs Game.

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

Ms J Meade declared that she was an unpaid carer.

Mr R Streatfeild declared that he had an interest in Agenda Item 9.

227. Minutes of the meeting held on 13 November 2024
(Item. 4)

RESOLVED that the minutes of the meeting held on 13 November were correctly recorded and that a paper copy be signed by the Chair.

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

1. The verbal updates were presented by the Cabinet Member for Adult Social Care and Public Health, Mr Dan Watkins and the Corporate Director for Adult Social Care, Mr Richard Smith.

2. Some of the key highlights presented by Mr Watkins included:

- a) Kent County Council and the Kent Integrated Care Alliance (KICA) jointly wrote to the Minister of State for Care (Mr Stephen Kinnock, MP) to raise Autumn budget concerns, in particular the plan to change employer National Insurance contributions (due to take place in April 2025) and the effect this would have on Kent's Social Care System. The response would be shared with the Committee when received. In response to a Member's request for a copy of the letter to be shared with Committee Members, Mr Watkins confirmed that it would be circulated after the meeting.
- b) The consultation to the Proposed Changes to Wellbeing Services in the Community which was launched at the end of November 2024 was ongoing. A full briefing was circulated to Cabinet Committee Members prior to launch. The Consultation is due to close on the 27 January 2025.
- c) On the 3 December 2024 Mr Watkins attended the Adult Social Care Staff Awards at County Hall and presented the Sunshine Award. Ms Parfitt also attended and presented an award for the most supportive and compassionate member of staff. Congratulations to all winners and nominees.
- d) A better health and wellbeing promotion was currently being run called: One You Service. This provided professional guidance to set small, achievable goals to build confidence and motivation. Help also included healthy weight management, ways to become more active, how to make healthy food choices, alcohol reduction and smoking cessation. Further information could be found at: <https://www.kent.gov.uk/social-care-and-health/health/one-you-kent>

Members were encouraged to help promote this.

3. Some of the key highlighted presented by Mr Smith included:

- a) Sincere thanks were given to the members of staff within the emergency and out of hours teams who worked over the Christmas break.
- b) In response to a Member's question regarding the outstanding Care Quality Commission (CQC) report, Mr Smith confirm that it was imminent and in the final stages of preparation and review.

4. RESOLVED to note the verbal updates.

229. Draft Revenue and Capital Budget and MTFP
(Item. 6)

1. The report was introduced by the Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services, Mr Peter Oakford, who highlighted the following key points:
 - a) The draft revenue budget for 2025 / 2026 was balanced in principle, pending Cabinet endorsement and questions or comments received before budget day.
 - b) Capital receipts for the financial year were positive and money generated from this had been utilised in other areas.
 - c) The New Homes Grant had been extended for a further year, meaning that less would be taken from reserves.
 - d) The Draft Capital Programme was prepared on the basis that only full funded projects were included in the programme. A separate schedule of potential projects which could be considered for inclusion in the programme once funding had been secured had also been created, however, the programme was based on the presumption of no further borrowing.
 - e) The overall spending growth for the next year was £150 million; £80 million was applicable to Adult Social Care. A 3% increase to providers was planned, however, through incremental grants this had now increased to 4%. The increase resulted in a cost of £26 million to Kent County Council.
 - f) There were £31 million of increased costs applicable to Adult Social Care next year and £11 million of increased demand. It was highlighted that 75% of funding came from Kent Taxpayers. It was anticipated that Council Tax needed to be increased by a further 5% which would bring an additional £55.7 million to the Council.
 - g) Growth in funding from grants had increased by £30 million (net) however it was pointed out that the Council required significantly more funding to continue carry out their functions.
 - h) Mr Oakford drew Members' attention to the savings and income information contained in Item 2.5 of the report.
2. Mr Watkins referred to paragraph 2.7 in the report and highlighted the following key points:
 - a) Kent County Council agreed that the amount of £19 million (net) provided by central Government for care would be passported in Adult Social Care. £9 million of this fund was used to fill the budget gap for irretrievable savings.
 - b) Mr Watkins explained to Members that 80% of all money spent in Adult Social Care (being over half of KCC's entire budget) went towards commissioned providers and 20% was retain for in house services.

- c) Mr Watkins explained that, out of the remaining £10 million, £7.5 million had been allocated toward the additional 1% paid to care providers uplifted fee.
 - d) A further £3 million had been allocated towards increasing the base budget. Between November 2024 and January 2025, the underlying demand for Kent County Adult Social Care services had increased by almost £3 million.
3. In answer to comments and questions from comments and questions from Members, it was said that:
- a) Mr Watkins clarified that he was discussing the incremental difference from the Local Government finance settlement in December. The total estimated spend had been increased to support vulnerable adults by almost £3 million.
 - b) In relation to policy savings, Mr Watkins confirmed there were some legacy policy changes in the current budget. Some of the full year effect following on from the policy change on Charging Changes (from earlier in the current financial year) will go into next year.
 - c) The Community Wellbeing Service should make a considerable amount of savings, if it went ahead after public consultation.
 - d) The Head of Finance (Policy, Planning and Strategy) Mr Dave Shipton, commented that the national amount for all authorities was originally announced as £600 million in the Autumn budget. This then increased by a further £80 million nationally in the policy statement, which was issued in advance of the settlement at the end of November 2024. In the provisional settlement, the overall national amount increased by a further £200 million (totalling £880 million), to which Kent's share equated to £20.1 million.
 - e) Mr Shipton confirmed that the Council had submitted their response to the provisional settlement consultation, the deadline of which was the 15 January 2025, to confirm that they did not support the proposals for Adult Social Care.
 - f) Mr Watkins drew Members' attention to item 2.3 in the report and that transfer savings had been reduced by approximately £1.5 million, equating to an overall saving around £45 million. The Home Improvement Agency (linked with the Disabled Facilities Grant) change equated to around £300,000 of savings. The budget for this grant was confirmed to be around £25 million.
 - g) Mr Watkins confirmed that some Districts were not spending the entirety of their Disabled Facilities Grant and therefore any reduction on the spend of the Home Improvement Agency, would be manageable.
 - h) In answer to a Member's question, the Director of Integrated Commissioning, Mr Richard Ellis, explained that there would be a

differential impact from District to District when reducing the Home Improvement Agency spend, however, in the grand scheme of things, the total budget from the Disabled Facilities Grant was relatively small and whilst there were recognised constraints with how the Disabled Facilities Grant is accessed, this was outside the remit of Adult Social Care.

- i) Mr Smith explained the operation and adjustments of the forecasts for Adult Social Care and the reasons for difficulty in generating savings within the current midterm financial period to Members.
- j) Mr Shipton confirmed to Members that the Disabled Facilities Grant was a separate departmental grant from Health and Social Care and not part of the Local Government Finance Settlement. He continued to explain that there would be a substantial increase of the grant throughout 2025 / 2026.

4. RESOLVED Members:

- a) NOTED the update to administration's draft revenue budget proposals.
- b) NOTED and COMMENTED on draft capital programme.
- c) PROPOSED to the Executive, any changes which should be made to the administration's draft budget proposals related to the Cabinet Committee's portfolio area before the final draft is considered by Cabinet on 30 January 2025 and presented to Full County Council on 13 February 2025.

230. 24/00113 Carers' Support Services - Key Decision
(Item. 7)

- 1. The report was presented by Senior Commissioner, Mr Simon Mitchell.
- 2. In answer to questions and comments by Members, the following was said:
 - a) Mr Ellis explained that it was about a balance of risks; new contracts would be designed to be divisible and take into account the impact on providers. Termination clauses were always included and would enable a new Council flexibility.
 - b) It was confirmed to Members that break clauses in contracts would allow services to continue and also allow a new administration the ability to do something different, in time, if they wanted.
 - c) Notwithstanding the new Procurement legislation (coming into effect in February 2025) the service would need to be procured again once the year extension and delivery had concluded.
 - d) Mr Ellis confirmed that the Integrated Care Board (ICB) continued the commitment to pay the sum of £1.25 million.

3. RESOLVED Members considered, endorsed and made recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to:
- a) APPROVE a direct award of the Carers' Short Breaks contract, for a period of twelve months, from 1 April 2025 to 31 March 2026, in accordance with the relevant justifications set out in Regulation 32(2)(c) of the Public Contract Regulations 2015.
 - b) APPROVE a modification in the form of an extension of the contract for a period of twelve months for Community Navigation Services (Part B), from 1 April 2025 to 31 March 2026, in accordance with the relevant justifications set out in Regulation 72 of the Public Contract Regulations 2015.
 - c) APPROVE commencement of procurement for a new Carers Support Services contract which combines both Carers Short Breaks and Community Navigation Services (Part B).
 - d) DELEGATE authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

231. 24/00112 Adult Social Care Provider Fee Uplifts (2025/2026) - Key Decision
(Item. 8)

- 1. The report was presented by Mr Richard Ellis.
- 2. In answer to questions and comments from Members, the follow was said:
 - a) It was not possible to look ahead to see whether various care providers were able to continue operation, as every business was different. A range of factored would be considered and the closure of a provision would be managed via a specific procedure to ensure continuity of care, as well as manage the risks associated with moving a service user from one provider to another.
 - b) Last year the automatic uplift was applicable to framework providers and £9 million was held back to use in negotiations with non-framework providers (who had no automatic uplift). This year, as the decision had been brought to Committee sooner, there was still work to do in order to establish how the total sum would be allocated across all care providers. Members were referred to Table 1 of 4.1 contained in the report which described how the total cost had been calculated. Due to the short amount of time since the provisional settlement, more time was required in order to see whether 4% was the right approach or whether there was a need to differentiate between different types of care settings, framework or non-framework or similar.

- c) In answer to a Member's question regarding the rate of National Insurance Employers over time, Mr Watkins explained that the burden on employers was due to the change in the National Insurance threshold and in order to model the impact, it was important to know what percentage of staff were part time, versus full time.
 - d) Mr Shipton commented that it was possible to include a table which set out the threshold and contribution rates over a number of years in the final budget report due for publication in March, by way of background information as part of the budget.
3. RESOLVED that Members considered, endorsed and made recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to:
- a) APPROVE the fee uplifts for Adult Social Care Providers for 2025/2026.
 - b) DELEGATE authority to the Corporate Director Adult Social Care and Health, in consultation with the Cabinet Member for Adult Social Care and Public Health to take relevant actions within the overall budget allocation, including any changes to the percentage rates, as necessary to implement the decision.

232. 24/00109 Transfer of the 18-25 section of the Strengthening Independence Service (SIS) from CYPE to ASC - Key Decision
(Item. 9)

- 1. The report was presented by the Director for Adult Social Care (Operation, Kent) Mr Mark Albiston.
- 2. Mr Watkins highlighted to Members that the proposal originated from officers within both Children's Services and Adult Social Care.
- 3. In answer to Member questions, Mr Albiston explained that the key driver for the decision centred around proper alignment to the Corporate Director, who held the statutory responsibility for the function. The secondary key driver was the CQC regulatory functions which were not in place when the decision was made to have the item in Children's Services. The design principles of the decision had minimal impact on the work force, young adults, parents / carers and would be achieved by maintaining the current function, as well as learning from the work carried out in the Strengthening Independence Service (SIS). There was no proposal to break up the function and place it in the Adult Social Care structure.
- 4. A Member confirmed the following reasons for opposition to the proposal:
 - a) The proposal had not been co-produced with service users and parents / guardians.
 - b) The cohort of young people who would be affected by the proposal would have Education, Health and Care Plan (EHCPs); training and

education up to the age of 25 was vital in terms of developing ability of independence. It was argued that the best place for this cohort of young people was in education and training. It was asserted that when a child or young adult failed to make progress, their EHCP was stopped. It was alleged that there were currently over 300 young people sitting in day cares and not in education / training and therefore not being given the opportunity for enhanced independence, through Adult Social Care.

- c) All of the SEND (Special Educational Needs and Disabilities) expertise lay within Children's Services and it was crucial that annual reviews took place for young people aged 18 – 25.
 - d) The Equality Impact Assessment (EQIA) did not include the involvement or discussion services users, parents / guardian and the decision would impact on 900 of the most vulnerable adults.
 - e) It was pointed out to Members that the Cabinet Member for Adult Social Care and Public Health currently had many significant responsibilities and therefore transfer of 18 – 25 SIS cohort from Children and Young People and Education (CYPE) where good progress had been made, to Adult Social Care.
- 5) Mr Watkins addressed the points raised by the Member as follows:
- a) The proposal had been coproduced through conversations with families and service users.
 - b) There was a significant amount of expertise in dealing with adults with special educational needs within the directorate. The culture within Children's Services focused on protection of the child, whereas in Adult Services, the focus was on the promotion of independence. Therefore, and in accordance with, the Adult Social Care Strategy, Officers felt it would be beneficial to families and services users to move into the adult environment.
- 6) Mr Smith explained that this was not a decision made lightly, rather it was one to ensure that statutory responsibilities were adequately met. CQC had now regulated Adult Services and one of the key requirements was to provide safe systems of transitions which allowed for the safeguarding oversight of the 18 – 25 SIS cohort. The legal status of change is 18 and not 25 and so these were adults and eligible for Care Act Services, as well as the benefit regime. This meant the key primary legislation was different. Mr Smith did not agree that Adult Services were not able to support independence and argued that they were well placed to be able to support service users to become as independent as possible.
- 7) Mr Albiston highlighted to Members that other Local Authorities recognised the change in law and managed their services in a similar way. A detailed conversation had taken place with corporate partners concerning corporate governance and equality impact assessment and the scope of the EQIA. A timeline for coproduction was required in order address any inequities. Mr Albiston confirmed that he attended a staff briefing session with

approximately 70 members of staff from SIS who work with adults aged 18 to 25 and the universal feedback was that they did not understand 'Making a Difference Everyday', the implications for everyday practice, or transformations, which meant there was a disconnection between practice, vision and what it meant for young adults in Kent.

- 8) Mr Albiston confirmed that the expectation was to bring a deeper and broader EQIA when additional work had been completed. At this point the decision would be coproduced with a broader group of people.
- 9) In answer to a Member's question, Mr Albiston explained that the implementation plan set out communication paths with staff and stakeholders, as well as how data protection would be managed. This plan could be shared with Members outside of the meeting.
- 10) It was confirmed that Community Learning and Skills (CLS) will continue to support young adults, as per the information contained within the report.
- 11) Mr Watkins confirmed that Children's Services would continue to support adults in the 18 – 25 cohort with EHCPs in terms of the education and training aspect and clarified that it was only the care package which would change.
- 12) Mr Smith and Mr Albiston reiterated Mr Watkins' comment in that the transfer only included the element of social care and the EHCPs cohort would still be managed by CYPE as part of the annual review process.
- 13) In answer to a Member question, Mr Albiston confirmed that, within SIS, there were two groups; staff either worked with children aged 0 – 17 and then a cohort of staff dedicated to working with 18 to 25 year olds.
- 14) Members show of hand to indicate in support of the Key Decision were as follows:
 - 5 Members voted in favour
 - 1 Member voted against
 - 3 Members abstained from voting
- 15) RESOLVED Members considered, endorsed and made to Cabinet on the proposed decision.

233. Kent and Medway Safeguarding Adults Board Annual Report (Item. 10)

1. The report was presented by the Independent Chair of the Kent and Medway Safeguarding Adults Board, Mr Andrew Rabey and the Manager for the Kent and Medway Safeguarding Adults Board, Ms Victoria Widden.
2. In answer to questions and comment from Members, the following was said:

- a) Both the Care Act and the Local Authority made provision and support available for carers in relation to their statutory responsibilities. Referrals into the process were important and therefore monitored to look at volume and responses to enquires to ensure the correct support was provided. The 'Think Family' approach was built into the practice around social care and focused on the family around the individual.
 - b) In answer to a Member's question regarding carers who experienced severe difficulties with stress or breakdown, Mr Albiston explained that very few of these situations required a safeguarding or a criminal response, instead the appropriate response is a Care Act assessment of the carers' needs in their own right.
 - c) Ms Widden explained that when safeguarding adult reviews are conducted, individual actions for agencies and thematic actions are also considered. One of the thematic action areas for focus included carers. As part of this assurance reports were sought from agencies in relation to how they identify and support carers.
 - d) Mr Watkins highlighted to Members that the report showed a continuing increase in safeguarding referrals and safeguarding work required to take place.
 - e) Mr Rabey explained that the national focus was on the delivery of good safeguarding practice. He spoke of the conversion rate of referrals to enquires and the importance of ensuring people understood the relevant legislation and the differences between a safeguarding referral and a referral for a care needs assessment.
 - f) A Member pointed out that safeguarding should be an issue which all Members should be invested in and proposed that it should be included as mandatory training for Members. Thanks was expressed for the report and the work carried out by the Kent and Medway Safeguarding Adults Board. It was agreed that the safeguarding report would be provided to all Members.
 - e) Ms Widden explained there was a risk register for the board and issue logs for single agency risks which impact on multiagency delivery of safeguarding.
- 3) RESOLVED Members considered and commented on the Kent and Medway Safeguarding Adults Board Annual Report 2023 – 2024.

234. Work Programme
(Item. 11)

RESOLVED to note the Work Programme.

KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 11 March 2025.

PRESENT: Mrs L Game (Chair), Mr P Cole (Vice-Chairman), Mrs P T Cole, Ms K Constantine, Ms J Hawkins, Ms K Grehan, Mr A R Hills, Mr A Kennedy, Mr J Meade, Ms L Parfitt, Mr R G Streatfeild, MBE and Ms L Wright

ALSO PRESENT: Mr D Watkins (Cabinet Member for Adult Social Care and Public Health)

IN ATTENDANCE: Dr A Ghosh (Director of Public Health), Dr E Schwartz (Deputy Director Public Health), Mrs V Tovey (Assistant Director of Integrated Commissioning), Ms R Kulkarni-Johnston (Public Health Consultant), Ms C Nelson (Public Health Commissioner), Ms A Noake (Senior Commissioner), Ms A Ojo (Public Health Specialist), Ms D Smith (Public Health Specialist), Ms W Jeffreys (Consultant in Public Health), Mr C Beale (Senior Commissioner), Ms M Anthony (Commissioning and Development Manager), Ms J Bellingham (Locality Commissioner), Ms L Easterby (Risk and Delivery Assurance Officer), Ms R Eley (Senior Commissioner), Mr J Hickson (Analyst Manager - Surveys) and Ms G Humphreys (Democratic Services Officer)

UNRESTRICTED ITEMS

364. Apologies and Substitutes (Item 2)

Apologies had been received from Mr Beaney and Ms Hamilton.

Ms Hawkins was in attendance virtually.

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

1. Mr Cole declared that he was the Portfolio Holder for Housing and Health for Sevenoaks District Council.

366. Minutes of the meeting held on 21 January 2025 (Item 4)

RESOLVED that the minutes be approved as a correct record and that they be signed by the Chair.

367. Verbal updates by Cabinet Member and Director
(Item 5)

1. Mr Watkins, Cabinet Member for Adult Social Care and Public Health, gave a verbal update on the following:
 - a. Mr Watkins shared KCC had been awarded a 5.4% increase for 2025/26 from the Government. There were challenges as a result of the budget, the Government had set an above inflation NHS pay award which affected the cost of delivery for NHS trust public health programmes. There was an increase in employers National Insurance and National Minimum Wage which had affected the cost base of the voluntary sector of public health services. Additionally, general inflation had increased to 3% which challenged the cost of delivering services.
 - b. Mr Watkins noted the Covid Day of Reflection, which marked five years since the beginning of the global pandemic, KCC had set up a digital memory wall to remember those affected by the pandemic.
 - c. National No Smoking Day was on 13th March 2025, the theme was 'Take Your Life Back'. KCC were offering free support methods such as guidance on the Allen-Carr method, Mr Watkins noted that Kent had 150,000 smokers.
 - d. Mr Watkins explained that KCC had launched a free 24/7 support for expectant and new parents, there was a confidential helpline and text service available.
 - e. The Baton of Hope tour was to come through Kent, Kent and Medway had extended the application time for baton bearers.
2. Dr Anjan Ghosh, Director of Public Health, gave a verbal update on the following:
 - a. In reference to the Covid Day of Reflection, Dr Ghosh noted that public health was at the nationwide forefront of managing efforts to manage the pandemic. COVID-19 activity had decreased in the South East across all indicators. Hospital admissions for confirmed cases had decreased, which stood at 43% at the most recent peak, in September 2024.
 - b. Influenza cases had decreased, vaccinations in front line health care workers in South East stood at 40.9% which was higher than the national average. Respiratory Syncytial Viruses (RSV) had decreased amongst most indicators, vaccination coverage in the South East for those aged 75 to 79 years of age was the highest in the county at 55.9% which was higher than national average.
 - c. The UK Health Security Agency (UKHSA) warned of the high levels of Norovirus and the possibility of a second wave due to various circulating genotypes. The largest impacts were seen in the health and social care settings, the reporting remained high nationally and among all age groups, the worst effected were those aged 65 and over. Newsletters were being circulated within Kent to care homes to reinforce the message of prevention against norovirus.

- d. Dr Ghosh was a keynote speaker at the UK Research Development National Summit which focused on how research innovation improvement could be done within local authorities.
 - e. A conference was to take place on the 22nd March 2025, which focused on alcohol related brain injuries. The conference aimed to bring clinicians from Kent together to work together for best practice.
3. In response to comments and questions it was said:
- a. Mr Watkins was to share the figure for how many baton bearers were still needed with Committee Members.
 - b. Dr Ghosh confirmed that the social media campaigns were having a positive impact on decreasing the number of norovirus cases.

RESOLVED that the verbal updates were noted.

368. Performance of Public Health Commissioned Services (Quarter 3 2024/2025)
(Item 6)

- 1. Ms Tovey introduced the report and gave an overview of its content.
- 2. In response to comments and questions it was said:
 - a. A Member questioned the plans to improve the red children's KPI. Ms Tovey explained that results were closely monitored, additionally the service were going to conduct an end of year review. Ms Eley added that each unclosed case was followed up by a manager.
 - b. A Member questioned whether breastfeeding was included in the health visiting service. Ms Jeffreys explained that breastfeeding pregnancy data was captured, it was not included within this data set but there was data, that could be shared with the Committee.

RESOLVED that the noted the performance of Public Health commissioned services in Quarter 3 2024/2025 and the proposed KPI target changes for 2025/2026.

369. Vaping Survey Report
(Item 7)

- 1. Ms Kulkarni-Johnston and Mr Hickson introduced the report and gave an overview of its content.
- 2. In response to comments and questions it was said:
 - a. A Member shared concerns about the unregulated sales of vapes. Ms Kulkarni-Johnston explained that there was work done with Trading Standards around illegal sale of vapes to young people in Kent, who had the authority to stop sales. There was proposed national legislation which would prevent the sale of disposable

vapes, which was to have a significant impact if passed. On the KCC website there was guidance for young people to address their concerns. Ms Kulkarni-Johnston explained that the majority of young people did not vape but levels were rising and the service was paying attention to this issue.

- b. When asked if there was any level of control over the chemical put in rechargeable vapes. Ms Kulkarni-Johnston explained that only the illegality of selling vapes to under age persons could be addressed. Officers had trained young volunteers in order to locate businesses selling vapes illegally, additionally, there were champions in communities who would inform corner shop staff of the illegality.
- c. Members requested that the Committee should receive regular updates on this issue.
- d. When asked if there was a consistent approach from school leaders to ensure their schools were smoke free spaces. Ms Kulkarni-Johnston explained that there was value in the concept, adding that letters were sent to schools detailing the highlights of the reports and schools would get the opportunity to respond.
- e. A Member raised the issue of children disposing of vapes before going into school. Mr Hickson shared that this observation aligned with data collected and outlined the next steps for the service following the results of the survey. Qualitative research in select schools was to take place, following the results of the survey, to get more information. Additionally, the survey was to be repeated following the implementation of legislation to ban disposable vapes.
- f. A Member raised concern surrounding the targeted advertising of vapes toward children and vulnerable individuals. Mr Hickson explained that there was a desire to do qualitative research in special schools in order to collect data.
- g. When asked about the research into influences of young people. Ms Kulkarni-Johnston explained that data suggested that young people were influenced to vape, further analysis would research into preventing negative influences. Mr Hickson added that data showed that vaping within young people was not about positive perception it was more about a desire to fit in socially. Dr Ghosh shared concerns about the rise in use of nicotine pouches, which was believed to be targeting children, highlighting the risk of attractive packaging and an assortment of flavours.
- h. A Member questioned what was the expectations of the schools that were part of survey and whether other testing environments could be used. Additionally, highlighting that only 33% of schools took part in the survey, a disproportionate representation of districts. Mr Hickson initiated research by asking schools how they believed it should be conducted. Results revealed that form time and PSHE lessons were the most appropriate period to conduct research. Mr Hickson added that just over 30 schools agreed to take part in the survey, there was under and over representation of districts and variations in levels of deprivation. Schools were provided with the

survey, there was not a significant amount of work for the schools to complete.

- i. A Member noted that a significant number of pupils from Sevenoaks attended school in different districts, so it was hoped a fair representation was provided.
- j. The Chair shared her concerns of over the top advertisement of vapes and social pressure between young people. Additionally, the Chair thanked the team for their report.
- k. Mr Watkins expressed his thanks to the team for the report, noting that he wanted to see further results brought to the Committee.

RESOLVED that the Committee noted the information contained within this report and commented on the survey and related work.

370. Risk Management: Health Reform and Public Health
(Item 8)

1. Dr Ghosh introduced the report and gave an overview of its content.
2. In response to comments and questions it was said:
 - a. The Committee discussed the risks present within the report and the risks that Kent faced.
 - b. A Member highlighted of the risk of contaminants within soil. Dr Ghosh shared that there was a division that dealt with that issue, noting that there were generic plans in place for every scenario.

RESOLVED that the Committee considered and commented on the risks presented.

371. Public Health Service Transformation Programme Update
(Item 9)

1. Ms Tovey introduced the report and gave an overview of its content. It was highlighted that decisions on sexual health and NHS health checks had been delayed until the July meeting.

RESOLVED that the Committee noted the information contained within this update report and commented on the programme and the next steps.

372. 25/00008 Public Health Service Transformation Programme - Adult Lifestyle Services Recommission - Key Decision
(Item 10)

1. Ms Kulkarni Johnston and Mr Beale introduced the report and gave an overview of its content.

2. Mr Beale added a clarification to the report, that Kent Community Health Foundation Trust (KCHFT) also provided some lifestyle services to Dartford and Gravesend.
3. In response to comments and questions it was said:
 - a. A Member questioned why there were two separate strands of funding for the Weight Management and Healthy Lifestyles Services in East and West Kent. Mr Beale explained that KCHFT was used in East Kent, the agreement was coming to an end in 2026. The district and borough councils were used in West Kent, the service was to continue using this arrangement.
 - b. A Member asked whether any of the programmes offered injectable weight drugs. Ms Ojo explained that KCC only provided tier one and tier two weight management not injections, but the service did support appropriate weight management services for residents. Ms Kulkarni-Johnston added that weight loss injections had to be prescribed by clinicians after a check-up.
 - c. Dr Ghosh shared that there were 800,000 overweight and obese adults in Kent, the service saw 1,700 of those. There was a need for a whole system obesity approach, which was difficult to do but it was starting to gain traction. Mr Beale added that support was working well within districts councils and KCHFT, there was work being done to build upon work to see what will work for different districts and different people.

RESOLVED that the Committee considered and endorsed the proposed decision.

373. 25/00011 Public Health Service Transformation Programme – Children Young People (CYP) 5 to 19 years Services Recommission - Key Decision
(Item 11)

1. Ms Jeffreys introduced the report and gave an overview of its content.
2. Ms Eley noted that due to market engagement and analysis there had been a revision to the paper, the financial implications were up to £12,8085 for a five year and five month contract, which had the possibility of a five year extension.
3. In response to comments and questions it was said:
 - a. Ms Jeffrey explained that that parent-infant mental health services development had taken place to ensure there was sufficient support for perinatal mental health. Probable mental health disorders was an NHS longitudinal study which began in 2017, the consistent question set provided a robust data set. Ms Eley added that any interventions would be needs led and individualised.
 - b. Ms Tovey shared that a new proposed model of therapeutic services was one part of the mental health and wellbeing support system for children and young people. Additional thought was going

into utilising family hubs to see young people, the focus was the young people being in an environment where they felt comfortable.

RESOLVED that the Committee considered and endorsed the proposed decision as set out in the Proposed Record of Decision.

374. 25/00012 Family Hubs Start For Life – Parent Infant Mental Health Service - Extension - Key Decision
(Item 12)

1. Ms Jeffreys introduced the report and gave an overview of its content.
2. In response to comments and questions it was said:
 - a. A Member questioned whether decisions were being made with different authorities. Ms Tovey explained that the service was mindful, there was a strategic commissioning board within KCC which looked at the activity being delivered. There was a desire to collate an analysis, additionally, there had been engagement with multiple stakeholders internally and externally.

RESOLVED that the Committee considered and endorsed the proposed decision.

375. Work Programme
(Item 13)

1. The following items were noted for the work programme:
 - a. Regular updates to the vaping survey.
 - b. A report on the long term impact of access to technology on mental health.
 - c. The rising issue of damaging content on mobile phones.
 - d. The effect of artificial intelligence on mental health.
 - e. The progress of the Mental Health Bill.

RESOLVED that the Committee noted the Work Programme.

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: Adult Social Care and Public Health Cabinet Committee – 8 July 2025

Subject: Older Persons Residential and Nursing Care Service

Key Decision : It affects more than 2 Electoral Divisions
It involves expenditure or savings of maximum £1m – including if over several phases

Decision no: **25/00042**

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Is the decision eligible for call-in? Yes

Summary: The report provides information about the background of the Older Persons Residential and Nursing contract and the options explored to recommission the service.

Recommendation(s): The Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member on the proposed decision attached as Appendix A.

1. Introduction

- 1.1 The current contract, introduced in 2016 and extended via a 24-month direct award to March 2026, operates under a Dynamic Purchasing System (DPS). A DPS is a list of qualified suppliers who are eligible to participate in future procurements. While the DPS has offered flexibility, it has led to growing price variation, limited market control, and challenges in monitoring quality and performance.
- 1.2 Significant changes in care needs, regulatory requirements, and service costs now require a more sustainable and structured model. The proposed solution is a new Open Framework, which is a contract between a contracting authority and one or more suppliers that provides for the future award of contracts by a

contracting authority to the supplier or suppliers (potentially with a supplementary Dynamic Market). This will be aligned with KCC's strategic priorities and key policies such as Framing Kent's Future, Making a Difference Every Day, and the Accommodation Market Position Statement.

- 1.3 The Open Framework will introduce five service categories to better reflect current need and improve placement accuracy: Residential, Residential High, Nursing, Nursing High, and Highly Specialised and Complex Care, more information can be found in appendix 1. It will also improve cost control by limiting price changes to once annually and expanding access to Providers through regular framework openings.
- 1.4 Development of the new service has been informed by lessons learned from previous procurements, stakeholder engagement and relevant impact assessments. The new service will provide a fit for purpose model which delivers sustainable, high-quality care and improved outcomes for Kent's older population.

2. Background

- 2.1 In 2014, the Council re-let the then 12-year-old Residential and Nursing Care contract using a two-stage procurement process. The first stage involved a cost model review, which re-evaluated care home costs and established new guide prices for Residential, Residential High, and Nursing Care.
- 2.2 To support the transition and prepare both the market and the Council for the anticipated major changes linked to Phase 2 of the Care Act 2014, an 18-month contract was introduced in October 2014. This short-term contract ended on 31 March 2016.
- 2.3 On 1 April 2016, the current Older Persons Residential and Nursing (OPRN) Care contract commenced. It was initially set for four years, with the option of two extensions of 24 months each. Both extension periods have been fully utilised, and the contract had no provision for further extensions beyond 31 March 2024.
- 2.4 On 18 January 2024, the Adult Social Care Cabinet Committee approved a 24-month direct award, ensuring continued service provision until 31 March 2026.
- 2.5 Over the past decade there have been significant changes in care needs, regulatory requirements, workforce challenges, service delivery expectations and service costs.
- 2.6 The new service will respond to Framing Kent's Future, 2022-2026, by considering the Council's priority of New Models of Care and Support by recognising the importance of health and social care integration, building effective strategic partnerships with our providers through co-production whilst being innovative in the way we look to redesign services to improve quality and respond to budget constraints. The full business case for the recommissioning of the OPRN Care Service is attached as Appendix 1.
- 2.7 It is the Council's priority to establish new arrangements to continue providing affordable accommodation, care, support and stimulation to those people in the

client group for whom it is appropriate, either in the short or longer term, to live in a Residential or Nursing Home setting as their own home, ensuring a sustainable local market for care services (s5 Care Act 2014).

- 2.8 The expectation is to commence a contract award for the new service under the Light Touch Open Framework, from 1 April 2026. However to ensure continuity of provision the Council may require an extension to the current Dynamic Purchasing System contract arrangements for a potential further period of up to nine months to enable the awarding of new contracts and mobilisation of the Older Persons Residential Nursing Care Service under a new Light Touch Open Framework.

3. Options considered and dismissed, and associated risk

- 3.1 Before deciding on the preferred way forward, the following options were considered:

Option 1: **Do Minimum**

Scope	OPRN Care Homes – contracted, non-contracted and future requirements
Description	Continue as we are (DPS): Maintain the existing Dynamic Purchasing System (DPS) for OPRN placements. Providers submit updated prices twice a year and placements continue under legacy arrangements.
Pros	No major system changes needed- Administrative continuity- Existing provider familiarity
Cons	• Loss of market control- Prices continue to escalate beyond affordability • Variance in pricing between legacy and new placements is unsustainable • Quality assurance and contract performance are harder to manage under current terms • Exploitation of loopholes (e.g., notice periods) • No formal mechanism for controlling market behaviour or incentivising quality improvement
Recommendation	Not recommended due to high-cost pressure, poor market control, and fragmented oversight

Option 2: **Less Ambitious**

Scope	OPRN Care Homes – contracted, non-contracted and future requirements
Description	Expand in-house provision and/or enter a series of block arrangements through direct awards:

	Increase Council-operated residential/nursing capacity and secure block beds via direct awards.
Pros	Greater control over quality and delivery- Predictable costs through block rates- Ability to target capacity to priority areas
Cons	• High upfront investment for in-house provision (recruitment, pension, property, compliance) • Reduced market flexibility • May not meet wide-ranging geographical demand • Risk of under-occupancy in block arrangements
Recommendation	Not recommended as a primary model due to high financial/resource burden and limited scalability

4. Financial Implications

- 4.1 The annual value of the new contract will be circa £222m and the lifetime value of the contract (including the 4 year extensions) will be circa £1.78bn. The new contract will run for an initial four year period from 1 April 2026 to 31 March 2030, with options to extend for an additional four years.
- 4.2 There is no anticipated reduction in the overall budget, the project aims to achieve cost avoidance. Failure to implement the new framework could result in significant budget variances over the lifetime of the contract with potential to escalate from £15.8 million in Year 1 to £50.3 million by Year 4. Implementing the new framework is projected to reduce these variances substantially, highlighting the importance of financial planning and control.

5. Legal implications

- 5.1 Under Regulation 34 (Dynamic Purchasing Systems), Contracting Authorities, are permitted to extend the period of validity of Dynamic Purchasing Systems (DPS). Regulation 72 (Modification of Contracts during their term) permits Contracting Authorities to modify contracts and framework agreements, without a new procurement procedure.
- 5.2 External legal advice has been obtained about extending the contracts. The Council is advised to issue a Voluntary Ex-Ante Transparency Notice (VEAT) Notice informing the market of its intention to extend the current Dynamic Purchasing System.
- 5.3 An external legal firm has been instructed to draft the new Older Persons Residential and Nursing Care Service terms and conditions to manage placements for both framework and non-framework call-offs.

6. Equalities implications

- 6.1 A full Equality Impact Assessment (EqIA) has been completed (attached as Appendix 2) This EQIA explored the potential impact of the proposed changes on individuals with protected characteristics under the Equality Act 2010. It confirmed that the new service model is designed to promote equity of access, ensure fairness in placement decisions, and address any potential disparities in service delivery across different localities in Kent.

7. Data Protection Implications

- 7.1 A Data Protection Impact Assessment (DPIA) has been completed (attached as Appendix 3). The DPIA process has helped identify potential privacy risks linked to the recommissioning of the Older Persons Residential and Nursing (OPRN) service, particularly around the management of personal and special category data. Appropriate mitigations and safeguards are being incorporated into the design of the new commissioning model to ensure compliance with UK GDPR and the Data Protection Act 2018.

8. Conclusions

- 8.1 The existing OPRN contract, initiated in 2016 and was extended until March 2026, operates under a Dynamic Purchasing System (DPS). While the DPS has offered flexibility, it has led to growing price variation, limited market control, and challenges in monitoring quality and performance.
- 8.2 The proposed solution is a new Open Framework, potentially supplemented by a Dynamic Market, aligned with Kent County Council's strategic priorities and key policies such as Framing Kent's Future, Making a Difference Every Day, and the Accommodation Market Position Statement.
- 8.3 Various options were evaluated, including maintaining the status quo and expanding in-house services. However, both were deemed insufficient due to high costs or limited scalability.
- 8.4 The projected budget for the OPRN service shows significant variances if the current model continues. Implementing a new framework is projected to mitigate these financial risks substantially.

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

10 Background Documents

None

11. Appendices

Appendix 1 Business Case
Appendix 2 Equality Impact Assessment
Appendix 3 Data Protection Impact Assessment

12. Report Author

Louise White
Project Manager
03000 413184
Louise.White4@kent.gov.uk

Lead Officer

Paula Parker
Head of Transformation, Delivery and Support
03000 423062
Paula.Parker@kent.gov.uk

Relevant Director

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

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

**Cabinet Member for
Adult Social Care and Public Health**

DECISION NO:

25/00042

For publication

Key decision: YES

Title of Decision: Older Persons Residential and Nursing Care Service

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:
APPROVE the recommissioning of the Older Persons Residential and Nursing Care Service,
EXTEND the current Dynamic Purchasing System contract arrangements for a potential further period of up to nine months to enable the awarding of new contracts and mobilisation of the Older Persons Residential Nursing Care Service under a new Light Touch Open Framework;
DELEGATE authority to the Corporate Director Adult Social Care and Health to take relevant actions including but not limited to, opening the Light Touch Open Framework at regular intervals to allow new providers to join the framework and finalising the terms of and entering into required legal agreements, as necessary to award the contract with new arrangements to begin on 1 April 2026; and
DELEGATE authority to the Corporate Director Adult Social Care and Health, in consultation with the Cabinet Member for Adult Social Care and Public Health and Corporate Director Finance, to utilise the relevant contract extensions.

Reason(s) for decision: The current contract, introduced in 2016 and extended via a 24-month direct award to March 2026, operates under a Dynamic Purchasing System (DPS). While the DPS has offered flexibility, it has led to growing price variation, limited market control, and challenges in monitoring quality and performance.

Significant changes in care needs, regulatory requirements, and service costs now require a more sustainable and structured model. The proposed solution is a new Open Framework (potentially with a supplementary Dynamic Market) aligned with KCC's strategic priorities and key policies such as Framing Kent's Future, Making a Difference Every Day, and the Accommodation Market Position Statement.

The Open Framework will introduce five service categories to better reflect current need and improve placement accuracy: Residential, Residential High, Nursing, Nursing High, and Highly Specialised and Complex Care. It will also improve cost control by limiting price changes to once annually and expanding access to Providers through regular framework openings.

Development of the new service has been informed by lessons learned from previous procurements, stakeholder engagement and relevant impact assessments. The new service will provide a fit for purpose model which delivers sustainable, high-quality care and improved outcomes for Kent's older population.

It is the Council's priority to establish new arrangements to continue providing affordable accommodation, care, support and stimulation to those people in the client group for whom it is appropriate, either in the short or longer term, to live in a Residential or Nursing Home setting as their own home, ensuring a sustainable local market for care services (s5 Care Act 2014). This does

not preclude the council developing its own homes but current contracts need to be renewed for the current externally commissioned placements.

The expectation is to commence contract award for the new service under the Light Touch Open Framework, from 1 April 2026. However to ensure continuity of provision the council may require the existing arrangements to continue to enable the completion of the procurement.

Financial Implications: The annual value of the new contract will be circa £222m and the lifetime value of the contract (including the 4 year extensions) will be circa £1.78bn. The new contract will run for an initial four year period from 1 April 2026 to 31 March 2030, with options to extend for an additional four years.

There is no anticipated reduction in the overall budget, the project aims to achieve cost avoidance. Failure to implement the new framework could result in significant budget variances over the lifetime of the contract with potential to escalate from £15.8 million in Year 1 to £50.3 million by Year 4. Implementing the new framework is projected to reduce these variances substantially, highlighting the importance of financial planning and control.

Legal Implications: Under Regulation 34 (Dynamic Purchasing Systems), Contracting Authorities, are permitted to extend the period of validity of Dynamic Purchasing Systems (DPS). Regulation 72 (Modification of Contracts during their term) permits Contracting Authorities to modify contracts and framework agreements, without a new procurement procedure.

External legal advice has been obtained about extending the contracts. The Council is advised to issue a Voluntary Ex-Ante Transparency Notice (VEAT) Notice informing the market of its intention to extend the current Dynamic Purchasing System.

An external legal firm has been instructed to draft the new Older Persons Residential and Nursing Care Service terms and conditions to manage placements for both framework and non-framework call-offs.

Equality Implications: A full Equality Impact Assessment (EQIA) has been completed. This EQIA explored the potential impact of the proposed changes on individuals with protected characteristics under the Equality Act 2010. It confirmed that the new service model is designed to promote equity of access, ensure fairness in placement decisions, and address any potential disparities in service delivery across different localities in Kent.

Data Protection Implications: A Data Protection Impact Assessment (DPIA) has been completed. The DPIA process has helped identify potential privacy risks linked to the recommissioning of the Older Persons Residential and Nursing (OPRN) service, particularly around the management of personal and special category data. Appropriate mitigations and safeguards are being incorporated into the design of the new commissioning model to ensure compliance with UK GDPR and the Data Protection Act 2018

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care and Public Health Cabinet Committee on 8 July 2025 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

Option 1: Do Minimum

Scope	OPRN Care Homes – contracted, non-contracted and future requirements
Description	Continue as we are (DPS): Maintain the existing Dynamic Purchasing System

	(DPS) for OPRN placements. Providers submit updated prices twice a year and placements continue under legacy arrangements.
Pros	No major system changes needed- Administrative continuity- Existing provider familiarity
Cons	• Loss of market control- Prices continue to escalate beyond affordability • Variance in pricing between legacy and new placements is unsustainable • Quality assurance and contract performance are harder to manage under current terms • Exploitation of loopholes (e.g., notice periods) • No formal mechanism for controlling market behaviour or incentivising quality improvement
Recommendation	Not recommended due to high-cost pressure, poor market control, and fragmented oversight

Option 2: Less Ambitious

Scope	OPRN Care Homes – contracted, non-contracted and future requirements
Description	Expand in-house provision and/or enter a series of block arrangements through direct awards: Increase Council-operated residential/nursing capacity and secure block beds via direct awards.
Pros	Greater control over quality and delivery- Predictable costs through block rates- Ability to target capacity to priority areas
Cons	• High upfront investment for in-house provision (recruitment, pension, property, compliance) • Reduced market flexibility • May not meet wide-ranging geographical demand • Risk of under-occupancy in block arrangements
Recommendation	Not recommended as a primary model due to high financial/resource burden and limited scalability

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

.....
signed

.....
date

This page is intentionally left blank

Older People Residential and Nursing (OPRN) Care Homes Recommissioning Project

Business Case

Senior Responsible Owner: Paula Parker

Project Manager: Louise White

Portfolio: Adult Social Care

Version Number: 1.0

Purpose: The purpose of the Business Case is to provide justification for undertaking the Older People Residential and Nursing Care Transformation Project. It evaluates the Benefit, Cost and Risk of alternative options and provides a rationale for the preferred solution(s).

Version	Date	Brief Summary of Change	Owner of Change
0.1	10/02/2025	First draft	Godfrey Luggya / Joe Apea
0.2	29/02/2025	Updated draft	Godfrey Luggya/ Joe Apea
0.3	02/05/2025	Minor updates	Godfrey Luggya/ Joe Apea
1.0	16/06/2025	Final version	Godfrey Luggya/ Joe Apea

Table 1 - Version Control

A. EXECUTIVE SUMMARY	3
B. STRATEGIC CASE	4
1 Project Description.....	4
2 Strategic Context	4
3 Existing Arrangements.....	4
4 Business Needs – Current and Future	4
5 SMART Objective(s).....	4
6 Project Outputs (Deliverables).....	4
7 Main Benefits	5
8 Main Risks	5
9 Main Constraints.....	6
10 Dependencies	6
11 Lessons Applied.....	6
12 Wider Impact Assessments	6
C. ECONOMIC CASE	7
13 Critical Success Factors	7
14 Long-Listed Options.....	7
15 Short-Listed Options	7
16 Overall Rankings.....	8
17 Preferred Option	9
D. COMMERCIAL CASE	10
18 Procurement Strategy	10
E. FINANCIAL CASE	11
19 Project Costs Internal / External	11
20 Identified Savings.....	11
21 Budget Allocation	11
22 Budget Management.....	11
F. MANAGEMENT CASE	12
23 Project Governance	12
24 Project Roles and Responsibilities.....	12
25 Project Assurance.....	13
26 Project Plan.....	13
27 Risk Management.....	14
28 Lessons Learned	14
29 Benefits Realisation	14
30 Sustainability.....	14



A. EXECUTIVE SUMMARY

Kent County Council (KCC) seeks approval to commence a formal tender for the recommissioning of the Older People Residential and Nursing (OPRN) care service, with new arrangements to begin on 1 April 2026.

The current contract, introduced in 2016 and extended via a 24-month direct award to March 2026, operates under a Dynamic Purchasing System (DPS). While the DPS has offered flexibility, it has led to growing price variation, limited market control, and challenges in monitoring quality and performance.

Significant changes in care needs, regulatory requirements, and service costs now require a more sustainable and structured model. The proposed solution is a new Open Framework (potentially with a supplementary Dynamic Market) aligned with KCC's strategic priorities and key policies such as Framing Kent's Future, Making a Difference Every Day, and the Accommodation Strategy.

The framework will introduce five service categories to better reflect current need and improve placement accuracy: Residential, Residential High, Nursing, Nursing High, and Highly Specialised & Complex Care. It will also improve cost control by limiting price changes to once annually and expanding access to Providers through regular framework openings.

Although there is no anticipated budget reduction, continuing with current arrangements would result in a projected budget variance of £50.3m by Year 4, compared to £8.5m under the new model, representing significant cost avoidance and improved market stability.

This proposal is informed by lessons learned from previous procurements, stakeholder engagement, and relevant impact assessments. A detailed mobilisation plan will ensure smooth transition and system readiness, with a dedicated team supporting implementation and performance monitoring beyond go-live.

Council approval is sought to proceed to tender and secure a fit-for-purpose model that delivers sustainable, high-quality care and improved outcomes for Kent's older population.

B. STRATEGIC CASE

1 Project Description

In 2014, the Council re-let the then 12-year-old Residential and Nursing Care contract using a two-stage procurement process. The first stage involved a cost model review, which re-evaluated care home costs and established new guide prices for Residential, Residential High, and Nursing Care.

To support the transition and prepare both the market and the Council for the anticipated major changes linked to Phase 2 of the Care Act 2014, an 18-month contract was introduced in October 2014. This short-term contract ended on 31 March 2016.

On 1 April 2016, the current Older Persons Residential and Nursing (OPRN) Care contract commenced. It was initially set for four years, with the option of two extensions of 24 months each. Both extension periods have been fully utilised, and the contract had no provision for further extensions beyond 31 March 2024.

On 18 January 2024, the Adult Social Care Cabinet Committee approved a 24-month direct award, ensuring continued service provision until 31 March 2026.

Over the past decade there have been significant changes in care needs, regulatory requirements, workforce challenges, service delivery expectations and service costs.

This project aims to respond to Framing Kent's Future, 2022-2026, by considering the Council's priority of New Models of Care and Support by recognising the importance of health and social care integration, building effective strategic partnerships with our providers through coproduction whilst being innovative in the way we look to redesign services to improve quality and respond to budget constraints.

It is the Council's priority to establish new arrangements to continue providing affordable accommodation, care, support and stimulation to those people in the client group for whom it is appropriate, either in the short or longer term, to live in a Residential or Nursing Home setting as their own home, ensuring a sustainable local market for care services (s5 Care Act 2014).

2 Strategic Context

2.1 For all adults living in Kent who have a social care need, the aspiration is always for them to remain in their own home as far as is possible where this is

what they choose, and to build in care and support that wraps around them in their own environment. However, we recognise that this is not always possible; some people will have needs that can only be met in a bespoke accommodation setting, and some people prefer to have their needs met in an accommodation-based setting.

- 2.2 Residential homes and residential with nursing care homes are regulated by the Care Quality Commission. The Care Act 2014 established clear legal responsibilities for local authorities in England, the NHS, and the Care Quality Commission (CQC) to manage various aspects of the adult social care market, including need, sustainability, value for money, and integration. The recommissioning of the Older Persons Residential Network (OPRN) provision will align with Kent County Council's (KCC) four strategic priorities outlined in the Strategic Statement 2022. This process will consider the challenging post-pandemic operating environment and ensure alignment with KCC's response to government agendas impacting the county.
- 2.3 The recommissioning process will adhere to the principles and priorities of "Making a Difference Every Day: Our Strategy for Adult Social Care 2022 to 2027," which aims to support individuals in living safe and independent lives while engaging with their communities. The goal is to create a future adult social care market that prioritises successful outcomes through meaningful measures and innovative approaches that support strength-based, place-based practices.
- 2.4 The recommissioning of the Older Peoples Residential and Nursing (OPRN) provision will align with KCC's four strategic priorities outlined in Framing Kent's Future: Our Council Strategy 2022-2026, which include: -
 - a) Levelling Up Kent: Addressing disparities to ensure all People have access to quality services.
 - b) Infrastructure for Communities: Investing in infrastructure that supports community needs.
 - c) Environmental Step Change: Promoting sustainable practices across services.
 - d) New Models of Care and Support: Innovating care delivery to meet evolving needs.

- 2.5 Additionally, the recommissioning process will align with Kent's Accommodation Strategy to ensure older adults in Kent have access to appropriate accommodation, thereby reducing the need for residential care placements. Commissioners will adopt a collaborative approach, considering alternative pathways to minimise the reliance on residential care.
- 2.6 The commissioning of new services will be guided by the priorities of the Commissioning Strategic Business Plan and the Adults Commissioning Strategy, ensuring a value-for-money approach to better manage the Council's spend.
- 2.7 Under the government's proposals, should new authorities be established, they will require time to determine their strategic priorities. Consequently, contracts such as the Older People Residential and Nursing (OPRN) service, which deliver essential services, should be structured to continue several years into any potential new administration. However, to ensure future flexibility, the contract should include a break clause, allowing for early termination, if necessary, rather than binding the authority to the full contract term as originally intended.

3 Existing and Future Arrangements

3.1 Existing Arrangements

This current contract operates through an open Dynamic Purchasing System (DPS), which allows the Council to add new providers throughout the contract's duration, provided they meet the relevant selection criteria. The DPS opens quarterly, offering significant flexibility for the market to adjust pricing according to market conditions and client needs. Under the current Framework pricing model, Providers have the flexibility to set new 'indicative prices' twice a year, in:

- April – September
- October – March

The indicative price acts as a cap, allowing Providers to agree on a package of care price up to the set indicative value.

The contract is divided into five Lots, each with its own specifications and terms and conditions under the main contract:

- **Lot 1:** CQC Registered Residential Homes or "Care Homes without Nursing" for long-term, short-term, and respite care services.

- **Lot 2:** CQC Registered Nursing Homes or "Care Homes with Nursing" for long-term, short-term, and respite care services.
- **Lot 3:** Providers of Bariatric care services, including physical disability care.
- **Lot 4:** Call-off Block Contract for the provision of multiples of two beds for short-term respite care services across Kent.
- **Lot 5:** Residential or Nursing Care Home providers offering day services.

Lot 1 and Lot 2 constitute the core of the contract, covering residential and nursing placements. **Lot 3** addresses Bariatric and Physical Disability beds, though placements have been inconsistent due to resource limitations among providers. **Lot 4** offers a flexible block contract for short-term and respite care services, which can be utilised to respond to sudden demands, such as Winter Pressures. This lot was also used for procuring Designated Beds. **Lot 5** covers day services, which are currently underutilised, with data indicating only a small number of placements under this contract.

Currently, 70% of placements are made with Framework Providers, reinforcing the importance of the Framework in securing quality and sustainable residential and nursing care services across Kent.

3.2 Future Arrangements

To support the evolving needs of Kent's older population and ensure sustainable, quality and responsive service delivery, it is proposed that future OPRN service is commissioned through an Open Framework. This arrangement will allow the Council to admit new Providers on an annual basis, however, at inception, it may take about 18 months to open the framework as it is resource intensive, and such an arrangement would not be guaranteed straight after setting it up.

The service will be structured into clearly defined categories to support referral clarity and ensure individuals receive appropriate care. The proposed five service categories are as follows:

Residential: - For individuals who require support with personal care and daily living tasks, but do not need regular nursing care. The focus is on promoting independence and well-being in a supportive, home-like setting.

Residential High: - For individuals with more complex personal care needs and higher levels of supervision or behavioural support than standard residential care. This category supports those with significant frailty, cognitive decline, or multiple long-term conditions not requiring nursing input.

Nursing: - For individuals who require 24-hour care that includes regular or continuous input from qualified nursing staff to meet clinical needs. This includes people with chronic conditions, limited mobility, or complex medication management.

Nursing High: - For individuals with more advanced and intensive nursing needs. This includes those with multiple health conditions requiring specialised clinical oversight, end-of-life care, or those recovering from acute health episodes that necessitate enhanced medical monitoring and intervention.

Highly Specialised and Complex Care: - For individuals whose needs exceed the above categories and who require tailored care environments due to:

- Severe cognitive impairment, including advanced dementia
- Complex mental health conditions
- Bariatric care requirements
- Behaviours that challenge, beyond what can be supported in standard residential or nursing high settings

4 Business Needs – Current and Future

4.1 Kent County Council (KCC) is navigating a complex landscape in delivering Older People Residential and Nursing (OPRN) services, marked by several interrelated challenges:

- Budgetary Pressures:** In the fiscal year 2023/24, KCC experienced an overspend of £34.8 million on gross external OPRN commissioned services. Projections for 2024/25, based on November 2024 forecasts used for Q3 reporting, indicate an anticipated overspend of £19.7 million. Contributing factors include providers quoting higher prices for new placements to offset underpriced legacy placements, the flexibility afforded by the Dynamic Purchasing System (DPS) allowing providers to adjust indicative prices biannually, and inflationary pressures affecting financial sustainability across Kent and nationally.
- Rising Demand and Complexity:** According to the August 2024 “ASCH Future Demand Modelling” by Kent Analytics, the demand for Older People Long-Term Residential care is projected to rise from 2,537 individuals in April 2024 to 3,388 by April 2030. Similarly, Long-Term Nursing care demand is expected to increase from 1,163 to 1,830 individuals over the same period. This surge reflects not only an aging population but also an increase in the complexity of care needs.



Transformation
and Delivery
Team



- c) **Workforce Challenges:** Providers face significant difficulties in recruiting and retaining high-quality staff, in some parts of the County, particularly in rural areas. This emphasises the need to get the pricing right to enable Providers attract and recruit staff in hard-to-reach areas.
- d) **Contractual Loopholes:** The current Terms and Conditions lack precision, allowing providers to exploit loopholes. For instance, while providers are required to give a shorter notice for a single placement and a longer notice for multiple placements, some circumvent this by issuing multiple single placement notices, thereby avoiding the extended notice period.
- e) **Lack of Early Notification for Self-Funders:** Presently, providers are not mandated to inform the Council when self-funding individuals are nearing depletion of their funds. This lack of early notification hampers the Council's ability to plan and ensure a smooth transition to Council-funded care arrangements.
- f) **The current process for conducting hospital discharge assessments and annual reviews is fragmented and often delayed, leading to extended hospital stays and inconsistent monitoring of individuals' care needs.**

4.2 To address these challenges and enhance service delivery, KCC envisions the following strategic initiatives:

- a) **Implementing Fixed Price Banding:** Introduce a pricing mechanism where providers submit prices within defined bands, binding for the contract's duration. Revisions would only occur during the Council's annual uplifts or when the framework is reopened, ensuring price stability and mitigating arbitrary cost escalations.
- b) **Expanding Framework Participation:** Aim to increase the proportion of providers on the Council's framework from approximately 70% to 80%. This expansion will enhance quality control, ensure consistent service standards, and improve market oversight.
- c) **Enhancing Service Coverage:** Ensure a sufficient supply of care homes within the new framework across all areas, addressing existing service provision gaps and reducing reliance on out-of-area placements.
- d) **Establishing Joint Brokerage with the ICB:** Forge collaborative arrangements with the Integrated Care Board (ICB), enabling the Council's



Transformation
and Delivery
Team



Brokerage function to arrange placements on behalf of the NHS for individuals requiring Pathway 3 hospital discharge support. This collaboration aims to streamline processes and prevent price distortions.

- e) **Mandating Early Notification for Self-Funders:** Under the new framework, Providers will be required to notify the Council at least six months in advance when a self-funder's resources are projected to deplete. This advance notice will facilitate timely assessments and funding arrangements, ensuring continuity of care.
- f) **Strengthening Contractual Terms:** Revise Terms and Conditions to close existing loopholes, particularly concerning notice periods for multiple placements, thereby promoting fairness and operational efficiency.
- g) **Empowering Providers and Streamlining Assessments:** Moving forward, providers will be entrusted to conduct annual reviews on behalf of the Council, ensuring timely and consistent monitoring of individuals' care needs. Additionally, providers will be expected to accept trusted assessments undertaken by the Council via Integrated Care Hubs located in each hospital or intermediate care setting. This approach aims to reduce hospital discharge delays and enhance responsiveness to individuals' changing needs, fostering a more integrated and efficient care system.

4.3 KCC aspires to establish a sustainable, efficient, and person-centred OPRN service framework characterised by:

- a) **Financial Sustainability:** Achieving balanced budgets through controlled pricing mechanisms and efficient resource allocation.
- b) **Responsive Service Delivery:** Meeting the growing and complex needs of the aging population with high-quality, accessible care services.
- c) **Robust Workforce:** Attracting and retaining skilled care professionals through competitive compensation and career development opportunities.
- d) **Enhanced Collaboration:** Fostering partnerships with health sector entities like the ICB to ensure integrated care pathways and optimized resource utilisation.
- e) **Proactive Planning:** Implementing systems for early identification of funding transitions, ensuring seamless care continuity for individuals.

- f) **Transparent and Fair Contracting:** Establishing clear, enforceable contractual terms that promote equity and discourage exploitative practices.
- g) **Integrated Assessment Processes:** Empowering providers to conduct annual reviews and mandating the acceptance of trusted assessments from Integrated Care Hubs to expedite hospital discharges and adapt swiftly to individuals' evolving care needs.

Through these strategic initiatives, KCC aims to transform the OPRN service landscape, ensuring it is equipped to meet current demands and future challenges effectively.

5 SMART Objective

The recommissioning of the OPRN services is a strategic initiative aimed at ensuring that care provision for older people in Kent remains sustainable, high-quality, and responsive to evolving needs. The care sector has faced unprecedented challenges in recent years, including the impact of the pandemic, recruitment and retention pressures, increasing complexity of care needs, and rising operational costs. In response, the Council is committed to embracing innovation, strengthening partnerships, and improving outcomes for those who rely on care.

Through collaborative engagement with individuals who draw on care and support, as well as with providers, the new commissioning model seeks to:

- Support high-quality care and positive outcomes for individuals.
- Reflect the realities of delivering care today, including workforce and financial pressures.
- Encourage innovation, particularly around technology, digital solutions, and modern care practices.
- Ensure sufficient capacity across Kent, including in harder-to-reach areas.
- Foster strong, trust-based relationships between the Council and providers, supporting collaborative working and shared goals.

To operationalise these aims, the following SMART (Specific, Measurable, Achievable, Relevant, Time-bound) objectives have been established:



Transformation
and Delivery
Team



To operationalise a new Open Framework for OPRN with effect from 01 April 2026.

Financial Sustainability: - Reduce the annual overspend on gross external OPRN commissioned services through the implementation of fixed price banding and enhanced contract management.

Provider Framework Expansion: - Increase the proportion of providers on the Council's framework from 70% to 80% to enhance quality control and market oversight.

Workforce Development: - Collaborate with providers to reduce staff vacancy rates in OPRN services through promoting staff recruitment and development initiatives.

KCC's Innovation and Partnership Workforce Team has ongoing engagement with providers highlighting funded recruitment initiatives and resources, training and development opportunities, monthly clinical webinars, partnership activity with ICS colleagues to provide upskilling of care workers and nurses in social care, promotion of funding to support workforce development and access to the nursing associate program for providers wishing to develop their nursing teams.

A website specifically for registered managers is also in place highlighting access to training, resources, events and news items around national recruitment and retention initiatives and any impending changes in relation to workforce regulation.

Ongoing communication is in the form of a monthly newsletter, and annually there is a funded registered manager conference bringing managers and learning and development leads together to highlight the support available and discuss current areas of concern for managers.

Engagement with school and college career events, with providers, is ongoing to raise the profile of care as a career and highlight career options within the sector.

Contract Compliance: - Revise and implement new Terms and Conditions to eliminate existing loopholes such as ensuring providers adhere to standardised notice periods for placement terminations.

Early Notification for Self-Funders: - Establish a protocol requiring providers to notify the Council at least six months in advance when a self-funder's resources are projected to deplete.

Trusted Assessment Implementation: - Ensure that OPRN providers accept Trusted Assessments conducted by the Council via Integrated Care Hubs to expedite hospital discharges and address changing care needs efficiently.

Annual Care Reviews by Providers: - Empower providers to conduct annual care reviews for People who draw on care and support, ensuring timely identification and response to changing care needs.

Project Outputs & Benefits

6 Project Outputs (Deliverables)

6.1 The products, and / or service that introduces something new (a change).

Output No.	Description
1	A new OPRN Contractual Framework
2	Adoption of Trusted Assessments conducted by the Council via Integrated Care Hubs to expedite hospital discharges.
3	Annual Care Reviews by Providers as part of the new Trusted Assessor arrangements
4	Technology Integration in Care Delivery
5	Market sustainability and capacity building
6	Financial management and cost control ensuring value for money in service provision.
7	Performance monitoring and quality assurance ensuring positive outcomes for People who draw on care and support.

Table 2 - Project Outputs

7 Main Benefits

7.1 The real 'why' of the project. A project benefit is an outcome of the project that is seen as a positive change by one or more stakeholders.

Type of Benefit	Benefit



Transformation
and Delivery
Team



Financial Benefits (Economic Appraisal)

Cash Releasing (£s)

A benefit that produces a budget saving or generates income.

None identified: There is no anticipated reduction in the budget.

Non-Cash Releasing (£s)

A benefit that produces efficiencies that can be equated to a monetary value.

- Manage anticipated growth in budget spend (cost avoidance). By implementing the new framework, the Council can avoid significant future costs.
- Reduce off-contract spend by 10% Further
- Contract compliance
- Increase capacity across Kent
- Renewed focus on outcomes to make service more person-centred by aligning with 'I' statements
- Trusted Assessor model to a) reduce delayed discharges and deliver system savings b) reduce delayed reviews
- Streamlined pricing for predictability, affordability, viability
- Refocus KPIs on what matters
- Encourage greater use of technology

Non-Financial Benefits (Benefits Appraisal)

Quantitative

A benefit that can be quantified but is not monetised.

Improved Budget Management: The new framework provides a more predictable and controlled financial environment, aiding in better budget management.

Enhanced Provider Participation: By increasing the proportion of providers on the Council's framework, service quality and oversight can be quantitatively improved.

Qualitative

A benefit that is hard or not possible to measure.

- Improved Quality of Care: The new framework emphasizes high-quality care and positive outcomes for individuals, enhancing their overall well-being.
- Strengthened Partnerships: Fostering strong, trust-based relationships between the Council and providers supports collaborative working and shared goals.
- Innovation and Modernization: Encouraging innovation, particularly around technology and modern care



Transformation
and Delivery
Team



	practices, ensures the service remains responsive to evolving needs. • Workforce Development: Collaborative efforts to address recruitment and retention challenges contribute to a more stable and skilled workforce.

Table 3 - Main Benefits

8 Main Risks

8.1 Please see below for the '**Top Five**' risks for the project as of May 2025. The key project risks identified are as follows:

Risk Title	Description	Mitigating Actions	Rating
Financial/Budgetary Implications	There is a high risk that in the short term that the budget for the service will increase as legacy placement may be uplifted to an appropriate level if repurchased under the new contract	Legal advice to be sought regarding legacy placements. To ensure a robust fee/costing mechanism using CareCubed that ensures an affordable cost for all placements.	25
Timescales for delivery	The timescales for delivery are very tight with little room for contingency	Report weekly on progress and escalate to Senior Managers when required regarding slippage.	15
Providers may refuse to join the framework	The providers may refuse due to unattractive prices, poor contract terms, insufficient interest, or lack of skills to manage specific needs of some people.	Robust provider engagement and ongoing discussions to ensure procurement approach is fit for purpose. Ongoing discussions around pricing mechanisms to ensure the Council offers attractive rates and terms within the Council's affordability.	12
Contract Terms and Conditions	If the new terms and condition of the contract are not robust enough, they will not address existing problems	External counsel has been commissioned to draft new Terms and Conditions.	9
Engagement from people we support	Engagement from people we support is key to ensure that the new contract delivers the care required	Utilise existing feedback, forums and groups to engage with people we support.	9

Table 4 - Main Risks

9 Main Constraints

E.g., Budget Constraints	Potential total budget for Residential Standard, Residential High, Nursing Standard and Nursing High is as follows: - Year 1: £215,789,912 Year 2: £221,881,812 Year 3: £228,145,692 Year 4: £234,586,404 Projected expenditure for Residential Standard, Residential High, Nursing Standard and Nursing High is as follows: - Year 1: £223,393,502 Year 2: £230,333,132 Year 3: £236,809,450 Year 4: £243,066,884 Projected variances to the budget under the framework are:- Year 1: - £7,603,591 Year 2: - £8,451,320 Year 3: - £8,663,758 Year 4: - £8,480,480 Estimated cost (2024/25) for Complex cases is £29,379,883 per annum. As demonstrated above, there is no anticipated reduction in the overall budget, the project aims to achieve cost avoidance. Failure to implement the new framework could result in significant budget variances escalating from £15.8 million in Year 1 to £50.3 million by Year 4. Implementing the new framework is projected to reduce these variances substantially, highlighting the importance of financial planning and control.
E.g., Quality or Performance Constraints	Planned joint brokerage arrangements are critical to ensure control of service quality and minimise price distortion.

E.g., Equipment / Resource Constraints	Allocating dedicated resources including skilled personnel and adequate funding is necessary to ensure that the project maintains momentum and adheres to its timelines.
E.g., Regulatory Constraints	With the current contract extended until 31 March 2026, the project must adhere to this timeline to ensure uninterrupted service delivery and compliance with procurement regulations.

Table 5 - Main Constraints

10 Dependencies

10.1 Joint Brokerage Project: Implementation of a fully integrated brokerage service responsible for arranging services to facilitate hospital discharges on behalf of both Health and Social Care will enhance timely hospital discharges and eliminate price distortions.

Respite, short term placements project: Implementation of this project will ensure control of the application of Additional Personalised Support. Protocol will be established to ensure that one to one hours are only agreed when necessary and for a specified period.

Affordability: It is critical to ensure that funding is available to cover projected expenditure.

11 Lessons Applied

11.1 Clearly Defined Project Scope: Established well defined project objectives and deliverables including timelines, ensuring all team members and stakeholders have a clear understanding of the goals and requirements to successfully deliver.

Early engagement: Initiated stakeholder involvement from the project's inception by establishing Task and Finish Groups, ensuring regular open communication and feedback loops with Management Teams when tackling project challenges.

Comprehensive Risk Management: Conducted thorough risk assessments during the planning phase, identifying potential challenges that could delay

realising Project objectives and deliverables. Developed proactive mitigation strategies to address these risks effectively.

Data Driven Decision Making: Implemented robust data collection and analysis mechanisms to inform decisions, ensuring transparency and accountability.

Flexibility and Adaptability in Project Planning: Adopted a flexible planning approach, allowing adjustments in response to evolving needs, stakeholder feedback, and external factors, thereby maintaining project momentum and relevance.

12 Wider Impact Assessments

12.1 Data Protection Impact Assessment (DPIA): A Data Protection Impact Assessment (DPIA) was signed off by the Council's Corporate Director, Adult Social Care and Health on 12 March 2025. It was subsequently submitted to the Data Protection Officer (DPO) Support Team for further review prior to final approval by the Information Asset Owner (IAO). The DPO Support Team raised a few queries, which the project team has addressed. A response has been submitted, and we are currently awaiting further feedback to progress the DPIA to final sign-off.

The DPIA process has helped identify potential privacy risks linked to the recommissioning of the Older Persons Residential and Nursing (OPRN) service, particularly around the management of personal and special category data. Appropriate mitigations and safeguards are being incorporated into the design of the new commissioning model to ensure compliance with UK GDPR and the Data Protection Act 2018.

12.2 Equality Impact Assessment (EqIA): A full Equality Impact Assessment (EqIA) was completed and formally signed off by the EqIA Team on 7th February 2025. This assessment explored the potential impact of the proposed changes on individuals with protected characteristics under the Equality Act 2010. It confirmed that the new service model is designed to promote equity of access, ensure fairness in placement decisions, and address any potential disparities in service delivery across different localities in Kent.

Environmental and social value considerations are also being embedded into the recommissioning process. The Council's Social Value Policy and Sustainability Objectives will be applied to ensure the future framework supports environmentally conscious practices, including reduction of carbon emissions through localised placements, and promotes digital innovation in care planning and monitoring.

The project remains committed to complying with all relevant legal, ethical, and strategic requirements to ensure that the recommissioned service model delivers improved outcomes, value for money, and inclusive access to high-quality care.

C. ECONOMIC CASE

The purpose of the economic case is to identify the proposal that delivers the best public value to society.

OPRN Proposed Pricing Model

1. The proposed pricing model is based on the following key principles

Fair Market Rate & Sustainability: Prices should reflect the duty to ensure a sustainable local market for care services (s5 Care Act 2014), allowing providers to bid within defined price bands while enabling reinvestment in service quality.

Affordability: Services must be delivered within the Council's financial envelope to ensure long term sustainability and cost control.

Fair Returns for Providers: Ensuring providers receive a reasonable return to promote long-term sustainability.

Staffing Costs & Workforce Considerations: Rates reflect the need to retain and develop the workforce.

Clear Differentiation Between Levels of Care: Price bands are structured as Residential Standard, Residential High, Nursing Standard, and Nursing High. For complex cases, CareCubed will be used to determine fair pricing. An additional standard hourly rate will be set for additional 1:1 care where require in the short-term.

Regional Competitiveness: Ensuring rates remain competitive compared to neighbouring authorities.

Regulatory Compliance: The model adheres to the Care Act 2014, ensuring costs remain transparent and inclusive of standard care needs.

2. Structure of the Proposed Pricing Model

Providers will be required to submit prices within the following proposed price bands

Category	Proposed Weekly Rate
Residential Standard	£600 - £880
Residential High	£950 - £1,030
Nursing Standard	£1,050 - £1,090
Nursing High	£1,150 - £1,210
Complex Cases	Determined using CareCubed
Additional 1:1 Hourly Rate	£20/hr



Transformation
and Delivery
Team



- The model is based on snapshot data extracted from Mosaic for December 2024.
- Placements costing above £1,210 per week will be assessed individually using CareCubed to ensure fair pricing. Annual cost (2025/26) for Complex Cases is currently estimated at £29,379,883 per annum.
- Providers will be required to submit rates for each category within the bandings at defined “spinal points” yet to be determined e.g. rounded to the nearest £10 to simplify administration.
- Once submitted, rates will remain unchanged until the Framework is reopened to admit additional providers. Annual uplifts will be applied to submitted prices as per agreed mechanisms.
- Subject to legal advice, legacy placements will continue as they are and will be managed outside of the framework. However, their rates may be subject to annual uplifts at the Council’s discretion.
- Subject to legal advice, we are proposing that if the framework is re-opened and an existing Provider opts to submit a new price, this will be applicable to only new placements. We acknowledge that this could get complicated and further work is required around this otherwise opting to transfer all Provider’s existing placements from previous rounds to the new rates may be costly to the Council.
- Additional one to one hourly rate will be fixed. Currently, there are less than 10 placements where this applies.

Banding Methodology

The banding structure has been developed using the most recent Mosaic data available as of December 2024. For each category, the average cost of care was calculated and then rounded up to establish the maximum threshold for that band. These figures were then benchmarked against cost of care data, as well as pricing models used by Essex and Hampshire, with minor adjustments made to ensure clear and meaningful differentiation between categories.

To promote a fair and affordable pricing framework, a 20% reduction was applied to the benchmarked figures. This means that the upper limit of each band now represents 80% of the average cost within its respective category. This approach strikes a balance between financial sustainability and affordability, while maintaining transparency and consistency across the banding model.

3. Comparison With Other Local Authorities



Transformation
and Delivery
Team



Essex Pricing Model

Category	Essex Weekly Rate (£)
Residential (without nursing)	£743.54 - £877.03
Residential (with nursing)	£915.60 - £1,160.32

Essex pricing is set within geographical price ranges, but it is unclear how they manage highly specialised placements above these bandings.

Hampshire Pricing Model

Category	Hampshire Weekly Rate (£)
Residential Standard	£935 - £1,040
Residential Enhanced	£1,040 - £1,145
Nursing Standard	£1,090 - £1,195
Nursing Enhanced	£1,195 - £1,300
Complex	Up to £1,400 (excludes FNC)

Hampshire's pricing is slightly higher than our proposed bandings. It is also unclear how they manage complex cases above the stated rates.

How Our Model Compares

Our proposed bandings align closely with Essex but are slightly lower than Hampshire.

The key difference is our use of CareCubed for complex cases, ensuring a fair and needs-based pricing structure

4. Financial Impact Assessment

Option 1: No Change (Existing Arrangements Continue)

Assumption

- The model is based current year (2025/26) activity and budget for Year 1, but annual uplifts increase by 4% in Year 1, 2.8% in Year 2, Year 3 and Year 4.
- No fluctuation in population and therefore a demography budget of approximately £3.5m has not been included.

Costs include both framework and non-framework placements.

	Year 1 (£)	Year 2 (£)	Year 3 (£)	Year 4 (£)
Resi	140,085,725	153,081,489	164,758,271	174,594,939



Transformation
and Delivery
Team



Resi High	68,622,073	73,872,639	78,690,932	82,857,119
Nursing	15,386,239	17,061,740	18,195,427	18,884,561
Nursing High	7,533,093	7,928,853	8,270,758	8,545,735
Total	231,627,131	251,944,721	269,915,388	284,882,353
Exp. Increase		20,317,590	17,970,667	14,966,965
Exp. Percentage increase (annual uplift)		8.8%	7.1%	5.5%
Potential Budget	215,789,912	221,881,812	228,145,692	234,586,404
Variance to budget	-15,837,220	-30,062,909	-41,769,696	-50,295,949

Option 2: Implementing the Proposed Pricing Model

Assumptions

- The model is based on current year (2025/26) activity and prices for Year 1, but annual uplifts increase by 4% in Year 1, 2.8% in Year 2, Year 3 and Year 4.
- No fluctuation in population and therefore a demography budget of approximately £3.5m has not been included.
- Costs include both framework and non-framework placements.
- The percentage of placements called off from the framework increases from 70% to 80%.
- Providers submit rates within the proposed bandings.
- Complex cases priced using CareCubed.
- Existing legacy placements will gradually phase out over a three to four year period although there may be some exceptions that might take longer.

	year 1 (£)	year 2 (£)	year 3 (£)	year 4 (£)
Resi	136,540,628	141,686,682	146,124,276	150,269,083
Resi High	66,720,316	68,086,781	69,509,788	71,054,781
Nursing	13,365,131	13,738,840	14,155,524	14,533,953
Nursing High	6,767,427	6,820,829	7,019,862	7,209,068
Total	223,393,502	230,333,132	236,809,450	243,066,884
Exp. Increase		6,939,630	6,476,318	6,257,435
Exp. Percentage increase (annual uplift)		3.1%	2.8%	2.6%
Potential Budget	215,789,912	221,881,812	228,145,692	234,586,404
Variance to budget	-7,603,591	-8,451,320	-8,663,758	-8,480,480

Comparison between Option 1 and Option 2

	year 1-2026/27 (£)	year 2- 2027/28 (£)	year 3- 2028/29 (£)	year 4-2029/30 (£)
Cost avoidance	8,233,629	21,611,589	33,105,938	41,815,469

5. Risks & Challenges

- Providers currently charging above the proposed bandings may choose not to bid, reducing framework capacity and reducing the levels of cost avoidance calculated in the model.
- This could increase the need for spot purchasing, making cost control and quality assurance more difficult.
- Some providers with historically low rates may benefit from the new pricing model but may lack the capacity to replace those who do not join.
- Embedding the correct processes and system changes in ASC directorate is critical to ensure that all placements, price banding compliance, and contract terms are accurately recorded and monitored to achieve the intended cost control and service improvements.
- The gradual run off of legacy placements may take three to four years although there may be exceptional placements that might take longer, and the Council must monitor the impact on costs.
- The Council must balance affordability with ensuring rates are appealing to providers.

13 Critical Success Factors

13.1 The Critical Success Factors for this project are as follows:

CSF1: Supply

- Sufficient homes on the framework in every area
- Filling gaps in provision
- A framework attractive for Providers to join, which also supports the development of new provision

CSF2: Quality

- Improving quality and reducing CQC interventions
- Training and new quality team

CSF3: Sustainability and savings

- Reducing off-framework placements
- Fixed core price per area – removing ability to resubmit new prices

- Fair and transparent pricing,
- Joint with NHS – KCC run brokerage to avoid price distortion
- Reducing additional hours through clarifying expectations of the core price
- Being clear on limitations on choice
- Enforcing and collecting top-ups

CSF4: Former self funders

- A simpler more transparent process for on-boarding

How will this be achieved

By implementing a framework which:

- Allows for new providers to enter the market and through the delivery of innovative approaches
- Better control over price
- Review clauses on termination of placements
- Clarity on what needs are expected to be met from the core fee
- Clarity around additional support hours, access to day care etc
- Consider specialist arrangements for non-geographic communities e.g. faith, LGBT+

14 Long-Listed Options

14.1 Continue as we are (DPS)

Expand in-house provision/enter a series of block arrangements

Introduce an Open Framework or Dynamic Market (or a hybrid of both)

15 Short-Listed Options

15.1 Using the SMART Objective and Critical Success Factors, the long list was narrowed down to a short list of options, all of which would achieve the desired output but at differing levels. The short list of options are as follows:

Option 1: Do Minimum

Scope	OPRN Care Homes – contracted, non-contracted and future requirements
Description	Continue as we are (DPS): Maintain the existing Dynamic Purchasing System (DPS) for OPRN placements. Providers submit updated prices twice a year and placements continue under legacy arrangements.
Pros	No major system changes needed- Administrative continuity- Existing provider familiarity



Transformation
and Delivery
Team



Cons	• Loss of market control- Prices continue to escalate beyond affordability • Variance in pricing between legacy and new placements is unsustainable • Quality assurance and contract performance are harder to manage under current terms • Exploitation of loopholes (e.g., notice periods) • No formal mechanism for controlling market behaviour or incentivising quality improvement
Recommendation	Not recommended due to high-cost pressure, poor market control, and fragmented oversight

Table 6 - Option 1

Option 2: Less Ambitious

Scope	OPRN Care Homes – contracted, non-contracted and future requirements
Description	Expand in-house provision and/or enter a series of block arrangements through direct awards: Increase Council-operated residential/nursing capacity and secure block beds via direct awards.
Pros	Greater control over quality and delivery- Predictable costs through block rates- Ability to target capacity to priority areas
Cons	• High upfront investment for in-house provision (recruitment, pension, property, compliance) • Reduced market flexibility • May not meet wide-ranging geographical demand • Risk of under-occupancy in block arrangements
Recommendation	Not recommended as a primary model due to high financial/resource burden and limited scalability

Table 7 - Option 2

Option 3: Preferred Way Forward

Scope	OPRN Care Homes – contracted, non-contracted and future requirements
Description	Open Framework or Dynamic Market (or a hybrid of both): Set up an Open Framework with fixed prices and controlled entry. Consider a side Dynamic Market to handle exceptional or specialist needs. Prices fixed during the framework term, revised only during re-opening or agreed uplifts.
Pros	• Better control over prices and provider behaviour- Framework prices reviewed only when reopened- Encourages provider accountability and performance • Opportunity to grow the number of Framework providers



Transformation
and Delivery
Team



	from 70% to 80%, improving consistency and value • Allows innovation and competition- Improved quality monitoring and contract management • Aligns with Framing Kent's Future and market sustainability duties under the Care Act
Cons	• Requires ongoing Council resources to manage the framework and annual re-opening • Initial effort needed to onboard providers- Provider resistance to fixed pricing unless uplift mechanisms are fair and transparent
Recommendation	Recommended option. Offers balance between market control, provider engagement, affordability, and quality oversight. Provides a scalable and sustainable commissioning model with better alignment to future needs.

Table 8 - Option 3

16 Overall Rankings

Evaluation Results	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 Preferred
Economic Appraisal (Refer to Section C)	2	1	3
Benefits Appraisal (Refer to Section 7)	2	1	3
Risk Appraisal (Refer to Section 8)	1	1	3
Overall Ranking	5	3	9

Table 9 – Scale used: 1 being least the favourable to the Council and 3 being most favourable

17 Preferred Option

17.1 After careful consideration and considering all internal and external factors, it was agreed that **Option 3** (with a score of 9) was the best way to approach the delivery of the project effectively and efficiently.

D. COMMERCIAL CASE

The purpose of the commercial dimension of the business case is to demonstrate that the preferred option will result in a viable procurement and well-structured deal between the public sector and its service providers.

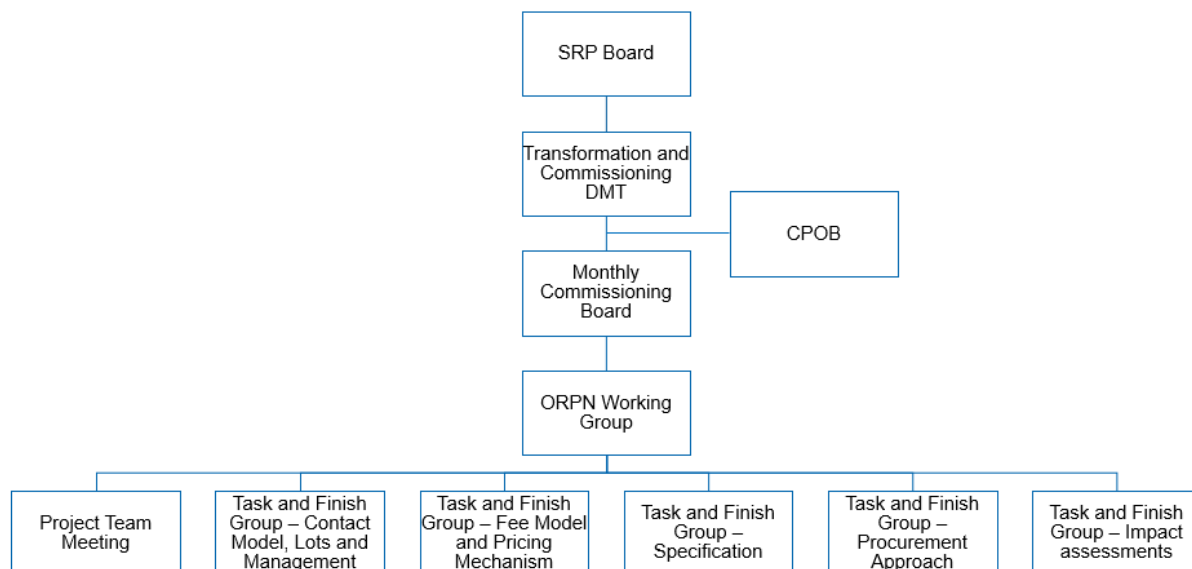
18 Procurement Strategy

- 18.1 [Demonstrate how the output will be procured in accordance with the Government Procurement Agreement (WTO) and the ED Consolidated Public Sector Procurement Directive (2004). This may involve the use of an existing contract; a call-off contract or framework agreement; or the requirement for a new procurement under the above.]

E. MANAGEMENT CASE

19 Project Governance

19.1 The project will use the agreed structure outlined below. The structure defines the relationship and escalation path for the project.



20 Project Roles and Responsibilities

20.1 The roles and responsibilities for the project team are defined as follows:

Role	Key Responsibilities
Senior Responsible Owner Richard Ellis delegated to Paula Parker	• Own the business case and the realisation of the benefits. • Will manage some of the key stakeholders. • Help to identify key strategic and business risks. • Approve any changes to project scope as alterations may affect the potential for the delivery of the benefits in the business case. • Visible owner of the overall business change. • Key leadership figure to drive the change forward. • Secure the necessary investment for the business change.
Programme Board / Steering Group Strategic Reset Programme (SRP) Board Commissioning and Transformation Directorate Management Team (C&T DMT)	• SRP Board for oversight and assurance on project delivery • C&T DMT is responsible for making decisions and providing challenge and approval on issues affecting the progress of the project.

The Project Manager / Lead Commissioners Louise White / Joe Apea, Godfrey Luggya	• Well versed in project management methodologies in order to co-ordinate activities in a project environment. • Develop and maintain a detailed project plan and monitor project progress and performance; making sure project milestones and deliverables are in line with the project plan and being held accountable for delivery. • Have a conscious awareness of the strategic importance around delivering the project and have the authority to drive it forward. • Recording and managing project risk and issues and escalating to Project team meetings and design authority • Managing the improvement cycle and conducting in-depth data analysis. • Reporting the project at regular intervals via the project reporting systems.
The Project Team Heidi Ward, Renee Lozanova, Paul Stephen, Michael Glasspool, Alan Luke, Emily Oates, Tristan Booth, James Beamish. DPO, Legal (including external advisors)	• Subject matter experts. • Assist Project Manager / Lead Commissioners to co-ordinate and undertake Project activities. • Support engagement with workforce and communicate key messages. • Assist with data collection and analysis to ensure accurate and credible data is produced. • Help identify project risks.
The Portfolio Management Office	• Provides project advice, as required. • Oversees project from a distance and provides updates to DMT/Senior stakeholders through agreed governance routes. • Makes recommendations regarding project documentation and progression through project cycle (stage gates).
The Stakeholder Engagement Team Lisa Clinton	• Engagement with stakeholders including planning and delivery of related activities.
People who draw on care and support	• Input into service design (based on lived experience), evaluation panel activity, service performance reviews

Table 10 - Roles and Responsibilities

21 Project Costs Internal / External

The anticipated internal resource cost for the project is estimated at **£447.9k – £472.2k**. External costs have also been calculated and currently stand at an estimated **£734.6k**. Therefore, the total anticipated project cost is between **£1,182.5k – £1,206.8k**.

Legal cost are also estimated to be **£150k**.

22 Project Assurance

22.1 The project has the following assurance mechanisms in place:

Stage Gate Reviews	At the end of each stage in the Project Life Cycle, the project will have a Stage Gate Review conducted by the Portfolio Management Office (PMO). The PMO will go through a well-defined checklist to ensure all the key activities have been completed, and the mandatory documentation is to a good standard.
Senior Responsible Owner (SRO) Decision	Before progressing to the next stage of the Project Life Cycle, the project will undergo evaluation from the Senior Responsible Owner to ensure they are happy with the progression of the project, or if the project needs to change direction, pause, or be closed.
Project Board / Steering Group	The project will regularly touch-base with the appropriate board to note the progression of the project, retrieve decisions required and agree next steps.
Regular Reporting	The Project Team will be required to update the Project Management System on a weekly basis, and the Portfolio Management Office (PMO) will regularly report the necessary project highlights to senior stakeholders.
Data Quality Checks	The Portfolio Management Office (PMO) will regularly ensure the Project Management System is kept up to date.

Table 11 - Project Assurance

23 Project Plan

23.1 The key milestones for the project as of May 2025 are as follows:

Milestone	Target Baseline Date	Actual Completion Date
Commissioning Programme Board	06/05/2025	
Commercial and Procurement Oversight Board (CPOB)	15/05/2025	
Commissioning and Transformation DMT	21/05/2025	

Cabinet Members meeting (CMM) approval of Forthcoming executive decision (FED)	02/06/2025	
FED publication	09/06/2025	
Strategic Reset Programme Board	12/06/2025	
Adult Social Care and Health Cabinet Committee	08/07/2025	
Implementation (providing no call-in)	16/07/2025	
Tender period	21/07/2025 – 26/08/2025	
Evaluation period	24/11/2025 – 19/12/2025	
Moderation period	22/12/2025 – 09/01/2026	
Adult Social Care and Health Cabinet Committee	14/01/2025	
Mobilisation period	23/02/2026 – 01/04/2026	
New Contract Start date	01/04/2026	

Table 12 - Key Milestones

24 Risk Management

24.1 Project risks will be identified and managed in accordance with the KCC Risk Management Policy and Strategy, to optimise opportunities and minimise the possibility of failure. The risk management process will include:

- Identification of risks via discussion with the project team and stakeholders
- Categorisation of risk – Corporate; Strategic; Programme; Project or Operational/Service; Financial; Reputational
- Evaluation of risks based on probability and impact (each out of 5)
- Mitigation plan for all risks identified
- Assigning an “owner” to each risk
- Regular review of the risk log within project team meetings
- Escalation of risks as appropriate

25 Lessons Learned

25.1 Through the life cycle of the project, lesson learned will be identified by individuals within the project team as well as a collective. In the weekly project team meetings, we will discuss problems we have encountered and solutions going forward. At the end of the project we will meet with stakeholders to identify any further lessons learned. All of these will be documented on our Lessons Learned log.

26 Mobilisation of OPRN Framework

26.1 The mobilisation phase will be critical to ensuring the successful transition from the current DPS model to the new commissioning arrangements under the Open Framework and/or Dynamic Market. This plan sets out key activities, milestones, and responsibilities to ensure readiness across the Council, Providers, and key system partners for a smooth transition by 1st April 2026.

26.2 Governance and Oversight

- Mobilisation Oversight: SRO
- Operational Lead: Senior Commissioner/Procurement Lead
- Transition Board: Mobilisation Task Group reporting monthly to ASC Commissioning Board
- BAU Monitoring: Commissioning and Contracts Managers

Key Mobilisation Activities and Timeline

Responsible Team	Activity	Target Completion
Commissioning/ Communications/ Procurement/Finance	Finalise mobilisation and communications plan	TBC
Procurement	Drafting of Award Reports	TBC
Procurement	Drafting of Award Letters	TBC
Governance	Member briefings on outcome of procurement	TBC
Procurement	Contract award and statutory notices	TBC
Procurement and Legal	Due diligence and compliance checks (e.g. issuing of contracts)	TBC
Procurement/ Commissioning/ Finance	Providers onboarding	TBC
Commissioning/ Procurement	Revise Provider Access Portal to enable quarterly KPI submissions	TBC
Commissioning	Deliver Provider induction sessions and readiness assessments	TBC
Communications	Update KCC webpages,	TBC
Commissioning	Update FAQs and issue call-off guidance to Providers, Practitioners	TBC



	and Brokerage	
Finance/ IT/ Commissioning	Align Mosaic and other systems for pricing, KPIs and Brokerage	TBC
Finance/ IT/ Commissioning	Ensure alignment with invoicing procedures and customer recharging	TBC
Commissioning/ Procurement/ Finance	Establish direct points of contact for new providers (short term and teething problems)	TBC
Commissioning	Conduct targeted briefings and workshops for Brokerage and social work teams	TBC

26.3 Business as Usual Transition (Post-April 2026)

- Ongoing KPI Monitoring: Performance & Intelligence Team to review quarterly returns and flag any risks or performance concerns.
- Contract Management: Contract Officers to maintain regular Provider contact through scheduled review meetings and site visits.
- Market Management: Continued market shaping, including scheduled openings of the Open Framework for new entrants.
- Brokerage Interface: ASPT and Brokerage Teams will utilise updated tools and guidance for placements and contract call-offs.
- Integrated Care Collaboration: Close partnership working with NHS colleagues to operationalise Trusted Assessor assessments and minimise discharge delays.

26.4 Communications Strategy

- Targeted internal comms for KCC operational teams, supported by FAQ documents and webinars
- Market-facing comms through Provider Bulletins, Provider Forums, and targeted induction events
- Council-wide updates through intranet, newsletters, and commissioning network

G. APPENDIX

The following section contains all relevant Appendices to the Project Business Case.

Appendix Reference	Appendix Title	Embedded Document
Appendix A	Older Persons Residential and Nursing Care Homes Governance Structure	 Governance.pptx
Appendix B	DPIA	 OPRN%20DPIA%20453.docx
Appendix C	EQIA	 EqIA%2005.07.24%20Recommissioning%

Table 13 - List of Embedded Appendices

This page is intentionally left blank

EQIA Submission – ID Number

Section A

EQIA Title	Recommissioning of the Older Persons Residential and Nursing Contract (OPRN)

Responsible Officer	Heidi Ward

Type of Activity

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

Accountability and Responsibility

Directorate	Adult Social Care and Health
Responsible Service	Commissioning
Responsible Head of Service	Simon Mitchell - ST SC
Responsible Director	Richard Ellis

Aims and Objectives

The council has a statutory duty to provide services to those people who require care. Kent County Council currently commissions a range of adult social care services from the independent sector to meet the needs of individuals deemed to be eligible in accordance with the Care Act 2014 following a Care Act assessment. The Older Persons Residential and Nursing care services fall under the Adult Social Care function within the council.

The current Older Persons Residential and Nursing Contract started in April 2016 and ended 31st March 2024. A two year extension of the contract has been put in place until 31 March 2026. The contract is to be recommissioned and a new service put in place for a start date of 1 April 2026.

The aim of the recommissioning is to ensure the right residential and nursing accommodation is available for the people of Kent that provides high quality care and best value for money. As part of the recommissioning, an equality impact analysis has been carried out identifying potential positive and negative impacts on the intended client group. The contract is mainly for people aged 65 years and over with care and support needs including physical disabilities and complex and challenging behaviours and therefore there is a recognition that mitigations must be in place to reduce the potential negative impact the recommissioning could have on people living in a care home and their families and carers.

The objective is to ensure a smooth service transition that priorities people being able to remain living in the place they call home and continue to receive a high quality service that best meets their needs.

Mitigations include

1. Engage with people of Kent about our commissioning intentions and ensure their feedback is considered as part of the service redesign
2. Engage with providers to ensure a collaborative approach to service design
2. Ensuring a contracting model such as a open Dynamic Purchasing System (DPS) model that encourages and facilitates current providers to retender for the contract thereby minimising disruption and ensures new providers entering the market can join the contract at any time.
2. Ensuring an attractive fee setting mechanism that works for KCC and providers to ensure providers retender for the contract rather than focus on the private market
4. A collaborative approach to communicating to care home residents and their families and carers regarding the service changes to alleviate any anxieties and concerns

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?	Yes
It is possible to get the data in a timely and cost effective way?	Yes
Is there national evidence/data that you can use?	Yes
Have you consulted with stakeholders?	Yes
Who have you involved, consulted and engaged with?	
Initial internal and external Adult Social Care and Health colleagues (ICB) and Medway Council. Internal stakeholders have included short term pathways, the placements team, policy and client financial services, however, further engagement will be undertaken with a wider set of stakeholders including the community and voluntary sector to determine a collaborative and joined up recommissioning approach Work is ongoing to determine how best to engage with service users and their families and carers. Surveys have been designed and conversations have taken place with Healthwatch Kent to seek their support in engaging with people.	
Has there been a previous Equality Analysis (EQIA) in the last 3 years?	Yes June 2023
Do you have evidence that can help you understand the potential impact of your activity?	Yes

Section C – Impact

Who may be impacted by the activity?

Service Users/clients	Service users/clients families and carers and people likely to be accessing ASC services in the next 4- 6 years
Staff	Yes, KCC staff from a resource perspective and being well informed and care home staff depending on providers joining the contract
Residents/Communities/Citizens	All people who are or will be accessing ASC services, their families and carers
Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?	Yes

Details of Positive Impacts

Age: The service is for persons aged 65 years and over unless a person of working age needs can be best met in a care home for older people i.e., someone with early onset dementia. The new service will need to ensure that it meets the needs and specialisms relating to that cohort of people that ensures that people receive appropriate care including at end of life. (Engage with ICB/hospices through 'Aging and Dying Well Kent Board')

Due to the financial circumstances that older people often face commissioners will ensure that the service is affordable and accessible for self funders, and for those who contribute to their social care costs so that people in need of residential care across Kent can access the service at a fair and affordable price.

There will be consideration of current gaps in service provision including for people with complex long term conditions, dementia and bariatric care to ensure the service meets the demand and needs of all older people who require this service. Commissioners will work with the market to develop this area of the service to improve provision and ensure that people can receive care in a care home that is near to family and friends and within the Kent boundary where appropriate.

Disability: Commissioners will work together to ensure a pathway approach to care so that People's health and disability needs can be met within the most appropriate setting using a step up and step down approach that facilitates people not having to access residential care until it is deemed the best option to

meet their care needs.

The service has designed and drafted a new set of outcome focused KPIs that will require providers to evidence how they are delivering good quality care to meet people's needs and align with the CQC's quality statements.

Promotion of equality, human rights and equal opportunities will be reflected in the new service specification and terms and conditions to ensure people receive high quality services dedicated to their needs and meeting all regulatory standards

Carers: The service will benefit families and carers as the service will aim to improve and provide more equitable provision of services of the right type across Kent so that people can be placed near their families and friends where possible. The contract will also offer short-term services for people in need of respite.

Other protected characteristics including religion, race, sex will be considered when finalising the specification which set out the expectations of providers around these areas.

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?	Yes

Details of negative impacts for Age

A risk that some providers choose not to tender for the opportunity or may not be successful with their application to join the DPS. This could result in a lack of contracted provision and the repurchasing and renegotiation of placement cost that could result in people's financial contribution increasing or the provider giving notice on their placement.

If people are not constructively communicated and informed of the recommissioning older people may experience anxiety and stress related to the potential change.

Mitigating Actions for Age

An open DPS contracting model that supports the development of the market to meet need and demand, attracts new business and ensures those providers can join the KCC contract quickly and efficiently. Commissioners will have constructive and transparent relationship engagement with current and potential new providers to encourage them to join the new contract

Finalise a comprehensive engagement and communication plan to ensure coproduction at all levels of the recommissioning activity

Agree continuity plans with any current providers who are unsuccessful/choose not to apply to join the DPS to keep current placements on individual contracts and mitigate against increase costs to people using the service.

Ensure a robust specification and contract management processes are adopted to ensure a high quality and safe service.

The design of a robust fee mechanism that ensures value for money for self funders and people contributing to their own care but addresses provider financial sustainability to avoid providers exiting the market

Responsible Officer for Mitigating Actions – Age	Heidi Ward

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?	Yes

Details of Negative Impacts for Disability

A risk that some providers who specifically meet the needs of people with disabilities choose not to tender for the opportunity or may not be successful with their application to join the DPS. This could result in a lack of suitable contracted provision and the repurchasing and renegotiation of placement cost that could result in people's financial contribution increasing or the provider giving notice on their placement.

That all services are not joined up and aligned to ensure people are in the right service to meet their

disability needs over age and that the transition between services is not well defined. i.e. a working age person placed in a care home for older people when they are better suited to a home for working age people.

If people are not constructively communicated and informed of the recommissioning older people may experience anxiety and stress related to the potential change.

Mitigating actions for Disability

An open DPS contracting model that supports the development of the market to meet people's physical disability needs and demand, attracts new business and ensures those providers can join the KCC contract quickly and efficiently.

Ensure that commissioning activity is aligned both on service design and cost of service to avoid any group being disadvantaged when contributing to their care costs, the quality of the service they receive, and accessibility of appropriate services in Kent and need to family and friends.

Commissioners will have constructive and transparent relationship engagement with current and potential new providers to encouraged them to join the new contract

Finalise a comprehensive engagement and communication plan to ensure coproduction at all levels of the recommissioning activity regarding addressing people with a disability

Agree continuity plans with any current providers who are unsuccessful/choose not to apply to join the DPS to keep current placements on individual contracts and mitigate against increase costs to people using the service.

Ensure a robust specification and contract management processes are adopted to ensure a high quality and safe service that meets the needs of people with physical disabilities.

The design of a robust fee mechanism that ensures value for money for self funders and people contributing to their own care but addresses provider financial sustainability to avoid providers exiting the market

Responsible Officer for Disability	Heidi Ward

21. Negative Impacts and Mitigating actions for Sex

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

Details of negative impacts for Sex

Not Completed

Mitigating actions for Sex

Not Completed

Responsible Officer for Sex	Not Completed

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

Are there negative impacts for Gender identity/transgender	No. Note: If Question 22a is "No", Questions 22b,c,d will state "Not Applicable" when submission goes for approval

Negative impacts for Gender identity/transgender

Not Completed

Mitigating actions for Gender identity/transgender

Not Completed

Responsible Officer for mitigating actions for Gender identity/transgender	Not Completed

23. Negative impacts and Mitigating actions for Race

Are there negative impacts for Race	Yes

Negative impacts for Race

Service does not value or respect a person's race causing stress and anxiety

Mitigating actions for Race

Ensuring service specifications meet all guidance around racial discrimination that mitigates against anxiety

stress that the person may experience. Ensure that people and staff are respected at all times and providers to have a robust policy to ensure they meet equality laws.	
Responsible Officer for mitigating actions for Race	Heidi Ward
24. Negative impacts and Mitigating actions for Religion and belief	
Are there negative impacts for Religion and belief	Yes
Negative impacts for Religion and belief	
Service does not value or respect a person's religion or beliefs causing stress and anxiety	
Mitigating actions for Religion and belief	
Ensuring service specifications meet all guidance around religion and beliefs. Ensure any change to an individual's religion/belief are added to care plan and ensure service values and respects peoples wishes and mitigates against anxiety stress that the person may experience. Ensuring that an individuals including staff are respected at all times and robust data protection protocols in place (DPIA). Providers to have a robust policy to ensure they meet equality laws.	
Responsible Officer for mitigating actions for Religion and Belief	Heidi Ward
25. Negative impacts and Mitigating actions for Sexual Orientation	
Are there negative impacts for Sexual Orientation	Yes
Negative impacts for Sexual Orientation	
Service does not value or respect sexual orientation that results in people suffering from anxiety or stress	
Mitigating actions for Sexual Orientation	
Ensuring service specifications meet all guidance around sexual orientation including any change to an individual's sexual orientation and ensure changes to care plan or service values and respects peoples wishes and mitigates against anxiety stress that the person may experience. Ensuring that an individuals privacy is respected at all times and robust data protection protocols in place (DPIA). Providers to have a robust policy to ensure they meet equality laws.	
Responsible Officer for mitigating actions for Sexual Orientation	Heidi Ward
26. Negative impacts and Mitigating actions for Pregnancy and Maternity	
Are there negative impacts for Pregnancy and Maternity	No. Note: If Question 26a is "No", Questions 26b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Pregnancy and Maternity	
N/A	
Mitigating actions for Pregnancy and Maternity	
N/A	
Responsible Officer for mitigating actions for Pregnancy and Maternity	Not Completed
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships	
Are there negative impacts for Marriage and Civil Partnerships	Potential
Negative impacts for Marriage and Civil Partnerships	
People who are married and entering the care system are not considered as a couple and care homes being unable to meet the needs together to ensure people in relationships are able to remain together.	
Mitigating actions for Marriage and Civil Partnerships	
To ensure engagement plans and specification development address the negative impact of services to relationships and develop the market to support keeping older people in a relationship together. Also ensuring a joined up commissioning approach to see where service design can work to best accommodating people in partnerships. E.g., extra care facilities on the same site as care homes.	
Responsible Officer for Marriage and	Heidi Ward

Civil Partnerships	
28. Negative impacts and Mitigating actions for Carer's responsibilities	
Are there negative impacts for Carer's responsibilities	Yes
Negative impacts for Carer's responsibilities	
carers are not facilitated to feed into service design through engagement/coproduction resulting in services that don't facilitate carer accessibility and input into their loved one's care. A person's care needs can't be met close to the carer's home causing stress for both the carer and their 'loved one'	
Mitigating actions for Carer's responsibilities	
Consider KCC Carers' Strategy and ensure appropriate engagement with carers at all levels of service redesign through comprehensive engagement plan - surveys, face to face workshops.	
Responsible Officer for Carer's responsibilities	Heidi Ward



DPIA Project Information

Title:

Older Persons Residential and Nursing Care Home Services

Project ID:

453

Project Timeframe for Data Collection:

Personal data is already being processed

DPIA Screening Questions

Question Number	Question	Answer
1	I understand that, by selecting Yes, I am confirming I am the project manager for the project or activity for which this DPIA screening tool is being carried out.	No
2	I understand that by ticking this box I am confirming that I have undertaken the Data Protection Essentials training module on delta.	Yes
3	Is this project a change to an existing process, or is it a new processing activity?	Change to an existing process
4	Has a DPIA for this been previously submitted?	Yes
5	If a DPIA was submitted - Was legal advice recommended?	No
6	When did the planning stage of this project begin?	2/1/2024
7	Is this screening tool for the use of a surveillance camera, including CCTV, dash cam and body worn cameras?	No
8	If Yes - Is this DPIA a proposal for a new deployment, or the expansion of an existing surveillance system?	
9	Which data protection regime will you be processing under?	UK GDPR
10	Please outline the project including the types of data, software, processors, and how the data will be used	This DPIA screening form is for the recommissioning of the Older Person's Residential and Nursing Care Homes (OPRN) contract. The service will be set up to meet the needs of Kent residents mostly aged 65 years and older who have a range of health and support needs including but not limited to: • Physical Disabilities • Dementia and other mental health needs • Medical needs



The aim of the project will be to recommission the existing services as the contracts expire 31 March 2026. The plan is to recommission the contract through an open Framework to enable as many providers as possible to express an interest and bid for the service.

Once providers have joined the contract, existing providers will have access to the full personal details of clients in need of a care home as and when placements are made by our Arranging Support Placement Teams (ASPT). Providers can then bid for business that way. The information that will be given to providers include: name, date of birth, social and health care needs.

There will also be occasions when ASPT send on referrals to providers who are not on the contract if they have been unable to source a suitable placement via the contract. The placements will be made as an individual contract.

All providers (contracted and non-contracted), who take on residents on the OPRN contract are required to sign up to KCC's contract which outlines our terms and conditions on Data Protection. The contract outlines our role as both processor and controller as well as the role of the provider as both controller and processor. There are clauses within the contract that state the provider must not treat the information obtained under the contract in an "unlawful manner" and all data must be treated with confidentiality.

The service specification also states that the provider will "comply with and store all information in accordance with Data Protection legislation".

With regards to access to data internally, some members of the Commissioning Team e.g. Commissioning Assistant, have access to Mosaic to periodically review personal data. Most members of the OPRN contract's Commissioning Team have access to Mosaic for mainly data analysis and reporting e.g., looking at the numbers of placements made over a specified period, the costs of placements and what types

		of placements are being made within a specified period.
11	Within your project are you planning to:	Make decisions on someone's access to a service product opportunity or benefit which is based on automated decision making (including profiling), or involves the processing of special category data? Combine, compare, or match data from multiple sources? Process personal data which could result in a risk of physical harm in the event of a personal data breach? Process special category data or criminal offence data on a large scale?
12	Or are you planning to:	Process personal data without providing a privacy notice directly to the individual? Process sensitive data or data of a highly personal nature? Process personal data on a large scale? Match or combine datasets? Process data concerning vulnerable data subjects? Carry out any innovative use of personal data or apply new technological or organisational solutions? Use innovative technology?
13	Additional Information	This is a very large, complex contract where the processing of data involves many teams and external agencies. We may require additional support with ensuring we have completed the DPIA appropriately. We are aware of the Data Use and Access Bill currently going through Parliament and want to ensure we are working in line with new and developing legislation.



Care providers use a range of innovative technology/ equipment, including electronic care plans, technological enabled care solutions.

DPIA Core Questions

Question Number	Question	Answer
1	What is your project aim?	The aim of the project is to recommission the existing services as the current contract expires 31 March 2026. The intention is to recommission the contract through an open Framework Agreement to enable as many providers as possible to express an interest and bid for the service. There are approximately 270 older persons care homes in Kent, 203 (including 19 care homes outside of Kent) are part of the current contract. KCC is able to meet its legal and moral obligations to older persons in the county in need of a residential or nursing home. As a result, individuals have their needs met in an appropriate setting. Once providers have joined the contract, when a referral is made to them, they will have access to the full personal details of clients in need of a care home as this will be shared with them by the Arranging Support Placements Team (ASPT). The information that will be given to providers includes: name, date of birth, social and health care needs. This data needs to be shared in order to meet the needs of KCC residents in need of a care home. Sharing of data is required to ensure transparency and enables care providers to complete their own assessments to determine whether they can meet a persons needs. There will also be occasions when ASPT send referrals to providers who are not on the contract, if they have been unable to source a suitable placement via the contract. The placements will be made as an individual placement contract. ASPT establish, via email or telephone, providers with vacancies and then send on referrals to the provider(s) via secure email which is consistent with the way referrals are sent to providers on the contract. When a care home provider is unable to meet the needs of that resident, the home communicates this to ASPT who record this on the client's records in Mosaic and on local drives within a spreadsheet. The case with the provider is closed and the information is archived.
14	What steps will you take to ensure the data you collect and/or use is accurate?	Adult Social Care and Health Community Teams ensure the accuracy of information at point of interaction with an individual e.g. phone call or visit. This ensures that any paperwork completed or information to be added to an individual's record on Mosaic is the truth and is up to date and is accurate at point of collection. An individual also has the opportunity request their information to be rectified after being added or uploaded to Mosaic. This would be noticed by the individual when sharing

		social care paperwork with them e.g. sharing of their support plan. When the Commissioning team uses data from KCC systems, for example, Power BI, this provides the current information. Such data is taken to be accurate, unless there is a clear error or issue, although this is more likely to relate to areas such as an incorrect contract being used to purchase the placement. Where such issues are identified, these are questioned and corrected by the appropriate team, if needed. Where any analysis of such data is completed within the team, this will be anonymised and only the data that is required will be included in analysis. As a local authority, KCC is in a position of power compared to data subjects
4	What is the nature of the relationship with the individual?	
3	What are the categories of data subjects whose data will be processed?	Data relating to members of the public will be processed, primarily older people, aged 65 and over. Some people will have additional social care and health care needs. The data of vulnerable data subjects will also be processed. Vulnerable data subjects could include any resident placed in a care home.
5	Are there any other organisations other than KCC who will be involved in this project?	Controller Processor
12	Does the privacy notice state that data will be shared with your team for the purpose you will be using it for?	Yes
18	How will the security of the data be ensured when it is transferred outside of the UK?	Not applicable, the data will only be stored on servers (including back-up servers) in the UK Not applicable, the data will only be stored in physical files in the UK
19	How will the security of the data be ensured in transit and at rest?	Users will have different levels of access to ensure only people who need to access the data have access to it Other

		ICT Compliance and Risk have carried out a technical risk assessment KCC standard equipment and software is used by KCC teams. Arranging Support Placements Team will send information to care homes by secure email. The care home provider will be required to have secure email and computer systems that are backed up and secure . The provider will consider systems with end-to-end encryption and encryption in transit measures, etc. for robust security.
15	In what system(s) will the data be stored?	Outlook Teams OneDrive Mosaic Other Physical file storage Care home providers will also store information - this will be either electronic or paper copies, kept in lockable storage. Some providers have a combination of both systems.
11	Do you have a copy of the privacy notice that data subjects will be provided with at the point their data is collected?	Yes
16	Where are the servers for the system(s) located?	UK
2	Are all of the categories of personal data identified in the data question necessary for you to achieve this aim?	The data processing is to support individuals in need of a care home to access the care and support to which they are entitled within an appropriate setting. Data is collected as part of statutory obligations under the Care Act 2014. In order to fulfil this obligation, KCC has to collect the following types of data - name, residential home address, MOSAIC number, health data linked to primary disability, additional health and social needs (linked to the individual's person-centred plan), care package details, social care needs, race and gender. The information is collected as part of the Care Act Assessment and needs to be shared to enable providers to determine whether

		they are able to meet a person's assessed needs. Due care is taken when sharing the data with providers to minimise data breaches by sending it by an encrypted mail.
20	Are there any prior concerns over this type of processing or any security flaws	Previous audit highlighted several concerns when a small number of homes were audited. Most of the concerns were about the inadequacies of some provider's GDPR policies. As a result of the audit, the annual self-assessment form was updated with questions on GDPR policies and breaches etc. KPIs for providers which were not being collated were also reintroduced. The providers who were audited were also informed of the outcomes of their audits in order to make changes such as: • Updating their data protection policies to ensure best practice is reflected • Identifying a DPO lead • Ensuring that training which was happening was being recorded clearly Furthermore, as part of the quality assurance process, provider's policies and practices are now being checked against the internet audit recommendations.
7	Tick to confirm which of the following you have in place with the organisations	Strategic Commissioning's annex 1
29	Please link to the draft/ published privacy notice	https://www.kent.gov.uk/about-the-council/information-and-data/access-to-information/gdpr-privacy-notices/adult-social-care-and-health/general-notice-to-cover-adult-social-care-and-health Easy read version: https://www.kent.gov.uk/__data/assets/pdf_file/0008/81575/Easy-Read-General-ASCH-Privacy-Notice.pdf
26	What processes do you have in place to ensure that the retention period is adhered to?	We will have a process in place to ensure we know when the retention period ends
31	How will you ensure data subjects read the privacy notice and understand	We will provide a paper copy of the privacy notice We will link to the privacy notice on our webpages We have an easy read privacy notice

	how their data will be used at the point of data collection?	We will read a script and inform them of where to access the privacy notice online
23	How long will the data be retained for?	Standards and recommendations in the contract with providers - recommendation is 7 years. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17. KCC retention schedule: AS1.1 applies, excluding AS1.1.10, AS1.1.12 and AS1.1.14. A range of retention periods apply within this area.
27	Please tick to confirm the following statement is true	I am assured that there are adequate processes in place to ensure retention periods are adhered to, in line with the Article 5 principle of storage limitation in the UK GDPR
25	At the end of the retention period will the data be:	Other
8	How will the personal data be collected?	Retention schedule states 'secure disposal'. Collected from the individual by another KCC team Collected by an external organisation
35	Consultation: Please summarise the responses of data subjects you have consulted with on the topic of this project.	Data subjects are made aware of what will happen to their data at the point of the care needs assessment taking place and have the opportunity to review the privacy notice. As part of the recommissioning, service users and service user interest groups, e.g. Healthwatch will be consulted regarding the project.
34	Are there any current issues of public concern that you should factor in?	No
28	Is there a KCC privacy notice for this use of personal data?	There is a published KCC privacy notice for this use of personal data
17	What is the current state of technology in this area?	Data is stored on Mosaic and the Arranging Support Placements Team use secure emails to send the referrals on to providers. Providers are required to sign up to Microsoft's secure mail in order to view information being passed on. A number of care home providers store client data in paper copies in locked filing cabinets.

38	Consultation : please summarise the responses and recommendations of any other individuals or organisations you have consulted with.	A previous draft of the DPIA, completed in 2023, was reviewed by and discussed with the Adult Social Care and Health Information Governance Lead and the Deputy Data Protection Officer (Governance, Law and Democracy). That version has been reviewed to ensure it remains accurate and has been used as a basis for completing this DPIA. The overall recommendation of the Deputy Data Protection Officer was as follows, a number of additional recommendations were also made: 1. The processing is not high risk and measures taken to reduce risk are such that any residual risk has been sufficiently mitigated. 2. The DPIA does not need to be sent to the ICO as sufficient measures have been taken to reduce risk. The DPIA completed in 2023 was shared at the time with an Assistant Director for Adult Social Care and Health and a Service Manager, both were in agreement for the DPIA to go through the usual channels. The Adult Social Care and Health Information Governance Lead has been further consulted for advice and guidance on the completion of this DPIA. Market engagement will take place with potential suppliers and data processors.
24	Is the same retention period cited in all documentation?	Yes
32	How will you support data subject rights	By ensuring that individuals are made aware of the nature of what is being shared and why. By also informing individuals of their rights to be informed, right of access, right to erasure etc. KCC has produced an easy read version of a privacy notice for Adult Social Care service users. Data Subjects also have the right to complain which they can exercise and have their complaint investigated.
37	Consultation: Please summarise the Caldicott Guardian's response and any recommendations	Response received 13/02/2025: Thank you for providing such a comprehensive summary of the DPIA for the Older Persons Residential and Nursing Care Home Services project. Providing high-quality, safe support services and accommodation is a priority for upper-tier authorities with statutory responsibilities for social care. Sharing information is essential to designing and commissioning these services effectively.

		Based on the information you have provided, I am content that the program, the identified risks, and the proposed mitigations are aligned with the Caldicott Guardian principles. Please let me know if you need any further input from me. Best regards, Richard Smith Corporate Director
33	What measures will you put in place to prevent data being used beyond the purposes outlined in your privacy notice?	Limit access to the storage location to only those who require access for specified purposes Other We have an unauthorised access policy Care home providers sign up to being audited by both Locality Commissioners and the Care Quality Commission. Contract with providers stipulates that all data gathered under the service is to be processed in line with the Data Protection Act.
21	Please tick to confirm the following statement is true:	I am assured that the personal data being processed in this project is protected in transit and at rest from unauthorised access and loss.
39	Are you signed up to any approved code of conduct or certification scheme?	
36	Consultation: ICT Compliance and Risk	ICT CaRT has not been consulted during this process. The project is not new, it is a recommissioning of an existing contract and processes are already in place and would continue under the new contract. KCC software and equipment are being used for this project, which are widely used across KCC. It is understood that these would have been verified at the point of being commissioned/introduced for use by the organisation.
40	When is the processing of personal data for this project due to begin?	In less than 3 months
9	How will the personal data be collected from the individual?	Phone call Other

		KCC has a statutory obligation under the Care Act 2014 to assess individuals and meet their needs if they meet prescribed eligibility criteria. Social Workers carry out assessments, usually in-person, to determine if a person requires a residential or nursing home. As part of the assessment, information and personal identifiable data is collected and recorded on Mosaic and then shared with the Arranging Support Placements Team to source a care home placement. The data is shared with a range of providers via secure mail. The information is gathered from the data subject, family members, carers and other health professionals where appropriate and saved on Mosaic.
30	Is there an easy read privacy notice for this use of personal data?	There is a published easy read privacy notice for this use of personal data
13	How will the data be shared with your team securely?	When data is shared with the Commissioning Team by providers, this will be sent by secure email, which ensures the information is safeguarded and reduces risk if sent to the wrong person. If it is not possible to use secure email, any documents which are to be shared will be password protected. The draft specification states the following: 'The Provider will ensure its information sharing with other organisations complies with all data protection and GDPR guidelines. When transferring personal or confidential information/ data, the Provider will ensure they use secure or encrypted email systems or that passwords are sent separately from the main body of the message in accordance with General Data Protection Regulation 2016'. If Microsoft Teams sites are set up to share information between KCC teams, one person approves the members of the site and approves/ declines any requests for access as appropriate. This ensures that access is only given to those that require it.
22	Describe how the personal data will be used to achieve your project aim	Where data is shared between KCC teams, this will be done using KCC's email system and data will be pseudonymised. KCC has a statutory obligation under the Care Act 2014 to assess individuals and meet their needs if they meet prescribed eligibility criteria. In order to fulfil this obligation, KCC has to collect these types of data - name, residential home address, Mosaic number, health data linked to primary disability, additional health and social needs (linked to the individual's person-centred plan), care package details, social care needs, race and gender. The information is collected as part of the Care Act Assessment and

		needs to be shared to enable providers to determine whether they are able to meet a person's assessed needs. Practitioners carry out assessments, usually in-person, to determine if a person requires a residential or nursing home. As part of the assessment, information and personal identifiable data (those listed above) is collected and recorded on Mosaic and then shared with the Arranging Support Placements Team to source a care home placement. The data is shared with a range of providers via secure mail, who will use the information to inform their own assessment. The information is gathered from the data subject, family members, carers and other health professionals where appropriate and saved on Mosaic. The processing enables KCC to refer people in need of a residential or nursing home to a service that can meet their needs. The referral process also allows providers to determine whether they can meet the needs of the person(s) referred.
6	Please name the organisations and their roles.	Private care home providers - will act as data processor and controller. There are approximately 270 older persons care homes in Kent, 203 (including 19 care homes outside of Kent) are part of the current contract. Information gathered by Practitioners and recorded on Mosaic as part of initial assessments and/ or case management notes will be shared with care home providers on a regular basis to enable placements and reviews. As part of managing quality in care homes, there may be a need to confidentially share information with the Care Quality Commission, Kent Police, Kent Fire and Rescue Service and the ICB. Data sharing agreements are in place with these organisations.
10	Will the data be shared with:	Your KCC team A contracted service provider A different KCC team Other Non-contracted service providers.

Data Collection

Data Category	Data being Collected
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address

	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number

	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name

	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode

	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other

Basic Data	Name Date of birth Email address Telephone/mobile number Address Postcode NHS number Financial Information Identification number Other
Basic Data	Name Date of birth Email address Telephone/mobile number Address Postcode NHS number Financial Information Identification number Other
Basic Data	Name Date of birth Email address Telephone/mobile number

	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information

	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth

	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number

	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other

Basic Data

Name

Date of birth

Email address

Telephone/mobile number

Address

Postcode

NHS number

Financial Information

Identification number

Other

Basic Data

Name

Date of birth

Email address

Telephone/mobile number

Address

Postcode

NHS number

Financial Information

Identification number

Other

Basic Data

Name

Date of birth

Email address

Telephone/mobile number

Address

	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number

	Other
Basic Data	Name Date of birth Email address Telephone/mobile number Address Postcode NHS number Financial Information Identification number Other
Basic Data	Name Date of birth Email address Telephone/mobile number Address Postcode NHS number Financial Information Identification number Other
Basic Data	Name Date of birth Email address

	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information

	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth

	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode

	NHS number
	Financial Information
	Identification number
	Other
Basic Data	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Financial Information
	Identification number
	Other
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs

	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life

Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health

	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin Religious or philosophical beliefs Physical or mental health Sexual orientation or sex life
Special Category Data	Racial or ethnic origin Religious or philosophical beliefs Physical or mental health Sexual orientation or sex life
Special Category Data	Racial or ethnic origin Religious or philosophical beliefs Physical or mental health Sexual orientation or sex life
Special Category Data	Racial or ethnic origin Religious or philosophical beliefs Physical or mental health Sexual orientation or sex life
Special Category Data	Racial or ethnic origin Religious or philosophical beliefs Physical or mental health Sexual orientation or sex life
Special Category Data	Racial or ethnic origin Religious or philosophical beliefs

	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life

Special Category Data	Racial or ethnic origin Religious or philosophical beliefs Physical or mental health Sexual orientation or sex life
Special Category Data	Racial or ethnic origin Religious or philosophical beliefs Physical or mental health Sexual orientation or sex life
Special Category Data	Racial or ethnic origin Religious or philosophical beliefs Physical or mental health Sexual orientation or sex life
Special Category Data	Racial or ethnic origin Religious or philosophical beliefs Physical or mental health Sexual orientation or sex life
Special Category Data	Racial or ethnic origin Religious or philosophical beliefs Physical or mental health Sexual orientation or sex life
Special Category Data	Racial or ethnic origin Religious or philosophical beliefs Physical or mental health

	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin Religious or philosophical beliefs Physical or mental health Sexual orientation or sex life
Special Category Data	Racial or ethnic origin Religious or philosophical beliefs Physical or mental health Sexual orientation or sex life
Special Category Data	Racial or ethnic origin Religious or philosophical beliefs Physical or mental health Sexual orientation or sex life
Special Category Data	Racial or ethnic origin Religious or philosophical beliefs Physical or mental health Sexual orientation or sex life
Special Category Data	Racial or ethnic origin Religious or philosophical beliefs Physical or mental health Sexual orientation or sex life
Special Category Data	Racial or ethnic origin Religious or philosophical beliefs

	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life
Special Category Data	Racial or ethnic origin
	Religious or philosophical beliefs
	Physical or mental health
	Sexual orientation or sex life
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected

Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected

Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected
Criminal Offence Data (UK GDPR)	Criminal Data will be collected

**Criminal Offence Data (DPA
Part 3)**

No data is being collected under this category

Surveillance Camera

No data is being collected under this category

Data Collection Questions

Data Group	Question Number	Question	Answer
Basic Data	1	The Article 6 lawful basis for this processing activity is:	(e) Necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller. Please note you will be required to state the name and section of the legislation which gives you the power.
Basic Data	2	Please outline which element of the project relies on the identified lawful basis	KCC has a statutory obligation under the Care Act 2014 (section 9 - Assessing Needs) to assess individuals and meet their needs if they meet prescribed eligibility criteria. Section 9 of the Care Act 2014 informs that local authorities must: carry out an assessment of anyone who appears to have needs for care and support, regardless of whether those needs are likely to be eligible. Practitioners carry out assessments, usually in-person, to determine if a person requires a residential or nursing home. As part of the assessment, information and personal identifiable data is collected and recorded on Mosaic and then shared with the Arranging Support Placements Team to source a care home placement.
Special Category Data	1	Please identify the Article 9 basis being relied upon for the processing of special category data	(h) Necessary for the purposes of preventative or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health and social care or treatment or

			the management of health or social care systems and services (subject to a DPA 18 condition) or pursuant to contract with a health professional and subject to the conditions and safeguards in Article 9(3)
Special Category Data	2	If you are relying on condition (a) please state which element of the project relies on explicit consent, and outline the process you have for collecting, recording, and withdrawing consent	This condition is not being relied upon.
Special Category Data	3	If you are relying on condition (b), (h), (i), and/or (j) you must also identify at least one of the additional conditions from Schedule 1, Part 1 of the DPA 2018	(2) Health or social care purposes
Special Category Data	4	If you are relying on condition (b), (h), (i) and/or (j) you must outline which element of the project relies on this condition	The data processing is to support individuals in need of a care home to access the care and support to which they are entitled within an appropriate setting. Data is collected as part of statutory obligations under the Care Act 2014. Data collected as part of the Care Act Assessment includes name, residential home address, MOSAIC number, health data linked to primary disability, additional health and social needs (linked to the individual's person-centred plan), care package details, social care needs, race and gender. The information is recorded on Mosaic. The data of vulnerable data subjects will also be processed. Information which is collected by Practitioners (health or

			social work professionals) through the assessment process will be shared with the Arranging Support Placements Team to source a care home placement. The data is shared with a range of providers via secure mail, who will use the information to inform their own assessment.
Special Category Data	5	If you are relying on condition (g) you must identify at least one of the additional conditions from Schedule 1 Part 2 of the DPA 2018	Not applicable to this project
Special Category Data	6	If you are relying on condition (g) (substantial public interest) you must outline which element of the project relies on this condition	Not applicable to this project.
Special Category Data	7	If you are relying on condition (c), (d), (e), and/or (f) you must outline which element of the project relies on this condition	Not applicable to this project.
Criminal Offence Data (UK GDPR)	1	Where you are processing criminal offence data under the UK GDPR, you must identify at least one of the additional conditions from Schedule 1, Part 3 of the Data Protection Act 2018	(29) Consent

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

To: Adult Social Care and Public Health Cabinet Committee – 8 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 Cabinet Committee is asked to **NOTE** the local authority rating and **COMMENT** on 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 Cabinet Committee is asked to **NOTE** the local authority rating and **COMMENT** on 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

Making a
difference
every day



Section A: Overview and summary 3

Theme 1: Working with people 13

Theme 2: Providing support.....36

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

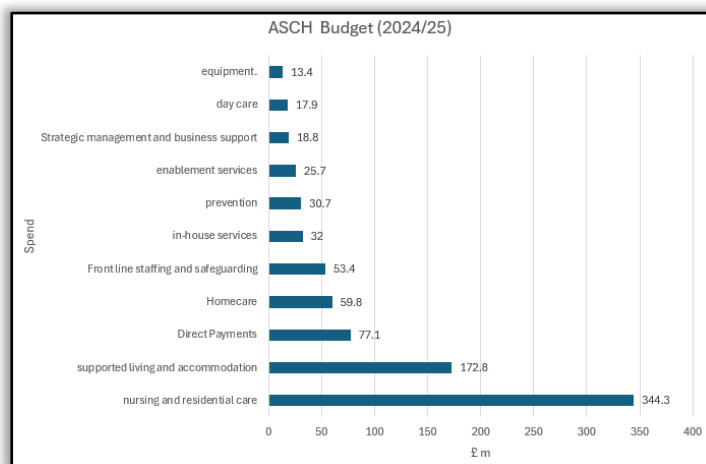
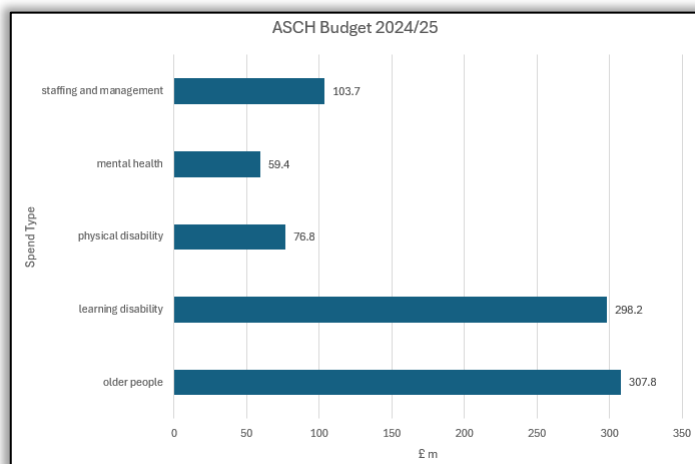
Kent County Council employs 9,069 permanent staff (not including the school workforce) which equates to 7,874 full-time equivalent roles (March 2024).

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-cantered 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



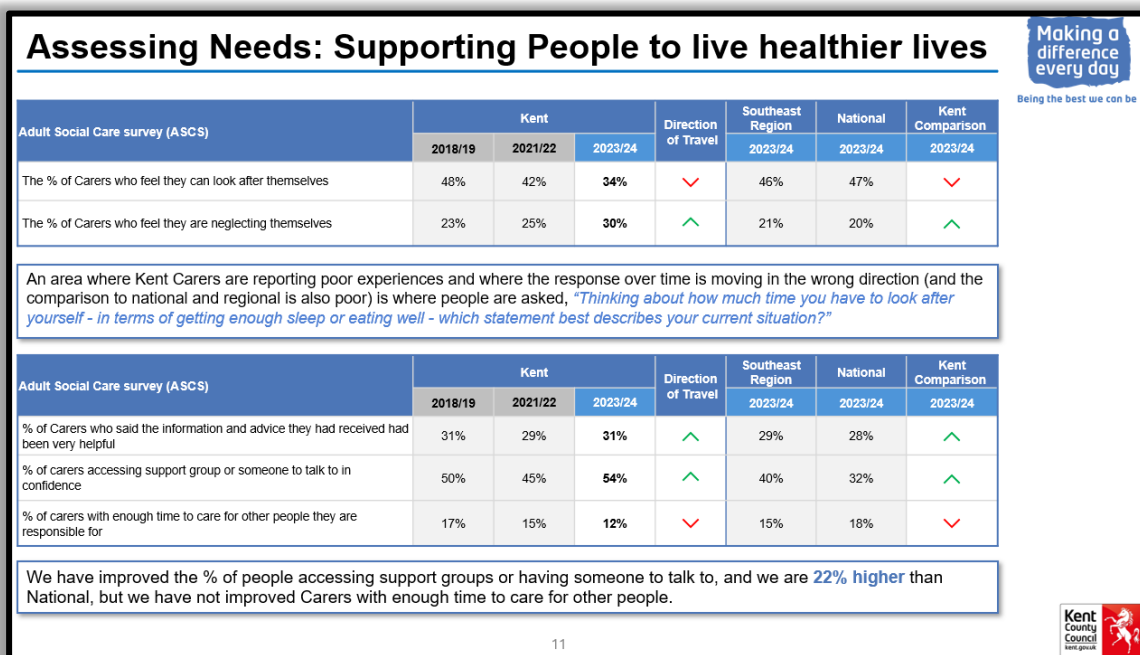
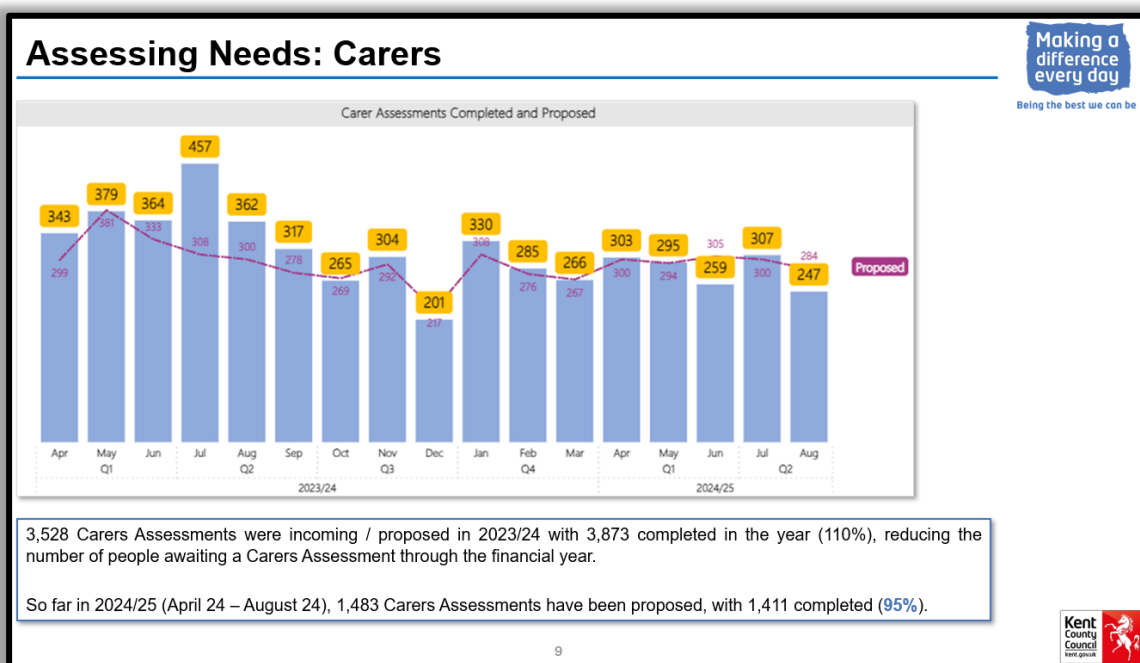
Graphic: Care Needs Assessments and First Reviews – current position

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.

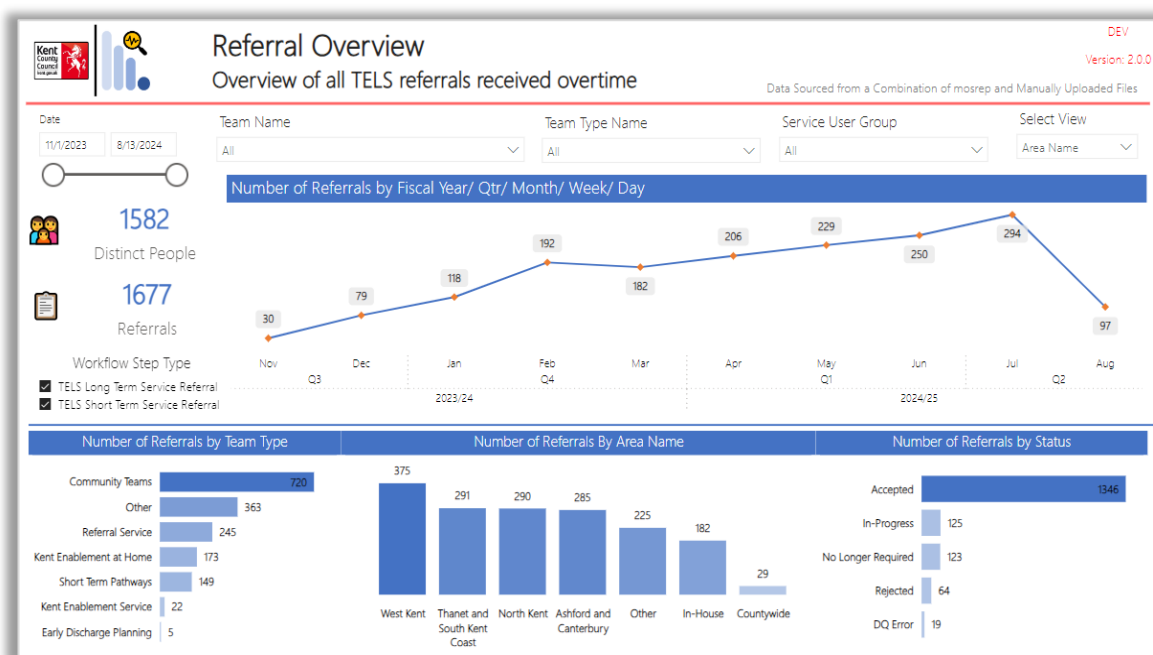
Graphic: Technology Enabled Lives Service - numbers

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.

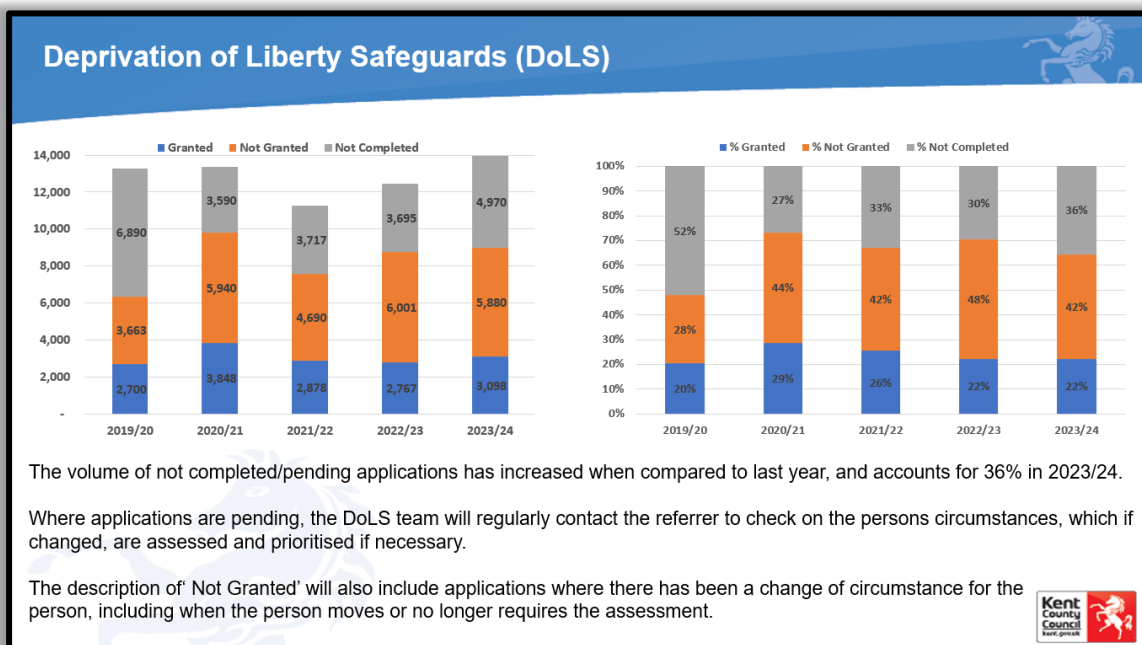
Receiving nearly 10,000 referrals annually, our DoLS team's role is one of independent scrutiny and when considering a person's best interest, their wishes and feelings play a crucial role in the assessment process. To achieve the best outcome for the person, we involve (consult) family members and friends 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.

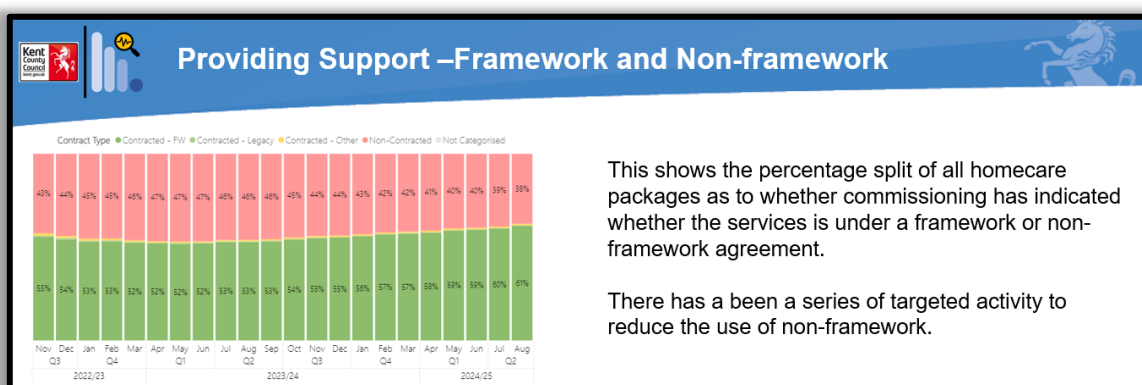
We plan to continue being proactive in finding modernised ways of working to support the DoLS Service here in Kent.



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.

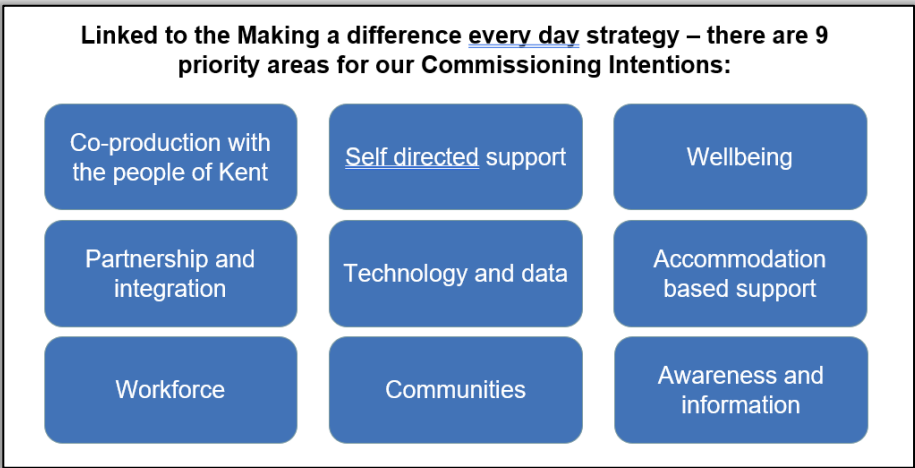
7.1 Commissioning span

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.

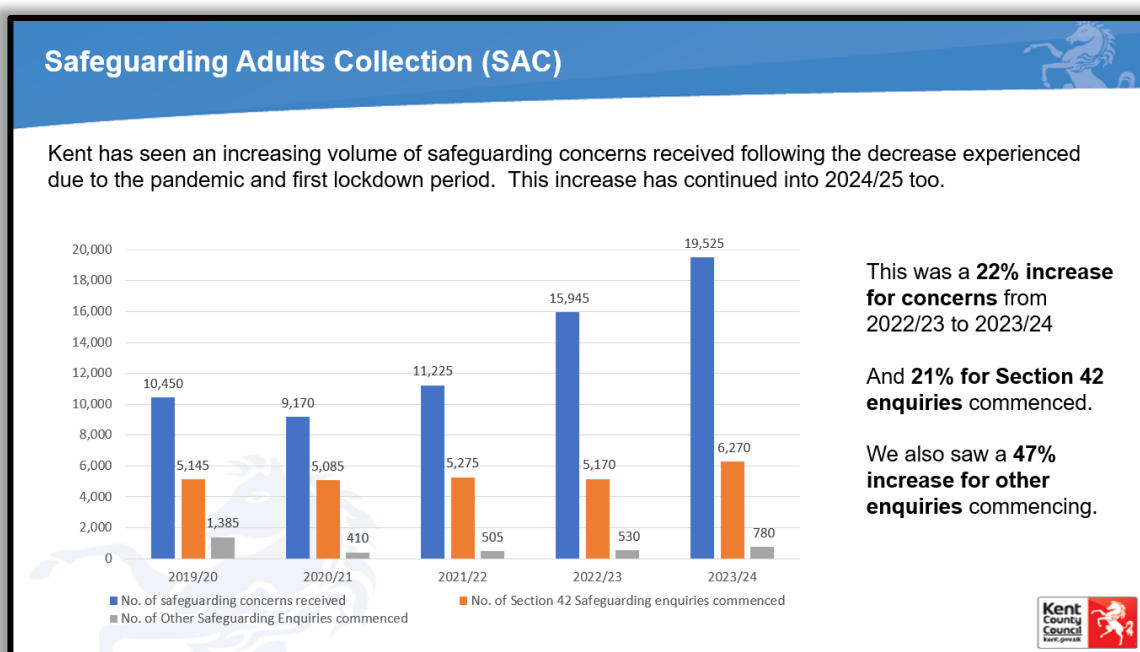
As part of our quality assurance arrangements, SSU completed internal audits, reviewing 100 safeguarding closures; a combination of Safeguarding Concerns and Enquiries closed between April – June 2024. These audits follow previous audits undertaken between January – October 2023. The audits have provided 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

From: Diane Morton, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Adult Social Care and Public Health Cabinet Committee,
8 July 2025

Subject: Public Health Service Transformation Programme Update

Classification: Unrestricted

Past Pathway of Report: n/a

Future Pathway of Report: N/A

Electoral Division: All

Is the decision eligible for call-in? Not applicable

Summary:

Public Health embarked on a service transformation programme (PHSTP) in July 2023 designed to improve all services in receipt of the Public Health Grant. Key aims were to ensure they were efficient, achieving best value, evidence-based and delivering the right outcomes for the people of Kent.

The purpose of this paper is to provide new members of the committee with background on the Public Health Transformation Programme (PHSTP), an update on recent progress and share detail of future work. This update follows a series of papers and updates previously shared with the committee.

In addition to this programme update at the July 2025 Cabinet Committee, there are separate focused Key Decision papers on the agenda for NHS Health Checks, Sexual Health and Physical Activity Service for Older People. These are the last of nine key decisions that need to be taken as part of the PHSTP. It should be noted that there are some other public health services which fall outside of scope of the PHSTP such as those funded via external grants for smoking and family hubs. The approaches taken will consider integration and future opportunities.

As part of transformation, a set process has been followed to arrive at a proposed service model. The process has included desktop analysis, stakeholder engagement, benchmarking, market analysis, options appraisal, financial appraisal, external peer review, business case development and internal procurement governance. Proposed models have been presented at cabinet committee for input and endorsement and, following a Key Decision, an implementation phase will take place comprising of sourcing and service mobilisation.

Since the last committee good progress has been made against all project streams. A number of procurements are now live following Key Decision and endorsement at the March Health Reform and Public Health cabinet committee.

Recommendation(s):

The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the information contained within this update report, and to **COMMENT** on the programme and the next steps.

Introduction and background

- 1.1 Kent County Council (KCC) Public Health is leading a Public Health Service Transformation Programme to improve service delivery to communities in Kent.
- 1.2 The review of services is a normal part of the commissioning cycle and Public Health contracts are continually monitored to drive continuous improvements. However, the transformation work aims to support opportunities to look across services and consider how we can maximise impact through better supporting cross cutting themes, gaps or learning.
- 1.3 Although the aims of this programme are not financially driven (other than ensuring an overall balanced budget), value for money and efficiency of the services funded is integral to the outcomes of this work given the need in the local population vs service capacity. In addition, staff have been exploring opportunities for aligned, joint or integrated commissioning now or in the future.
- 1.4 Services within the Public Health portfolio include; the Kent Health Visiting Service, Sexual Health Services including pharmacy and the condom programme and psychosexual therapy, Postural Stability, Adult Lifestyle Services including NHS Health Checks and Substance Misuse. Consideration and recommendations have also been made in relation to public health campaigns and KCC funded services which interlink.
- 1.5 The majority of services are statutory and funded via a ring-fenced Public Health Grant. Many have nationally prescribed specifications, need to comply with national evidence-based guidance and report performance nationally. Services are largely informed by a strong evidence base and return on investment.
- 1.6 On the whole, the performance of services is good and Key Performance Indicators are in the main consistently met. However, there are always opportunities to improve, innovate and respond to support best value demands, whilst also responding to changes in the macro environment.
- 1.7 The Public Health Service Transformation programme commenced in July 2023. Its aims are:

- To deliver best value and the biggest impact
- To improve services for our communities
- To ensure services are safe and effective
- To ensure services are fit for the future, sustainable and responsive to need

1.8 Core Principles underpinning the recommissioning programme are:

- Prevention and tackling health inequalities
- Working across KCC directorates
- Aligning commissioning across systems
- Working closely with the NHS, District Councils and other partners and providers
- Value for money / Best value
- Person centred

1.2 The services within the scope of the Transformation Programme support the Council's prevention offer, and a key priority in Securing Kent's Future. This is particularly important given the increasingly challenging funding pressures, cost rises and need to prevent the associated cost of ill health.

1.3 They play a critical role in the reduction in health inequalities, which are unfair and avoidable differences in health across the population, and between different groups within Kent communities. These include how long people are likely to live, the health conditions they may experience and the care that is available to them. [Core20Plus5](#) is an evidence-based approach which supports the reduction of healthcare inequalities and is embedded in service specifications.

1.9 The commissioning landscape continues to evolve and will be impacted by several strategic developments. This includes local government reform, change in political landscape, significant cuts to the Integrated Care Board budgets, abolishment of NHS England and negotiations on national pharmacy contract and rising provider costs.

1.10 The Health Reform Public Health Cabinet Committee was previously updated on the programme in March 2025. This paper details Programme progress since the last committee, key considerations (performance, legal, commercial, risk) and forward look.

2. Public Health Services Transformation Programme progress

2.1 All milestone have achieved since the last committee and key activity is set out below.

2.2 Internal procurement governance has now been given for all projects which has included approval by the PHSTP steering group, Commercial and Procurement Oversight Board and DMT's where applicable.

- 2.3 Key decisions have been taken for the majority of projects with the remainder scheduled to take place following HRPHCC endorsement for Sexual Health, NHS Health Checks and Older People's Exercise.
- 2.4 A number of procurements have commenced with some completed and new suppliers awarded. Others will commence over summer months to ensure new services are in place by April 2026, when the majority of existing contracts end.
- 2.5 Once procured or sourced, commissioning plans will be taken forward to support implementation of the new service model. Mobilisation of the newly designed services will vary due to their size, scale and complexity.
- 2.6 An evaluation framework is also being developed to support a robust review of new models and evidence of impact. It should be noted that many services commissioned are mandated, hold a strong evidence base and are nationally prescribed.
- 2.7 A summary position against all service can be found below in Annex 1. Key progress made on the Key Decisions taken following the March 2025 committee is outlined below;
- **Health Visiting and Community Infant Feeding**
 - Key Decision was taken following HRPHCC on 11 March 2025
 - The procurement of place-based infant feeding services is now open and new services are due to go live in January 2026.
 - Health Visiting procurement documentation is being finalised with a view to procure over the summer.
 - **School Health**
 - Key Decision was taken at HRPHCC on 11 March 2025.
 - School Public Health Service procurement documentation is being finalised with a view to procure over the summer.
 - The procurement for Therapeutic Support Services is live and new services will start in November 2025. The current CYP Counselling service will end on March 2026, and be replaced with a new Therapeutic Support Service (TSS). The team is working closely with key stakeholders, providers and young people to implement a communication and transition plan.
 - **Lifestyle services**
 - Key Decision was taken at HRPHCC on 11 March 2025.
 - Procurements for Lifestyle and Smoking Services is now live. New services will commence on the 1 April 2025.
- 2.8 In order to implement all recommissioning activity the team will work closely with key partners, providers and stakeholders including local people to manage the change to new service models. It is anticipated that full transformation will be achieved during the life of new contracts.

3. Performance and Quality

- 3.1 The Health Reform and Public Health Cabinet Committee regularly receives updates on the performance of commissioned services.
- 3.2 During the programme period the performance targets and metrics will be reviewed and readjusted to ensure they are fair and delivery best value for money. The committee may see some changes to Key Performance Indicators (KPI's) in 2026 and beyond.
- 3.3 A review of quality indicators and information is also taking place to inform future specification requirements. This will include expected standards around user satisfaction, audit, data quality and monitoring

4. Commercial Considerations

- 4.1 New service models will be implemented in line with the Provider Selection Regime (2013) (PSR) and the new Procurement Act (2025) (PA) as applicable.
- 4.2 PSR is applicable to most public health services and applies when contracting for healthcare services. There are Key Criteria under the Provider Selection Regime (PSR) which cover Value, Social Value, Quality and Innovation, Integration and Collaboration, and Improving Access and Reducing Health Inequalities. Procurements choose from one of five key routes including Direct Award (A, B and C), Most Suitable Provider Process and Competitive Process.
- 4.3 Each service will consider best commercial arrangements such as contracting model, payment mechanics, supplier sustainability, risk allocation and strategies to manage inflationary price rises.
- 4.5 It is important that KCC are mindful and understanding of the many financial challenges that are currently facing suppliers from uncertain funding sources, inflationary increases in staff costs and those from the recent central government changes to National Insurance Contributions and to both the National Minimum and Living Wages. KCC have set financial constraints and cannot agree to long term contracts that may be unsustainable to fund. KCC will need to continue to work alongside suppliers to find solutions, to these and future challenges, throughout the lifespan of new services.

5 Risks

- 5.1 In addition to the inherent risks associated with the Commercial Considerations, the programme is managing other risks.
- 5.2 There are uncertainties around whether the proposed contracts will be attractive to suppliers in terms of what is being asked to deliver in the service model specification and within the financial constraints of funding and potential TUPE liabilities This risk is being mitigated by testing and engaging with the market and through discussions with providers.

- 53 The current operating environment for commissioners and suppliers is challenging, with increases in costs, cuts to other services, increases in staffing costs, uncertainties of grant funding and sustainable long-term contracts. Both suppliers and commissioners need to be mindful of potential supplier market failures due to other financial pressures.
- 5.4 Transformation Governance – most of the contracts within the transformation programme, end on 31 March 2026. The time allocated to scheduling of the programme, is the minimum time needed to deliver new commissioning arrangements. If for any reason KCC governance is delayed, it is likely an extension to the current contract would be required to re-commission the service.
- 5.5 Complexity – The Transformation programme is a complex programme of work. There are multiple services transforming at the same time, many providers, new procurement legislation, uncertainties around future funding arrangements, Local Government Reorganisation, changes to national guidance and legislation.
- 5.6 It is critical that during this period of transformation that service stability is maintained so that any (negative) impacts on residents are minimised. To mitigate this, regular engagement has taken place with providers and current users. Mobilisation timeframes have been set on realistic market feedback with some cross over between the end of one service and the start of the next. Communication to key stakeholders also remains of key importance.

6. Legal considerations

- 6.1 Most services within the scope of this programme are mandatory and KCC has a legal duty to deliver these Public Health services under the Health and Social Care Act 2012. Legal advice has been sought throughout the programme and in relation to; a) the decision surrounding the legal requirement for a Public Consultation and b) relevant procurement legislation and contractual terms and conditions.
- 6.2 Many of the services within scope of the transformation programme were procured through a Partnership Agreement with KCHFT (Kent Community Health NHS Foundation Trust) and MTW (Maidstone and Tunbridge Wells NHS Trust) based on Regulation 12(7) of the Public Contracts Regulations (PCR) to establish a cooperation agreement. The new Provider Selection Regime (PSR) regulations do not contain the same opportunities to continue the cooperation agreement. Services which did fall under the old legislation will need to be procured, separately using alternative, relevant legislation. The KCHFT and MTW Partnerships will therefore end as part of this programme of work and new relationships be established.

7. Conclusions

- 7.1 The Public Health Service Transformation Programme presents an opportunity to improve services, target them to local residents with greatest need and ensure they represent best value.

- 7.2 Officers have completed significant activity to ensure a robust review process has been completed and any recommendations are informed by best practice, evidence and need.
- 7.3 The programme has delivered against key milestones and all services will commence no later than 1 April 2026.
- 7.4 The Health Reform and Public Health Cabinet Committee are asked to consider and endorse the final set of key decisions shared with today and support successful implementation of new service models over the coming months.
- 7.5 Regular updates can be provided to the committee during the implementation period and beyond this period as impact and success of new models are reviewed.
-

8. Recommendation(s):

- 8.1 The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the information contained within this update report, and to **COMMENT** on the programme and the next steps.
-

Contact Details

Report Authors:	Relevant Director:
Name: Vicky Tovey	Director: Dr Anjan Ghosh
Job title: Assistant Director of Public Health	Job title: Director of Public Health
Email address: victoria.tovey@kent.gov.uk	Email address: anjan.ghosh@kent.gov.uk

Annex 1: Summary of PHSTP activities

To be covered at today's meeting:

Sexual Health	See separate paper scheduled for today's committee
NHS Health Checks	See separate paper scheduled for today's committee
Older people's exercise	See separate paper scheduled for today's committee

In progress, governance completed.

Children and young people – Implementation in progress	For 0-4 CYP services, a Key Decision was taken following HRPHCC on 21 January 2025. Key changes include: - • Recommissioning of the Health Visiting service (including Specialist Infant Feeding and family Partnership Programme) - with minor specification changes. • Separate commissioning of place-based community infant feeding service for two years. Actively undertaking market engagement on the specification. The services are due to go live in January 2026. For 5-19 CYP services, a Key Decision is due to be taken at HRPHCC on 11 March 2025. As part of the service changes a public consultation has been delivered and the findings can be found in the committee paper. Key changes include: - • Recommissioning of the School Public Health Service with minor amends to the service specification (end April 2026). • The current CYP Counselling service will end on March 2026, and be replaced with a new TSS (Therapeutic Support Service), which will launch in November 2025). Procurement has now gone live. Link to Public Consultation on CYP's Emotional Wellbeing Support Children and Young People's Emotional Wellbeing Support Let's talk Kent
Adult Lifestyles - Implementation in progress	A Key Decision was taken following HRPHCC on 11 March 2025.

	For all of the Adult Lifestyle services (smoking, weight management and healthy lifestyle) the service model is remaining largely the same with small changes to respond to challenges and updates. These include self-guided support (smoking), focus on key groups (weight) and new focuses for teams where the NHS long-term plan has replaced the need for KCC to offer support. Examples of additional service offer components for weight and health lifestyles are: • Services tailored to support targeted groups e.g. Men • Services tailored to support specific age ranges e.g. YP support (18-25) • Workplace offer • Training for other commissioned services to deliver brief weight management and healthy lifestyle advice • Making Every Contact Count Approach – refer/signpost to other services • Support will be delivered face to face, in a group, via telephone, or through other digital solutions. Procurement launched in May 2025 for a provider for East Kent and a whole Kent central referral point. Our intention is to continue the work with District and Borough Councils in West and North Kent.
Oral Health - Implementation in progress	Oral health will be procured with a new service commencing in January 2026. Additional funding has been announced for supervised toothbrushing and the future commissioning implications are being considered. No key decision is required due to the value.

Completed

Substance Misuse - Implemented	A Key Decision was taken following HRPHCC July 2024 Paper PSR procurement process has completed and KCC has awarded contracts directly for Young People (We Are With You), East Kent (Forward Trust), and West Kent (CGL). Providers are the same as previous contracts. The new services started in February 2025 with refined specifications.

This page is intentionally left blank

From: Diane Morton , Cabinet Member for Adult Social Care and Public Health
Dr Anjan Ghosh, Director of Public Health

To: Adult Social Care and Public Health Cabinet Committee, 8 July 2025

Subject: NHS Health Check Programme Recommissioning

Decision no: 25/00039

Key Decision: Yes – It involves expenditure or savings of more than £1m

Classification: Unrestricted

Past Pathway of report: N/A

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Is the decision eligible for call-in? Yes

Summary:

This report outlines proposed changes to the statutory NHS Health Check Programme following review as part of the Public Health Service Transformation Programme (PHSTP). It asks for committee endorsement for the new service and contracting model, and outlines the timelines required to deliver those changes.

The current NHS Health Check programme is delivered through primary care settings and an outreach programme. It also provides ancillary services such as training for Health Check Advisors and quality assurance of clinical equipment.

The NHS Health Check Programme is funded from the ringfenced Public Health Grant and costs around £2.1m per annum in Kent with current arrangements in place until March 2026. The programme invited 83,380 individuals and delivered 31,379 Health Checks in 2023/24.

Following a comprehensive review of services, an options appraisal and business case development, it is recommended that the service is recommissioned with a revised service model and specification that will better target those at higher risk of Cardiovascular Disease (CVD) and involve a more efficient invitation process that will increase the number of people most at risk to attend their health check whilst utilising digital solutions.

It is further proposed that the council take a direct contractual relationship with the providers of the service which will give greater oversight over delivery of the service, as well as improved efficiencies and tighter budgetary control. All commissioning activity will adhere to 'Spending the Council's Money' and relevant procurement

legislation.

Recommendation(s):

The Adult Social Care and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision as set out in the Proposed Record of Decision (appendix A) to:

- I. **APPROVE** the proposed NHS Health Check programme model and agree to the commissioning of:
 1. NHS Health Check primary care delivery – 1 April 2026 – 31 March 2033 (five years with two additional one-year extensions)
 2. NHS Health Check Outreach Service - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options)
 3. NHS Health Check Training Provider - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options)
 4. NHS Health Check Quality Provider - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options)
- II. **DELEGATE** authority to the Director of Public Health to take necessary actions, including but not limited to entering into required contracts or other legal agreements, as required to implement the decision.
- III. **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, the exercise of any extensions permitted in accordance with the extension clauses within the contracts.

1. Introduction

1.1 Kent County Council (KCC) has a statutory duty to provide the NHS Health Check Programme as per The Local Authorities (Public Health Functions and Entry to Premises by Local Health Watch Representatives) Regulations 2013. This legislation provides key regulations that must be adhered to by each Local Authority in the delivery of this programme including:

- Offering a check to each eligible person once every five years. (Those aged 40-74 with no prior history of CVD and who do not currently have a health condition from a nationally pre-determined list of excluding conditions.)
- Excluding those with a pre-defined medical condition from receiving a check.
- Recording a pre-defined list of medical information during each check.
- Providing patients with a cardiovascular risk score and a range of information related to their health check results.
- Supporting the patient to access follow up support e.g. KCC Commissioned services
- Reporting on invites sent and checks conducted.

- 1.2 The NHS Health Check programme aims to reduce avoidable premature mortality by early identification of cardiovascular risk factors and disease in people aged between 40 and 74 years who have no previous history of CVD. The Kent rate for premature mortality from CVD considered preventable was 26.3 per 100,000 in 2021, which is slightly better than the England average (30.2 per 100,000).
- 1.3 Mortality data from the Office of Health Improvement and Disparities (OHID) shows that the local population under 75 years mortality rate from cardiovascular preventable diseases, although significantly lower in some years, has for the most part, been close to the national figure. The NHS Health Check programme is well placed to improve these figures.
- 1.4 Despite being largely preventable, CVD is a leading cause of morbidity, disability and mortality in England. Vascular disease includes coronary heart disease, stroke, diabetes and kidney disease. It currently affects the lives of over 4 million people in England. It causes 36% of all deaths (170,000 a year in England) and is responsible for a fifth of all hospital admissions. It is the largest single cause of long-term ill health and disability, impairing the quality of life for many people.
- 1.5 CVD is among the largest contributors to health inequalities with people in England's most deprived areas being four times more likely to die prematurely from CVD than those in the least deprived areas.
- 1.6 In a 2021 national review of the NHS Health Check programme, OHID recognised the economic benefits of the programme and stated that 'by 2040 the current NHS Health Check programme is likely to reduce health inequalities and achieve a return on investment of £2.93 for every £1 spent from a societal perspective, compared to no programme.'
- 1.7 The current Kent service commenced on 1 April 2017 and ends on 31 March 2026.
- 1.8 In July 2023, KCC commenced the Public Health Service Transformation Programme (PHSTP) designed to ensure that services are efficient, evidence-based, deliver outcomes and achieve best value. The programme responded to a series of strategic developments, challenges, and opportunities in the commissioning landscape, and is underpinned by an evidence-based review of all internal and external Public Health funded services and grants. The Programme required the evaluation of existing service models and collaboration with key stakeholders to identify recommendations for future service delivery.
- 1.9 This paper provides an overview of the current service, outlines the recommissioning work (PHSTP) that has been completed and presents recommendations in the context of the planned future commissioning of the NHS Health Check Programme. The paper proposes:
 - 1.9.1 Re-commissioning the Kent NHS Health Check services in scope of the transformation programme, as the current contract expires on 31 March 2026. Services in scope are NHS Health Check Primary Care

Delivery, NHS Health Check Outreach Service, NHS Health Check Training and Quality Assurance services.

- 1.9.2 A revised service delivery model where those at greater risk of CVD are prioritised. Similarly, the outreach service will target those less likely to take up the offer of a Health Check and those in areas of higher levels of multiple deprivation.
- 1.9.3 For KCC to directly contract manage the NHS Health Check Primary Care services with GP's and Pharmacy. Through the Public Health Transformation, it has become apparent that it would be of benefit to KCC to directly manage these services itself, allowing for greater efficiency and control over the programme to be achieved. Whilst this team would initially focus on the NHS Health Check programme, utilising skills and experience from existing roles within the service, it is intended that it will broaden its remit to include other public health services which are delivered by primary care in the future such as sexual health and smoking. This will generate further efficiencies for KCC.

2. Strategic Context

- 2.1 The NHS Health Check Programme has been a national priority since responsibility for providing it passed from the NHS to Local Government in 2013. The programme is fully supported by the Office for Health Improvement and Disparities; NHS England; the National Institute for Health and Care Excellence (NICE); and the Local Government Association (LGA). It offers the English health and social care system a proven opportunity to reduce the growing burden of non-communicable disease related to behavioural and physiological risk factors and therefore remains a priority area for local government and the NHS. It also reduces cost to the NHS and Adult Social services by preventing individuals requiring treatment or ongoing support for CVD through prevention and early identification of those at risk.
- 2.2 The NHS Health Check programme aligns with the Council's '**Framing Kent's Future 2022-2026' strategy**, supporting the following priority commitments:

Priority 1: Levelling up Kent

- To work with our partners to hardwire a preventative approach into improving the health of Kent's population and narrowing health inequalities.
- To see significant improvements in the economy, connectivity, educational attainment, skills and employment rates and public health outcomes in deprived communities in coastal areas so that they improve faster than the rest of Kent to reduce the gaps.

Priority 4: New models of care and support

- To reshape our commissioning practice to ensure we build strategic partnerships with our providers, through earlier engagement, more

consistent and proactive commissioning practice, and a stronger focus on co-designing services.

- 2.3 The programme is also aligned to KCC's **Securing Kents Future** strategy, by preventing people from getting long term preventable health conditions linked to poor cardiovascular health and unhealthy lifestyles, which increases demand and costs in health and social care.
- 2.4 The COVID-19 pandemic significantly impacted the programme from March 2020. Delivery was completely paused for several months and KCC and Kent Community Health Foundation Trust (KCHFT) have been working with primary care to increase delivery ever since. The vaccination programme and backlogs in a range of routine appointments caused by COVID-19 have led to primary care being under notable pressure. Therefore, commissioners are mindful that any change to the current NHS Health Check model should be carefully managed.
- 2.5 Kent has a strong history of widespread GP participation and coverage of NHS Health Checks, with primary care being the main source of health check delivery. There are 146 GP practices operating in Kent, 143 of which are engaging with the NHS Health Check programme at various levels. This participation is against a backdrop of rising costs and increasing workloads within GP practices and Pharmacies.
- 2.6 The Programme also aligns with the Kent and Medway Integrated Care strategy, supporting the following priority commitments:

Shared Outcome 3: Supporting Happy and Healthy Living

- Support people to adopt positive mental and physical health behaviours
- Support people to live and age well, be resilient and independent

Shared Outcome 4: Empower People to Best Manage their Health Conditions

- Provide High Quality Primary Care

Shared Outcome 5: Improve Health and Care Services

- Improve equity of access to health and care services
- Provide high-quality care

- 2.7 The NHS Health Check programme also supports the council to deliver against the NHS Long Term Plan, through helping to prevent up to 150,000 heart attacks through early identification and support of individuals at risk.

3. Background

- 3.1 The NHS Health Check programme is currently commissioned under a partnership co-operation agreement between Kent County Council and Kent Community Health Foundation Trust (KCHFT). This partnership agreement is

due to end on 31 March 2026, and such agreements are no longer permitted under the Provider Selection Regime legislation which came into force in January 2024. As a result, a decision needs to be taken regarding the future procurement routes for these services.

3.2 KCHFT deliver the programme via three routes:

- KCHFT have contracts with 143 GPs (out of 146) to provide NHS Health Checks. This accounts for approximately 84% (28,125) of all health checks provided in Kent.
- KCHFT have contracts with 32 pharmacies to provide NHS Health Checks. However, post COVID-19, recovery in this area has not been strong and pharmacies now deliver approximately 2% (570) of NHS Health Checks (compared to 11% pre-COVID).
- KCHFT provide NHS Health Checks and invitations for the GPs that do not want to deliver the programme themselves. In addition to this, they provide opportunistic NHS Health Checks in the community via an outreach service, which is designed to target those who may not engage. This provision accounts for approximately 14% (4,802) of all health checks.

3.3 Delivery of the programme is underpinned by provision of an end-to-end digital system provided by Health Diagnostics. All delivery of NHS Health Checks is facilitated via this platform including data extraction, invitations, data capture, payments and supporting transfer of data onto the clinical system post check. This is arranged by a separate contract between Health Diagnostics and KCC. This contract is not in scope of the Public Health Service Transformation Programme and is therefore not included within this decision.

3.5 The Department of Health and Social Care (DHSC) provides Local Authorities with an annual estimate of their rolling 5-year total eligible population. The programme should invite 20% of its total eligible population every year, therefore ensuring that 100% of the eligible population are invited for their NHS Health Check within the 5-year period. This target was significantly impacted by Covid-19 when invitations were paused for several months, and the programme has been working hard to recover with invitation rates increasing steadily year-on-year.

3.6 In 2023/24 the Kent NHS Health Check programme invited 83,380 eligible residents for their health check, representing 18.2% of the total eligible population. Of these invites, 31,379 residents took up their offer of a health check, translating to an uptake rate of 37.6%. The England average uptake rate for this year is 39.9% and the average uptake of our nearest statistical neighbours was 40.3%.

3.7 In 2024/25, the Kent NHS Health Check programme invited 95,308 of the eligible population, slightly exceeding the 20% target for the year, and supported 33,487 (35%) individuals to access an NHS Health Check. National data for this period has not yet been published. The programme is reviewed regularly by the Office of Health Improvement and Disparities (OHID) and OHID are satisfied with Kent's performance.

4. Public Health Service Transformation programme (PHSTP)

- 4.1 Since July 2023, Kent County Council Public Health has been undertaking a transformation programme designed to improve service delivery to communities, particularly targeting underserved communities. The transformation work aims to ensure that services are efficient, evidence-based, deliver outcomes and achieve best value.
- 4.2 The Health Reform and Public Health committee has received regular updates on this programme of work and helped shape its development.
- 4.3 Initial stages of the transformation programme included completion of analysis of current needs and service provision. Key findings from this analysis were as follows:
- NHS Health Checks are vital in CVD prevention.
 - Performance for two key indicators relating to invites and checks is increasing year on year following significant decline and closure of the service due to COVID-19 in 2020/21.
 - Although COVID-19 recovery is strong, uptake remains lower than regional and national rates.
 - The programme could do more to reduce health inequalities through prioritising individuals at higher risk of developing CVD.
- 4.4 Stakeholder workshops were held early in the programme to establish stakeholder views of the current service and suggestions for future delivery, followed by two further sessions to engage the wider market. Findings from these sessions were as follows:
- The programme should focus on engaging residents who have a higher risk of CVD and are less likely to take up the offer of an NHS Health Check.
 - Targeted interventions are needed in settings that will reach those less likely to engage, including residents from areas of higher deprivation.
 - The service should continue to be easily accessible.
 - Achieving the most effective and efficient contracting arrangement for primary care providers and an outreach service is key.
 - There is limited experience of contracting and managing primary care providers in the market.
- 4.5 Following these stakeholder workshops, regular engagement meetings have been scheduled with both the Local Medical Committee and the Local Pharmaceutical Committee who represent the main providers of the programme in primary care. Feedback from initial discussions regarding potential changes to the model and contracting arrangements has been positive with key points identified as follows:
- Both the Local Medical Committee and Local Pharmaceutical Committee would welcome a direct contracting relationship with KCC. They feel this would support an efficient approach and support consistency across services and potential integration with other primary care services, such as those commissioned by the ICB.

- Flexibility for GP practices to join together and contract on behalf of other practices within the Primary Care Networks would also be welcomed. This would support GP practices who do not currently have the capacity to deliver health checks to still engage with the programme.
- The Local Pharmaceutical Committee are keen to support an increase in pharmacy delivery of the programme. Areas of challenge have been identified and there is appetite to collaboratively overcome these and work towards pre-COVID levels of delivery.

4.6 Feedback from individuals receiving support was obtained via an insights report commissioned by the PHST programme. Organisation 31Ten completed a targeted programme of engagement consisting of pop-up groups, focus groups and semi-structured interviews targeted at people at high risk of CVD and those living in deprived communities. Key findings from this engagement were as follows:

- The main reason that people did not attend a health check is because they had not been invited or were not aware that they were eligible for one.
- Most people who attended a health check found it useful.
- Barriers to attending a health check were identified as difficulty accessing the GP and lack of appointments at a convenient time.
- Further communication about the service is needed, with particular focus on tailoring to priority groups to enhance engagement amongst these groups.

4.7 In September 2024, Consultants and commissioners for the NHS Health Check programme took part in a peer review with Surrey County Council. Plans for the new model and contracting arrangements were shared with Surrey in advance, providing an opportunity for discussion, questions, feedback and present challenge. Colleagues at Surrey CC shared positive feedback regarding plans to prioritise those at higher risk of CVD for the NHS Health Check and identified opportunities for improved partnership working and data sharing through plans to contract directly with primary care providers in future. They also shared learning from their own area to support our preferred approach.

5. Commissioning Options and Service Model

5.1 As part of the Transformation process a vision for the new service was developed. This vision was:

There is universal understanding of NHS Health Checks which are easily accessible. More people who are at higher risk of CVD are in receipt of an NHS Health Check.

5.2 The views and feedback from stakeholders were used to create a long list of options with the aim of achieving this vision, all of which were then independently scored and moderated to identify a short-list of options. This short-list was then scored against pre-determined critical success factors to determine a preferred option.

5.3 Short-listed options considered but rejected included:

- **Option 1: Retain the current service** – the current service provides a universal offer, meets all statutory requirements and has been performing well against KPIs. However, the service is not reaching those who really need it i.e. groups at highest risk of CVD, and invite costs are high and do not make the best use of digital solutions. Invite costs represent a large proportion of the budget and leaving less available for actual delivery of checks.
- **Option 2: Discontinue the service** – this option was dismissed as a non-viable option as it would place KCC in breach of its statutory responsibilities leading to significant reputational damage as well as increased rates of CVD and other preventable lifestyle diseases. This option would also lead to greater costs for NHS and Adult Social Care services through a greater number of people requiring support through unidentified ill-health.

5.4 The proposed option identified is to retain the current service model however, using the learning from stakeholder and public engagement to make some significant enhancements to the service specification and commissioning arrangements as follows:

- Prioritise individuals at higher risk of CVD through targeted invitation. Individuals' level of risk for CVD will be calculated utilising a clinical tool by the Health Diagnostics system. This will calculate the risk based on various factors and health inequalities such as; age, sex, ethnicity, smoking status, body mass index, blood pressure readings, deprivation decile and heart age differential.
- Greater utilisation of digital solutions to improve the efficiency of the Health Checks programme e.g. Digital invites
- Implement findings from engagement work (taking place in 2025/26) to employ the most effective method of inviting those at high risk of CVD, to increase their likelihood of attendance at their Health Check.
- Continue to work with primary care as the main providers of NHS Health Checks, having KCC manage the contracts of primary care providers via a Direct Award B process (as per Procurement Act 2023). The benefits of this approach include:
 - Fostering continuous competition throughout the lifecycle of the contract period, lending itself to better value for money.
 - An environment of continuous innovation and cost efficiency (such as increased use of digital) to be implemented throughout the lifecycle of the contract period, without the costs associated with recommissioning.
 - Contracting directly with primary care rather than via a third party brings us closer to communities so that we

- are better able to respond to local need and address health inequalities at pace.
 - Greater level of control and access to data, and improved ability to audit performance.
 - Stronger local authority relationships with primary care to make the programme more efficient and streamline with other primary care contracts.
- Work with the Local Medical Committee and individual GP practices to encourage full roll out of the programme, with flexibility for GP Practices to contract on behalf of other practices within the Primary Care Network.
- Commission an NHS Health Check outreach service and a digital training offer for all Health Check advisors in line with current procurement regulations.
- The new service will also implement a targeted communication campaign designed to increase uptake of an NHS Health Check amongst those at higher risk of CVD to reduce health inequalities.

5.5 Improved outcomes from the new service model include:

- 100% of the eligible population are invited for an NHS Health Check every 5 years.
- Increase in awareness of the NHS Health Check programme, including the eligibility criteria and invitation process.
- A greater number of individuals at higher risk of CVD are prioritised for their NHS Health Check through targeted inviting.
- Increased attendance to their NHS Health Check of individuals at higher risk of CVD.
- More people supported to access services and make sustainable lifestyle changes.
- The NHS Health Check programme contributes to a decrease in CVD and other preventable lifestyle diseases in Kent.

5.6 Productivity of the service will be increased through greater efficiency of the new model. This will support the programme to offer a greater number of Health Checks utilising the same budget.

5.7 KCC intends to manage GP and Pharmacy contracts directly, rather than via a third party as it does currently. This will enable the council to explore efficiencies with GPs and Pharmacies and allow for KCC to have a greater control over the programme

6. Financial Implications

6.1 These contracts would be funded entirely from the ringfenced Public Health Grant with an estimated financial commitment for a 7-year contract of £15,210,647.

6.2 The contracts are as follows:

- NHS Health Check primary care delivery – 1 April 2026 – 31 March 2033 (up to five years with two additional one-year extensions)
- NHS Health Check Outreach Service - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options)
- NHS Health Check Training Provider - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options)
- NHS Health Check Quality Provider - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options)

6.3 The table below outlines the estimated costs to KCC Public Health over the maximum contract term. Final costs will be subject to negotiations and procurement outcomes.

Table 1: Estimated Costs to KCC Public Health (NHS Health Check)

	Cost to KCC Public Health (NHS Health Check)
Primary Care Delivery and Support	£14,013,037
Outreach, Quality and Training services	£1,197,610
Total Cost (5 years plus two, 1 year extensions)	£15,210,647

6.4 The new model will drive down costs and increase efficiency by bringing the contract management within the council's direct control and by focussing on those populations most at risk. The programme will focus on driving greater efficiency from above. There will also be reduced overheads through directly managing the programme within KCC.

6.5 In the unlikely event that the grant in future years is insufficient to cover the contract value, prices or activity levels would need to be negotiated to fit the available budget.

6.6 The commissioned services will seek to build further value for the Kent resident following benchmarking exercises which have ascertained the target values Kent should be achieving.

7. Commercial Implications

7.1 The contract for the current service is due to expire 31 March 2026.

7.2 To avoid a gap in service provision to Kent residents, it is proposed to conduct a commercial procedure with the aim of successfully selecting provider(s) to deliver the services outlined to commence on the 1st April 2026..

- 7.3 The process will adhere to relevant procurement legislation, which will be The Healthcare Services Regulations (Provider Selection Regime) 2023 for those where a contract bound by law is required. An assessment will be conducted to ascertain the applicable procurement legislation.
- 7.4 In a change from the current contracting model, the Council will manage the contracts with providers directly rather than through a third party. Contractual documents will specify the year-on-year contract values to provide budget clarity and certainty.
- 7.5 This approach has been endorsed by the Commercial and Procurement team and their ongoing advice and expertise will be utilised throughout the procurement process.

8. Legal implications

- 8.1 Under the Health and Social Care Act 2012 [8], Directors of Public Health (DPH) in upper tier (UTLA) and unitary (ULA) local authorities have a specific duty to protect and enhance the population's health.
- 8.2 The recommissioning of these services will fall under the Provider Selection Regime (PSR) introduced under the Health and Care Act 2022. Appropriate legal advice will be sought in collaboration with the Governance, Law and Democracy team and will be utilised to ensure compliance with the relevant legislation.
- 8.3 Legal advice will be sought as throughout the procurement process to ensure the Council remains compliant.

9. Equalities implications

- 9.1 In accordance with Council procedures, an Equalities Impact Assessment (EqIA) has been undertaken (Appendix B). This assessment explores the impact of the proposed changes to the service will have on members of the public.
- 9.2 The EqIA found the impact of this work to be positive, with no negative impacts. Services will continue to play a key role in supporting KCC to reduce health inequalities and improve the health of the Kent population. Services will continue to aim to increase the number of people supported from underserved groups, to tackle health inequalities that exist among high-risk populations and all areas of deprivation.

10. Data Protection Implications

- 10.1 General Data Protection Regulations are part of current service documentation for the contract and there is a Schedule of Processing, Personal Data and Data Subjects confirming who is data controller/ processor. A joint Data Protection Impact Assessment (DPIA) will be completed by KCC in conjunction with the

providers following agreement of the approach by the Cabinet Committee. This document will relate to the data that is shared between Kent County Council, the provider and the Office for Health Improvement and Disparities (previously named Public Health England) and the services.

- 10.2 The DPIA will be continuously updated following contract award and prior to the contract commencement date, to ensure it continues to have the most up-to-date information included and reflects any changes to data processing as a result of the specification enhancements

11. Management of Works

- 11.1 The management and implementation of the recommissioning will be delivered by KCC Public Health and Integrated Commissioning alongside other teams from HR, Legal and Commercial & Procurement. Progress will be monitored through internal governance arrangements and a alter report presented to the Health Reform and Public Heath Cabinet Committee or Cabinet member as to the outcome.

12. Conclusions

- 12.1 The current service has been subject to rigorous review through a programme of transformation. Following that work, a series of recommendations have been developed that will respond to the changes in legislation and see the service model achieve greater efficiency by focussing on prioritising invitations to the programme for those most at risk of developing CVD.
- 12.2 The proposed programme model will lead to greater efficiencies in the programme whilst increasing the numbers of people supported to access an NHS Health Check. The new model will also help KCC to achieve its statutory responsibilities in line with national guidance and reduce costs to the NHS and Adult Social services by preventing individuals requiring treatment or ongoing support for CVD through prevention and early identification of those at risk.
- 12.3 In addition, the council seeks to derive greater control and oversight by managing the contracts directly rather than via a third party.
- 12.4 Public Health is also seeking approval to procure the NHS Health Check programme contracts in line with the Provider Selection Regime.

13. Recommendation(s):

Recommendations:

The Adult Social Care and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision as set out in the Proposed Record of Decision (appendix A) to:

- I. **APPROVE** the proposed NHS Health Check programme model and agree to the commissioning of:

1. NHS Health Check primary care delivery – 1 April 2026 – 31 March 2033 (five years with two additional one-year extensions) 2. NHS Health Check Outreach Service - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options) 3. NHS Health Check Training Provider - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options) 4. NHS Health Check Quality Provider - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options)
II. DELEGATE authority to the Director of Public Health to take necessary actions, including but not limited to entering into required contracts or other legal agreements, as required to implement the decision.
III. DELEGATE authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, the exercise of any extensions permitted in accordance with the extension clauses within the contracts.

14. Background Documents

[The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013](#)

[NHS Health Check - Data | Fingertips | Department of Health and Social Care](#)

[Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations - GOV.UK](#)

[NHS Health Check Programme Standards](#)

[NHS Health Check Best Practice Guidance](#)

15. Contact details

Victoria Tovey Assistant Director of Integrated Commissioning 03000 416779 Victoria.Tovey@kent.gov.uk Christopher Beale Senior Commissioner 03000 414303 Christopher.Beale@kent.gov.uk Danielle Miller Commissioner 03000 421 657 Danielle.Miller2@kent.gov.uk	Lead Director: Anjan Ghosh Director of Public Health 03000 412633 Anjan.Ghosh@kent.gov.uk

Rutuja Kulkarni-Johnston Public Health Consultant 03000 411267 Rutuja.Kulkarni-Johnston@kent.gov.uk	

This page is intentionally left blank

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Adult Social Care and Public Health

DECISION NO:

25/00039

For publication

Key decision: YES

Subject Matter / Title of Decision: Public Health Service Transformation Programme – NHS Health Check Programme

Decision:

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

- I. **APPROVE** the proposed NHS Health Check programme model and agree to the commissioning of:
 1. NHS Health Check primary care delivery – 1 April 2026 – 31 March 2033 (five years with two additional one-year extensions)
 2. NHS Health Check Outreach Service - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options)
 3. NHS Health Check Training Provider - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options)
 4. NHS Health Check Quality Provider - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options)
- II. **DELEGATE** authority to the Director of Public Health to take necessary actions, including but not limited to entering into required contracts or other legal agreements, as required to implement the decision.
- III. **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, the exercise of any extensions permitted in accordance with the extension clauses within the contracts.

Reason(s) for decision:

Kent County Council (KCC) has a duty to provide the statutory NHS Health Check programme as per the Local Authorities (Public Health Functions and Entry to Premises by Local Health Watch Representatives) Regulations 2013. This legislation provides key regulations that must be adhered to by each Local Authority in the delivery of this programme including:

- Offering a check to each eligible person once every five years.
- Excluding those with a pre-defined medical condition from receiving a check.
- Recording a pre-defined list of medical information during each check.
- Providing patients with a cardiovascular risk score and a range of information related to their health check results.
- Reporting on invites sent and checks conducted.

The NHS Health Check programme is currently commissioned under a partnership co-operation

agreement between KCC and Kent Community Health Foundation Trust (KCHFT). This partnership agreement is due to end on 31 March 2026, and such agreements are no longer permitted under the Provider Selection Regime legislation which came into force in January 2024. As a result, a decision needs to be taken regarding the future procurement routes for these services.

In addition, Public Health have undertaken a comprehensive review of services funded by the ringfenced Public Health grant as part of the transformation programme, with the aim of improving future services and ensuring best value for money and service sustainability. The work completed as part of this programme has included stakeholder engagement; service user insights and options appraisals, as well as a robust peer review process of the preferred option

The preferred option is to implement learning from the current service, into a revised model and specification that will better target those at higher risk of CVD. It is further proposed that the council take a direct contractual relationship with the providers of the service which will give greater oversight over delivery of the service, improved efficiencies and tighter budgetary control. All commissioning activity will adhere to 'Spending the Council's Money' and relevant procurement legislation. Details of the preferred option are as follows:

- Prioritise individuals at higher risk of CVD through targeted invitation.
- Implement findings from engagement work (taking place in 2025/26) to employ the most effective method of inviting those at high risk of CVD, to increase their likelihood of attendance at their Health Check.
- Continue to work with primary care as the main providers of NHS Health Checks, insourcing the contract management of the service so that KCC are contracting directly with primary care providers via a Dynamic Purchasing System (DPS). The benefits of this approach include:
 - Fostering continuous competition throughout the lifecycle of the contract period, lending itself to better value for money.
 - An environment of continuous innovation and cost efficiency to be implemented throughout the lifecycle of the contract period, without the costs associated with recommissioning.
 - Contracting directly with primary care rather than via a third party brings us closer to communities so that we are better able to respond to local need and address health inequalities at pace.
 - Greater level of control and access to data and improved ability to audit performance.
 - Stronger local authority relationships with primary care to make the programme more efficient and streamline with other primary care contracts.
- Work with the Local Medical Committee and individual GP practices to encourage full roll out of the programme, with flexibility for GP Practices to contract on behalf of other practices within the Primary Care Network
- Commission an NHS Health Check outreach service and a digital training offer for all Health Check advisors in line with current procurement regulations.

How the proposed decision supports the [Framing Kent's Future - Our Council Strategy 2022-2026](#)

The NHSHC programme aligns with the Council's **'Framing Kent's Future 2022-2026' strategy**,
Page 232

supporting the following priority commitments:

Priority 1: Levelling up Kent

- To work with our partners to hardwire a preventative approach into improving the health of Kent's population and narrowing health inequalities.
- To see significant improvements in the economy, connectivity, educational attainment, skills and employment rates and public health outcomes in deprived communities in coastal areas so that they improve faster than the rest of Kent to reduce the gaps.

Priority 4: New models of care and support

- To reshape our commissioning practice to ensure we build strategic partnerships with our providers, through earlier engagement, more consistent and proactive commissioning practice, and a stronger focus on co-designing services.

The model enhancements in this proposed decision further supports these priorities with a greater focus on narrowing health inequalities, through the prioritisation of key groups at higher risk of CVD and targeting of the outreach service.

How the proposed decision supports Securing Kent's Future 2022 -2026: [Securing Kents Future - Budget Recovery Strategy.pdf](#)

This approach aligns with Securing Kent's Future and the council's Best Value Statutory responsibility, most notably point 4.6 of the strategy documents as this decision will prioritise best value considerations .

Public Health services are preventative services with evidence of good Return on Investment and can help reduce demand into other KCC services and across the health and social care system.

How the proposed decision supports the Kent and Medway Integrated Care Strategy : [Kent and Medway Integrated Care Strategy](#)

The NHS Health Checks programme aligns to with the **Kent and Medway Integrated Care Strategy**, supporting the following priority commitments:

Shared Outcome 3: Supporting Happy and Healthy Living

- Support people to adopt positive mental and physical health behaviours
- Support people to live and age well, be resilient and independent

Shared Outcome 4: Empower People to Best Manage their Health Conditions

- Provide High Quality Primary Care

Shared Outcome 5: Improve Health and Care Services

- Improve equity of access to health and care services
- Provide high-quality care

Financial Implications

These contracts would be funded entirely from the ring fenced Public Health Grant with an estimated financial commitment for a 7-year contract of £15,210,647.

The tables below outline the estimated costs to KCC Public Health over the maximum contract term. Final costs will be subject to negotiations and procurement outcomes.

Table 1: Estimated Costs to KCC Public Health (NHS HC)

	Cost to KCC Public Health (NHS HC)
Primary Care Delivery and Support	£14,013,037
Outreach, Quality and Training services	£1,197,610
Total Cost (5 years plus two, 1 year extensions)	£15,210,647

The Public Health Grant allocated to the county council has increased each year since the Covid-19 pandemic. In the unlikely event that the grant in future years is insufficient to cover the contract value, further savings will be negotiated with contract holders across the transformation programme.

Legal Implications

Under the Health and Social Care Act 2012 [8], Directors of Public Health (DPH) in upper tier (UTLA) and unitary (ULA) local authorities have a specific duty to protect and enhance the population's health.

The recommissioning of these services will fall under the Provider Selection Regime (PSR) introduced under the Health and Care Act 2022. Appropriate legal advice will be sought in collaboration with the Governance, Law and Democracy team and will be utilised to ensure compliance with the relevant legislation.

Equalities implications

In accordance with Council procedures, an Equalities Impact Assessment (EqIA) has been undertaken. This assessment explores the impact of the proposed changes to the service will have on members of the public.

The EqIA found the impact of this work to be positive, with no negative impacts. Services will continue to play a key role in supporting KCC to reduce health inequalities and improve the health of the Kent population. Services will continue to aim to increase the number of people supported from underserved groups, to tackle health inequalities that exist among high-risk populations and all areas of deprivation.

Data Protection implications

General Data Protection Regulations are part of current service documentation for the contract and there is a Schedule of Processing, Personal Data and Data Subjects confirming who is data controller/ processor. A joint Data Protection Impact Assessment (DPIA) will be completed by KCC in conjunction with the providers following agreement of the approach by the Cabinet Committee. This document will relate to the data that is shared between KCC, the provider and the Office for

Health Improvement and Disparities (previously named Public Health England) and the services.

The DPIA will be continuously updated following contract award and prior to the contract commencement date, to ensure it continues to have the most up-to date information included and reflects any changes to data processing as a result of the specification enhancements

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Adult Social Care and Public Health Cabinet Committee on 8 July 2025 and the outcome included in the paperwork which the Cabinet Member will be asked to sign

Any alternatives considered and rejected:

Option 1: Keep current service the same – the current service provides a universal offer, meets all statutory requirements and has been performing well against KPIs. However, the service is not reaching those who really need it i.e. groups at highest risk of CVD, and invite costs are high and do not make best use of digital solutions. This represents a large proportion of the budget and leaving less available for actual delivery of checks.

Option 2: Discontinue the service – this option was dismissed as a non-viable option as it would place KCC in breach of its statutory responsibilities leading to significant reputational damage as well as increased rates of CVD and other preventable lifestyle diseases. This option would also lead to greater costs for NHS and Adult Social Crae services through a greater number of people requiring support through unidentified ill-health.

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

.....
signed

.....
date

This page is intentionally left blank

EQIA Submission Draft

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

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

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

Section A

1. Name of Activity (EQIA Title):

Public Health Transformation – Health Checks and Primary Care insourcing

2. Directorate

Adult Social Care and Health

3. Responsible Service/Division

Integrated Commissioning

Public Health

Accountability and Responsibility

4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Chris Beale

5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Vicky Tovey

6. Director of Service

Note: This should be the name of your responsible director.

Anjan Ghosh

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Service Change – operational changes in the way we deliver the service to people. Answer Yes/No

No

Service Redesign – restructure, new operating model or changes to ways of working. Answer Yes/No

Yes

Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects. Answer Yes/No

Yes

Commissioning/Procurement – means commissioning activity which requires commercial judgement. Answer Yes/No

Yes

Strategy /Policy – includes review, refresh or creating a new document. Answer Yes/No
No
Other – Please add details of any other activity type here.
8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.
In July 2023, Kent County Council (KCC) commenced the Public Health Service Transformation Programme (PHSTP). The Programme responded to a series of strategic developments, challenges, and opportunities in the commissioning landscape, and is underpinned by an evidence-based review of all internal and external Public Health funded services and grants. The Public Health Service Transformation Programme aims to: • Improve services for our communities; targeting those who need them most; informed by evidence and ensuring join up and alignment internally as well as with other related services. • Maximise impact of investment; spending where it can have the biggest impact. This will ensure Public Health Services are efficient and reprofile funding into a new prevention proposition. • Quality assure services against best practice; ensuring they are safe and effective. • Ensure services are fit for the future, sustainable and responsive to need (political, economic, social, technological, legal, international and environmental) and continue to be affordable. This will include managing changes in demand, ensuring provider capacity and capability, insights-led changing trends in society and utilising new technology. The Public Health Service Transformation Programme has included the evaluation of existing service models and collaboration with key stakeholders to identify recommendations for future service delivery. The findings from the Public Health Service Transformation Programme engagement work for the NHS Health Check Programme were as follows: • The programme should focus on engaging residents who have a higher risk of CVD and are less likely to take up the offer of an NHS Health Check. • Targeted interventions are needed in settings that will reach those less likely to engage, including residents from areas of higher deprivation • The service should be easily accessible. • Achieving the most effective and efficient contracting arrangement for primary care providers and an outreach service is key. • There is limited experience of contracting and managing primary care providers in the market. This EqIA assesses the potential impact of the Public Health Service Transformation in relation to the NHS Health Check Programme. The NHS Health Check Programme will continue to: • Offer a check to each eligible person once every five years. (Those aged 40-74 with no prior history of CVD and who do not currently have a health condition from a nationally pre-determined list of excluding conditions.) • Exclude those with a pre-defined medical condition from receiving a check. • Record a pre-defined list of medical information during each check. • Provide patients with a cardiovascular risk score and a range of information related to their health check results.

- Report on invites sent and checks conducted.

KCC currently commissions Kent Community Health Foundation Trust (KCHFT) to manage the NHS Health Checks Programme across Kent. They currently contract directly with GPs and Pharmacies to deliver the Health Checks service, alongside running an outreach service. The NHS Health Check Programme intends to continue delivery, with the outlined minor amendments:

- The recommendation is for KCC to directly contract with Primary Care Providers. A new team within KCC will be established to manage these contracts.

The benefits of this approach include:

- Fostering continuous competition throughout the lifecycle of the contract period, lending itself to better value for money.
 - An environment of continuous innovation and cost efficiency to be implemented throughout the lifecycle of the contract period, without the costs associated with recommissioning.
 - Contracting directly with primary care rather than via a third party brings us closer to communities so that we are better able to respond to local need and address health inequalities at pace.
 - Greater level of control and access to data, and improved ability to audit performance.
 - Stronger local authority relationships with primary care to make the programme more efficient and streamline with other primary care contracts.
- The recommendation is for KCC to commission an NHS Health Check outreach service and a digital training offer. This will ensure NHS Health Checks are available to Kent residents where GP surgeries are not signed up or lack capacity to deliver the programme.
 - The recommendation is for the NHS Health Check Programme to change its invitation model whereby individuals at higher risk of CVD are prioritised through a targeted invitation. The targeted invitation will be informed by findings from engagement work that will take place in 2025/26, aimed at understanding how to increase the likelihood of attendance to the health check.

Delivery of the programme is underpinned by provision of an end-to-end digital system provided by Health Diagnostics. All delivery of NHS Health Checks is facilitated via this platform. This is arranged by a separate contract between Health Diagnostics and KCC. This contract is not in scope of the Public Health Service Transformation Programme and is therefore not included within this decision.

<i>Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.</i>
9. Do you have data related to the protected groups of the people impacted by this activity? <i>Answer: Yes/No</i>
Yes
10. Is it possible to get the data in a timely and cost effective way? <i>Answer: Yes/No</i>
Yes
11. Is there national evidence/data that you can use? <i>Answer: Yes/No</i>
Yes – By KCC directly contract managing GPs and pharmacies, it ensures the Council is in line with other local authorities and best practice.
12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i>
Yes
13. Who have you involved, consulted and engaged with? <i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.</i>
• Local Medical Committee (LMC) • Local Pharmaceutical Committee (LPC) • Providers • KCC Internal Departments • People Accessing the Service • Office for Health Improvement & Disparities • Department of Health and Social Care • Kent and Medway ICB • Other local Authorities
14. Has there been a previous equality analysis (EQIA) in the last 3 years? <i>Answer: Yes/No</i>
No
15. Do you have evidence/data that can help you understand the potential impact of your activity? <i>Answer: Yes/No</i>
Yes
Uploading Evidence/Data/related information into the App <i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i>
Section C – Impact
16. Who may be impacted by the activity? <i>Select all that apply.</i>
Service users/clients - <i>Answer: Yes/No</i>
Yes

Residents/Communities/Citizens - Answer: Yes/No
Yes
Staff/Volunteers - Answer: Yes/No
Yes
17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No
Yes
18. Please give details of Positive Impacts
- KCC directly contracting with Primary Care Providers will have the following benefits, that will positively impact KCC, Primary Care Providers and Kent residents: - Fostering continuous competition throughout the lifecycle of the contract period, lending itself to better value for money. - An environment of continuous innovation and cost efficiency to be implemented throughout the lifecycle of the contract period, without the costs associated with recommissioning. - Contracting directly with primary care rather than via a third party brings us closer to communities so that we are better able to respond to local need and address health inequalities at pace. - Greater level of control and access to data, and improved ability to audit performance. - Stronger local authority relationships with primary care to make the programme more efficient and streamline with other primary care contracts. - KCC commissioning an NHS Health Check outreach service and a digital training offer will ensure all eligible Kent residents will have access to a health check. - By changing the invitation model, those at higher risk of CVD will be prioritised, and through targeted invitation will be more likely to attend their health check. By those at higher risk of CVD attending their health check, it is more likely for risks to be identified and managed, and ultimately lower premature mortality.
Negative Impacts and Mitigating Actions
The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.
19. Negative Impacts and Mitigating actions for Age
a) Are there negative impacts for Age? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Age
N/A
c) Mitigating Actions for Age
N/A
d) Responsible Officer for Mitigating Actions - Age
N/A
20. Negative Impacts and Mitigating actions for Disability
a) Are there negative impacts for Disability? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Disability
N/A
c) Mitigating Actions for Disability

N/A
d) Responsible Officer for Mitigating Actions - Disability
N/A
21. Negative Impacts and Mitigating actions for Sex
a) Are there negative impacts for Sex? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Sex
National data suggests that men tend to have a higher risk of CVD. The new invitation model will prioritise inviting those with high risk of CVD first to their NHS Health Check. This may lead to more men being invited for their health check first.
c) Mitigating Actions for Sex
All eligible patients, aged 40-74, will continue to be invited for their NHS Health Check. CVD risk is based on multiple risk factors. Sex is just one factor of the risk factors used. Therefore, this does not necessarily mean men will be invited first for their health check.
d) Responsible Officer for Mitigating Actions - Sex
22. Negative Impacts and Mitigating actions for Gender identity/transgender
a) Are there negative impacts for Gender identity/transgender? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Gender identity/transgender
N/A
c) Mitigating actions for Gender identity/transgender
N/A
d) Responsible Officer for Mitigating Actions - Gender identity/transgender
N/A
23. Negative Impacts and Mitigating actions for Race
a) Are there negative impacts for Race? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Race
National data suggests that race can impact a person's CVD risk, with certain ethnicity groups tending to have a higher risk of CVD and therefore are likely to be invited for their NHS Health Check first, using the new prioritisation model.
c) Mitigating Actions for Race
All eligible patients, aged 40-74, will continue to be invited for their NHS Health Check. CVD risk is based on multiple risk factors. Race is just one factor of the risk factors used. Therefore, this does not necessarily mean certain ethnic groups will be invited first for their health check.
d) Responsible Officer for Mitigating Actions – Race
24. Negative Impacts and Mitigating actions for Religion and belief
a) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Religion and belief
N/A

c) Mitigating Actions for Religion and belief
N/A
d) Responsible Officer for Mitigating Actions - Religion and belief
N/A
25. Negative Impacts and Mitigating actions for Sexual Orientation
a) Are there negative impacts for sexual orientation. Answer: <i>Yes/No (If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Sexual Orientation
N/A
c) Mitigating Actions for Sexual Orientation
N/A
d) Responsible Officer for Mitigating Actions - Sexual Orientation
N/A
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity
a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Pregnancy and Maternity
N/A
c) Mitigating Actions for Pregnancy and Maternity
N/A
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity
N/A
27. Negative Impacts and Mitigating actions for marriage and civil partnerships
a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Marriage and Civil Partnerships
N/A
c) Mitigating Actions for Marriage and Civil Partnerships
N/A
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships
N/A
28. Negative Impacts and Mitigating actions for Carer's responsibilities
a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Carer's Responsibilities
N/A
c) Mitigating Actions for Carer's responsibilities
N/A
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities
N/A

This page is intentionally left blank

From: Diane Morton, Cabinet Member for Adult Social Care and Public Health
Dr Anjan Ghosh, Director of Public Health

To: Adult Social Care and Health Cabinet Committee, 8 July 2025.

Subject: Public Health Service Transformation - Sexual Health Service

Decision no: 25/00041

Key Decision: Yes – It involves expenditure or savings of more than £1m

Classification: Unrestricted

Past Pathway of report: N/A

Future Pathway of report: Cabinet Member Decision

Electoral Division: All

Is the decision eligible for call-in? Yes

Summary:

Kent County Council has a statutory duty to provide certain sexual health services as per Section 6 of The Local Authorities (Public Health Functions and Entry to Premises by Local Health Watch Representatives) Regulations 2013. The services are funded from the Public Health Grant, with the Integrated Care Board funding HIV treatment and care via a Section 75 agreement. The contracts for the current service expire on 31 March 2026.

Consideration of future provision has been subject to an extensive transformation programme, which responded to a series of strategic developments, challenges, and opportunities in the commissioning landscape, and is underpinned by an evidence-based review of all internal and external Public Health funded services and grants. The Programme included the evaluation of existing service models, a health needs assessment, external peer review and collaboration with key stakeholders to identify recommendations for future service delivery.

A proposed five-year commissioning strategy is set out, which uses learning from the transformation process. The new service models will feature enhancements that focus on improving equity and access, and delivering efficiency through digital solutions, whilst continuing to adhere to national best practice.

It is proposed that Sexual Health Services are recommissioned, with the aim of commencing services from 1 April 2026. The process will adhere to 'Spending the Council's Money' and relevant procurement legislation.

The total spend for the services in scope of this decision is estimated at £70.3m across a five-year period.

Recommendation(s):

The Adult Social Care and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision as set out in the Proposed Record of Decision. (Appendix A):

1. Introduction

- 1.1. This report seeks the committee's endorsement for the proposed commissioning strategy for sexual health services due to be implemented from 1 April 2026 to 31 March 2031. The sexual health service contracts in scope of this decision, which are due to expire on 31 March 2026, are:
 - West Kent Specialist Integrated Sexual Health service including HIV treatment and care (Maidstone, Gravesend, Dartford, Tonbridge & Malling, Tunbridge Wells, Sevenoaks)
 - East Kent Specialist Integrated Sexual Health service including HIV treatment and care (Swale, Canterbury, Thanet, Dover, Folkestone & Hythe, Ashford)
 - Psychosexual Therapy (Kent wide)
 - Community Pharmacy Sexual Health Service (Kent wide)
 - Online Sexually Transmitted Infection (STI) Testing Service and E-Bureau patient management team (Kent wide)
- 1.2. The approach will be to commission a new model to ensure the council meets its statutory obligations whilst utilising learning from service innovations to date. It is informed by people with lived experience insights, engagement with stakeholders, and peer review, and aims to enhance delivery in future contracts creating a high quality, more uniform and equitable approach to delivery across west and east Kent that ensures best value for money.
- 1.3. Kent County Council (KCC) has a statutory duty to provide certain sexual health services as per Section 6 of The Local Authorities (Public Health Functions and Entry to Premises by Local Health Watch Representatives) Regulations 2013. These include the three broad responsibilities of:
 - I. Testing and treatment for sexually transmitted infections (STIs) excluding the treatment of Human Immunodeficiency Virus (HIV).
 - II. Advice on, and reasonable access to a broad range of contraceptive substances and appliances.
 - III. General advice and promotion of key messages to enable positive sexual health outcomes and to prevent ill sexual health.
- 1.4. There is a national specification and guidance set for sexual health services in England, to which KCC will continue to adhere. Equally, KCC must report nationally on data related to sexual health including the number of infections detected.

- 1.5. Sexual Health is a key part of ensuring the overall health and wellbeing of the Kent population. Good sexual health and wellbeing can improve fundamental aspects of people's lives including protection from long term consequences of disease and risks to physical and psychological health, as well as to contributing to people's access to education, economic participation and increasing opportunities in the social and community spheres. STIs and unplanned pregnancies are significant contributors to poor health outcomes, and provision of these statutory services plays an important role in reducing the negative consequences and costs of ill sexual health.
- 1.6 Sexual health services are guided by national best practice and have a strong return on investment evidence base. For example, all first-time patients to the integrated sexual health service are offered a full STI screen to help identify and treat infections whilst preventing further potential transmissions. Further, the online testing service has a return on investment of £2.50 for every £1 spent.

2. Strategic alignment and background

- 2.1. Provision of sexual health services aligns with national strategies such as the [Women's Health Strategy for England \(2022\)](#) by the Department of Health and Social Care. Additionally, the services align to the Office of Health Improvements and Disparities (OHID) policy, [Sexual and reproductive health and HIV: Applying all our health](#). Locally, the provision of the services supports [the Kent and Medway Integrated Care Strategy](#) and delivers recommendations within the recently published [Kent Sexual Health Needs Assessment 2024](#).
- 2.2. The service will continue to support the [Public Health Outcomes Framework](#) by the Department of Health & Social Care. This includes a set of sexual health data indicators which aim to focus commissioned service delivery on areas which will have a positive impact upon public health outcomes for the population. It also allows for benchmarking progress and success. As an example, this includes the total prescribed long-acting reversible contraception figures for Kent benchmarked against other authorities.
- 2.3. It will also support KCC's strategic direction as presented in [Framing Kent's Future – Our Council Strategy 2022-2026](#). Public Health (and sexual health) has links to all four priorities in this strategy:
 - I. Priority 1 – Level up Kent – By delivering actions with our partners to help deprived communities in coastal areas. Sexual health services are inherently preventative in nature and therefore, all work within these services aligns to the prevention commitment of this priority.
 - II. Priority 2 – Infrastructure for communities – By ensuring Kent's population has the option to reasonable access to physical sites that offer the opportunity to seek support from sexual health services, including rural communities. Whilst equally strengthening the digitalisation of options to access services.
 - III. Priority 3 - Environmental step change – By ensuring efficiencies are considered when designing and utilising access to services, treatment and care options, and communications with professionals and residents.

IV. Priority 4 - New models of care and support - By integrating our services further within geographical locations and seeking innovation and learning from across the system and other UK commissioners and experts. Also, by collecting and analysing appropriate data to enhance support for Kent's population and creating commissioning efficiencies.

- 2.4. KCC's [Securing Kent's Future - Budget Recovery Strategy](#) which was approved in Autumn 2023. Most notably, point 4.6 within this strategy document as this decision will prioritise Best Value considerations through the procurement processes. Also, it supports Objective 3 of the strategy in relation to policy choices and the scope of the Council's ambitions by evaluating the statutory minimum requirements to create efficiencies.
- 2.5. Finally, this decision will also contribute in supporting the [Kent and Medway Integrated Care Strategy](#) in collaboration with partners across the system, by supporting happy and healthy living for all through a preventative and early identification approach to STIs. Furthermore, this decision specifically will allow for greater focus on reducing health inequalities. Sexual health also supports giving young people the best start in life through health promotion and prevention elements of the contracts. Finally, services aim to empower patients and carers through the contributions to improvement in health and care services.

3. Current providers and services

- 3.1. The sexual health services in scope are outlined below along with a summary of the current provision of each service. These include:
- **Specialist integrated sexual health service (including HIV treatment and care):** Provides Kent's population with open access, confidential, non-judgmental services including STI and blood borne virus (BBV) testing, treatment and management, the full range of contraceptive provision and health promotion and prevention including relevant vaccinations. In Kent, these are provided in clinics and via outreach. The service saw 61,360 attendees at clinics in 2024/25. West Kent is provided by Maidstone and Tonbridge Wells NHS Trust (MTW), and east Kent is provided by Kent Community Health NHS Foundation Trust (KCHFT).
 - **Psychosexual therapy:** A specialist talking therapy which aims to help with a variety of sexual problems including but not limited to psychological support after treatment for breast cancer, erectile dysfunction, a loss of libido, and fears and anxiety about sex which can include assisting patients who are post medical procedure or have experienced previous abuse. The psychosexual service is highly specialised and supported 308 new patients in 2024/25. Psychosexual Therapy is currently delivered via KCHFT.
 - **Online STI testing and E-Bureau:** A free and confidential online service which allows Kent residents to order and return STI testing kits via the postal service to test for a range of STIs. This is a cost-effective way to

provide services, and 45,372 kits were issued in 2024/25. The service includes a clinical team known as the 'E-Bureau' function which contacts people who test positive or reactive to initiate a care pathway and attempt to notify any of the individual's recent sexual partners to break the chain of infection. The Online STI testing service is subcontracted via MTW and the E-Bureau element is delivered by them directly.

- **Community pharmacy sexual health service:** Access to community pharmacies across Kent for Emergency Oral Contraception (EOC) (under 30s only) and to pick up simple chlamydia treatment after a diagnosis is made in clinic or online. The intention is that during the life of the contract a review of viability will be completed to include this in a new primary care contracting model. This is because KCC intends to manage General Practice (GP) and Pharmacy contracts directly, rather than via a third party as it does currently. This will enable the council to explore efficiencies with GPs and Pharmacies and allow for KCC to have a greater control over the programme. Further, it is anticipated that a national EOC contract will begin to be delivered during the life of this contract. This will mean that the EOC element of the community pharmacy sexual health service will no longer be commissioned by KCC. This decision is supported as it will result in access to EOC for a wider age range within the population of Kent. This contract is currently commissioned via KCHFT.

- 3.2. KCC has two long-standing formal partnership-based co-operation agreements with MTW and KCHFT. A formal partnership was permissible with these National Health Service (NHS) organisations to provide the services in scope and has provided an effective mechanism for addressing several key challenges including financial uncertainty, rising demand and the need to retain a specialist workforce. Both co-operation agreements come to an end on 31 March 2026.

4. Public Health Service Transformation Programme (PHST)

- 4.1. KCC Public Health is leading a transformation programme designed to improve service delivery to communities, particularly targeting underserved communities. The transformation work aims to ensure that services are efficient, evidence-based, deliver outcomes and provide best value.
- 4.2. The PHSTP sets out a seven-stage process and the Integrated Commissioning team working on the sexual health services in scope has completed the initial six stages of this programme. The last stage is implementation. A summary of sexual health findings can be found below:

Proforma exercise – A desktop analysis of current need and service provision

- 4.2.1 The current services are performing well and achieving targets set.
- 4.2.2 There are good partnerships and working relationships with the commissioned providers and other services which link closely to sexual health including health visiting, drug and alcohol services and primary care.

- 4.2.3 The services in scope are delivered by a specialised workforce and there is a limited marketplace due to the complexity, clinical standards, and training required to deliver sexual health services.
- 4.2.4 The services would benefit from further integration, more collaboration, alignment in practice and pathways, and shifting focus towards outcomes.
- 4.2.5 The service has successfully implemented a number of innovations that support best value including being the first in the country to introduce symptomatic online testing during the pandemic, the introduction of a webchat function and continually developing clinical triage processes.

2024 Kent Sexual Health Needs Assessment

- 4.3. The 2024 Kent Sexual Health Needs Assessment was completed to address gaps in the information collated in the proforma stage and to update knowledge and information after the last Sexual Health Needs Assessment in 2018. It found that services are mostly meeting the needs of the population, although certain groups have been highlighted to ensure that there is proportionate focus and support for those groups to tackle health inequalities. Additional to the above findings, the sexual health needs assessment outlines:
 - Whilst Sexual Health services are well-utilised and respected by the population, work to ensure that availability and access is proportionately suitable to all groups of the population is recommended, including people who use drug and alcohol services, those in more deprived areas, women, and young people.
 - In Kent, STI detection rates are increasing but we remain lower than England averages. Testing rates have also risen in line with the diagnosis rates which means that we are finding, and therefore able to treat, more infections. But STI detection rates remain below our target levels and therefore a continued increase in testing is needed to protect the population.
 - The Kent population needs to be aware of contraceptive options available to support them and address rising rates of unplanned pregnancy. Services being available at times and days that suit people will be a focus of the services.

Stakeholder workshops

- 4.4. The Attendees were supportive of amending the service specifications in scope to focus on alignment of geographical integration of the service offer, increased collaboration between providers and other stakeholders, as well as improving outcomes and increasing focus on identified populations to reduce health inequalities.
- 4.5. Attendees supported maintaining and enhancing current service models, noting their alignment with national best practices and their ability to be responsive and accessible for the needs of people in Kent. They agreed to adopting a system-wide approach to sexual health.

- 4.6. Collectively, the vision statement for sexual health services in Kent was decided upon:

“Kent has an open access and equitable system offering specialist sexual health support and healthcare for individuals. Residents, or those working and studying in Kent are aware of the services for sexual health and feel able to access the services for advice, support and/or treatment. Your support is evidenced based, person centred, accessible and responsive to help improve your health outcomes. The system is open to innovation and works collaboratively to reduce stigma and barriers, respond to different needs, promote awareness, align services with effective pathways, delivered by a skilled workforce.”

Resident views

- 4.7. As part of the overall PHST Programme, an organisation was commissioned to obtain insights from Kent residents who may not engage with current services. The feedback for sexual health services highlighted a preference for services to be multifaceted, localised and accessible.
- 4.8. This will be taken forward in the revised services model by ensuring that face-to-face clinics remain an option for people to access support in their preferred way which is via sexual health clinics and experts. Furthermore, increasing visibility of the services to ensure that people are more aware of how, when and where to access support via the full suite of sexual health services is important. Respondents reported that having multiple ways to access support is the best way to help them interact with the offer.

Peer Review

- 4.9. Surrey County Council was consulted for a peer review exercise and their feedback included:
- The vision statement is strong and captures the spirit of a well-functioning sexual health service (see section 4.6).
 - Outcomes should be the core focus of the service.
 - Having a more collaborative and equitable approach to delivery was favourable, including support of the commissioning model.
 - Stressed the importance of maintaining relationships with providers, including pharmacies and primary care as the market is specialised and experiencing a period of high financial demand.
 - Supportive of the development of a ‘Kent Sexual health collaborative’ as recommended by the 2024 Kent Sexual Health Needs Assessment. The collaborative is a newly formed partnership group which assists with a system wide approach to sexual health and encourages reduction in duplication, increasing value for money and identifying innovations and best practices to increase efficiencies.

5. Service model

- 5.1. During the transformation work, expected high level outcomes for the services were collaboratively designed and supported. These include:

- Open access and equitable sexual health services for people in Kent.
- Individuals requiring sexual health services are aware of them and how to access them.
- The services are evidence based, person centred, accessible and responsive to help improve health outcomes.
- The services are open to innovation and work collaboratively to reduce stigma and barriers, respond to different needs, services are aligned with effective pathways, and are delivered by a skilled workforce.
- Sexual Health services in Kent reduce health inequalities and inequities

5.2. As part of the Public Health Service Transformation Programme, a long list of options was explored in order to identify potential changes and enhancements to the existing service model for sexual health services in scope. These were scored against pre-determined critical success factors to determine a preferred option.

5.3. Options considered but rejected included:

- **Option 1: Keep all current services the same – no change / do nothing** – Whilst the services will mostly remain the same, amendments to the services were deemed necessary to generate efficiencies and enhancements. Further, changes in the contracting have been deemed necessary in order to facilitate better collaboration and equity across the sexual health service landscape.
- **Option 2: Discontinue / decommission the services** – Decommissioning the service was concluded as a non-viable option that would place KCC in breach of the Public Health grant conditions as KCC has statutory responsibilities to provide sexual health services.
- **Option 3: Add more to the service offer – do the maximum** – Whilst this would be beneficial for Kent residents, KCC is experiencing cost pressures and there is no additional funding to enhance the service in a manner which requires more financial investment. Also, the current service is meeting statutory obligations. Further, efficiencies and enhancements can be generated within the existing financial envelope.

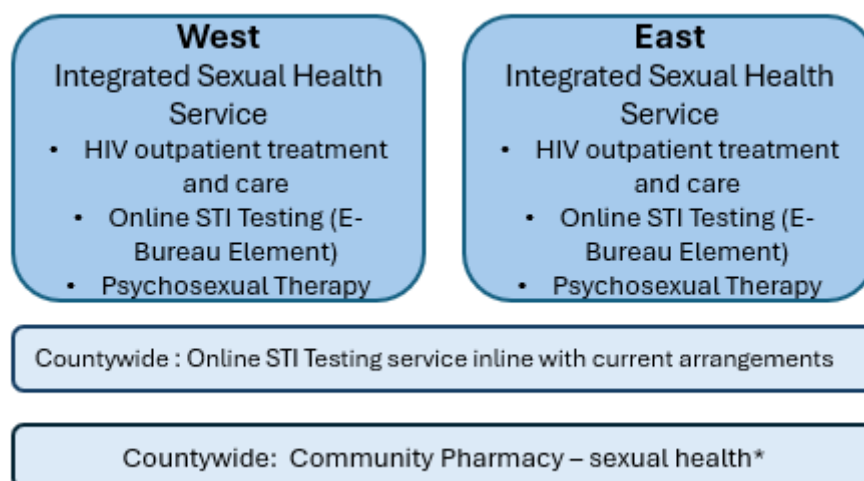
5.4. Preferred option:

- **Option 4: Strengthen and enhance specifications with insight and collaborations from stakeholders to create a uniform and equitable approach to delivery across west and east Kent.** This will result in contracts, one for west Kent and another for east Kent, providing an equitable and fair offer across the county, reflective of local need. This option ensures that all learning from the seven-stage transformation process is utilised and applied in a way that satisfies a blend of statutory duty, multifaceted feedback and local need.
- Digital enhancements will continue to be developed and prioritised where appropriate to create increased value for money, for example, with the online testing service offer and within clinic settings for efficiency and service quality. Specifications will ensure there is no duplication of

service offer, that the sexual health system works as one to ensure best value for money, the specialised nature of the market continues to develop, and the voice of the population is reflected in service development and changes.

5.5 Summary of the revised service model

- 5.5.1 The revised service model is illustrated below and includes a fully integrated local offer across the county arranged into two lots. The service model gives equity of access to Kent residents, and it offers stability whilst enabling innovation and enhancing KCC's negotiation power.



- 5.5.2 Psychosexual therapy and E-bureau services will be commissioned to align across the geographical areas of the east and west of Kent. HIV treatment and care will continue to be an integral part of the sexual health services integrated offer in each geographical locality.
- 5.5.3 Online STI Testing will remain as a whole county offer due to economies of scale, innovations and efficiencies.
- 5.5.4 Community Pharmacy sexual health services will initially continue to be subcontracted and cover the whole of Kent. However, this will remain under review in line with anticipated changes to the national EOC contract and any outcomes of the internal review of KCC contracting with primary care (including pharmacy) directly in the future.
- 5.5.5. Advantages of this approach include:

- Equitable service as people receive the same service regardless of area in the county.
- Value for money benefits demonstrated with focus on outcomes.
- Smoother access pathways as psychosexual therapy and the E-Bureau function become embedded into the integrated service.
- Better patient experience and outcomes associated with HIV treatment and care continuing to be embedded into the integrated sexual health service.
- Opportunities for collaboration, sharing of best practice and fostering a whole systems approach.

- Stronger relationships and oversight between KCC and community pharmacies. This will have the additional benefit for other KCC commissioned pharmacy services.
 - Aligns with feedback from Kent residents in that they want the services to remain multifaceted, localised, and accessible.
- 5.7. Following award of the contracts to successful providers, KCC will facilitate collaboration and joint working in order to reach the commissioning aspirations as set out above. Some of these changes will take place over a phased approach.

6. Commercial implications

- 6.1. The contracts for the current services in scope are due to expire 31 March 2026.
- 6.2. A make or buy assessment has been conducted to establish whether it is possible for the council to deliver these services directly. The outcome of the assessment showed that KCC does not have the necessary specialist expertise, clinical governance and infrastructure required to deliver specialist sexual health services directly
- 6.3. The procurement of sexual health services is governed by new legislation, The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) effective from 1 January 2024. The services will be procured using this legislation and will follow appropriate governance and approval routes.
- 6.4. The council intends to offer contracts covering a maximum period of 5-years which will see new services mobilised no later than 1 April 2026 with a review during the first two years of the contracts.

7. Financial Implications

- 7.1. The funding for these contracts is from the Public Health Grant and the Kent and Medway Integrated Care Board (ICB) for the HIV treatment and care element. The total estimated funding commitment from KCC for this decision is approximately £70.3m over 5 years.
- 7.2. Factors such as the funding levels provided via the annual PH grant to KCC, uplifts to the annual national agreement for the NHS Agenda for Change staff pay award scheme, and levels of activity may influence the actual annual value of the contract.
- 7.3. In the unlikely event that the grant in future years is insufficient to cover the contract value, prices or activity levels will be renegotiated to fit the available budget.
- 7.4. In addition to these services, the Public Health Grant is also invested into property services to provide premises in which these statutory sexual health services are delivered.

- 7.5. Strategies to maximise service efficiencies, offer best value, and maximise outcomes for people accessing the services will include exploration of digital options, a more restricted focus on services with highest return on investments such as online testing, and an increase in prevention work to stop and reduce the short, medium and long-term financial costs of ill sexual health.
- 7.6. NHS England (NHSE) has had a long-standing statutory obligation to provide HIV treatment and care services. To promote a more integrated approach and seamless patient experience, KCC entered into a Section 75 agreement with NHSE to incorporate HIV treatment and care services into the KCC-commissioned sexual health service offer. In the financial year 2025/26, the statutory responsibility for commissioning HIV treatment and care services is transferring from NHSE to the Kent and Medway Integrated Care Board (ICB). KCC will continue to deliver a Section 75 agreement with the ICB to continue providing these services.

8. Legal Implications

- 8.1. Under the Health and Social Care Act 2012, Directors of Public Health (DPH) in upper tier and unitary Local Authorities have a specific duty to protect and enhance the population's health.
- 8.2. KCC commissions the services set out in this paper as part of its statutory responsibilities and as a condition of its Public Health Grant. These responsibilities are outlined in Section 6 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
- 8.3. The recommissioning of these services will be compliant with the Provider Selection Regime (PSR) introduced under the Health and Care Act 2022. Appropriate legal advice is being sought.

9. Equalities implications

- 9.1. An Equality Impact Assessment (EqIA) has been completed for the service. Current evidence suggests that there are no negative impacts to people because the service model is not reducing or changing in nature. This recommendation is an appropriate measure to advance equality and create stability for vulnerable people. The EqIA is included as Appendix B.
- 9.2. The EqIA will continue to be reviewed throughout the length of the contractual period.

10. Data Protection Implications

- 10.1. A Data Protection Impact Assessment (DPIA) will be completed by Kent County Council in conjunction with the providers following agreement of the approach by the Cabinet Committee. These documents will relate to the data that is shared between Kent County Council, the providers and the Office for Health Improvement and Disparities and any other services or organisations involved with the data. This will serve to identify, analyse and minimise data related risks. This will meet the councils' legal requirements as set out in the General Data Protection Regulations.

10.2. The DPIA will be updated following contract award and prior to the contract commencement date, to ensure it continues to have the most up-to date information included and reflect any changes to data processing because of the specification enhancements. The DPIA will be reviewed throughout the life of the contract.

11. Conclusions

11.1. Sexual Health services are key in ensuring the overall health and wellbeing of the Kent population, protecting from long term consequences of disease and risks to physical and psychological health, poor health outcomes, and reducing the negative consequences and costs of ill sexual health.

11.2. As part of an extensive Transformation Programme, the current services have been subject to comprehensive review, which included market, stakeholder and public engagement and peer review. The learning from these activities has been used to design a new service model for future delivery.

11.3. The service model will ensure an equitable service is delivered across the county, that maximises digital innovations and provides an efficient service that meets needs identified within the needs assessment.

11.4. It is proposed that Sexual Health Services in Kent are recommissioned with new services mobilised no later than 1 April 2026. The revised service model will enhance the existing service, deliver greater efficiency, whilst ensuring compliance with the council's statutory obligation.

12. Recommendation(s):

12.1 The Adult Social Care and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision as set out in the Proposed Record of Decision. (Appendix A)

13. Background documents and information

- [The Health Care Services \(Provider Selection Regime\) Regulations 2023.](#)
- [The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013, part 2, regulation 6.](#)
- [Framing Kent's Future – Our Council Strategy 2022-2026.](#)
- [Securing Kent's Future – Budget Recovery Strategy, October 2023](#)
- [Kent and Medway Integrated Care Strategy.](#)
- [Sexual and Reproductive Health and HIV: Applying All Our Health](#)
- [Women's Health Strategy for England \(2022\).](#)
- [Kent Sexual Health Needs Assessment \(2024\).](#)
- [Public Health Outcomes Framework \(Department of Health & Social Care\)](#)
- [Health and Care Act 2022](#)
- [Health and Social Care Act 2012](#)

14. Appendices

- Proposed Record of Officer Decision: Appendix A
- Equality Impact Assessment: Appendix B

15. Report Authors:

Craig Barden
Commissioner (Integrated
Commissioning)
03000 416 723
Craig.Barden@kent.gov.uk

Hannah Brisley
Senior Commissioner (Integrated
Commissioning)
03000 410 278
Hannah.Brisley@kent.gov.uk

Victoria Tovey
Assistant Director of Integrated
Commissioning
03000 416 779
Victoria.Tovey@kent.gov.uk

Professor Durka Dougall
Public Health Consultant
(Interim)
03000 410 068
Durka.Dougall@kent.gov.uk

Relevant Director:

Dr. Anjan Ghosh
Director of Public Health
03000 412 633
Anjan.Ghosh@kent.gov.uk

This page is intentionally left blank

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Adult Social Care and Public Health

DECISION NO:

25/00041

For publication *[Do not include information which is exempt from publication under schedule 12a of the Local Government Act 1972]*

Key decision: YES

Subject Matter / Title of Decision: Public Health Service Transformation - Sexual Health Service

Decision:

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

- I. **APPROVE** the proposed Sexual Health Services commissioning model and agree to the re-commissioning and award of contracts relating to Kent's Sexual Health services effective from 1 April 2026 for a maximum of 5 years.
- II. **AGREE** that Kent County Council extend the Section 75 agreement with the Integrated Care Board and for KCC to commission HIV treatment and care services together in line with current arrangements.
- III. **DELEGATE** authority to the Director of Public Health to take relevant actions, including but not limited to, entering into and finalising the terms of relevant contracts or other legal agreements, as necessary, to implement the above decision.
- IV. **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, the exercise of any extensions permitted in accordance with the extension clauses within the contracts.

Background: The provision of sexual health services aligns with national strategies such as the [Women's Health Strategy for England](#) by the Department of Health and Social Care (2022) and delivers to the [Public Health Outcomes Framework](#), which aims to focus commissioned service delivery on areas which will have a positive impact upon public health outcomes for the population. Furthermore, the sexual health services in Kent align to and meet the expectations of the Office of Health Improvement and Disparities policy '[Sexual and reproductive health and HIV: applying all our health](#)'.

Locally, the provision of the services supports [the Kent and Medway Integrated Care Strategy](#) and delivers the recently published [Kent Sexual Health Needs Assessment 2024](#).

The sexual health service contracts in scope of this decision, which are due to expire on 31 March 2026, are:

- West Kent Specialist Integrated Sexual Health Service including HIV treatment and care (Maidstone, Gravesend, Dartford, Tonbridge & Malling, Tunbridge Wells, Sevenoaks) – Provided by Maidstone and Tunbridge Wells NHS Trust (MTW). The contract commenced on 1 April 2019.

- East Kent Specialist Integrated Sexual Health Service including HIV treatment and care (Swale, Canterbury, Thanet, Dover, Folkestone & Hythe, Ashford) – Provided by Kent Community Health NHS Foundation Trust (KCHFT). The contract commenced on 1 April 2020.
- Psychosexual Therapy (Kent wide) – Provided by KCHFT. The contract commenced on 1 April 2020.
- Community Pharmacy Sexual Health Service (Kent wide) – Sub-contracted to Kent pharmacies by KCHFT. The contract commenced on 1 April 2020.
- Online Sexually Transmitted Infection (STI) Testing service (Kent wide) – E-Bureau patient management team provided by MTW, the contract for testing kits and laboratory access is sub-contracted to Preventx by MTW. The contract commenced on 1 April 2019.

Reason(s) for decision:

Kent County Council (KCC) has a statutory duty to provide certain sexual health services as per Section 6 of The Local Authorities (Public Health Functions and Entry to Premises by Local Health Watch Representatives) Regulations 2013. These include the three broad responsibilities of:

- I. Testing and treatment for sexually transmitted infections (STIs) excluding the treatment of Human Immunodeficiency Virus (HIV).
- II. Advice on, and reasonable access to a broad range of contraceptive substances and appliances.
- III. General advice and promotion of key messages to enable positive sexual health outcomes and to prevent ill sexual health.

STIs and unplanned pregnancies are significant contributors to poor health outcomes, and provision of these statutory services plays an important role in reducing the negative consequences and costs of ill sexual health. Negative consequences include but are not limited to psychological consequences, poor educational, social and economic impacts for teenage mothers, young fathers and their children, as well as a range of physical health risks including pelvic inflammatory disease which can lead to infertility, ectopic pregnancy, cervical cancer, cardiovascular and neurological complications, further infections and sepsis.

Several sexual health service contracts are due to expire on 31 March 2026 and therefore a key decision is required to plan for beyond this date to ensure KCC is compliant with its statutory duties.

KCC is currently in a partnership arrangement with its commissioned east Kent and west Kent Integrated Sexual Health Service providers, however, due to changes in procurement legislation, this contractual option is no longer available and therefore these services need to be re-commissioned.

An options appraisal was developed which considered a range of changes to the service model, based on collaboration with key stakeholders, a peer review exercise, a public insights report and a review of the marketplace.

The recommended option identified is to maintain and strengthen these services to ensure the council meets its statutory obligation, whilst utilising the learning obtained from engagement with stakeholders to enhance delivery in future contracts, creating a more uniform and equitable approach to delivery across West and East Kent to attain value for money.

Future service model principles are:

- Enhanced integration within the existing services by aligning contracts to geographical areas and fostering collaboration between providers.
- Equitable service as service users receive the same service regardless of geographical area in the county.
- Value for money benefits demonstrated with focus on outcomes.
- Smoother service user pathways as psychosexual therapy and the E-Bureau function become embedded into the integrated service for the service user's geographical provider.
- Opportunities for collaboration, sharing of best practice and fostering a whole systems approach.

How the proposed decision supports the [Framing Kent's Future - Our Council Strategy 2022-2026](#)

Locally, the services support the levelling up agenda and integrated model of care outlined in the KCC strategic plan 2022-26 (Framing Kent's Future).

How the proposed decision supports Securing Kent's Future 2022 -2026: [Securing Kents Future - Budget Recovery Strategy.pdf](#)

The proposed decision supports Securing Kent's Future 2022-2026 as a full review of options has been completed that included and prioritised best value, alongside ensuring our statutory minimum duty has been reviewed.

How the proposed decision supports the Kent and Medway Integrated Care Strategy [Kent and Medway Integrated Care Strategy](#)

Sexual Health services, in collaboration with partners across the system, contribute to the Kent and Medway Integrated Care Strategy by supporting happy and healthy living for all through a preventative and early identification approach to STIs. Furthermore, this decision specifically will allow for greater focus on reducing health inequalities. Sexual health also supports giving young people the best start in life through health promotion and prevention elements of the contracts. Finally, services aim to empower patients and carers through the contributions to improvement in health and care services.

Financial Implications

The funding for these contracts is from the Public Health Grant and the ICB for the HIV treatment and care element. The total estimated funding commitment from KCC for this decision is approximately £70.3m over 5 years.

Factors such as the funding levels provided via the annual PH grant to KCC, uplifts to the annual national agreement for the NHS Agenda for Change staff pay award scheme, and levels of activity may influence the actual annual value of the contract.

In the unlikely event that the grant in future years is insufficient to cover the contract value, prices or activity levels will be renegotiated to fit the available budget.

In addition to these services, the Public Health Grant is also invested into property services to provide premises in which these statutory sexual health services are delivered.

Strategies to maximise service efficiencies, offer best value, and maximise outcomes for people accessing the services will include exploration of digital options, a more restricted focus on services with highest return on investments such as online testing, and an increase in prevention work to stop and reduce the short, medium and long-term financial costs

NHS England (NHSE) has had a long-standing statutory obligation to provide HIV treatment and care services. To promote a more integrated approach and seamless patient experience, KCC entered into a Section 75 agreement with NHSE to incorporate HIV treatment and care services into the KCC-commissioned sexual health service offer. In the financial year 2025/26, the statutory responsibility for

commissioning HIV treatment and care services is transferring from NHSE to the Kent and Medway Integrated Care Board (ICB). KCC will continue to deliver a Section 75 agreement with the ICB to continue providing these services.

Equalities Implications

An Equality Impact Assessment (EqIA) has been completed for the service. Current evidence suggests that there are no negative impacts to people because the service model is not reducing or changing in nature. This recommendation is an appropriate measure to advance equality and create stability for vulnerable people.

The EqIA will continue to be reviewed throughout the length of the contractual period.

Data Protection Implications

A Data Protection Impact Assessment (DPIA) will be completed by Kent County Council in conjunction with the providers following agreement of the approach by the Cabinet Committee. These documents will relate to the data that is shared between Kent County Council, the providers and the Office for Health Improvement and Disparities and any other services or organisations involved with the data. This will serve to identify, analyse and minimise data related risks. This will meet the councils' legal requirements as set out in the General Data Protection Regulations.

The DPIA will be updated following contract award and prior to the contract commencement date, to ensure it continues to have the most up-to-date information included and reflect any changes to data processing because of the specification enhancements. The DPIA will be reviewed throughout the life of the contract..

Legal Implications

Under the Health and Social Care Act 2012, Directors of Public Health (DPH) in upper tier and unitary Local Authorities have a specific duty to protect and enhance the population's health.

KCC commissions the services set out in this paper as part of its statutory responsibilities and as a condition of its Public Health Grant. These responsibilities are outlined in Section 6 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

The recommissioning of these services will be compliant with the Provider Selection Regime (PSR) introduced under the Health and Care Act 2022. Appropriate legal advice is being sought.

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Adult Social Care and Public Health Cabinet Committee on 8 July 2025 and the recommendations included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

- **Keep all current services the same – no change / do nothing** – Whilst the services will mostly remain the same, a greater focus on consistency and integration in the geographical provider's offers was deemed necessary to generate efficiencies and enhancements, hence the rejection of this option.

- **Discontinue / decommission the services** – Decommissioning the service was concluded as a non-viable option that would place KCC in breach of the Public Health grant conditions. KCC has statutory responsibilities to provide sexual health services.
- **Add more to the service offer – do the maximum** – Whilst this would be beneficial for Kent residents, there is no additional funding to enhance the service in a manner which requires more financial investment. As the service is meeting statutory obligations and performance expectations, further enhancements can be delivered via efficiencies within the existing financial envelope.

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

.....
signed

.....
date

This page is intentionally left blank

EQIA Submission Draft Working Template

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

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

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

Section A

1. Name of Activity (EQIA Title):

Public Health Service Transformation- Sexual Health Services Re-commissioning

2. Directorate

Adult Social Care and Health

3. Responsible Service/Division

Integrated Commissioning Team
Public Health Team

Accountability and Responsibility

4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Nathalie Reeves, Public Health Specialist

5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Victoria Tovey, Assistant Head of Integrated Commissioning & Professor Durka Dougall, Consultant in Public Health

6. Director of Service

Note: This should be the name of your responsible director.

Dr. Anjan Ghosh, Director of Public Health

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Service Change – operational changes in the way we deliver the service to people. Answer Yes/No

No

Service Redesign – restructure, new operating model or changes to ways of working. Answer Yes/No

No

Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects. Answer Yes/No

Yes

Commissioning/Procurement – means commissioning activity which requires commercial judgement. Answer Yes/No

Yes

Strategy /Policy – includes review, refresh or creating a new document. Answer Yes/No

No
Other – Please add details of any other activity type here.
Re-commissioning of various sexual health services
8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required. The aim of this Equality Impact Assessment is to identify the impact to individuals within the defined protected groups which may arise as a result of the re-commissioning of various sexual health services. The project in focus seeks to plan, manage, and undergo a transformation of specific sexual health (SH) services commissioned by Kent County Council (KCC), as part of the KCC Public Health Service Transformation Programme (PHST). As a Local Authority, KCC has a statutory obligation to meet the three broad responsibilities of testing and treatment for sexually transmitted infections (STIs), advice on, and reasonable access to a broad range of contraceptive substances and appliances, and general advice and promotion of key messages to enable positive SH outcomes and to prevent ill SH. To ensure that these statutory obligations are fulfilled, KCC commissions an array of SH services which contribute to the wider SH and public health system in Kent. As part of the PHST, the following current SH services are being re-commissioned and will continue with new contracts starting in April 2026: 1. Specialist Integrated Sexual Health Service 2. Psychosexual Therapy 3. Online STI Testing 4. Community Pharmacy Sexual Health Services Service Users The services will stay the same with a focus on enhancing the current operating models, enhancing access and reducing health inequalities, and negative impacts to service users are expected to be non-existent with only positive impacts arising.
Section B – Evidence
<i>Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.</i>
9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No
Yes
10. Is it possible to get the data in a timely and cost effective way? Answer: Yes/No
Yes
11. Is there national evidence/data that you can use? Answer: Yes/No
Yes
12. Have you consulted with Stakeholders? Answer: Yes/No Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.
Yes:
13. Who have you involved, consulted and engaged with?

Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

- Service providers
- Service users via a commissioned insights project
- KCC Public Health Service Transformation Team
- Director of Public Health and Assistant Director of Integrated Commissioning
- Project and Partnership Manager from the Domestic Abuse Team
- Public Health Consultant
- Kent Local Medical Committee
- Community Pharmacy Kent (Kent LPC)
- Surrey County Council (Peer review exercise)
- Kent Sexual Health Collaborative
- Stakeholder engagement meeting

No formal consultation process has been undertaken as the service delivery will remain largely unchanged and will continue to be available for all people living, working, or studying in Kent .

14. Has there been a previous equality analysis (EQIA) in the last 3 years? *Answer: Yes/No*

No

15. Do you have evidence/data that can help you understand the potential impact of your activity?

Answer: Yes/No

Yes

Uploading Evidence/Data/related information into the App

Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

KENT SEXUAL HEALTH NEEDS ASSESSMENT 2024

Section C – Impact

16. Who may be impacted by the activity? *Select all that apply.*

Service users/clients - *Answer: Yes/No*

Yes

Residents/Communities/Citizens - *Answer: Yes/No*

Yes

Staff/Volunteers - *Answer: Yes/No*

Yes

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? *Answer: Yes/No*

Yes

18. Please give details of Positive Impacts

The Kent Sexual Health service ensures the population of Kent have access to a range of high-quality sexual health services that aim to improve, manage and maintain their sexual and reproductive health.

As the transformation programme (which includes the re-commissioning of the services in scope) will keep the current services available, with a revised focus on enhancing access, generating efficiencies and creating a more consistent and

equitable approach across Kent, there will be mostly positive impacts for the protected groups as a result of this activity.

Unless otherwise stated, 'the service' encompasses all the SH services in scope which include:

1. Specialist Integrated Sexual Health Service
2. Psychosexual Therapy
3. Online STI Testing
4. Community Pharmacy Sexual Health Services

Age

The service will continue to be available to all people in Kent and will not restrict access based on age (except where mentioned below). The service is open access, and therefore available to all people in Kent of all ages with sexual and reproductive health needs except for Online STI testing (available for those 16 and older) and free emergency contraception in pharmacies (available to under 30s only).

As part of the transformation work, a review of walk-in clinics in West Kent was undertaken by the provider and showed that this was a popular choice for younger people (aged 25 and under), and therefore, the walk-in clinic pilot will continue to support enhancing access for this age group.

The service has safeguarding measures in place to provide further support to young and vulnerable service users. If a safeguarding risk is identified, the service will follow established safeguarding and – where appropriate – referral protocols e.g., to a Sexual Assault Referral Centre.

Providers will continue to adhere to specific safeguarding protocols for when a service user presents under the age of 13 with a safeguarding concern.

Disability

The service will continue to be available to all people in Kent and provide support for those with a disability that may otherwise limit access. Physical spaces in which services are delivered will continue to comply with disability regulations in order to ensure access is not impeded to physically disabled service users, online services will adhere to accessibility requirements and Community Pharmacies will continue to provide services in a range of locations across Kent to ensure that those with disabilities do not have to travel far (where possible) in order to access the service.

Furthermore, the service will prioritise accessibility choices for all service users (including those with disabilities) with a variety of options discussed and offered to patients requiring care. This includes (where appropriate) a choice of an in-person, online or a virtual appointment, offering an appointment at a geographically closer location to the patient, or (where appropriate) signposting the patient to an alternative service to obtain the care they need e.g., receiving a Long Acting Reversible Contraception procedure in a community General Practice (a service commissioned by KCC but not in scope of this re-commissioning exercise) or obtaining a repeat prescription for oral contraception in a geographically closer community pharmacy rather than needing to come into a clinic (a service not commissioned by KCC but available to the Kent population).

Sex

The service will continue to be available for all residents, students, and workers including those of all sexes. The service will continue to promote sexual and reproductive health to all sexes.

Gender identity / transgender

The service will continue to be available for all gender identities including transgender service users. The service adheres to the Faculty of Sexual and Reproductive Healthcare (FSRH) guidance on contraceptive choices which aims to ensure that transgender service users are given the most appropriate advice and contraceptive care.

Race

The service will continue to be available for all races. The Kent population has a diverse racial composition, and evidence shows that those in Black and Minority Ethnic communities are disproportionately affected by Sexually Transmitted Infections (STIs). The service will therefore continue to target these communities and provide additional awareness and support as needed.

Religion / Belief

The service will continue to be available to all people of Kent of all religions and beliefs.

Sexual Orientation

The service will continue to be available for all Kent residents, of all sexual orientations, and – where appropriate – target those with sexual orientations which have evidence-based data suggesting a heightened risk of poor sexual health. For example, it is known that men who have sex with men (MSM) are at a higher risk of contracting STIs (including HIV), so the service will continue to proactively offer medication (PrEP) to these service users to prevent the risk of HIV transmission and acquisition.

The service works to promote healthy relationships and safe sex to those of all sexual orientations.

Pregnancy and Maternity

The service will continue to be available to all Kent residents, including those who are pregnant and to those who have childcare associated duties.

Furthermore, the service will prioritise accessibility choices for all service users (including those with childcare associated duties or those who are pregnant) with a variety of options discussed and offered to patients requiring care. This includes (where appropriate) a choice of an in-person, online or a virtual appointment, offering an appointment at a geographically closer location to the patient, or (where appropriate) signposting the patient to an alternative service to obtain the care they need which may be beneficial to service users who are pregnant and are experiencing reduced mobility, or to those with childcare associated duties who cannot make journeys to a clinic.

Marriage / Civil Partnerships

The service will continue to be available to all Kent residents, including individuals who are married or in a civil partnership. In particular, the psychosexual therapy service will continue to provide support to individuals affected by a sexual problem (e.g., erectile dysfunction, anxieties stemming from sexual activity) which can improve the quality of relationships such as marriages and civil partnerships.

Note: The Psychosexual Service is also available to those outside of marriage and civil partnerships.

Carers responsibilities

The service will continue to ensure access to all Kent residents is as easy and as simple as possible. For services accessed by carers, the access pathway will be the same as for other residents and carers will be offered a range of appointment times and dates and means of access (e.g., virtual / online / face to face) in order to ensure access is improved, as well as (where appropriate) being offered an alternative service to receive the same care e.g., obtaining a Long Acting Reversible Contraception procedure in a community general practice or obtaining a repeat prescription for oral contraception in a community pharmacy which may be beneficial for carers who cannot make journeys to a clinic due to caring responsibilities.

Negative Impacts and Mitigating Actions

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

19.Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for Age? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Age

N/A

c) Mitigating Actions for Age

N/A

d) Responsible Officer for Mitigating Actions - Age

N/A
20. Negative Impacts and Mitigating actions for Disability
a) Are there negative impacts for Disability? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Disability
c) Mitigating Actions for Disability
d) Responsible Officer for Mitigating Actions - Disability
N/A
21. Negative Impacts and Mitigating actions for Sex
a) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Sex
N/A
c) Mitigating Actions for Sex
N/A
d) Responsible Officer for Mitigating Actions - Sex
N/A
22. Negative Impacts and Mitigating actions for Gender identity/transgender
a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Gender identity/transgender
N/A
c) Mitigating actions for Gender identity/transgender
N/A
d) Responsible Officer for Mitigating Actions - Gender identity/transgender
N/A
23. Negative Impacts and Mitigating actions for Race
a) Are there negative impacts for Race? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Race
N/A
c) Mitigating Actions for Race
N/A
d) Responsible Officer for Mitigating Actions – Race
N/A
24. Negative Impacts and Mitigating actions for Religion and belief
a) Are there negative impacts for Religion and Belief? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Religion and belief
N/A
c) Mitigating Actions for Religion and belief
N/A
d) Responsible Officer for Mitigating Actions - Religion and belief
N/A

25. Negative Impacts and Mitigating actions for Sexual Orientation
a) Are there negative impacts for sexual orientation. <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Sexual Orientation
N/A
c) Mitigating Actions for Sexual Orientation
N/A
d) Responsible Officer for Mitigating Actions - Sexual Orientation
N/A
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity
a) Are there negative impacts for Pregnancy and Maternity? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>
Yes
b) Details of Negative Impacts for Pregnancy and Maternity
Access to Services: Pregnant individuals may face barriers such as mobility issues, childcare responsibilities, or stigma, which can affect their ability to access timely sexual health services. Health Inequalities: There may be disparities in sexual and reproductive health outcomes for pregnant individuals, especially among younger women, those from minority ethnic backgrounds, or those experiencing socioeconomic disadvantage. Service Design: Services should be designed to be inclusive and supportive of pregnant individuals, including offering flexible appointment times, integrated maternity and sexual health care, and trauma-informed approaches. Confidentiality and Sensitivity: Ensuring that services are delivered in a non-judgmental and confidential manner is crucial, particularly for those who may be experiencing unplanned pregnancies or complex social circumstances
c) Mitigating Actions for Pregnancy and Maternity
Targeted outreach and education for pregnant individuals at higher risk of poor sexual health outcomes. Training for staff to recognize and respond to the specific needs of pregnant service users. Monitoring service usage by pregnancy status to identify and address disparities
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity
N/A
27. Negative Impacts and Mitigating actions for marriage and civil partnerships
a) Are there negative impacts for Marriage and Civil Partnerships? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Marriage and Civil Partnerships
N/A
c) Mitigating Actions for Marriage and Civil Partnerships
N/A
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships
Dr Anjan Ghosh
28. Negative Impacts and Mitigating actions for Carer's responsibilities
a) Are there negative impacts for Carer's responsibilities? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>
Yes
b) Details of Negative Impacts for Carer's Responsibilities
Young people and adults with caring responsibilities may find it more difficult to access activities.
c) Mitigating Actions for Carer's responsibilities
Offering extended hours or weekend appointments to accommodate carers who may not be available during standard hours.

Providing remote consultations (e.g., phone or video) to reduce the need for travel or time away from dependents. Ensuring that service information is clear, concise, and available in multiple formats, so carers can easily understand and access support.

Home STI Testing Kits are available free and confidential e-service supported by Kent Community Health Foundation Trust. Kits are delivered discreetly to home address and are suitable for people without symptoms.

Remote Advice: Phone consultations are available for sexual health advice, contraception, and test results.

Young people can order free condoms online through the Get It scheme. Some local pharmacies in Kent offer free oral contraception without the need for a GP appointment. Full list of participating pharmacies on the official Kent Community Health NHS Foundation Trust website.¹

These services are designed to be discreet, flexible, and accessible, making them ideal for carers who may have limited time or mobility.

d) Responsible Officer for Mitigating Actions - Carer's Responsibilities

Dr Anjan Ghosh

¹ [Contraception | Kent Community Health NHS Foundation Trust](#)

From: Diane Morton, Cabinet Member for Adult Social Care and Public Health
Dr Anjan Ghosh, Director of Public Health

To: Adult Social Care and Public Health Cabinet Committee, 8 July 2025

Subject: **Public Health Service Transformation Programme – Physical Activity Service for Older People**

Decision Number: 25/00038

Classification: Unrestricted

Previous Pathway of Report: N/A

Future Pathway of Report: Cabinet Member decision

Electoral Division: All

Summary:

This document outlines a proposed decision regarding the commissioning and implementation of a new physical activity service model for older people in Kent, aimed at enhancing health and wellbeing while reducing the risk of falls. This will replace the current offer, which is known as the 'Postural Stability Service'.

The proposed new commissioning/service model aims to better serve Kent's changing population and will:

- Offer support to those aged 50 and older
- Provide more classes in more locations across Kent (particularly in communities that would benefit the most), include shorter, more intensive courses to increase the course completion rate and enable more people to access the service.

The estimated cost to KCC Public Health from 1 April 2026 – 31 March 2029 is £507,800.

The new commissioning/service model will be delivered through a Grant Scheme (administered and managed by Active Kent) which is planned to be fully mobilised with services starting no later than 1 April 2026.

Recommendations:

The Adult Social Care and Public Health Cabinet Committee is asked to CONSIDER and ENDORSE or make RECOMMENDATIONS to the Cabinet Member for Adult Social Care and Public Health on the proposed decision as set out in the PROD (Appendix A).

1. Introduction

- 1.1. Since 2015, Kent County Council (KCC) have commissioned a physical activity service for older people, known as the 'Postural Stability Service'.
- 1.2. There is a well-established and evidenced understanding of the need for all adults, including older and frail adults, to maintain physical activity for as long as possible to delay the onset of disability, long-term health conditions, and remain independent as long as possible.
- 1.3. Regular physical activity contributes to the key determinants of healthy ageing:
 - Good physical and mental function
 - Opportunities for social interaction
 - A sense of control over, and the responsibility for one's own health and well-being
 - Managing or coping with disease symptoms and functional limitations.
- 1.4. In Kent, 22.1% (2023/24) of adults are physically inactive ([Fingertips | Department of Health and Social Care](#)), and the hospital emergency admission rate for falls of people aged 65 and older in Kent is 1,895 per 100,000 (2023/24) ([Fingertips | Department of Health and Social Care](#)).
- 1.5. Under the Care Act, KCC is obliged to provide or arrange for services, facilities or resources which would prevent, delay, or reduce individuals' needs for care and support. Within the Care Act statutory guidance, secondary prevention or early intervention, is defined as more targeted interventions aimed at individuals who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down or reduce any further deterioration or prevent other needs from developing.
- 1.6. KCC also has a statutory duty to improve the health of the population and reduce health inequalities (Health and Social Care Act 2012). KCC receive a ringfenced Public Health Grant to meet this statutory duty and annually report to Government on how this Grant has been allocated.
- 1.7. Physical activity services for older people supports the Council to achieve priorities set out in 'Framing Kent's Future' and 'Securing Kents Future' and plays a vital role in ensuring the effective and timely provision of preventative services which can help meet key priorities:
 - Play a key role in the delivery of early intervention and prevention strategies
 - Reduction in health inequalities
 - Reduction in the number of emergency hospital admissions due to falls in older people

- Increase in the percentage of adults who are physically active
- Increase strength, balance and exercise education and activities for older people
- Enable people to remain independent for longer, enjoy a better quality of life and delay the onset of disability

1.8. KCC is currently developing in collaboration with key stakeholders a proposed 'Adult Social Care Prevention Framework'. Ageing Well is outlined as a priority area for future action.

2. Current Service Overview

2.1. The Postural Stability Service commenced in 2015. In East Kent, the service was provided by Kent Community Health Foundation Trust (KCHFT) (ceased in March 2025, as per section 2.8), and in West Kent by Involve.

2.2. The service is for anyone aged 65 or older and those aged 50-64 years who are judged by a health professional to be at higher risk of falling. It is accessed through a self-referral which can be made through the [KCC website](#), or via a referral from a health professional.

2.3. The service offers a course of one-hour classes which are held weekly, in-person, and led by an instructor. The length of the course is up to 36 weeks (eight months). In 2024/25, there were a total of 14 courses delivered (nine courses in the East of Kent and five in the West.)

2.4. The service aims to:

- Improve balance strength, mobility and confidence to reduce the risk of falling
- Increase knowledge and awareness of causes of falls, and potential resultant injury, and the benefits of exercise and good nutrition
- Reduce hospital emergency admissions due to falls.

2.5. In July 2023, KCC initiated the Public Health Service Transformation Programme (PHSTP). The programme responded to a series of strategic developments, challenges, and opportunities in the commissioning landscape, and is underpinned by an evidence-based review of all internal and external Public Health funded services and grants.

2.6. As part of the PHSTP, a review of the current Postural Stability Service identified that while the current service is clearly valued by those who use it, it is not reaching enough people. Circa 500 people start the course each year and on average 50% do not finish the classes, reasons for this include the length of course and accessibility. It also identified that there is a cohort of adults aged 50 and older who could potentially use and benefit from this service.

- 2.7. The current Postural Stability Service contracts are due to end March 2026 and a new service arrangement is required to be in place by 1 April 2026.
- 2.8. In 2024 a decision was taken by KCHFT to cease this arrangement and not continue to offer this service post March 2025. This means that until a decision is made on the future of the Postural Stability Service, and the new model is in place, people in East Kent are being signposted to other providers of local activities via links on the KCHFT [Falls Prevention Service](#) webpage. This includes links to KCC's '[Get moving](#)' webpage, [Everyday Active Kent](#), [Age UK](#), KCHFT "[One You Walk and Talk](#)" and [Active Kent and Medway](#), where people can see what is on offer in their district. People also have the option to receive a DVD of exercises from KCHFT or view an online (internet) exercise class.

3. Kent County Council and Key Partner Strategies

- 3.1. **Council's Strategy 2022-2026 Framing Kent's Future** - Physical Activity Service's for Older People supports the Council to achieve the following priorities set out in the Council's Strategy 2022-2026 'Framing Kent's Future':
- Priority 1: Levelling up Kent
 - To see significant improvements in the economy, connectivity, educational attainment, skills and employment rates and public health outcomes in deprived communities in coastal areas so that they improve faster than the rest of Kent to reduce the gaps
 - To work with our partners to hardwire a preventative approach into improving the health of Kent's population and narrowing health inequalities
 - Adopt an unrelenting focus on reducing cardiovascular disease in our population by continuing to focus on healthier behaviours, stopping smoking, taking up exercise and healthier eating.
- 3.2. **Securing Kents Future** - Physical Activity Service's for Older People supports the Council to achieve the priorities set out in Securing Kents Future, by improving balance strength, mobility and confidence leading to reduced risk (reduction) of falling, which will decrease the demand and costs in Health and Social Care.
- 3.3. **Kent and Medway Integrated Care Strategy** - Physical Activity Service's for Older People supports the Kent & Medway Integrated Care System to achieve the following outcomes set out in the Integrated Care Strategy:
- Helping the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place
 - Helping people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.

3.4. **Moving Together – Physical Activity Strategy 2023-2027** - Physical Activity Service's for Older People contribute towards the Kent Moving Together Strategy, to achieve the following objectives:

- Creating partnerships that enable everyone to benefit from an active lifestyle
- Connecting Communities – Making it easier for people to be active locally and using sport and physical activity's unique ability to make places better to live in and bring people together, particularly where inequalities are greatest
- Active Environments – Creating and protecting places and spaces that make it easier for people to be active
- Supporting Sport – Supporting local organisations to better understand their community and to deliver activities that are appropriate to people's needs and motivations.

3.5. **Adult Social Care Strategy 2022-2027 – Making a difference every day** - Physical Activity Service's for Older People contribute towards Making a difference every day as the service supports people to "*feel empowered, resilient and develop their independence*".

3.6. **Adult Social Care Prevention Framework 2025-2035** - currently in development

4. Public Health Service Transformation Programme (PHSTP)

- 4.1. In July 2023, KCC commenced the Public Health Service Transformation Programme (PHSTP) which included the Postural Stability Service.
- 4.2. The Programme required the evaluation of existing service models and collaboration with key stakeholders to identify recommendations for future service delivery.

5. Market, Stakeholder and Public Engagement

5.1. As part of the PHSTP, extensive engagement activities have been conducted, including consultations with stakeholders and the public.

5.2. This included:

- **Market/Stakeholder Engagement** - Between February – August 2024, KCC held two engagement workshops with key stakeholders (including service providers). Those in attendance included representatives from 57 different organisations
- **Public/Stakeholder Engagement** - In May/June 2024, engagement was carried out by two organisations on KCC's behalf (31Ten and Active Kent). They had conversations with older adults and organisations who have an interest or stake in services for older adults who have issues with

strength, balance, and activity. Participants were from all over the county and included people from areas where people are more inactive. Those living in deprived communities (in Thanet, Folkestone and Hythe, Gravesham, and Swale) were also represented. A total of 375 people shared their views

- **Public Consultation:** On the 6 November 2024, a six-week consultation was launched and ran until the 17 December 2024. The consultation invited service users, residents and other interested parties to provide views on the proposed changes to KCC's physical activity services for older people. There was significant activity to raise awareness of the consultation and encourage participation, including media releases, posters, advertising via social media and promotion via partner agencies. There were 141 responses to the consultation. A copy of the consultation report is included in Appendix B and has been published on the Let's Talk Kent website

A 'You Said, We Did' document has also been developed (Appendix C) and uploaded on the Let's Talk Kent website, which outlines how proposals have been further developed, taking into account feedback from the Public Consultation.

- 5.3. All of the feedback gathered has been analysed and highlighted the need for services to be more flexible, accessible, and better promoted.
- 5.4. Key insights from all of the engagement activity indicated that older adults require varied activities, social interactions, and local availability of services. This has been used to develop the proposed new commissioning/service model, which is detailed in Section 6 below.

6. Commissioning/Service Model

- 6.1. As part of the PHSTP, a proposed new commissioning/service model has been developed to better serve Kent's changing population, across the whole of the county.
- 6.2. The new approach will include providing more classes in more locations across Kent, particularly in communities that would benefit the most. It is proposed to offer support to those aged 50 and older and include shorter, more intensive courses of 12 weeks (instead of 32 weeks) to increase the course completion rate. This will enable more people to get onto the course and complete it and it is anticipated that this will fit better with peoples' lifestyles and commitments outside of the course.
- 6.3. Activities will continue to promote and improve strength and balance and accessed via self-referral or via a health or care professional.
- 6.4. Exit plans will include signposting/referring to alternative activities/interventions for people who require on-going support after the 12-week period.
- 6.5. The new service will aim to:

- Expand the age range of participants and include more older adults by offering support to those aged 50 and older
 - Improve access to information
 - Deliver helpful and enjoyable activities, that are accessible
 - Increase the number of classes offered across Kent, particularly to underserved groups
 - Continue to help older adults to increase and maintain their strength, flexibility, balance, and coordination in a place and time that suits them
 - Reduce inactive lifestyles such as sitting too much for too long, to help people to remain independent for longer, enjoy a better quality of life, and delay and in some cases prevent the onset of disability.
- 6.6 Instead of commissioning two organisations to provide the service in the East and West of the county it is proposed services are delivered via a new grant system. This will allow various organisations to apply for grant funding to provide evidenced based, desirable local activities closer to where people live, contingent on meeting service requirements. This approach aims to foster community-led projects and increase service reach.
- 6.7 The new service will be promoted by the successful organisations and supported by the Kent Integrated Care System (ICS). The activities would be featured in the Active Kent and Medway directory of available services within each Kent district for public information.
- 6.8 The Grant system will allow organisations to apply for funding for a three-year period. However, services will be reviewed annually to make sure that the activities being provided are meeting the service requirements and needs of older people.
- 6.9 Joint applications from groups of organisations (consortiums) who may wish to provide services will be welcomed. In these instances, the funding may be increased. Applications from community-led projects or services will be encouraged.
- 6.10 Organisations will be expected to seek additional funding from other funding sources, for their project to increase capacity, reach and sustainability.
- 6.11 When deciding to award funding, those applying will be required to detail how they would address and deliver against the desired key aims. This information will be reviewed by a grants awarding panel.
- 6.12 Grant Applicants will be expected to capture data and provide evidence to demonstrate they are supporting their local communities to get more active, move more, and any benefits relating to health and wellbeing.
- 6.13 Alongside the delivery of the new model, KCC's Public Health Research Team will be undertaking an evaluation of the new approach to assess the impact and effectiveness of the 12-week course and the use of community grants for delivery of the service via community capacity building. Findings from this will inform future commissioning.

7 Options Considered but Rejected

- 7.6 **Keep current service the same** - Keeping the current service model was concluded as a non-viable option, due to the service currently having a high drop-out rate attributable in part to the length of the programme at 36 weeks, and the age/health/vulnerability of the target population. The current service is unable to meet current need and is unable to support enough people to have a significant impact on falls.
- 7.7 **Discontinue all elements of the service** - Decommissioning the service was concluded as a non-viable option, due to frailty and falls being a key issue in Kent. Physical activity services for older people supports the Council to achieve priorities set out in Framing Kent's Future and Securing Kent's Future and the Kent and Medway Integrated Care System to achieve key outcomes set out in the Integrated Care Strategy. The service plays a key role in supporting KCC to reduce health inequalities and improve the health of the Kent population.

8 Commercial Implications

- 8.1 The contract for the current Postural Stability Service is due to expire 31 March 2026.
- 8.2 In advance of this date, we are seeking approval to commission the new physical activity service for older people, as per the proposed new commissioning/service model detailed in Section 6.
- 8.3 It is proposed to enter a Memorandum of Understanding (MOU) with Active Kent to administer and manage the grant process and ongoing management of the service.
- 8.4 KCC Public Health currently has an MOU in place with Active Kent, which is reviewed and agreed annually. It is proposed to include the requirement to administer and manage the grant process and ongoing management of the service as part of that MOU.
- 8.5 Active Kent will administer and manage the grant process in line with KCC's Grant Framework, detailed in the [Civil Society Strategy](#).

9 Financial Implications

- 9.1 The new service length will be:
- Annual MOU with Active Kent, which will be reviewed and agreed annually. This approach will be in place until 31 March 2029. Findings from the evaluation will inform the future commissioning approach to be implemented after this period.
- 9.2 The estimated cost to KCC Public Health from 1 April 2026 – 31 March 2029 is £507,800. This will be funded from KCC Public Health's ringfenced grant.

Financial Year	KCC Public Health Funding
26/27	£169,400
27/28	£181,700

28/29	£156,700
Total	£507,800

10 Legal Implications

- 10.1 It is proposed to enter a MOU with Active Kent to administer and manage the grant process and ongoing management of the service. The MOU will outline the requirement and include terms which would enable KCC Public Health to clawback funding which had not been spent for agreed purposes or which was misapplied.
- 10.2 Legal and Commercial advice will be sought when setting up the MOU (including reviewing the terms of the agreement) with Active Kent and as and when required.

11 Equality Implications

- 11.1 An Equalities Impact Assessment (EqIA) has been undertaken and updated following the public consultation (Appendix D).
- 11.2 The EqIA found the impact of this work to be positive. The new offer aims to reach more people and improve access to activities closer to where people live. Services will play a key role in supporting KCC to reduce health inequalities, via increasing provision of local and timely service access to exercise classes especially for at-risk groups.
- 11.3 The EqIA will be regularly reviewed.

12 Data Protection Implications

- 12.1 A new Data Protection Impact Assessment will need to be undertaken and completed during service mobilisation.
- 12.2 Active Kent will also be required to undertake a Data Protection Impact Assessment during mobilisation and support the completion of KCC's Data Protection Impact Assessment.

13 Management of Works

- 13.1 The management and implementation of the new service model will be delivered by KCC Public Health and Integrated Commissioning. Progress will be monitored through internal governance arrangements.
- 13.2 KCC Public Health and Integrated Commissioning plan to update Adult Social Care and Public Health Cabinet Committee of progress.

14 Conclusion

- 14.1 Since 2015, Kent County Council (KCC) have commissioned the Postural Stability Service. The service plays a vital role in ensuring the effective and timely provision of preventative health and wellbeing services and can help meet key priorities.
- 14.2 The Postural Stability Service contract is due to end 31 March 2026.

14.3 As part of the PHSTP, market, stakeholder and public engagement has been undertaken on this service. All responses and contributions from engagement have been analysed and informed the new proposed physical activity service for older people.

14.4 The proposed new model aims to better serve Kent's changing population and will:

- Offer support to those aged 50 and older
- Provide more classes in more locations across Kent (particularly in communities that would benefit the most), include shorter, more intensive courses to increase the course completion rate and enable more people to access the service.

14.5 The new commissioning/service model will be delivered through a Grant Scheme (administered and managed by Active Kent) which is planned to be fully mobilised and services starting no later than 1 April 2026.

15 Recommendations

Recommendations:

The Adult Social Care and Public Health Cabinet Committee is asked to CONSIDER and ENDORSE or make RECOMMENDATIONS to the Cabinet Member for Adult Social Care and Public Health on the proposed decision as set out in the PROD (Appendix A).

16 Background Documents

16.1 Updates on the Public Health Service Transformation Programme have been presented at each Health Reform and Public Health Cabinet Committee since its inception.

17 Report Author

Luke Edwards
Senior Commissioner
03000 421748
Luke.Edwards@kent.gov.uk

Relevant Director

Dr Anjan Ghosh
Director of Public Health,
03000 412633
Anjan.Ghosh@kent.gov.uk

Victoria Tovey
Assistant Director of Integrated Commissioning
03000 416779
Victoria.Tovey@kent.gov.uk

Relevant Public Health Consultant and Specialist

Sarah Crouch
Consultant in Public Health
03000 414067
Sarah.Crouch@kent.gov.uk

Linda Smith
Specialist in Public Health
03000 416704
Linda.Smith2@kent.gov.uk

This page is intentionally left blank

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Diane Morton, Cabinet Member for Adult Social Care and Public Health

DECISION NO:

25/00038

For publication *[Do not include information which is exempt from publication under schedule 12a of the Local Government Act 1972]*

Key decision: YES

Subject Matter / Title of Decision: Public Health Service Transformation Programme - Physical Activity Service for Older People

Decision:

- (a) **APPROVE** the commissioning and implementation of a new service model for physical activity for older people
- (b) **AGREE** to enter into a Memorandum of Understanding with Active Kent to administer the grants through delivery organisations
- (c) **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health to review and agree the annual MOU with Active Kent until 31 March 2029, providing it is on similar terms
- (d) **DELEGATE** authority to the Director of Public Health to take necessary actions, including but not limited to entering into required contracts or other legal agreements, as required to implement the decision.

Background

Since 2015, Kent County Council (KCC) have commissioned a physical activity service for older people, known as the 'Postural Stability Service'.

The service is for anyone aged 65 or older and those aged 50-64 years who are judged by a health professional to be at higher risk of falling. It is accessed through a self-referral which can be made through the KCC website, or via a referral from a health professional.

The service offers a course of one-hour classes which are held weekly, in-person, and led by an instructor. The length of the course is up to 36 weeks (eight months).

The service aims to:

- Improve balance strength, mobility and confidence to reduce the risk of falling
- Increase knowledge and awareness of causes of falls, and potential resultant injury, and the benefits of exercise and good nutrition
- Reduce hospital emergency admissions due to falls.

The Service is delivered in recent years by two organisations. In East Kent, the service was provided by Kent Community Health Foundation Trust (KCHFT) (ceased in March 2025), and in West Kent by

Involve.

In July 2023, KCC initiated the Public Health Service Transformation Programme (PHSTP). The programme responded to a series of strategic developments, challenges, and opportunities in the commissioning landscape, and is underpinned by an evidence-based review of all internal and external Public Health funded services and grants.

As part of the PHSTP, market, stakeholder and public engagement has been undertaken. All responses and contributions from engagement has been analysed and informed future service delivery.

Reason for Decision:

There is a well-established and evidenced understanding of the need for all adults, including older and frail adults, to maintain physical activity for as long as possible to delay the onset of disability, long-term health conditions, and remain independent as long as possible.

Regular physical activity contributes to the key determinants of healthy ageing:

- Good physical and mental function
- Opportunities for social interaction
- A sense of control over, and the responsibility for one's own health and well-being
- Managing or coping with disease symptoms and functional limitations.

Under the Care Act, KCC is obliged to provide or arrange for services, facilities or resources which would prevent, delay, or reduce individuals' needs for care and support. Within the Care Act statutory guidance, secondary prevention or early intervention, is defined as more targeted interventions aimed at individuals who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down or reduce any further deterioration or prevent other needs from developing.

KCC also has a statutory duty to improve the health of the population and reduce health inequalities (Health and Social Care Act 2012). KCC receive a ringfenced Public Health Grant to meet this statutory duty and annually report to Government on how this Grant has been allocated.

Physical activity services for older people supports the Council to achieve priorities set out in 'Framing Kent's Future' and 'Securing Kents Future' and plays a vital role in ensuring the effective and timely provision of preventative services which can help meet key priorities:

- Play a key role in the delivery of early intervention and prevention strategies
- Reduction in health inequalities
- Reduction in the number of emergency hospital admissions due to falls in older people
- Increase in the percentage of adults who are physically active
- Increase strength, balance and exercise education and activities for older people
- Enable people to remain independent for longer, enjoy a better quality of life and delay the onset of disability.

As part of the PHSTP, a new commissioning/service model has been developed to better serve Kent's changing population.

The new approach will include providing more classes in more locations across Kent, particularly in communities that would benefit the most. It will offer support to those aged 50 and older and include shorter, more intensive courses to increase the course completion rate. This will enable more people to get onto the course and complete it and it is anticipated that this will fit better with peoples'

lifestyles and commitments outside of the course.

Activities will continue to promote and improve strength and balance and accessed via self-referral or via a health or care professional.

The new service will aim to:

- Expand the age range of participants and include more older adults by offering support to those aged 50 and older
- Improve access to information
- Deliver helpful and enjoyable activities, that are accessible
- Increase the number of classes offered across Kent, particularly to underserved groups
- Continue to help older adults to increase and maintain their strength, flexibility, balance, and coordination in a place and time that suits them
- Reduce inactive lifestyles such as sitting too much for too long, to help people to remain independent for longer, enjoy a better quality of life, and delay and in some cases prevent the onset of disability.

Instead of commissioning two organisations to provide the service in the East and West of the county, services are to be delivered via a new grant system. This will allow various organisations to apply for grant funding to provide evidenced based, desirable local activities closer to where people live, contingent on meeting service requirements. This approach aims to foster community-led projects and increase service reach.

The Grant system will allow organisations to apply for funding for a three-year period. However, services will be reviewed annually to make sure that the activities being provided are meeting the service requirements and needs of older people.

When deciding to award funding, those applying will be required to detail how they would address and deliver against the desired key aims. This information will be reviewed by a grants awarding panel.

Grant Applicants will be expected to capture data and provide evidence to demonstrate they are supporting their local communities to get more active, move more, and any benefits relating to health and wellbeing.

Alongside the delivery of the new model, KCC's Public Health Research Team will be undertaking an evaluation of the new approach to assess the impact and effectiveness of the 12-week course and the use of community grants for delivery of the service via community capacity building. Findings from this will inform future commissioning.

A Memorandum of Understanding (MOU) will be entered into with Active Kent to administer and manage the grant process and ongoing management of the service.

How the proposed decision meets the priorities of New Models of Care and Support as set out in "Framing Kent's Future – Our Council Strategy 2022 – 2026"

Physical Activity Service's for Older People supports the Council to achieve the following priorities set out in the Council's Strategy 2022-2026 'Framing Kent's Future':

- Priority 1: Levelling up Kent
 - To see significant improvements in the economy, connectivity, educational attainment, skills and employment rates and public health outcomes in deprived communities in coastal areas so that they improve faster than the rest of Kent to reduce the gaps
 - To work with our partners to hardwire a preventative approach into improving the health of Kent's population and narrowing health inequalities

- Adopt an unrelenting focus on reducing cardiovascular disease in our population by continuing to focus on healthier behaviours, stopping smoking, taking up exercise and healthier eating.

How the proposed decision supports Securing Kent's Future

Physical Activity Service's for Older People supports the Council to achieve the priorities set out in Securing Kents Future, by improving balance strength, mobility and confidence leading to reduced risk (reduction) of falling, which will decrease the demand and costs in Health and Social Care.

How the proposed decision supports the Kent and Medway Integrated Care Strategy

Physical Activity Service's for Older People supports the Kent & Medway Integrated Care System to achieve the following outcomes set out in the Integrated Care Strategy:

- Helping the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place
- Helping people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.

Financial Implications

The new service length will be:

- Annual MOU with Active Kent, which will be reviewed and agreed annually. This approach will be in place until 31 March 2029.

The estimated cost to KCC Public Health from 1 April 2026 – 31 March 2029 is £507,800. This will be funded from KCC Public Health's ringfenced grant.

Financial Year	KCC Public Health Funding
26/27	£169,400
27/28	£181,700
28/29	£156,700
Total	£507,800

Equalities Implications

An Equalities Impact Assessment (EqIA) has been undertaken and updated following the public consultation.

The EqIA found the impact of this work to be positive. The new offer aims to reach more people and improve access to activities closer to where people live. Services will play a key role in supporting KCC to reduce health inequalities, via increasing provision of local and timely service access to exercise classes especially for at-risk groups.

The EqIA will be regularly reviewed.

Data Protection Implications

A new Data Protection Impact Assessment will need to be undertaken and completed during service

mobilisation.

Active Kent will also be required to undertake a Data Protection Impact Assessment during mobilisation and support the completion of KCC's Data Protection Impact Assessment.

Legal Implications

A MOU will be entered into with Active Kent to administer and manage the grant process and ongoing management of the service. The MOU will outline the requirement and include terms which would enable KCC Public Health to clawback funding which had not been spent for agreed purposes or which was misapplied.

Legal and Commercial advice will be sought when setting up the MOU (including reviewing the terms of the agreement) with Active Kent and as and when required.

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Adult Social Care and Public Health Cabinet Committee on 8 July 2025 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

- **Keep current service the same** - Keeping the current service model was concluded as a non-viable option, due to the service currently having a high drop-out rate attributable in part to the length of the programme at 36 weeks, and the age/health/vulnerability of the target population. The current service is unable to meet current need and is unable to support enough people to have a significant impact on falls.
- **Discontinue all elements of the service** - Decommissioning the service was concluded as a non-viable option, due to frailty and falls being a key issue in Kent. Physical activity services for older people supports the Council to achieve priorities set out in Framing Kent's Future and Securing Kent's Future and the Kent and Medway Integrated Care System to achieve key outcomes set out in the Integrated Care Strategy. The service plays a key role in supporting KCC to reduce health inequalities and improve the health of the Kent population.

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

.....
signed

.....
date

This page is intentionally left blank



Kent County Council Postural Stability Service Consultation report



Prepared by Lake Market Research



Executive summary	3
Background and methodology	5
Consultation profile	8
Consultation awareness	12
Use of Postural Stability Service	14
Response to consultation proposals	16
Response to Equality Impact Assessment	43
Next steps	44
Appendix - Consultation questionnaire	45

Executive summary

- 141 responses were received to this consultation. 116 were submitted online and 25 (18%) questionnaires were submitted in hard copy or by email.
- The most common means of finding out about the consultation is via an email from KCC's Public Health Team, an email from Let's talk Kent / KCC's Engagement and Consultation Team and at a current Postural Stability Service venue.
- 46% have interacted with the Postural Stability Service before (currently use the service or have used in the past). 2% are on the waiting list for the service. 47% have never used the service before and 5% did not know.
- Levels of agreement with the three proposed aims for the service were mixed as follows:
 - Include more older adults below the age of 65 - 69% agree, 11% disagree, 19% neither agree nor disagree.
 - Continue to help older adults to increase and maintain their strength, flexibility, balance, and coordination, in a place and time that suits them - 98% agree, 1% disagree, 1% neither agree nor disagree.
 - Reduce inactive lifestyles such as sitting too much for too long - 96% agree, 1% disagree, 3% neither agree nor disagree.
- Levels of agreement with the three service proposals put forward were also mixed as follows:
 - Reduce courses to 12-weeks - 51% agree, 43% disagree, 6% neither agree nor disagree.
 - Extend the service to more adults aged 50 and older - 75% agree, 14% disagree, 11% neither agree nor disagree.
 - Have more classes in more locations across Kent in communities that need them the most - 89% agree, 2% disagree, 9% neither agree nor disagree.
- When given the opportunity to provide any comments on the aims and proposals put forward in the consultation, some consultees commented that there is a more general need to promote / advertise the service / raise awareness moving forward and also communicate the purpose / message of the service more, so those aware understand what it could offer.
- Some consultees put forward the following concerns with the aims and proposals put forward:
 - 12 weeks may not be long enough for service users to benefit / see real behaviour change.
 - Mixing age groups may not work as they may require different things from the service (prevention vs. rehabilitation) and/or progress at different paces.
 - Consider the social support people enjoy from these sessions and concerns that these proposals may take that away.
 - Desire for continuation / longer term solutions to be offered to those who need it once the 12-week sessions are complete.
- 22% of consultees making a comment on the ten principles put forward indicated they generally agree with them. The most common concern expressed by consultees is a

perception that 12 weeks is not long enough / they are uncertain of evidence to support this change. Some consultees referenced the importance of training / understanding of screening, notably in relation to principle 1 (focus on biggest geographical differences), principle 2 (long term behaviour change) and principle 4 (remaining active post course).

- Levels of agreement with proposals put forward for the grant process in the consultation are as follows:
 - I/my organisation would welcome KCC awarding grants over three years, for up to £3,000 per year (£9,000 in total); to be reviewed annually - 67% agree, 7% disagree, 14% neither agree nor disagree, 12% do not know.
 - KCC should encourage joint applications from groups of organisations (consortiums) who may wish to provide services - 71% agree, 8% disagree, 16% neither agree nor disagree, 6% do not know.
 - KCC should encourage organisations to seek additional funding from elsewhere to run the service - 57% agree, 14% disagree, 23% neither agree nor disagree, 6% do not know.
- Only 29% of consultees provided open feedback on the proposed grant process (41 consultees). Of those, 17% commented they did not know enough about the grants process to comment. Amongst those answering, the most common theme expressed is that the service needs more funding / £3,000 is not enough.

Background and methodology

Background

Postural stability means how well someone can control and keep themselves stable to help them move and keep their balance. The Public Health team at Kent County Council (KCC) undertook a public consultation on proposed changes to KCC's Postural Stability Service in Kent.

Proposals included:

- Reducing the current course from up to 36 weeks to 12-weeks.
- Extending the service to more adults aged 50 and older
- Providing more classes in more locations across Kent in communities that will benefit them most.
- Giving organisations a chance to apply for grants of up to £3,000 a year or more in some circumstances.

Changes are being proposed because of feedback from service users and what KCC know about the way the population in Kent is growing and increasing aged which suggests that the current offer needs to be updated. KCC want to make these changes so the service can be used by more people, earlier in life so they are able to get the most use out of the help on offer more locally to stay well, fit, mobile and independent for longer.

Rather than make savings, KCC are proposing to deliver the service differently. The current budget for the service will remain the same and there are no savings associated with the proposed changes to the service.

Consultation process

On the 6 November 2024, a six-week consultation was launched and ran until the 17 December 2024. The consultation invited service users, residents and other interested parties to provide views on the proposed changes.

Feedback was captured via a consultation questionnaire which was available on KCC's engagement website (<https://letstalk.kent.gov.uk/postural-stability>). Hard copies of the consultation material were also available on request. Large print formats were available from the consultation webpage and consultation material and the webpage included details of how people could contact KCC to ask a question, request hard copies or an alternative format. A Word version of the questionnaire was provided on the webpage for people who did not wish to complete the online version.

A consultation stage Equality Impact Assessment (EqIA) was carried out to assess the impact the proposals could have on those with protected characteristics. The EqIA was available as one of the consultation documents and the questionnaire invited consultees to comment on the assessment that had been carried out. An analysis of responses to this question can be found with the overall findings' sections of this report.

Activities to raise awareness of the consultation and encourage participation, included the following:

- Media release – <https://news.kent.gov.uk/articles/have-your-say-on-proposed-new-service-to-help-kents-over-50s-get-active-and-age-well>
- Poster and postcards displayed in current providers premises, Kent Libraries and Gateways.

- Posts on KCC's Facebook, X (formerly Twitter), Instagram, Nextdoor and LinkedIn channels tagging current providers.
- Links to consultation webpage from Kent.gov. service page.
- Promotion through internal staff comms channels and directorates
- Promoted to towns and parish councils through the Kent Association of Local Councils (KALC).
- Promoted through Kent's Resident e-Newsletter
- Invitation to those registered with Let's talk Kent who have expressed an interest in 'Public Health and Wellbeing' and 'Adult Social Care' (9,240).
- Promoted via Kent community hospitals
- Promotion to Armed Forces Network and Kent Equality Council
- Email to stakeholders, including integrated care board and Healthwatch.
- Promoted via Community Wardens
- Promoted via Active Kent networks
- Promoted via District and Borough councils

A summary of interaction with the consultation website and documents can be found below:

1,670 visits to the consultation webpage by 398 visitors.

- Organic posts had a reach of 6,948 on Facebook.
- There were 118,423 impressions generated by posts across LinkedIn, Instagram, X and Nextdoor.

Reach refers to the number of people who saw a post at least once and impressions are the number of times the post is displayed on someone's screen.

The posts generated 418 clicks through to the consultation webpage. (Not all social media platforms report the same statistic).

Consultation response

There were 141 responses to this consultation. 116 were submitted online and 25 questionnaires were submitted in hard copy or by email.

Points to note

- Consultees were given the choice of which questions to answer / provide a comment for. The number of consultees providing an answer to each question is shown on each chart / data table featured in this report.
- Consultees were asked to detail the reasons for their views in their own words. For reporting, we have reviewed the comments made for each of these questions and grouped common responses together into themes. These themes are reported where relevant in this report.
- Please note the percentages in any multiple choice question will exceed the sum of 100%.
- Please note the sum of individual percentages in any single choice question in this report may not sum to 100% due to rounding.
- Please note that participation in consultations is self-selecting and this needs to be considered when interpreting responses. Inclination to take part in the consultation is subject to individual personal topic interest and service usage.

- KCC were responsible for the design, promotion and collection of the consultation responses. Lake Market Research were appointed to conduct an independent analysis of feedback.

Consultation profile

Response profile

Most consultees responding to the consultation questionnaire are Kent residents (78%). 1% responded as a resident from somewhere else and 3% responded on behalf of a friend or relative. 9% responded as a representative of an organisation.

CONSULTEE TYPE	Count	Percentage
As a Kent resident (living in the Kent County Council authority area)	110	78%
As a resident from somewhere else, such as Medway or further away	1	1%
On behalf of a friend or relative	4	3%
A charity	4	4%
As a Parish, Town, District, Borough or County Councillor	3	2%
As a representative of a local community group or residents' association	2	1%
On behalf of a Town, Parish, District or Borough Council in an official capacity	2	1%
On behalf of a charity or Voluntary, Community or Social Enterprise (VCSE) organisation	1	1%
Other / As something else (e.g. Postural Stability Instructor, practitioner, healthcare professionals, training providers)	15	11%
Total	141	

Demographic profile

The tables below show the demographic profile of resident consultees who completed the More About You questions at the end of the questionnaire. The proportion who left these questions blank or indicated they did not want to disclose this information is not included in the statistics below.

Gender (resident consultees answering More About You questions only)	Number of responses	Percentage
Male	27	24%
Female	85	75%
Prefer not to say	2	2%
Total	114	

Gender same as birth (resident consultees answering More About You questions only)	Number of responses	Percentage
Yes	111	98%
No	0	0%
Prefer not to say	2	2%
Total	113	

Age (resident consultees answering More About You questions only)	Number of responses	Percentage
16-25	0	0%
26-35	2	2%
36-45	4	3%
46-55	7	6%
56-65	19	16%
66-75	33	28%
76-85	37	32%
86 and over	13	11%
Prefer not to say	1	1%
Total	116	

Working status (resident consultees answering More About You questions only)	Number of responses	Percentage
Working full time	8	7%
Working part time	10	9%
On a zero hours or similar casual contract	1	1%

Working status (resident consultees answering More About You questions only)	Number of responses	Percentage
Work flexibly / shift work	1	1%
Freelance / self employed	7	6%
Not working due to a disability or health condition	7	6%
Carer	7	6%
Homemaker	2	2%
Retired	82	71%
Other	5	4%
Prefer not to say	0	0%
Total	116	

Disability (resident consultees answering More About You questions only)	Number of responses	Percentage
Yes	59	52%
- Musculoskeletal e.g. conditions affecting muscles or bones	28	25%
- Physical	20	18%
- Long standing illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy	16	14%
- Sensory (hearing, sight or both)	15	13%
- Mental health condition	8	7%
- Neurodivergent, such as ADHD, autism, dyslexia and dyspraxia	2	2%
- A different disability or health condition (e.g. cancer, multiple sclerosis, leukaemia, stroke, Alzheimer's, balance issues)	14	12%
No	48	42%
Prefer not to say	6	5%
Total	113	

Carer (resident consultees answering More About You questions only)	Number of responses	Percentage
Yes	17	15%
No	93	82%
Prefer not to say	3	3%

Ethnicity (resident consultees answering More About You questions only)	Number of responses	Percentage

White English, Scottish, Welsh, Northern Irish or British	102	94%
White Irish	2	2%
Any other white background	1	1%
Mixed White & Asian	1	1%
Black or Black British Caribbean	1	1%
Black or Black British African	1	1%
Any other ethnic group	1	1%
Prefer not to say	0	
Total	109	

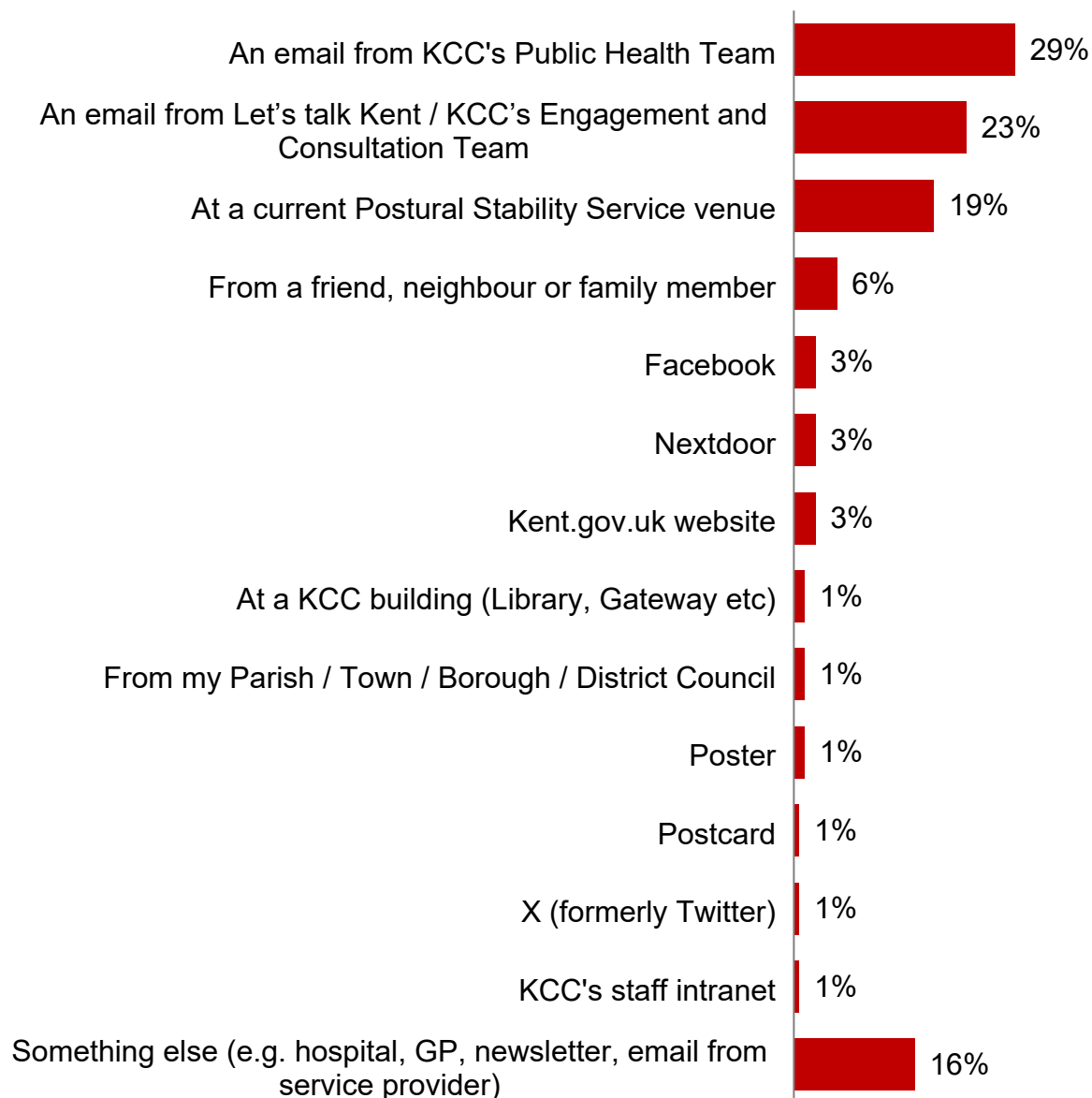
Religion (resident consultees answering More About You questions only)	Number of responses	Percentage
Atheist	2	2%
Christian	65	58%
Buddhist	2	2%
A different religion or belief	1	1%
No	34	30%
Prefer not to say	8	7%
Total	112	

Sexuality (resident consultees answering More About You questions only)	Number of responses	Percentage
Heterosexual / Straight	99	91%
Bi / Bisexual	2	2%
Prefer to define my own sexuality	2	2%
Prefer not to say	6	6%
Tota	109	

Consultation awareness

The top three means of finding out about the consultation was via an email from KCC's Public Health Team (29%), an email from Let's talk Kent / KCC's Engagement and Consultation Team (23%) and at a current Postural Stability Service venue (19%).

How did you find out about this consultation? Base: all providing a response (140).



Supporting data table	Number of responses	Percentage
An email from KCC's Public Health Team	41	29%
An email from Let's talk Kent / KCC's Engagement and Consultation Team	32	23%
At a current Postural Stability Service venue	26	19%
From a friend, neighbour or family member	8	6%
Facebook	4	3%
Nextdoor	4	3%
Supporting data table	Number of responses	Percentage

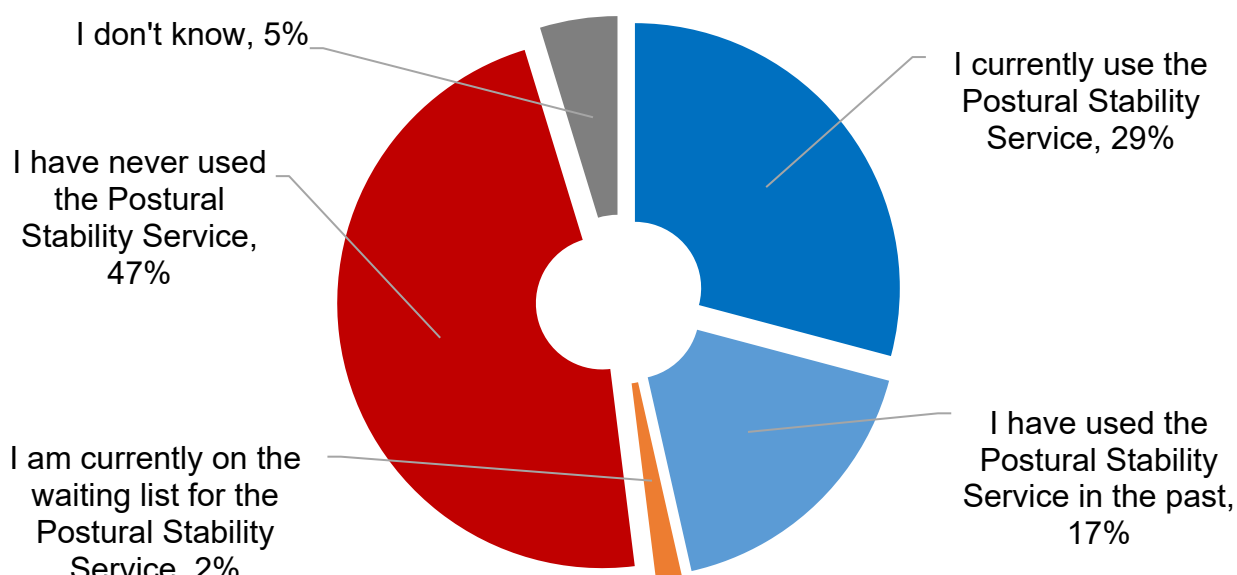
Kent.gov.uk website	4	3%
At a KCC building (Library, Gateway etc)	2	1%
From my Parish / Town / Borough / District Council	2	1%
Poster	2	1%
Postcard	1	1%
X (formerly Twitter)	1	1%
KCC's staff intranet	1	1%
Something else (e.g. hospital, GP, newsletter, email from service provider)	22	16%

Use of Postural Stability Service

Just under half of consultees (46%) were either currently using the Postural Stability Service or have used it in the past. 2% indicated they were on the waiting list for the service.

47% of consultees indicated they have never used the service before and 5% are unsure.

Please tell us which of the following options describes your use of the Postural Stability Service? Base: all responding (127).



Supporting data table	Number of responses	Percentage
I currently use the Postural Stability Service	37	29%
I have used the Postural Stability Service in the past	22	17%
I am currently on the waiting list for the Postural Stability Service	2	2%
I have never used the Postural Stability Service	60	47%
I don't know	6	5%

Consultees were offered the opportunity to comment on their experiences of using the service in their own words. The comments have been reviewed and summarised below. 20 consultees made a comment at this question (34% of consultees who indicated they currently use or have used the service).

Consultees complimented the classes received in terms of mobility / balance improvements, support from instructors and social benefits.

“The postural stability classes were vital for me to regain my mobility and balance. I have a severe autoimmune condition which has severely impacted on my balance and general mobility I had falls several times a day some worse than others since completing the course, I have only had a couple of falls which were more stumbles than hitting the deck. I have no doubt that the classes are to thank for this.”

“It was a good course and has helped with my balance but not long enough to build up confidence.”

“Excellent exercise programme including instructor. Our group were a friendly bunch and have continued with various friendships, meeting for coffee, occasional meals out and birthday celebrations.”

Four consultees commented the length of course was too long:

“I certainly benefited from the service and my balance and movement improved considerably. 36 weeks was too long. I feel 12 weeks (as proposed) would be too short. 24 weeks would be ideal and probably necessary.”

“Too long. Difficult to stay course and be enthusiastic.”

Response to consultation proposals

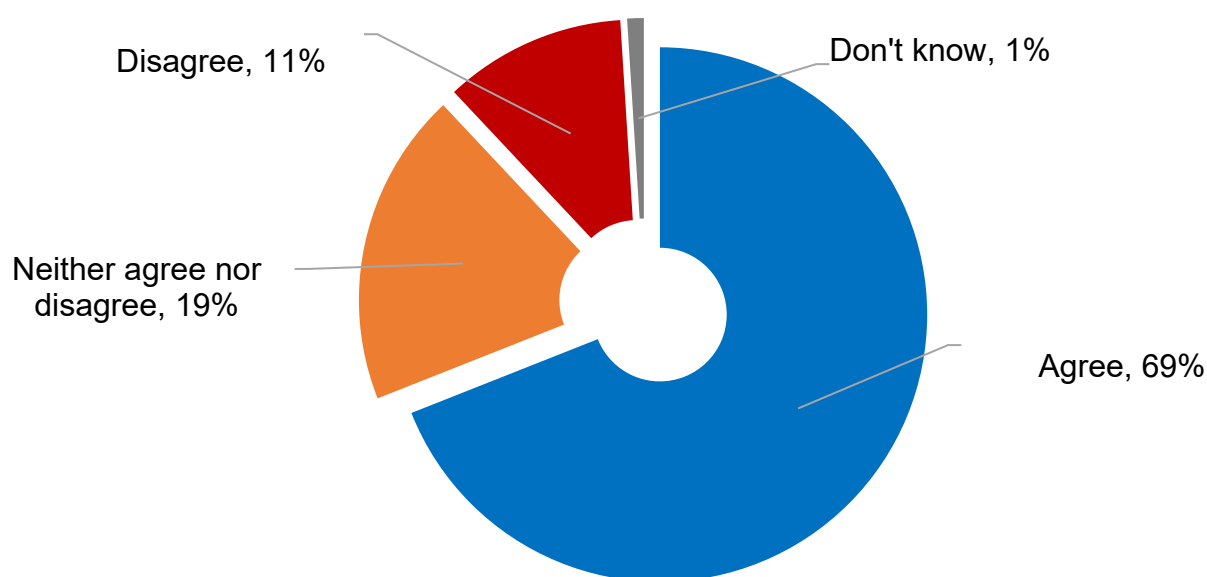
This section of the report details response to the aims and proposals put forward in the consultation document.

Proposed aims of Postural Stability Service

Just over two thirds of consultees (69%) agree the Postural Stability Service should aim to include more older adults below the age of 65. 11% disagree the service should aim to do this, and 19% neither agree nor disagree.

Do you agree or disagree that these are the aims we should be focusing on for the Postural Stability Service...?

Include more older adults below the age of 65. Base: all providing a response (141).



Supporting data table	Number of responses	Percentage
Agree	97	69%
Neither agree nor disagree	27	19%
Disagree	15	11%
Don't know	2	1%

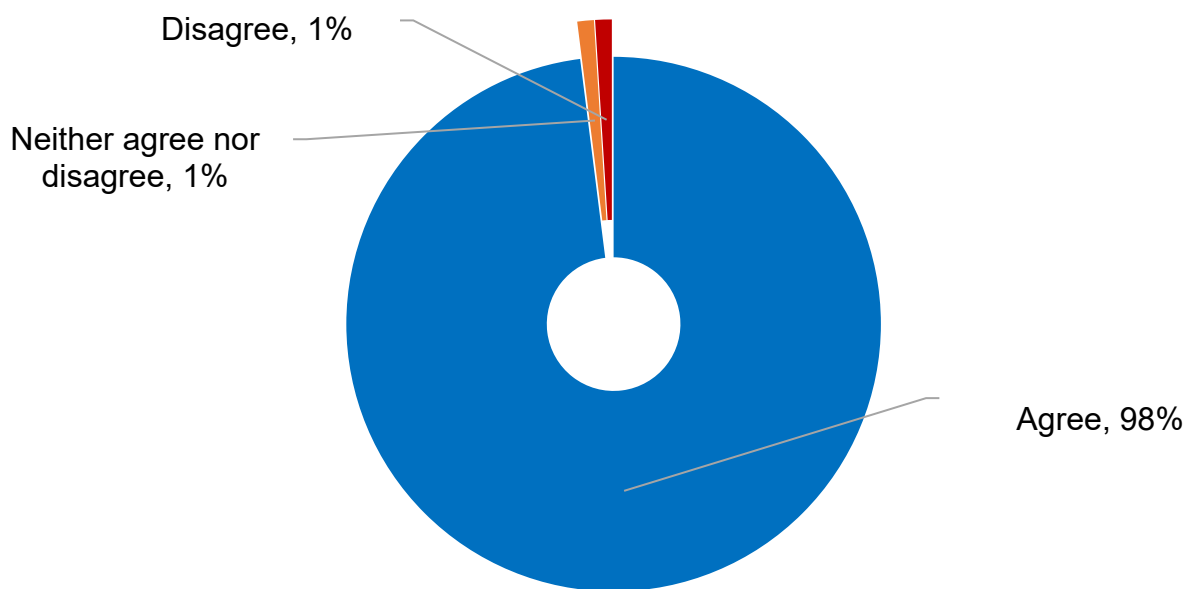
Whilst it should be considered that subgroup sample sizes are small, agreement is highest amongst consultees who have never used the service (82%) and consultees aged 65 and under (81%).

Agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=61)	29	48%
Never used service (n=60)	49	82%
Aged 65 and under (n=32)	26	81%
Aged over 65 (n=83)	51	61%

The vast majority of consultees (98%) agree the Postural Stability Service should aim to continue to help older adults to increase and maintain their strength, flexibility, balance, and coordination, in a place and time that suits them. Only 1% disagree the service should aim to do this and 1% neither agree nor disagree.

Do you agree or disagree that these are the aims we should be focusing on for the Postural Stability Service...?

Continue to help older adults to increase and maintain their strength, flexibility, balance, and coordination, in a place and time that suits them. Base: all providing a response (138).



Supporting data table	Number of responses	Percentage
Agree	135	98%
Neither agree nor disagree	1	1%
Disagree	2	1%
Don't know	0	0%

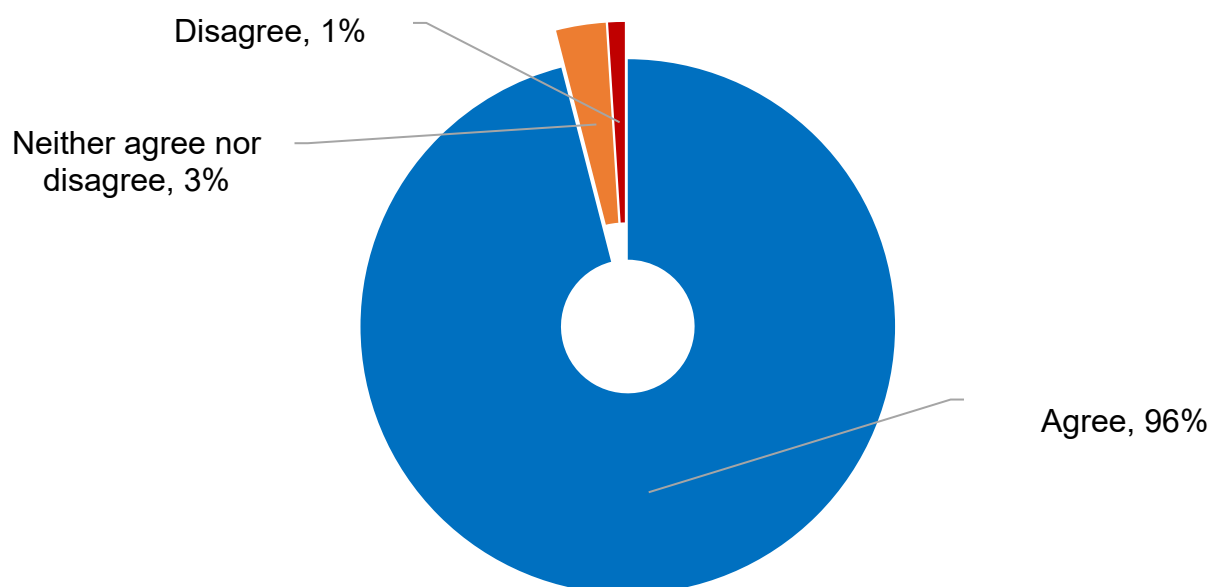
Whilst it should be considered that subgroup sample sizes are small, agreement is consistently high across subgroups.

Agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=59)	57	97%
Never used service (n=59)	59	98%
Aged 65 and under (n=32)	32	97%
Aged over 65 (n=82)	82	98%

Most consultees (96%) agree the Postural Stability Service should aim to reduce inactive lifestyles such as sitting too much for too long. Only 1% disagree the service should aim to do this and 3% neither agree nor disagree.

Do you agree or disagree that these are the aims we should be focusing on for the Postural Stability Service...?

Reduce inactive lifestyles such as sitting too much for too long. Base: all providing a response (139).



Supporting data table	Number of responses	Percentage
Agree	133	96%
Neither agree nor disagree	4	3%
Disagree	2	1%
Don't know	0	0%

Whilst it should be considered that subgroup sample sizes are small, agreement is consistently high across subgroups.

Agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=59)	56	95%
Never used service (n=60)	59	98%
Aged 65 and under (n=32)	32	100%
Aged over 65 (n=81)	77	95%

Consultee comments on the aims put forward

Consultees were offered the opportunity to comment on any of the aims in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. 49% of consultees provided a comment to this question.

14% of consultees answering made general comments that they agree with aims put forward and 10% of consultees answering made general comments that they agree with the first aim to include provision for 50–65-year-olds.

The predominant themes make reference to improved service promotion and clarity of service aims and availability, as well as better health promotion of the benefits and importance of maintaining strength and balance. Some express concern about mixing age groups / age groups needing varying outcomes / service delivery, and removal of the social benefits reaped by service users.

If you would like to comment on any of the aims, please use the box below. You can also tell us if you have suggestions for other aims we might consider.

Base: all consultees providing a response (69).

Theme	Number of responses	Percentage
Promote it / advertise it / raise awareness / not heard of it / choose a more suitable / obvious name	12	17%
The purpose / message of the service needs to be enforced / prevention and education / making sure people understand the importance of maintaining strength and balance	12	17%
Agree with aims (generic / unspecified)	10	14%
Agree with provision to include 50-65s	7	10%
Concerns around mixing age groups (e.g. progress at different pace / for the younger age groups it's about prevention / for the older age groups it's about rehabilitation / two different groups)	7	10%
Consider the social support (older) people enjoy from these sessions / these proposals take it away	7	10%
Needs consideration on case-by-case basis, e.g. need / mobility / ability to attend session times / all sessions	7	10%
Would need to be local / accessible / transport would need to be provided	6	9%
Comments about having a positive personal experience of the service	5	7%
Offer a follow up if twelve weeks / people do not follow programmes at home / follow ups are essential	4	6%
Should be available for anyone that needs it	3	4%
Align / link in with other services e.g. falls prevention / inactive lifestyle initiatives	3	4%
Leave the service as is	2	3%
Twelve weeks is not long enough (e.g. those over 65, not long enough to make a difference, twenty weeks better)	2	3%
Theme	Number of responses	Percentage

Some may miss out if oversubscribed / older people missing out if too many younger people	2	3%
Need more classes not fewer	2	3%
Other comments made not applicable to question	2	3%

Example comments, in consultees own words, of the need to promote / advertise service / raise awareness / change the service name can be found below:

“Advertise this service--I have never heard of it before, despite having some problems with stability and strength.” (Kent resident)

“I am 77 and I have never heard of this scheme. No-one has ever referred me or suggested I use this service which I feel may be helpful to me and many others. People need to be made aware of this facility.” (Kent resident)

Example comments, in consultees own words, about the purpose / message of the service needing to be enforced can be found below:

“People need to be pushed, encouraged in early mid age to be active and focus on core strength.” (Kent resident)

“As already discussed in your proposal, we need to start earlier with messages about reducing inactivity to younger people. The risk of a more sedentary job and lifestyle increases as you enter your 50's due to many physical and mental health issues developing as we get older.” (Kent resident)

Example comments, in consultees own words, supporting concerns about mixing age groups as they may require different things from the service and/or progress at different paces can be found below:

“To include 50 year olds with 80 year olds would be difficult. Most of the younger ones would need encouragement whereas the older ones would be slower and progress more slowly. Under 65s with mobility problems could be included as now. Too wide a range of ability would not give the same sense of shared goals and the possibility of improvement. Fitter, younger people could discourage the older ones. On my course the fitter ones found it boring so left. the less able have persevered and made excellent progress. The third aim applies to the younger ones rather than the older so a different course for the older ones is required. The less able are there because they see the need for increased activity and need help to get there whereas the younger mainly need education.” (Kent resident)

“If groups are very large it is difficult for leader to monitor and help each one. Adding people 50 upwards is not a good idea it will frustrate the younger ones and cause possible embarrassment to the older ones. We discussed this at our last session and agreed unanimously. Also, at the social session with coffee and biscuit it is easier to discuss and compare the difficulties of growing old.” (Kent resident)

“I do not agree with mixing the age groups anyone younger than 65 will not feel comfortable exercising with people 65 to 85.” (A Voluntary, Community or Social Enterprise (VCSE) organisation)

Example comments, in consultees own words, supporting concerns the social support people enjoy from these sessions and that proposals may take that away can be found below:

“Something that is often overlooked is the ability for older people to socially and make new friendships whilst attending these classes and continue once the class has concluded!”
(Kent resident)

“I wonder if there is a need for more social support, i.e. for lonely older people? Just concentrating on physical ability may not be enough although I appreciate it's the aim.”
(Kent resident)

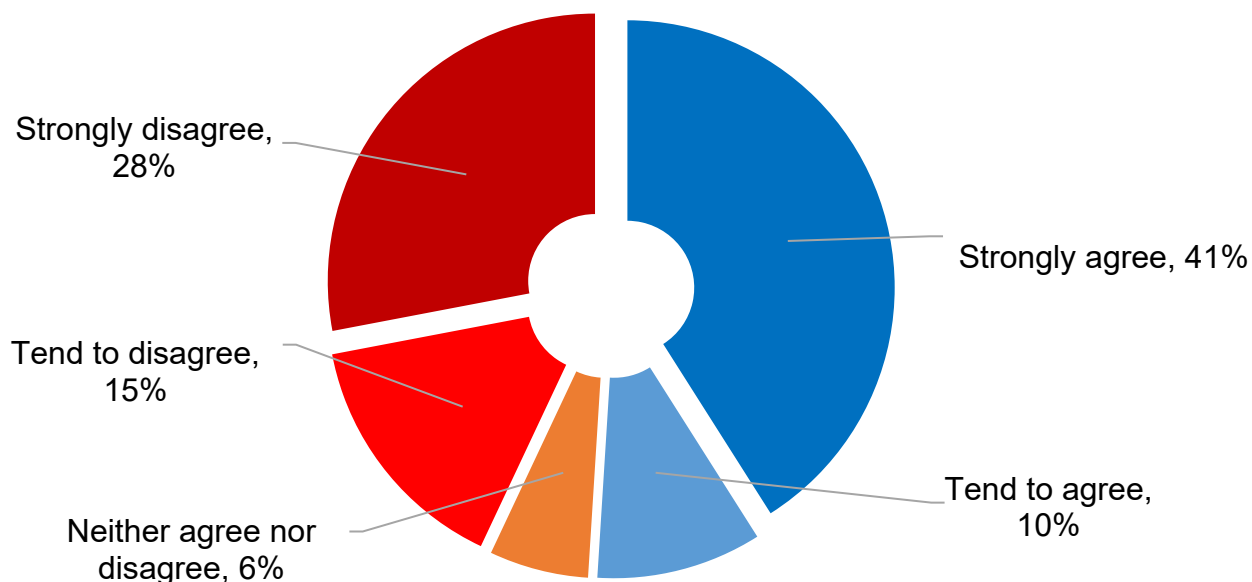
Proposals to change Postural Stability Service

Proposal 1 - Reduce courses to 12-weeks

Just over half of consultees (51%) agree with proposals to reduce course to 12 weeks. 43% disagree the service should do this and 6% neither agree nor disagree.

How much do you agree or disagree with our proposals to reduce courses to 12-weeks?

Base: all providing a response (140).

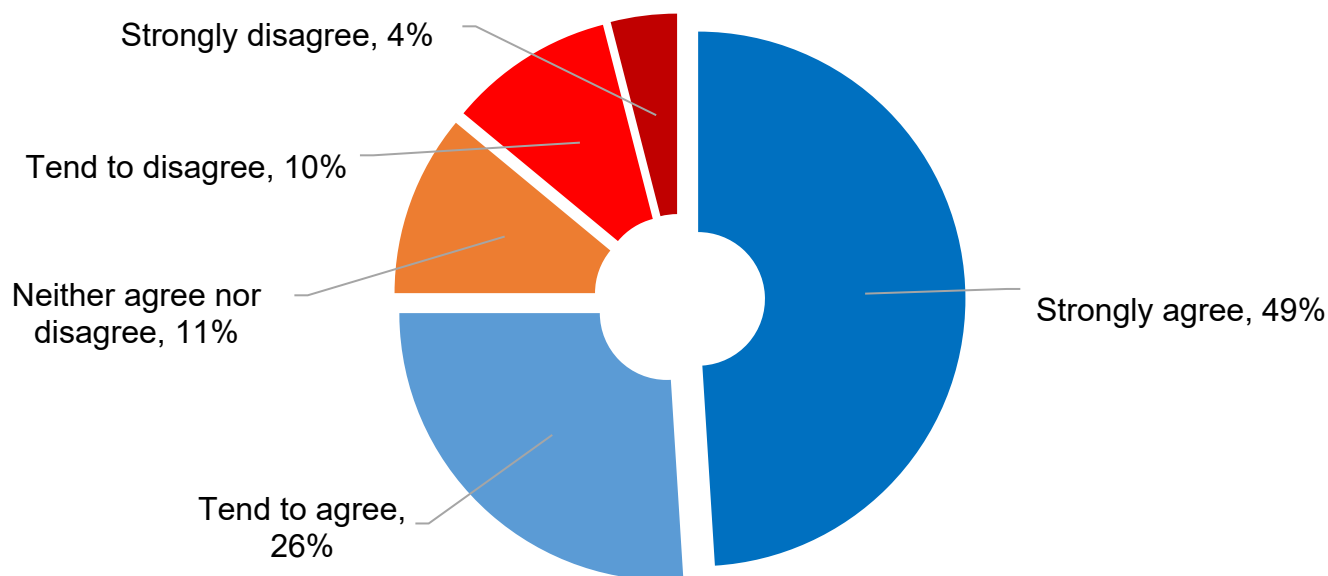


Supporting data table	Number of responses	Percentage
Net: Agree	72	51%
Net: Disagree	60	43%
Strongly agree	58	41%
Tend to agree	14	10%
Neither agree nor disagree	8	6%
Tend to disagree	21	15%
Strongly disagree	39	28%
Don't know	0	0%

Proposal 2 - Extend the service to more adults aged 50 and older

Three quarters of consultees (75%) agree with proposals to extend the service to more adults aged 50 or over. 14% disagree the service should do this and 11% neither agree nor disagree.

How much do you agree or disagree with our proposals to extend the service to more adults aged 50 and older? Base: all providing a response (140).



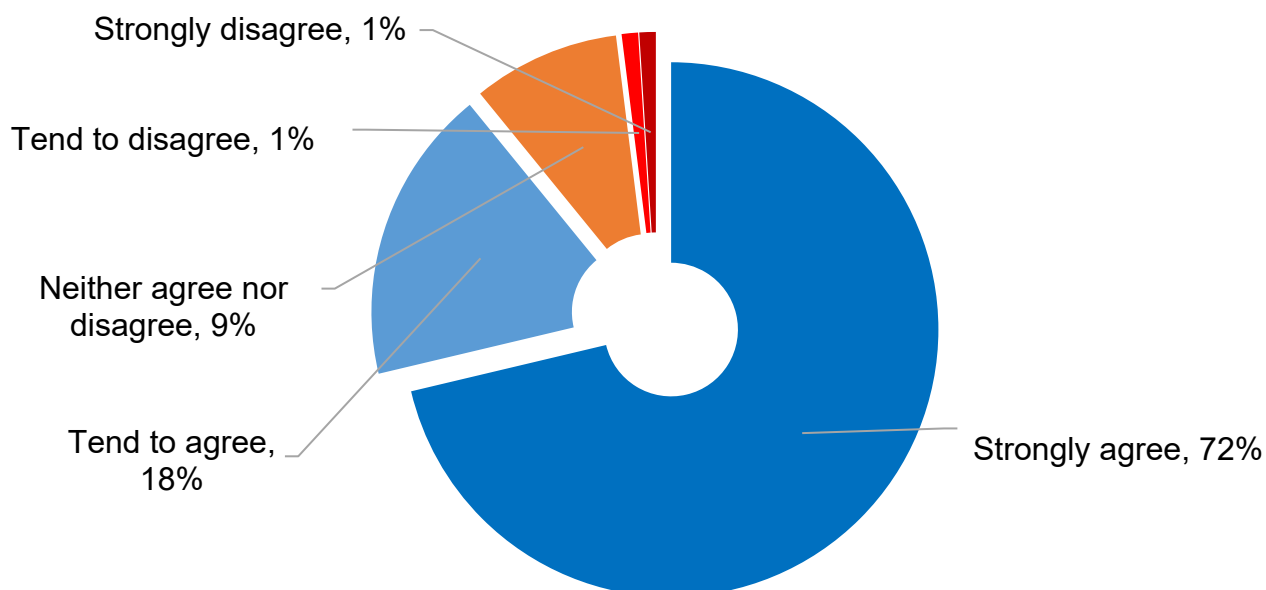
Supporting data table	Number of responses	Percentage
Net: Agree	104	75%
Net: Disagree	20	14%
Strongly agree	68	49%
Tend to agree	36	26%
Neither agree nor disagree	15	11%
Tend to disagree	14	10%
Strongly disagree	6	4%
Don't know	0	0%

Proposal 3 - Have more classes in more locations across Kent in communities that need them the most

The vast majority of consultees (89%) agree with proposals to have more classes in more locations across Kent in communities that need them the most. Only 2% disagree the service should do this and 9% neither agree nor disagree.

How much do you agree or disagree with our proposals to have more classes in more locations across Kent in communities that need them the most?

Base: all providing a response (140).



Supporting data table	Number of responses	Percentage
Net: Agree	126	89%
Net: Disagree	3	2%
Strongly agree	101	72%
Tend to agree	25	18%
Neither agree nor disagree	12	9%
Tend to disagree	2	1%
Strongly disagree	1	1%
Don't know	0	0%

Response to proposals by subgroups – use of service and age of consultee (please note that subgroup sample sizes are small and indicative only)

Proposal 1 - Reduce courses to 12-weeks

Agreement is at its lowest amongst consultees who have interacted with the service (20% amongst those who use / have used / on waiting list). 80% of consultees who have never interacted with the service agree.

Net agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=60)	12	20%
Never used service (n=60)	48	80%
Aged 65 and under (n=32)	19	59%
Aged over 65 (n=82)	40	49%

Proposal 2 - Extend the service to more adults aged 50 and older

Agreement is lower amongst consultees who have interacted with the service (55% amongst those who use / have used / on waiting list). 88% of consultees who have never interacted with the service agree.

Net agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=60)	33	55%
Never used service (n=60)	53	88%
Aged 65 and under (n=31)	27	87%
Aged over 65 (n=83)	58	70%

Proposal 3 - Have more classes in more locations across Kent in communities that need them the most

Agreement is consistently high across all subgroups.

Net agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=60)	51	84%
Never used service (n=60)	57	95%
Aged 65 and under (n=31)	30	94%
Aged over 65 (n=83)	74	89%

Consultee comments on the proposals put forward

Consultees were offered the opportunity to comment on any of the proposals in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. 52% of consultees provided a comment to this question.

The most common theme expressed by consultees is a perception that 12 weeks is not long enough to embed behaviour (28% of consultees answering). This increases to 46% amongst who have interacted with the service and made a comments at this question.

Other predominant themes refer to the importance of the service being accessible and the opportunity to extend support beyond the 12-week timeframe. There is also some concern that more information / evidence is needed prior to changing the service and that dropout rates experienced could be a result of external factors (not service related).

If you would like to make any comments on any of the proposals to change the Postural Stability Service, please tell us in the box below. Base: all consultees providing a response (74).

Theme	Number of responses	Percentage
Twelve weeks is not long enough to embed and consolidate	21	28%
Access to service is important, e.g. ensure accessible by public transport / or Involve Kent service provision	11	15%
Option to extend / continue if timeframe is reduced to twelve weeks / option for more long term support (e.g. if wish to, if trainer agrees, if willing to pay)	7	9%
More information and evidence needed (e.g. evidence for a twelve week course, how will this work, who aimed at, what abilities, stability and balance different to fall prevention)	7	9%
Dropouts can be due to other factors: other appointments, weather, lack of transport (why are there dropouts?)	6	8%
Twenty four weeks should be the minimum / better	6	8%
Mixing younger and older age groups is inappropriate / socially and physically / older people may feel intimidated	5	7%
Consult with the experts / look at the evidence base for twelve weeks / thirty six weeks	5	7%
Thirty six weeks is a big commitment	5	7%
Twelve weeks if with a follow up / follow up is essential	5	7%
Thirty six weeks is needed	5	7%
More funding needed / more classes / if twelve weeks then more classes per week / less spent on co-ordination	5	7%
Comments about positive experience of classes	5	7%
Consider the social aspect that older people enjoy as part of attending these classes	4	5%
Twenty weeks (minimum / better)	4	5%
Theme	Number of responses	Percentage

Allow trainer to tailor and adjust programmes to individual need where appropriate	3	4%
Twelve weeks would allow more to attend	3	4%
Suggestions of other types of classes: Move it or Lose it, Nordic Walking, online for those unable to attend	3	4%
Provide educational element as well	2	3%
Consistency in content and delivery needed / centrally co-ordinated	2	3%
Twelve weeks would keep people motivated	2	3%
Could / does create inequality	2	3%
Agree with proposals / make sense	2	3%
Essential that classes continue	2	3%
Makes no sense (e.g. to lower age if waiting lists, more classes when Age UK is closing locations)	2	3%
Ensure outcomes are evaluated / how will outcomes be evaluated and assessed	1	1%
Change the language / change the name	1	1%
Other comments made not applicable to question	4	5%

Example comments, in consultees own words, supporting the concern that twelve weeks is not long enough to embed and consolidate can be found below:

“Reducing number of lessons given not a good idea because it takes a few lessons before oldies settle into programme 12 weeks, it is far too little 24 the very least even better 36. To make the exercise a routine and to become a habit.” (Kent resident)

“I am a volunteer at a posture stability class we are on week 15 and we are now starting to see improvement both physically and in confidence. Bear in mind not everyone can come every week due to illness, Dr appts etc so out of 12 weeks they might complete 8 or 9. To cut it to 12 weeks would be cruel.” (A Voluntary, Community or Social Enterprise (VCSE) organisation)

Example comments, in consultees own words, supporting views that access to service is important can be found below:

“Access is important. I have neighbours who hardly ever leaver their flats. They need to be able to get to classes or helped with transport. Reduction in bus services doesn't help things. They are pretty independent, but a fall could mean they are not able to continue at home.” (Kent resident)

“The service is designed for people with problems. The easier you can make it for them to access the service the better the uptake and the outcomes.” (Kent resident)

“The provision of low cost transport by Involve Kent encourages take up by the less affluent. People in country areas often have no buses or transport to get to centres of population. More centres might help them.” (Kent resident)

Example comments, in consultees own words, supporting requests to extend / continue if timeframe is reduced to twelve weeks / option for more long term support can be found below:

“The service should not automatically be reduced to 12 weeks it should be adjusted to 12 week blocks so those users who need shorter or longer interventions are both catered for.”
(Other)

“I can see why classes may need to be restricted to 12 weeks, the numbers do drop as the weeks go by, but if a participant has been attending all classes but needs more time, they should be given the opportunity to expand past the 12 weeks if the trainer agrees.” (Kent resident)

Example comments, in consultees own words, supporting requests for more information and evidence needed before any service changes can be found below:

“The proposal fails to mention the evidence base behind delivery of the course over 36 weeks to reduce the incidence of falls. Neither does it mention the qualifications required to deliver a 36 week program all the people that deliver it currently. There is clear evidence readily available that indicates the need for a progressive tailored course delivery over a longer period to achieve the correct dose of exercise. The course currently delivered is the falls management exercise (Fame). This is delivered over 36 week period which has clear phases.

The first 12 weeks are for learning new skills, meeting new people and feeling part of a group and adopting a new habit. Week 12 onwards are about progress and maintenance. Time is needed to allow for adaptation to occur, both in terms of an individual’s physical condition and psychological adjustment.

In 12 weeks, it would not be possible to deliver the same quality of course. The instructors currently delivering the course are trained to level four. This is a specialist exercise qualification. They are able to design and deliver classes which are tailored to individual needs and progressions, with a detailed knowledge of disease processes affecting the older population. Their specialist training enables them to assess, set individualised goals and monitor progress whilst ensuring safety in class.” (Other)

“I would like to have more information about how you visualise the lowering of age to work and how this will be triaged, with the various levels of abilities across the age groups. The focus of the 36 week course has been on more able bodied patients with a quite demanding programme, is this the level that is going to be continued or are you looking at the more venerable patients as well?” (A charity)

Example comments, in consultees own words, about concerns dropouts could be due to other factors can be found below:

“Reducing the length of the courses will serve no useful purpose. Attendees tend to miss sessions due to illness, doctor or hospital appointments, etc. Sad but true. If courses are

shortened to 12 weeks and someone misses a couple, then all the benefit of attending is lost as the course will be over before the true benefit is felt and the expenditure is wasted. If cuts have to be made 24 weeks should be the minimum.” (Kent resident)

“12 weeks is not long enough to establish good stability in the older generation (70, 80 + 90 years). Taking into consideration their age and other health problems which may restrict their attendance and inclement weather, lack of transport.” (Kent resident)

Consultee comments on the principles put forward

Consultees were offered the opportunity to comment on any of the following principles in their own words:

1. How the organisation will focus on making the biggest differences in areas and communities with the most to gain from increasing physical activity.
2. The ability to participate in appropriate training before the launch of their programme to ensure practice is evidence based and staff can effectively engage with older adults.
3. How the organisation will focus or deliver long-term changes in behaviour (behaviour change) in participants.
4. How the organisation will motivate participants to remain active after the 12-week course ends.
5. How the organisation will consider barriers to joining courses (e.g. availability of transport and health conditions) and what reasonable adjustments they will make for people to enable safe and comfortable participation.
6. How the service will promote their activity or service.
7. The organisation’s ability to provide annual reports describing how participants are doing and taking part in research to support the evaluation of this approach and add to the knowledge base.
8. Organisation’s ability to contribute to the [Live Longer Better - Everyday Active Kent learning network](#). This is a website for people and organisations within local communities in Kent to promote activities in their area, connect with other people to become more active and share motivating stories. For organisations and practitioners, there is the opportunity to personalise information and activities, and use the partnership resources e.g. training, campaigns and link with others across England.
9. If and how the organisation(s) will be able to attract match funding to enhance their service offer.
10. If they are working with local organisations to provide activities

The comments have been reviewed and grouped into themes consistent with the process reported in the ‘Points to Note’ section. 48% of consultees provided a comment to this question.

22% of consultees answering made general comments that they agree with the principles / they target needs.

The most common concern expressed by consultees is a perception that 12 weeks is not long enough / uncertainty of evidence to support the change (22% of consultees answering). Some

consultees referenced the importance of training / understanding of screening, notably in relation to principle 1 (focus on biggest geographical differences), principle 2 (long term behaviour change) and principle 4 (remaining active post course). Some also reiterated earlier concerns raised in terms of the opportunity to extend support and service promotion.

Please tell us if you have any comments about the principles.

Base: all consultees providing a response (67).

Theme	Number of responses	Percentage
Makes sense / agree with the principles / support / targets needs	15	22%
Twelve weeks is not enough / query where the evidence is to support this (including principle 4 specifically)	11	16%
Training: vital to principle 1, 2 and 4 / trainers trained on working with older age groups / understanding the screening process	11	16%
Twelve weeks needs the option on continuation / flexibility / what is the follow up?	10	15%
Promotion and awareness: social media, community events, newspapers, Age Concern, Help the Aged (not everyone uses the internet)	10	15%
Accessibility considerations / local, transport provision / important in relation to principle 5	10	15%
Facilitate attendance in groups / coffee mornings / community centres / church groups	5	7%
Ensure outcomes and efficacy measured (including in relation to principle 7 and principle 9 specifically)	5	7%
Everyone is important / inclusive to all / including older age groups / disabled	5	7%
Match funding could be difficult / should be a preset application / might be difficult to attract agencies	4	6%
Consider the social aspect	3	4%
Provide discounts / rewards / incentives for continued membership / financial assistance / difficult if have to pay	3	4%
Support should be tailored to meet individual health conditions	3	4%
Course / service must continue / leave as is	3	4%
Principle 1 targets areas of most need and supports health inequalities	2	3%
Agree it's important to embed and support sustainable activity	2	3%
Provide resources and tools to motivate, encourage, educate	2	3%
Theme	Number of responses	Percentage
Other comments made that were not applicable to question	2	3%

Example comments, in consultees own words, expressing concern that twelve weeks is not enough / query where the evidence is to support this can be found below:

“My Dad is very enthused about attending the Involve Postural classes in XX. He had been referred by NHS to a course in XX but only 4 folks attended. The class in XX has 12 - 15 folks and he says they all get along real well and motivate each other. 12 weeks in his opinion is too short, 32 weeks is preferred. He says just as he is getting motivated the class will end i.e. 12 weeks.” (Kent resident)

“Long-term behaviour change depends on many factors. 12 weeks is not long enough to establish a new habit in this population. Currently goal setting occurs at the point of assessment and at 12 week intervals until week 36. Small improvements might be made in a 12 week period, but the course of that length would not be sufficient to and our individuals to achieve their goals regarding independence or allow for more permanent behaviour change.” (Other).

“The postural stability course that I teach is based on the Falls Exercise Management programme devised by Dawn Skeleton in 2005. The programme has been evidence to show a reduction in falls in community dwelling women aged 65 plus with a history of falls who undertook 24-36 weeks training. There is good evidence to support a programme of this length.

KCC have not presented evidence to show how effective a 12 week course would be in reducing falls. An important element of the class is the community element which results in mental health benefits for those attending the class, together with benefits from the support and motivation of the group participating together. Many of those attending are quite isolated, and this is an important social interaction for them. It would be harder to build this sense of community with a rolling programme.” (Other)

Example comments, in consultees own words, about the importance of training / understanding the screening process can be found below:

“If big changes are to be made, please don’t make it harder for people to access the classes or lose them altogether. They are so good! Obviously, the trainer we have had has made the classes this good, so it is necessary to have the right person training the class, and they themselves have had the right training to make the classes successful. I worry that when there is talk of change, it is not always for the better, or things get scrapped for good.”
(Kent resident)

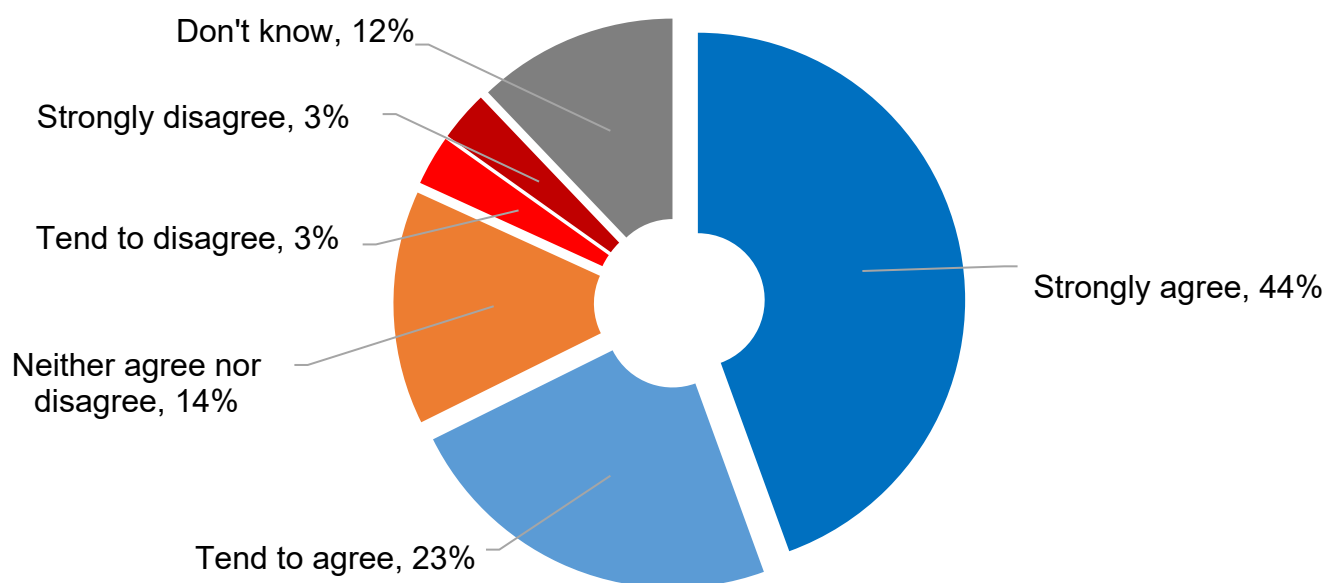
“It is important that tutors have training for teaching older people so as to be at the right level and understanding.” (Kent resident)

Views on proposed grant process for Postural Stability Service

Proposal 1 - I/my organisation would welcome KCC awarding grants over three years, for up to £3,000 per year (£9,000 in total); to be reviewed annually

Just over two thirds of consultees (67%) agree organisations would welcome grants over three years, for up to £3,000 per year. 7% disagree the grant service should work like this and 14% neither agree nor disagree. An additional 12% are uncertain.

Thinking about how the proposed grant process could work for the Postural Stability Service, please tell us to what extent you agree or disagree 'I/my organisation would welcome KCC awarding grants over three years, for up to £3,000 per year (£9,000 in total); to be reviewed annually'? Base: all providing a response (121).

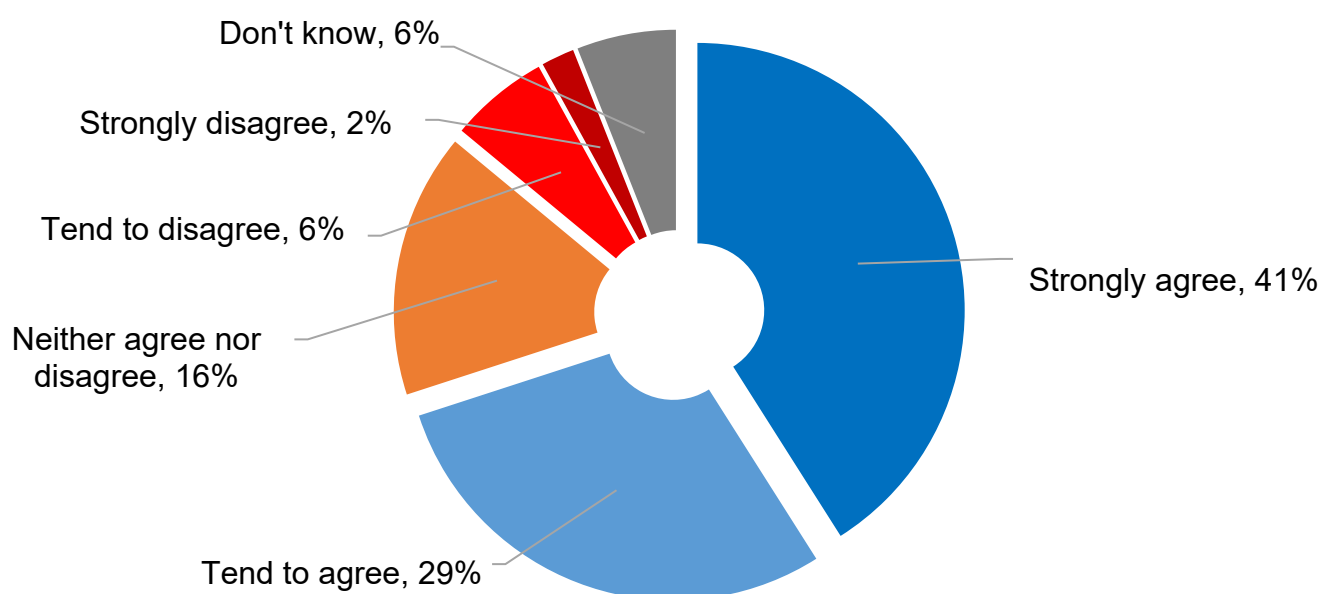


Supporting data table	Number of responses	Percentage
Net: Agree	81	67%
Net: Disagree	8	7%
Strongly agree	53	44%
Tend to agree	28	23%
Neither agree nor disagree	17	14%
Tend to disagree	4	3%
Strongly disagree	4	3%
Don't know	15	12%

Proposal 2 - KCC should encourage joint applications from groups of organisations (consortiums) who may wish to provide services

Just over seven in ten consultees (71%) agree KCC should encourage joint applications from groups of organisations (consortiums) who may wish to provide services. 8% disagree the grant service should work like this and 16% neither agree nor disagree. An additional 6% are uncertain.

Thinking about how the proposed grant process could work for the Postural Stability Service, please tell us to what extent you agree or disagree 'KCC should encourage joint applications from groups of organisations (consortiums) who may wish to provide services'? Base: all providing a response (126).

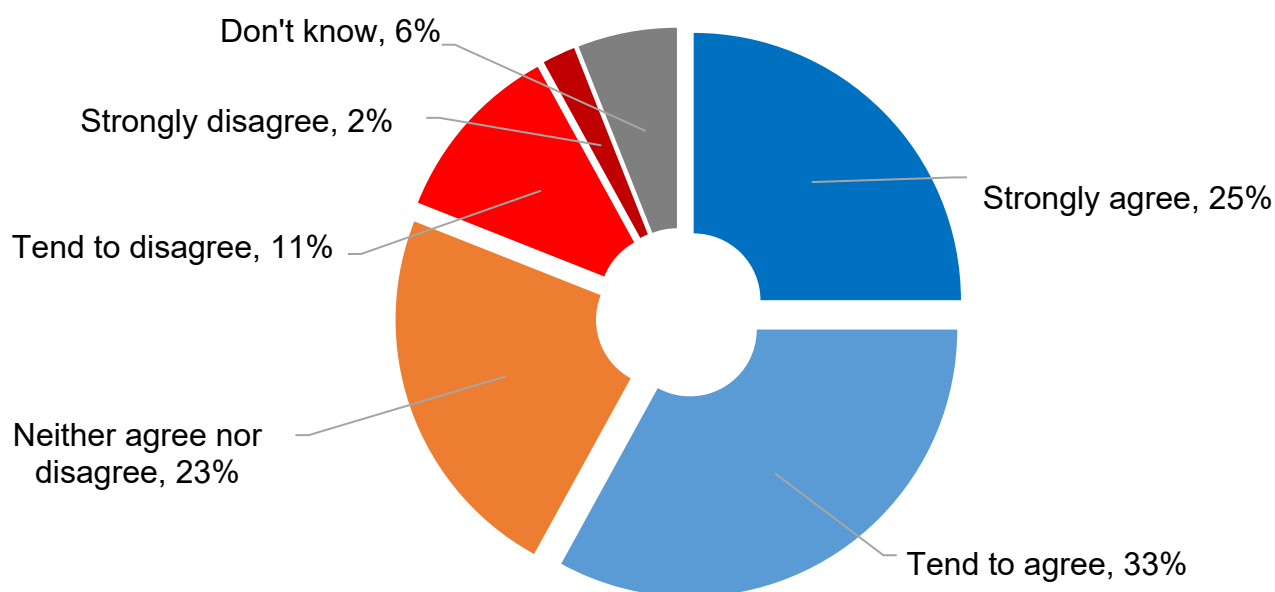


Supporting data table	Number of responses	Percentage
Net: Agree	89	71%
Net: Disagree	10	8%
Strongly agree	52	41%
Tend to agree	37	29%
Neither agree nor disagree	20	16%
Tend to disagree	8	6%
Strongly disagree	2	2%
Don't know	7	6%

Proposal 3 - KC should encourage organisations to seek additional funding from elsewhere to run the service

57% agree KCC should encourage organisations to seek additional funding from elsewhere to run the service. 14% disagree the grant service should work like this and a significant proportion (23%) neither agree nor disagree. An additional 6% are uncertain.

Thinking about how the proposed grant process could work for the Postural Stability Service, please tell us to what extent you agree or disagree ‘KCC should encourage organisations to seek additional funding from elsewhere to run the service’? Base: all providing a response (122).



Supporting data table	Number of responses	Percentage
Net: Agree	70	57%
Net: Disagree	17	14%
Strongly agree	30	25%
Tend to agree	40	33%
Neither agree nor disagree	28	23%
Tend to disagree	14	11%
Strongly disagree	3	2%
Don't know	7	6%

Response to proposals by subgroups – use of service and age of consultee (please note that subgroup sample sizes are small and indicative only)

Proposal 1 - I/my organisation would welcome KCC awarding grants over three years, for up to £3,000 per year (£9,000 in total); to be reviewed annually

Agreement is broadly consistent across subgroups.

Net agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=47)	30	64%
Never used service (n=54)	36	67%
Aged 65 and under (n=31)	18	58%
Aged over 65 (n=67)	46	69%

Proposal 2 - KCC should encourage joint applications from groups of organisations (consortiums) who may wish to provide services

Agreement is comparably lower amongst consultees who have interacted with the service (59% of consultees who use / have used / on waiting list) and consultees aged 65 and under (59%).

Net agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=51)	51	59%
Never used service (n=76)	55	76%
Aged 65 and under (n=59)	32	59%
Aged over 65 (n=74)	70	74%

Proposal 3 - KCC should encourage organisations to seek additional funding from elsewhere to run the service

Agreement is lowest amongst consultees aged 65 and under (48%) and highest amongst consultees aged over 65 (66%).

Net agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=48)	28	58%
Never used service (n=55)	32	58%
Aged 65 and under (n=31)	15	48%
Aged over 65 (n=68)	45	66%

Consultee comments on how the grant process could work

Consultees were offered the opportunity to comment on any of the proposals for how the grant process could work in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section.

Only 29% of consultees provided a comment to this question (41 consultees). Of the consultees answering, 17% referenced that they did not know enough about the grants process to comment. Please bear these points in mind when considering the statistics below.

The most common theme expressed by consultees is that the service needs more funding / £3,000 is not enough (24% of consultees answering). Some express concern that outside funding groups may not operate to the required standards and the importance of accountability in money spent. There are also suggestions for fundraising opportunities.

If you would like to make any comments on any of the proposals for how the grant process could work, please tell us in the box below. Base: all consultees providing a response (41).

Theme	Number of responses	Percentage
The service needs more funding / £3,000 is not enough / the service should remain regardless	10	24%
Don't know enough about the grants process to comment	7	17%
Outside funding groups may not operate to the required standards / from inappropriate locations / with unqualified staff	5	12%
There must be accountability / ensuring money is spent where it is intended / evidence-based practice	5	12%
Have a fundraising day / seek sponsorship / public donations / charitable donations	5	12%
Grant applications take a long time for little	4	10%
Widen the applications for grant funding to attract local small businesses, sole traders, give the smaller organisations a chance to deliver (could open up more creative projects for example)	3	7%
Grant applications must be clear and simple with all relevant information to aid completion (including having an initial screener)	3	7%
Funding needs to be encouraged / promoted / could result in no service otherwise	3	7%
Instructors must still be fully trained	2	5%
Link in with other service providers (e.g. complimentary service and for grants formula ideas)	2	5%
Joint funders may have different outcome expectations to one another	1	2%
Generally agree with proposal / grants process outlined	1	2%
Other comments made not applicable to question	2	5%

Example comments, in consultees own words, concerning the service needing more funding / three thousand is not enough / the service should remain regardless can be found below:

“£3000 for hall hire, instructor, equipment, insurance is ridiculous low. Other funding will be needed. Most easily sorted from participants donations making it not a free service. If you believe in public health fund it properly.” (Other)

“Considering the long-term health benefits of preventing falls, socialising and mental wellbeing that the courses provides to clients, and the skilled trainers who commit to the program, I believe more investment should be invested/encouraged to reach as many people that require help. This will help keep them out of hospital and/or prepare them for surgery (e.g. knee, hip replacements).” (Kent resident)

Example comments, in consultees own words, about not knowing enough about the grants process to comment can be found below:

“I'm not sure I understand the implications of how this would work.” (Kent resident)

“I don't belong to an organisation so difficult to comment.” (Kent resident)

Consultee comments on ‘new service name’ for consideration

Consultees were offered the opportunity to put forward any suggestions for a new name for the service or any feedback on the terms ‘active’ or ‘later life’ in their own words. The comments have been reviewed and summarised below. 68 consultees made a comment at this question (48% of consultees who indicated they currently use or have used the service).

7 of the consultees answering indicated the current name should remain and an additional 7 of the consultees answering commented they had no suggested to put forward.

Some consultation expressed a preference for more positivity and/or a better explanation of the service in its name

“It needs to be something that easily identifies the reason for the scheme.... "Get Up, Get Active, Get Healthy”

“‘Strength and Balance’, ‘Forever Fit’. ‘Active Aging’.”

“Needs to say what it does on the tin so people know what they are signing up for. What does ‘later’ mean will this put people off? Suggestion Strength, balance and Mobility.”

“A change from Postural Stability Service is essential! Whilst it is technically self-explanatory, it makes no sense to a great many of the people that you are trying to reach. Something simpler is needed - even ‘Fall Prevention Courses’ is better, even if the aims are actually wider than that.”

Some expressed concern over use of the phrase ‘later life’ in terms of connotations and appeal to those aged 50 & over. The term / inclusion of the term ‘active’ was seen as more positive.

“I think it should make reference to balance and active but less wedded to the term later life as this lacks clarity and has different meanings for different patients especially if this service is now to serve those younger than 65!”

“Both those terms, unfortunately, have connotations of deterioration. State solely what's on offer.”

“Personally, I do not like later life and do not think it would attract 50 year olds.”

“Active is a much more positive use of language than later life.”

Consultee comments on alternative options considered

Consultees were asked to read some of the alternative options considered for the service in the consultation document. Alternative options considered include:

1. Keeping the service the same with no changes.
2. Stopping the service completely.
3. Stop classes and focus on improving education to older adults on the importance and benefits of activities that help people to remain stronger and independent for longer.
4. Jointly providing a service with other health and social care partners.
5. Spending the money for the service on the current NHS Health Checks programme to educate people on falls prevention and the benefits of physical activity.

Consultees were offered the opportunity to comment on the alternative options and/or suggest any other ideas for consideration in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. 53% of consultees provided a comment to this question.

The most common themes expressed by consultees are as follows:

- Alternative 1 – keep service / fund correctly / could work / keep the same – 41% of consultees answering.
- Alternative 3 - Wouldn't work / education would not work (with older people) / classes / face to face works best – 27%.
- Alternative 4 - Yes, could work / social prescribing potentially working / would need to know more about how it would work – 23%.
- Expand age range / number of classes / range of classes / different options – 13%.
- Consider the social interaction impact for those that attend face to face – 11%.

Please tell us if you have any comments on these other options we have considered or if you have other ideas you think we should consider. Base: all consultees providing a response (75).

Theme	Number of responses	Percentage
Alternative 1 – keep service / fund correctly / could work / keep the same	31	41%
Alternative 3 - Wouldn't work / education would not work (with older people) / classes / face to face works best	20	27%
Alternative 4 - Yes, could work / social prescribing potentially working / would need to know more about how it would work	17	23%
Expand age range / number of classes / range of classes / different options	10	13%
Consider the social interaction impact for those that attend face to face	8	11%
Promote / raise awareness of service	6	8%
Twelve weeks could work (including with option to continue / with flexibility)	5	7%

Theme	Number of responses	Percentage
Alternative 2 - no / would end up costing more / the service must remain	4	5%
Education is important	4	5%
Prevention is key	4	5%
Twelve weeks is too short, twenty four weeks minimum	4	5%
Alternative 5 – Do not agree	3	4%
Alternative 5 - possibly / would need to know more	3	4%
Provide some online / virtual classes	2	3%
Positive personal experience comments	2	3%
Alternative 1 - isn't working	2	3%
Other comments made not applicable to question	5	7%

Example comments, in consultees own words, about Alternative 1 being possible, if funded correct / service could work / be kept the same can be found below:

“Stopping the service would be a false economy costing more rehab and falls can be fatal. Trying to improve education I can imagine will be a waste of money. If people make a social face to face connection with a health professional it will offer support to continue with the course. In way if you know you are going to see someone again you like to be able to say you have been practicing being active etc. if nobody is checking up on you it’s easy not to participate fully.” (Kent resident)

“I feel these courses are essential to reducing the load on the NHS where people who are in later life who have an increased risk of falls can gain improved strength, fitness and balance to the concept of stopping them altogether is extremely unwise. We know that people who have long term conditions such as dementia, stroke survivors, people with heart conditions are best having help to prevent injury rather than filling hospital beds after a fall!! This may not be something the council feels is it's remit but the funding needs to come from somewhere and the NHS needs all its resources to keep its own functions funded without getting involved in prevention.” (On behalf of a friend or relative)

“Keep the service but maybe restructure the length of the course of classes. If people miss several classes, they maybe need to be dismissed from the course and another person can take their place. No, please do not stop the classes, they are very valuable. I have seen the improvement that take place in participants.” (Kent resident)

Example comments, in consultees own words, about Alternative 3 not working / education would not work / classing working best can be found below:

“No. 3. Focusing on improving education to older clients, is unlikely to improve their mobility, which is a key aim of the service.” (Kent resident)

“Older adults do not require more education, but they do require more ways to keep active, stronger and therefore independent.” (Kent resident)

Example comments, in consultees own words, about Alternative 4 possibly working / perceptions of social prescribing potentially working / needing to know more about how it would work can be found below:

“Jointly providing a service with other health and social care partners - imperative as to many services are fragmented, Individuals generally have many linked or related issues as they get older - an all-round one stop shop would have greater buy in from users and be more cost effective in time and money.” (Kent resident)

“Jointly providing a service with social prescribing/ care partners would be helpful, to ensure that the health professionals work together with the clients who would most benefit from the course are encouraged to participate.” (Kent resident)

Any other comments on proposals or how they could affect consultees

Consultees were offered the opportunity to make any other comments about the proposals or how they could affect them in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the ‘Points to Note’ section. 40% of consultees provided a comment to this question.

36% of consultees express the importance of the service / in person support and their desire for it to continue. Whilst the sample size is low, this increases to 52% amongst consultees who have interacted with the service and made a comment at this question. Some reiterated earlier concerns with regards to service promotion, accessibility and the 12-week timeframe.

Is there anything else you would like to tell us about the proposals or how they could affect you? Base: all consultees providing a response (56).

Theme	Number of responses	Percentage
Classes / in person must continue, it's an invaluable service, many / I have benefited from it and would continue to	20	36%
Service needs promoting / didn't know it existed and would have / would like to join	11	20%
Accessibility: classes need to be local / public transport is insufficient / people are often on sticks and frames	7	13%
Twelve weeks is not enough time / takes longer to embed	7	13%
Prevention is key	6	11%
There needs to be flexibility / option to continue if needed if twelve weeks	5	9%
Offer more classes, at more venues (allows more people to join)	4	7%
Linking with other healthcare providers is a good proposal	3	5%
Theme	Number of responses	Percentage
Should be for all / inclusive to all	2	4%

36 weeks is too long / more likely to commit if shorter	2	4%
Mixing ages in classes would not work	2	4%
The social interaction aspect must be taken into account for those that attend classes	2	4%
More information needed	2	4%
Other comments made not applicable to question	2	4%

Example comments, in consultees own words, reiterating that classes / in person must continue / it's an invaluable service can be found below:

“I have seen that the present course really helps the clients that are lucky enough to participate. A shortened course, one shortened by so much, is a completely different course because much of the content will have to be left out. Will the clients get the benefit from the shortened course? Particularly as follow up classes are hard to find.” (Kent resident)

“Please do not stop the classes. I and I am sure many others have found great benefit from them.” (Kent resident)

Example comments, in consultees own words, reiterating the service needs promoting / some didn't know it existed can be found below:

“Both myself and my partner are always in fear of falling and would relish help with our balance but were unaware this service existed.” (Kent resident)

“I think there needs to be more publicity about any courses that are run - I have never heard of this scheme before getting the email, it's an excellent idea. Prevention of falls in the elderly is an excellent aim and will save money and lives.” (Kent resident)

Response to Equality Impact Assessment

Consultees were asked to provide the views on KCC's equality analysis in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section.

34 people (24% of consultees), commented on this section. Of these, 9% had nothing further to add. 26% of those answering highlighted that classes must remain inclusive. 21% commented that it's the service that's important and the characteristics of who is accessing it is irrelevant / unnecessary.

We welcome your views on our equality analysis and if you think there is anything else we should consider relating to equality and diversity?

Base: all consultees providing a response (34).

Theme	Number of responses	Percentage
The classes are all inclusive / continue to be	9	26%
It's about the service / who's accessing it is irrelevant / unnecessary	7	21%
Nothing to add / none	3	9%
Consider hard to reach groups (generic / unspecified)	2	6%
Consider how to increase uptake / participation from minority ethnic groups	2	6%
Consider how to ensure participation across protected characteristic groups / encourage those with disabilities to take part	2	6%
Consider deprived areas / socio-economic areas	2	6%
May need single sex classes	2	6%
Equality analysis is good	2	3%
Information needs to be in multiple languages	1	3%
Consider access to the service / easy to get to for all	1	6%
Other comments made not applicable to question	2	6%

Two separate emails were received specifically related to the EqIA conducted. The contents of one requested that clearer reference to impact on veterans should be made clearer as they represent a significant proportion of residents aged 65 & over. The contents of the second requested a need to consider those who are visually impaired and/or dual sensory loss in terms of varying cultural and communication needs (language differences), perceived lack of access to tailored services and support, perceived poorer health outcomes (e.g. diabetes, mental health, dementia), social interaction concerns and loneliness / boredom.

Next steps

This consultation report will be published on the consultation webpage (<https://letstalk.kent.gov.uk/postural-stability>). An email will also be sent to those who completed the online questionnaire and selected that they would like to be kept informed of KCC consultations.

Feedback from the consultation, along with the Equality Impact Assessment is expected to be presented to Members of the Adult Social Care and Public Health Cabinet Committee on 8 July 2025 for discussion and comment. Following the Adult Social Care and Public Health Cabinet Committee, the Cabinet Member for Adult Social Care and Public Health will make the final decision on the future direction of the service.

If a decision is taken to create a new service, it would be expected to launch in April 2026.

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

Appendix - Consultation Questionnaire

Section 1 – About you

Q1. Are you responding as...? Please select the option from the list below that most closely represents how you are responding to this consultation. *Please select **one** option.*

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

- A. A Kent resident
- B. A resident from somewhere else, such as Medway
- C. On behalf of a friend or relative ([please complete this questionnaire using their information](#))
- D. A representative of a local community group or residents' association
- E. A charity
- F. A Voluntary, Community or Social Enterprise (VCSE) organisation
- G. A Kent business owner or representative
- H. On behalf of a Parish / Town / Borough / District Council in an official capacity
- I. A Parish / Town / Borough / District / County Councillor
- J. A KCC employee
- L. Something else, please tell us:

The Postural Stability Service is summarised on page 14 of the consultation document. Currently the service:

- Is for adults aged 65 and older and those aged 50-64 years if a professional assesses them to be at higher risk of falling due to an underlying condition.
- Is accessed by self-referral (this is not proposed to change).
- Has varied class locations across Kent. For example, currently nine venues in East Kent and five in West Kent.
- Currently runs for up to 36 weeks (8 months).
- Delivered by Involve in West Kent and by Kent Community Health Foundation Trust (KCHFT) in East Kent

Q1a. If you selected A, B or C for Q1 please tell us which of the following options describes your use of the Postural Stability Service? Please select *one* option.

☐	I currently use the Postural Stability Service
☐	I have used the Postural Stability Service in the past
☐	I am currently on the waiting list for the Postural Stability Service
☐	I have never used the Postural Stability Service
☐	I don't know

Q1b. If you are 'currently using the service' or have 'used it in the past', please tell us more about your experiences of using the service. What did you like / think could be improved? Please do not include any personal information that could identify you within your response.

Q1c. If you responded D to I for Q1 (on behalf of an organisation), please tell us the name of your organisation. Please write in below.

Q2. Please tell us the first five characters of your postcode:

Please do not reveal your whole postcode. If you are responding on behalf of an organisation, please use your organisation's postcode. If you are responding on behalf of someone else, please use their postcode. We use this to help us to analyse our data. It will not be used to identify who you are.

Q3. How did you find out about this consultation? *Please select **all** that apply.*

☐	An email from KCC's Public Health Team
☐	At a current Postural Stability Service venue
☐	An email from Let's talk Kent / KCC's Engagement and Consultation Team
☐	At a KCC building (Library, Gateway etc)
☐	KCC County Councillor
☐	From my Parish / Town / Borough / District Council
☐	From a friend, neighbour or family member
☐	Poster
☐	Postcard
☐	Facebook
☐	X (formerly Twitter)
☐	Nextdoor
☐	Kent.gov.uk website
☐	KCC's staff intranet
☐	Newspaper
☐	Something else, please tell us:

Section 2 – Our proposals

Please see page 9 of the consultation document for more details about our proposed aims for the service. They are to:

- **Include more older adults younger than 65 years of age.** We propose to offer support to those aged 50 and older to ensure that they have the information they need, and helpful and enjoyable activities that they want to do closer to home and at times that suit them. We especially want to attract people of diverse backgrounds and underserved communities.
- **Continue to help older adults to increase and maintain their strength, flexibility, balance, and coordination, but in a place and time that suits them.**

- **Reduce inactive lifestyles such as sitting too much for too long**, to help people to remain independent for longer, enjoy a better quality of life, and delay and in some cases prevent the onset of disability.

Q4. Do you agree or disagree that these are the aims we should be focusing on for the Postural Stability Service? *Please select **one** option per row.*

Aims	Agree	Neither agree nor disagree	Disagree	Don't know
1. Include more older adults below the age of 65.				
2. Continue to help older adults to increase and maintain their strength, flexibility, balance, and coordination, in a place and time that suits them.				
3. Reduce inactive lifestyles such as sitting too much for too long.				

Q4a. If you would like to comment on any of the aims, please use the box below. You can also tell us if you have suggestions for other aims we might consider. If your response is about a specific aim(s), please make this clear in your answer.

Please do not include any personal information that could identify you within your response.

Please read more about our proposals to change the current service in depth from page 9 onwards of the consultation document. A summary of key changes to the delivery of the service is available on page 14 of the consultation document. They include:

- **Reducing the current course from 36 weeks to 12-weeks.** This would reduce the high drop-out rate seen in the current service and enable more people to get onto the course and

complete it. The course should fit better with people's lifestyles and commitments outside of the course.

- **Extend the service to more adults aged over 50.** This is younger than most of the current service users who are aged 65 years and older. This will capture those who need it sooner.
- **Include more classes in more locations across Kent** in communities that will benefit from it the most. This will be dependent on where we get successful bids for grant funding to run and matched to areas of identified need. Need may be identified by where there are ageing populations, health inequalities, or low reported take-up of physical activity.

Q5. How much do you agree or disagree with our proposals to ...? Please select *one* option per row.

Proposals	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
1. Reduce courses to 12-weeks.						
2. Extend the service to more adults aged 50 and older.						
3. Have more classes in more locations across Kent in communities that need them the most.						

Q5a. If you would like to make any comments on any of the proposals to change the Postural Stability Service, please tell us in the box below. If your comment relates to a specific proposal, please make this clear in your answer.

Please do not include any personal information that could identify you or anyone else in your answer.

We have set out principles on page 12 of the consultation document to be considered when deciding to award a grant for an activity or service. These are:

1. How the organisation will focus on making the biggest differences in areas and communities with the most to gain from increasing physical activity.
2. The ability to participate in appropriate training before the launch of their programme to ensure practice is evidence based and staff can effectively engage with older adults.
3. How the organisation will focus or deliver long-term changes in behaviour (behaviour change) in participants.
4. How the organisation will motivate participants to remain active after the 12-week course ends.

5. How the organisation will consider barriers to joining courses (e.g. availability of transport and health conditions) and what reasonable adjustments they will make for people to enable safe and comfortable participation.
6. How the service will promote their activity or service.
7. The organisation's ability to provide annual reports describing how participants are doing and taking part in research to support the evaluation of this approach and add to the knowledge base.
8. Organisation's ability to contribute to the [Live Longer Better - Everyday Active Kent learning network](#). This is a website for people and organisations within local communities in Kent to promote activities in their area, connect with other people to become more active and share motivating stories. For organisations and practitioners, there is the opportunity to personalise information and activities, and use the partnership resources e.g. training, campaigns and link with others across England.
9. If and how the organisation(s) will be able to attract match funding to enhance their service offer.
10. If they are working with local organisations to provide activities

Q6. Please tell us if you have any comments about the principles above. Please tell us which of the principles you are commenting on in your response.

Please do not include any personal information that could identify you within your response.

Please read page 11 ("How would this work?") of the consultation document where we suggest how the grant process could look in the future. Under proposals, we would allow organisations to apply for grants of up to £3,000 over three years (£9,000 in total) with annual reviews from the Public Health team at KCC. In addition to this, we would encourage the following:

- Joint applications from groups (consortiums) who wish to provide services.
- Community led projects or services (led by people who serve communities) that would make services more local and encourage cohesiveness.

Q7. Thinking about how the proposed grant process could work for the Postural Stability Service, please tell us to what extent you agree or disagree with the following statements. Please select **one** option per row.

Proposal	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
1. I/my organisation would welcome KCC awarding grants over three years, for up to £3,000 per year (£9,000 in total); to be reviewed annually.						

2. KCC should encourage joint applications from groups of organisations (consortiums) who may wish to provide services.						
3. KCC should encourage organisations to seek additional funding from elsewhere to run the service.						

Q7a. If you would like to make any comments on any of the proposals for how the grant process could work, please tell us in the box below. If your comment relates to a specific proposal, please make this clear in your answer.

Please do not include any personal information that could identify you within your response.

Q8. Do you have any suggestions for a new name for the service, or any feedback on the terms 'active' or 'later life'? Please write in below.

Please read about some of the alternative options we have considered for this service on page 15 of the consultation document. You can find out more about the other options considered and why we do not think they should be taken forward. Alternative options considered include:

1. Keeping the service the same with no changes.
2. Stopping the service completely.
3. Stop classes and focus on improving education to older adults on the importance and benefits of activities that help people to remain stronger and independent for longer.
4. Jointly providing a service with other health and social care partners.
5. Spending the money for the service on the current NHS Health Checks programme to educate people on falls prevention and the benefits of physical activity.

Q9. Please tell us if you have any comments on these other options we have considered or if you have other ideas you think we should consider. Please write in below.

Please do not include any personal information that could identify you within your response.

Q10. Is there anything else you would like to tell us about the proposals or how they could affect you? Please write in below.

Please do not include any personal information that could identify you within your response.

Section 3 – Equality analysis

To help ensure that we are meeting our obligations under the Equality Act 2010 we have prepared an initial Equality Impact Assessment (EqIAs) on our proposals.

An EqIA is a tool to assess the potential impact any proposals could have on the protected characteristics: age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. At KCC we also include carer's responsibilities.

The EqIA is available online at www.kent.gov.uk/posturalstability or in hard copy on request.

Q11. We welcome your views on our equality analysis and if you think there is anything we should consider relating to equality and diversity. Please add any comments below.

Please do not include any personal information that could identify you within your response.

Section 4 – More about you

We want to try to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we are asking you these equality monitoring questions.

This information helps us to understand how different people could be affected, but if you would rather not answer any of these questions, you don't have to.

It is not necessary to answer these questions if you are responding on behalf of an organisation.

If you are responding **on behalf of someone else**, please answer using their details.

Q12. Which of the following best describes your working status?

Please select **all** options that apply.

☐	Working full time
☐	Working part time
☐	On a zero-hours or similar casual contract
☐	Work flexibly / shift work
☐	Freelance / self employed
☐	Temporarily laid off
☐	Unemployed
☐	Not working due to a disability or health condition
☐	Carer
☐	Homemaker
☐	Retired
☐	Student
☐	Other, please tell us:

Q13. What is your sex? A question about gender identity will follow. *Please select **one** option.*

☐	Female
☐	Male
☐	I prefer not to say

Q14. Is the gender you identify with the same as your sex registered at birth?

*Please select **one** option.*

☐	Yes	
☐	No, please tell us your gender identity:	
☐	I prefer not to say	

Q15. Which of these age groups applies to you? *Please select **one** option.*

☐	Under 16	☐	16-25	☐	26-35	☐	36-45	☐	46-55
☐	56-65	☐	66-75	☐	76-85	☐	86+ over	☐	I prefer not to say

Q16. What is your religion or belief? *Please select one option.*

☐	No religion or belief	
☐	Atheist	
☐	Christian	
☐	Buddhist	
☐	Hindu	
☐	Jewish	
☐	Muslim	
☐	Sikh	
☐	A different religion or belief, please tell us:	
☐	I prefer not to say	

Q17. Do you have a disability, health condition, physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities? *Please select one option.*

☐	Yes
☐	No
☐	I prefer not to say

Q18. If you answered 'Yes' to Q17, please tell us if any of the following disabilities or health conditions apply to you. You may have more than one, so please select all that apply. If none of these applies to you, please select 'A different disability or health condition' and give brief details.

☐	Musculoskeletal conditions. (e.g., conditions affecting muscles or bones)
☐	Physical
☐	Sensory (hearing, sight or both)
☐	Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy
☐	Mental health condition
☐	Learning disability
☐	Neurodivergent, such as ADHD, autism, dyslexia and dyspraxia
☐	I prefer not to say
☐	A different disability or health condition (please tell us below):

A Carer is someone who gives unpaid care or help to anyone because they have a long-term physical or mental health condition or illness, or problem related to old age. Both children and adults can be Carers.

Q19. Are you a Carer? Please select *one* option.

☐	Yes
☐	No
☐	I prefer not to say

Q20. What is your ethnic group? *Please select **one** option.*

White

☐	English, Scottish, Welsh, Northern Irish or British
☐	Irish
☐	Gypsy or Irish Traveller
☐	Roma
☐	Any other White background, please tell us:

Mixed or Multiple ethnic groups

☐	White and Black Caribbean
☐	White and Black African
☐	White and Asian
☐	Any other Mixed or Multiple background, please tell us:

Asian or Asian British

☐	Indian
☐	Pakistani
☐	Bangladeshi
☐	Chinese
☐	Any other Asian background, please tell us:

Black, Black British, Caribbean or African

☐

Caribbean

☐

African background, write in below

☐

Any other Black, Black British, or African background, please tell us:

Another ethnic group

☐

Arab

☐

Roma

☐

Any other ethnic group, please tell us:

Q21. Which of the following best describes your sexual orientation? Please select *one* option.

☐

Heterosexual/Straight

☐

Bisexual

☐

Gay or Lesbian

☐

I prefer to define my own sexuality, please tell us:

☐

I prefer not to say

Thank you for taking the time to complete this questionnaire; your feedback is important to us. All feedback received will be reviewed and considered in the development of our proposals.

This page is intentionally left blank

You said, We did: Postural Stability Service

June 2025

Between 6 November – 17 December 2024, Kent County Council (KCC) held a six-week public consultation on the proposed service redesign for the Postural Stability Service. Postural stability means how well someone can control and keep themselves stable to help them move and keep their balance. The consultation invited people who use the service (service users), residents and other interested parties to provide views.

There were four proposals that KCC consulted on. These were:

- Reducing the current course from up to 36 weeks to 12-weeks.
- Extending the service to more adults aged over 50.
- Including more classes in more locations across Kent to reach communities that will benefit the most.
- Giving more organisations a chance to apply for grants of up to £3,000 a year.

We proposed these changes because of feedback from service users and what we know about the way the population in Kent is changing which suggests that we need to update the current offer. We want to make these changes so the service can be used by more people, more locally to them, and earlier in life so they are able to get the most use out of the help on offer to stay well, fit, mobile and independent for longer.

Rather than make savings, we proposed delivering the service differently. The current budget for the service would remain the same and there would be no savings associated with the proposed changes to the service.

There was a total of 141 responses to the consultation. 116 were received online and 25 were paper or emailed questionnaires.

Most consultees were white (94%), female (75%), older (56+ years), retired (71%), and 52% of people reported having a disability. 46% had used the service in the past, and 47% had never used the service.

Prior insight was gathered from public and stakeholders' sessions before the consultation. Stakeholders included NHS services and current organisations who provide this service as well and organisations representing community and voluntary organisations. This feedback has been considered alongside the results of the consultation questionnaire.

Feedback suggests that consultees largely agreed with the following, but had some concerns, too:

- KCC should extend the service to people at a younger age (69%), with 75% in favour of those from age 50 being able to attend.
- Mixing age groups may not work as they may require different things from the service (prevention vs. rehabilitation) and/or progress at different paces.
- KCC should consider the social support people enjoy from these sessions and concerns that these proposals may take that away.
- 89% of consultees agreed that we should have services (classes), in those Kent communities and areas that most need them.
- 51% of consultees agreed that a 12-week course would help more people to benefit from attending a class, with 20% of these currently using or have used the service in the past.
- 12 weeks may not be long enough for service users to benefit / see real behaviour change.
- There is a desire for continuation / longer term solutions to be offered to those who need it once the 12-week sessions are complete.
- 67% of consultees supported the funding proposal of up to £3,000 annually with options to seek additional funding from elsewhere, and the flexibility of awards exceeding £3,000 as deemed appropriate.

Table 1 shows the themed responses from the consultation and KCC's response to these. Where relevant, prior insight from stakeholders is mentioned to compliment or contrast views from the public consultation.

We would like to thank everyone who took part in and helped to promote the consultation. KCC commissioned an independent organisation, Lake Market Research, to analyse the feedback and produce the consultation report, which has been published on our website: [Postural Stability Service | Let's talk Kent](#).

Table 1 Summary of themed comments from consultation and KCC responses.

Theme	KCC Response
Age Consultees gave their views about the inclusion of adults below the age of 65. - Over two thirds of consultees (69%) agreed that we should include adults below the age of 65. - Three quarters (75%) agreed to extend service to adults aged 50 and older. Some consultees noted that mixing age groups may not work as they may require different things from the service (prevention vs. rehabilitation) and/or progress at different paces.	KCC agrees with consultees on the need to extend this service to those below the age of 65. We recognise the concerns raised about mixing age groups. To address these concerns, we would encourage providers to consider how they will manage mixed age and abilities as part of their application process. Providers will be expected to measure fitness of participants before and after a course of classes. This will enable tailoring of class format and content for attendees for example, providers could: - Do classes for different age groups/abilities on varied dates and times. - Adapt exercises within classes for mixed abilities. - Use equipment that can be adjusted for different abilities.
Service promotion Some consultees commented that the service was relatively unknown and needed to be more widely promoted. The advertisement of the service to those who may benefit from the service was mentioned in comments.	KCC recognises that new service providers may need guidance on how to promote and market their services. We will: - Give advice, guidance and support to providers to encourage and increase targeted promotion of this service. - Encourage providers to advertise their courses in their area, making sure professionals who refer know about the service. We would recommend advertising on the Active Kent and Medway website.

Theme	KCC Response
Funding activity after the course has finished Some consultees mentioned that they would like financial assistance to continue activities after the course had finished.	KCC recognises that people would like to continue their journey to becoming more active. We would encourage people to look outside of the service once they have completed the course. This is to enable more people to benefit from the course. At the end of the course, people will be provided with information about other activities which may also provide opportunity for social interaction.
Location In comments, consultees spoke about how transport to locations may impact them because of proposals. Common themes included: • Requests for locations to be easily reached by public transport routes. • Service providers need to consider people living in rural locations and how they will get to where the service is provided. • Service providers should consider known community locations.	KCC would encourage service providers to consider well-known, local and accessible locations to host their courses when applying for grants. KCC will consider service providers' approaches to addressing transport barriers.

Theme	KCC Response
Course length Just over half (51%) of consultees agreed that a 12-week course would help more people to benefit from attending a class. In comments, consultees had differing points of view on the length of the course: • Some felt that a course of 12 weeks was not long enough. • Others felt that a 36-week course was too big a commitment. • Some mentioned that there should be an option for staying on the course beyond 12 weeks, for example up to 20-24 weeks.	KCC recognises that 49% of consultees did not agree with this proposal. Our proposals were developed to respond to population changes in Kent. We want to make these changes so the service can be accessed by more people, locally and earlier in life. This is so they can get maximum use out of our offer and stay well, fit and mobile for longer. By reducing the length of course, we are being more responsive to the needs of a changing population. KCC notes the variance in preference of how long the course will run for. We will continually evaluate and monitor the effectiveness of the proposed new service. This will include looking at outcomes and the impact of reducing the course to 12 weeks.
Funding We asked consultees for their views on funding proposals: • Two thirds (67%) welcomed grants over 3 years for up to £3,000 per year. • Seven out of ten consultees (71%) agreed to joint applications. • Over half (57%) agreed to encouraging organisations who could provide the service to seek additional funding from elsewhere.	In the consultation, most (but not all) of the consultees who answered questions about funding were residents across Kent. 73% of responses for these questions came from residents. 3% came from organisations including NHS and community and voluntary groups. KCC acknowledges the support from consultees for the funding proposals. We also acknowledge that fewer supported encouraging organisations to seek additional funding from elsewhere. KCC will provide an event for organisations (showcasing what support is available for them and to including advice on additional funding)

Theme	KCC Response
Funding (continued). - Some consultees also said they wanted to see accountability for the proposed grant system to make sure money is spent appropriately. Prior insights from stakeholders before the consultation told us they wanted to see: - Long-term project funding to deliver the service sustainably. For many smaller organisations, funding for longer periods of time offered a lifeline and meant they could feel financially secure / could plan their business activity more effectively.	Some organisations who can potentially provide the service gave us feedback (prior to consultation) that they would welcome longer-term funding periods to give them more stability over a longer period of time. KCC acknowledges the challenge many organisations face related to workforce planning and funding arrangements. As far as possible, KCC will work with organisations who could potentially provide this service to give assurance over longer periods to facilitate the sustainability to develop and keep this service. Additional engagement will be planned with potential community organisations who could provide this service to gain more insights into funding requirements. We will evaluate the effectiveness of using community grants for this service in both the short term and long term.
Application process We asked consultees how the grant process would work. They told us through comments that: - Applications for grant funding should be widened to attract local small businesses, sole traders, giving the smaller organisations a chance to deliver. - Applications must be simple and easy to complete with relevant information (including screening for applicants).	KCC understands that for organisations bidding to become providers for the first time, the application process could be daunting and resource intensive. KCC's offer to organisations who could provide this service includes: - We will review our application process to see where we can make this more streamlined. - We will look at promoting the application process in places where organisations new to the bidding process may look. - We will commit to engagement with potential organisations to understand where best to advertise.

Theme	KCC Response
Application process (continued). Insights from stakeholders prior to engagement told us that: They would welcome support around staff training.	We will work with established and organisations that are new to this service to understand how we can make the application process as easy to follow as possible. We understand that during the contract, support may be required to help with our requirements for reporting. We will provide advice and guidance on how best to do this ahead of bidding, so that organisations are aware of our expectations.
New service name suggestions We asked consultees for a new name for the service and to give views on the terms ‘active and ‘later life’/ 68 consultees gave comments. Names suggested included: • Get up, get active, get healthy • Strength & Balance • Forever Fit • Forever Active • Active Ageing • Moving More • Strength, balance, and mobility Consultees also mentioned concerns over the phrase ‘later life’ as this may put people off and not appeal to those who were 50 years and older. Consultees also saw the inclusion of the term ‘active’ in the service name as more positive.	KCC would like to thank consultees for their contributions and suggestions for a new service name. We will consider the suggested names and announce the new service name if and when changes to the service are agreed.

This page is intentionally left blank

EQIA Submission Draft Working Template

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

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

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

Section A

1. Name of Activity (EQIA Title):

Physical Activity Service for Older People (Postural Stability Service)

2. Directorate

Adult Social Care and Health

3. Responsible Service/Division

Public health

Accountability and Responsibility

4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Linda smith

5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Sarah Crouch

6. Director of Service

Note: This should be the name of your responsible director.

Dr. Anjan Ghosh

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Activity Type - ☒ if yes

☒ **Service Change** – operational changes in the way we deliver the service to people

☒ **Service Redesign** – a revised approach from two service providers to a new wider spread, flexible and varied activity community provider operating model [via grant application funding].

☒ **Project / Programme** includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.

☒ **Commissioning/Procurement** – requires commissioning activity needing commercial judgement.

☒ **Strategy / Policy**

Other

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

Public Health Kent conducted a public consultation on proposed changes to the Postural Stability Service in Kent, delivered in recent years by two organisations. The proposal is to transform the current service by encouraging a broader range of organisations to apply for grants to fund evidenced based, desirable activities closer to where people live, particularly those groups of people known to be at higher risk of being inactive. Grants of variable amounts will be given related to the scope, nature, and suitability of proposals, and which will include funds for training and for the delivery of new 12-week classes.

The overarching aim of the new offer is to reach more people aged over 50 years to improve access to activities closer to home especially for those who would benefit the most and are the most inactive. This is important to improve health outcomes, wellbeing, social connectivity, reduce the incidence of falls and related hospital admissions, and to

delay the onset of disability and retain independence for longer without the need for health and care support.

The new service proposes to offer more varied evidenced based and culturally acceptable activities to build strength and balance in older adults, closer to home in more locations across Kent.

It is anticipated that the new offer will:

- Address current inequitable service e.g. long wait times. [Health inequality].
- low representation from target groups / places in Kent. E.g. men in north Kent, women in Thanet, women in urban areas, certain ethnicities e.g. Black and Asian and residents within areas of multiple deprivation. [Addressing health inequalities].
- Address actual and projected increasing demand due to increased need and size of older population in Kent.
- Sustainable physical activity related behaviour change.
- Impact of social, cultural, and environmental barriers to engagement such as people with long-term health conditions, mental health issues, loneliness, and social isolation.
- Create stronger partnerships with community and voluntary sector (VCSE) and helping to build community resources.
- Adding to the knowledge base of what helps and hinders older adults' participation in physical activity.
- Help to increase public awareness of the importance of physical activity for good health and wellbeing.

The Postural Stability Service commenced in 2015 and is delivered in recent years by two organisations. In East Kent, the service was provided by Kent Community Health Foundation Trust (KCHFT) (ceased in March 2025), and in West Kent by Involve. From April 2025, KCHFT has opted to not be a provider of this service. This means that until a decision is made on the future of the Postural Stability Service, and the new model is in place residents in East Kent wanting support will be signposted to other providers of local activities via links on the KCHFT webpage e.g. to the websites of Active Kent and Medway, County, District and Borough Councils. They will also have the option to receive a video disc of exercises from KCHFT or view these online.

Section B – Evidence	
9. Do you have data related to the protected groups of the people impacted by this activity? <i>Answer: Yes/No</i>	Yes
10. Is it possible to get the data in a timely and cost-effective way? <i>Answer: Yes/No</i>	Yes
11. Is there national evidence/data that you can use? <i>Answer: Yes/No</i>	Yes Active Lives Adult Data Adult physical activity - NHS England Digital Physical Activity Fingertips Department of Health and Social Care Physical activity - Kent Public Health Observatory
12. Have you consulted with Stakeholders?	Yes

13. Who have you involved, consulted, and engaged with?

KCC has undertaken a range of engagement activities with members of the public, older adults including stakeholder and community voluntary organisations to understand the factors which help and stop them from being more physically active and the kinds of things they would like to see in any new service offer.

- Mapping of alternative / related provision in Kent.
- Extensive stakeholder, citizen, community, and partner engagement events held [2023-24].
- Community, voluntary sector discussions with key organisations, alliances across Kent [September 2024].

Through this engagement they told us that activities should:

- Vary, depending on the age of adults e.g. if people are retired or still working.
- Be closer to home [i.e. local and/or easily reached by public transport]
- Be low cost (no price points were mentioned).
- Include a social element e.g. time for tea, biscuits, and chat afterwards.
- Fit in with their everyday routine.
- Not require membership fees.
- Be available to try before fully committing to them.
- Consider group classes rather than the gym.

We built on the above engagement activities through a public consultation, which ran from 6th November – 17th December 2024. Feedback was captured via a consultation questionnaire which was available on KCC's engagement website (<https://letstalk.kent.gov.uk/postural-stability>). Hard copies of the consultation material were also available on request. Large print formats were available from the consultation webpage and consultation material and the webpage included details of how people could contact KCC to ask a question, request hard copies or an alternative format. A Word version of the questionnaire was provided on the webpage for people who did not wish to complete the online version.

During the consultation period we undertook targeted engagement activities to gain insight from protected groups identified in this EQIA and from those who may find it more challenging to engage with the consultation, such as older adults without access to digital media.

Activities to raise awareness of the consultation and encourage participation, included the following:

- Media release – <https://news.kent.gov.uk/articles/have-your-say-on-proposed-new-service-to-help-kents-over-50s-get-active-and-age-well>.
- Poster and postcards displayed in current providers premises, Kent Libraries and Gateways.
- Posts on KCC's Facebook, X (formerly Twitter), Instagram, Nextdoor and LinkedIn channels tagging current providers.
- Links to consultation webpage from Kent.gov. service page.
- Promotion through internal staff comms channels and directorates.
- Promoted to towns and parish councils through the Kent Association of Local Councils (KALC).
- Promoted through Kent's Resident e-Newsletter.
- Invitation to those registered with Let's talk Kent who have expressed an interest in 'Public Health and Wellbeing' and 'Adult Social Care' (9,240).
- Promoted via Kent community hospitals.
- Promotion to Armed Forces Network and Kent Equality Council.
- Email to stakeholders, including integrated care board and Healthwatch.
- Promoted via Community Wardens.
- Promoted via Active Kent networks.
- Promoted via District and Borough councils.

Consultees were asked to provide the views on KCC's equality analysis in their own words. The comments have been reviewed and grouped into themes.

34 people (24% of consultees), commented on this section. Of these, 26% of those answering highlighted that classes must remain inclusive.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No

No

15. Do you have evidence/data that can help you understand the potential impact of your activity?

Answer: Yes/No

Yes.

National guidance / Research evidence base
Programme examples from other areas.

Uploading Evidence/Data/related information into the App

1. Population data

Physical activity varies with age and life stage. People tend to get less active with age especially older age. Kent has an ageing and a steadily increasing population growing by 9.4% between 2010-2020, with the 2022 mid-year estimates reporting 1,593,200 people currently living in Kent. This is above both the average for the southeast [7.5%] and England [7.4%]. Forecasts show that the number of people aged 65 and older is expected to rise by 44.9% between 2019-39, with the proportion of people aged under 65, is forecast to increase by 12.2%.

[2022 Mid-year population estimates: Age and Sex profile \(kent.gov.uk\)](https://www.kent.gov.uk/mid-year-population-estimates-age-and-sex-profile).

A soon-to-be published KCC Health Needs Assessment for physical activity of Kent adults aged 50 and older, reports with similar findings to England, Kent data released for 2021/22 by [Active Lives | Sport England](#) for older adults participation in twice weekly Strength, Muscle Exercise [SME] and Balance guidelines activity, tells us:

- Only 27.5% reported participating in activity to guidance
- Women are less likely to participate than men
- Only 15% of adults met both guidelines: 17% of men and 14% of women
- Men in Gravesham were least likely to participate [38%]
- Women in Thanet were least likely to participate [32%]
- Residents in areas of IMD 1-3 participating in twice weekly MSE:
 - 55-74 years: 32%
 - 75 years and older: 21%
- Rural setting residents [30%] were slightly more likely to participate in SME than those in urban areas [29%]
- For men, there is minor difference for men between rural and urban settings
- For women, those living in an urban area are less likely to participate in this type of activity [39.5%] than those in a rural setting [43%]

2. Current services

The KCC Postural Stability Service is provided mostly in a community setting such as community halls. The service can be accessed through a referral from a health professionals or a self-referral, which can be made through [KCC website](#)

We know that for those who use it, the current service is clearly valued but it is not reaching enough people. The current service has about 500 people at the start of course each year. About 250 people do not finish the classes. The service is not currently reaching all those aged over 50 who could potentially use and benefit from this service.

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients - Answer: Yes/No

Yes

Residents/Communities/Citizens - Answer: Yes/No

Yes

Staff/Volunteers - Answer: Yes/No

Yes

17. Are there any positive impacts for all or any of the protected groups because of the activity that you are doing?

Answer: Yes/No

Yes
18. Please give details of Positive Impacts
Individuals: - It will address health inequalities via increasing provision of local and timely service access to exercise classes especially for at-risk groups. - There is a large and compelling evidence of positive benefits of exercise on health and wellbeing of adults even frail adults. E.g. it will prevent or delay the onset of dementia, disability, and frailty and discourage sedentary lifestyles. - Activity increases healthy life expectancy, lengthens the period of independence, wellbeing, and resilience for individuals. This means that they will have a reduced need of health and social care, will be less likely to have an emergency hospital admission resulting from a fall, and enjoy a better quality of life with more social connections. Benefits of exercise - NHS, Health matters: getting every adult active every day - GOV.UK. Community organisations: - Will strengthen relationships with VCSE sectors and build / strengthen community assets. - It may encourage new community groups to engage especially from underrepresented communities. - It gives community organisations an opportunity to broaden their funding and bidding experience by accessing match-funding.
Negative Impacts and Mitigating Actions
The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.
19. Negative Impacts and Mitigating actions for Age
a) Are there negative impacts for Age? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Age
c) Mitigating Actions for Age
d) Responsible Officer for Mitigating Actions – Age
20. Negative Impacts and Mitigating actions for Disability
a) Are there negative impacts for Disability? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Disability
Mitigating Actions for Disability
Responsible Officer for Mitigating Actions – Disability
21. Negative Impacts and Mitigating actions for Sex
a) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Sex
c) Mitigating Actions for Sex
d) Responsible Officer for Mitigating Actions - Sex

22. Negative Impacts and Mitigating actions for Gender identity/transgender
a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Gender identity/transgender
c) Mitigating Actions for Gender identity/transgender
d) Responsible Officer for Mitigating Actions - Gender identity/transgender
23. Negative Impacts and Mitigating actions for Race
a) Are there negative impacts for Race? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Race
c) Mitigating Actions for Race
d) Responsible Officer for Mitigating Actions – Race
24. Negative Impacts and Mitigating actions for Religion and belief
a) Are there negative impacts for Religion and Belief? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Religion and belief
c) Mitigating Actions for Religion and belief
d) Responsible Officer for Mitigating Actions - Religion and belief
25. Negative Impacts and Mitigating actions for Sexual Orientation
a) Are there negative impacts for sexual orientation. Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Sexual Orientation
c) Mitigating Actions for Sexual Orientation
d) Responsible Officer for Mitigating Actions - Sexual Orientation
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity
a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Pregnancy and Maternity
c) Mitigating Actions for Pregnancy and Maternity
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity
27. Negative Impacts and Mitigating actions for marriage and civil partnerships
a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Marriage and Civil Partnerships

c) Mitigating Actions for Marriage and Civil Partnerships
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships
28. Negative Impacts and Mitigating actions for Carer's responsibilities
a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Carer's Responsibilities
c) Mitigating Actions for Carer's responsibilities
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities

This page is intentionally left blank

From: Diane Morton, Cabinet Member for Adult Social Care and Public Health

Paul King, Cabinet Member for Economic Development & Coastal Regeneration

Dr Anjan Ghosh, Director of Public Health

Simon Jones, Corporate Director of Growth, Environment and Transport

To: Adult Social Care and Public Health Cabinet Committee, 8 July 2025

Subject: Integrated Work and Health Strategy for Kent & Medway

Key decision: 25/00005

Classification: Unrestricted

Past Pathway of report: [GEDCCC November 2024](#)
Growth, Economic Development and Communities Cabinet Committee (GEDCCC) 1 July 2025

Future Pathway of report: Cabinet Member Decision

Electoral Division: All KCC electoral divisions

Summary: This report provides an update on the development of an Integrated Health and Work Strategy for Kent & Medway which aims to tackle the issues linked to economic inactivity related to long-term health conditions.

Recommendation:

The Adult Social Care and Public Health Cabinet Committee is asked to consider and endorse or make recommendations to the Cabinet Member for Economic Development & Coastal Regeneration to

APPROVE and **ADOPT** the Kent and Medway Integrated Work and Health Strategy on behalf of Kent County Council. Other partner organisations (Medway Council, the Kent & Medway Integrated Care Board) will also be taking the Plan through their own approval processes.

DELEGATE authority to the Director of Public Health, in consultation with the Director of Growth and Communities, Cabinet Member for Adult Social Care & Public Health and Cabinet Member for Economic Development & Coastal Regeneration, to sign off the final plan, refresh and/or make revisions to the Plan as appropriate during the lifetime of the plan

DELEGATE authority to the Director of Public Health, in consultation with the Director of Growth & Communities, to take relevant actions, including but not limited to finalising the terms of, and entering into required contract or other legal agreements, as necessary to implement the decision as shown at Appendix A.

1. Introduction

- 1.1 This paper provides an update on the **Integrated Work and Health Strategy for Kent & Medway 2025-2030** (included at Appendix 1) which has been developed over the last year using funding from the Department for Work & Pensions (DWP) and the Department of Health and Social Care (DHSC). The strategy aims to enable key organisations in Kent & Medway to better understand the challenges that employers face with regard to supporting new and existing employees with long term health conditions and the issues that prevent people with health conditions from accessing employment opportunities and sustaining work.
- 1.2 The plan has been developed by several teams within Kent County Council (KCC) (Economy; Public Health; and Strategy, Policy, Relationships & Corporate Assurance), Medway Council and the NHS Kent & Medway.
- 1.3 A final plan is now ready for formal endorsement by KCC's Growth, Economic Development and Communities Cabinet Committee (GEDCCC); KCC's Health Reform & Public Health Cabinet Committee; the Medway Council Health and Adult Social Care Overview and Scrutiny Committee; the Kent & Medway Integrated Care Board (ICB); and the Kent & Medway Strategic Partnership for Health & Economy (SPHE)¹ which reports to both the Kent & Medway Economic Partnership (KMEP) and the Integrated Care Partnership (ICP)².
- 1.4 A paper was presented to [GEDCCC in November 2024](#) which provided an overview of:
 - The background to and purpose of the strategy;
 - Strategic alignment to KCC and wider Kent & Medway strategies and programmes;
 - Information and statistics about the levels of economic inactivity linked to long term health conditions nationally and in Kent & Medway and the impacts on local employers and residents;
 - How tackling economic inactivity linked to ill-health would benefit Kent & Medway's population and employers including helping to fill skills gaps in key industry sectors;
 - Details of the planned development phases of the strategy including a public consultation process;
 - Emerging priorities based on early feedback from local stakeholders.
- 1.5 The details outlined in the November paper ([available to view here](#)) have intentionally not been repeated in this paper. It should be noted, however, that local businesses

¹ The SPHE includes representatives from local government including economic development, public health and social care, the NHS, businesses and business representative organisations, skills providers, voluntary groups, and the Department for Work & Pensions.

² The Kent & Medway Integrated Care Partnership includes Kent County Council, Medway Council, the Kent & Medway Integrated Care Board, the four Kent & Medway Health & Care Partnerships and District Councils along with support from Kent Healthwatch, Medway Healthwatch and Voluntary, Community & Social Enterprise.

are negatively impacted by the prevalence of long-term health conditions which are linked to labour market shortages and lower productivity while individuals are hindered from accessing and retaining employment opportunities.

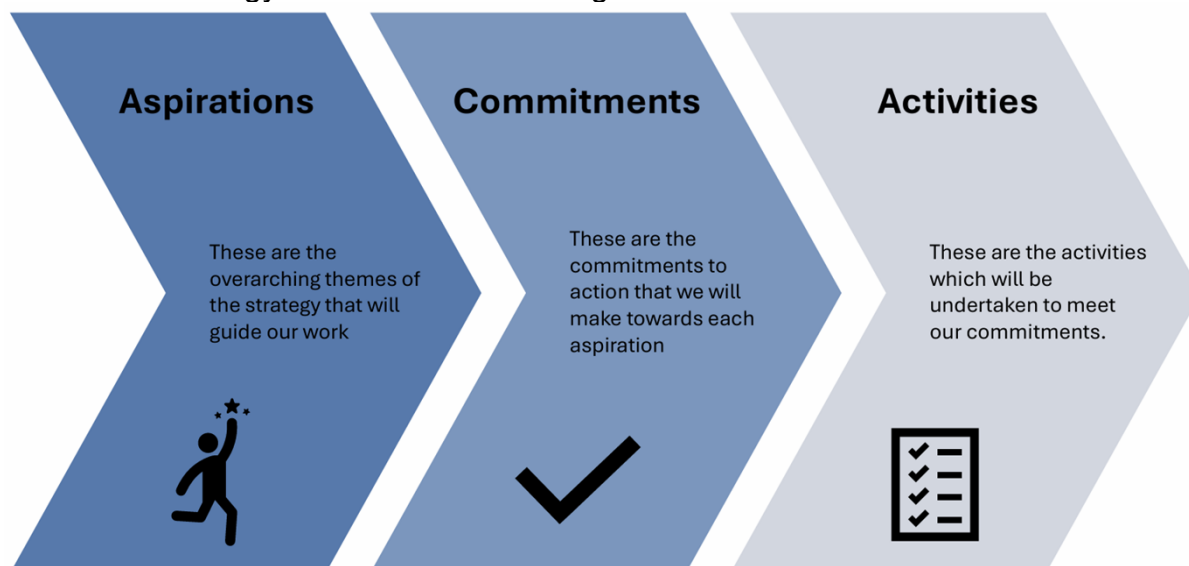
2. Developing the Integrated Work and Health Strategy for Kent & Medway:

- 2.1 The development of the strategy started in April 2024 with an ICP workshop focused on work and health. This workshop brought together stakeholders including Kent & Medway Employment Taskforce, KMEP, the K&M Business Advisory Board, NHS Kent and Medway ICB, Local Authorities and DWP. Themes explored included Skills Development, Employer Perspectives, Mental Health, Community Support, In-Work Support for People & Employers (businesses and public sector).
- 2.2 The Intelligence Gathering Phase followed between May and September 2024 where over 115 stakeholders (employers and employees) were engaged in interviews or focus groups to provide views and intelligence. National, regional, and local policies, strategies and programmes were reviewed, and this continues as an ongoing process. Health, economy, and employment data is being brought together from the perspective of supporting people with long-term health conditions and disabilities to start, stay and succeed in work. See **appendix 4** for broad categories of stakeholders consulted.
- 2.4 The first draft of the strategy was compiled in December 2024 and a number of key partnerships were informed about progress and emerging themes. Groups included the SPHE, KMEP, the Employment Task Force and Business Advisory Board.
- 2.5 A public consultation took place from January to March 2025 via an online survey and 336 responses were received. A final piece of work took place in early June 2025 to seek the views of people with lived experience to inform the final strategy.
- 2.6 Development of the final strategy was started in April 2025, based on a 'You said, we did' approach using the analysis of workshop outcomes, input from strategic partnerships and strategic partners, survey data and feedback from the lived experience engagement sessions.
- 2.7 Throughout the development of the strategy, it was important to ensure that the views of local businesses were taken into account and this was done via the main business representative bodies (Kent Invicta Chamber of Commerce, The Federation of Small Businesses and the Institute of Directors who are members of BAB and KMEP) and individual companies. From an employer perspective there was strong feedback about helping local firms to better understand how to maintain a strong and healthy workforce, understand legislation and support to help employees with health conditions and to make use of the strategy to help tackle skills gaps.
- 2.8 It should be noted that since work began on drafting the strategy, the government published the [Get Britain Working White Paper](#) in November 2024. This included a commitment to produce Local Get Britain Working Plans by July 2025. KCC was asked in February 2025 to lead the 'Get Kent & Medway Working Plan' (GKMWP) on behalf of KCC, Medway Council, Jobcentre Plus and the Kent & Medway Integrated Care Board. The plan will encompass the Work & Health strategy and is not intended

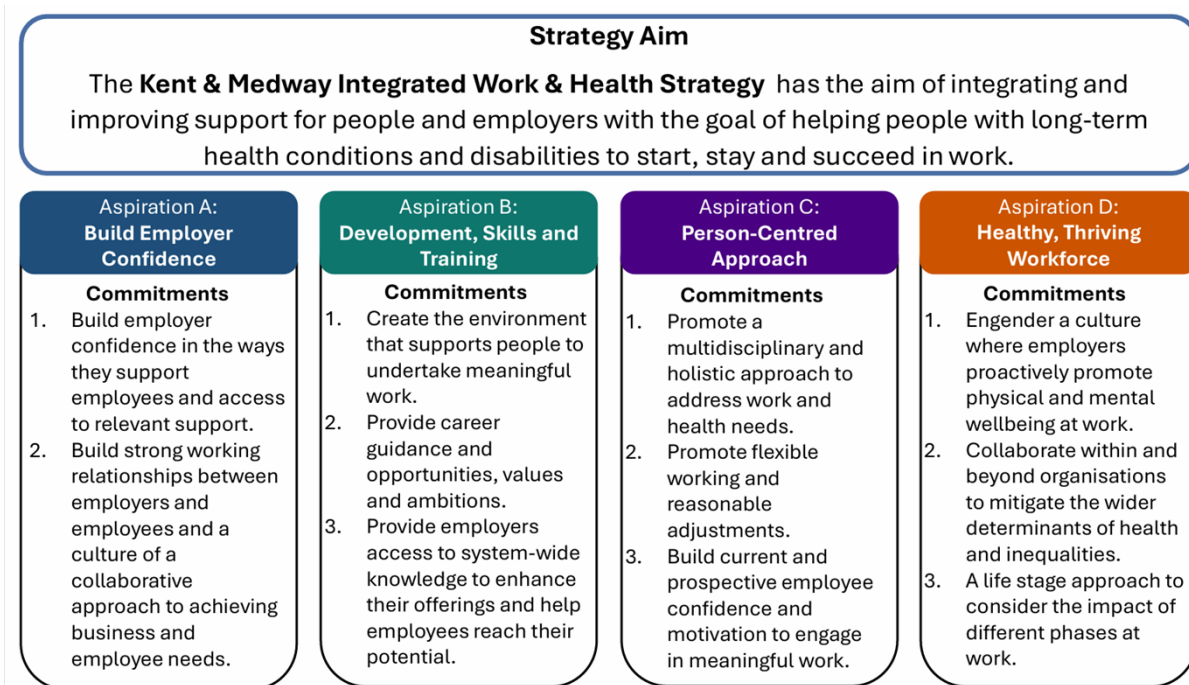
to duplicate efforts but to build on the Health & Work Strategy, Local Skills Improvement Plan, Kent & Medway Economic Framework, and the Kent & Medway Integrated Care Strategy. The GKMWP is the subject of another GEDCCC paper.

3. The Integrated Work and Health Strategy for Kent & Medway:

3.1 The strategy is built on the following structure:



3.2 The strategy is based on four aspirations which are the overarching themes that will guide the work of the strategy. Each aspiration comprises two or three commitments to action.



3.3 Concerns expressed by employers about how best to support people with long-term health conditions and disabilities in the workplace are addressed in **Aspiration A**. Employers would welcome support in fully understanding and applying legislation and in sharing practice through case studies and examples. This aspiration is particularly important given the nature of Kent & Medway economic make-up with

over 90% of firms employing fewer than nine people. Support for small enterprises is particularly important given that they often lack resource and capacity, to ensure that they can engage in the health and work agenda without compromising their ability to operate commercially and thrive.

- 3.4 **Aspiration B** responds to the strong case that was made during engagement for quality training and development opportunities to enhance employment opportunities and provide meaningful work both for those currently out of work and for the existing labour force across a number of aspects. Training and development in appropriate areas also provides opportunity for employers to fill known skills gaps in Kent & Medway's key industry sectors. This Aspiration also seeks opportunity for people with long-term health conditions and disabilities to access guidance for career change where exacerbations of their long-term health conditions or disabilities prevent continuation with current career or employment.
- 3.5 **Aspiration C** responds to feedback about the multiple factors that can make the management of long-term health conditions and disabilities difficult whilst engaging in meaningful work. There are a range of wider factors which can influence the ability of a person with a long-term health condition or disability to start, stay or succeed in work including transport and housing.
- 3.6 **Aspiration D** aims to ensure that workplaces are conducive to good physical and mental health and wellbeing for employees which in turn leads to increased productivity for local firms. This aspiration encompasses leadership and management practices, flexibility to achieve a good work life balance and recognising the need for additional support for employees at different of their life and career to ensure that employees are supported to remain productive.
- 3.7 Partners are confident that the strategy responds to challenges in Kent & Medway and the local context given the feedback from the public consultation:
- Aspiration A was supported with a total of 69.9% respondents strongly agreeing or agreeing.
 - For Aspiration B, 71.1% of respondents selected strongly agree with a further 22% selecting agree.
 - Aspiration C received a strongly agree from 72% of respondents with an additional 18.8% of respondents selecting agree.
 - For Aspiration D, 70.2% of respondents selected strongly agree with a further 21.4% of respondents answering agree.
- 3.8 **Appendix 3** includes a 'you said, we did' report that demonstrates how feedback from stakeholders was addressed in the strategy and **Appendix 5** is the Consultation Results Report.

4. Implementing the Strategy

- 4.1 In order to take the strategy forward, an action plan is currently being developed which comprises short- and medium-term actions and those that can be developed for the longer term. The draft action plan, which will remain a live document, can be seen in **Appendix 2**.
- 4.2 The implementation of the strategy will be led by teams from KCC, Medway Council and the Integrated Care System and overseen by the SPHE.

5. Other options considered

- 5.1 Do nothing. This was rejected as there is a national expectation and strong local support for the development of an Integrated Work and Health Strategy for Kent and Medway.

6. Financial Implications

- 6.1 The development of the strategy was funded by a DWP/DHSC grant which covered a post based within Medway Council. KCC (Economy; Public Health; and Strategy, Policy, Relationships & Corporate Assurance) and additional Medway Council officers and NHS colleagues also contributed support in the form of staff time given the links to wider KCC priorities. KCC staff involved in developing the strategy are funded by core budget, but their respective roles include activity to support strategies and initiatives that boost the local economy and improve health outcomes.
- 6.2 The strategy itself is not a funded strategy but there are a number of 'quick wins' which can be implemented within existing resource.
- 6.3 The strategy will be an integral pillar of the forthcoming GKMWP which will set out a number of asks of government so it is anticipated that with evidence of need highlighted in the strategy, there may be possibilities to access future government funding to support the delivery of the action plan. The future implementation of the strategy should support economic growth through supporting people into work, tackling skills gaps and reducing workforce absence due to sickness enabling businesses to operate more productively.

7. Legal implications

- 7.1 There are no legal implications for KCC, or its partners associated with the development of the Work & Health Strategy.

8. Equalities implications

- 8.1 A high-level Equalities Impact Assessment (EqIA) was prepared for the development of the strategy phase and more detailed EqIAs will be produced to support the programmes and initiatives that will be put in place to support the implementation of the strategy. It is anticipated that these action plan will have a positive effect on groups with protected characteristics who find themselves excluded from the labour market due to health-related issues.

9. Data Protection Implications

- 9.1 There are no data protection implications for KCC, or its partners associated with the Work & Health Strategy itself. Data Protection Impact Assessments will be developed to support the programmes and activities delivered under the action plan.

10. Other corporate implications

- 10.1 The development of the strategy was led by the K&M Integrated Care System with oversight from several KCC services: Economy; Public Health; and Strategy, Policy,

Relationships and Corporate Assurance. Different elements of the strategy will be delivered by the most appropriate KCC services and partner organisation(s) in future, subject to resource being identified.

11. Governance

- 11.1 A similar paper is being taken to KCC's Growth, Economic Development and Communities Cabinet Committee in July; the August Medway Council Health and Adult Social Care Overview and Scrutiny Committee; and the September K&M Integrated Care Board meeting for endorsement.
- 11.2 Any decisions and delegations needed to support the implementation of the strategy's action plan will be taken by the relevant partner organisations in line with their governance policies.

12. Conclusions

- 12.1 Given the level of economic inactivity both nationally and within Kent & Medway and the negative impacts that this has on individuals and the local economy, the development of the Integrated Work and Health Strategy for Kent & Medway and its subsequent implementation is an important area of work for KCC and its partners. The **Integrated Work and Health Strategy for Kent & Medway** and the support it has from key local stakeholders will enable Kent & Medway to support local businesses and residents by tackling barriers to employment and helping individuals to access and succeed in work while tackling skills gaps faced by key industry sectors.

Recommendation:

The Adult Social Care and Public Health Cabinet Committee is asked to consider and endorse or make recommendations to the Cabinet Member for Economic Development & Coastal Regeneration to

APPROVE and **ADOPT** the Kent and Medway Integrated Work and Health Strategy on behalf of Kent County Council. Other partner organisations (Medway Council, the Kent & Medway Integrated Care Board) will also be taking the Plan through their own approval processes.

DELEGATE authority to the Director of Public Health, in consultation with the Director of Growth and Communities, Cabinet Member for Adult Social Care & Public Health and Cabinet Member for Economic Development & Coastal Regeneration, to sign off the final plan, refresh and/or make revisions to the Plan as appropriate during the lifetime of the plan

DELEGATE authority to the Director of Public Health, in consultation with the Director of Growth & Communities, to take relevant actions, including but not limited to finalising the terms of, and entering into required contract or other legal agreements, as necessary to implement the decision

13. Background Documents

14. Appendices

- Appendix A: Proposed Record of Decision
- Appendix 1: The Integrated Work and Health Strategy for Kent & Medway
- Appendix 2: Draft Action Plan for the strategy
- Appendix 3: 'You Said, We Did' Report
- Appendix 4: Summary of Stakeholder Engagement Broad Categories
- Appendix 5: Consultation Results Report

15. Contact details:

Report Author: Steve Samson Job title: Head of Economy Telephone number: 03000 417167 Email address: steve.samson@kent.gov.uk	Director: Stephanie Holt-Castle Job title: Director of Growth & Communities Telephone number: 03000 412064 Email address: stephanie.holt-castle@kent.gov.uk

KENT COUNTY COUNCIL –PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Paul King
Cabinet Member for Economic Development & Coastal
Regeneration

DECISION NO:

To be allocated by
Democratic Services

For publication**Key decision: YES****Subject Matter / Title of Decision** Integrated Work and Health Strategy for Kent & Medway**Decision:**

The Cabinet Member for Economic Development & Coastal Regeneration is asked to

APPROVE and ADOPT the Kent and Medway Integrated Work and Health Strategy on behalf of Kent County Council. Other partner organisations (Medway Council, the Kent & Medway Integrated Care Board) will also be taking the Plan through their own approval processes.

DELEGATE authority to the Director of Public Health, in consultation with the Director of Growth and Communities, Cabinet Member for Adult Social Care & Public Health and Cabinet Member for Economic Development & Coastal Regeneration, to sign off the final plan, refresh and/or make revisions to the Plan as appropriate during the lifetime of the plan

DELEGATE authority to the Director of Public Health, in consultation with the Director of Growth & Communities, to take relevant actions, including but not limited to finalising the terms of, and entering into required contract or other legal agreements, as necessary to implement the decision

Reason(s) for decision:

The development of the Integrated Work and Health Strategy for Kent & Medway and its subsequent implementation is an important area of work for KCC and its partners to tackle the level of economic inactivity both nationally and within Kent & Medway and the negative impacts that this has on individuals and the local economy. The Integrated Work and Health Strategy for Kent & Medway and the support it has from key local stakeholders will enable Kent & Medway to support local businesses and residents by tackling barriers to employment and helping individuals to access and succeed in work while tackling skills gaps faced by key industry sectors.

Cabinet Committee recommendations and other consultation:

The proposed decision is being considered by Members of the Growth, Economic Development and Communities Cabinet Committee at their meeting on 1 July 2025 and at Adult Social Care and Public Health Cabinet Committee on 8 July 2025

Any alternatives considered and rejected:

Do nothing. This was rejected as there is a national expectation and strong local support for the development of an Integrated Work and Health Strategy for Kent and Medway.

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

.....
signed

.....
date

This page is intentionally left blank

EQIA Submission – ID Number

Section A

EQIA Title

Kent and Medway Integrated Work and Health Strategy

Responsible Officer

Emma Watson - GT GC

Approved by (Note: approval of this EqIA must be completed within the EqIA App)

Steve Samson - GT GC

Type of Activity

Service Change

No

Service Redesign

No

Project/Programme

No

Commissioning/Procurement

No

Strategy/Policy

Strategy/Policy

Details of other Service Activity

No

Accountability and Responsibility

Directorate

Growth Environment and Transport

Responsible Service

Economy (with Public Health and SPRCA)

Responsible Head of Service

Steve Samson - GT GC

Responsible Director

Stephanie Holt-Castle - GT GC

Aims and Objectives

The UK faces significant challenges with Economic Inactivity which are at the highest level since 2008 with some 2.6m people being out of the labour market for health-related reasons.

A Kent & Medway Integrated Work & Health Strategy is to be produced with the aim of integrating and improving support for people and employers to enable more people with health conditions and disabilities to start, stay and succeed in work. The strategy will be overseen by the Kent & Medway Strategic Partnership for Health & Economy and 'owned' by the Integrated Care Partnership and Kent & Medway Economic Partnership.

It is intended that the strategy and its future implementation will enable people with long term health conditions and disabilities to benefit by being able to start stay and succeed in meaningful work. This is based on the evidence that there is a synergistic relationship between meaningful work and good health. Employers from all industry sectors are also set to benefit from the strategy through increased access to untapped workforce potential, retention and diverse and inclusive workforce.

The following outcomes are hoped to be achieved by the strategy and these will be refreshed as the

strategy is developed and implemented.

Through integrating work and health:

- To increase the number of people with long term conditions and disabilities who are able to engage in meaningful work
- To take a person-centred, multidisciplinary approach to referral and provision to support people with long term health conditions and disabilities to start, stay and succeed in work.
- To build employee and employer confidence to support employees to start, stay and succeed in work and to build employee confidence in their capability and confidence to engage in work.
- To create an environment in which people are able to engage in relevant development training and skills to support them to start, stay and succeed in work.
- To engender a culture of a healthy, thriving workforce across Kent and Medway.

Unemployment can affect people with protected characteristics disproportionately including people with disabilities and health issues (physical and mental) or those with caring responsibilities. The development of the strategy and its future implementation is anticipated to have a positive impact upon various sections of the local population.

This EqIA is intended to give an early high level view of equalities, diversity and inclusion issues with further EqIAs to be developed as the strategy moves into its implementation phase through supporting programmes and initiatives during 2025.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?

No

It is possible to get the data in a timely and cost effective way?

Yes

Is there national evidence/data that you can use?

Yes

Have you consulted with stakeholders?

Yes

Who have you involved, consulted and engaged with?

As part of the intelligence gathering phase of the development of the strategy, 115 stakeholders have been engaged through 70 interviews including:

- NHS Trust leaders
- Representatives of employers and business support/membership organisations
- Education, training and skills leads
- Department of Work and Pensions
- Leaders of mental health organisations
- VCSE
- Housing representatives
- Economy representatives
- Public Health
- SEND and neurodiversity leaders
- Health and Care Partnerships
- Adult Education

• Kent and Medway ICB • Primary Care • Service users – from health perspective, organization employee perspective, DWP perspective • Community leaders
Has there been a previous Equality Analysis (EQIA) in the last 3 years?
No
Do you have evidence that can help you understand the potential impact of your activity?
Yes
Section C – Impact
Who may be impacted by the activity?
Service Users/clients Service users/clients
Staff Staff/Volunteers
Residents/Communities/Citizens Residents/communities/citizens
Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?
Yes
Details of Positive Impacts
The intended purpose of the Kent and Medway Integrated Work and Health Strategy is to support people with long term health conditions or disabilities to start stay and succeed in work. To that end it would be intended that there would be a positive differential impact on those people experiencing disability Age: Further evidence will be explored for this but there is likely to be a positive differential for age. As people age it is more likely that they will develop a long term health condition which may also result in a disability. Therefore by developing the strategy it is likely that there will be a positive differential impact for this factor. There is also potential to impact positively on younger age groups given work limiting conditions have risen fastest in the younger age groups. The rate of work limiting conditions among younger workers has doubled in the last decade. The number of workers aged 16 – 34 who report that their mental health limits the type or amount of work they can do has quadrupled in the last decade. Disability: The programmes and initiatives that emerge from the strategy are likely to impact positively upon people with a disability who have previously been excluded from the labour market. Sex: There is potentially a positive differential impact for women where factors such as menopause and pregnancy will be taken into consideration. Alongside this, the negative or positive impact of specific health conditions relating to men need to be considered. 22% of working age women report having a work limiting condition compared with 17% of men (https://www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge.) Gender Identity/transgender:

Relevant data relating to gender identity and employment alongside long term health conditions and disability needs to be explored further to determine its impact.

RACE:

This factor will be explored further to establish particularly whether there is likely negative differential impact when taking into consideration the additional risk factors for people of minority ethnic groups for some health conditions such as diabetes.

Risk factors for this group could include wider determinants such as occupations and other factors related to culture. People in these groups may be reticent to come forward for support other than to trusted contacts and therefore care will need to be taken to reach out to these communities in a way that engages them most appropriately.

Working age people of Bangladeshi ethnicity are most likely to have a work limiting condition, followed by those of white and Pakistani ethnicity. (<https://www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge>.)

Religion or belief:

Further evidence will be sought for this factor (religion) but care does need to be taken in implementation that there is not a negative differential impact for this factor. Religion or belief may cause people to be reticent to come forward through the usual designated channels. Care must be taken to reach out to some specific community groups through trusted routes.

Sexual Orientation:

Relevant data relating to sexual orientation and employment alongside long term health conditions and disability needs to be explored further to determine the impact of sexual orientation.

Pregnancy & Maternity:

Evidence needs to be reviewed for this factor to determine conclusively but it is likely that there will be a positive differential impact where associated conditions relating to pregnancy and maternity create circumstances where it becomes difficult to engage in work including due to caring responsibilities.

Marriage & Civil Partnerships:

Relevant data relating to gender identity and employment alongside long term health conditions and disability needs to be explored further to determine its impact.

Carer's Responsibilities:

The programmes and initiatives that emerge from the strategy are likely to impact positively upon people with carer's responsibilities as people receiving care due to long term health conditions are more likely to be supported into the labour market.

Negative impacts and Mitigating Actions

19.Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?

No

Details of negative impacts for Age

Not Applicable

Mitigating Actions for Age

Not Applicable

Responsible Officer for Mitigating Actions – Age

Not Applicable
20. Negative impacts and Mitigating actions for Disability
Are there negative impacts for Disability?
No
Details of Negative Impacts for Disability
Not Applicable
Mitigating actions for Disability
Not Applicable
Responsible Officer for Disability
Not Applicable
21. Negative Impacts and Mitigating actions for Sex
Are there negative impacts for Sex
No
Details of negative impacts for Sex
Not Applicable
Mitigating actions for Sex
Not Applicable
Responsible Officer for Sex
Not Applicable
22. Negative Impacts and Mitigating actions for Gender identity/transgender
Are there negative impacts for Gender identity/transgender
No
Negative impacts for Gender identity/transgender
Not Applicable
Mitigating actions for Gender identity/transgender
Not Applicable
Responsible Officer for mitigating actions for Gender identity/transgender
Not Applicable
23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race
No
Negative impacts for Race
Not Applicable
Mitigating actions for Race
Not Applicable
Responsible Officer for mitigating actions for Race
Not Applicable
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No
Negative impacts for Religion and belief
Not Applicable
Mitigating actions for Religion and belief
Not Applicable
Responsible Officer for mitigating actions for Religion and Belief
Not Applicable
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
No
Negative impacts for Sexual Orientation

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

Provisional Kent and Medway Integrated Work and Health Strategy (Draft) 2025 – 2030



Introduction to the Strategy

The **Kent and Medway Integrated Work and Health Strategy** has been developed through a collaborative effort between the Kent and Medway Integrated Care Partnership (ICP) and the Kent and Medway Economic Partnership (KMEP). This joint initiative reflects a shared commitment to improving the health and productivity of our workforce, benefiting businesses and organisations and the local community.

This strategy is designed to support employers in creating healthier workplaces and to support people with all long-term health conditions and disabilities to start, stay and succeed in work. The audience for this strategy document is primarily professionals working in services that aim to support people, businesses and organisations. Communication about the strategy will be tailored to other audiences.

Recognising that Kent's and Medway's communities are diverse, with unique needs, opportunities, and strengths, this strategy will be implemented to ensure that local needs are met. This strategy is our overarching high-level ambition, which will be supported by targeted action plans in our local communities.

As major employers and anchor institutions, we understand our own critical role in this initiative. We are committed to lead by example by creating a healthy work environment for all our employees.

Strategy Aim

The **Kent & Medway Integrated Work & Health Strategy** has the aim of integrating and improving support for people and employers with the goal of helping people with long-term health conditions and disabilities to start, stay and succeed in work.

Aspiration A: Build Employer Confidence

Commitments

1. Build employer confidence in the ways they support employees and access to relevant support.
2. Build strong working relationships between employers and employees and a culture of a collaborative approach to achieving business and employee needs.

Aspiration B: Development, Skills and Training

Commitments

1. Create the environment that supports people to undertake meaningful work.
2. Provide career guidance and opportunities, values and ambitions.
3. Provide employers access to system-wide knowledge to enhance their offerings and help employees reach their potential.

Aspiration C: Person-Centred Approach

Commitments

1. Promote a multidisciplinary and holistic approach to address work and health needs.
2. Promote flexible working and reasonable adjustments.
3. Build current and prospective employee confidence and motivation to engage in meaningful work.

Aspiration D: Healthy, Thriving Workforce

Commitments

1. Engender a culture where employers proactively promote physical and mental wellbeing at work.
2. Collaborate within and beyond organisations to mitigate the wider determinants of health and inequalities.
3. A life stage approach to consider the impact of different phases at work.

Implementation Plan

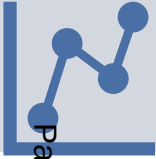
There will be targeted action plans with the activities which will be undertaken to meet our commitments.

Intelligence and Evidence Base:

How We Gathered Intelligence



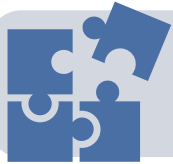
We reviewed existing national, regional and local policy, strategies and planning and will continue to incorporate new information as it is published.



We brought together data on health, employment and the economy and analysed this from the perspective of supporting people with long-term conditions or disabilities to start, stay and succeed in work.



We talked to over 115 stakeholders in interviews and focus groups and gained their views from an employer and employee perspective on the challenges of engaging with meaningful work for people with long-term health conditions and disabilities. We also asked about what is already in place and what change they would like to see.



We explored and mapped the provision which is available in different geographical areas of Kent and Medway to see how well the provision meets the needs in each area.



We reviewed a range of academic literature relating to research on the subject of work and health.

Policy Context:

National Picture

In response to the growing number of people out of work, the UK government introduced the Back to Work Plan¹ in 2023 to support those facing long-term health conditions, disabilities, or long-term unemployment. Following a change in government in July 2024, the mission to grow the economy has maintained a strong focus on advancing the work and health agenda.

In November 2024, building on the previous governments Back to Work Plan, the government produced the Get Britain Working White Paper² as part of a new three-pillar approach. This paper sets out initiatives to reduce economic inactivity and achieve an 80% employment rate. Emerging policies from this paper will be tailored to ensure that national initiatives deliver real benefits for people, businesses and organisations in Kent and Medway.

As part of this third pillar, the government has also introduced the Skills England Bill³ and the Employment Rights Bill⁴, aiming to boost the nations skills and reform workers' rights. Further pillars include a new modern Industrial Strategy and Local Growth Plans and to improve the quality of work through the Plan to Make Work Pay.

In March 2025, the government published a Green Paper⁵ on Reforming Benefits, proposing changes to the welfare system, improving employment support and reducing barriers to work.

Get Britain Working White Paper – Summary of Initiatives

£115 million for local areas to deliver Connect to Work, a new supported employment programme



Bring Jobcentre Plus and National Careers Service together to provide a national jobs and careers service



Support all areas in England to develop local Get Britain Working Plans



Expand access to NHS Talking Therapies, Employment Advisors and Individual Placement Support (IPS)



Establish a new youth guarantee to offer training, an apprenticeship, or help to find work for all young people 18 to 21



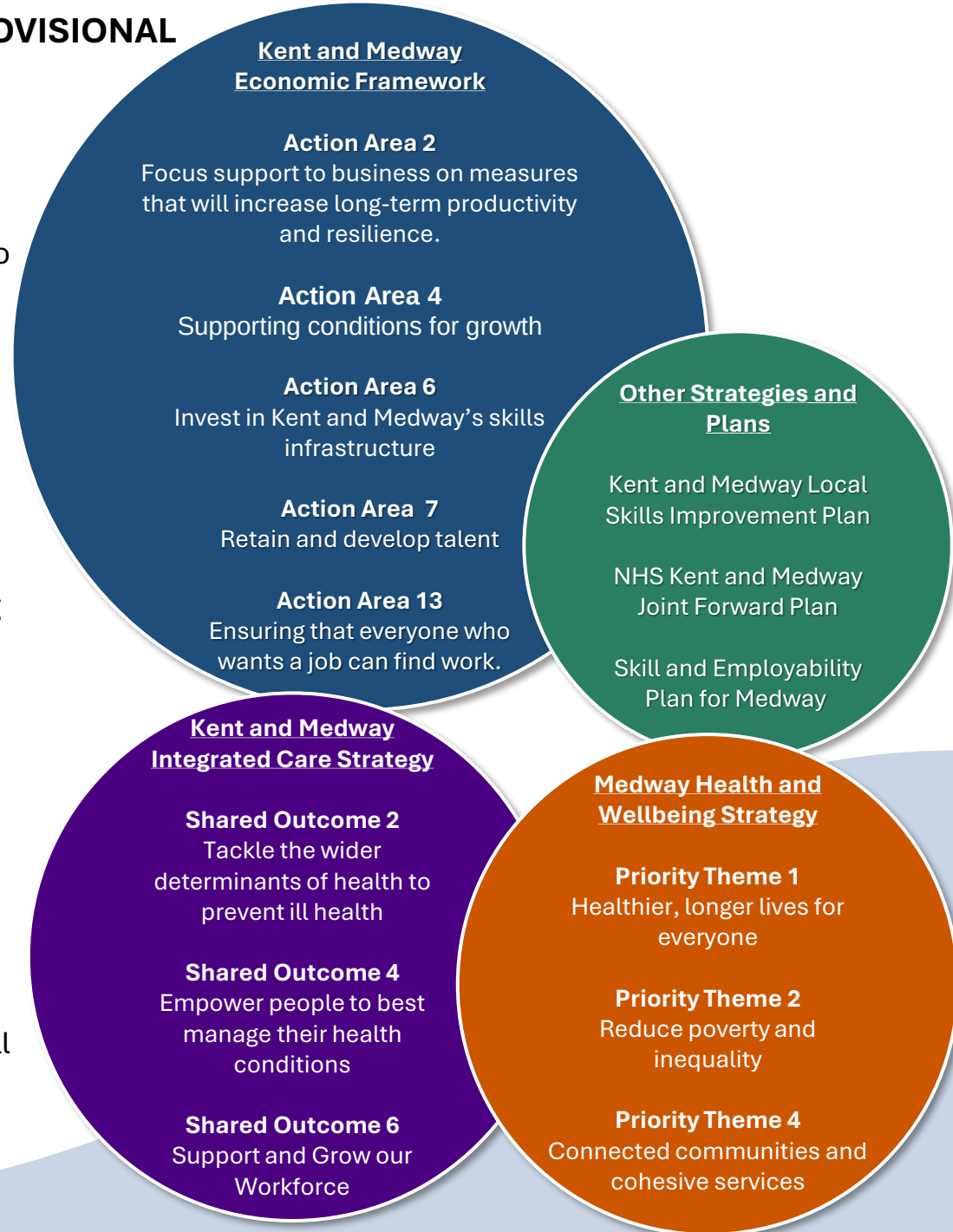
Policy Context:

Local Picture

The Kent and Medway Integrated Care Strategy, which also serves as Kent's Health and Wellbeing Strategy, and the Kent and Medway Economic Framework both recognise the strong connection between economic prosperity and the health and wellbeing of the population. Both strategies look to address the economic determinants that enable healthy lives, including access to stable employment. Similarly, Medway's Joint Health and Wellbeing Strategy highlights the importance of improving access to steady, secure employment as a critical factor in improving wellbeing.

Many other organisations across Kent and Medway have also developed local strategies that align with this shared vision of health and work. Each highlight the impact this has on the economy, service providers, and population health and wellbeing.

These shared priorities offer a strong foundation, and by building on these existing local strategies, this strategy will be a cohesive and impactful plan that supports the prosperity of both people and businesses in Kent and Medway.



Why We Need a Strategy:

Relationship Between Work and Health

Within the past year there have been several national reports on the relationship between work and health, citing the impact of the rising number of people out of work is having on the economy. The Health Foundations report, Towards a Healthier Workforce⁶ revealed:

- More than 8 million people now report health conditions that restrict the type or amount of work they can do, up from 6 million in 2013.
- A record 4 million people are not participating in the labour market due to a work-limiting condition, with 2.6 million citing long-term sickness or disability as their main reason for being out of the workforce.
- In 2023, there were 3.9 million workers aged 16 to 64 years with a work-limiting health condition, up by 1.5 million, or 64%, from a decade ago

It further empathises how ‘employment can bring with it better incomes, financial stability, security and greater sense of purpose, which in turn can lead to healthier diets and exercise, higher living standards, and better mental health.’⁷

This is also supported by Lord Darzi’s report into the NHS which explains there is a ‘virtuous circle if the NHS can help more people back into work’ and that ‘improving access to care is a crucial contribution the NHS can make to national prosperity.’⁸



Why We Need a Strategy:

People Perspective

There is a mutually beneficial relationship between work and health.

People who are unemployed:

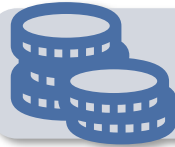


Are five times more likely to report poor health than employees.⁹



Are more likely to experience a detrimental impact on mental health.¹⁰

Page 390



Experience a detrimental economic impact.¹¹

People who have never worked or are long-term unemployed:



Are more likely to be obese than the England average.¹²



Are less likely to be physically active.¹³



Are more likely to smoke than the England average.¹⁴

Why We Need a Strategy:

Economic Perspective

There is an economic impact on the country and employers. Long-term sickness can lead to increased costs for businesses including funding sick leave and hiring temporary employees. Indirect costs may include lowered productivity and the potential loss of business, especially in time critical industries.

Employers need skilled staff



- 48% of Kent & Medway employers surveyed in 2023 experienced problems recruiting the staff they needed.
- Of this total, 19.7% said that staff recruitment is a major problem for them.¹⁵

Cost to businesses



UNEMPLOYMENT

- Annual hidden cost of employee sickness has risen by £30 billion since 2018.
- Most of this increased cost (£25 billion) to businesses is from lower productivity among people working through sickness, with just £5 billion down to rising sick days.¹⁶

Long-term absence limits productivity



SICK LEAVE

- People with work limiting health conditions are 3 times less likely to return to work within a year than those without health conditions.¹⁷

Tax receipts and benefits bill



- Fewer employees reduces the UK tax receipts & increases the benefit bill, reducing investment in the economy and necessary infrastructure.
- The Office for Budget Responsibility estimates that the cost of sickness and disability benefits will increase by £30 Billion over the next 5 years across the UK.¹⁸

Why We Need a Strategy:

Economic inactivity perspective

In late 2020, 209,000 people were economically inactive in Kent and Medway, of which 18.4% was due to long-term ill health. By June 2024, this had increased to 26.8%, higher than the Southeast average.¹⁹ While this reflects the national trend the rate of change is more pronounced in Kent and Medway as Figure 1 shows.

Nationally, a particularly concerning trend is the number of young workers aged 16-34 experiencing work limiting conditions. This has doubled in the last 10 years. Mental health, including anxiety and depression, are believed to be key factors.²⁰

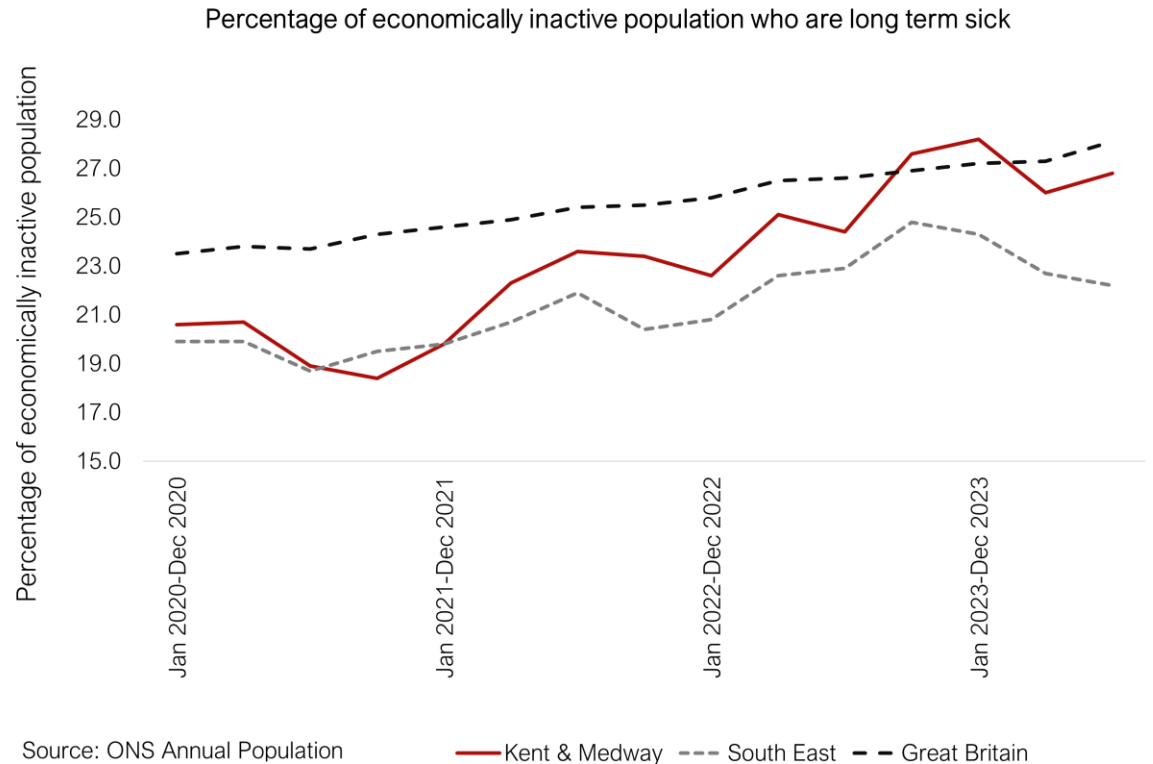


**Figure 1: Percentage of economically inactive population who are long-term sick
January 2020 – June 2024**

Why We Need a Strategy:

Fit Note Perspective

Figure 2 shows the top 5 diagnoses for which fit notes have been issued in Kent and Medway between 2019 and 2024. Mental health and behavioural disorders (MH) and musculoskeletal conditions (MSK) are the leading diagnoses for fit note episodes.

Table 1 shows that the number of fit notes being issued for mental health and MSK across Kent and Medway increased between June 2022/23 and June 2023/24. This was by 9.5% and 13.6% respectively.

As well as designating a patient as 'not fit for work' a fit note can designate a patient as 'may be fit for work with reasonable adjustments.' Nationally, in 2022/23 this option was used in 5.9% of cases.

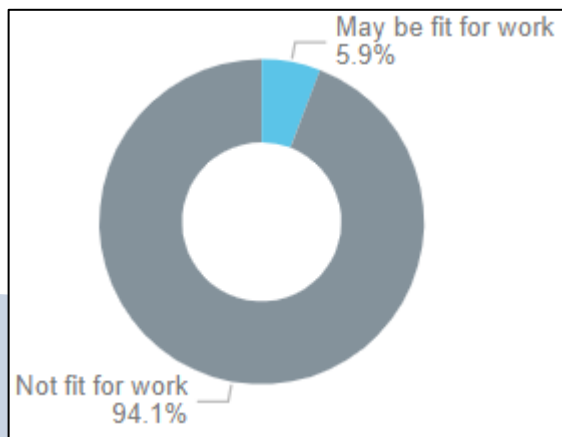


Figure 3 : Proportion of fit notes noting fitness for work with reasonable adjustments 2022/23 ²¹

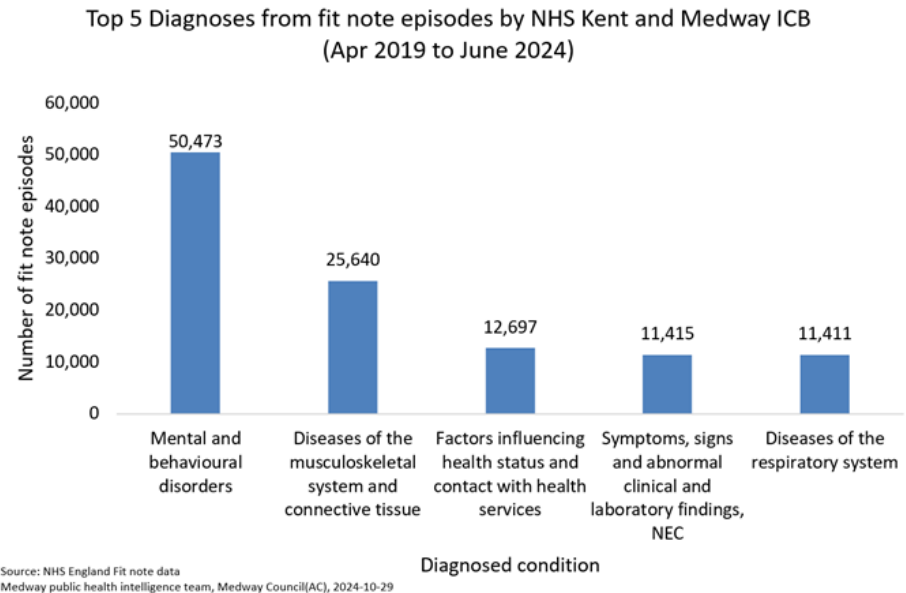


Figure 2 : Kent and Medway top 5 diagnoses from fit note episodes 2019 -2024

Table 1 : Change in fit note numbers for Kent and Medway relating to MSK and mental health ²²

Fit Notes Kent and Medway	June 22/23	June 23/24	% Increase
Mental Health	2357	2581	9.5
Musculo-skeletal	1166	1325	13.6

Why We Need a Strategy:

Stakeholder Feedback

We talked to over 115 stakeholders in interviews and focus groups and gained their views from an employer and employee perspective on the challenges of engaging with meaningful work for people with long-term health conditions and disabilities. We also asked about what is already in place and what change they would like to see.

Employer Feedback

Concerns about doing things wrong when trying to support people with long-term health conditions and disabilities.



Access to the right support for employers, for example, employer and manager training, a toolkit, signposting to resources, becoming Disability Confident and access to funding.



Wellbeing training was articulated to know how to help employees stay physically and mentally well e.g. physical active.



Importance of working together including listening to people, collaboration between organisations and engagement of organisations and employers in developing and implementing the strategy.

Employee Feedback

Importance of a person-centred approach and establishing best practice for supporting people to start, stay, and succeed in work.



In terms of job roles education and training was raised as a barrier to gaining meaningful employment, particularly reading and writing skills.



Inclusive recruitment practices, taking a creative approach to recruitment to facilitate success for those with long-term health conditions and disabilities who have the skills and capabilities to succeed in the role.



A range of support was put forward that would help employees to start, stay and succeed in work. This included occupational health, flexible working, access to the necessary equipment and a coherent support offer.

The Development and Structure of the Draft Strategy

This document now sets out each of the four aspirations, each of which has a number of underpinning commitments. The activities to deliver these will be captured in a live delivery plan and are not included in this strategy.

Aspirations

These are the overarching themes of the strategy that will guide our work



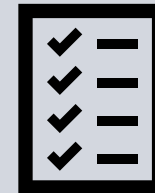
Commitments

These are the commitments to action that we will make towards each aspiration



Activities

These are the activities which will be undertaken to meet our commitments.



Aspiration A: Building Employer Confidence



The aspiration aims to build confidence amongst employers by engaging with people with long-term health conditions and disabilities and supporting them to gain and retain meaningful work.

Navigating legislation related to long-term health conditions and disability in the workplace is challenging so there needs to be easy access to information and guidance, which is particularly important for small and medium enterprises (SMEs) and self-employed people.

For small and micro-SMEs, which are in the majority in Kent and Medway, recruiting the right person for the right role is particularly important in reducing costly and disruptive staff turnover and growing the success of the business.

We want to raise awareness among employers about the benefits of a diverse workforce, to minimise hesitancy to employing people with long-term health conditions and disabilities and to build an inclusive workforce culture. This could help tackle known skills shortages, with employers serving as ambassadors who can lead by example.

Courage and confidence to take on a new role can be quickly dissipated. It is hard to regain if the role is not successful. It is important employers can support people in the right way, at the right time and in the right role.

To underpin this aspiration, a strong, trusted, working relationship is important between employer and employee, facilitating a collaborative, open and honest dialogue which is responsive to the needs of both parties.



Aspiration A: Building Employer Confidence



Commitment 1

Build employer confidence in supporting employees with long-term health conditions and disabilities and improve access to relevant support.

We heard employers' concerns about doing the right thing for their employees with long-term health conditions or disabilities. This included legislative requirements and practical implementation within their organisation or business, and managing potential sickness absence and impact on their productivity.

In response we will **signpost and make information easily accessible to employers, including training where appropriate, and improve access to occupational health advice. This can also include workforce training such as sign language, assistive technology and autism awareness courses.** We will also draw attention to the impact of trauma and raise awareness of trauma informed approaches.

The Disability Confident Scheme²³ will be promoted as a way of building employer and organisation confidence, which helps provides a staged approach for an organisation to ensure that disabled people have the right opportunities to fulfil their potential.

In the recruitment process it is important that people can fully demonstrate their skills and capabilities for the role ensuring a good match between applicant, role, and organisation e.g. job carving. This commitment proposes that **more creative and alternative approaches to recruitment and onboarding practices are explored and implemented.** This also includes **reasonable adjustments** and use of the **Access to Work scheme²⁴ where appropriate.**



Aspiration A:

Building Employer Confidence

Commitment 2

Build strong working relationships between employers and employees and a culture of a collaborative approach to achieving business and employee needs.



Stakeholders told us about the need for good communication and open and honest dialogue. A focus on a collaborative approach and nurturing good understanding between employer and employee is required.

The aim is to work towards mutually beneficial arrangements resulting in good outcomes for employees and organisations/business. **Collaboration between organisations and businesses will facilitate the sharing of best practice, knowledge, resources, and information.** In turn this will build employer confidence in effecting change.

Where possible, opportunities to aggregate and share services will be taken, such as occupational health. **Anchor institutions can pilot and share innovative approaches,** to inspire people with long-term health conditions and disabilities into meaningful work. The aim is to **develop and embed innovative approaches,** with anchor institutions **considering how this could be included as part of social value in our procurement practices.**

Organisations **will be encouraged to engage in the strategy and its implementation,** especially through the Strategic Partnership for Health and the Economy (SPHE).

Aspiration A: Building Employer Confidence



Case Study -

Aspiration B:

Development, Training and Skills



The aspiration aims to ensure appropriate development, training and skills for people with long-term health conditions and disabilities to start, stay and succeed in work. This will also respond to demand from key industry sectors to tackle skills shortages.

People may not have the required skills to start their career, change their occupation or succeed in an existing role, this could be reading, writing and mathematical skills or very specific, specialist training. It is also important to educate, inform and inspire people of all ages and stages of their career about the benefits and opportunities of work.

For some, the impact of their long-term health condition or disability may require transition to a new occupation or role type. Quality independent advice and guidance is key to a successful transition.

For those engaged in work who have low level skills, development training and upskilling provides a vital opportunity to move onto higher paid roles. This helps in reducing the tension between work and benefits.

An ethos of appropriate development, training and upskilling based on good communication between employer and employee should be fundamental to people, organisations and businesses and will be encouraged along with ease of access, in a timely way, to relevant opportunities from across the system.



Aspiration B:

Development, Training and Skills



Commitment 1

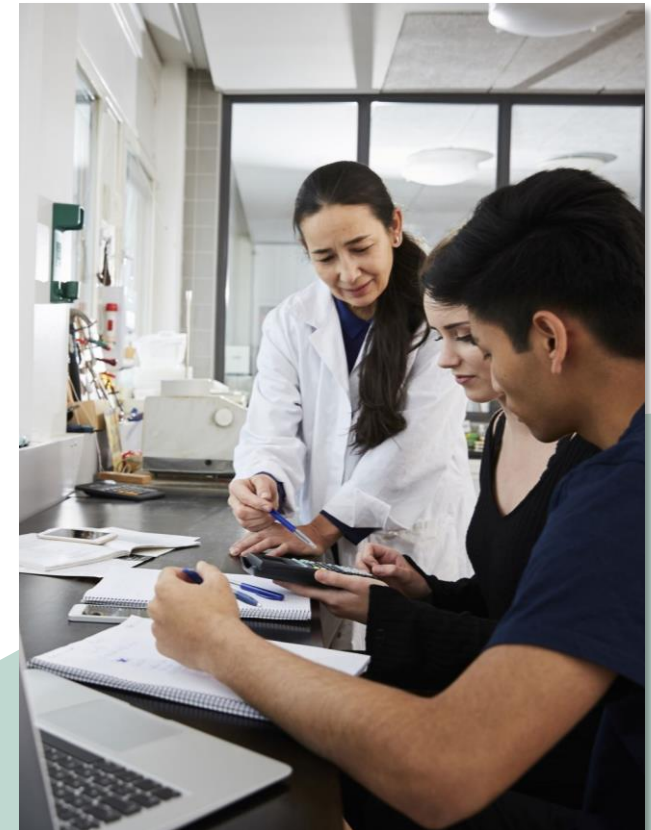
Create the environment in which people are supported and inspired to undertake development, training and skills to facilitate their engagement with meaningful work.

This commitment **engenders a workplace culture of education and training provision that facilitates and inspires people with long-term conditions and disabilities to undertake professional development** to help them to start, stay and succeed in work.

This could be, for example, development offered as part of recruitment into a new role, opportunity for promotion or to upskill and transition into a new role that might allow a person to more easily manage their long-term health condition or disability.

This commitment **promotes availability of relevant training provision in accessible formats and provision of the time, space and opportunity for people to undertake training and development** that will be mutually beneficial for people businesses and organisations.

This provides opportunities to support employers to fill skills gaps and develop staff to have greater skills and capabilities to be able to contribute to organisational and business objectives.



Aspiration B:

Development, Training and Skills



Commitment 2

Provide opportunities for people to receive appropriate careers guidance and take part in development, training, and skills support to begin their career or seek new roles which align with their circumstances, values and career ambitions.

Long-term health conditions and disabilities may mean that over time a person is no longer able to continue in their current role. This may be because of the type of work or the environment in which that work takes place.

Independent advice and guidance alongside training and development can help people enter the workforce or transition to a new role. This includes raising aspirations for those in education, their parents and educators by **providing career advice, work experience and exposure to work along with building closer links between education and employers to prepare young people for the workplace.**

The aim is, where appropriate, for **opportunities to be provided for employees with a long-term health condition or disability to explore new opportunities to engage in meaningful work that aligns with the management of their long-term health condition or disability.**

Retraining or upskilling may be particularly important at different life stages or as technological developments impact upon traditional roles. Consideration should be given to career pathways or changes within a certain industry, across different sectors, remote working or self-employed roles.



Aspiration B:

Development, Training and Skills



Commitment 3

Provide employers with access to knowledge about development, training and skills opportunities across the system which can enhance their own offer to facilitate people reaching their potential.

Appropriate development, training and skills helps people take on roles that align with management of their condition. It helps people seek higher paid posts to avoid risk of the work/benefit tension and poverty gap. Along with a sense of achievement for that person, employers benefit through inclusive teams, succession planning, workforce retention and reducing skills gaps.

The aim of this commitment **is to widely disseminate the range of opportunities for training and development so that people of all ages who wish to engage can do so easily.**

The **provision of these services across Kent and Medway is being reviewed and gaps in type or geographical availability of provision identified**, the aim is to move towards equity of provision.

Conversely, there is **existing provision which is currently underutilised. Signposting and communication of opportunities** will be improved so that those who would benefit can access the best support.

Aspiration B:

Development, Training and Skills



Case Study -



Aspiration C:

Person Centred Approach

This aspiration seeks to ensure the needs of people are at the heart of the integration of work and health. This will be considered from a range of perspectives including the person's health and other needs and the type of work they do.

Open and honest dialogue is key to ensuring that the business needs of the organisation are balanced alongside people's needs to create an inclusive work culture.

A multidisciplinary approach will be promoted to help people to start, stay and succeed in work, bringing together support across a wide range of health and work partners to tailor support to each person, aiming to meet all of their needs in an integrated way.

Programmes including the Connect to Work supported employment programme, work trials, and Individual Placement Support (IPS) set out in the Harm to Hope Strategy²⁵ will be aligned to the person-centred approach which is holistic and incorporates the wider determinants of health.

Connect to Work Supported Employment Programme

Funded by a £34m Department of work and Pensions grant, this programme will support more than 9000 people until March 2030. It is designed to help individuals facing barriers to employment find and sustain meaningful work. The programme will offer personalised support through two nationally recognised models—Individual Placement and Support (IPS) and the Supported Employment Quality Framework (SEQF)—with a focus on people with disabilities, care leavers, veterans, and others who may need tailored assistance to enter or remain in the workforce.

The programme will be delivered through The Education People, and commissioned providers, and will work closely with local employers, health services, and community organisations. Participants will receive up to 12 months support if they are out of work, however it can also support employed individuals who are at risk of falling out of work due to the barrier they face. There is a strong emphasis on integration, quality, and outcomes, Connect to Work aims to reduce economic inactivity, improve wellbeing, and boost inclusive growth across the region.

Aspiration C:

Person Centred Approach



Commitment 1

Promote a multidisciplinary and holistic approach to addressing the work and health needs of each person with a long-term health condition or disability, supporting them to start, stay and succeed in work.

We heard from stakeholders that there is support available to help people to start, stay and succeed in work. This includes health related support, for example physiotherapy and mental health support, Department of Work and Pensions (DWP) programmes, training and development including careers guidance, and support provided by voluntary and community sector organisations.

Not everyone knows about all this support or how to access it. This commitment **aims to raise awareness of the full range of multidisciplinary support available for work/health professionals and employers, including signposting support available to employees and those seeking employment.**

We will also look to **improve the co-location of services, building on the current DWP initiative in Maidstone by locating job coaches in GP practices.**

In this way professionals can work with people in a multidisciplinary and holistic way to build the programme which meets their needs and supports them in the most appropriate way, coordinating a bespoke solution from the full range of support available.





Aspiration C:

Person Centred Approach

Commitment 2

Promote flexible working options and reasonable adjustments which take account of the needs of people alongside business requirements.

This commitment focuses on **maximising the potential of flexible working opportunities within the bounds of organisational and the operational needs of businesses** to provide opportunity for those with long-term health conditions and disabilities. For example, this could be to attend appointments, undertake treatment or to take breaks as necessary while bearing in mind the operational needs of the employer.



Making reasonable adjustments to a person's work is a requirement for those in employment with a disability. **Reasonable adjustments and workspace accessibility should be used effectively to enable people with long-term conditions and disabilities to start, stay and succeed in work.** Including maximising potential from the Access to Work scheme.

The fit note has an option to record that a patient 'may be fit for work taking into account the following advice' and then offers the option of a 'phased return to work', 'altered hours', 'amended duties' or 'workplace adaptations'. **Broadening the use of this option has the potential to enable more people with long-term conditions and disabilities to stay in work.** We know that once people have left the workplace it becomes increasingly harder for them to return.



Aspiration C:

Person Centred Approach

Commitment 3

Build current and prospective employee confidence in their capability and competence to engage in meaningful work that is appropriate to their circumstances and to be able to seek support when needed.

Taking the step to engage in work can be a significant one and a poor experience can have devastating consequences. This commitment seeks to ensure **that job descriptions reflect the expectations of the role accurately, giving applicants clear expectations of the role.**

We will facilitate success through programmes including **Connect to Work, work experience and work trials and IPS, set out in the Harm to Hope Strategy²³.**

Well-paced, tailored transition into work will be promoted and a focus on developing resilience to navigate challenges associated with the long-term health condition or disability. Advantages of peer support and mentoring opportunities will be incorporated as appropriate.

We will work with the voluntary sector to help encourage volunteering opportunities, which can be a good precursor to paid work and provide valuable experience for CVs and applications.

Anchor institutions must lead the way in providing supported, safe environments for people with long-term health conditions and disabilities to gain experience in employment and build their confidence. **An inclusive culture will also be promoted** which mitigates against stigma and builds confidence of all employees.



Aspiration C:

Person Centred Approach



Case Study -

Aspiration D:

Healthy, Thriving Workforce



The aspiration takes a preventive approach to health and wellbeing, aiming to minimise deterioration of long-term health conditions and disabilities, and supporting the wider workforce to remain in good physical and mental health.

Presenteeism, where people attend work while not being productive due to illness or other factors has a greater impact on productivity than absenteeism²⁶. This is a significant factor in reduced productivity for organisations and businesses.

To help employees stay fit and well, employers will be encouraged to promote healthy eating and physical activity and the management of stress to mitigate risks to mental health. We will promote access to support to stop smoking and maintain a healthy weight.

A collaborative approach across the system is proposed, this includes partnership working and connecting with expertise on healthy food, fuel poverty, housing and the cost-of-living crisis.

A life stage approach is proposed, acknowledging and making provision for key periods of a person's life which present new challenges, for example pregnancy, menopause and ageing within the workforce.



Aspiration D:

Healthy, Thriving Workforce



Commitment 1

Engender a culture in which employer and employee take a proactive approach to promoting good physical and mental wellbeing at work.

Physical activity is key to good physical and mental health and wellbeing. Lives are becoming more sedentary, compounded by the increase in virtual working and a disproportionate amount of time sitting. This commitment promotes that **where business allows; employees should be allowed the flexibility to take breaks to move around, make use of adjustable desks and encouraged to use active means of travel.**

Overweight and obesity is a significant risk factor for conditions such as diabetes, musculoskeletal problems and cardiovascular disease. **Employees should be provided with opportunity to access healthy food, including in work-based food offers. Signposting and support to access healthy weight programmes and information should be available.**

There is still work to do to reduce smoking rates across Kent and Medway, particularly for those in routine and manual jobs. Smoking is a significant risk factor for cancers and cardiovascular disease. There are a range of high-quality **stop smoking services across Kent and Medway and these should be signposted and accessible to staff.**

Organisational and job design, leadership and workload if not managed well can all have a stressful impact on employees. **A focus on managing these well, for example moments to pause, will be taken to achieve a positive impact on employee mental wellbeing and work life balance. Simple solutions can often be effective including quiet spaces for wellbeing breaks and peer support networks.**

Aspiration D:

Healthy, Thriving Workforce



Commitment 2

Collaborate within and beyond organisations to mitigate the impact of the wider determinants of health and inequalities, e.g. healthy food, fuel poverty, housing.

We know the combined impact of the wider determinants of health comprise 80% of the factors that impact on a person's overall health compared to 20% from clinical factors. This was further highlighted by stakeholders who mentioned housing, transport, and being able to work whilst waiting for treatment influences how a person can engage in meaningful work.



Recognising this strategy's scope, this commitment **seeks to ensure employees are signposted in a timely way to a range of appropriate support linked to the challenges of the cost of living and benefits.**

Poor living conditions can exacerbate existing long-term health conditions and disabilities or cause conditions to develop. It is important that **people know how to access support for fuel poverty aligned to the cost of living or more general housing queries** for example linked to properties with damp and mould.

We will also contribute to **transport consultations and looking creatively at how people can be supported with transport and travel and making the most of the Access to Work Scheme.**

Aspiration D:

Healthy, Thriving Workforce



Commitment 3

A life stage approach which considers the impact of different life phases on people at work, e.g. menopause and an ageing workforce.

There are stages in a person's life which bring specific challenges. This commitment recognises those periods and seeks to support employers and employees to manage them whilst remaining engaged in the workforce.

We know that 1 in 10 women leave the workforce due to menopause²⁷. There is opportunity **to make training and resources available so that employers and employees have greater understanding of the impact of menopause and adjustments to ease the impact.**

During and since the COVID-19 pandemic there has been a trend of people taking early retirement and leaving the workforce prior to their normal retirement date. This has impacted on the size, and experience of the overall workforce. **Accommodating the needs of the ageing workforce looking for a different work life balance can ensure that these skills and experience are retained.**



Aspiration D: Healthy, Thriving Workforce



Case Study -

Links to other Strategies, Plans and Frameworks



This Work and Health Strategy links to and supports a number of strategies, plans, and frameworks across Kent and Medway.

Education in Kent 2025-2030

From Harm to Hope – Kent’s Drug and Alcohol Strategy 2023 - 2028

Kent and Medway Housing Strategy 2025 – 2030

Kent and Medway Learning Disability and Autism

Kent Environment Strategy 2024

Kent SEND Strategy 2025 - 2028

Local Transport Plan 5 – Striking the Balance - KCC

Medway Council Education Strategy

Medway Council Workforce Strategy

Medway Housing Strategy to 2030

NHS Kent and Medway People Strategy

Our People Strategy 2022-27 – KCC

References

1. <https://www.gov.uk/government/news/employment-support-launched-for-over-a-million-people>
2. <https://www.gov.uk/government/publications/get-britain-working-white-paper/get-britain-working-white-paper>
3. <https://commonslibrary.parliament.uk/research-briefings/cdp-2024-0125/>
4. <https://bills.parliament.uk/bills/3737>
5. <https://www.gov.uk/government/consultations/pathways-to-work-reforming-benefits-and-support-to-get-britain-working-green-paper/pathways-to-work-reforming-benefits-and-support-to-get-britain-working-green-paper#chapter-2-reforming-the-structure-of-the-health-and-disability-benefits-system>
6. <https://www.health.org.uk/publications/towards-a-healthier-workforce>
7. <https://www.health.org.uk/evidence-hub/work/employment-and-underemployment/relationship-between-employment-and-health>
8. <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>
9. [How employment status affects our health - The Health Foundation](#)
10. [Unemployment and mental health - The Health Foundation](#)
11. <https://busnes.senedd.cymru/documents/s52708/SP%2044%20-%20Joseph%20Rowntree%20Foundation%20UK%20Poverty%20full%20report.pdf>
12. https://fingertips.phe.org.uk/search/excess%20weight#page/7/gid/1938133001/pat/15/par/E92000001/ati/502/are/E10000016/iid/93881/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0_ine-yo-1:2021:-1:-1_ine-ct-125_ine-pt-0
13. https://fingertips.phe.org.uk/search/physically%20active#page/7/gid/1/pat/15/par/E92000001/ati/502/are/E06000035/iid/93014/age/298/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0_ine-yo-1:2021:-1:-1_ine-pt-0_ine-ct-125
14. https://fingertips.phe.org.uk/search/smoke#page/7/gid/1/pat/15/par/E92000001/ati/502/are/E06000035/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0_ine-yo-1:2022:-1:-1_ine-pt-0_ine-ct-59
15. [Kent & Medway Local Skills Improvement Plan - Local Skills Improvement Plan](#)
16. <https://www.ippr.org/media-office/revealed-hidden-annual-cost-of-employee-sickness-is-up-30-billion-since-2018>
17. <https://www.health.org.uk/publications/towards-a-healthier-workforce>

References

18. [CP 1161 – Office for Budget Responsibility – Welfare trends report – October 2024 and
https://obr.uk/forecasts-in-depth/tax-by-tax-spend-by-spend/welfare-spending-disability-benefits/](#)
19. [https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/methodologies/annualpopulationsurveyapsqmi#about-the-output](#)
20. [https://www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge](#)
21. [https://app.powerbi.com/view?r=eyJrljoiZTMzMmFiMDUtNTIzZi00ZTcwLTlkYWEtMDcxYjQyMTVhODhmliwidCI6IjM3Yz
M1NGIyLTg1YjAtNDdmNS1iMjlyLTA3YjQ4ZDc3NGVlMyJ9](#)
22. [https://app.powerbi.com/view?r=eyJrljoiZTMzMmFiMDUtNTIzZi00ZTcwLTlkYWEtMDcxYjQyMTVhODhmliwidCI6IjM3Yz
M1NGIyLTg1YjAtNDdmNS1iMjlyLTA3YjQ4ZDc3NGVlMyJ9](#)
23. [https://www.gov.uk/government/collections/disability-confident-campaign](#)
24. [https://www.gov.uk/access-to-work](#)
25. [https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives](#)
26. [https://www.cipd.org/uk/views-and-insights/thought-leadership/cipd-voice/managing-challenge-workforce-
presenteeism-covid-19-crisis/](#)
27. [https://www.fawcettsociety.org.uk/menopauseandtheworkplace](#)

Glossary

Term	Definition
Access to Work Scheme	Access to Work is a publicly funded employment support programme that aims to help more disabled people start or stay in work. It can provide practical and financial support if you have a disability or physical or mental health condition.
Anchor Institutions	Refers to large, typically non-profit, public-sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve.
Connect to Work	Announced in the Autum 2024 budget, the new supported employment programme will be delivered by local authorities (KCC for Kent) working closely with the health service, offering up to 12 months intensive employment support to disabled people, those with health conditions and those with other non-health complex barriers to employment.
Department for Work and Pensions (DWP)	Is responsible for welfare, pensions and child maintenance policy. It administers the State Pension and a range of working age, disability and ill health benefits.
Disability	The law says someone is disabled if both of these apply: • they have a "physical or mental impairment" • the impairment "has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities".
Disability Confident Scheme	Disability Confident is creating a movement of change, encouraging employers to think differently about disability and take action to improve how they recruit, retain and develop disabled people.
Economic Inactivity	People not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks.

Glossary

Term	Definition
Employee	A person who has agreed to be employed to work for some form of payment under a contract of employment. In this strategy the term employee is also used to represent those who work in a voluntary capacity.
Fit Notes	Healthcare professionals' issue fit notes to people to provide evidence of the advice they have given about their fitness for work. They record details of the functional effects of their patient's condition so the patient and their employer can consider ways to help them return to work.
Individual Placement Support (IPS)	Employment support service integrated within community mental health teams for people who experience severe mental health conditions.
Long-term Health Condition	People that cannot, at present, be cured, but people living with these conditions can be supported to maintain a good quality of life.
Kent and Medway Integrated Care Partnership (ICP)	A partnership of organisations that come together to plan and deliver joined up health and care services to improve the lives of people across Kent and Medway.
Occupational Health	Occupational health is an area of work in public health to promote and maintain highest degree of physical, mental and social well-being of workers in all occupations.
Strategic Partnership for Health and Economy (SPHE)	A multiagency group that brings together relevant partners across Kent and Medway to drive improvement in shared economic and health outcomes. Reports to the ICP and KMEP.
Small and Mediums Size Businesses (SMEs)	SME: Fewer than 250 employees and turnover lower then €50. Small SME: Fewer than 50 employees and a turnover lower than €10 million. Micro SME: Fewer than 10 employees and a turnover lower than €2 million.

This page is intentionally left blank

Appendix 2: Draft Action Plan

Work and Health Strategy Reference	Action number	Confidence Building and sharing practice for employers
		Section 1: Short- and Medium-Term Actions
A1.1, A2.1, C2.1	Action 1	Develop an easily accessible, online information space where employers can access resources for: -Supporting and managing employees with long term health conditions and disabilities -Collaboration between organisations and businesses to share best practice, knowledge and resources -Collation and sharing of examples and case studies where flexible working and reasonable adjustments have been used to facilitate people with long term conditions and disabilities to start, stay and succeed in work.
		Recruitment
C3.1, A1.4, C3.4, D1.4	Action 2	Task and finish group to be set up to work with anchor institutions across Kent and Medway on the following areas. Outcomes and learning to be disseminated across Kent and Medway organisations and businesses. -Ensure job descriptions are an accurate representation of roles so that applicants are clear in expectations. - Develop and share creative and inclusive practices for recruitment and onboarding processes. -Improving job design, leadership and workload management to achieve a positive impact on wellbeing and work life balance.
		Engagement and retention

A2.2, A2.3, A2.4, C3.1, C3.2, C3.3, C3.5, C3.6	Action 3	Use the social value element of procurement as a lever to encourage innovative approaches to supporting people with long term health conditions and disabilities to be supported in meaningful work.
	Action 4	Support and promote a range of programmes that facilitate access to work placements and employment for individuals with long term health conditions.
	Action 5	Anchor institutions to come together in leading the way in providing safe environments for people with long term health conditions and disabilities to gain experience in employment to build their confidence. The learning will be shared with other organisations and businesses to promote an inclusive culture across Kent and Medway.
		Training and development for employees
B1.1, B1.2, B1.3, B3.1, B3.3	Action 7	Promote the value of training and development by signposting and undertaking campaigns to raise profile of the value of training and development for both employers and employees, adapting messages accordingly. To include, for example, showcasing success stories, inspirational videos to share online and development of a talent website.
		Career advice
B2.2, B2.2, B2.3	Action 8	To ensure independent career advice and guidance is available to people with long term health conditions and disabilities to make meaningful career choices
	Action 9	To create greater links between employers and education alongside careers advice and guidance.
		Mapping provision across work health and skills
B3.2, C1.1,	Action 10	Review provision of training and development services across Kent and Medway with regard to geographical locations and types of training, identifying gaps in provision and duplication
	Action 11	To identify the range and location of multidisciplinary support available to support people with long term health conditions and disabilities that can be self-referred or via a health professional or employer. In the first instance to focus on mental health and musculo-skeletal disorders.
		Healthy workplaces

D1.1, D1.2, D1.3, D1.5, D1.6	Action 12	To increase the uptake of Healthy Workplace programmes by organisations and businesses.
	Action 13	To connect with Wellbeing Leads in organisations and businesses where these are in post, and to promote a healthy workplace campaign setting out the offers for healthy weight programmes, stop smoking services, workplace health checks and Connect 5 training and good practice regarding physical activity during the working day.
		Wider determinants of health
D2.1, D2.2, D2.3	Action 14	To use the 'Joy' platform for signposting and referral (including self-referral) to partner services including cost of living, benefits, and fuel poverty.
	Action 15	To actively seek out consultations across Kent and Medway for influence by the Strategic Partnership for Health and the Economy, for example transport and travel plans.
		Life course
D3.1, D3.2	Action 16	Promote a menopause champion in each organisation or business, making available a set of support resources.
	Action 17	Supporting ageing/work life balance – actions TBC
		Section 2: Longer Term / Developmental Actions
		Employer support
A1.2, A1.3	Action 18	To undertake an insight gathering process specifically with small and medium enterprises to understand how these organisations can be supported more effectively with occupational health advice.
	Action 19	To promote and encourage organisations and businesses to undertaken training and become Disability Confident.
		Primary care
C2.2, C1.2	Action 20	To engage with primary care leads to explore how they can engage best in the aims of the Kent and Medway Integrated Work and Health Strategy, considering for example how they can be supported as employers, but also how the fit note process can be used most appropriately, how a multidisciplinary approach can be embedded and co-location of services such as DWP

		Population and community specific actions
C1.4, C1.3	Action 21	Undertake a rapid literature review to understand more about the relationship with work for those with long term health conditions and disabilities
	Action 22	Undertake analysis to determine target populations and working with partners and stakeholders take an evidenced based approach to how these groups can be best supported.
		Data collection
	Action 23	To explore fit note data and how this can be used to best effect identify type of need, geography of need and how individuals may be supported.
	Action 24	To explore how National Insurance and NHS data can be linked to achieve more granular information about target populations and their need and geography.
	Action 25	To enhance overall data collection by exploring ways to collect an increased level of intelligence. For example, for the private sector which could be via a baseline and annual survey.

Kent and Medway

Integrated Work and Health Strategy 2025 – 2030:

You Said, We did Report



You Said, We Did – Stakeholder Feedback

During the consultation period, we continued to get stakeholder feedback for the draft strategy. This included attending:

- Kent County Council All Member Briefing
- Better Mental Health Network

Main overarching issues raised

You Said	We Did
Recruitment and application processes are not accessible or inclusive.	In Aspiration A, Commitment 1, we have included: • ‘This commitment proposes that more creative and alternative approaches to recruitment and onboarding practices are explored and implemented’.
Applicants lack qualifications, confidence in transferable skills, or awareness of opportunities.	
Access to training and skills development is inconsistent across the county.	The strategy does refer to this in Aspiration B, Commitment 3: • ‘Ensure that the range of opportunities for training and development are widely disseminated • ‘The provision of these services across Kent and Medway is being reviewed and gaps in type or geographical availability of provision identified, the aim is to move towards equity of provision.’ Mapping of Provision is also currently being undertaken as part the Connect to Work programme and the development of the Kent and Medway Working Plan, which will link into the strategy. We have also referenced this throughout Aspiration B, including: • ‘Promote availability of relevant training provision’ • ‘Ensure that the range of opportunities for training and development are widely disseminated’.
Individuals need time, confidence, and support to re-enter work after health or life challenges, and understanding available help.	We have made this stronger in Aspiration C, Commitment 1, by adding in the line: • ‘Including signposting support available to employees and those seeking employment’. There is also referenced in Aspiration C, Commitment 3: • ‘Well-paced, tailored transition into work will be promoted and a focus on developing resilience to navigate challenges associated with the long-term health condition or disability’.

You Said	We Did
	Programmes such as Connect to Work are referenced in Aspiration C, Commitment 3, will also aim to support people once employed into a workplace.
Cost of living and benefit loss are barriers to work.	We have expressed this in Aspiration B, Commitment 3, noting that appropriate development, training and skills can help ‘people seek higher paid posts to avoid risk of the work/benefit tension and poverty gap.’ In Aspiration D, Commitment 2, the cost of living is referenced by how we will also: • ‘Ensure employees are signposted in a timely way to a range of appropriate support linked to the challenges of the cost of living and benefits.’
SMEs need support to employ and retain people with health conditions.	We have mentioned that employers have concerns around legislative requirements in Aspiration A, Commitment 1, which is has been covered by: • ‘We will signpost and make information easily accessible to employers.’ This has been referenced in Aspiration A, Commitment 2: • ‘Collaboration between organisations and businesses will facilitate the sharing of best practice, knowledge, resources, and information’.
Employers need access to training and support to meet employee needs.	We have added the following line into Aspiration A, Commitment 1: • ‘This can also include workforce training such as sign language and autism awareness courses’ This has been referenced in Aspiration A, Commitment 2: • ‘Collaboration between organisations and businesses will facilitate the sharing of best practice, knowledge, resources, and information’. As part of the delivery of the strategy there will also be an action for: • ‘Organisations and businesses to collaborate to share best practice, knowledge and resources.’
Employers need clearer guidance on legal obligations and how to support diverse workforces.	This has been referenced in Aspiration A, Commitment 1: • ‘This included legislative requirements and practical implementation.... we will signpost and make information easily accessible to employers.’ There will also be an action on opportunities to engage further with SMEs on how they can be best supported.

Main overarching issues raised

You Said	We Did
Employers need more training, tools, and support to feel confident in making reasonable adjustments and fostering inclusive workplaces.	This has been referenced in Aspiration A, Commitment 1: ‘... we will signpost and make information easily accessible to employers, including training where appropriate, and improve access to occupational health advice. This can also include workforce training such as sign language and autism awareness courses.’ As part of Aspiration A, Commitment 1 it goes on to promote inclusion of the Disability Confident Scheme in this work.
Flexible, accessible training formats – including online, in person, and hybrid – are needed to meet varied needs and conditions.	We have enhanced Aspiration B, Commitment 1 by adding ‘accessible formats’ : ‘...to promote availability of relevant training provision in accessible formats and provision of the time, space and opportunity for people to undertake training and development that will be mutually beneficial for people businesses and organisations.’
A centralised, easy-to-navigate system for advice, guidance, and support would help both employers and individuals.	This is referenced in Aspiration A, Commitment 1: ‘... we will signpost and make information easily accessible to employers, including training where appropriate, and improve access to occupational health advice. This can also include workforce training such as sign language and autism awareness courses. We will also draw attention to the impact of trauma and raise awareness of trauma informed approaches.’ This also incorporated into the action plan which supports the implementation of the strategy.
More awareness is needed for peer support, mentoring and real-life case studies to build confidence and reduce stigma in both training and work settings.	This is incorporated into Aspiration A, Commitment 2 which covers collaboration and sharing of innovative and best practice across organisations with anchor institutions taking a key role. Aspiration C, Commitment 3 has been strengthened and now incorporates: Advantages of peer support and mentoring opportunities will be incorporated as appropriate. Aspiration C, Commitment 3 includes. ‘An inclusive culture will also be promoted which mitigates against stigma and builds confidence for all.’
More visibility and promotion of inclusive schemes – too many people miss out due to poor communication and outreach.	Aspiration A, Commitment 1 focuses on raising awareness of support for employers, Aspiration B, Commitment 1 focuses on raising awareness of training and development, so promotion is

You Said	We Did
	incorporated into the existing strategy document. This is also reflected in the action plan which is being developed.
Create an ethos of open, honest communication without judgement and an inclusive culture which integrates good mental and physical wellbeing.	Aspiration A, Commitment 2 states: ‘... told us about the need for good communication and open and honest dialogue. A focus on a collaborative approach and nurturing good understanding between employer and employee is required. The aim is to work towards mutually beneficial arrangements resulting in good outcomes for employees and organisations/business.’
Raising awareness to reduce stigma and unconscious bias.	Aspiration C, Commitment 3 states: ‘An inclusive culture will also be promoted which mitigates against stigma and builds confidence of all employees.’
Access for employers to practical support, for example occupational health, support for adaptations and assistive technologies and guidance on legal responsibilities.	Aspiration A, Commitment 1 has been updated to include assistive technologies: ‘... signpost and make information easily accessible to employers, including training where appropriate, and improve access to occupational health advice. This can also include workforce training such as sign language, assistive technology and autism awareness courses.’
Development for line managers to support employees and inclusive teams.	The aim of Aspiration B, Commitment 3 is to ‘Provide employers with access to knowledge about development, training and skills opportunities across the system which can enhance their own offer to facilitate people reaching their potential.’ Reference to inclusive teams has been included in this commitment to strengthen it.
Incorporate simple solutions for example quiet spaces for wellbeing breaks, line manager ‘check ins’ and peer support networks.	Aspiration D, Commitment 1 has been strengthened to highlight that simple solutions can often be effective: ‘Simple solutions can often be effective including quiet spaces for wellbeing breaks and peer support networks.’
Incorporate reasonable adjustments and accessible workspaces.	Aspiration C, Commitment 2 has been strengthened to incorporate accessible workspaces as well as reasonable adjustments: ‘Reasonable adjustments and workspace accessibility should be used effectively to enable people with long-term conditions and disabilities to start, stay and succeed in work.’

Lived Experience Interviews and Focus Groups Feedback

You Said	We Did
Ensure mental health conditions are explicitly and consistently addressed as a distinct area of need across all four aspiration areas and embedded throughout the overall strategy – going beyond general references to wellbeing.	Aspiration C, Commitment 1 specifically mentions mental health support and also ‘...aims to raise awareness of the full range of multidisciplinary support available for work/health professionals and employers, including signposting support available to employees and those seeking employment.’
Place communication at the heart of the strategy by embedding it as a key element across all four Aspiration areas, recognising its central role in shaping relationships, delivering support, and promoting positive working environments as well as wellbeing in the workplace.	Aspiration A: ‘To underpin this aspiration, a strong, trusted, working relationship is important between employer and employee, facilitating a collaborative, open and honest dialogue which is responsive to the needs of both parties.’ Aspiration B has been strengthened with reference to communication in the final paragraph: ‘An ethos of appropriate development, training and upskilling based on good communication between employer and employee should be fundamental to people, organisations and businesses and will be encouraged along with ease of access, in a timely way, to relevant opportunities from across the system.’ Aspiration C: ‘Open and honest dialogue is key to ensuring that the business needs of the organisation are balanced alongside people's needs to create an inclusive work culture.’ Aspiration D: ‘A collaborative approach across the system is proposed, this includes partnership working and connecting with expertise on healthy food, fuel poverty, housing and the cost-of-living crisis’
Prioritise flexibility as a core principle of workplace support across the whole strategy – encouraging organisations to adopt empathetic, more adaptable approaches tailored to individual employee needs – especially during periods of challenge or transition.	Aspiration C, Commitment 1: ‘In this way professionals can work with people in a multidisciplinary and holistic way to build the programme which meets their needs and supports them in the most appropriate way, coordinating a bespoke solution from the full range of support available.’

You Said	We Did
Encourage a culture of proactive, collaborative engagement that replaces assumption with informed, person-centred dialogue – ensuring support is tailored to individual needs and grounded in mutual understanding.	There are references to this throughout the strategy, but particularly in Aspiration C, Commitment 1: ‘In this way professionals can work with people in a multidisciplinary and holistic way to build the programme which meets their needs and supports them in the most appropriate way, coordinating a bespoke solution from the full range of support available.’
Recognise and promote the value of small low-cost adjustments across all four Aspiration areas. Encourage organisations to embed a culture where small, everyday acts of empathy, flexibility and consideration are normalised – benefiting individuals with specific needs and the wider workforce.	There are references throughout the strategy, for example: Aspiration A: for example, autism awareness and sign language training Aspiration B: for example, development offered as part of a new role Aspiration C: for example, flexibility to attend appointments Aspiration D: for example flexibility to take breaks and move around during the working day.
Demonstrate importance of employees feeling that they are working <i>with</i> their employer where support evolves through shared learning.	Aspiration A, Commitment 1 states: • ‘A focus on a collaborative approach and nurturing good understanding between employer and employee is required.’
Recognise the importance of accessible training.	Aspiration B, Commitment 1 states: • This commitment aims to promote availability of relevant training provision in accessible formats and provision of the time, space and opportunity for people to undertake training and development that will be mutually beneficial for people businesses and organisations.
Training for employers to be aware of the range of support available.	Aspiration B, Commitment 1 states: • This commitment aims to promote availability of relevant training provision in accessible formats and provision of the time, space and opportunity for people to undertake training and development that will be mutually beneficial for people businesses and organisations.
Recognise the importance of employers getting to know the employee as an individual. Personal connection, individual understanding and confidence building as	Aspiration C, Commitment 1 states: ‘In this way professionals can work with people in a multidisciplinary and holistic way to build the programme which meets their needs and supports them in the most appropriate way, coordinating a bespoke solution from the full range of support available.’

You Said, We Did Report

You Said	We Did
essential foundations to help people be supported and thrive in the workplace.	
Support for good mental wellbeing to be firmly placed in workplace culture.	Aspiration D, Commitment 1 states: Organisational and job design, leadership and workload if not managed well can all have a stressful impact on employees. A focus on managing these well will be taken to achieve a positive impact on employee mental wellbeing and work life balance.'
Importance of moments to pause and recharge.	Aspiration D, Commitment 1 has been strengthened: ' A focus on managing these well, for example moments to pause, will be taken to achieve a positive impact on employee mental wellbeing and work life balance.'

Medway Children and Adults Directorate Management Team

You Said	We Did
Ensure an action focus to Aspiration B and its implementation.	A balanced view has been taken given that the programme is running from existing resources. However, more action focused wording has been incorporated and action focused work is being incorporated into the action plan.
Ensure a balanced approach to flexible working to facilitate business need.	The strategy has been reviewed to ensure that flexible working is set in the context of business or organisational need.
Recognise the significant role that stigma can have on individuals with disabilities and long term health conditions in the workplace and ensure there is scope to address this in the strategy.	Aspiration C, Commitment 3: 'An inclusive culture will also be promoted which mitigates against stigma and builds confidence of all employees.'

Appendix 4:

Summary of Stakeholder Engagement Broad Categories (non-exhaustive list)

Business:

Business Membership/Representative Organisations
Industry Sector Groups / Representatives
Kent & Medway Economic Partnership
Housing Sector

Education, Training & Skills:

Further Education Colleges
Training commissioners
Training providers

Workplace:

HR representatives (various sectors)
Workplace wellbeing organisations
Armed Forces

Government:

Department for Work & Pensions

Local Government:

Kent County Council (Economy, Financial Hardship, (Adult) Education)
Medway Council (Skills, Employment, Adult Education)
District Councils (Housing, Communities, Health & Wellbeing, etc.)

Health:

NHS Foundation Trusts
Mental Health Support Providers
Public Health
SEND and Neurodiversity
Health Care Partnerships
Primary Care

Voluntary & Community Sector:

Wellbeing organisations
Skills delivery organisations
Social Enterprise Organisations

Appendix 5: Executive Summary of the Consultation Results Report

The Kent and Medway Integrated Work and Health Strategy 2025 – 2030 (the strategy) has been developed through a collaboration between the Kent and Medway Integrated Care Partnership (ICP) and the Kent and Medway Economic Partnership (KMEP). This joint initiative reflects a shared commitment to improving the health and productivity of our workforce, benefiting businesses, organisations and the local community.

To inform the development of the strategy, a public engagement exercise was carried out, which included both an online consultation and lived experience interviews and focus groups, building on a strong intelligence gathering phase in Summer 2024 that attracted high levels of participation from a diverse range of stakeholders.

A total of 336 responses were received during the online consultation, with contributions from across both Kent and Medway. The feedback was coded and analysed, revealing strong overall support for the strategy's aspirations. Each aspiration received a "Strongly Agree" response rate of over 69% when respondents were asked whether it should be included in the strategy. Some comments included:

- Both employers and employees share responsibility for employability and wellbeing.
- Ongoing skills development is important, particularly for those changing careers or returning to work with a health condition.
- Flexible working can help people stay in employment while meeting their social and emotional needs.
- Maintaining a healthy work environment will help to support employee confidence in applying for work.
-

Importantly, none of the aspirations received more disagreement than agreement. Aspiration D had the highest proportion of disagreement at just 4.5%, but the results still indicated a broadly positive reception to the draft proposals across all thematic areas.

There was also a range of cross cutting themes from the responses in the open text questions, which included:

- Inclusive Education, Awareness and Culture – consistent calls for better education and training, for employers, employees and training providers, to build awareness, reduce stigma and promote inclusion.
- Flexible Accessible and Supported Pathways – flexibility in training, employment, and adjustments (e.g. part time, remote, phased returns) are essential to enable meaningful participation.
- Shared Responsibility and Systemic Support – a joined-up approach is needed between employers, government services, and third sector organisations, recognising employers cannot hold all the solutions.

Involve Kent were also commissioned to undertake interviews and focus groups with people who have lived experience of long term health conditions and disabilities in

the context of the workplace. Involve Kent worked with 42 participants either in person, remotely or in written form according to the participant's preference.

Overall, there was strong support for the four Aspirations proposed for the strategy, with helpful suggestions for developments. Some comments included:

Aspiration A: "I think employers need to realise that supporting people with health conditions is a joined-up issue – they need to take the steps together. Managers aren't expected to know everything and it's OK not to know."

Aspiration B: "I have had training over the years but none of it has really been adapted to my health needs until now."

Aspiration C: "For me with autism, I think the thing they need to understand is that it is a complex thing and it's not like the movies and that's not how autism works in the real world. ... There needs to be lots more one to one conversations between the employee and employer so that they can really get to know someone."

Aspiration D: "The company looked after us, so we could look after ourselves and each other. And the staff did all look after each other. The company were really careful when recruiting to recruit the right personalities – to be part of the team and feed into this supportive environment."

Themes elicited from the online consultation and the interviews and focus groups with people with lived experience have fed into a *You said, we did* document which has in turn informed the development of the strategy.

ADULT SOCIAL CARE & PUBLIC HEALTH CABINET COMMITTEE
WORK PROGRAMME 2024/25
 UPDATED 27/06/2025

ASC Item	Cabinet Committee to receive item
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2025	Standing Item
Key Decision Items	
Performance Dashboard	September, November, March and May
Draft Revenue and Capital Budget and MTFP	November and January
Risk Management: Adult Social Care	March
Annual Complaints Report	November
Adult Social Care Pressures Plan	November
PH Item	Cabinet Committee to receive item
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2025	Standing Item
Key Decision Items	
Performance Dashboard	January, March, July, September
Update on Public Health Campaigns/Communications	Bi-Annually (January and July)
Draft Revenue and Capital Budget and MTFP	Bi-Annually (November and January)
Annual Report on Quality in Public Health, including Annual Complaints Report	Annually (November)
Risk Management report (with RAG ratings)	Annually (March)

8 JULY 2025 at 2pm			
1	Intro/ Web announcement	Standing Item	
2	Election of Chair	Procedural	
3	Election of Vice-Chair	Procedural	
4	Apologies and Subs	Standing Item	
5	Declaration of Interest	Standing Item	
6	Minutes – ASC CC 15 January 2025	Standing Item	
7	Minutes – HRPD CC 11 March 2025	Standing Item	
8	Verbal Updates by Cabinet Member and Corporate Directors	Standing Item	
9	25/00042 Older Persons Residential and Nursing Re-commissioning Contract	Key Decision	
10	Improvement Plan / CQC		
11	Update on Public Health Service Transformation		
12	25/00039 Public Health Service Transformation: NHS Health Checks	Key Decision	

13	25/00041 Public Health Service Transformation: Sexual Health Services	Key Decision	
14	25/00041 Public Health Service Transformation: Physical Activity Service for Older People	Key Decision	
15	25/00005 Kent and Medway Work and Health Strategy	Key Decision	
16	Work Programme	Standing Item	

10 September 2025 at 2pm			
1	Intro/ Web announcement	Standing Item	
2	Apologies and Subs	Standing Item	
3	Declaration of Interest	Standing Item	
4	Minutes	Standing Item	
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item	
6	Performance Dashboard	Regular Item	
7	Risk Management: Adult Social Care	Annual Item	
8	25/00014 Wellbeing Services in the Community	Key Decision	
9			
10			
11			
12	Work Programme	Standing Item	

ITEMS FOR CONSIDERATION THAT HAVE NOT YET BEEN ALLOCATED TO A MEETING	
Someone's Listening Campaign	Removed from July 2025 Meeting