

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

Wednesday, 10th September, 2025

2.00 pm

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

AGENDA

ADULT SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

Wednesday, 10 September 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 (Chairman), Mr A Kibble, Mr O Bradshaw (Vice-Chair), Mr R Mayall, Mr S Dixon, Mr R Ford, Mr M Brown, Mrs B Porter and Mr T L Shonk

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 Apologies and Substitutes
- 3 Declarations of Interest by Members in items on the agenda
- 4 Minutes of the meeting held on 8 July 2025 (Pages 1 - 10)
- 5 Cabinet Member, Corporate Director and Director of Public Health Verbal Updates - No papers
- 6 Performance Dashboard - Adult Social Care (Pages 11 - 38)
- 7 Performance Dashboard - Public Health (Pages 39 - 48)
- 8 Risk Management: Adult Social Care (Pages 49 - 64)
- 9 25/00070 Parent and Infant Mental Health Service - Non Key Decision (Pages 65 - 86)

- 10 25/00054 Adult Social Care Prevention Framework - Key Decision (Pages 87 - 260)
- 11 25/00014 Wellbeing Services in the Community - Key Decision (Pages 261 - 498)
- 12 25/00081 Wellbeing Services in the Community for Adults with Sensory Impairments - Contract Extension - Key Decision (Pages 499 - 516)
- 13 Decisions Taken out of Committee Cycle (Pages 517 - 518)
- 14 Work Programme (Pages 519 - 520)

EXEMPT ITEMS

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

Benjamin Watts
General Counsel
03000 416814

Tuesday, 2 September 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.

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KENT COUNTY COUNCIL

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

MINUTES of a meeting of the Adult Social Care and Public Health Cabinet Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 8th July, 2025.

PRESENT: Ms I Kemp, Mr A Kibble, Mr O Bradshaw, Mr R Mayall, Mr S Dixon, Mr R Ford, Mr M Brown, Mr C Sefton and Mr S Jeffery

ALSO PRESENT: Ms D Morton, Mr M Mulvihill and Mr P King

IN ATTENDANCE: Richard Smith (Corporate Director for Adult Social Care), Dr Anjan Ghosh (Director of Public Health), Victoria Tovey (Assistant Director of Public Health), Sydney Hill (Director of Operations for Short Term Support), Mark Albiston (Director for Adult Social Care).

Michael Thomas-Sam (Corporate Lead in Adults' and Children's Policy and Strategy), Simon Mitchell (Assistant Director for Adult Commissioning), Christopher Beale (Senior Commissioner), Hannah Brisley (Senior Commissioner), Luke Edwards (Senior Commissioner), Melanie Anthony (Commissioner Manager), Nathalie Reeves (Public Health Specialist), Sarah Crouch (Consultant in Public Health), Clare Maynard (Chief Procurement Officer), Tricia Pereira (Head of Service Improvement & Interim Assistant Director Strategic Safeguarding, Practice, Policy & Quality Assurance), Jade Shepherd (Business Improvement Manager), Steve Samson (Head of Economy), Paula Parker (Head of Transformation, Delivery and Support), Danielle Miller (Commissioner), Linda Smith (Consultant in Public Health), and Ruth Emberley (Democratic Services).

UNRESTRICTED ITEMS

1. Election of Chair
(Item. 2)

Ms Isabella Kemp was nominated by the Leader to be the Chair of the Adult Social Care and Public Health Cabinet Committee. The Committee agreed the nomination and Ms Kemp was declared as Chairman of the Committee.

RESOLVED that Ms Isabella Kemp be elected Chair of the Committee.

2. Election of Vice-Chair
(Item. 3)

A Member proposed that Mr Oliver Bradshaw be elected as Vice-Chair of the Adult Social Care and Public Health Cabinet Committee. This nomination was seconded by another Member. There were no further nominations.

RESOLVED that Mr Oliver Bradshaw be elected as Vice-Chair of the Committee.

3. Apologies, Substitutes and changes to Membership
(Item. 4)

It was confirmed that since publication, changes to the Membership included Mr Trevor Shonk joining the Committee.

Apologies were received from Ms Connie Nolan.

4. Declarations of Interest by Members in items on the agenda
(Item. 5)

There were no Member declarations of interest.

5. Minutes of the Adult Social Care Cabinet Committee meeting held on 15 January 2025
(Item. 6)

RESOLVED that minutes of Adult Social Care Cabinet Committee held on the 15 January 2025 were a correct record and a paper copy to be signed by the Chair.

6. Minutes of the Health Reform and Public Health Cabinet Committee meeting held on the 11 March 2025
(Item. 7)

RESOLVED that minutes of Public Health Cabinet Committee held on the 11 March 2025 were a correct record and a paper copy to be signed by the Chair.

7. Verbal Updates by Cabinet Member and Corporate Directors
(Item. 8)

1. The Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton provided a verbal update. Some of the key highlights were as follows:
 - a) Deputy Cabinet Member, Mr Mark Mulvihill had taken on the role of Mental Health Champion and would focus on all aspects of mental health in Kent.
 - b) Miss Morton confirmed that she attended a provider conference in July, which was a valuable exercise to work with the sector in constructive and engaging dialogue ahead of forthcoming Nursing and residential home contract renewals.
 - c) The Carers' Cuppa took place on the 13 June 2025 at Sessions House which marked Carers' Week and supported the Someone's Listening Campaign.
 - d) The theme for the 2025 Alcohol Awareness week was the link between alcohol and work-related stress.

- e) The Directorate had taken part in the Shared Lives Week and Learning Disability Week (in partnership with MENCAP), with an art exhibition showcasing in the Stone Hall. These were just some of the awareness campaigns scheduled to take place throughout the year and it was hoped the Council would continue to participate.
 - f) The Prevention Framework consultation commenced on 6 June 2025 and finished on 14 July 2025. It was confirmed that a report on the outcome would be presented to the Committee in September 2025.
 - g) Miss Morton confirmed that she recently visited Gravesham Place, one of 4 integrated care centres, to meet staff and residents. During the visit, a discussion took place regarding how technology enabled care helped people live more independently at home.
2. The Corporate Director for Adult Social, Mr Richard Smith, extended a welcome to the new Committee and confirmed that there were several forthcoming key decisions which needed to be taken in order to fulfil the legal statutory responsibilities and duties of the Council.
 3. The Director of Public Health, Dr Anjan Ghosh, echoed Mr Smith's remarks and confirmed that this was the first meeting of the two merged Cabinet Committees.
 4. RESOLVED that the Committee noted the verbal updates.

8. 25/00042 Older Persons Residential and Nursing Re-commissioning Contract - Key Decision
(Item. 9)

Mr Richard Streatfeild was in attendance for this item.

1. The Report was presented by the Head of Transformation, Delivery and Support, Ms Paula Parker.
2. Some of the key highlights were as follows:
 - a) The current contract supported around 3,800 older people assessed to require care and support which could not be delivered in their own home.
 - b) The current contract had been in place for 12 years and was scheduled to end in March 2026, unless new arrangements were in place.
3. Councillor Richard Streatfeild was in attendance for this item in his capacity as a local Member. He drew the following points to the Committee's attention:
 - a) That he was previously a Member of the Adult Social Care Committee and when the contract was first let, it was valued at £100 million per year. On the most recent figures, the contract

was valued at £235 million per year. In reference to the forecast in the business case, the growth was anticipated as 45% in the first year of growth and 2.8% in the following three years.

- b) Mr Streatfeild commented that to achieve the percentage of forecast growth, there was an assumption that the demographic remained the same, however he pointed out that the over 65 population was anticipated to grow across the county by 40%.
 - c) A previous report from the January 2024 Cabinet Committee provided that of the 270 care homes, 179 were on dynamic purchasing (66%). The current paper indicated that the figure was going to move to 70% on 1 April 2026 and to 80% in open framework over 4 years. Mr Streatfeild referred to the risk register and indicated that it contained a high impact risk due to the high likelihood of providers not accessing the open framework.
 - d) Mr Streatfeild indicated that Members should seek assurance that the high impact likelihood risk was either removed or mitigated during the course of the next 4 years.
 - e) It was highlighted that the papers from the January 2024 Committee attributed a cost of £150 million per year to the contract whereas the papers before the Committee today provided a contract cost of £222 million. Mr Streatfeild encouraged Member to enquire as to the reason for the increase.
4. Mr Smith commented that it was recognised that adult social care saw an average 10% growth every year and only 4% was funded from ring fenced grants, whilst the Authority could budget for around 6%.
5. The framework was designed to identify providers which the Council wanted to work with, as a whole system approach, that enabled working together to reduce demands of services. Mr Smith explained that the service users who needed care later in life had multiple needs which increased their support demands. The complexities of this were reflected in the framework.
6. Quality of service and NHS demand were drivers to the framework and thought had gone into creating a single pathway into adult social care and the market place. Whilst the figures for the contract were large, equally adult social care demands were such that it was required.
7. The Director for Adult Social Care, Mr Mark Albiston, commented that accommodation was the responsibility of the District Councils and not the County Council. One of the enablers for reducing spending centred around the development of appropriate extra care provision across Kent. Mr Albiston clarified that Districts were responsible for planning and the provision of housing.

8. RESOLVED that the Committee considered and endorsed the proposed Key Decision - 25/00042 Older Persons Residential and Nursing Re-commissioning Contract.

9. Improvement Plan
(Item. 10)

1. The item was presented by the Head of Service Improvement & Interim Assistant Director of Strategic Safeguarding, Practice, Policy and Quality Assurance, Ms Tricia Pereira. In answer to Members' questions the following was said:
- a) It was confirmed that the Improvement Plan was an initial draft action plan that the Council had to submit in the first part of their return, in response to the CQC (Care Quality Commission) assessment. Once a response had been provided to the CQC and the Department of Health, a more robust and detailed action / Improvement Plan was required. Ms Pereira confirmed that this was currently being developed.
 - b) The final Improvement Plan would be shared by August 2025. Each of the community teams had their own delivery plan (which sat under the Improvement Plan) and included KPIs (Key Performance Indicators) and milestones / timelines. Once these had been refined, that information would be published.
 - c) Improvement plans had already been delivered for all the locality teams. These plans sat within the business-as-usual criteria. The focus of these was the reduction of excessive wait times, which had arisen as a result of increasing demands for social care through the need for assessment, reviews, adult safeguarding and challenging workforce environment. In relation to the latter, staff retention was being reviewed.
 - d) The metrics used the number and percentage of people who had the assessment within 28 days of contact from the Council. From this data, it was possible to examine the medium wait time and the steps to reduce it. At present, a risk prioritisation approach was being used and so those with the greatest risk received an earlier response. It was acknowledged that this also meant people who had been assessed with a lower risk, could end up waiting for extended periods of time.
 - e) Assistant Directors and Performance colleagues monitored the performance plans on a weekly basis and from across several metrics it was possible to see improvement, via the dashboard.
2. RESOLVED that the Committee noted the Local Authority rating and commented on the improvement activity identified.

10. Update on Public Health Service Transformation
(Item. 11)

1. The Assistant Director of Public Health, Ms Victoria Tovey, presented the report. The papers were taken as read. Some of the key points were as follows:
 - a) The programme started in July 2023 and was currently in the late stages of implementation. The aim of the programme was to improve on current services by ensuring they delivered better value, greater impact, improved services for the community and that they were safe, effective and sustainable for the future.
 - b) The service was funded by ring fenced Public Health grants and income from external NHS organisations. The service supported the Council to deliver against statutory duties.
 - c) Services such as Health Visiting, Sexual Health, Substance Misuse and NHS Health Checks were included and their performance was reported nationally.
 - d) The programme followed a standard commissioning cycle but aimed to look across other services; currently seven service areas had been reviewed to examine the best ways of maximising impact and cross cutting themes.
 - e) The programme was overall on track and several milestones had been delivered.
2. RESOLVED that Members noted the information contained in the updated report and commented on the programme and the next steps.

11. 25/00039 Public Health Service Transformation: NHS Health Checks - Key Decision
(Item. 12)

1. The report was introduced by Director of Public Health Dr Anjan Ghosh and presented by Senior Commissioner, Mr Christopher Beale.
2. In answer to Member questions, the following was said:
 - a) In 2024 100% of the eligible population were invited (approximately 95,000 individuals). The uptake rate for the health checks was 36.4% although the aim was to increase this, through the programme.
 - b) Work had been conducted through GP surgeries and pharmacies to maximise engagement, as well as the use of digital technology to extend invitations, which could then be monitored. This provided a robust way to record successful invites.
 - c) The Outreach Service ensured that areas of deprivation would be included. Work within the Commissioning Teams had been conducted

with a focus on identifying the areas where a difference could be made, as well as those areas with high air pollution.

- d) Nationally the uptake was 37.5% and it was anticipated that with the new model this would increase, taking into consideration the limiting factor of the budget. Mr Beale indicated that a progress update could be brought back to the Committee in due course.

- 3 RESOLVED that the Committee endorsed the proposed Key Decision – 25/00039 Public Health Transformation: NHS Health Checks - as set out on the Proposed Record of Decision.

12. 25/00041 Public Health Service Transformation: Sexual Health Services - Key Decision
(Item. 13)

- 1. The item was introduced by Public Health Specialist, Ms Nathalie Reeves and presented by Senior Commissioner, Ms Hannah Brisley. The key points of the report were highlighted for Member attention.
- 2. There were no Member comments or questions.
- 3. RESOLVED that the Committee considered and endorsed the key decision – 25/00041 Public Health Service Transformation: Sexual Health Service – as set out in the Proposed Record of Decision.

13. 25/00038 Public Health Service Transformation: Physical Activity Service for Older People - Key Decision
(Item. 14)

- 1. The report was introduced by Consultant in Public Health, Ms Sarah Crouch and presented by Senior Commissioner, Mr Luke Edwards. Mr Edwards highlighted the key points of the report to Members.
- 2. In response to Member questions, the following was said:
 - a) The new model was more accessible and therefore would meet the needs of more people going forward. Progress would be monitored closely.
 - b) Ms Crouch explained that the approach needed to be flexible in that the intention was to go out into the community and understand which provisions would likely to work. It was estimated that if 12-week programmes ran with a set budget, around 1,000 people per year could be reached.
 - c) It was explained that the service was preventative and aimed to intervene before a fall had taken place. Prevention ideals included keeping people stronger, and in their own homes, for longer. The referral pathway was currently a self-referral and the services commissioned by the NHS continued to be through the clinical

pathways. A range of ways to market and promote the service were currently being examined, as a result of the public consultation.

- d) As part of the grant approval process, extensive training would be provided to ensure the service was consistent.
 - e) Core policies would in place and all grant providers would be required to demonstrate them. These included items such as safeguarding, good health and safety approaches, and sufficient training for the whole workforce. Ms Crouch confirmed that there was a strong evaluation focus with the programme.
 - f) Dr Ghosh clarified that the programme focused on aspects such as core strength improvement, balance, stability and staying fit to mitigate or prevent the risk of a fall. He confirmed that the approach was not clinical, rather evidence-based practice around different interventions
- 3) RESOLVED that the Committee considered and endorsed key decision – 25/00038 Public Health Service Transformation: Physical Activity Service for Older People - as set out in the Proposed Record of Decision.

14. 25/00005 Kent and Medway Work and Health Strategy - Key Decision
(Item. 15)

The Cabinet Member for Economic Development and Coastal Regeneration, Mr Paul King, was present for this item

1. Head of Economy Mr Steve Sampson introduced and presented the item. The key points were highlighted for Member attention.
2. The Cabinet Member for Economic Development and Coastal Regeneration, Mr Paul King, commented that the decision had been presented to the Growth, Economic Development and Communities Cabinet Committee and he was in full support of it. He commented that health issues appeared to be in the coastal region. He further explained that one of the key programme designs that helped to deliver the strategy was the Connect to Work Programme and KCC was the accountable body. Mr King confirmed that £34 million had been provided through Government funding to assist over 9,000 local people with long term conditions, disabilities and other disadvantages to gain access or remain in employment.
3. In answer to Member questions, the following was said:
 - a) There was no specific training programme envisaged as part of the strategy, however there were several schemes KCC actively delivered. The aspiration around the strategy was to encourage people to think about career opportunities.
 - b) A wider Government funded project ran concurrently with the Kent and Medway Work and Health Strategy called the Get Kent and

Medway Working Plan. This provided the mapping of skills, education and training provisions within the county.

- c) An element of the Get Kent and Medway Working Plan focused on young people building aspirations early on and providing the right career provision, as well as the right opportunities for engagement with employers. It was highlighted to Members that these were key building blocks of good health.
- d) A wide consultation had taken place with the District Councils via the Economic Development Officers Group, as well as via housing teams and other officers who worked with some of the target groups for the strategy. It was confirmed that the role which anchor institutions across the county played in the agenda, was recognised. Once the strategy had been signed off, engagement with District partners would continue.

4. RESOLVED that the Committed endorsed the Cabinet Member for Economic Development and Coastal Regeneration to:

- Approve and adopt the Kent and Medway Integrated Work and Health Strategy on behalf of Kent County Council;
- 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.

15. Work Programme
(Item. 16)

RESOLVED Members noted the work programme

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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 – 10 September 2025

Subject: **ADULT SOCIAL CARE AND HEALTH PERFORMANCE Q1 2025/2026**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary:

This paper provides the Adult Social Care and Public Health Cabinet Committee with an update on adult social care activity and performance during Quarter 1 (April to June) for the financial year 2025/2026.

Adult social care saw a continuation in demand in contacts to Adult Social Care Connect and a quarterly high number of Safeguarding Concerns were received. The number of people supported with a mental health need continues to increase quarter on quarter.

Despite the pressure on services, adult social care delivered an increased number of Care Needs Assessments and Care and Support Plan reviews, fewer people were awaiting their review or assessment at the end of the quarter. A larger number of people were supported by the enablement teams, and safeguarding closures increased.

Of the seven Key Performance Indicators, three were RAG Rated Green (contacts resolved and not returned within three months, long term support met by residential or nursing care for adults or older people), and four were RAG Rated Amber (Care Needs Assessments delivered within 28 days, percentage with a Direct Payment, older people at home 91 days after hospital discharge and people in residential or nursing care with a Care Quality Commission rating of Outstanding or Good)

Recommendation: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of adult social care services in Quarter 1 2025/2026

1. Introduction

- 1.1 A core function of the Cabinet Committee is to review the performance of services which fall within its remit. This report provides an overview of the Key Performance Indicators (KPIs) for Kent County Council's (KCC) adult social care services. It includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR).

2. Overview of Performance

- 2.1 Adult Social Care Connect received contacts from 7,529 people during Quarter 1. On receiving a contact, adult social care will look to resolve any issues which arise, this may take the form of offering information and advice, signposting to external agencies or partners who can assist or, where appropriate, by exploring options along a Care and Support pathway. Through actions at first contact, adult social care's aim is to avoid 'repeat' contacts; where a person makes contact again following an unsuccessful resolution to their initial query. In Quarter 1, 3% of the contacts received were from people who had had a previous contact 'resolved' in the past three months (ASCH 1). This matches the previous quarter's proportion and ensures the measure continues to be RAG Rated Green.
- 2.2 The transition towards a more prevention-focused approach, implemented by community teams and through early intervention at the initial point of contact, demonstrates that people are increasingly having their needs addressed promptly or are being appropriately directed to relevant community resources.
- 2.3 Care Needs Assessments (CNA) are delivered in order to ascertain a person's eligible care needs under the Care Act (2014). 4,353 requests for a CNA were received by adult social care in Quarter 1 and 4,799 were completed (a 6% increase). The number of people awaiting assessment at the end of the quarter continued to decrease, with a 16% decrease in those waiting for an assessment to be completed when compared to the previous quarter (5th consecutive quarter of more CNAs being delivered than were requested).
- 2.4 Adult social care aim to have 85% of CNAs completed within 28 days from when they were first requested (ASCH 2). In Quarter 1, 75% of assessments were delivered with 28 days which was an improvement of 2% compared to the previous quarter. The measure is now RAG Rated AMBER as it now meets the floor threshold.
- 2.5 KCC commissions Carers Organisations in Kent to help support carers. In Quarter 3 2024/25, new techniques were added to the client recording system enabling the capture of carer referrals and the offering of information and advice as an outcome. In Quarter 1, 712 referrals were made for support, an 8% increase on the previous quarter. 911 carers were supported with either information and advice or a carers' assessment in Quarter 1 (ASCH 10).
- 2.6 Following a persons' CNA being completed they may be eligible for care and support. If this is the case then they will receive a Care and Support Plan

detailing how their needs are going to be met. At the end of Quarter 1, 16,777 people had an active Care and Support Plan, maintaining a similar level of activity as previous quarters.

- 2.7 One way a person's needs can be met is through a package of care. This may be delivered in a residential setting or within the persons' own home. Quarter 1 saw 2,585 new packages arranged, with 36% for residential care, 12% for nursing care, 24% homecare and 25% for all other community services. There was an average weekly cost of £821; in the first quarter of a new financial year a larger increase in average weekly cost can be observed due the 'uplifts' that are applied to ensure that service cost reflects movement in inflation.
- 2.8 A first review (at 6-8 weeks) is carried out once a Care and Support Plan is put in place and a service is started, with an annual review scheduled thereafter. Overall, the number of reviews requiring completion decreased in Quarter 1 to 6,071 which is an 11% decrease from the previous quarter. Within this figure, first reviews awaiting completion had decreased by 27% alone, following focused review work by adult social care teams. 5,561 reviews were completed in total in Quarter 1, the largest volume of completions for a quarter and a 22% increase on Quarter 4 2024/25.
- 2.9 KCC provide enablement services to people in the community through its Kent Enablement at Home (KEaH) service and the Kent Enablement Service (KES). Through these services, work is done with a person to set and achieve goals that enable the person to stay independent at home, with no further support needed. Quarter 1 saw 3,556 people engage with these services, an 8% increase on the previous quarter. The KES team saw the number of people supported exceed 1,000 and KEaH saw their involvement increase once more, with its 5th consecutive quarter of growth in activity. 488 people started with the KES teams in Quarter 1, with 2,193 starting with KEaH.
- 2.10 A provision of short term support in a residential or nursing setting may be provided to meet a person's needs. This allows for a further period of assessment and enablement for a person whilst long-term provision is being assessed, with the aim of only needing to stay in this bed for 6-8 weeks. This is often utilised for people on a hospital pathway. The number of people in a short term bed increased by 8% in Quarter 1 to 1,576.
- 2.11 A person who has been in hospital and on discharge needs adult social care involvement will be worked with to ensure they remain as independent as possible on their return home. This is to minimise the risk of them being readmitted to hospital. In Quarter 4, 83% of people over the age of 65 who were discharged from hospital were still at home 91 days later (ASCH 4. This measure is reported a quarter arrears to account for the 91 day time frame). This is a decrease of 3% when compared to the previous quarter. The measure is now RAG Rated AMBER, being below the target of 85% but above the floor threshold of 80%
- 2.12 Direct Payments are a flexible form of support that can be offered to a person to help meet their care and support needs, maintaining their independence and giving them full control over the care that they receive. The percentage of

people in receipt of a Direct Payment was 25% in Quarter 1 (ASCH 3). The measure continues to be RAG Rated AMBER; sitting below the 30% target but above the 24% floor threshold. 160 started to receive a Direct Payment in Quarter 1 and 3,067 people were in receipt of a Direct Payment during the quarter.

- 2.13 When a person's needs cannot be met in their own home, they may need long term care in a residential or nursing home. A new measure, the long term needs of adults (18-64 years old) met by admission to residential and nursing homes per 100,000, shows 17 per 100,000 met this criteria. This measure is RAG Rated Green.
- 2.14 For older people (65 years and older) in Quarter 1, 546 per 100,000 had their long term support needs met by admission to a residential or nursing care home (ASCH 6) and is RAG Rated Green. This metric, alongside its 18-64 variant, uses the national Client Level Dataset (CLD) methodology to measure the number of individuals who have started a local authority funded long-term residential or nursing care service for the first time within a 12-month period.
- 2.15 Residential and Nursing homes are registered for their care and inspected by the Care Quality Commission (CQC). In Quarter 1, 75% of KCC supported people who were in a care home had a CQC rating of Good or Outstanding (ASCH 7) an improvement of 1% on last quarter. The measure met the floor threshold of 75% and is RAG Rated AMBER.
- 2.16 People who access adult social care provision have a variety of needs, one of which is mental health. The number of people accessing an adult social care provision with a mental health need has increased once more in Quarter 1, up 3% compared to the previous quarter. The number of people accessing services with mental health needs has risen 8% since the same quarter last year.
- 2.17 Overall, the number of people in long term services remained at a similar level to the previous quarter, with 12,759 people in a long term service in the community and 5,569 people in a residential or nursing setting.
- 2.18 There were 2,616 Deprivation of Liberty Safeguards (DoLS) applications received in Quarter 1, a 3% increase on the same quarter last year. 2,250 applications were completed in the quarter.
- 2.19 There is increasing demand for DoLS. This year, focus has been given to workforce planning, which has seen a surge in practitioners being nominated to undertake a Best Interest Assessor (BIA) qualification. This, in turn, will increase the number of practitioners available to undertake DoLS assessments.
- 2.20 Adult social care receive safeguarding concerns if someone is concerned that a person is at risk of abuse or neglect. Quarter 1 saw 6,132 safeguarding concerns received, a 3% increase on the previous quarter and the highest total for a single quarter. This follows an increasing trend that has been seen for incoming concerns.

- 2.21 If the conditions are met, a Section 42 safeguarding enquiry will be carried out. In Quarter 1, 1,430 Section 42 enquiries were initiated and at quarter end, 1,384 safeguarding enquiries were open, which was a 22% decrease on the previous quarter despite the growth in incoming activity. On completion of a safeguarding enquiry, the identified safeguarding risk to the person is assessed. The proportion of those whose risk was removed (30%), risk reduced (58%) or risk remained (11%) has not changed since last quarter.

3. Conclusion

- 3.1 Financial year 2025/26 begins with a continuation of the levels of demand seen through the previous financial year but an increased output in both care needs assessments and reviews, seeing the numbers of people awaiting adult social care action reduce. The number of safeguarding concerns received rose to a quarterly high but there were fewer people awaiting completion of a section 42 enquiry by quarter end. Adult social care continued to see an increase in the number of people supported with a mental health need.
- 3.2 The proportion of people who had their contact resolved and the proportion of people in a nursing or residential placement with a CQC rating of 'Good' or 'Outstanding' both remained at similar levels as last quarter. Adult social care saw negative movement in the percentage of people supported by a direct payment, the proportion of people still at home 91 days after discharge from hospital and people aged 65 or older who had their needs met by admission to residential or nursing homes. However, the proportion of people whose assessment was completed with 28 days improved.

5. Recommendation

5.1 Recommendation: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of services in Quarter 1 2025/2026

6. Background Documents

None

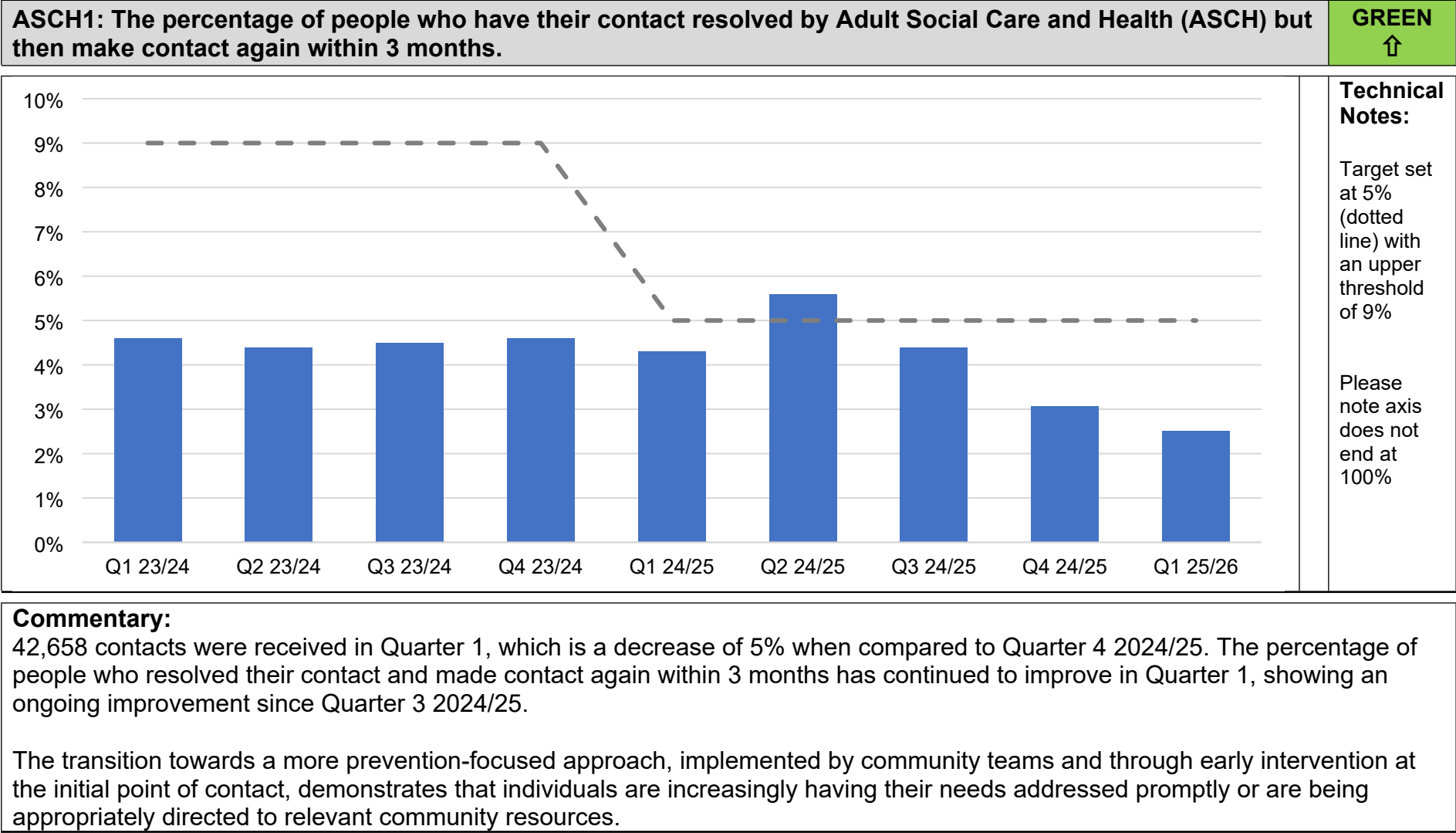
7. Report Author

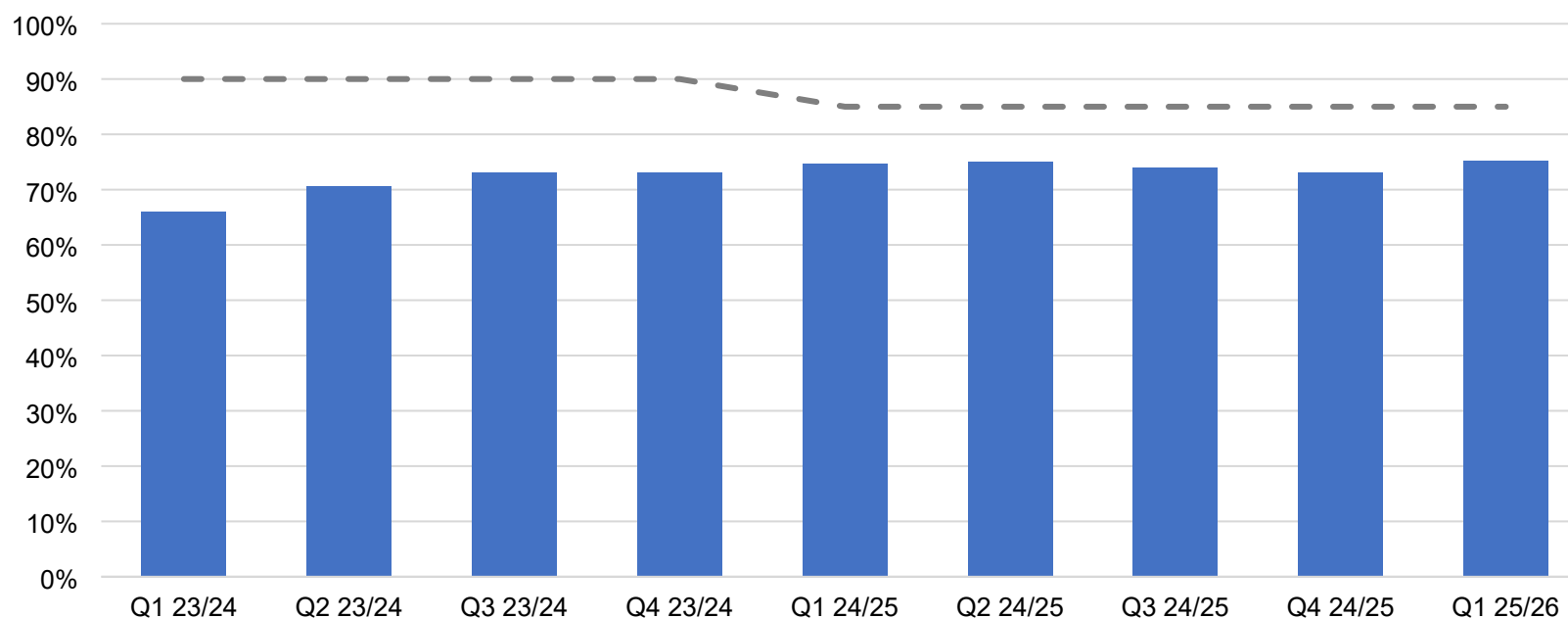
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ASCH2: The proportion of new Care Needs Assessments delivered within 28 days.**AMBER**
↑**Technical Notes:**

Target set at 85% (dotted line) Floor Threshold of 75%.

Commentary:

4,353 requests for a Care Needs Assessment were received by adult social care in Quarter 1 2025/26. The percentage of assessments delivered within 28 days has increased by 2% in Quarter 1, meeting the floor threshold of 75% for the first time since Quarter 2 2024/25. A total of 4,799 assessments were completed in Quarter 1, which was 288 more than the previous quarter.

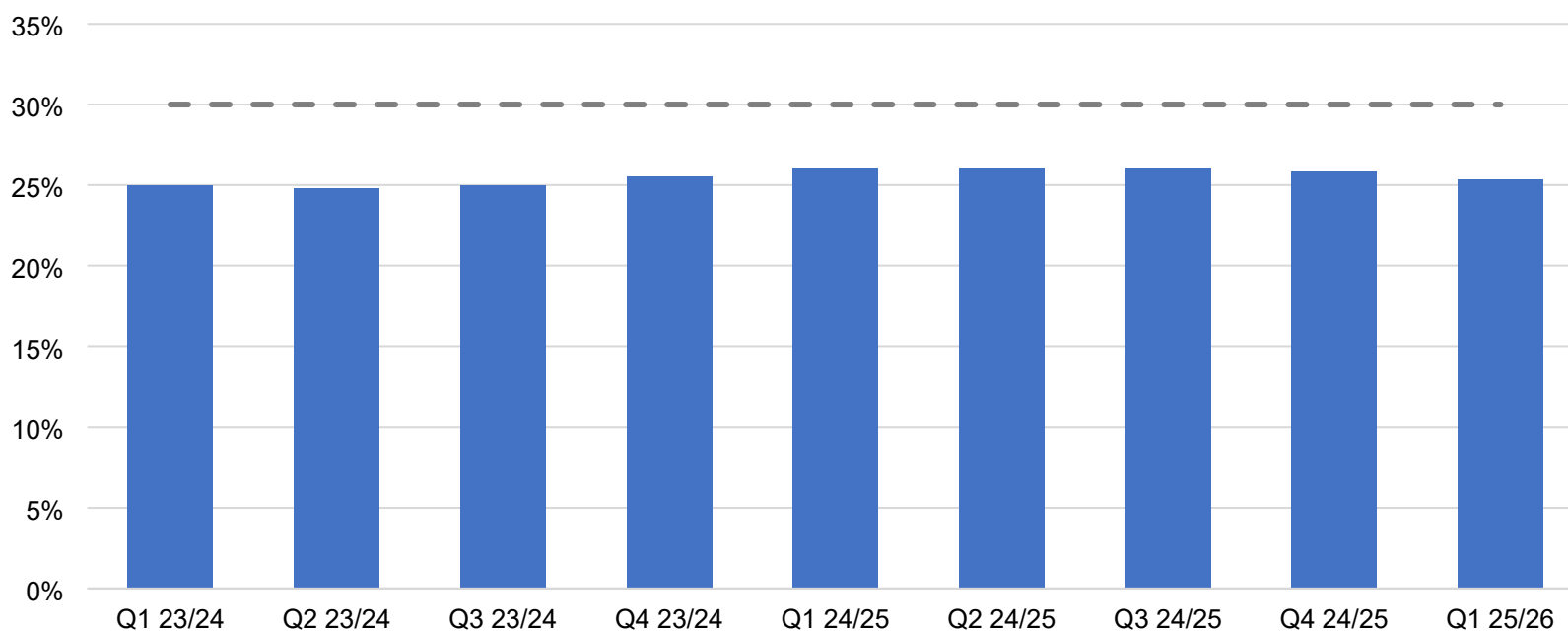
Adult social care continue to prioritise completing open care needs assessments, ensuring those that can be completed within 28 days are done so, but where assessments need to take longer, are completed with the person being supported at the centre of the work, and do not take longer than is necessary.

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

Technical Notes:

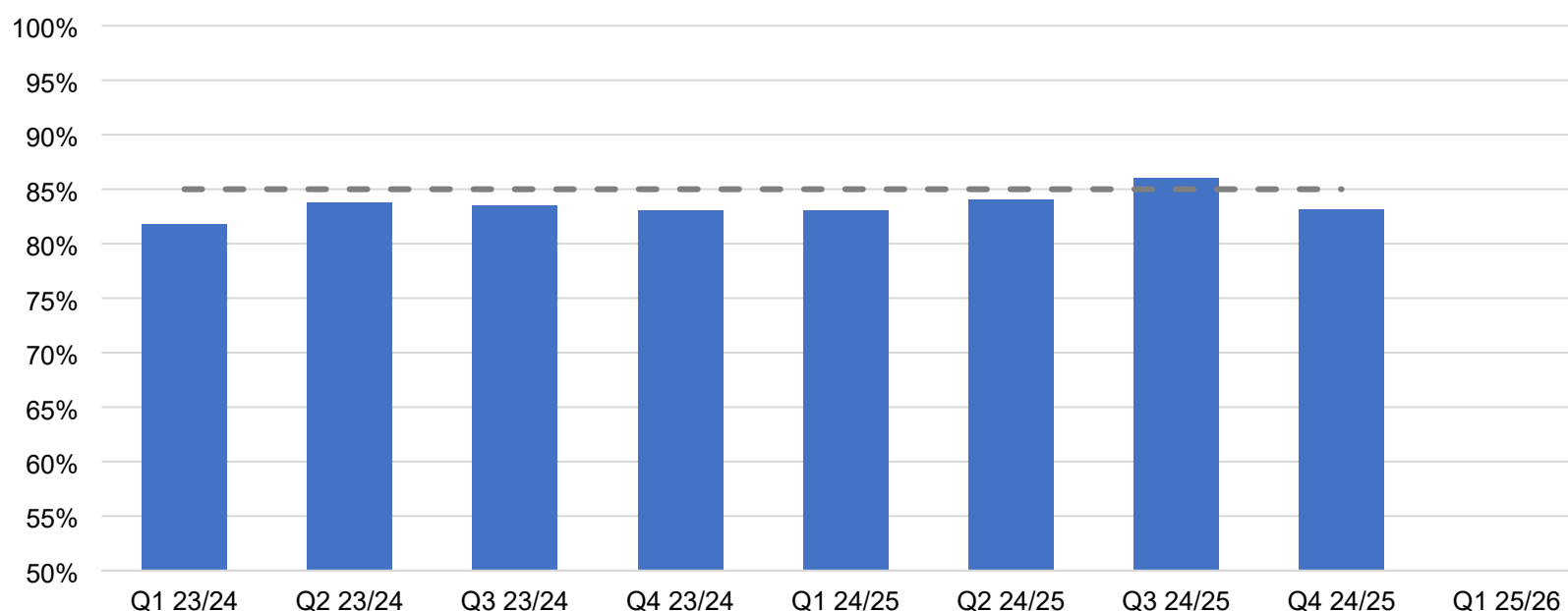
Target set at 30% (dotted line) floor threshold is 24%

axis does not end at 100.


Commentary:

The percentage of people in receipt of a direct payment has decreased, by 1%. In Quarter 1 2025/26, 160 people started a direct payment and 205 ended their provision. Overall 3,067 people were in receipt of a direct payment. The number of Carers direct payments has decreased by 3% when compared to Quarter 4 2024/25.

Adult social care continue to encourage and support people in using Direct Payments, which allows them to have control and on the care and support they receive; work is ongoing to ensure the direct payments processes are streamlined.

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

Technical Notes:

Target set at 85% (dotted line) floor threshold of 80% for 25/26

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

axis does not start at 0.

Commentary:

The proportion of people aged 65 and older who were still at home following discharge from hospital has decreased by 3% in Quarter 4 2024/25. There were more people in a residential or nursing home at 91 days in Quarter 4 compared to the previous quarter, this was due to people moving from short term to long term care.

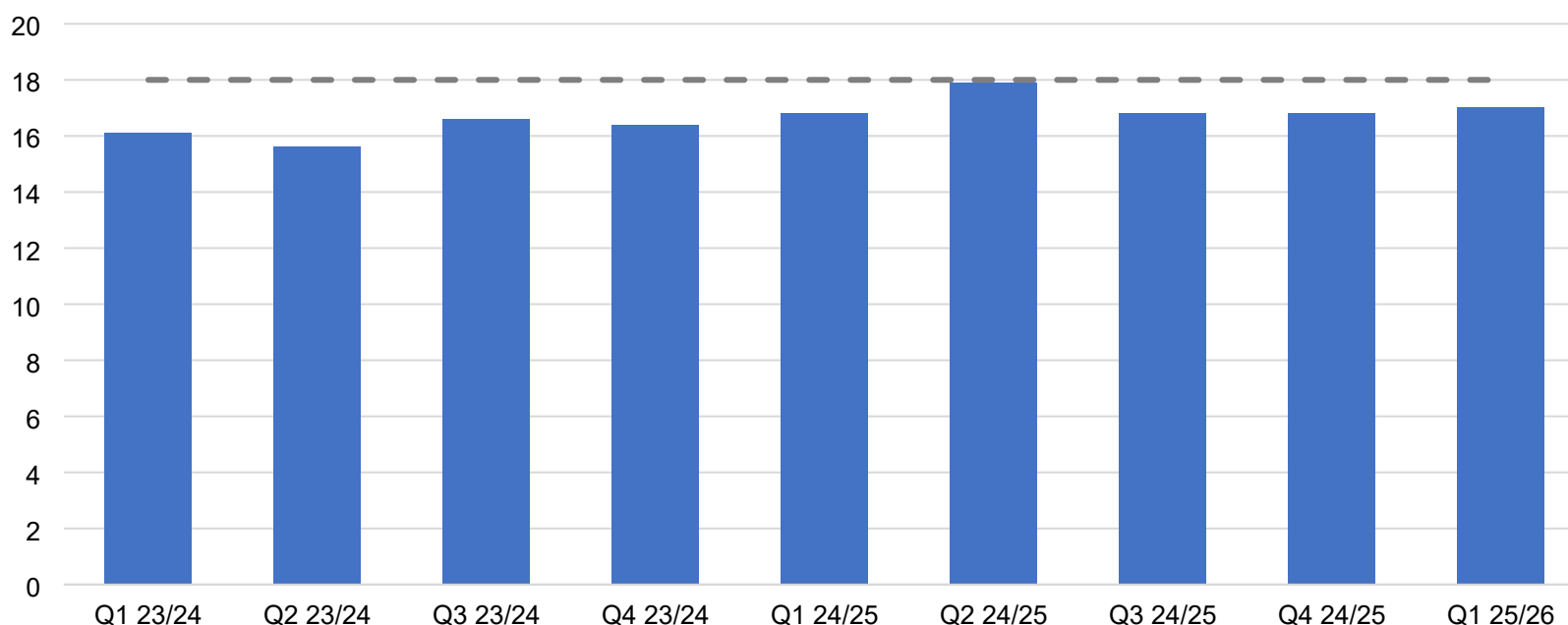
Adult Social Care aim to ensure people are in their own homes when appropriate and successful reablement and rehabilitation services make this a more likely for the person receiving support.

ASCH5: Long Term support needs of adults (18-64 years old) met by admission to residential and nursing care homes, per 100,000
GREEN
 ↓

Technical Notes:

Target set at 18 (dot) with an upper threshold of 22.

Rate per 100,000 of the population


Commentary:

This is a new activity measure. This metric uses the CLD methodology to measure the number of individuals who have started a local authority funded long-term residential or nursing care service for the first time within a 12-month period.

The rate per 100,000 population of 18-64 years old who have their long term needs met by an admission to a residential or nursing home has continued to remain below the target for Quarter 1 2025/26. This measure includes people, who were already in a care home placement, who had become eligible for social care support as their funds drop below the financial support threshold, referred to as former self funders. It remains a priority for adult social care to ensure people remain independent in their home for as long as possible, with care home placements being made only when necessary.

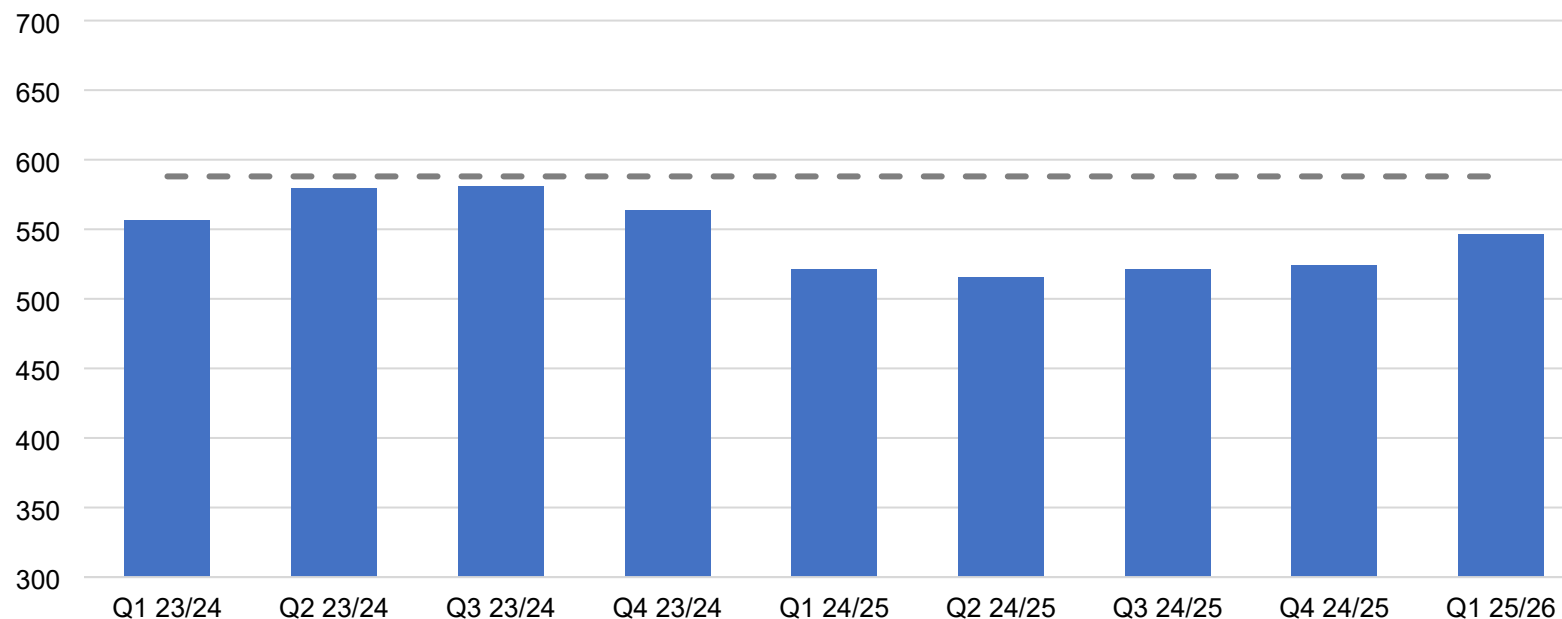
ASCH6: Long Term support needs of older people (65 and over) met by admission to residential and nursing care homes
GREEN

Technical Notes:

Target set at 588 (dot) upper threshold of 617.

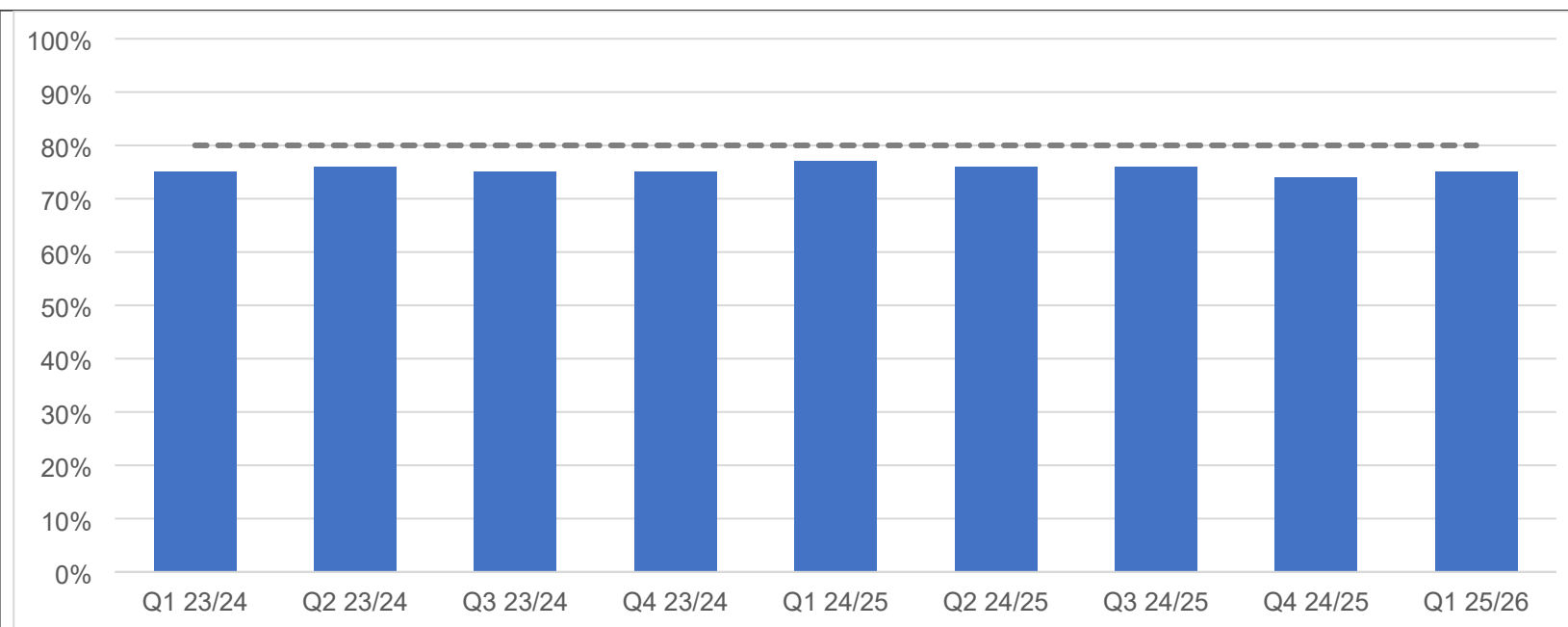
Rate per 100,000 of the population

axis does not start at 0

BCF Measure

Commentary:

This metric uses the national Client Level Dataset (CLD) methodology to measure the number of individuals who have started a local authority funded long-term residential or nursing care service for the first time within a 12-month period.

The rate per 100,000 population of people who have their long term needs met by an admission to a residential or nursing home is below the target of 588 for Quarter 1 2025/26. This measure has been performing as GREEN for the previous 4 quarters, following backdating of services.

ASCH7: The % of Kent Count Council (KCC) supported people in residential or nursing care where the Care Quality Commission rating is Good or Outstanding
AMBER
 ↑

Technical Notes:

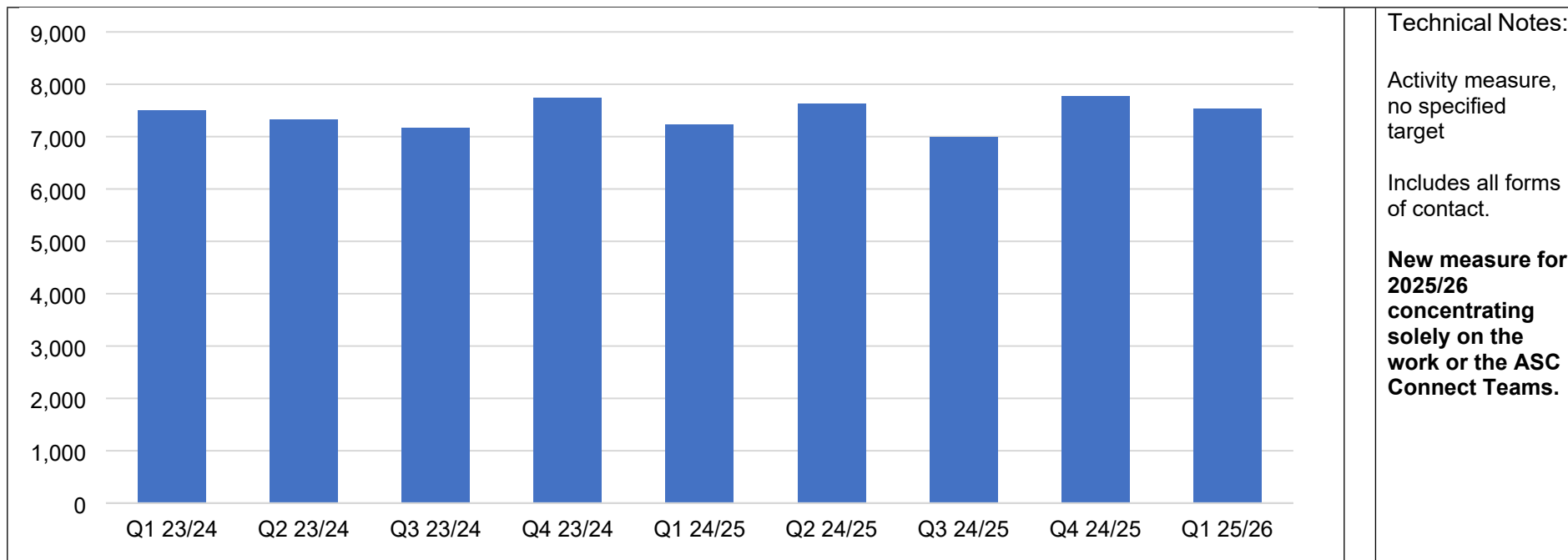
Target set at 80% (dotted line) with a floor threshold of 75%

Corporate Risk Register: CRR0015

Commentary: Adult social care continue to work closely with CQC, utilising the Market Support team to assist homes in achieving their action plan outcomes. Work is in progress to design a governance structure to support market improvement and to ensure equity of experience for people supported in residential and nursing settings.

At present, ten care homes (nine older person care homes and one mental health care home) have contract suspensions in place to prevent further placements. A learning disability home also has a suspension contract due to closure for financial viability issues; this home is due to close. An older persons home also has a contract suspension in place due to closure, following the provider's decision to close. The mental health home has an Inadequate CQC rating. Four older persons care homes with a contract suspension are currently rated Inadequate by CQC. Suspensions on the remaining older persons care homes are for reasons including quality or safeguarding concerns.

ASCH8: The number of people making contact with Adult Social Care Connect



Commentary:

To provide a more accurate understanding of the number of people making contact with adult social care at the front door, this measure has been adopted to focus on the activity of Adult Social Care Connect Teams.

For Quarter 1 2025/26, Adult Social Care Connect Teams have experienced a decrease of 3% in the number of people making contact with adult social care.

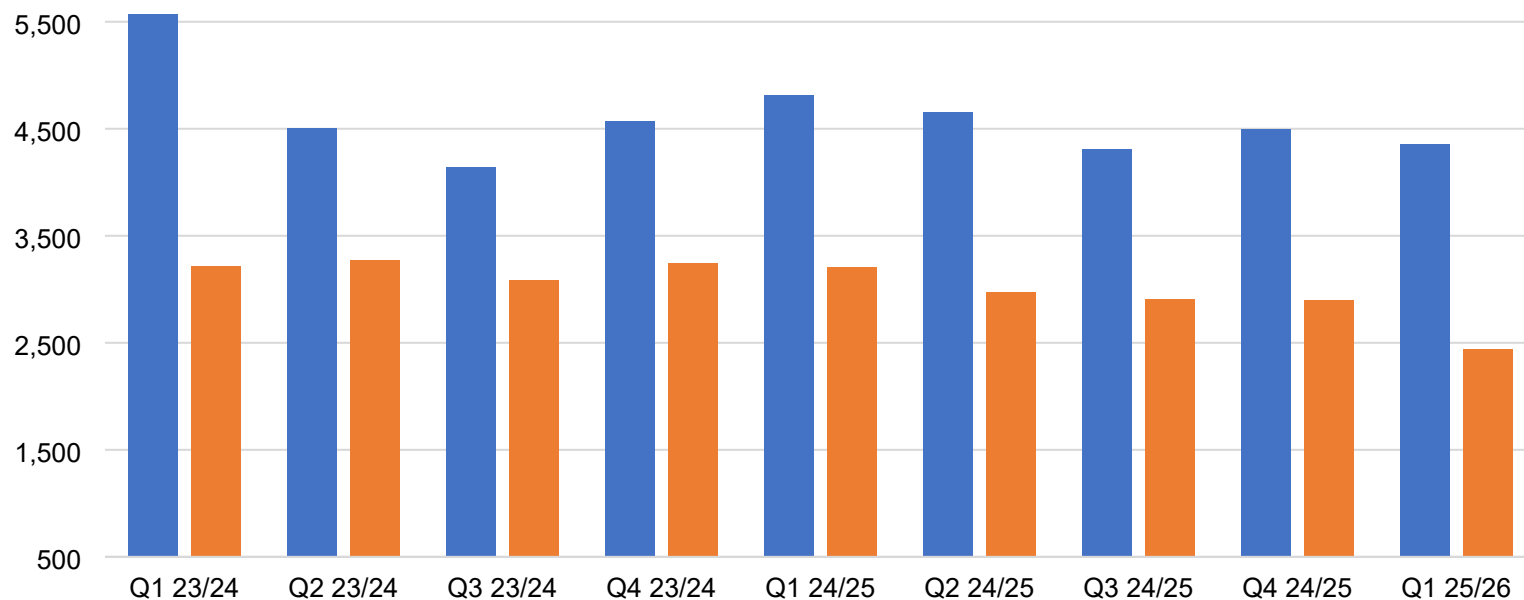
ASCH9: Care Needs Assessments

Technical Notes:

Activity measure,
no specified target

Blue – New
assessments to
be undertaken.

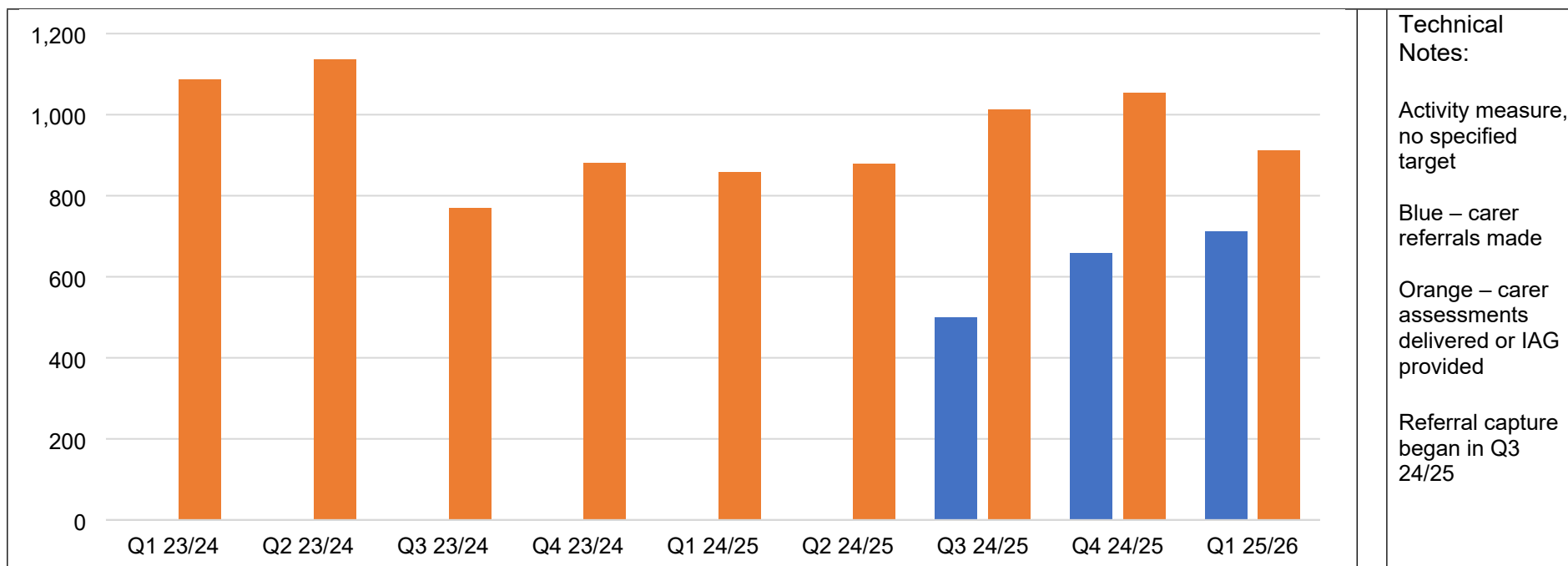
Orange –
Assessments
needing to be
completed.



Commentary:

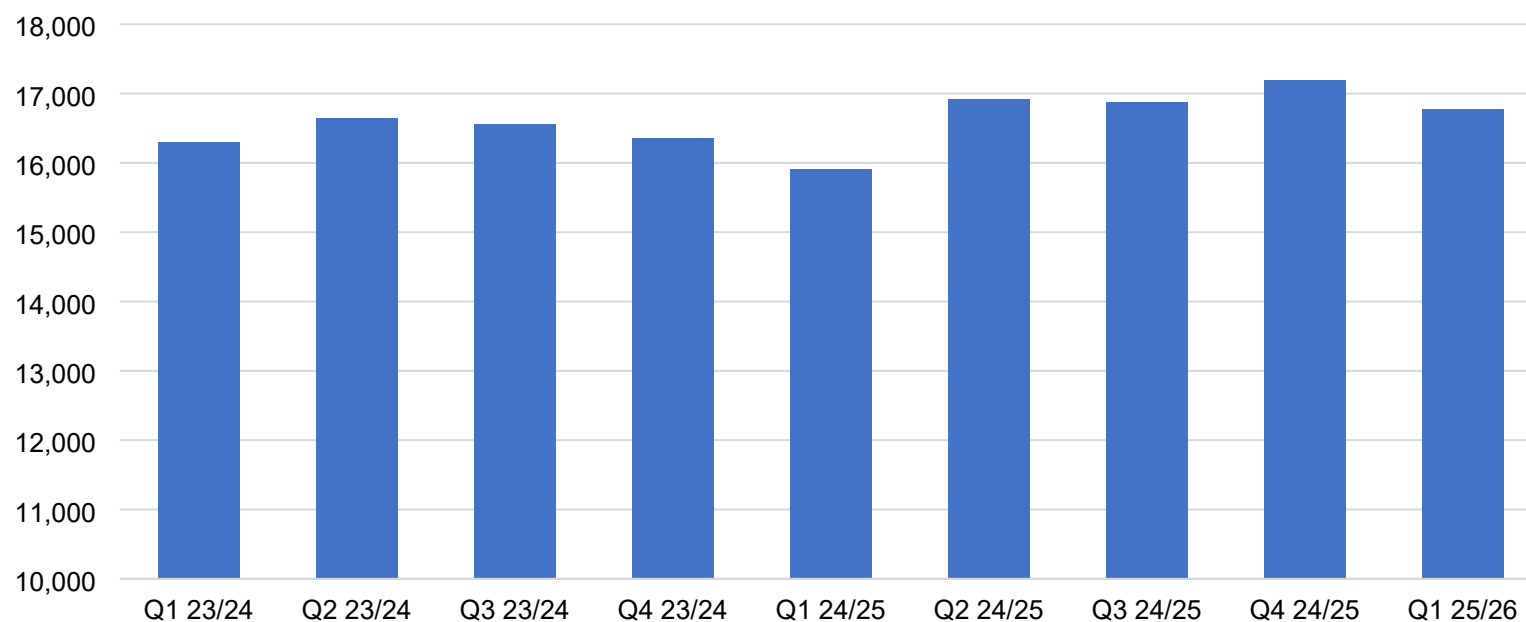
4,353 care needs assessments were initiated in Q1 2025/26, which was a reduction of 3% on the previous quarter.

Adult Social Care continue to complete more assessments than the number incoming, for the fifth consecutive quarter, teams have been able to reduce the number of assessments needing to be completed. This has amounted to a 16% decrease when compared to the previous quarter. 4,799 care needs assessments were completed in Quarter 1.

ASCH10: Number of carer referrals to ASCH and those there supported with IAG or an assessment

Commentary:

Changes to the client recording system has meant that Carers Organisations in Kent, who are commissioned by Adult Social Care to carry out care needs assessments, can now more accurately reflect their work in the way they record. The development of a 'Carers Referral' on the system now enables a view of signposting and other work outside of a Carers Assessment. This updated part of the process has been in place since Quarter 3 2024/25 and enables partner organisations to assess whether the Carers Referral is appropriate and should be progressed further.

195 new carers received a support plan in Quarter 2025/26

ASCH11: The number of people with an active Care and Support Plan at the end of the Quarter

Technical Notes:

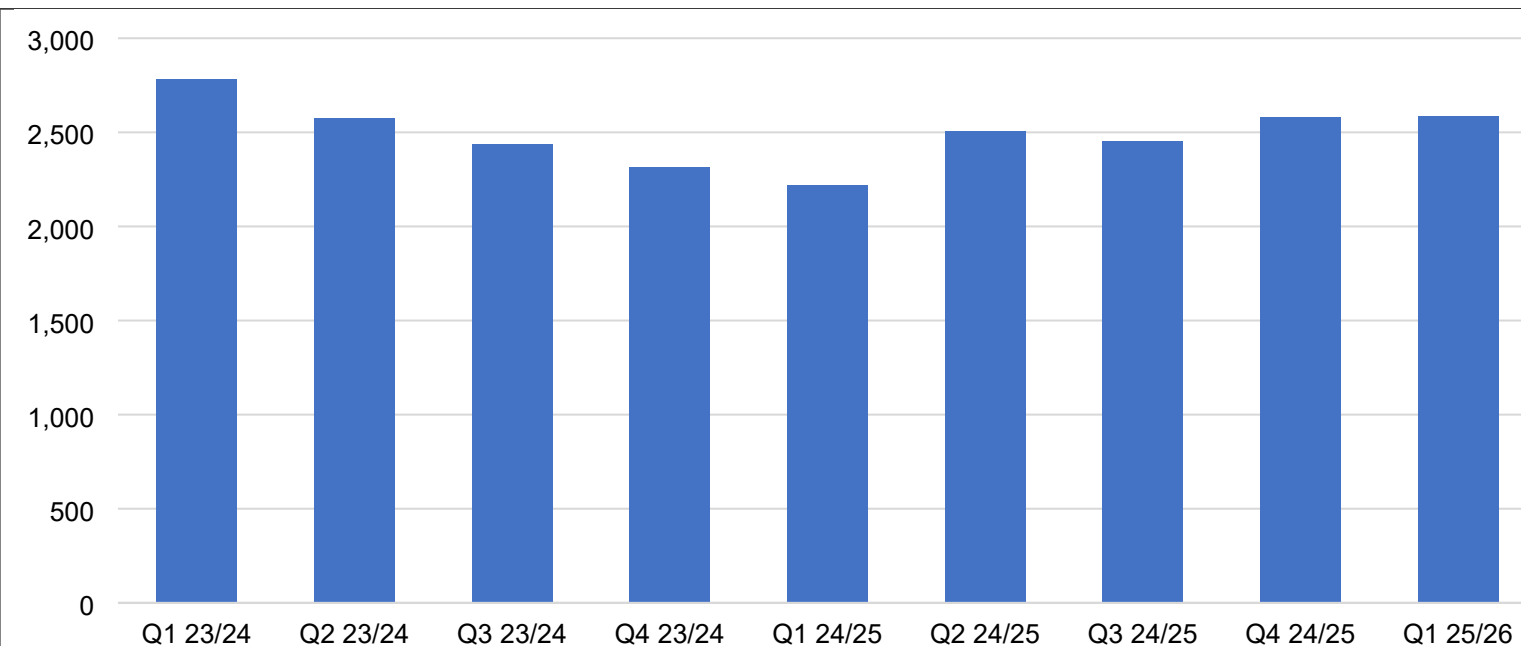
Activity measure, no specified target

Please note axis does not start at 0.

Commentary:

There are 16,77 people with an active care and support plan, which is a decrease of 2% since the previous quarter; however there remains an ongoing overall trend over time of increasing numbers of people with a care and support plan with adult social care.

ASCH12: The number of new support packages being arranged for people in the quarter



Technical Notes:

Activity measure,
no specified target

The most recent
quarters are
subject to change

Last 4 quarter
figures updated.

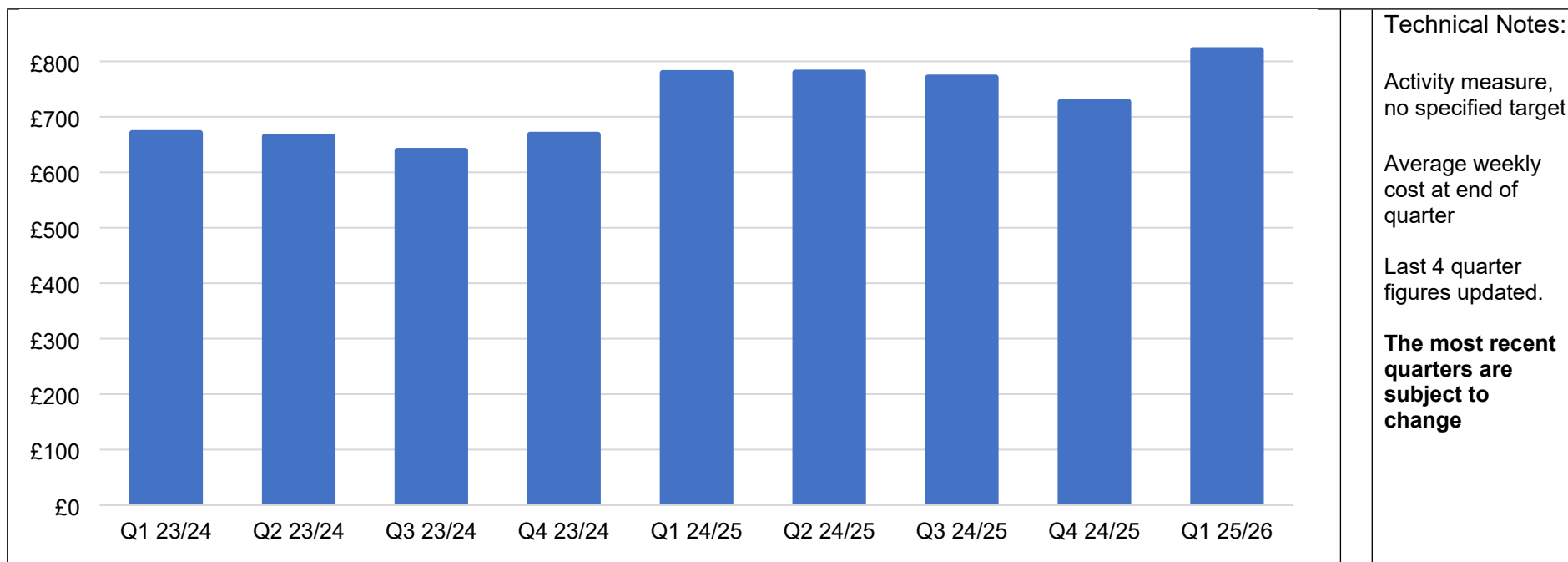
Corporate Risk
Register
CRR0015

Commentary:

The number of new support packages being arranged for people within the quarter has been increasing and is now at 2,585.

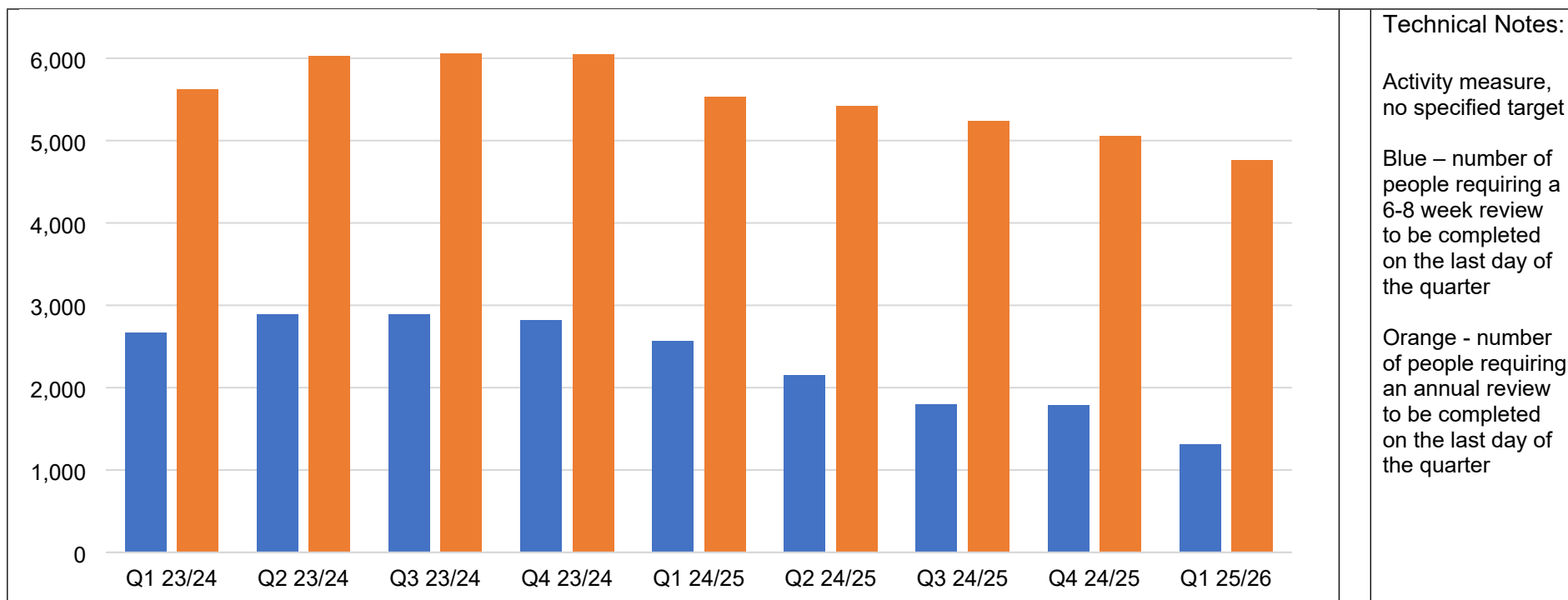
In Quarter 1, 36% of services being arranged for people were residential, 12% nursing, 24% Homecare and 25% were for other community services.

ASCH13: The average cost of new support packages arranged for people in the quarter



Commentary:

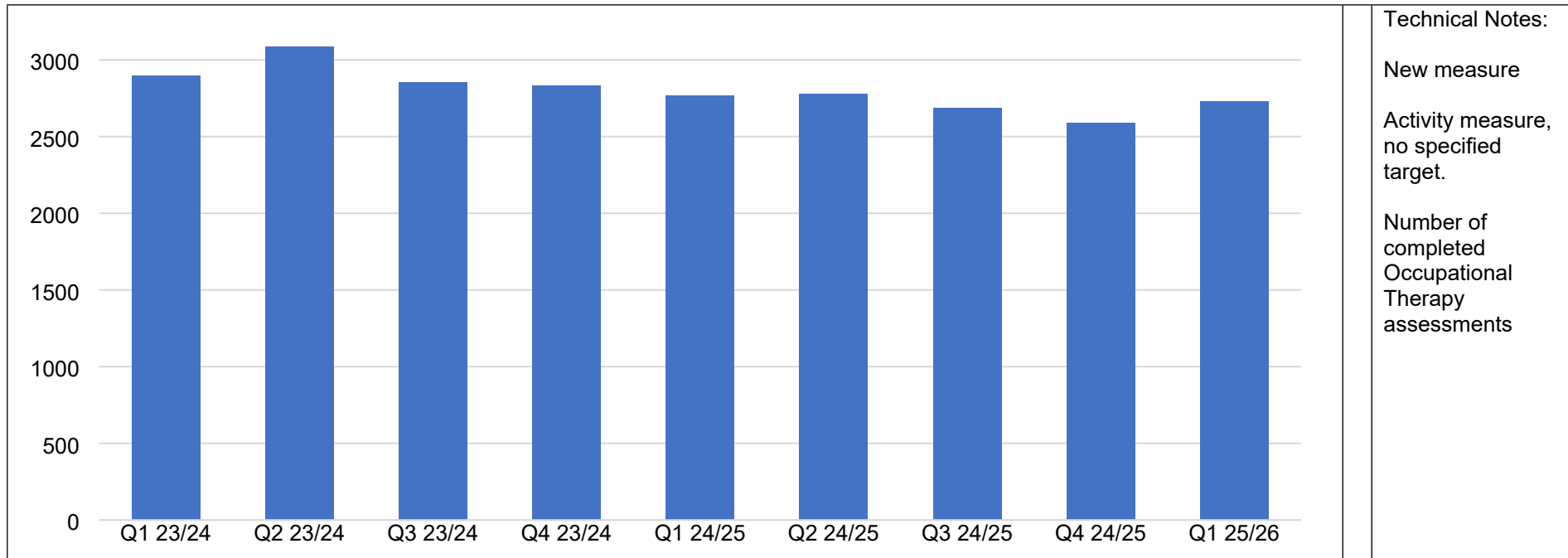
Quarter 1 saw an increase in the average cost of new support packages arranged for people within the quarter. This trend can also be noted in previous Quarter 1, and can be attributed to annual price increases across the Adult Social Care market.

ASCH14: The number of people requiring a first Review (6-8 weeks) or an annual review to be completed on the last day of the quarter

Commentary:

A total of 5,559 reviews have been completed in Quarter 1 2025/26. The number of people requiring a review, whether it be a first review or annual review is in its sixth quarter of reductions. In comparison to Quarter 1 2024/25, there has been a 49% decrease in the number of people requiring 6-8 week review to be completed on the last day of the quarter at the start of the financial year.

The number of people requiring an annual review to be completed on the last day of the quarter has also decrease by 14% when compared to Quarter 1 2024/25.

ASCH15: The number of Occupational Therapy assessments completed

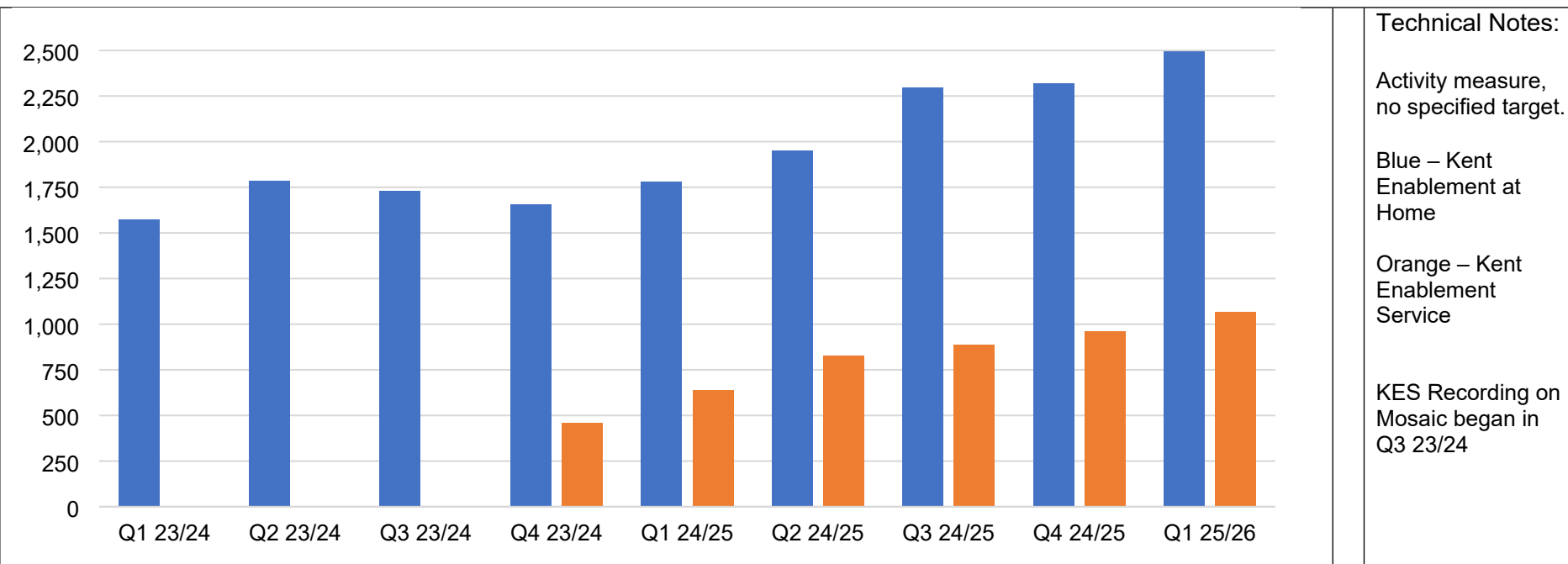


Commentary:

This is a new activity measure which has not been reported on in previous reports.

A total of 2,882 Occupational Therapy referrals were received in Quarter 1 and 2,731 assessments were completed. When compared to Quarter 4 2024/25, Quarter 1 has seen a 7% increase in the number of referrals and 5% increase in the number of completed Occupational Therapy assessments.

ASCH16: The number of people in a KCC community enablement service

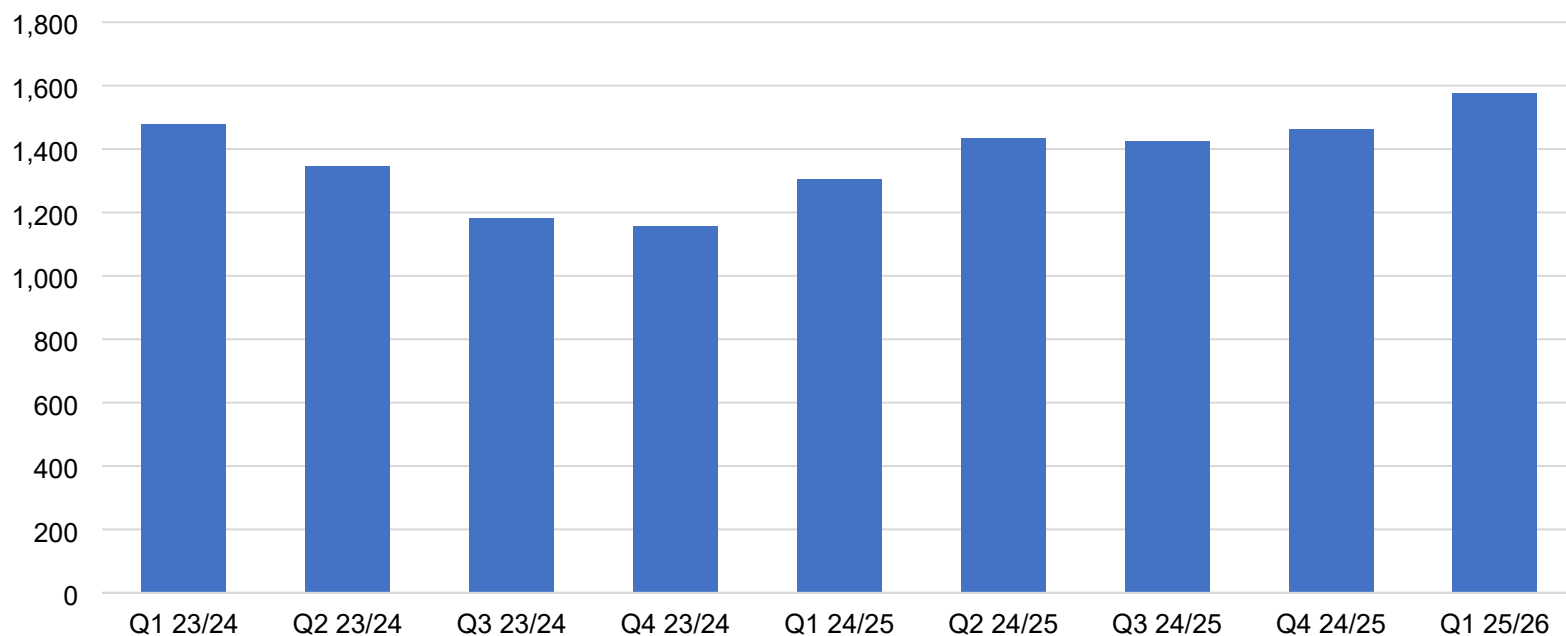


Commentary:

With the change of an external provider of enablement services to Kent Enablement at Home (KEaH), the number of people starting and receiving enablement has continued to increase and is back to pre-pandemic activity.

Quarter 1 saw 3,556 people engage with community enablement services. This is represented in an 8% increase to Kent Enablement at Home services and 10% for Kent Enablement Service (KES), since Quarter 4.

ASCH17: The number of people in Short Term Beds



Technical Notes:

Activity measure, no specified target

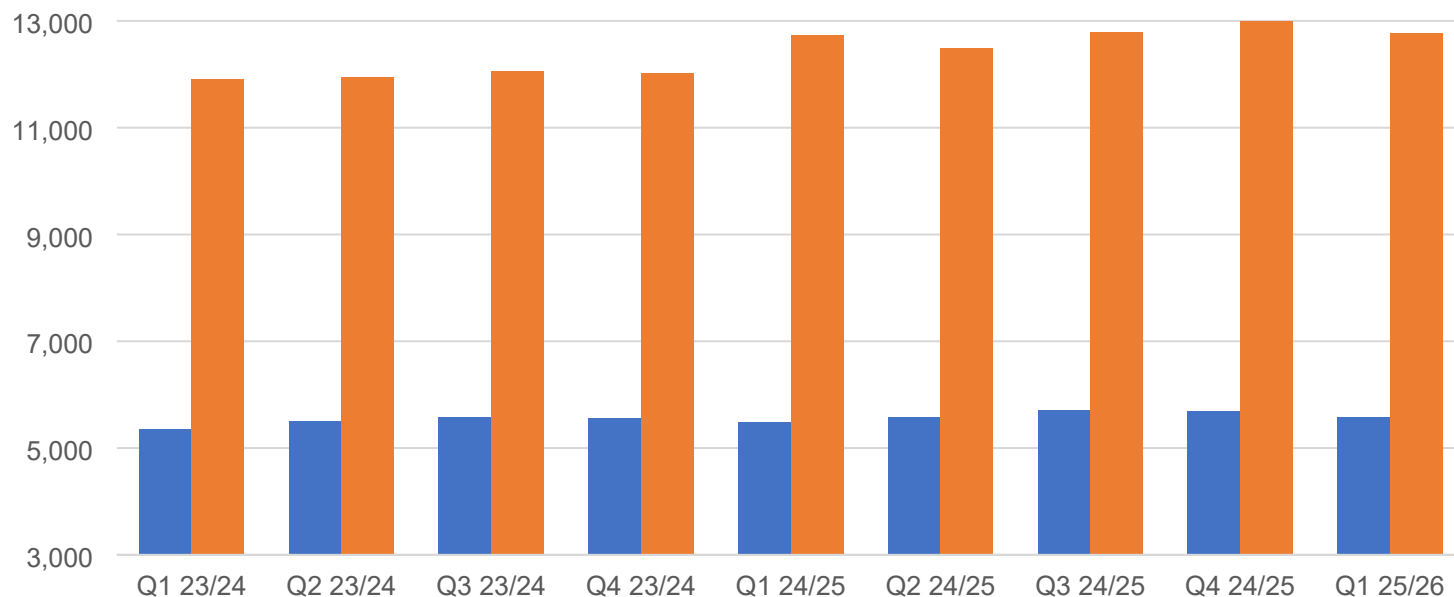
Last 4 quarter figures updated.

Commentary:

Since the last quarter, the number of people in Short Term Beds has increased by 8%. The increase in the of number people is a noticeable trend at a start of financial years and can also be observed in Quarter 1 of 2023/24 and 2024/25.

Work by both the community and short-term pathways teams (dealing with hospital discharges) aims to reduce the length of time people are in a short term bed enabling them to return the their usual place of residence and remain as independent as possible.

ASCH18: The numbers of people in Long Term Services



Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0.

Blue – Residential or Nursing services

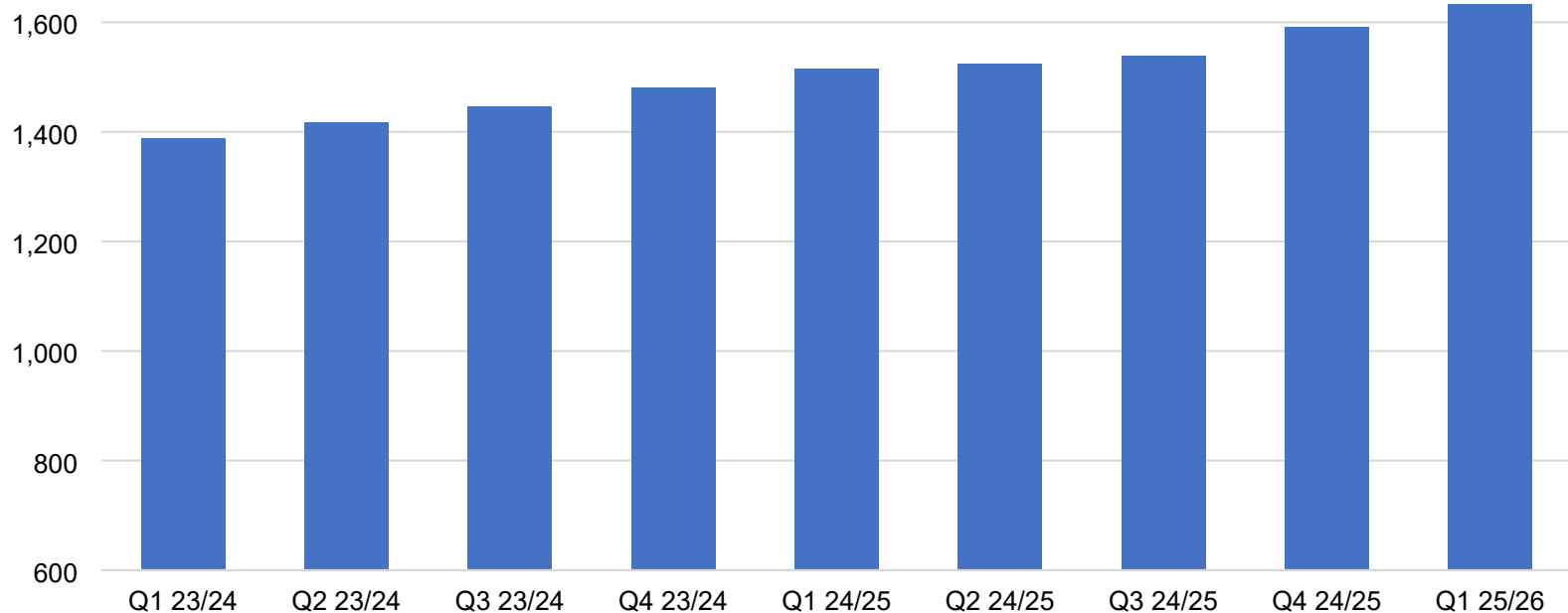
Orange – Community Services

Last 4 quarter figures updated

Commentary:

Quarter 1 saw a similar level of people supported in both residential and community services as seen in the previous financial year. This is also true of CYPE, who saw 123 people in a residential or nursing placement in Q1 and 952 people in a community service.

When compared to the same quarter last year, the largest difference can be seen in the increase of people in a residential or nursing service. Activity has grown by 2% year on year.

ASCH19: The number of people accessing Adult Social Care and Health Services who have a mental health need

Technical Notes:

Activity measure, no specified target

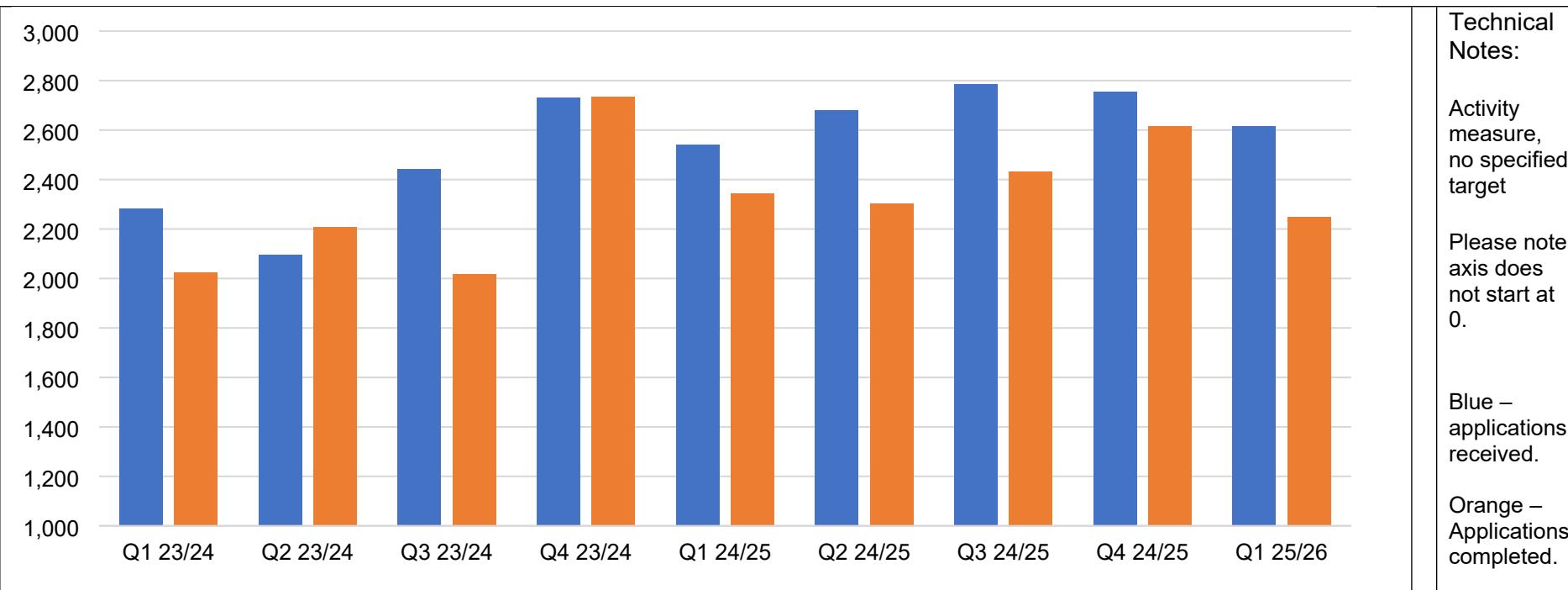
Please note axis does not start at 0

Last 4 quarters updated

Commentary:

Quarter 1 continued a trend of the last 2 financial years; an increasing number of people with a mental health need accessing adult social care, with an increase of 3% when compared to Quarter 4. This Quarter movement is the second largest increase recorded since Quarter 1 2023/24.

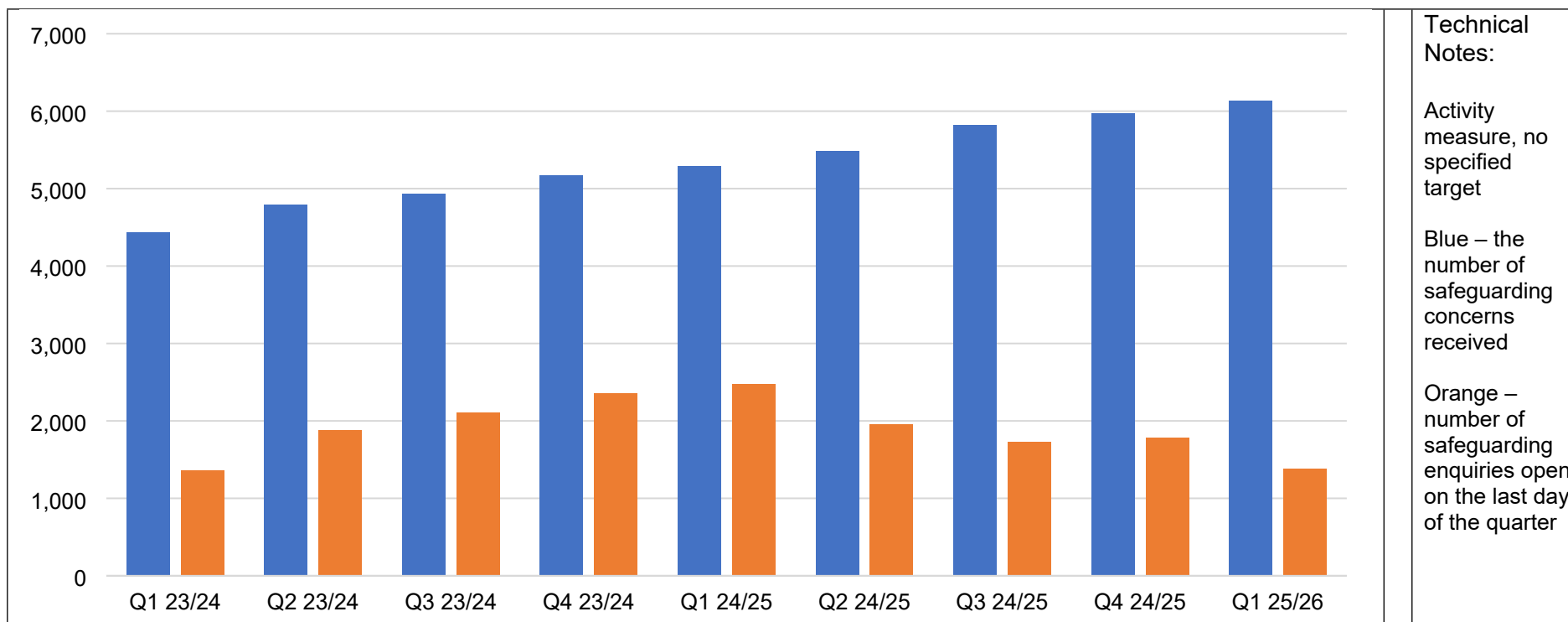
ASCH20: Number of Deprivation of Liberty Safeguards applications received and completed



Commentary:

The demand is increasing annually. This year, action taken has focused on workforce planning, which has seen a surge in practitioners being nominated to undertake the BIA qualification. Challenges in the DoLS Service has been available BIA resource impacted by competing priorities within the community teams.

ASCH21: The number of safeguarding enquiries open on the last day of the quarter

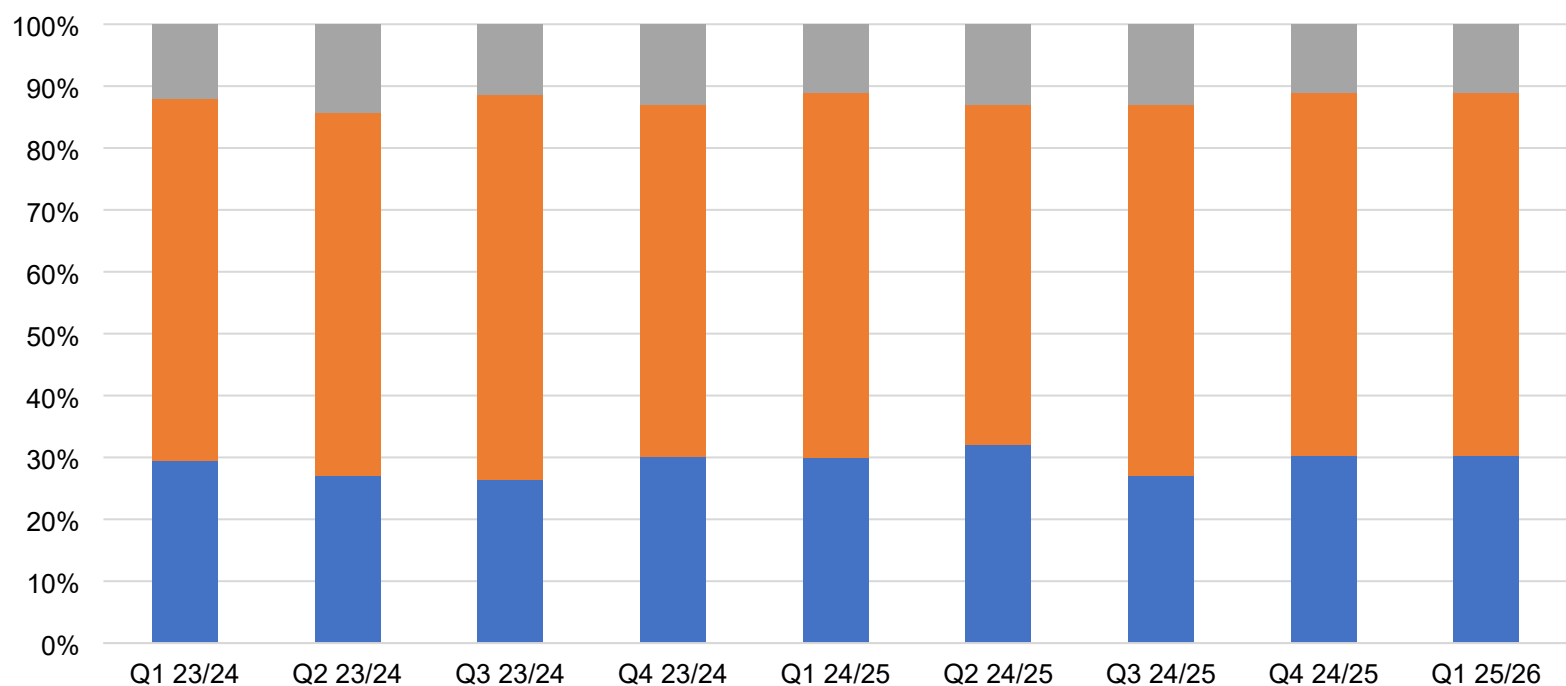


Commentary:

A total of 6,132 safeguarding concerns were received in Quarter 1, representing an increase of 3%, which continues an ongoing increase in the number of incoming concerns. Despite the increase, a total of 4,146 concerns were closed during the quarter.

Since Quarter 1 2024/25, we have also seen a gradual decrease in the number of open enquiries on the last day of the quarter. Since the end of the last financial year, there has been a 29% decrease in this figure.

ASCH22: Outcome of concluded Section 42 Safeguarding Enquiries where a risk was identified



Technical Notes:

Activity measure, no specified target

Blue – risk removed

Orange – risk reduced

Grey – risk remained

Commentary:

This performance measure has remained unchanged since Quarter 4, continuing a positive trend of a people having their risk removed (30%) or reduced (58%) as a result of a concluded Section 42 Safeguarding Enquiry.

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 – 10 September 2025

Subject: **Performance of Public Health Commissioned Services (Quarter 1 2025/2026)**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper provides the Adult Social Care and Public Health Cabinet Committee with an overview of the activity and Key Performance Indicators for Public Health commissioned services.

In the latest available quarter, April to June 2025, of 14 Red-Amber-Green (RAG) rated quarterly Key Performance Indicators, **seven** were Green (met or exceeded target), and **five** were Amber (below target but above the floor threshold). Two Key Performance Indicators were not available at the time of writing this report. These are detailed below:

Number of people (adults) accessing structured treatment substance misuse services.

Number (%) of people (adults) successfully completing drug and/or alcohol treatment of all those in treatment

There are also two Key Performance Indicators reported annually: the participation rate of Year R (4–5 year olds) pupils and the participation rate of Year 6 (10–11 year olds) pupils in the National Child Measurement Programme. Both Key Performance Indicators are currently RAG rated Green based on the most recently available data.

Recommendation(s): The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Quarter 1 (Q1) 2025/2026.

1. Introduction

1.1. A core function of the Adult Social Care and Public Health Cabinet Committee is to review the performance of services that fall within its remit. This paper

provides an overview of the Key Performance Indicators (KPI) for the Public Health services commissioned by Kent County Council (KCC) and includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR).

- 1.2. Appendix 1 contains the full table of KPIs and performance over the previous five quarters. This table includes benchmarking (England, region, nearest neighbour) where available.

2. Overview of Performance

- 2.1. Seven of the 14 quarterly KPIs remain above target and were RAG rated Green and five were below target although did achieve the floor standard (Amber). Regarding the KPIs RAG rated Amber, commissioners will continue to work with providers to improve performance. Two KPIs were not available at the time of writing this report. These are detailed below:

- Number of people (adults) accessing structured treatment substance misuse services.
- Number (%) of people (adults) successfully completing drug and/or alcohol treatment of all those in treatment

3. Health Visiting

- 3.1. In Quarter 1 2025/2026, the Health Visiting Service completed 16,526 out of 18,918 scheduled health and wellbeing reviews, achieving a completion rate of 87%. This means that 66,831 out of 76,244 (88%) were completed on a 12-month rolling basis, which meets the 86% target. Following a review of the target for the *percentage of mandated health and wellbeing reviews delivered (12 month rolling)*, it has been determined that the initial proposed target of 90% is not currently achievable within staffing resources and budgets. A revised target of 86% is proposed to ensure the expectations remain ambitious and realistic, but support continuous improvement. The performance in the current quarter is consistent with performance in previous quarters and reflects the continued stability and resilience of the service.
- 3.2. Three of the five mandated health and wellbeing reviews met or exceeded their respective targets. Performance for New Birth Visits completed within 10–14 days was 94%, slightly below the 95% target. This performance remains in line with the previous quarters and considerably above national, regional and nearest neighbour benchmarks. The proportion of antenatal contacts (excluding antenatal information letters) was 47%, falling short of the 50% target and RAG rated Amber. However, antenatal contacts delivered face-to-face, online, or by telephone, or via antenatal information letters reached 98%, exceeding the 97% target and RAG rated Green. This broader measure better reflects the service's efforts to ensure early engagement with families through multiple channels.
- 3.3. The Family Partnership Programme (FPP) is a targeted service that empowers parents and families who have experienced difficulties such as poverty, mental health issues, family problems, or domestic abuse, to lead happier, healthier lives. The service continues to demonstrate strong engagement and continuity

of care, with 78% of families attending at least 80% of their scheduled contacts, exceeding the 75% target and RAG rated Green.

- 3.4. Commissioners continue to work closely with Kent Community Health Foundation Trust (KCHFT) to improve antenatal contact performance. The Trust has successfully completed five key actions from its improvement plan, including a review of staffing levels, caseload management, and Kent-wide performance monitoring. It has also assessed the impact of recruitment and retention premiums in North Kent and West Kent and developed a proposal to centralise antenatal contacts to support delivery against the indicator.
- 3.5. Health Visiting workforce challenges are prevalent nationally. KCHFT is currently progressing a further five actions to address workforce challenges in Dartford, Gravesham, Sevenoaks, Tunbridge Wells, and Tonbridge and Malling. These efforts form part of the broader Public Health Service Transformation programme, which aims to enhance the antenatal offer and ensure equitable access and delivery across the county. The service has a strong track record of staff retention across Kent, which supports the sustainability of these improvements.
- 3.6. KCC has excelled in health visiting performance compared to other local authorities (LAs) in the South East region, according to the most recent data (Quarter 4 2024/2025) from the Office for Health Improvement and Disparities (OHID). During this period, Kent was the best-performing LA in the South East for delivering New Birth Visits within 14 days. Additionally, Kent performed strongly in the delivery rates for the 6–8 week reviews (3rd of 19 LAs), 12-month reviews (4th of 19 LAs), and the 2–2½ year reviews (3rd of 19 LAs). This sustained high performance reflects Kent's ongoing commitment to early intervention and child development, supported by active recruitment, workforce development, and service transformation initiatives.

4. Adult Health Improvement

- 4.1. In Quarter 1 2025/2026, there were 7,869 NHS Health Checks delivered to the eligible population in Kent. This represents a decrease of 11% (-962) from the 8,831 checks that were delivered in the previous quarter. However, this is still in line with the expected seasonal trends.
- 4.2. During the current quarter, a total of 22,898 first invitations were sent out, compared to 26,408 in the corresponding period of the previous year. Over this quarter, GPs have been supported in switching from sending the majority of invites via letter to sending the majority via SMS. This will account for the slight reduction in invites being sent out, but the number of invites still remains within target for the financial year.
- 4.3. Following the presentation and subsequent key decision at the last Adult Social Care and Public Health cabinet meeting, the team continue to progress work towards a new model for delivering health checks. Conversations will be held with GPs and Pharmacies over the coming months to support them with this transition and support them with the transition to SMS.

- 4.4. In Quarter 1 2025/2026, the Stop Smoking Services in Kent supported 995 people to successfully quit smoking, achieving a quit rate of 57% (Green). The core service (KCHFT) supported 761 of 1,328 (57%) of people setting a quit date to successfully quit and continued to support the Lung Cancer Screening Programme. This programme allows for smoking workers to be colocated alongside programme staff to offer stop smoking interventions promptly following a person's lung screening. Allen Carr's Easyway programme supported 233 of 394 (59%) of people setting a quit date to successfully quit, through both virtual and face-to-face seminars delivered in priority locations such as Folkestone, Swale, and Thanet.
- 4.5. In this quarter, Everyone Health commenced delivery of the place-based stop smoking support service, with a focus on embedding service provision within local communities. The service has focused on developing various community partnerships to establish referral pathways, in-person clinics within community spaces, and active participation at community events. The service is designed to engage key priority groups who may face greater barriers to quitting, including routine and manual workers, people experiencing homelessness, and people who are unemployed. In total, 22 clinics were set up based in community spaces such as libraries and community centres, providing weekly stop smoking support to people within the local community and contributing to a more inclusive and targeted approach across Kent.
- 4.6. In Quarter 1 2025/2026, the One You Kent (OYK) Lifestyle Service engaged with 1,733 (53%) people from Quintiles 1 & 2, below the 55% target and RAG rated Amber. All services continue to undertake promotional activities within areas of deprivation to increase the number of referrals from Quintiles 1 & 2. Due to staffing challenges in several areas, there has been less targeted promotion of the service compared to previous quarters. Commissioning and Public Health continue to work with providers to ensure their service offer reflects the needs and preferences of the people living locally. The local nature of the providers means that they have good knowledge of their residents and can work flexibly around their needs.
- 4.7. 61% of individuals on the weight management programme completed the programme in Quarter 4 2024/2025 (reported with a one-quarter lag). This figure is above the target of 60% and therefore RAG rated Green. Notably, the number of people completing the weight management programme (505) represents the largest cohort to do so in 2024/2025. This is encouraging in what is an increasingly volatile weight loss landscape, given the increased media coverage of pharmaceutical weight loss solutions (not available through this service). An action plan to improve completion rates from referrals on the weight management programme continues to be in place with one of the service providers. This action plan will be monitored and escalated as necessary.

5. Sexual Health

- 5.1. KCC commissions several organisations to deliver statutory sexual health services. These include free testing and treatment for sexually transmitted infections (STIs), access to a broad range of contraception, and the provision of

information and advice to support optimising sexual health and wellbeing across Kent.

- 5.2. In Quarter 1 2025/2026, 98% of first-time patients were offered a full sexual health screen and 63% of first-time patients received one. This is lower than the previous quarter (67%) and below the 72% target, and therefore RAG rated Amber. KCC has worked with the providers to understand barriers to achieving this target. A dedicated workshop has been planned, and effective solutions will be explored and implemented during Quarter 2 2025/2026 to support improved uptake.
- 5.3. During the current quarter, 10,764 home testing kits were ordered through the online STI Testing Service and 4,650 packs of condoms were issued to under-25s through the Kent Condom Programme. In addition, 868 issuances of Emergency Oral Contraception for under-30s were processed through Community Pharmacies, and General Practice reported 2,086 Long Acting Reversible Contraception (LARC) procedures.
- 5.4. Transformation of the Sexual Health services remains a key priority for the commissioning team and will incorporate recommendations from the 2024 Kent Sexual Health Needs Assessment.

6. Drug and Alcohol Services

- 6.1. The Adult Community Drug and Alcohol Service's data for Quarter 1 2025/2026 had not been released at the time of reporting. The latest available data (Quarter 4 2024/2025) shows that 28% of people (1,573 out of 5,543) successfully completed treatment in the 12-month rolling period to March 2025, exceeding the 25% target and RAG rated Green. The target for this KPI has been increased to 28% for 2025/2026.
- 6.2. Regarding the substance groups, the service is currently meeting the targets for successful completions among *opiate* and *alcohol* users. The successful completion rate for *alcohol and non-opiate* users and *non-opiate* users are currently below target. However, the substance group targets are ambitious, particularly for non-opiate users, and Kent's performance exceeds both the regional and national performance for all substance groups (Table 1). These targets have been adjusted for 2025/2026 to ensure they can remain ambitious but can reasonably be expected to be met.
- 6.3. The number of people accessing treatment continues to be an area of focus, with a recent campaign implemented to increase awareness of treatment services (the impact of which will be monitored). The providers are continuing to implement their opiate improvement plans and the number of people accessing structured treatment is monitored and reviewed monthly.
- 6.4. Service user satisfaction remains high, with the percentage of feedback rating the service as 'good' or 'excellent' exceeding the 90% target for all pathways, ranging between 93 and 100%.

- 6.5. The services continue to focus on utilising additional grant funding to improve service delivery, which supports activities such as additional training to ensure staff remain highly skilled, specialist roles to support those with complex needs, and increased harm reduction through drug testing and naloxone distribution.
- 6.6. Table 1. Successful completion rates for the substance groups.

Substance Group	Target	Q4	Q1	Q2	Q3	Q4	Benchmarking	
		23–24	24–25	24–25	24–25	24–25	Nat.	Reg.
Opiate	8%	8.4%	8.2%	8.2%	8.5%	9.1%	5.7%	7.3%
Non-opiate	48%	37.9%	40.7%	38.8%	38.5%	36.0%	31.2%	32.4%
Alcohol	40%	39.4%	39.0%	38.2%	39.7%	40.3%	35.3%	36.6%
Alcohol & Non-opiate	33%	30.4%	33.4%	31.8%	32.8%	32.8%	28.4%	29.1%

- 6.7. In Quarter 1 2025/2026, the proportion of young people exiting treatment in a planned way was 83%, slightly below the 85% target and therefore RAG rated Amber. This represents 89 planned exits (33 more compared to Quarter 4 2024/2025), one transfer, and 17 unplanned exits (one less compared to Quarter 4 2024/2025). Successful completions for young people under 18 achieved the target. Performance for over 18s was 81%, which represents a 27% increase from the previous quarter.
- 6.8. Every unplanned closure must be reviewed by a manager to ensure every available route to re-engage has been explored. This will include calls, texts, letters, and discussion with the referrer where appropriate. Of those young people who exited treatment in a planned way, 20% reported abstinence. This is no longer a KPI within the service as it is recognised that not all young people wish to achieve abstinence – some may only require harm reduction – therefore, the service also monitors feedback from young people. In the current quarter, based on 84 responses, 84% rated the programme ‘good’, 90% said the experience helped them learn more about drugs and alcohol, and 97% would recommend the service. In addition to structured treatment, the service also supported 419 young people through group work this quarter.

7. Mental Health and Wellbeing Service

- 7.1. Live Well Kent and Medway is our commissioned community mental health and wellbeing service. The service supports adults across Kent with issues such as anxiety, depression, isolation, housing, and financial stress. The service is delivered by Porchlight and Shaw Trust, working with a wide network of local voluntary organisations.
- 7.2. In Quarter 1, Live Well Kent and Medway received 2,016 referrals countywide, representing an increase of 8% compared to the same quarter of the previous year. This growth reflects its integration into the Mental Health Transformation programme and stronger referral pathways from secondary care. The service remained responsive to demand, with 99% of eligible referrals contacted within two working days. Of those completing support, 88% showed improved or maintained wellbeing scores using the DIALOG scale. DIALOG+ is a full therapeutic intervention that uses the DIALOG scale to facilitate structured conversations between people using the service and clinicians. The scale includes 11 questions rating satisfaction across life and treatment domains on a

7-point scale from 1 (totally dissatisfied) to 7 (totally satisfied), producing scores for quality of life and treatment satisfaction. Exit survey completion rates also increased, demonstrating strong engagement with the service.

8. Conclusion

- 8.1. Seven of the 14 KPIs remain above target and were RAG rated Green, and five were below target although did achieve the floor standard (Amber). Regarding the KPIs RAG rated Amber, commissioners will continue to work with providers to improve performance.
- 8.2. Commissioners continue to explore other forms of delivery, to ensure the current provision is fit for purpose and able to account for increasing demand levels and changing patterns of need. This will include ongoing market review and needs analysis.

9. Recommendation

- 9.1. **Recommendation(s):** The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Quarter 1 2025/2026.

10. Background Documents

- 10.1. None

11. Appendices

- 11.1. Appendix 1: Public Health commissioned services KPIs and activity.

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Appendix 1: Public Health Commissioned Services: Key Performance Indicators Dashboard

Indicator Description		Target 24/25	Target 25/26	Q1 24-25	Q2 24-25	Q3 24-25	Q4 24-25	Q1 25-26	DoT	England	Region	Neighbour
► Health Visiting												
PH29	No. (%) of mandated health and wellbeing reviews delivered by the health visiting service (12 month rolling)	-	86%	66,724 87%	66,746 87%	67,008 87%	66,696 87%	66,831 88%(G)	↑	-	-	-
PH30	No. (%) of pregnant women receiving an antenatal contact (face-to-face, online, telephone) by the health visiting service or an antenatal information letter.	-	97%	3,308 96%	3,202 96%	2,986 96%	2,998 97%	3,325 98%(G)	↑	-	-	-
PH14	No. (%) of pregnant women receiving an antenatal contact (face-to-face, online, telephone) by the health visiting service	50%	50%	1,266 36%(R)	1,325 40%(R)	1,572 51%(G)	1,459 47%(A)	1,588 47%(A)	↔	-	-	-
PH15	No. (%) of new birth visits delivered by the health visitor service within 10–14 days of birth	95%	95%	3,611 94%(A)	3,860 94%(A)	3,630 94%(A)	3,489 94%(A)	3,663 94%(A)	↔	83%	86%	87%
PH31	Proportion (%) of families who attended at least 80% of Family Partnership Programme (FPP) contacts	-	75%	43% -	42% -	58% -	70% -	78% (G)	↑	-	-	-
► Substance Misuse Treatment												
PH13	No. (%) of young people exiting specialist substance misuse services with a planned exit	85%	85%	54 83%(A)	43 75%(R)	54 75%(R)	56 74%(R)	89 83%(A)	↑	-	-	-
PH06	No. of adults accessing structured treatment substance misuse services (12 month rolling)	5,998	5,770	5,473 (A)	5,534 (A)	5,566 (A)	5,543 (A)	NCA	↓	-	-	-
PH03	No. (%) of people successfully completing drug and/or alcohol treatment of all those in treatment (12 month rolling)	25%	28%	1,542 28%(G)	1,519 27%(G)	1,570 28%(G)	1,573 28%(G)	NCA	↔	21%	24%	23%
► Lifestyle and Prevention												
PH01	No. of the eligible population aged 40–74 years old receiving an NHS Health Check (12 month rolling)	31,000	31,000	32,499 (G)	33,194 (G)	33,550 (G)	33,487 (G)	32,840 (G)	↓	-	-	-
PH26	No. of people setting a quit date with smoking cessation services (cumulative)	-	-	1,427	2,651	4,163	6,499	1,733	-	-	-	-
PH11	No. (%) of clients quitting at 4 weeks, having set a quit date with smoking cessation services	55%	55%	812 57%(G)	738 60%(G)	803 56%(G)	1,383 59%(G)	995 57%(G)	↓	53%	54%	53%
PH25	No. (%) of clients currently active within One You Kent services being from the most deprived areas in Kent	55%	55%	1,763 51%(R)	1,729 50%(R)	1,744 53%(A)	1,967 52%(A)	1,733 53%(A)	↑	-	-	-
PH27	No. (%) of clients that complete the Weight Loss Programme	60%	60%	386 56%(A)	370 57%(A)	238 70%(G)	505 61%(G)	NCA	↓	-	-	-
► Sexual Health												
PH28	No. (%) of all new first-time patients receiving a full sexual health screen (excluding online referrals)	72%	72%	3,406 65%(A)	3,577 65%(A)	3,469 65%(A)	4,035 67%(A)	3,635 63%(A)	↓	-	-	-
► Mental Wellbeing												
PH22	No. (%) of Live Well Kent and Medway clients who would recommend the service to family, friends, or someone in a similar situation	98%	98%	631 99.8%(G)	675 99.6%(G)	743 99%(G)	809 99.5%(G)	603 99%(G)	↔	-	-	-

* The benchmarking figures represent the latest available data and may not reflect the quarter reported in this paper. The 'Region' (South East) benchmark is determined from the Bracknell Forest, Brighton and Hove, Buckinghamshire, East Sussex, Hampshire, Isle of Wight, Kent, Medway, Milton Keynes, Oxfordshire, Portsmouth, Reading, Slough, Southampton, Surrey, West Berkshire, West Sussex, Windsor and Maidenhead, and Wokingham LAs. The 'Neighbour' benchmark reflects the statistical neighbours for Kent determined by NHS England Nearest Neighbour Model: Cheshire West and Chester, Essex, Gloucestershire, Hampshire, Hertfordshire, Kent, Lancashire, Leicestershire, Norfolk, Nottinghamshire, South Gloucestershire, Staffordshire, Suffolk, Warwickshire, West Sussex, Worcestershire.

Commissioned Services Annual Activity

Indicator Description		Benchmarking									
		2019/20	2020/21**	2021/22	2022/23	2023/24	2024/25	DoT	England	Region	Neighbour
PH09	Participation rate of Year R (aged 4–5 years) pupils in the National Child Measurement Programme	95% (G)	85% (G)	88% (A)	93% (G)	96% (G)	NCA	↑	94%	95%	-
PH10	Participation rate of Year 6 (aged 10–11 years) pupils in the National Child Measurement Programme	94% (G)	9.8% (A)	87% (A)	90% (G)	95% (G)	NCA	↑	93%	91%	-
PH05	No. receiving an NHS Health Check over the 5-year programme (cumulative: 2018/19 to 2022/23, 2023/24 to 2027/28)***	76,093	79,583	96,323	121,437	31,379	64,866	-	-	-	-
PH07	No. accessing KCC-commissioned sexual health service clinics	71,543	58,457	65,166	58,012	61,508	61,360	↓	-	-	-

**In 2020/21 following the re-opening of schools, the Secretary of State for Health and Social Care via Public Health England (PHE) requested that local authorities use the remainder of the academic year to collect a sample of 10% of children in the local area. PHE developed guidance to assist local authorities in achieving this sample and provided the selections of schools. At the request of the Director of Public Health, Kent Community Health NHS Foundation Trust prioritised the Year R programme.

*** PH05 - This is an accumulative indicator over 5 years to measure the delivery of the NHS Health Check programme. Reset in 2023/24 to conclude in 2027/28

Key(s)

RAG Ratings

	(G) Green: Target has been achieved
	(A) Amber: Floor standard achieved but Target has not been met
	(R) Red: Floor standard has not been achieved
NCA	Not currently available

DoT (Direction of Travel) Alerts

↑	Performance has improved
↓	Performance has worsened
↔	Performance has remained the same
-	No performance direction

Relates to two most recent time frames

Date Quality Note

All data included in this report for the current financial year is provisional unaudited data and is categorised as management information. All current in-year results may therefore be subject to later revision.

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
–10 September 2025

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

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

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

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

1. Introduction

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

- 1.4 The majority of these risks, or at least aspects of them, will have been discussed in depth at relevant Cabinet Committee(s) throughout the year, demonstrating that risk considerations are embedded within core business.
- 1.5 This report focuses on adult social care risks, as Public Health related risks were reported to the Health Reform and Public Health Cabinet Committee in March 2025 [Agenda for Health Reform and Public Health Cabinet Committee on Tuesday, 11th March, 2025, 2.00 pm](#).

2. Adult Social Care and Health Directorate Led Corporate Risks

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

Risk No.*	Risk Title	Current Risk Rating	Target Risk Rating	Direction of Travel since Sep 2024
CRR0015	Sustainability of the social care market	High (25)	Medium (15)	↔
CRR0064	Risk of failing to deliver effective Adult Social Care Services	High (20)	Medium (15)	↔
CRR0066	ASCH Recommissioning Programme	High (16)	Medium (8)	New Risk

- 2.2 These risks are reviewed regularly throughout the year and were most recently presented to Governance and Audit Committee along with the rest of the corporate risk register on 3 July 2025, for assurance. The corporate risks are detailed in Appendix 1.

2.3 WITHDRAWN CORPORATE RISK

A previous risk relating to Care Quality Commission (CQC) Assurance was removed from the corporate register, reflecting the fact that the first inspection under the Local Authority Assurance Assessment Framework had taken place during autumn 2024. The final report was published in May 2025, with an overall rating of 'Requires Improvement'. An improvement plan has been developed by the Directorate and will be regularly monitored. Any significant risks associated with delivery of the improvement plan will be captured as part of the corporate risk relating to delivery of effective Adult Social Care Services (CRR0064), as well as in relevant registers within the organisational hierarchy.

2.4 NEW CORPORATE RISK

CRR0066: ASCH Recommissioning Programme.

This risk was escalated from the Integrated Commissioning Risk Register in early 2025 and recognises the challenges associated with recommissioning of four large contracts, including ensuring that the new contracts support the service needs and ambitions. A report and accompanying business case relating to the first of the major recommissions, Older Persons Residential and Nursing Care Service, was presented to this Committee in July 2025, outlining options explored and highlighting various implications.

2.5 CRR0015: Sustainability of the social care market.

This risk is focused on the council's statutory duty to promote the efficient and effective operation of a market in services for meeting care and support needs. Examples of the actions undertaken to mitigate this risk since last reported to this Committee include:

- The creation of a Provider Support Team.
- Review and redrafting of *Commissioning Intentions* document, which sets out how the Council plans to create person-centred and flexible care to support the 'Making a Difference Every day' Strategy.
- Continued engagement with the Integrated Care Board to maximise joint commissioning opportunities.
- Procurement of a fee negotiation tool (CareCubed) to support fee uplift conversations with providers.

2.5.1 There has been no change in direction of travel for this risk, and the market is still facing significant challenges, such as increasing cost and complexity of demand for services, continuation of constrained local authority budgets and high vacancy levels. The government policy changes in the 2024 Autumn budget including National Insurance and National Living Wage increases may exacerbate some of the issues, the consequences of which may negatively impact on care providers, for example, increasing employment costs.

2.5.2 More recently, both Kent County Council's Leader and Cabinet Member for Adult Social Care wrote to the Home Secretary and Minister for Care to raise concerns regarding proposals in the new Immigration Bill, including plans to reduce health and social care visas to the UK, and end the Social Care Worker Visa route to overseas recruitment for new applicants from 22 July 2025, which risks care workers going home and leaving care providers with significant challenges.

2.6 CRR0064 – Failing to deliver effective adult social care services – This risk is focused on the potential for the Council to not meet requirements of statutory services under the Care Act 2014, the Mental Health Act 1983, the Mental Capacity Act 2005 and associated legislation, and the regulatory requirements of the Care Quality Commission. The mitigations have been reviewed and updated, including:

- Strengthening of governance and oversight arrangements across the directorate.
- Development of a workforce plan aligned with the directorate and council's ambitions.
- Commissioning of additional capacity to support the delivery of Adult Safeguarding via a time limited peripatetic team.
- Alignment of delivery plans with quality improvements identified from Kent's CQC assurance visit.

2.6.1 There is no change in the direction of travel for this risk. The council continues to manage significant impacts such as constrained budgets, increased demand for services and increasing costs due to complexity of health and social care needs.

3. Adult Social Care and Health Directorate Risk Profile

3.1 The current risks in the Adult Social Care Directorate Risk Register are outlined and summarised below. The risk register is reviewed and amended as necessary during the year with quarterly reporting into the Directorate Management Team (DMT), with the most recent review and discussion in August 2025.

Risk Reference	Risk Description	Current Score	Target Score
AH0005	Risk of significant overspend to the level of savings ASCH budget	High (25)	High (20)
This risk continues to hold the highest rating. The monthly Commissioning and Transformation DMT monitors all areas relating to budgetary spend, forecasting and savings activity within the Directorate. Regular meetings are in place with the Corporate Director, Directors and Assistant Director to review management of budgets and understand the detail for overspend. ASCH continues to work with NHS colleagues to ensure that the necessary joint funding arrangements are in place.			
Risk Reference	Risk Description	Current Score	Target Score
AH0043	Deprivation of Liberty Safeguards (DoLS)	High (20)	High (16)
This risk reflects the significant demand on the service to complete DoLS assessments and that those we support in community settings are not assessed in accordance with statutory requirements. A number of actions have been implemented since the risk was last reported to this Committee, including upskilling of 26 managers to increase the amount of resource available to complete DoLS authorisations, a further eight Social Workers have commenced Best Interest Assessor training and there are 22 applications for the next cohort. The additional trained resource will support the service with managing demand for DoLS. The Head of Service continues to work as part of the Southeast Association of Directors of Adult Social Services (ADASS) network to share information, good practice and developments.			

Risk Reference	Risk Description	Current Score	Target Score
AH0044	Safeguarding – protecting adults at risk	High (20)	Medium (15)

This relates to the risk of failure to fulfil our statutory obligations. Four area Safeguarding Hubs are now in place and aligned with the area Adult Social Care Connect teams and a Managed Service has been procured to support in the management of safeguarding concerns and enquiries. The impact of this activity is reviewed weekly. A Provider Support Team is in place to drive and sustain quality in care. An initiative to enhance our Partner understanding of safeguarding and to work in a more prevention-focused manner will be trialled with acute trusts and North Kent during Summer 2025 before being rolled out across the county. Safeguarding training for elected Members is planned for later in the year, while the Adults Safeguarding Awareness Week 2025 (17-21 November 2025) is a significant event aimed at raising awareness about safeguarding issues affecting adults, and will focus on the theme of prevention.

Risk Reference	Risk Description	Current Score	Target Score
AH0055	Adult Social Care Debt - Increasing bad debt position that is greater than the bad debt provision NEW RISK	High (20)	Medium (12)

ASCH has an increasing challenge with the management of outstanding debt of those that receive either a residential or non-residential service via KCC Providers. There has been a large, steady increase in overdue unsecured debt over the past five years. In 2024/25, ASCH had a cash limit of £3.4m for contribution to bad debt provision. At year end, the amount contributed to the provision was £7.3m, resulting in a pressure of £3.9m. The total provision at year end was £25.8m. Increasing the cash limit position would impact the revenue budget for ASCH. A debt improvement plan is in place and debt management processes and oversight have been updated.

Risk Reference	Risk Description	Current Score	Target Score
AH0033	Adult Social Care workforce	High (20)	Medium (9)

The recruitment and retention of qualified and experienced staff remains an ongoing challenge. A recruitment strategy to support capacity and growth includes annual Social Worker and Occupational Therapist Apprenticeship recruitment and an annual Newly Qualified Social Worker recruitment campaign. A review of the capacity and capability of the community teams to inform workforce deployment is underway and will inform future planning. The Strategic Workforce Plan is due for completion in the Autumn and will cover forecasting demand and aligning staff accordingly, targeted recruitment, training and development.

Risk Reference	Risk Description	Current Score	Target Score
AH0050	Provider Payments - system failure resulting in Providers not being paid on time and/or correctly NEW RISK <i>(Rating reduced, but still High)</i>	High (16)	Medium (12)

KCC commissions a significant proportion of adult social care out to the private and voluntary sectors. This risk notes the impact of system failure resulting in providers not being paid on time and/or incorrectly leading to breaches of contractual requirements and inaccurate budgeting due to missing commitments. Potential consequences could include late payment fees impacting the revenue budget, impact on market and provider stability and reputational and legal consequences.

A number of events to meet with providers have been held throughout 2025 in addition to a training programme for providers in the use of the provider portal to help providers get paid on time.

Due to actions undertaken between December 2024 and April 2025 the situation was noted to have improved sufficiently to allow the risk to be reduce from 20 to 16.

Risk Reference	Risk Description	Current Score	Target Score
AH0037	Information Asset Management <i>Increased rating from Medium to High</i>	High (16)	Medium (9)

This risk increased from a Medium to High rating in April 2025 to reflect the potential for transition risks as the Supporting Independence Service transitions from Children Young People and Education (CYPE) to ASCH, with two monitoring and payments systems running in addition to 'business as usual' activity. There are also potential risks to be managed during the crossover to the new Oracle Cloud platform, including in relation to provider payments.

The risk will continue to be reviewed and monitored at DMT due to the potential for significant impact across the whole directorate.

Risk Reference	Risk Description	Current Score	Target Score
AH0056	Failure of Kent Community Equipment Services (KCES)	High (16)	Medium (8)

This risk relates to the recent failure of Kent Community Equipment Services. KCC was required to act quickly to manage a number of issues and associated risks, leading to an urgent key decision being taken to switch provider as of 1 August 2025. Further work is continuing to ensure minimal disruption to services as the new contract is mobilising. It was agreed by DMT that this risk should remain on the Directorate Risk Register until the new provider is operating a full capacity.

Risk Reference	Risk Description	Current Score	Target Score
AH0038	Information Governance in ASCH	Medium (9)	Medium (9)
This risk has remained at target over the past year. Following review, revised guidance for the Subject Access Request process to improve response times and ensure a consistent approach to handling has been developed. Actions have been undertaken to improve quality of existing privacy notices, including ensuring they are in 'easy read' format. The risk will continue to be reviewed and monitored at DMT due to the potential for significant impact across the whole Directorate.			

- 3.2 Risk AH0047 Provider Failure has been transferred from the ASCH Directorate Risk Register to the Integrated Commissioning risk register for oversight and monitoring purposes. The majority of controls and actions to mitigate this risk sit with the members of the Integrated Commissioning team.

4. Recommendation

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

5. Background Documents

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

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APPENDIX 1: ASCH-led Corporate Risks

Risk Register - Corporate Risk Register

Current Risk Level Summary

Green	0	Amber	0	Red	3	Total	3

Current Risk Level Changes

0	0	0	0	1
0	0	0	1	1
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0

Risk Ref	CRR0015	Risk Title and Event			Assigned To	Last Review da	Next Review		
Sustainability of the Social Care Market					Richard Smith	06/08/2025	06/11/2025		
Social Care market is not sustainable. Inability to obtain the right kind of provider supply at affordable prices. Significant numbers of care home closures or service failures. Increases in hand backs of care Providers choose not to tender for services at Local Authority funding levels or accept service users with complex needs.									
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk	
Local Authorities have a statutory duty to provide a viable and sustainable social care market to meet the needs of the local population who meet Care Act eligibility. The main risks associated with care market instability are: Financial – As a result of the increasing cost and complexity of demand for services and constrained local authority budgets compounded by recent inflation and the Autumn Budget announcement of increases in employers' National Insurance contributions and the National	Gaps in the care market for certain types of care or in geographical areas meaning difficulty in placing some service users.	High		• Development of micro providers market with Kate Silver partner Community Catalysts. Quarterly contract management reviews take place including focus on performance against targets (engagement and set up).		Control		Medium	
	Unable to offer care packages immediately leading to delays with discharging from Health Services	25 Major (5)		• Provider support team in place		Paula Parker	Control		15 Major (5)
	Reduction in quality of care provided due to workforce pressures	Very Likely (5)		• Daily risk assessment for people in the community awaiting packages of care and short term bed provision for those at high risk		Mark Albiston	Control		Possible (3)
	Significant numbers of care home closures or service failures.			• Older Persons Accommodation Strategy refreshed, which analyses demand and need and sets the future vision and direction for accommodation to support vulnerable Kent residents alongside the Adult Social Care Strategy - Your Life, Your Wellbeing		Richard Smith	Control		
					• Pipeline prioritisation tool is in place for Strategic Commissioning projects, shared with DivMT and Director of Strategy Policy, Relationships and Corporate Assurance		Chris Wimhurst	Control	

Living Wage. Workforce – recruitment and retention are difficult across all grades in adult social care. Turnover is higher than other sectors. Providers struggle to compete with other sectors such as retail. There are particular challenges in Kent in home care. Overseas workers have created some additional capacity but changes in social care visa rules excluding families has reduced applications from overseas care workers. The social care visa route also attracted operators seeking to exploit that rather than support the sector. There has been an increased risk of exploitation and overseas workers have been displaced when operators have had their licences revoked. This has created a lot of additional work for ASCH in ensuring that the needs of those that draw on care and support continue to be met.			• KCC linked to ADASS South East and Kent Integrated Care Alliance monitoring of overseas worker issues • Engagement with Integrated Care Board around joint commissioning opportunities • Regular engagement with provider and trade organisations • Analytics function utilises data to inform decision making before moving commissioning activity forward. • Use of a fee negotiation tool (CareCubed) to support fee uplift conversations with providers • ASCH Commissioning Intentions 2022 - 2027 - describes how we plan to create person-centred and flexible care and support options which address the challenges and opportunities adult social care faces. It supports the delivery of 'Making a difference every day' strategy 2022-2027 • Ongoing monitoring of Home Care market and market coverage. Commissioners and operational managers review the capacity of the Home Care market with a view to developing a strategy to ensure market coverage. • Ongoing Contract Monitoring, working in partnership with the Access to Resources team • KCC is part of local and regional Quality Surveillance Groups that systematically bring together the different parts of the health and care system to share information, identify and mitigate risks to quality, including those relating to care providers. • New contracts commenced relating to Disability and Mental Health Residential Care services.	Helen Gillivan	Control	
				Helen Gillivan	Control	
				Helen Gillivan	Control	
				Matthew Wagner	Control	
				Simon Mitchell	Control	
				Simon Mitchell	Control	
				Simon Mitchell	Control	
				Simon Mitchell	Control	
				Simon Mitchell	Control	

Risk Register - Corporate Risk Register

			• Contract for Discharge Services presented to Cabinet Committee and approved by the Cabinet Member. • Ensuring contracts have indexation clauses built-in, managed through contract monitoring • Continue to work innovatively with partners, including health services, districts and boroughs, and providers to identify any efficiencies across the wider sector.	Simon Mitchell	Control		
				Michael Bridger	Control		
				ASCH Divisional Directors	Control		

Risk Register - Corporate Risk Register

Risk Ref	CRR0064	Risk Title and Event			Assigned To	Last Review da	Next Review	
Risk of Failing to Deliver Effective Adult Social Care Services					Richard Smith	06/08/2025	06/11/2025	
Impact on outcomes for people who draw on care and support and unpaid carers								
Potential that people will come to harm and the Council will be unable to ensure that their safeguarding statutory duty under S.42 of the Care Act 2014 will be fully met.								
Non-compliance with Care Act 2014, the Mental Health Act 1983, the Mental Capacity Act 2005 and associated legislation, and the regulatory requirements of the Care Quality Commission.								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
The Council is at risk of failing to deliver effective Adult Social Care services and there is the potential to not meet requirements of statutory services under the Care Act 2014, the Mental Health Act 1983, the Mental Capacity Act 2005 and associated legislation, and the regulatory requirements of the Care Quality Commission. The Council has been impacted by: - continued central government funding restraint - Demographic changes - Increased demand for services - Demand led statutory services which can be difficult to predict - Increasing costs due to increasing complexity of health and social care needs. - Increasing costs due to cost of living	Failure to fulfil our duty of care could result in serious harm or detriment or in extremely rare cases death to a person with significant impact on families, carers and support networks. This could in turn result in prosecution, having to pay compensation and a negative impact on the reputation of the Council.	High		• ASCH is undertaking further work to align our workforce with the strategic ambitions set out in Making a positive difference every day, securing Kents future, the delivery of new models of care and support, and deliver financially sustainable ASCH offer in Kent.	Richard Smith	A -Accepted	30/10/2025	Medium
		20						15
		Major (5)						Major (5)
		Likely (4)						Possible (3)
		Reputational impact. Public perception of the council being willing to accept poor standards of care. Low public confidence in social care			• ASCH have developed delivery plans linked to individual Director of Operations and Assistant Directors Key area of accountability and delivery.	Mark Albiston	Control	
	A loss of trust in the Council's ability to safeguard people who live in Kent.			• ASCH have enhanced governance and assurance arrangements which focus on delivery to plan and recovery actions when delivery is not to plan.	Mark Albiston	Control		
	Overspending on the budget which may impact the wider council.			• ASCH have commissioned additional capacity to support the delivery of Adult Safeguarding via a time limited peripatetic team, and statutory reviews in the locality of Thanet and South Kent Coast.	Mark Albiston	Control		
				• ASCH has restructured the roles and responsibilities of the two Directors of Operations to provide clarity on the accountabilities around short- and long-term support.	Richard Smith	Control		

Risk Register - Corporate Risk Register

pressure/inflation/interest rates/utilities. - increasing costs from social care market providers - recruitment and retention of staff - recovering from the impacts of the Covid-19 pandemic on the sector, including the NHS Recovery Plan			ASCH have restructured the roles and responsibilities of Assistant Directors to align service and strategic delivery with the key accountabilities of the two Directors of Operations	Richard Smith	Control		
			ASCH have aligned delivery plans with the quality improvements identified from Kent's CQC assurance visit.	Tricia Pereira	Control		



Risk Register - Corporate Risk Register

Risk Ref	CRR0066	Risk Title and Event				Assigned To	Last Review da	Next Review
ASCH recommissioning programme						Helen Gillivan	06/08/2025	06/11/2025
Commissioning activity not delivered within expected timescales								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
The current contractual arrangements for: Older Persons Residential & Nursing (OPRN £209m extended contract ends 31/3/2026), Care & Support in the Home (CSIH £71m extended contract ends 31/3/2027), LD/PD/MH residential care – (£148m extended contract ends 14/6/2026) and Supported Living (£180m extended contract ends 14/6/2027) do not meet the services needs nor its ambitions. For example, they do not give sufficiency of supply, leading to use of off-framework providers with loss of control of quality and price; there is overuse of care home placements because alternatives do not meet needs; and there is a disconnect between the commissioning intentions and operational practice. Care Act duties sit with KCC, not providers, who can choose whether to accept a person into their care or not, which creates a power imbalance.	ASC spend is not optimised and outcomes are poorer than they might be.	High		• Continuing with the micro enterprise market development work to create more diverse supply and alternative workforce	Kate Silver	Control		Medium
	The ASC overspend is directly impacted if the Council has to spend money in the wrong places and at higher cost.	16						8
	We are supporting more people in care home than in a home of their own.	Serious (4)		• Open framework approach to allow more new providers to join	Helen Gillivan	Control		Serious (4)
	Savings targets are not being met in part because of the constraints of the current contracts.	Likely (4)		• Reinforce the right to transfer packages of care from providers who choose not to join the framework	Helen Gillivan	Control		Unlikely (2)
				• The recommissioning activities are complex and potentially high risk and therefore part of the Council's Strategic Reset Programme (SRP) and so receive support to ensure they are delivered successfully. Regular progress updates are provided to the Strategic Reset Programme Board.	Helen Gillivan	Control		
				• Engagement with the care sector regarding specifications and proposed contract terms	Helen Gillivan	Control		
				• Pricing model banded by category of need, with ranges reflective of the increasing demands of delivery.	Helen Gillivan	Control		
			• Activities in place to restrict the use of off framework placements: Provider order of approach Finance monthly monitoring Exceptions are agreed by Assistant Directors	Helen Gillivan	Control			

Risk Register - Corporate Risk Register

Whilst local authority is half of the sectors income source, providers may choose to work with the NHS and private fee payers only. The timescales to deliver these large programmes of work concurrently present capacity challenges for the commissioning team. The current market conditions and sentiment is generally negative in relation to local authorities in general and KCC in particular. The impact of the Autumn Budget has the potential to be profound, with the potential for more providers to seek to exit completely or exit local authority business.						

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Non Key Decision Report

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 10 September
Subject:	Start for Life: Parent Infant Mental Health Service (PIMHS) – additional expenditure
Decision no:	25/00070
Classification:	Unrestricted
Past Pathway of report:	None
Future Pathway of report:	Cabinet Member Non Key Decision
Electoral Division:	All
Is the decision eligible for call-in?	Yes

Summary:

Kent County Council has successfully received Family Hub Transformation Authority status and has therefore received designated Family Hub Transformation Funding.

A series of Key Decisions have been taken by the Cabinet Member for Integrated Children's Services to accept the original transformation grant funding and additional years funding.

Key Decision 23/00075 relates to the expenditure of Family Hub funding for perinatal mental health and parent infant relationships (2023-24 and 2024-25) to: improve outcomes for families.

A further key decision was approved in January 2025 to receive DfE Family Hub funding for year 4 (2025-6). This includes approximately £1.3m for perinatal mental health and parent infant relationships. [Executive Decision](#)¹

Two procurements were undertaken for a Parent Infant Mental Health Service under decision 23/00075 in late 2023 and August 2024. These did not successfully result in the award of a provider and contract.

¹ [Executive Decision](#)

An additional non key decision is being sought to **APPROVE** the additional expenditure of £400,000 across the contract period from the DfE Family Hub Grant and Public Health Grant to support venue costs.

This expenditure was not included in the scope of the previous key decision and is required to ensure full delivery of the commissioned activity.

The team have completed a series of activities to support a positive procurement process including; reviewing the specification, market engagement, allowing more time for providers to respond to the opportunity and providing more time for service mobilisation.

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 non key decision as set out in the Proposed Record of Decision (appendix A) to

- a. **APPROVE** the additional expenditure of £400,000 across the contract period for the Parent Infant Mental Health Service from DfE Family Hub Grant and Public Health Grant to support venue costs.
- b. **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to exercise relevant contract extensions and enter into relevant contracts or legal agreements; and
- c. **DELEGATE** authority to the Director of Public Health, to take other necessary actions, including but not limited to allocating resources, expenditure, and entering into contracts and other legal agreements, as required to implement the decision.

1. Introduction

- 1.1 Three key areas of grant funding to support transformation to Family Hubs relate to Start for Life, these are:

- 1) infant feeding
- 2) perinatal mental health
- 3) parent infant relationships

- 1.2 Start for Life is a component of the Family Hubs model with a specific focus on the first 1001 days, between conception and the age of two, essential for the healthy development of babies. This focus for support was identified by the Dame Andrea Leadsom Review in 2020 and further articulated in March 2021 in publication of The Best Start for Life: A Vision for the 1,001 critical days. This was followed by the announcement of £300m government funding to support Family Hubs with a focus on parent carer panels, parenting programmes, parent infant relationships, perinatal mental health and infant feeding in April 2022. Kent was one of 75 local authorities provided with the opportunity to benefit from the £300m funding.

- 1.3 On 4 October 2022 the Cabinet Member for Integrated Children's Services took an executive decision (Decision number 22/00094) to adopt the principle of Kent becoming a Family Hub Transformation Authority.
- 1.4 A further decision 23/00075 was taken to approve the development and improvement activity to deliver Perinatal Mental Health and Parent Infant Relationships Interventions and approve the required expenditure, via the Family Hub Grant Funding (£3,051,809 – expires 2025) and, subject to evaluation and availability of funds the Public Health Grant (post March 2025), to deliver and sustain this activity for up to two years beyond the Family Hub Grant period – total service period – 2023 – 2025 with the potential for two 1 year extensions.
- 1.5 Two procurements were undertaken for a Parent Infant Mental Health Service under decision 23/00075 in late 2023 and August 2024. These did not successfully result in the award of a provider and contract. Feedback from the market was that providers would be better able to respond to the opportunity with; more time to submit a response, more time to potentially make connections with other providers in the market and with more time to mobilise the service (and recruit staff to deliver the service).
- 1.6 Key Decision 25/00012 approves a contract for 31 Months, and subject to evaluation and availability of funds from the Public Health Grant, an extension for a further 24 months. Approved the expenditure of £2,059,928 funded via the Family Hub Grant initially and then the Public Health Grant
- 1.7 Feedback from market engagement in April 2025 identified that additional funding for venues costs are needed to the current budget of (£2,059,928) as relying on having consistent access to bookable spaces in Family Hubs would not be operational practical or feasible for the Parent Infant Mental Health Service.
- 1.8 A non-key decision is needed to reflect the additional funding for venues costs. The financial budget including venue costs is £2,459,928
- 1.9 A further PSR (Provider Selection Regime) compliant procurement process is proposed and will consider feedback from the market and potential suppliers from the previous market engagement events. Since the previous procurements the service specification has been reviewed, the requirement has been refined and collaborations between providers are being encouraged. More time will be given to providers to respond to the opportunity and to mobilise the service.

2. Parent Infant Mental Health Service (PIMHS)

- 2.1 The PIMHS service is for parents and primary caregivers, (including parents, foster carers, grandparents, or others who may be in this role) with infants up to the age of two, with moderate to severe need with some risk factors for disorganized/ insecure attachment.
- 2.2 Through KCC's perinatal mental and parent infant relationship commissioned strategy work, delivered by Barnardo's, it is estimated that 6,663 parents and

carers could benefit from mild-to-moderate perinatal mental health support every year. It is also estimated that 2,937 parent-infant relationships could be strengthened by additional support every year.

2.3 The PIMHS service will support:

- families who have parent-child relationship problems with disorganised attachment and insecure attachment
- families who have additional support needs
- the existing Family Hub workforce in Kent to strengthen knowledge and pathways
- the providers of video interaction [VIG] or other parent infant relationship interventions, they will also deliver level 2 interventions.

2.4 As part of a multilevel approach to support, intervention and services, the overall aims of a multi-disciplinary parent-infant mental health service are to support families who are finding it difficult to develop a positive relationship with their baby or young child to:

- rectify and strengthen parent-infant relationships for families experiencing moderate-severe difficulties.
- support colleagues in a range of universal and targeted services to promote and strengthen parent-infant relationships for families experiencing mild-moderate difficulties
- work with a range of multi-agency colleagues to promote healthy development of parent-infant relationship difficulties.
- provide parent-infant relationship expertise across the system.

2.5 The overall objectives of the service are to:

- Undertake clinical specialist assessment for families with moderate to severe difficulties.
- Deliver specialist therapeutic evidenced based interventions for those assessed which directly address and rectify and strengthen parent and infant relationships.
- Provide group and individual therapeutic interventions to parents/carers and their babies up to a child's second birthday.
- Improve the outcomes of parent infant relationships where there are difficulties.
- Provide specialist parent infant mental health case consultation and supervision for the workforce who are offering a programme of sensitive evidence-based parent infant relationship interventions
- Design and deliver relevant workforce development and training to build capacity across the system.

2.6 The PIMHS model outcomes are for:

- Parents/carers feel connected to their baby/Child and experience healthy relationships.
- Parents/carers experiencing less stress and anxiety.
- Less indication of stress in babies and children
- Parents/carers increase their problem solving and practical skills.
- Families/individuals have increased confidence in their relationships with their babies/children.
- Overall improvement in parent-infant relationships for families in Kent

- Increase in knowledge and confidence in the Kent workforce in identifying and supporting PIR.
- Improvement in system working and understanding of PIR.

3. Work with the market and providers

- 3.1 Learnings have been collated from the market. There have been two market engagement events with various suppliers who have expressed interest in an opportunity to respond to a competitive tender. The most recent market engagement workshop took place in February and May 2025 and highlighted the need for a longer tender period, mobilisation period and the need for potential collaborative approach with providers to deliver the contract.

4. Financial Implications

- 4.1 To support the delivery of the Family Hub and Start for Life Programme, KCC has received a grant from the Department for Education (DfE) to support system transformation through work-force development and supporting development of new services.²
- 4.2 Family Hub and Start for Life Programme funding (for year four 2025/26) - £4,099,400 has been confirmed and accepted by KCC (decision 24/00124). Part of this allocation is for perinatal mental health and parent infant relationships.
- 4.3 The maximum financial envelope for PIMHS for a period of 31 months and an extension of 24 months and additional expenditure of £400,000 across the contract period to support venue costs associated with the delivery of the service is £2,459,928. This will be funded through a mix of DfE Family Hub funding (subject to grant acceptance approval) and the Public Health Grant (subject to evaluation and availability).

5. Legal implications

- 5.1 The Council entered into a Memorandum of Understanding (MoU) with the DfE which creates obligations to meet specific deadlines and timescales set by the DfE or risk losing further funding or funding claw back.
- 5.2 Access to the associated funding, depending on the type and level of transformation activity progressed, is conditional on compliance with the terms of the MoU and demonstration of progress toward an effective Family Hub Model.
- 5.3 The services to be procured have been determined to be health services for the purposes of the Provider Selection Regime which came into force on 1st January 2024. Officers have determined to follow the Competitive Process and will run an open tender procedure.
- 5.4 The Kent County Council standard terms and conditions have been selected for use with this service and tender procedure, and these have been updated to

² [Decisions for issue 22/00094 - Family Hubs Transformation](#)

ensure legislative references are up to date Officers in the commissioning and commercial teams will ensure that a clear and unequivocal option to extend is included in the contract terms and the procurement documentation, but making clear that the use of such extension is subject to both budget availability and to further governance.

6. Governance

- 6.1 The previous Cabinet Member Key decision 22/00094 and decision 23/00092 provide the required authority to allocate and spend Family Hub Grant funding on specific workstreams within the mandated Family Hub plan set out by DfE. The decision builds upon the previous 'in principle agreement' to Family Hub development decision-making and allows for the implementation of service improvement in the relevant area.
- 6.2 Key Decision 23/00075 – Family Hubs – Start For Life – Perinatal Mental Health and Parent Infant Relationship Interventions was a Key decision to fund perinatal Mental Health and Infant Relationship Interventions (until 2027).
- 6.3 Cabinet Member Key decision 24/00124 outlines the decision accepting the DfE Family Hub Year 4 grant.
- 6.4 A further cabinet decision 25/00012 extended to enable an extension of service delivery.

7. Equalities implications

- 7.1 Equality impacts have been assessed as part of the Perinatal Mental Health and Parent Infant Relationships Strategy and Family Hub model. A separate Equality Impact Assessment on the new Parent Infant Mental Health Service has also been completed (see appendix B). It is expected that the new service will have many positive impacts including: strengthening relationships between babies and their caregivers, improving the mental health of caregivers and supporting babies' early development and future well-being (including for those most at risk).
- 7.2 This service will improve awareness of parent infant relationships difficulties within the family hub workforce, upskill family hub workforce to deliver parent infant interventions and increase capacity for reflective practice, collaboration and team working. A major benefit to society will be the reduction in the numbers of infants going into care and a de-escalation of child protection status following treatment.
- 7.3 There are certain specific considerations for how a range of people with particular protected characteristics may engage with the service and these are factored in part of service design and delivery arrangements. The overall benefit of having the service in place applies to all groups or individuals in the context of protected characteristics and no characteristic groups are discriminated against by the service.
- 7.4 An Equalities Impact Assessment (EqIA) was undertaken for Key Decision [23/00075](#), in relation to the service

- 7.5 There are no changes to the proposed service or the outcomes required.
- 7.6 The previous EQIA identified potential negative impacts for disability, race and religion and belief, and provided mitigating actions which have been or continue to be implemented.

8. Conclusions

- 8.1 The PIMHS service is for parents and primary caregivers, (including parents, foster carers, grandparents, or others who may be in this role) with infants up to the age of two, with moderate to severe need with some risk factors for disorganised/insecure attachment.
- 8.2 This new non key decision will allow the previously approved work to be re-procured and delivered within the new timescales.

9. Recommendations:

- 9.1 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 non-significant key decision as set out in the Proposed Record of Decision (appendix A) to
- a. **APPROVE** the additional expenditure of £400,000 across the contract period for the Parent Infant Mental Health Service from DFE Family Hub Grant and Public Health Grant to support venue costs.
 - b. **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to exercise relevant contract extensions and enter into relevant contracts or legal agreements; and
 - c. **DELEGATE** authority to the Director of Public Health, to take other necessary actions, including but not limited to allocating resources, expenditure, and entering into contracts and other legal agreements, as required to implement the decision.

10. Background documents

The Best Start for Life: Early Year Healthy Development Review Report
[The Best Start for Life - The Early Years Healthy Development Review Report](#)

Family and Start For Life Programme
[Family Hubs and Start for Life programme - GOV.UK](#)

11. Contact details

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Relevant Director

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Adult Social Care and Public Health

DECISION NO:

Non Key: 25/00070

For publication

Key decision: Non-Key

Title of Decision: Parent Infant Mental Health Service – additional expenditure

Decision:

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

- a) **APPROVE** the additional expenditure of £400,000 across the contract period for the Parent Infant Mental Health Service from the DfE Family Hub Grant and Public Health Grant to support venue costs.
- b) **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to exercise the additional expenditure and enter into relevant contracts or legal agreements; and
- c) **DELEGATE** authority to the Director of Public Health, to take other necessary actions, including but not limited to allocating resources, expenditure, and entering into contracts and other legal agreements, as required to implement the decision.

Background:

On 4 October 2022 the Cabinet Member for Integrated Children's Services took an executive decision (Decision number **22/00094**) to adopt the principle of Kent becoming a Family Hub Transformation Authority.

On 24 October 2023 a further decision **23/00075** by the Cabinet Member for Adult Social Care and Public Health was taken to:

APPROVE the development and improvement activity to deliver a parent infant mental health service.

APPROVE the required expenditure, via the Family Hub Grant Funding (£3,051,809 – expires 2025) and, subject to evaluation and availability of funds the Public Health Grant (post March 2025), to deliver and sustain this activity for up to two years beyond the Family Hub Grant period – total service period – 2023 – 2025 with the potential for 2 x 1-year extensions;

DELEGATE authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to exercise relevant contract extensions and enter into relevant contracts or legal agreements; and

DELEGATE authority to the Director of Public Health, to take other necessary actions, including but

not limited to allocating resources, expenditure, and entering into contracts and other legal agreements, as required to implement the decision.

On 21 March 2025, a further decision [25/00012](#), was taken by the Cabinet Member for Adult Social Care and Public Health to:

- (a) APPROVE the development of Parent Infant Mental Health Service for a period of 31 months and subject to evaluation and availability of funds from the Public Health Grant an extension for a further 24 months; and
- (b) APPROVE the expenditure £2,059,928 funded via the Family Hub Grant initially and then the Public Health Grant
- (c) DELEGATE authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to exercise relevant contract extensions and enter into relevant contracts or legal agreements; and

Proposed Decision:

An additional non key decision is being sought to **APPROVE** the additional expenditure of £400,000 across the contract period from the DfE Family Hub Grant and Public Health Grant to support venue costs.

This expenditure was not included in the scope of the previous key decision and is required to ensure full delivery of the commissioned activity.

Reason for Decision:

Feedback from market engagement in April 2025 identified that additional funding for venues costs are needed to the current budget of (£2,059,928) as relying on having consistent access to bookable spaces in Family Hubs would not be operational practical or feasible for the Parent Infant Mental Health Service.

A non-key decision is needed to reflect the additional funding for venues costs. The financial budget including venue costs is £2,459,928

A PSR (Provider Selection Regime) compliant procurement process is proposed, taking into account feedback from suppliers.

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”

This service will contribute to ‘Priority 1: Levelling up Kent’ of the Framing Kent’s Future Our Council Strategy 2022-2026’ as providing additional support for families at the start of their infant’s life which is a preventative approach to improve the populations health and narrowing health inequalities.

How the proposed decision supports Securing Kent’s Future

The Parent Infant Mental Health Service supports the Council to achieve the priorities set out in Securing Kent’s Future, by embedding a preventative approach and ensuring children get the best start in life and better outcomes in adult life, leading to reduced demand and costs in Health and Social Care.

Financial Implications

The expenditure for the Parent Infant Mental Health Service will be a maximum of £2,459,928 over the total contract period.

This includes the initial contract period of 31 months (funded by a mix of DfE Funding and the Public Health Grant) and also possible the extension of 24 months (the extension is subject to availability of Public Health Grant funding).

Equalities Implications

An Equalities Impact Assessment (EqIA) was undertaken for Key Decision [23/00075](#), in relation to the service.

There are no changes to the proposed service or the outcomes required.

The previous EQIA identified potential negative impacts for disability, race and religion and belief, and provided mitigating actions which have been or continue to be implemented.

Legal Implications

The services to be procured have been determined to be health services for the purposes of the Provider Selection Regime which came into force on 1st January 2024. Officers have determined to follow the Competitive Process and will run an open tender procedure.

The Kent County Council standard terms and conditions have been selected for use with this service and tender procedure, and these have been updated to ensure legislative references are up to date. Officers in the commissioning and commercial teams will ensure that a clear and unequivocal option to extend is included in the contract terms and the procurement documentation but making clear that the use of such extension is subject to both budget availability and to further governance.

Cabinet Committee recommendations and other consultation:

A Family Hub Model consultation was previously undertaken.

The propose Decision will be considered at the Adult Social Care and Public Health Cabinet Committee on 10th September 2025 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

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

.....
signed

.....
date

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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):	Parent Infant Mental Health 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.	Sarah Deakin
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Wendy Jeffreys
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?

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

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.

KCC have identified that nearly 3000 parent infant relationships could be strengthened by additional support every year. Evidence shows that a good parent infant relationship is a prerequisite for an infants development in the first 1001 days from conception and a time of rapid brain development. Our experiences in this period lay the foundations for a wide range of future health outcomes.

Given this, KCC would like to commission a new Parent Infant Mental Health Service which will provide additional specialist support for those families struggling with their parent infant relationship.

The overall aims of this new multi-disciplinary parent-infant mental health service are to:

- support families who are finding it difficult to develop a positive relationship with their baby or young child to:
- rectify and strengthen parent-infant relationships for families experiencing moderate-severe difficulties.
- support colleagues in a range of universal and targeted services to promote and strengthen parent-infant

relationships for families experiencing mild-moderate difficulties.

- work with a range of multi-agency colleagues to promote healthy development of parent-infant relationship difficulties.
- provide parent-infant relationship expertise across the system.

The overall objectives of the service are to:

- Undertake clinical specialist assessment for families with moderate to severe difficulties.
- Deliver specialist therapeutic evidenced based interventions for those assessed which directly address and rectify and strengthen parent and infant relationships.
- Provide group and individual therapeutic interventions to parents/carers and their babies from conception to a child's second birthday.
- Improve the outcomes of parent infant relationships where there are difficulties.
- Provide specialist parent infant mental health case consultation and supervision for the workforce who are offering a programme of sensitive evidence-based parent infant relationship interventions.
- Design and deliver relevant workforce development and training to build capacity across the system.

Section B – Evidence

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

9. Do you have data related to the protected groups of the people impacted by this activity? *Answer: Yes/No*

Yes

10. Is it possible to get the data in a timely and cost effective way? *Answer: Yes/No*

N/A

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.

130 parents and carers and 180 professionals were engaged in the development of the PMH/PIR strategy. They told us that there was more support for specialist perinatal mental health support than for parent infant relationship support. Only 5% of parents and carers reported that they were well-served by the current parent-infant relationship offer. In particular dads and co-parents were raised as a group that were not well served by the current parent infant relationship offer in Kent.

In addition, we have consulted with the Local Midwifery Neonatal Service, the Kent & Medway Specialist Perinatal Mental Health Community Service and the Parent infant Foundation. We commissioned the Parent Infant Foundation to help us put some detail into the development of the service and understand the requirements from a clinical perspective.

We also consulted with PIMHS services in the South East including Surrey and Essex PIMHS to understand how the service might operate locally.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? <i>Answer: Yes/No</i>		Yes PMH/PIR strategy EqIA	
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>		See accompanying evidence.	
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 <i>Answer: Yes/No</i>	Yes
Staff/Volunteers <i>Answer: Yes/No</i>	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? <i>Answer: Yes/No</i>			Yes
18. Please give details of Positive Impacts			
The positive impacts that we anticipate: Service Users/Clients Strengthening relationships between babies and their caregivers Improving the mental health of caregivers Supporting babies early development and wellbeing (including those most at risk) Staff and Volunteers Improved awareness of parent infant relationship difficulties and the confidence to have conversations about it. Upskill family hub workforce to deliver parent infant relationship interventions Increased capacity for reflective practice, collaboration and team working Residents/Communities/Citizens Reduction in the numbers of infants going into care and a de-escalation of child protection status following treatment. In Liverpool, a social impact study found that for every £1 invested in a parent infant relationship team and postnatal depression service, £13.18 is saved in public costs (health, social care, education and criminal justice) and £59.91 is created in social value (also including social and emotional benefits like quality of life and potential future earnings).			
Negative Impacts and Mitigating Actions			
The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.			
19. Negative Impacts and Mitigating actions for Age			
a) Are there negative impacts for age? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>		Yes	
b) Details of Negative Impacts for Age		Young mothers are at increased risk of experiencing perinatal mental health difficulties compared to older mums and this will likely impact on the young mother-	

	infant relationship. Younger mothers are less likely to engage with services and are likely to not benefit from the PIMHS service unless specifically targeted. Young people leaving care, are likely to experience a range of mental health issues that may continue into adulthood, leading to an increased risk of perinatal mental health difficulties. These difficulties could lead to impacts on the care leaver infant relationship although there is scant evidence for this.
c) Mitigating Actions for age	Will need to promote and provide different ways of accessing the PIMHS service for young mothers/care leavers in Kent.
d) Responsible Officer for Mitigating Actions – Age	Anjan Ghosh
20. Negative Impacts and Mitigating actions for Disability	
a) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Disability	Children with severe learning disabilities demonstrate challenges in social communication which may impact the parent infant relationship. Neurodivergent parents have difficulties with multitasking demands of parenting and experiencing ‘burnout’
c) Mitigating Actions for Disability	There is insufficient evidence of relationship focused interventions being effective for individuals with severe learning disabilities. It’s unlikely the PIMHS service will meet the needs of this group and so would not meet the criteria for entry to the service. Will need to respond to the different presentations from neurodivergent parents and offer/ present assessment and interventions.
d) Responsible Officer for Mitigating Actions - Disability	Anjan Ghosh
a) Are there negative impacts for Sex? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Sex	Mothers & Deprivation. There is evidence of the effectiveness of relationship focused interventions on mothers-infants experiencing socioeconomic deprivation. However, flexible and creative approaches will be needed to ensure the new PIMHS service is accessible to this group.

Mothers and employment

Mothers who are unemployed during pregnancy have an increased risk of postnatal depression compared with employed women. Postnatal depression is a risk factor for a poor parent infant relationship.

Mothers and education

Limited parental education level is a risk factor for parental mental health difficulties. PNMH difficulties in themselves are a risk factor for a poor parent infant relationship.

Mothers/Fathers and Prison

Mother or father absence through imprisonment does influence infant mental health and emotional development.

There is no definitive data to determine who should oversee the care of infants affected by paternal imprisonment, thereby leading them to become an 'invisible population.' In being an invisible population, children are at risk of becoming victims of a lack of mainstream provision, unrecognised as a distinct group and often falling between the guidelines of various departments (health, justice system and social care).

Mothers and homelessness

Homeless children aged 0-5 experience more internalising and externalising behaviour problems and overall mental health problems, than non-homeless children. Little research has been undertaken to determine the effectiveness of relationship focused interventions on homeless infants or on their uptake.

Mothers and sex work

Sex workers have been associated with mental health difficulties (due to previous trauma/abuse) some of which have been shown to affect maternal bonding. Sex workers may not engage in the new PIMHS service due to mistrust and stigma.

Mothers/Fathers and substance misuse

Parental substance misuse is a risk factor for poor mental health in infants.

Mothers and modern slavery

Pregnant women who have been trafficked are at risk of multiple health issues particularly mental health. Poor PNMH can lead to poor parent infant relationship, although the evidence is poor. Trafficked individuals are unlikely to access services due to mistrust and will require identification and referral by trusted community providers to the PIMHS service.

	Fathers. There is very little evidence of the effectiveness of relationship focused interventions between father and infant. However, we do know there is a need as determined by needs analysis in the PMNH/PIR strategy. The strategy also shows that fathers have not been accessing either perinatal mental health support or parent infant relationship support in Kent. Since fathers are less likely to access services in general, they may not access the new PIMHS service.
c) Mitigating Actions for Sex	The new PIMHS service will need to use flexible and creative approaches to engage mothers experiencing disadvantage and from diverse communities (including mothers living in deprived communities, unemployed mothers, mothers with little education, mothers in prison, homeless mothers, sex workers, mothers with substance misuse, trafficked pregnant women and mothers The new PIMHS service will need to train and supervise community members to deliver some of the programmes, provide home based support and deliver psychotherapeutic interventions as part of a wider package of social, economic and psychoeducational support- as offered by the Family Hubs. The new PIMHS service will need to identify infants affected by the criminal justice system at the earliest opportunity to enable early intervention strategies for those in need- this might require an intensive home visiting package. The new PIMHS service may need to provide outreach for parents with substance misuse issues who may then need to refer to appropriate substance misuse treatment services. The new PIMHS service will need to be promoted and provided in different ways for fathers in Kent perhaps via digital access or outreach.
d) Responsible Officer for Mitigating Actions - Sex	Anjan Ghosh
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
a) Are there negative impacts for Gender identity/transgender? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Gender identity/transgender	Transgender and non binary parents. Gender diverse individuals report higher risk of PNMH difficulties which could lead to poorer parent infant relationships (though there is little evidence to this). There is very little evidence of the effectiveness of relationship focused interventions with transgender and non binary parents.

	Such individuals report low trust in health care professionals which may limit health seeking behaviour.
c) Mitigating actions for Gender identity/transgender	The new PIMHS service will be available for all persons however they identify themselves. FH workforce will need to proactively assess and refer gender diverse individuals to the new PIMHS service.
d) Responsible Officer for Mitigating Actions - Gender identity/transgender	Anjan Ghosh
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).	Yes
b) Details of Negative Impacts for Race	Race/ethnicity are factors that influence rates of adverse maternal and infant mental health outcomes. There are several studies showing the effectiveness of relationship focused interventions with ethnic minority parents and infants, though most were with black parents. Evidence suggests that black mothers and women from gypsy, Roma and traveller groups are less likely to seek support and access services in general due to stigma and discrimination and so may not access the new PIMHS service.
c) Mitigating Actions for Race	Will need to promote and provide different ways of accessing support for people from the different ethnic minority groups in Kent perhaps via community leaders and outreach.
d) Responsible Officer for Mitigating Actions - Race	Anjan Ghosh
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).	Yes
b) Details of Negative Impacts for Religion and belief	In a maternity report about Muslim women in 2022, 22% of women said that their mental health was affected in maternity. This was higher than the average of 20%. Given that PNMH difficulties can lead to poor parent infant relationships, its likely that Muslim women may experience more than the average of such difficulties. There are many reasons which may prevent Muslim mothers from accessing the new PIMHS service including cultural sensitivity, language barriers, lack of knowledge of the service.
c) Mitigating Actions for Religion and belief	Ensure staff in the new PIMHS service have training in cultural sensitivity, use translation services and promote the service to Muslim women specifically via community leaders.
d) Responsible Officer for Mitigating Actions - Religion and belief	Anjan Ghosh
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>	Yes
b) Details of Negative Impacts for Sexual Orientation	The rates of PNMH problems are slightly higher in lesbian mothers than heterosexual mothers. Given that higher PNMH difficulties is a risk factor for poorer parent infant relationships, its likely (but there is no research to prove this) that lesbian mothers will be more likely to experience more parent infant relationship difficulties.
c) Mitigating Actions for Sexual Orientation	Ensure staff in the new PIMHS service have training in cultural sensitivity and that LGBTQ+ mothers are included in the design of the service.
d) Responsible Officer for Mitigating Actions - Sexual Orientation	Anjan Ghosh
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	Baby loss, baby separation, premature birth, infant ill health, domestic abuse, multiple births (twins) and negative experiences of breastfeeding can all impact on the mental health of mothers and partners in the perinatal period. Given that PNMH is a risk factor for a poor parent infant relationship, its likely (though research evidence is minimal) that women experiencing these difficulties may have a poor parent infant relationship and be less likely to seek help for it.
c) Mitigating Actions for Pregnancy and Maternity	The new PIMHS service will need to offer a range of ways that interventions might be delivered for example by telehealth, internet or outreach. The new PIMHS service will need to engage with the voluntary sector/peer support groups to identify women who may require the service but would not normally access it. The new PIMHS service will need to develop relationships with the psychotherapy/psychology teams in the neonatal intensive care unit [NICU] and neonatal services. The new PIMHS service staff may need training in domestic abuse challenges for mothers.
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	Anjan Ghosh
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>	Yes
b) Details of Negative Impacts for Marriage and Civil	Single mothers have higher rates of

Partnerships	psychological/emotional distress than married /partnered mothers. Given that PNMH is a risk factor for poor parent infant relationships, its likely that single mothers will be experiencing poorer parent infant relationships- though there is little research evidence to support this. Single mothers may experience difficulties accessing the new PIMHS services and if they do they may be less likely to complete treatment.
c) Mitigating Actions for Marriage and Civil Partnerships	The new PIMHS service will need to offer a range of ways that interventions might be delivered for example by telehealth, internet or outreach to enable single mothers to access the service.
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	Anjan Ghosh
28. Negative Impacts and Mitigating actions for Carer's responsibilities	
a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Carer's Responsibilities	Infants in foster care and those adopted are showing higher levels of infant mental health problems compared with the general population. There is some evidence of the effectiveness of relationship focused interventions targeting foster and adoptive parents and their children.
c) Mitigating Actions for Carer's responsibilities	The new PIMS service will need to be targeted to foster carers and adoptive parents. KCC will need to increase adopters awareness and understanding of the challenges of adoptive family life in order to reduce the stigma associated with seeking support and empower parents to access the new PIMHS service.
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	Anjan Ghosh

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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
- 10 September 2025

Subject: **Adult Social Care: Prevention Framework 2025-2035**

Key Decision: Yes

Decision no: 25/00054

Classification: Unrestricted

Pats pathway of report: None

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Is the decision eligible for call-in? Yes

Summary: This report informs the development of the draft Adult Social Care Prevention Framework 2025 – 2035, which sets the priorities for preventative working alongside key partners to support the Kent population to lead fulfilled, healthy and independent lives. This report presents the final draft Adult Social Care Prevention Framework, along with the Consultation Report and Equality Impact Assessment. It also provides information about the consultation process and changes made as a result to reflect the feedback provided.

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 attached as Appendix A.

1. Introduction

- 1.1 The Adult Social Care Making a Difference Every Day Strategy and the Kent Adult Carers' Strategy have set the direction for adult social care. These strategies are supported by the Kent and Medway Integrated Care Strategy, as well as Framing Kent's Future, Securing Kent's Future, the Joint Strategic Needs Assessment, and the Kent and Medway Social Prescribing Strategy. Together, these all support a shift towards proactive, preventative approaches that reduce demand, promote wellbeing, and help people remain independent for longer.

- 1.2 Even though there is reference to preventative support (primary prevention, secondary prevention and tertiary prevention), within the various strategies the approach is not codified in a single document. The development of the Adult Social Care Prevention Framework is intended to satisfy this objective and to express our ambitions clearly in respect of the fundamental statutory requirements of the Care Act 2014 and the care and support statutory guidance.
- 1.3 The Adult Social Care Prevention Framework (Appendix 1) will serve as a practical tool to support the design, planning, and delivery of preventative initiatives over a ten-year period, aiming to sustainably manage the growing adult social care demand with a regular formal review to ensure it remains relevant and responsive to emerging needs. Strong engagement and robust data have shaped a collaborative and evidence-based foundation.
- 1.4 The Adult Social Care Prevention Framework covers a ten year period and during that time there will be significant change, with Local Government Reorganisation (LGR) in 2028. The draft Adult Social Care Prevention Framework acknowledges this by stating that, *“devolution, local government reorganisation and changes to health and social care may also create opportunities and challenges yet to be fully understood. Therefore, we will review our framework regularly to ensure that it remains relevant and aligned to the changing context and needs of the people of Kent”*. The delivery plan which will support the implementation of the Adult Social Care Prevention Framework will be 2025-2028 and at that point the Adult Social Care Prevention Framework will be reviewed.

2. Background

- 2.1 The Government acknowledges through its 5 Missions and the Casey Commission, that Adult Social Care in England is facing unprecedented challenges due to rising demand, increased costs of care and support, and budget pressures. Adopting a prevention-first approach has emerged as one of a number of sustainable solutions, helping people live independently while easing the financial strain on local authorities, benefiting both residents and providers. It also provides an opportunity to strengthen partnerships, particularly with the close alignment to the NHS 10 Year Plan.
- 2.2 To inform the development of the Adult Social Care Prevention Framework, extensive engagement was undertaken with over 200 individuals. A series of co-designed and co-chaired workshops were held with the Voluntary, Community, and Social Enterprise (VCSE) sector, ensuring their active involvement throughout. Regular updates were also provided to the VCSE Strategic Partnership Board and the VCSE Steering Group.
- 2.3 There was engagement with Kent residents, facilitated by Adult Social Care Involvement Officers. Staff engagement has included sessions with commissioning teams and senior managers. Additionally, a monthly meeting was held with members of frontline Adult Social Care teams and colleagues from the Growth, Environment and Transport (GET) directorate.
- 2.4 The Adult Social Care Prevention Framework has also been shared through existing partnership structures, including Health and Care Partnership Boards and the Integrated Care Partnership sub-committees. Engagement has involved

representatives from District Councils, the Integrated Care Board (ICB), and other key stakeholders.

3. Building the Evidence Base: Analytics to Inform Prevention Priorities

- 3.1 Detailed data analysis of the Kent and Medway Care Record (KMCR) was undertaken by the Kent Public Health Observatory and key drivers of demand were identified. Certain risk factors appear to increase risk for accessing adult social care, including rising age, living alone, living in areas of high deprivation and certain long-term conditions such as dementia. A range of Public Health and Adult Social Care experts developed more detailed summaries of these drivers to identify evidence-based actions that adult social care could take to mitigate the identified risks.
- 3.2 A more detailed analysis was conducted on the current and future needs of people over 65, as this demographic accounts for 80% of social care costs despite making up only 28% of the population. Future scenarios were modelled through the use of Systems Dynamic Modelling; if we 'do nothing' to alter the trajectory of need for care, assuming costs and activity remain at 2024 levels, then by 2035, the costs associated with meeting the needs of the over 65 population in Kent alone, will rise by at least 48%.
- 3.3 These projections highlight the urgent need to adopt a more preventative approach to alter this trajectory and support the long-term sustainability of Adult Social Care.

4. Wellbeing and Prevention Market Position Statement (2021-2026)

- 4.1 The 2021-26 Wellbeing and Prevention Market Position Statement was published in June 2021. At this time, Wellbeing Services in the Community were delivered via grant arrangements and Kent County Council (KCC) has since moved to commissioned provision (as had been envisaged by the Position Statement). The Position Statement was drafted under chapter 4 of the statutory guidance, which requires local authorities to seek to manage their local care services market to ensure a sufficient variety of services and service providers are available.
- 4.2 The Market Position Statement (2021-26) set out the services and future demand when drafted in 2021. The assessment of supply and demand within the Market Position Statement is using data from 2020 which is related to the impacts of covid. The assessment of supply and demand in the Market Position Statement is now superseded by the work undertaken to identify key drivers of demand and projections of future demand, as set out in the Supporting Information (Appendix 2) document, and in order to underpin the development of the Adult Social Care Prevention Framework. The Market Position Statement is intended to be replaced in 2026 to reflect the principles in the Prevention Framework.

5. The Prevention Framework

- 5.1 The development of the Adult Social Care Prevention Framework is guided by the following five approaches, which are aligned with the Adult Social Care

Making a Difference Every Day Strategy and the Integrated Care Strategy. These have been informed and refined through co-production.

1. **Principle of Prevention First:** We are committed to a stronger, purposeful and shared model of prevention throughout adult social care service delivery. This includes considering prevention opportunities at every step of an individual's adult social care and support journey. We also need to empower our workforce to have holistic conversations and optimise opportunities for information, advice and guidance and connecting with wider community support. This will embed a prevention first and strengths-based approach with a focus on ensuring there is the right support at the right time at every stage of a person's care journey.
2. **Focused Support:** Focused Support is aimed at people who have an increased risk of developing needs or who may already have established conditions, to help reduce or delay any further escalation of need whilst helping them live well and as independently as possible. This includes focused interventions for older people, people with mental health needs, people with long term conditions such as frailty and dementia, people who are unpaid carers and young adults with additional needs.
3. **Partnership Working:** Partnership working is striving to embed prevention in KCC through system-wide interventions. We recognise that prevention is a responsibility wider than social care alone and should be seen as an ongoing consideration and not a single activity or intervention. We will therefore seek to make it easier for people to adopt lifestyles that help them stay healthy, happy and independent for as long as possible. We acknowledge that the conditions Kent residents live and work in are very influential, therefore it is important to promote positive behaviours and strengthen work focusing on the building blocks of health including good housing, education, financial security, work and employment, transport and social networks.
4. **Inclusion and Equity:** We are committed to promoting equality, diversity and inclusion throughout our adult social care work including prevention. There is significant variation in the health and wellbeing of people in Kent. We recognise that prevention should play a pivotal role in narrowing the gaps in health and social care outcomes by supporting people to lead healthier and happier lives. We are also committed to finding innovative ways to improve accessibility, including embracing the full transformative power of new assistive technologies in preventing, reducing and delaying care and support needs.
5. **Measuring and Evidencing Impact:** Ensuring that we make better use of data and intelligence to inform and measure the effectiveness of prevention initiatives and identify emerging needs. This includes more consistent and meaningful measures to understand how we are making a difference to the lives of Kent's residents. We will embed a culture of research and continual monitoring of the outcomes of the people we support and the impact of change, whilst ensuring we optimise prevention in our strategic commissioning. We can only plan and

deliver services and prioritise our resources effectively if we have a full and detailed understanding of current, future and unmet need. This will require improvements in data sharing, data linkages and intelligence across health and social care in Kent to predict future trends. This will allow us to predict demand for provision services, understand the impact of preventative action and invest in what has been proven to reduce future need and make the most efficient use of resources whilst responding to the challenges to social care funding.

- 5.2 Easy read and text only versions of the Adult Social Care Prevention Framework will be developed and made available.

6. Consultation Process

- 6.1 The consultation on the framework opened on 6 June 2025 and it closed on 14 July 2025. The consultation process identified the main stakeholders with interest in the framework, and this included people supported by the service, carers, KCC staff, KCC Members, voluntary sector organisations, NHS trusts, Kent and Medway Integrated Care Board, and social care providers, as well as the public. Full details of the consultation process and responses are included in the Prevention Framework Engagement and Consultation Outcome Report (Appendix 3).
- 6.2 There were 17 face-to-face engagement sessions during June and July 2025 across the county. The face-to-face drop-in sessions engaged with 450 people.
- 6.3 In advance of the consultation, a meeting was held on 23 May 2025 with the Adult Social Care People's Panel, whose members include people from the Older Peoples' Forums, Mental Health User Voice and the Kent Physical Disability Forum as well as Healthwatch Kent volunteers, to share the proposals and approach to the consultation.
- 6.4 The consultation was promoted to 60,679 people/organisations via our Adult Social Care networks. There was a targeted social media campaign which reached 32,036 people. An email was sent to 9,523 people registered with Let's Talk Kent.

7. Consultation Outcomes

- 7.1 The responses to the consultation have been carefully considered, and the draft Adult Social Care Prevention Framework has been updated to reflect feedback from the consultation. This includes amending words that were considered corporate language and further elaboration on particular areas of need such as unpaid carers and young adults with additional needs. For a full breakdown of how the document has changed to reflect the feedback, please see the 'You said, We did' document in Appendix 4.

8. Delivery Plan

8.1 The Adult Social Care Prevention Framework will be supported by a detailed co-designed delivery plan. Initially we will be focusing on the first three years (2025-2028) which will build on and strengthen existing prevention activity and new actions and work programmes to deliver against the priorities set out in the document. Some examples of actions proposed in the draft Delivery Plan are;

- Prevention training and skills in the workforce
- Integrated social prescribing and neighbourhood health
- Age-friendly communities
- VCSE strategic partnership

8.2 The Delivery Plan will be finalised by October 2025 and be supported by appropriate governance, to ensure the actions are delivered against, and align with other programmes of work across the Council.

8.3 Each action in the Delivery Plan will have specific measures and indicators to evaluate against, including high level population health outcomes data and lived experience feedback which will be regularly monitored and reviewed. We will use these evaluations to indicate how we are making a difference to the lives of the people living in Kent.

9. Options considered and dismissed, and associated risk

Options	Reason for dismissal and associated risk
1. Do nothing	It was recommended in the Care Quality Commission (CQC) assessment (September 2024) to create and adopt a single document to showcase the existing and new areas of work linked to Prevention, in accordance with our Care Act 2014 responsibilities. To do nothing, would increase the risk of not fulfilling those responsibilities and that being highlighted in our next CQC assessment.
2. Design a Kent County Council - wide Prevention Framework	There is an established Kent and Medway Integrated Care Strategy, therefore to adopt a KCC wide Prevention Framework, would duplicate the actions set out in the Integrated Care Strategy. It was agreed by Corporate Management Team (CMT) on 24 September 2024, that the Prevention Framework would be an Adult Social Care document.

10. Financial Implications

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

11. Legal implications

- 11.1 Section 2 of the Care Act 2014 requires KCC to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will: contribute towards preventing or delaying the development by adults of needs for care and support, and the development by carers of needs for support; and reduce the needs for care and support of adults, and reduce the needs for support of carers. In performing that duty, KCC must have regard to the importance of identifying what is already available in Kent and the extent to which KCC could involve or make use of this and identifying adults and carers in Kent with unmet needs for care and support.
- 11.2 Section 78 of the Care Act 2014 requires KCC to act under the general guidance of the Secretary of State in the exercise of functions under the Act. The relevant guidance is the “*Care and support statutory guidance*”, ‘acting under’ this general guidance means that KCC should follow this guidance unless it has good admissible reasons for departing from it.
- 11.3 The Care Act 2014 highlights prevention as one of seven key responsibilities for local authorities, with an inextricable link to the fundamental principle of promoting wellbeing. This means intervening early to support individuals, helping people retain their skills and confidence, and preventing need or delaying deterioration wherever possible (see §2.1 of the Guidance). The guidance states that it is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence and does not just wait to respond when people reach a crisis point. It is vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible. However, the Guidance emphasises that there are many ways in which a local authority can achieve the aims of promoting wellbeing and independence and reducing dependency. The term “prevention” or “preventative” measures can cover many different types of support, services, facilities or other resources. There is no single definition for what constitutes preventative activity and this can range from wide-scale whole-population measures aimed at promoting health, to more targeted individual interventions aimed at improving skills or functioning for one person, or a particular group or lessening the impact of caring on a carer’s health and well-being. Local authorities should consider the range of options available, and how those different approaches could support the needs of their local communities (§2.4).
- 11.4 The Guidance goes on to state that a local authority should develop a local approach to preventative support, and must provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals’ needs for care and support, or the needs for support of carers. Local authorities should develop a clear, local approach to prevention which sets out how they plan to fulfil this responsibility, considering the different types and focus of preventative support outlined above (§2.23).
- 11.5 The Guidance emphasises that a local approach to preventative support is a responsibility wider than adult social care and support alone, and should include those responsible for public health, leisure, transport and housing services, as well as services provided in partnership with other local partners (e.g. the NHS)

and other organisations (e.g. specialist housing providers or carers' services) (§2.24). In developing its approach, the guidance says that KCC must, for example, identify current and future demand for preventative support, and the supply in terms of services, facilities and other resources available (§2.25).

- 11.6 In developing a local approach to prevention, a local authority must take steps to identify and understand both the current and future demand for preventative support, and the supply in terms of services, facilities and other resources available in their area, which could support people to prevent, reduce or delay needs (§§2.26, 2.29). A local authority should consider the number of people its area with existing needs for care and support, as well as those at risk of developing needs in the future and what can be done to prevent, delay or reduce those needs now and in future; and draw on existing analyses such as the Joint Strategic Needs Assessment and work with other local partners to develop a broader, shared understanding of current and future needs (§2.29). In particular, local authorities must consider how to identify 'unmet need', for example, those people with needs which are not currently being met, whether by the local authority or by anyone else and share this assessment with local partners to contribute to wider intelligence for local strategies (§2.30). Local authorities should consider how they can work with different partners to identify unmet needs for different groups and coordinate shared approaches to preventing or reducing such needs (§2.31).
- 11.7 This draft Adult Social Care Prevention Framework, together with the Supporting Information, complies with Kent's duties under the 2014 Act and the Guidance and sets out the local approach to preventative support.

12. Equalities implications

- 12.1 KCC is under a statutory duty to have due regard to the three equality needs under section 149 (1) of the Equality Act 2010 when exercising their functions. The three equality needs are the needs to (a) eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 12.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation: section 149 (7).
- 12.3 As part of the planning process for the framework development work, an initial equalities impact assessment (EqIA) was developed. This has subsequently been updated following feedback collected within the consultation and is attached as Appendix 5. The key equalities implications identified in the EqIA were related to engagement with the consultation itself, ensuring that we mitigated the risks of those in the population that may encounter barriers to engaging with an online consultation e.g. digital inclusion and skills, accessibility needs. Members must read this equalities impact assessment and carefully consider its contents before taking any decision.

13. Data Protection Implications

- 13.1 The development of the Adult Social Care Prevention Framework does not require a Data Protection Impact Assessment to be completed.

14. Governance

- 14.1 The Adult Social Care Prevention Framework will be supported by new and existing governance. The Director of Public Health, will be the Senior Responsible Officer (SRO) and chair a 'Prevention Framework Steering Group', which will come together regularly with representatives from across KCC and the health and social care system, to make decisions on key approaches, bring wider stakeholders on board ensuring capacity and ownership for priority actions and make connections between the Prevention Framework and wider system integration and impact
- 14.2 The Prevention Framework aligns with the CQC Improvement Plan, and key updates will also be taken to the Adult Social Care Delivery Board, and DMT where appropriate.

15. Conclusions

- 15.1 The majority of consultation responses agree with the draft ambition outlined in the framework (77%); only 8% disagreed. Those in agreement cited the importance of prevention, early intervention and equality as supporting reasons. Feedback received from the consultation have informed the updated Adult Social Care Prevention Framework.
- 15.2 The Care Act 2014 highlights prevention as one of seven key responsibilities for local authorities, with an inextricable link to the fundamental principle of promoting wellbeing. This means intervening early to support individuals, helping people retain their skills and confidence, and preventing need or delaying deterioration wherever possible.
- 15.3 The implementation of the Adult Social Care Prevention Framework will be in line with Kent County Council's adult social care responsibilities, set out in relevant legislation such as the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 1983. The Adult Social Care Prevention Framework will serve as a practical tool to support the design, planning, and delivery of preventative initiatives over a ten-year period, aiming to sustainably manage the growing adult social care demand with a regular formal review to ensure it remains relevant and responsive to emerging needs. Strong engagement and robust data have shaped a collaborative and evidence-based foundation.
- 15.4 If we 'do nothing' to alter the trajectory of need for care, assuming costs and activity remain at 2024 levels, then by 2035, the costs associated with meeting the needs of the over 65 population in Kent alone, will rise by at least 48%.

16. 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 attached as Appendix A.

17. Background Documents

None

18. Appendices

App 1. Prevention Framework

App 2. Prevention Framework Supporting Document

App 3. Prevention Framework Engagement and Consultation Outcome Report

App 4. You Said, We Did

App 5. EQIA

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for
Adult Social Care and Public Health

DECISION NO:

23/00054

For publication

Key decision: YES

Title of Decision: Adult Social Care Prevention Framework 2025-2035

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

- a) **ADOPT** the Adult Social Care Prevention Framework 2025-2035; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to refresh and/or make revisions as appropriate during the lifetime of the Framework and to take relevant actions, including but not limited to finalising the terms and entering into required contract or other legal agreements, as necessary to implement the objectives of the Framework.

Reason(s) for decision:

The Adult Social Care Making a Difference Every Day Strategy and the Kent Adult Carers' Strategy have set the direction for adult social care. These strategies are supported by the Kent and Medway Integrated Care Strategy, as well as Framing Kent's Future, Securing Kent's Future, the Joint Strategic Needs Assessment, and the Kent and Medway Social Prescribing Strategy. Together, these all support a shift towards proactive, preventative approaches that reduce demand, promote wellbeing, and help people remain independent for longer.

Even though the authority has several activities which offer different types of preventative support (primary prevention, secondary prevention and tertiary prevention), the approach is not codified in a single document. The development of the Adult Social Care Prevention Framework is intended to satisfy these objectives and to express our ambitions clearly in respect of the fundamental statutory requirements of the Care Act 2014, and the Care and Support statutory guidance.

The Adult Social Care Prevention Framework covers a ten year period and during that time there will be significant change with Local Government Reorganisation (LGR) in 2028. The draft Framework acknowledges this by stating that, "*devolution, local government reorganisation and changes to health and social care may also create opportunities and challenges yet to be fully understood. Therefore, we will review our framework regularly to ensure that it remains relevant and aligned to the changing context and needs of the people of Kent*". The delivery plan which will support the implementation of the Adult Social Care Prevention Framework will be 2025-2028 and at that point the Adult Social Care Prevention Framework will be reviewed.

Financial Implications

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

Legal Implications

The Care Act 2014 highlights prevention as one of seven key responsibilities for local authorities, with an inextricable link to the fundamental principle of promoting wellbeing. This means intervening early to support individuals, helping people retain their skills and confidence, and preventing need or delaying deterioration wherever possible. The guidance states that it is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence and does not just wait to respond when people reach a crisis point. It is vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible.

The Guidance goes on to state that a local authority should develop a local approach to preventative support, and must provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals' needs for care and support, or the needs for support of carers. Local authorities should develop a clear, local approach to prevention which sets out how they plan to fulfil this responsibility.

The draft Adult Social Care Prevention Framework complies with Kent's duties under the 2014 Act and the Guidance and sets out a local approach to preventative support. The implementation of the Adult Social Care Prevention Framework will be in line with Kent County Council's (KCC) adult social care responsibilities and more detailed information pertaining to the detailed research that sits behind the Adult Social Care Prevention Framework and the Care Act responsibilities can be found in the appendices to the supporting decision report.

Equality Implications

KCC is under a statutory duty to have due regard to the three equality needs under section 149 (1) of the Equality Act 2010 when exercising their functions. The three equality needs are the needs to (a) eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation: section 149 (7).

As part of the planning process for the framework development work, an initial equalities impact assessment (EqIA) was developed. This has subsequently been updated following feedback collected within the consultation. The key equalities implications identified in the EqIA were related to engagement with the consultation itself, ensuring that we mitigated the risks of those in the population that may encounter barriers to engaging with an online consultation e.g. digital inclusion and skills, accessibility needs.

Data Protection Implications

The development of the Framework does not require a Data Protection Impact Assessment to be completed.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care and Public Health Cabinet Committee on 10 September 2025 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

Do Nothing:

It was recommended in the Care Quality Commission (CQC) assessment (September 2024) to create and adopt a single document to showcase the existing and new areas of work linked to Prevention, in accordance with our Care Act 2014 responsibilities. To do nothing, would increase the risk of not fulfilling those responsibilities and that being highlighted in our next CQC assessment.

Design a Kent County Council wide Prevention Framework:

There is an established Kent and Medway Integrated Care Strategy, therefore to adopt a KCC wide Prevention Framework, would duplicate the actions set out in the Integrated Care Strategy.

It was agreed by Corporate Management Team (CMT) on 24 September 2024, that the Framework would be an Adult Social Care document.

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

.....
signed

.....
date

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Adult Social Care Prevention Framework 2025-2035

Working in partnership towards fulfilled,
healthy and independent lives in Kent



Introduction

Contents

Principle of prevention first.....	5
Focused support	7
Partnership working	9
Inclusion and equity	11
Measuring and evidencing impact.....	13

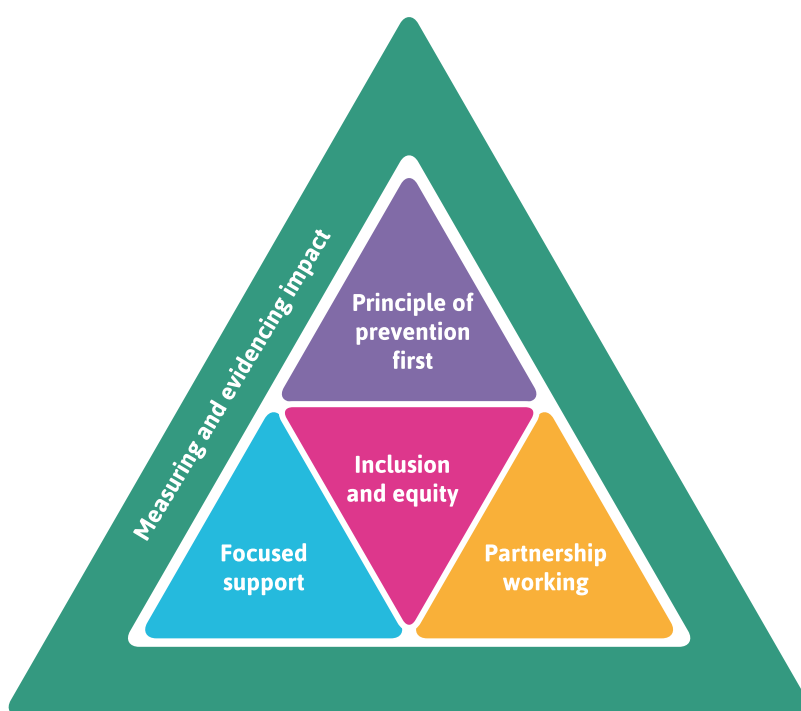
This document is available in alternative formats and languages.

Please call: 03000 42 15 53
Text relay: 18001 03000
42 15 53 for details

Or email: alternativeformats@kent.gov.uk

Our Ambition

People living more fulfilled, healthy and independent lives in Kent.



The framework is: our approach to preventative support, promoting wellbeing and working with partners

By 2035, adult social care in Kent will have shifted towards ways of working and finances that prioritise prevention through the promotion of wellbeing and independence, early intervention and delay of escalating care needs. This will maximise the opportunities for Kent residents to lead more fulfilled, healthy and independent lives. We will make the best use of data and research-led practices and partnership working.

We are looking ahead to 2035, as we know that achieving our ambitions to shift from crisis driven care to earlier actions will require a long-term and consistent effort as a whole county, and it's the right thing to do for our future.



“Prevention is about helping people stay healthy, happy and independent for as long as possible. This means reducing the chances of problems from arising in the first place and, when they do, supporting people to manage them as effectively as possible.”

Department of Health and Social Care 2018.

Our framework follows the Care Act 2014 description of the breakdown of prevention into three general approaches:

- 1. Primary prevention** is aimed at people who are in good health and do not have any specific health or care issues. The goal is to stop needs from happening in the first place and support is generally made available to anyone who needs it (universally).
- 2. Secondary prevention** is aimed at supporting people who are starting to show signs that they might develop health or care needs. The focus is on specific support to stop things from getting worse or to prevent new needs.
- 3. Tertiary prevention** is for people who already have existing health or care needs. It is about helping people stay as independent as possible and stopping their condition, or associated needs from worsening.

Local authorities have a duty by law to promote individual wellbeing and ensure that people can live as independently as possible, and the responsibility of prevention does not sit only within adult social care, each directorate within the council will contribute and deliver prevention activity.

Promoting wellbeing and independence includes working closely with communities to provide information, advice and universal services - as well as health creation. This means identifying risks early on and putting the right initiatives in place to benefit people's health and wellbeing. By doing this, people are less likely to need formal care and support, they have a better chance of keeping themselves well and can take an active role in their health, wellbeing and independence.

Through listening and co-production, we have designed our Adult Social Care Prevention Framework to ensure we keep the voice of people living in Kent at the heart of everything we do. Our framework has been co-designed with the public, our workforce and partners to inform our shared ambition and priorities. Crucially, communities must co-own this approach to ensure its success and sustainability.

Building on the Making a Difference Every Day Adult Social Care Strategy, Kent Adult Carers' Strategy and Kent and Medway Integrated Care Strategy, we outline the importance of changing our ways of working, including how we work with partners and the priorities we must collectively pursue to have the greatest impact on future needs for care and support in Kent.

We acknowledge key challenges which threaten the sustainability of adult social care, including continuing financial pressure on public bodies and increasing demand and costs of care and support and rising inequality. National government proposals to reorganise how local government systems work, along with changes to health and social care may also create opportunities and challenges yet to be fully understood.

Therefore, we will review our framework regularly to ensure that it remains relevant and aligned to the changing context and needs of the people of Kent.

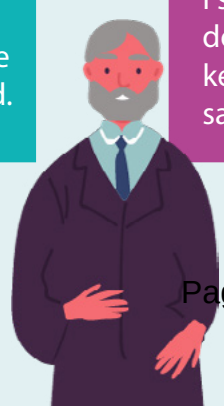
Delivery Plan:

The Adult Social Care Prevention Framework will be supported by a detailed co-designed delivery plan, which will build on and strengthen existing work alongside new actions and work programmes. The delivery plan will be supported by appropriate internal structures, so that actions are delivered and prevention is embedded in all that we do and align with other existing documents and workstreams such as; Making a Difference Every Day Adult Social Care Strategy, Kent Adult Carers' Strategy, and the Kent and Medway Integrated Care Strategy. The Prevention Framework will also inform how we commission in a more agile and proactive way. It is important to us that, in working to deliver change, we also build strong and meaningful connections with other local strategies that cover the county of Kent.

Prevention activities may look different for each person and may change to suit different stages of someone's life journey.



I should feel confident navigating the care and support I need.



I should be able to do the things that keep me healthy, safe and fulfilled.



I am an expert in my own life and should be involved in my care and support.

Principle of prevention first

By identifying people's needs early, enhancing our information, advice and guidance offer and strengthening local support, we can help people stay well, independent and connected for longer without the need to enter into the social care 'system' unless that's right for them.

We all want social care support to be there when we need it, during important moments in our lives. People who do not need intensive support should be able to get flexible help to regain their independence and reconnect with their communities. Our aim is to prevent long-term reliance on services, focusing instead on supporting people's recovery and wellbeing so they can live the life they want.

Many of the challenges people face, like loneliness, isolation, transport or financial stress, can be tackled earlier through easier access to the right information and local support to address these challenges. We are committed to building resilient communities where people can live well. That means understanding what matters to local people, recognising that communities often know best how to help themselves and support what already works well in neighbourhoods.

A strong focus on information, advice and guidance, offered early and clearly, is vital so people can make informed choices and plan ahead. We want to enable people to make their own choices, self-serve and self-direct where appropriate, and when support is needed, ensure they can make contact at the right time with the right person.

Prevention should be at the heart of every interaction. To deliver this, we need to change how we work and consider prevention in the conversations we have. A skilled, confident, and connected workforce is essential, and this is enabled through a strong focus on staff wellbeing, training, recruitment and retention. Whether in social care, housing, health or the voluntary sector, prevention is everyone's business and staff must feel empowered to act early, support people to stay independent, and connect people with the right help for them at the right time.



Case study

Since 2023, the Integrated Care Partnership has been evaluating the use of Feebris to enable proactive and preventative care across 35 care homes. By equipping carers with digital tools to detect early signs of deterioration such as changes in blood pressure or feeling more fatigued, the technology platform enables timely interventions that prevent escalation into acute health episodes or falls. This has led to a 20% reduction in non-elective admissions, saving 860 bed days and £527,000, meaning for every £1 spent generating a return on investment of £5.20. The results demonstrate how preventative care can reduce system pressures and improve resident outcomes, with even greater impact projected if scaled.



Our delivery plan will be driven by these priorities

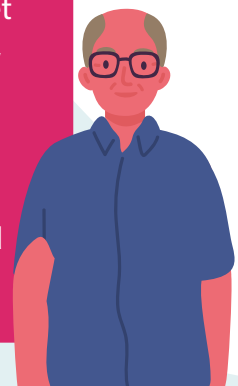
- We will make better use of and strengthen community capacity, and support our workforce to be more visible and accessible to local communities, through our Adult Social Care Connect Service, hubs and gateways.
- We will offer simpler, more coordinated ways for people to find trusted information and support, and communicate these effectively, so they can make informed decisions about their health, wellbeing and care - and plan for the future.
- We will train and support a resilient workforce to have effective conversations, identifying opportunities to connect people to proactive community solutions that provide early support and maximise independence.
- We will make it easier for people and their support networks to take control of their own care, with straightforward processes to help anything from assessing needs, to planning support and managing payments.
- We will make the most of innovation to help people remain independent and in control of their own care at home. This includes better use of technology to identify needs early and improve outcomes.



I should be enabled to build on my own strengths, assets and networks to meet my chosen outcomes, including people such as family, friends, neighbours, hobbies and faith groups.

Page 106

I should be able to get the right information, advice and guidance that is clear, accurate and accessible, that helps me make informed choices and plan for the future.



Focused support

Our detailed research has identified key factors at a population level that may increase people's need to draw on care and support. This information helps us to understand where to proactively focus our efforts to be able to influence the need for care and support in the future.

We can see from our Kent data, that on average, people who live in areas of greater deprivation draw on care and support more than people who live in less deprived areas of Kent. The current economic environment has impacted people, and we know that many people are worse-off financially, and that life expectancy is stalling.

Other key groups where the Kent data indicates we should consider a more intensive preventative approach include:

- **Older people** aged 65 and older in Kent: the number of people in this age group is expected to rise by 28% in the next decade, with those over 85 years old increasing by 53% by 2035. This will result in a dramatic surge in care needs, particularly in coastal areas with higher older populations. If we do nothing to alter the trajectory of need for care and assume costs remain at 2024 levels, then by 2035, the costs associated with meeting the needs of the over-65s alone will rise by at least 48%. With around 10,000 people who are part of the Kent adult social care workforce estimated to be at retirement age in the next ten years, staff wellbeing and recruitment is vital.
- **Young adults with additional needs** or disabilities often face unique challenges. Young people require focused support to ensure a smooth progression into independent living. With support from partner organisations and communities, adult social care can empower young adults and their families with the skills and resources to thrive, reducing future reliance on intensive services and encouraging long-term independence.
- **People with long term conditions**, particularly cardiovascular disease, dementia, frailty and stroke, are more likely to need to draw on care. People going without the things that are essential for a good life (enough money, good housing, education, healthcare) are more likely to develop long term conditions, and at an earlier age. Without action, the numbers of people with dementia in Kent is expected to increase to 39,000 by 2035, yet action to address risk factors such as hearing loss, social isolation and depression could mitigate the rise.
- **People with poor mental health** may have an increased need to draw on care and support; Kent social care saw an increase of 60% in relation to mental health in the five years up to 2023. Kent's future mental health trends are concerning – likelihood (prevalence) of depression is already higher than the national average and is increasing. Kent is also seeing increasing rates of serious mental illness and since 2012, the county's suicide rates have increased above the England average, with men shown to be at greater risk. We have found that the level of care and support required is consistently higher for all ages amongst those living alone.
- **Unpaid carers** are the backbone of care and support in Kent (158,000 people in Kent self-identified as a carer in the 2021 Census), yet they face higher depression rates, increased poverty and are more likely to have disabilities themselves.

We have built a data tool which models that impact particular interventions may have on the need for care and support, and we will work with partners to continue to identify and track the nature of unmet need.

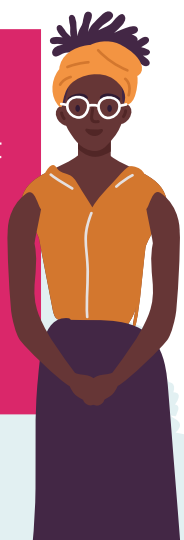
Initial results confirm that while our current focus must be on those closest to needing care and support, over time, as we manage our demand, we will need to shift more resources towards primary prevention, to improve health and well-being outcomes, manage future demand and secure financial sustainability.

Our delivery plan will be driven by these priorities:

- We will use data and insights to co-design support that helps older people to stay healthy, well-connected and independent, and able to continue living in their own home for as long as they can.
- We will create the conditions for young adults with additional needs to be empowered and equipped to make their own decisions, setting a strong foundation for them to achieve their life goals. We will also focus on offering holistic support for their family and carers. This will mean more effective wrap-around support between children's and adults' social care, education, health, housing, transport providers and employers.
- We will work with partners to identify and reach people at risk of, or living with long term conditions, such as stroke, dementia and frailty, working together in a multi-agency approach in an effort to maximise people's independence and wellbeing.
- We will invest in community action that improves mental health and wellbeing especially in communities most at risk. We recognise the need for supported living and employment support alongside support groups, social activities and peer support networks that help to address the unique challenges faced by different communities.
- We will raise the profile of unpaid carers, recognising the value and skills they bring, whilst listening to and proactively supporting their needs throughout and beyond their carer journey so they to see positive health and wellbeing outcomes.



I should be assessed holistically and in a person-centred way, considering my mental, physical, social and emotional needs and outcomes.



I should be able to access voluntary and community groups that can provide practice and emotional support, such as befriending, bereavement, peer support, advocacy or carers groups.

Partnership working

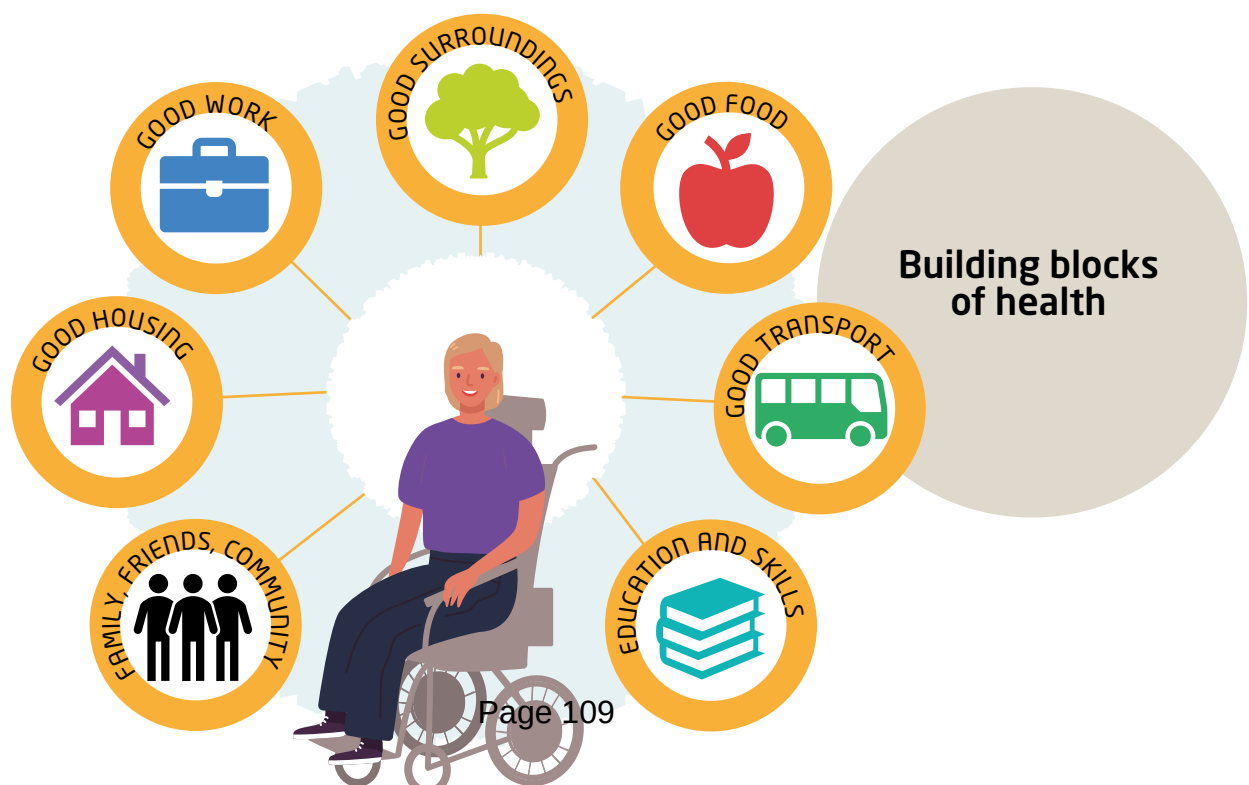
It takes a collective effort to create and maintain safe, healthy and thriving communities. With rising demand and pressures on services, it's more important than ever that the NHS, local authorities, and the voluntary and community sector join forces to make the best use of our shared skills and resources.

Neighbourhood place-based working and Health Alliances bring together professionals from districts, health, social care, mental health, and the Voluntary, Community and Social Enterprise (VCSE) sector to work as one team in local communities. This collaborative approach helps us provide more joined-up, proactive, person-centred care close to home, focused to local needs.

The Voluntary, Community and Social Enterprise Sector is a vital partner for delivering prevention that is truly rooted in local needs and communities and therefore plays a key role in improving health and wellbeing outcomes for the population. These organisations are often closest to our communities, with deep understanding, trust and connections that can support people to live more fulfilled, healthy and independent lives. It is essential that stronger partnerships are formed to support the delivery of our prevention framework.

The Adult Social Care Prevention Framework will align with current work to address inequalities in coastal communities, initially focused on good work and employment (Marmot Coastal Region). The health and wellbeing of the population is not just a result of how well services and support are funded and function. Health and wellbeing is mainly driven by the conditions in which people are born, grow, live, work and age, and the availability of opportunities to flourish through good employment, housing, financial stability and education – the building blocks of health. This means that collectively, both internal and external partners need to find solutions to support people living in Kent in a more holistic way.

By strengthening these partnerships and focusing on early, joined-up support, we can improve health outcomes, reduce inequalities and shift resources and investment towards preventative activity.





Our delivery plan will be driven by these priorities

- We will work with our partners to align our prevention priorities, continuing to proactively find opportunities for partnership working by joining up funding, sharing best practice and ensuring our resources are better coordinated to respond to the needs of our population, and making a greater collective impact.
- We will work more closely with the Voluntary, Community and Social Enterprise (VCSE) sector as a strategic delivery partner to co-design and co-deliver support with communities. Together we will monitor and evaluate outcomes to ensure support is effective, responsive and delivering good value.
- We will co-design and commission services that reflect the needs of the community, to deliver the right support and tackle inequalities with an approach built on mutual trust, shared values and ongoing communication.
- We will work with partners to consider how good housing, employment and good financial circumstances, a good social network and a clean and sustainable environment can enhance health, and how our actions can reduce inequalities of need for health and social care.
- We will work with partners to increase access to rehabilitation, therapies, technology and other community-based support, whilst improving the coordination of early hospital discharge and prioritising a home-first approach.



I'd like to be confident to manage things in my life, like finding a job and having a home.

I'd like to be enabled and encouraged to make strong community connections.



Inclusion and equity

Inclusion: means people of all backgrounds and cultures are welcomed, socially accepted and treated equally, through a sense of belonging that is respectful of people for who they are.

Equity: means ensuring that everyone receives the support they need to achieve their full potential, acknowledging that people may face different barriers.

We are committed to celebrating, respecting and valuing differences across all communities in Kent and creating an environment where everyone feels supported and able to access and benefit from the care and support they need.

We know that this is not currently the case; deprivation and exclusion disproportionately impact certain groups and therefore some people are more likely to experience poorer health, shorter lifespans, and spend more of their lives in ill health. We recognise the need to serve the whole population of Kent, but to achieve fair outcomes for all, we need to intensify our efforts to better serve individuals or groups who experience poorer health and wellbeing and may need more support to lead fulfilled, healthier and independent lives. This includes working with partners like Kent Police, to support community safety initiatives that prevent people being radicalised, and being victims of crime, exploitation, slavery, hate crime, and domestic violence.

We know that when we uplift and support people experiencing the greatest social and economic challenges, our communities and local economy thrive. We must have further consideration of people and groups that may experience greater health inequalities and poorer health outcomes that live in Kent, which may include:

People with protected characteristics under law.

People living in socio-economically deprived areas, including rural and coastal communities.

People who might have more complex needs such as veterans, people experiencing homelessness, people who use substances, offenders and former offenders, people facing abuse or exploitation and sex workers.

We need to understand the needs of these groups and move with urgency towards solutions. That means strengthening a competent workforce and services which are inclusive and respectful of all backgrounds. It means understanding our population and their experiences of accessing care and support, identifying what barriers get in the way of living a glorious ordinary life and agreeing how best to work together to reduce these barriers. It also means improving the way we collect and use information about the care and support needs of the Kent population and how we design our offer in adult social care to meet those needs effectively.



Our delivery plan will be driven by these priorities:

- We will work with partners to maximise our use of data and concentrate our efforts on where they are most needed, so that we can address inequalities and areas of deprivation more effectively.
- We will understand and break down barriers to accessing care and support, working with partners to ensure people have the knowledge, skills and confidence to access, understand and use information and services effectively, through digital inclusion and health literacy.
- We will take active steps to engage and reach those who may have greater or unmet needs for care and support, to ensure people have inclusive and positive outcomes through person-centred and proactive care.
- We will work closely with partners to actively facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations.
- We will continue to develop strong partnerships with all Kent communities to promote community cohesion, especially with those who are currently underrepresented, so that people with lived experience shape local decisions.



I should be supported to access universal services that promote good wellbeing, such as libraries, leisure facilities, transport or education.

Page 112

I should feel confident managing things in my life that will keep me well like looking for a good job and having a safe and comfortable home.



Measuring and evidencing impact

We want our prevention approach to be focused so that it meets people's needs, is effective in achieving their aims and objectives and makes the most efficient use of resources. Most importantly, we want to make a difference to the outcomes that matter most to the people of Kent, by including outcome measures that include storytelling and that take into account people's experiences.

Analysing population trends helps us to pinpoint people or groups at risk of declining health, isolation or needing more intensive support - before a crisis hits. This allows us to tailor early actions, which often deliver better outcomes for people than support at a later stage. We will ensure we work with partners to collect, use and share data consistently, so that we have a more holistic understanding of the needs of our population and the best ways to meet them.

Whilst we've outlined in this framework, clear recommendations for preventative action, we need a better research base to draw from. We can then build a better understanding of the best ways of increasing wellbeing and independence whilst lowering the need for care. We are committed to publishing our own impact studies, but we will also use our voice to advocate for a national prioritisation of prevention that is most relevant to adult social care.

We will adopt best practice approaches to measuring the impact of our prevention programmes, reflecting on processes and learning from others. We will find new ways to track outcomes over time. If we can demonstrate that we are improving wellbeing and independence, then we can demonstrate the case for shifting resources into prevention.

We know numbers and statistics don't tell us all that we need to know, prevention also needs to be measured by lived experience outcomes. Therefore, we want our prevention programmes and the evaluations we use, to assess the impact of experiences. We want to ensure we are listening to our communities at every stage so that they can shape and influence prevention.

When we are getting things right, we want Kent residents to be able to say the following about their experiences of adult social care:

I feel safe knowing that I have the right support in place to help me thrive and be healthy and independent, and that my voice is heard and valued.

I have received support which is right for me throughout, and beyond my caring journey.

I feel connected to my local community. I'm glad that I've been able to receive support to stay in my home and connect with my friends and family.



Our delivery plan will be driven by these priorities:

- We will co-design evaluations with communities and partners to ensure we measure what matters to people and evidence social and financial value.
- We will work with partners to improve how we collect, record and share data, so we better understand Kent residents' needs and experiences and can focus support to where its needed most
- We will campaign for Kent-based research to include a focus on social care outcomes, advocate for a greater national focus on prevention research and source funding opportunities to support prevention activity.
- We will use consistent and robust methods to measure our progress with a variety of data and feedback sources, to comprehensively measure our impact and ensure that evaluations are proportionate, to inform our decision-making processes.
- We will take a long-term approach when investing in prevention, understanding it takes time to show its full impact. We will monitor progress and remain flexible to continuously improve outcomes.

What are our next steps?

As set out in our introduction, the Adult Social Care Prevention Framework will be supported by a detailed and co-designed delivery plan which will set out how we will achieve the priorities set out in the document.

Each action will have specific measures and indicators to evaluate against, including high level population health outcomes data and lived experience feedback, which will be regularly monitored and reviewed.

We recognise that there may be changes to health and social care which may impact the delivery of the framework, therefore, it will be regularly reviewed to ensure that it remains relevant and aligned to the changing context and needs of the people of Kent.

We will share updates on our progress and how we plan to continue working with people who draw on care and support, communities and partners to deliver and review our Adult Social Care Prevention Framework.

For further information about this work, or to get involved, please get in touch at PreventionFramework@kent.gov.uk

Get in touch with Kent Adult Social Care and Health

Email and website

You can email us with queries or questions about any of our services or information.

Email: social.services@kent.gov.uk or see our website at: www.kent.gov.uk/careandsupport

Kent Connect to Support

The Kent Connect to Support website provides you with information and advice to help you (or a relative or friend) look after yourself, stay independent and connect with your local community.

www.kent.connecttosupport.org

Telephone our contact centre

For non-urgent telephone calls, please contact us Monday to Friday between 8.30am and 5.00pm.

The contact centre is based in Maidstone and is open for business 24 hours a day, 7 days a week.

Telephone: 03000 41 61 61

Text relay

A text relay service is available for Deaf, hard of hearing and speech impaired customers and is available 24 hours a day, 7 days a week.

Text Relay: 18001 03000 41 61 61

Out of hours service

Not every crisis occurs during office hours. Kent and Medway Social Services provide for these times with our out of hours service that can offer advice, support and help to ensure that vulnerable people are not left at risk.

Telephone 03000 41 91 91

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

Telephone: 03000 41 61 61 or

Text Relay: 18001 03000 41 61 61

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Adult Social Care Prevention Framework 2025-2035 Supporting Information

Table of Contents

Our current spend and supply	2
Current demand.....	10
Risks and protective factors	12
Future demand	19
Delivery plan	21
References	22



2025

Kent County Council

Authored by: Meg Vest – Public Health & Adult Social Care
Innovation and Prevention Manager
& Gina Walton – Digital & Innovation Lead

Our current spend and supply

For the 2025/26 finance year, the gross budget for prevention in adult social care and health (ASCH) is £33million. These are services that are coded prevention on the system. Of the £33million expenditure, £20.9million is KCC base funded and £12.1million is funded from other sources (finance charging, grants, Care Act implementation, health and other public bodies). This budget is used for commissioned services that provide respite for carers, support for carers, advocacy and domestic abuse. The 25/26 Wellbeing Services in the Community and Community Navigation contracts account for £17.46 million of this budget, with funding contributions as follows:

- KCC Adult Social Care: £10.01 million
- KCC Public Health: £3.06 million
- NHS Kent and Medway: £3.49 million
- Other sources (e.g., Better Care Fund, KMPT): £0.90 million

Current wellbeing & prevention services that are provided within this budget are:

Wellbeing Services in the Community and Community Navigation

The Wellbeing Services in the Community and Community Navigation contracts are commissioned services which aim to help people take a proactive approach to their health and wellbeing, increase independence, and prevent, reduce or delay the need for additional care and support services. These services are part of Kent County Council's (KCC) broader approach to preventing, reducing and delaying the need for care and support.

Wellbeing Services in the Community for older people (55+)

Wellbeing services for older people help to prevent or delay deterioration in people's health and wellbeing via services like peer support, or creative and physical activities.

Community Navigation for older people (55+) and those with complex issues related to illness, disability or a mental health issue

Community Navigators help people in need of information and guidance, emotional and practical support, or help to access a range of community or health and social care services.

Mental Health Wellbeing Services in the Community

This service supports adults living with or without a mental health diagnosis to prevent needs increasing and provides support as part of a person's recovery journey. KCC commissions two strategic partners, Porchlight and Shaw Trust, to deliver these services, known as Live Well Kent and Medway.

Wellbeing Services in the Community for people with dementia and their families

This service has a particular focus on supporting those with a dementia diagnosis and their families. The service provides dementia cafes for individuals living with dementia and their carers. Dementia peer support groups where individuals in the early to middle stages of their condition can meet and share experiences and offer mutual support and advice. Social opportunities and befriending services.

Wellbeing Services in the Community for those with a physical disability

This service provides information, guidance and advice to disabled adults on a range of topics around independent living and all aspects of life with a disability.

Wellbeing Services in the Community for adults with sensory impairments

These services support people who are aged 18 and over with a sensory impairment, such as people who are blind and/or deaf, including people that use British Sign Language (BSL), providing support with information and advice, equipment and training, and rehabilitation.

Community Navigation for carers

This support offer for carers seeks to help them thrive in their caring role. This includes undertaking the statutory requirement for completing carers assessments to determine support needed and carer-specific navigation services to information, advice and guidance. This service is currently being repocured and a new contract will be in place from April '26.

The Kent Integrated Domestic Abuse Service (KIDAS)

This service delivers support to adults, 16+ who are fleeing abuse and seeking safety in refuges across the county of which there are 107 beds. Support is also provided to survivors who are living in a home where a 'Sanctuary Scheme' is in place. KIDAS also delivers support to adults residing in the community who have or are experiencing domestic abuse. This is through Independent Domestic Abuse Advisors (IDVAs) and Outreach Workers and includes development of a personalised safety plan, advocacy and liaison, emotional and practical support including around recovery from trauma.

Advocacy Services

Advocacy means supporting and enabling a person, who is otherwise unable, to speak up for themselves (to self-advocate) or to speak up on the person's behalf. It means supporting people to take more control about decisions over their lives and to make informed choices.

Our Advocacy contract covers the following advocacy provision:

- *Statutory* advocacy: IMCA, RPR, IMHA, Care Act Independent Advocacy and Health Complaints Advocacy

- *Community* advocacy: Specialist advocacy for people with support or communication needs due to disability, frailty or other vulnerability. The type of advocacy used should depend on what is best suited for the person who seeks it, rather than belonging to a particular client category
- *Peer* advocacy: Sometimes people wish to have the tools to support themselves rather than being supported. Peer advocacy gives the opportunity for people trained in advocacy who share the same experiences or use the same services to help people who have difficulty making their views known to develop the skills to speak up for themselves, to self-advocate, or if required to speak up for others in a similar situation to themselves.

Home Improvement Agency

The Home Improvement Agency (HIA) provides services that support people with complex needs, living in private rented or owner-occupied residences, to maintain, adapt and repair their homes. This service includes support regarding major building works and a handyperson service for minor repairs, home improvements and minor adaptations (such as handrails). District councils also work with the HIA in relation to administering Disabled Facilities Grants (DFG). This service involves home assessments and health and safety checks, designed to ensure that an individual's home environment is fit to allow them to live there safely. Support is given to both adults and children. Referrals are also made by the HIA, where necessary, to district councils, to support welfare benefit checks, blue badge applications and access to other services.

Carers Short Breaks

The council fund services to provide carers with a break from their caring role to help improve their wellbeing. To provide a break the service offers replacement care and support, either in the carers own home or by taking the individual receiving care on a leisure activity. Carers breaks are available on both a planned basis and for emergency situations to prevent carer breakdown. In the last year 27,581 planned carer breaks were provided and 4,518 emergency breaks. This service is currently being reprocured and a new contract will be in place from April '26.

The wellbeing and prevention services landscape has varying degrees of commissioning jointly with other stakeholders (Kent & Medway ICB and or local district councils), as indicated in the table below. It is vital that we work with our partners to align our prevention priorities, continuing to proactively find opportunities for partnership working by joining up funding, sharing best practice and ensuring our resources are better coordinated to respond to the needs of our population, and making a greater collective impact.

Table shows number of people supported in 24/25 and 25/26 budget

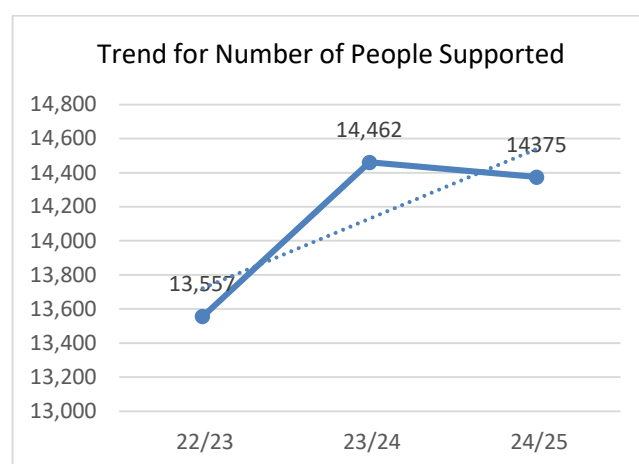
Service	No. individuals supported 24/25	Annual Budget (£) 25/26
Contracted Services		
Wellbeing Services in the Community for older people (55+)	14,375	£3.87million
Community Navigation for older people (55+) and those with complex issues related to illness, disability or a mental health issue	12,150	Annual budget £1.60million. Of the annual budget, the ICB contributes £0.75million.
Mental Health Wellbeing Services in the Community (Live Well)	7753	£6.16million and this includes contributions from partners
Wellbeing Services in the Community for people with dementia and their families	13,103	£0.80million
Wellbeing Services in the Community for those with a physical disability	19,894 interactions	£0.16million
Wellbeing Services in the Community for adults with sensory impairments	22,834	£1.03million
Community Navigation for carers	40,987	£3.76million
Carers short breaks	Carers breaks Planned (24-25) 27,581 Carers emergency breaks (24-25) 4,518	£3.24million
Kent Integrated Domestic Abuse Service (KIDAS)	3,289 (247 of those supported in refuges)	£4.88million which includes contributions from partners
Home Improvement Agency		£0.29million
Advocacy	4,443	£1.53million
Respite (External & in-House)	883	£4.87million
Move on Excellent Homes for All (PFI costs). PFI housing cost, unitary charge for Move on Accommodation in Ashford	N/A	£0.18million
Total		£32.37million

The prevention landscape in Kent is multi-faceted, in that many KCC services and activities that contribute to prevention sit outside adult social care, and include the involvement of public health, children's services, leisure, transport, housing services, and libraries. There are also services provided by Adult Social Care that are not purely focused on prevention but due to the nature of the service do support the prevention offer, these include Technology Enhanced Lives, Everyday Living Activities (Daycare), Kent Enablement at Home and Occupational Therapy (OT). These services are not part of the £33 million budget referenced above.

Trends in demand for preventative services:

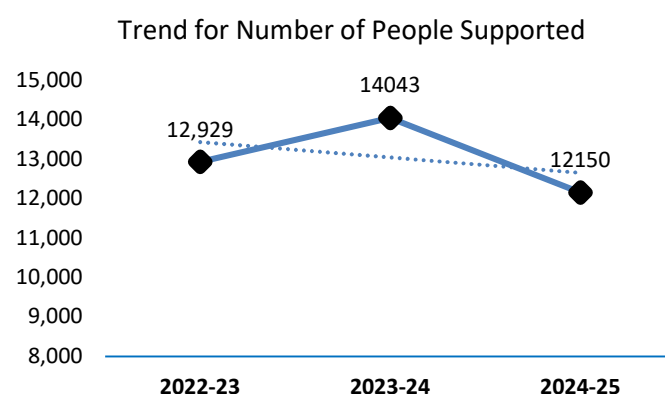
Wellbeing Services in the Community for older people (55+)

13,557 people accessed the service in 2022/23, 14,462 residents accessed the service in 2023/24 and 14,375 people accessed the service in 2024/25. Providers stated there is a drop in figures from 23/24, due to the impact of continued uncertainty around the contract on planning and staffing.



Community Navigation for older people (55+) and those with complex issues related to illness, disability or a mental health issue

12,929 people accessed the service in 2022/23, 14,043 people accessed the service in 2023/24 and 12,150 people accessed the service in 2024/25. Providers stated there is a drop in figures from 23/24, due to the impact of continued uncertainty around the contract on planning and staffing.

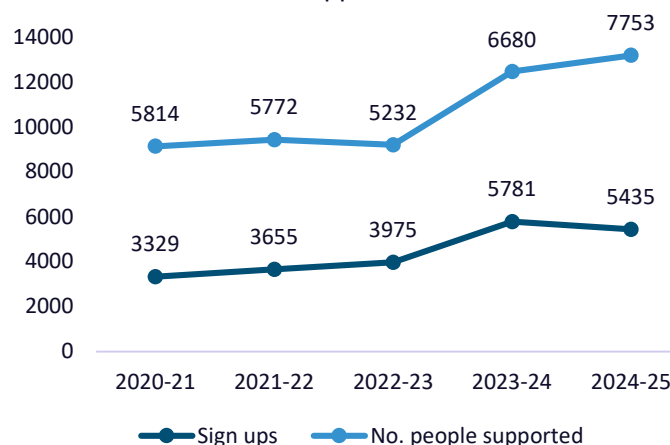


Live Well

The service in 2024/25 received 7,753 referrals (Kent and Medway), which averages 646 referrals a month. Around 70% (5435) of referrals resulted in individuals signing up to the service. Moreover, on average 96% of those sign-ups are new individuals, beginning their first journey with the service, with only 4% being those returning. The service supported 6,680 people in 2023/24.

Note: The service transitioned from LiveWell Kent to LiveWell Kent & Medway from 2023

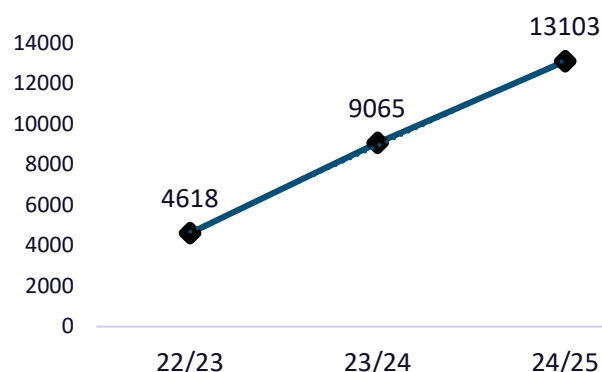
Trends of Sign Ups and Number of People Supported



Wellbeing Services in the Community for people with dementia and their families

4,618 people accessed the service in 2022/23, 9,065 people accessed the service in 2023/24 and 13,103 people accessed the service in 2024/25.

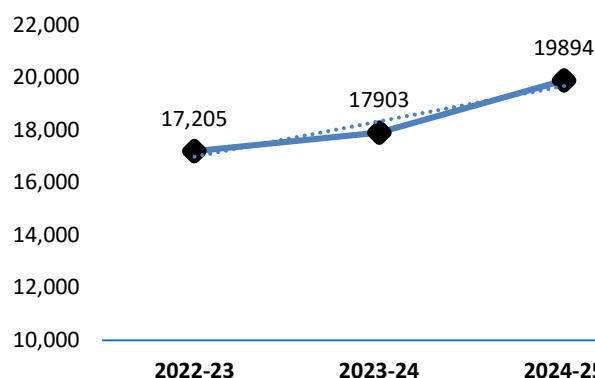
Trend for Number of individuals supported



Wellbeing Services in the Community for those with a physical disability

The service had 17,205 interactions with people in 2022/23, 17,903 interactions with people in 2023/24 and 19,894 interactions with people in 2024/25.

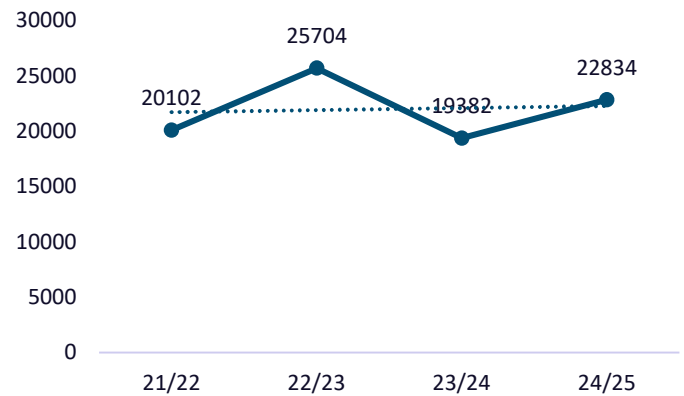
Trend for Number of People Supported



Wellbeing Services in the Community for adults with sensory impairments

The service had 20,102 interactions with people in 2021/22, and 25,704 in 2022/23, 19,382 in 2023/24, and 22,834 residents accessed these services in 2024/25.

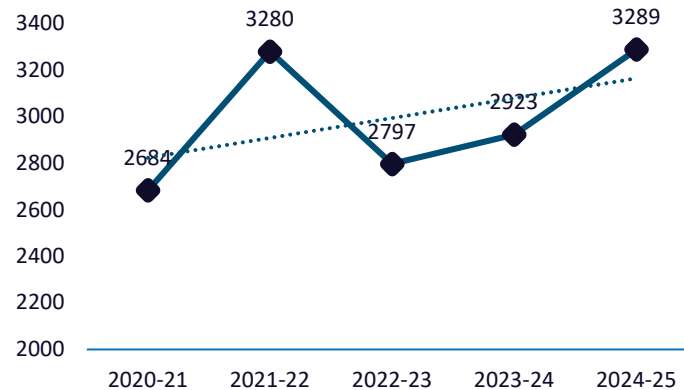
Trend for Number of People Supported



Kent Integrated Domestic Abuse Service (KIDAS)

Since the Domestic Abuse Act came into force in 2021, the council has expanded its support offer within safe accommodation and developed new services to meet gaps in statutory provision. The Kent Integrated Domestic Abuse Services has been in place since April 2017 and consists of safe accommodation support for adults (16+) delivered in refuge, support for adults (16+) delivered in community-based settings and safe accommodation supporting adults (16+) delivered to those residing in sanctuary schemes.

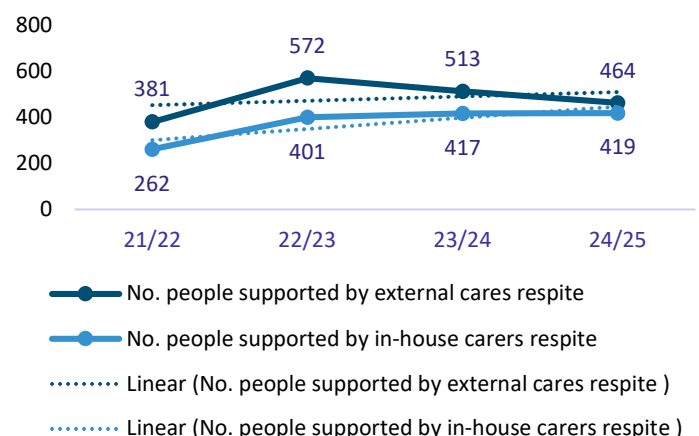
Trend for Number of People Supported



Respite

Organised through the Adult Social Care operational teams to put in place respite for the individual that draws on care and support which then enables respite for the carer.

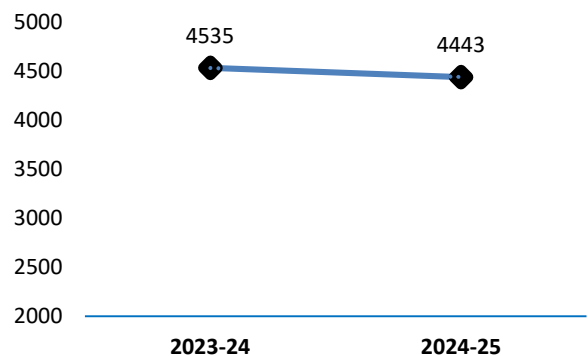
Trends for Number of People Supported



The Advocacy People

Provided both statutory and non-statutory support to 4,443 people in the last year. In the previous year (23,24) the service supported 4,535 people, which was when this new contract started.

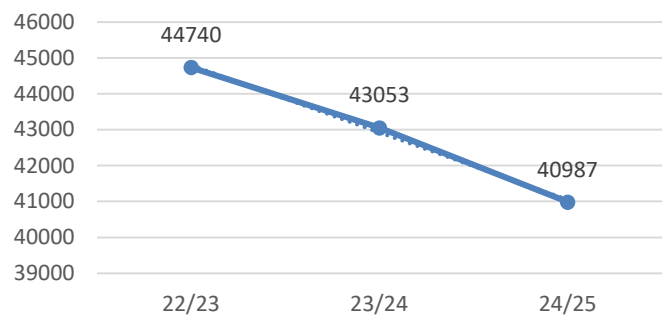
Trend for Number of People Supported



Community Navigation for Carers

The service provided support to 44,740 carers in 22/23, 43,053 carers in 23/24 and 40,987 in 24/25.

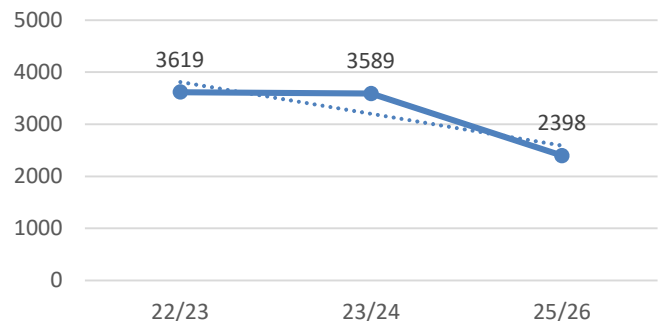
Trend for Number of People Supported



Carers Short Breaks

Data received from Crossroad Care Kent shows that the service provided support to 3,619 people in 22/23, 3,589 people in 23/24 and 2398 people in 24/25. We have been advised that the drop in referrals is due to a change in IT system which tracks and filter referrals differently from previous, which captures data more accurately.

Trend for Number of People Supported



Current demand:

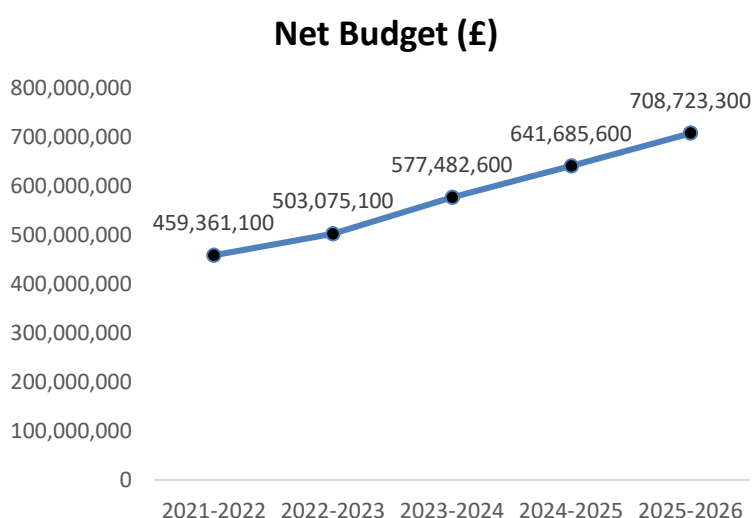
Kent is a fantastic county also known as the Garden of England, with 350 miles of coastline and a rich blend of history, diversity, and culture. It is an attractive place for so many people who choose to make their lives here. With a population of approximately 1,610,300, Kent is the largest of all the English counties providing unique challenges and opportunities in providing adult social care. Like many areas of the UK, we have seen more complex and more costly social care demand compounded by an ageing population.

One of the biggest system challenges facing Kent County Council is budget pressures. This is largely due to the significant expansion of the legislative framework councils operate in. This has extended statutory duties, particularly in adult social care, on councils without the necessary financial resources being made available by way of increased government funding or income generating powers to cover the additional duties imposed by successive Governments. This is coupled with an increase in demand and cost of care particularly due to inflationary pressures.

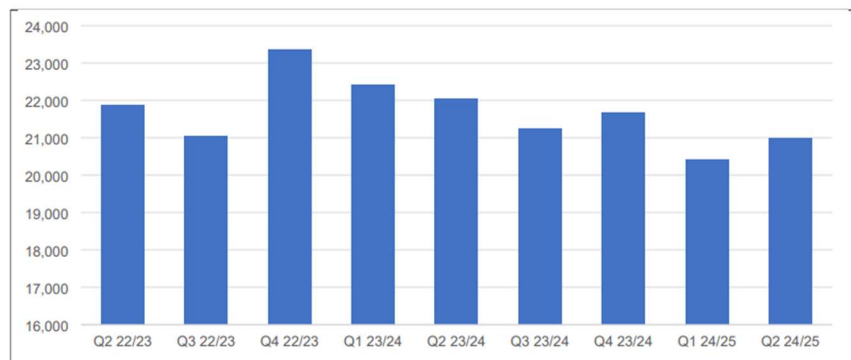
Given the dominance of adult social care on the council budget and because the budget pressures facing the council overwhelming come from social care, we must undertake service transformations to reduce future demand and cost increases including to prevent social care needs. Through the Framework, we have sought to identify risk in the population and development of effective preventative interventions before needs arise or escalate and people present with multiple complex needs, which drives significant increases in the cost of placements.

The figures below show a 54.28% increase in the adult social care budget from 21/22 – 25/26:

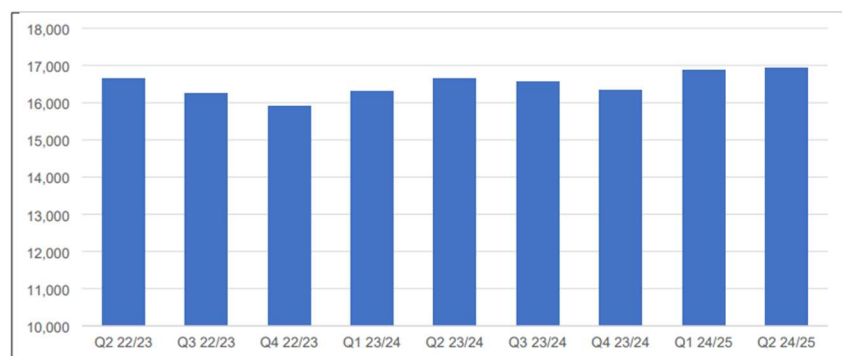
Adult Social Care Budget	
Financial Year	Net Budget (£)
2021-2022	459,361,100
2022-2023	503,075,100
2023-2024	577,482,600
2024-2025	641,685,600
2025-2026	708,723,300



Data presented at Adult Social Care and Public Health Cabinet Committee on 13th November 2024 shows the number of people making contact with Adult Social Care and Health from Q2 22/23 to Q2 24/25.



Data presented at Adult Social Care and Public Health Cabinet Committee on 13th November 2024 shows the number of people with an active Care and Support Plan at the end of the Quarter from Q2 22/23 to Q2 24/25.



Our Prevention Framework therefore seeks to ensure that we have a comprehensive prevention approach to secure the sustainability and stability of our health and social care services.

Risks and protective factors:

As part of the development of the ASC Prevention Framework, we undertook detailed research to identify key factors at a population level that may increase people's need to draw on care and support. This information gives us clues for where we need to focus and proactively deliver to influence the need for care and support in the future.

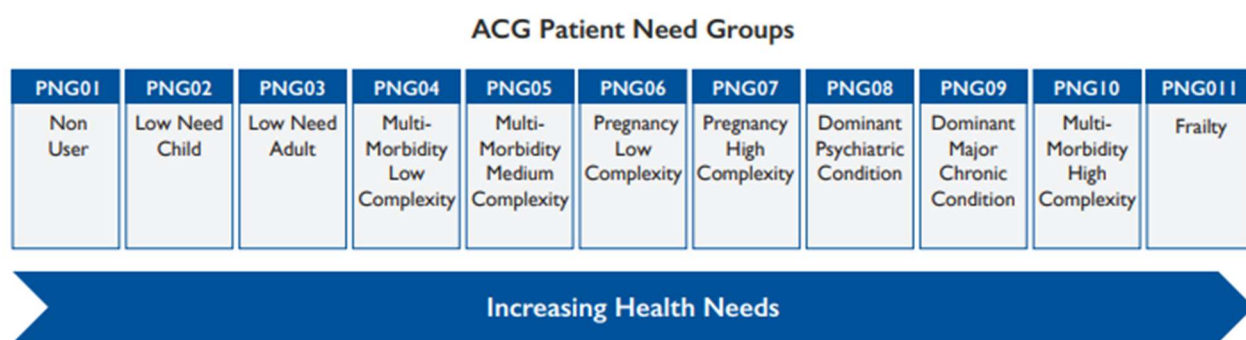
In line with national demographic trends, Kent County Council (KCC) projections show a 28% and 53% increase in their residents aged 65 and 85 years, respectively, over the next decade. This can cause a significant surge in care needs while placing substantial burden to local authority-funded ASC services. Due to these significant population projections, our initial focus for our detailed research focused on those aged 65 and over (prevention Framework pp7).

As part of this work we used locally linked data, including the Kent and Medway Care Record (KMCR), as well as other regional and national aggregated data sources such as Mosaic, the Kent Housing-led Population Forecast, and the Primary Care Mortality Database. This model was supported by a Data Protection Impact Assessment (DPIA) and was co-produced by the working group within the local authority's public health team, which included public health consultants, senior social care officers, the analytics team and finance analysts. We also used the Johns Hopkins Risk Stratification Tool which uses data from the Kent and Medway clinical systems to define and divide the population into segments known as Patient Need Groups (PNGs).

What is KMCR?

The Kent and Medway Care Record (KMCR) provides healthcare professionals with a joined-up view of an individual's care and treatment from multiple health providers. It contains automated, regular data feeds from acute hospital trusts, community services providers, mental health providers, GP practices and social care teams based in local authorities. From an analytics perspective, we only have access to high population level, and pseudonymised data, protecting Kent and Medway residents' identity.

Johns Hopkins Patient Need Groups:



Data findings:

- Adult social care cost increases exponentially with age especially from 70 and higher among females (Figure 1)
- On average, costs to adult social care are lower among people in Asian ethnic group
- Deprivation is associated with higher adult social care cost
- Frailty: which includes dementia, falls, polypharmacy are all highly predictive factors of higher cost of care
- The proportion of the 65+ population in one of the top three risk groups is highest in Thanet, Swale and Canterbury.
- High cost of care associated with those on multiple medications
- Those living alone have higher costs of care, especially those under 80 (Figure 2)

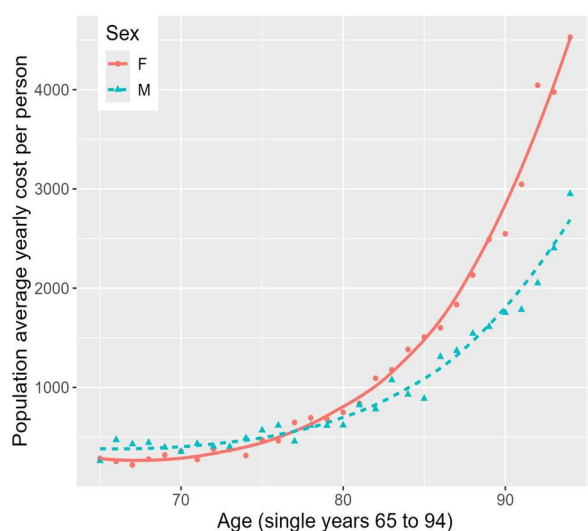


Figure 1

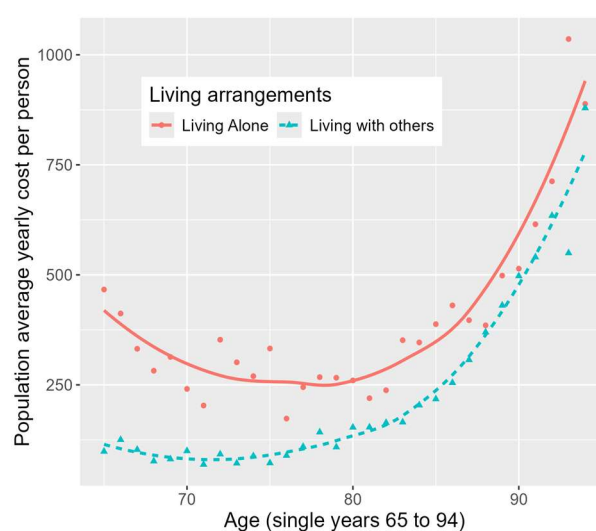
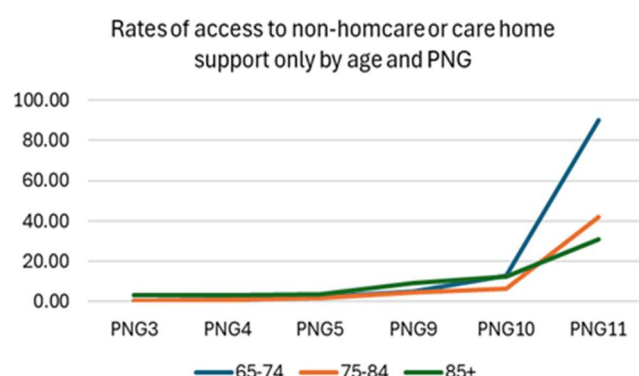


Figure 2

The top 3 Patient Need Groups account for 28% of the population aged 65+ and modelled estimates for costs show they account for around 80% of adult social care costs (76% with an Active Care Plan fall into these groups).

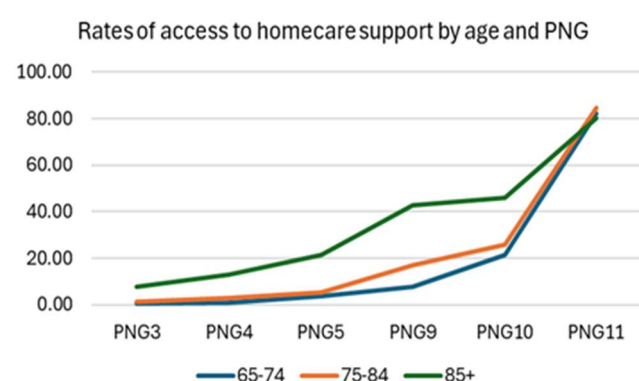
Patient Need Group	Population 65+	Proportion with active care plan	Proportion of all active care plans
11 – Frailty	9,400	26%	33%
10 – Multi Morbidity High Complexity	27,700	5.7%	21%
9 – Dominant Major Chronic Condition	51,600	3.4%	23%
8 - Dominant Psychiatric Condition	9,800	3.6%	4.5%
5 – Multi Morbidity Medium Complexity	93,300	1.2%	14%
4 – Multi Morbidity Low Complexity	81,800	0.4%	4%
3 – Low Need Adult	44,600	0.2%	0.9%
1 – Non- User	900	0.1%	0%

What does this mean for service access rates?



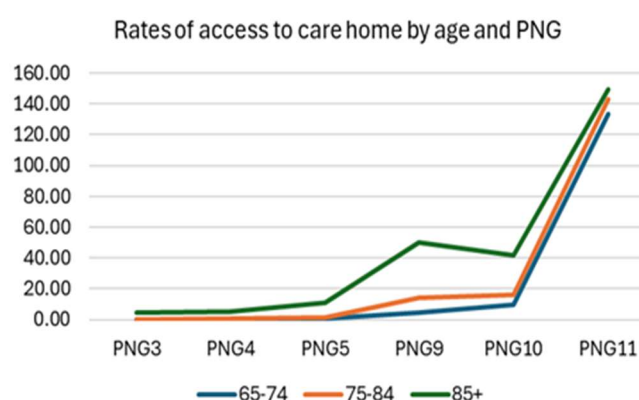
Rates of access to services per 1,000 people increase significantly as they progress through the PNG need groups for all age groups;

Rates of access to services increase marginally between 65-74 to 75-84 but particularly for the >85s for homcare and care home



PNG 9 (Dominant Major Chronic Condition) for care home admission has a higher rate per 1,000 than PNG10 (Multi-Morbidity High Complexity)

We can therefore use PNG as a strong predictor of access rates to adult social care services as age >85



PNG 11 – Frailty, has the highest total cost to adult social care but it's a smaller group of people. It's not inevitable that everyone will become frail (20% of population aged 65, 50% at age 94). However, work to target those who are not yet frail and keeping them well, would be beneficial.

PNG Conclusions:

The highest net progression rates per 1,000 population across all ages is from PNG 3 to PNG 4, followed by from PNG 4 to PNG 5. At higher levels of need, there is a noticeable peak in rates of progression from PNG 5 to PNG 9. In the >85 age group, the highest flow is from PNG 9 to PNG 11

Therefore, if we could stop/slow people progressing from PNG3-4 and 5-6 we would have a large population impact in the long-term. It would be beneficial from an adult social care cost point of view in the nearer term to reduce progression from PNG5 to 9 and from PNG9 to 11, as individuals with these types of needs are likely to be closer to receiving formal care and support. This also underlines the need to ensure

stabilisation of existing higher and more complex need services where the individuals supported are likely to be closer to needing formal care and support, which is referenced in the Framework as: “Initial results confirm that while our current focus must be on those closest to needing care and support, over time, as we manage our demand, we will need to shift more resources towards primary prevention, to improve health and well-being outcomes, manage future demand and secure financial sustainability” (Prevention Framework, pp.8).

Important factors in risk progression include hypertension, MSK conditions (e.g. Lower back pain), CVD, common mental health problems, skin, respiratory, eye and ear conditions, debility and undue fatigue, dementia, falls, difficulty walking, incontinence, weight loss and social isolation.

Mental Health

One in four adults in Kent and Medway experience at least one diagnosable mental health problem in any given year, and it is estimated that around 277,821 people in the Kent and Medway have a common or severe mental illness.

There has been an increase in the prevalence of depression between 2018/19 and 2022/23 across all areas. Both Kent and Medway have remained higher than the England prevalence throughout the time series, with the prevalence in Kent at 15.5% and Medway at 16.9% in 2022/23. Prevalence of depression is higher in the most deprived areas of Kent compared to the least deprived.

Figure 1 shows the recorded prevalence of depression across England, Kent and Medway between 2018/19 and 2022/23. Overall, there has been an increase in the prevalence between 2018/19 and 2022/23 across all areas. Both Kent and Medway have remained higher than the England prevalence throughout the time series, with the prevalence in Kent at 15.5% and Medway at 16.9% in 2022/23.

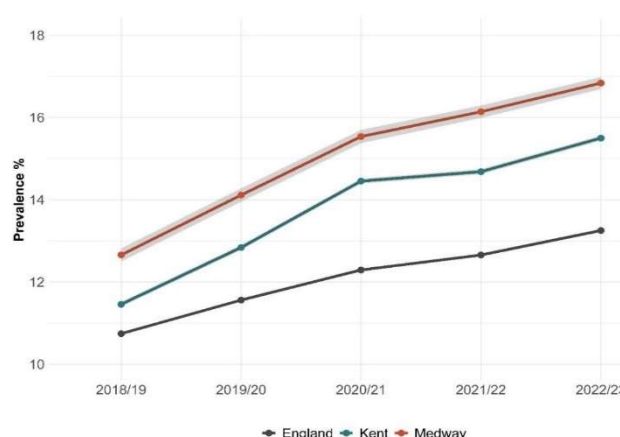


Figure 1. Prevalence of depression recorded in primary care in England, Kent and Medway, age 18+, 2018/19 to 2022/23

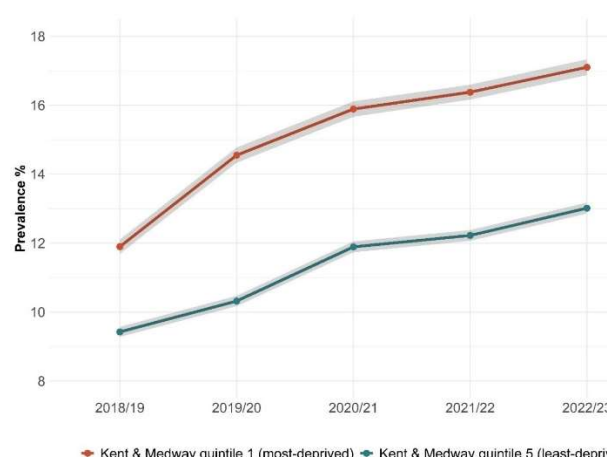


Figure 2. Prevalence of recorded depression in Kent & Medway by deprivation, 2018/19 to 2022/23

Figure 2 shows the recorded prevalence of depression across Kent & Medway by Index of Multiple Deprivation 2019 quintiles, showing quintiles 1 (most-deprived) and 5 (least-deprived) between 2018/19 and 2022/23. Prevalence of depression is higher in the most deprived areas of Kent compared to the least deprived and the gap between quintiles 1 and 5 has widened, from approximately 2.4% in 2018/19 to 4.2% in 2022/23, although both quintiles have increased.

Severe Mental Illness

Table: Number of people with a severe mental illness (SMI) recorded in primary care in Kent & Medway between 2020/21 and 2022/23 of all ages

Area	Count of people with SMI, all ages		
	2020/21	2021/22	2022/23
Kent & Medway	16,227	16,758	17,821
Dartford, Gravesham and Swanley	2054	2118	2239
East Kent	6825	7149	7601
Medway and Swale	2602	3097	3539
West Kent	3829	4016	4442

This shows the number of people with a severe mental illness (SMI) recorded in primary care in Kent & Medway between 2020/21 and 2022/23 of all ages. Recorded SMI has increased by 9.5% across Kent and Medway, higher than the 6.5% seen increase in England (Prevention Framework pp.7).

The Kent and Medway Mental Health Needs Assessment (2025) also highlighted:

- Women have higher recorded rates of SMI conditions (such as PTSD, Antisocial Personality Disorder, and Borderline Personality Disorder), but men are often underdiagnosed or less likely to engage with services.
- Self-harm rates are significantly higher among women, with the highest rates in Medway, Swale, and Thanet.
- Unpaid carers (158,512) in Kent & Medway are at increased risk of mental health challenges.
- LGBTQ+ individuals (41,211) may experience unique mental health risks due to stigma and discrimination.

- Domestic abuse survivors (50,368 cases recorded by Kent Police in 2024) are highly vulnerable to mental health distress.
- Alcohol dependence is prevalent among individuals with common mental illnesses (4.0%) and severe mental illnesses (11.0%), further compounding mental health burdens.

Dementia

Kent has approximately 25,000 people living with dementia with an anticipated 15,000 people with a diagnosis. Compared with the national picture, Kent has a higher number of people with dementia but a low diagnosis rate. According to the Joint Strategic Needs Assessment (JSNA) cohort model, we expect an increase of 17.9% of people with dementia between 2022 and 2027 and using Housing Led Forecasts, the number of people living with dementia is expected to rise to 43,000 by 2040.

Across Kent, needs vary: the Folkestone, Hythe and Rural District has the highest number of people with dementia, while East Kent experiences the highest rate of premature deaths due to dementia.

There is strong evidence for actions which could prevent or delay the development of dementia. The largest risk factors for the development of dementia are hearing loss, education, smoking, social isolation and depression. Modelling indicates dementia prevalence could be reduced by 40% by acting on these and other modifiable risk factors.

Unpaid Carers

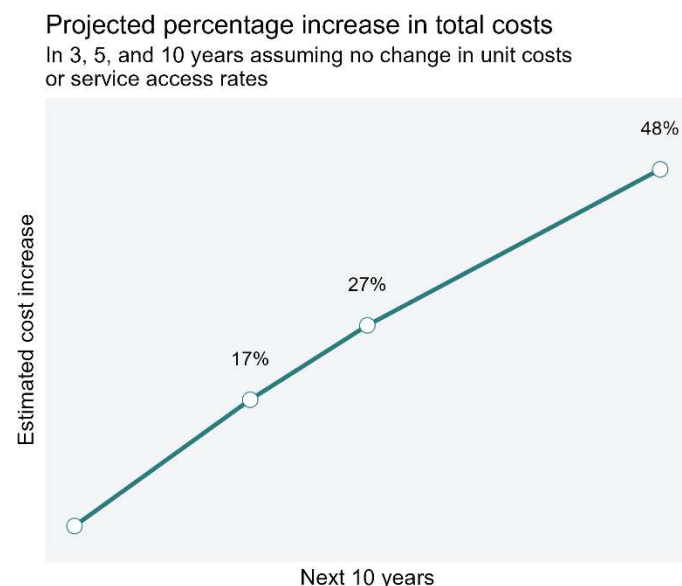
In 2021, 158,512 people self-identified as a carer in Kent, and there are higher proportions of unpaid carers, older carers and those doing 50+ hours of care or more weekly living in deprived, coastal communities. In 2024 in Kent, an estimated 148,341 adults provide 16+ hours of unpaid care each week:

94,640 provide 1-19 hours of care a week
 18,131 provide 20-49 hours of care a week
 35,570 provide 50 hours of care or more a week

The Kent and Medway Care Record (KMCR) only show around one third of expected carers but clearly shows that rates of depression are significantly higher in carers than the general population.

Future demand:

What will happen to adult social care costs for the over 65 population if we do nothing?



Older people aged 65 and over in Kent is expected to rise by 28% in the next decade, with those over 85 increasing by 53% by 2035. This will result in a dramatic surge in care needs, particularly in coastal areas with higher older populations.

If we do nothing to alter the trajectory of need for care and assume costs remain at 2024 levels, then by 2035 the costs associated with meeting the needs of the over 65s alone will rise by at least 48% (Prevention Framework pp. 7).

The figure above has been generated assuming the following:

- That the costs of care stay at 2024 levels
- The proportion of people paying for their own care remains consistent
- The proportion of people willing and able to take on unpaid carer responsibilities remain constant
- Annual government settlement and council tax income remain the same

Adult Social Care Activity Forecasts:

- The number of supported older people is set to increase by 25% by 2036
- Long term residential need to double by 2036
- Homecare, daycare and direct payment projected to fall

Demand projections are based on the linear trend in the number of people we've supported over the past three and a half years, with age-specific rates to reflect an ageing population. We apply that trend to official population forecasts to estimate future demand. This methodology to estimate the demand projections is currently under review and is subject to change.

Current projections for adult social care indicate a 20% increase in demand by 2035. Broken down by support category - again assuming recent trends continue - we expect the following changes in demand over the next 10 years:

- Older people: +19%
- Learning disability: +9%
- Physical disability: –7%
- Mental health: +100%

Systems Dynamic Modelling (SDM):

Initial findings from SDM, where different trial scenarios were mapped against future cost projections, suggest that the best-case scenarios could reduce adult social care costs by 15% in 10 years. However, this would need further investigation.

Conclusions and demand for preventative support:

The population-level indicators, and the predicted increased pressures on adult social care generally mean that overall demand for preventative support is likely to increase as well. The Kent population of older people is expected to rise by 28% in the next decade, resulting in a dramatic surge in care needs, particularly in coastal areas with higher older populations. From the analysis above there is potential increase in demand for social care arising from those with long term conditions (including dementia) and mental health needs.

Initial results confirm that our current focus must be on those closest to needing care and support. Over time, as we manage our demand, we will need to shift more resources towards primary prevention to improve health and well-being outcomes, manage future demand and secure financial sustainability.

Delivery plan:

The Adult Social Care Prevention Framework will be supported by a detailed co-designed delivery plan, initially focusing on the first three years (2025-2028) which will build on and strengthen existing prevention activity and new actions and work programmes to deliver against the priorities set out in the document. Some examples of actions proposed in the draft Delivery Plan are;

- Prevention training and skills in the workforce
- Integrated social prescribing and neighbourhood health
- Age-friendly communities
- VCSE strategic partnership

The Delivery Plan will be finalised by October 2025 and be supported by appropriate governance, to ensure the actions are delivered against, and align with other programmes of work across the council.

Each action in the delivery plan will have specific measures and indicators to evaluate against, including high level population health outcomes data and lived experience feedback, which will be regularly monitored and reviewed. We will use these evaluations to indicate how we are making a difference to the lives of the people living in Kent.

The Prevention Framework will also inform how we commission in a more agile and proactive way. It is important to us that, in working to deliver change, we also build strong and meaningful connections with other local strategies that cover the county of Kent.

As part of the development of the Prevention Framework, we have identified an opportunity to work more closely with the Voluntary, Community and Social Enterprise (VCSE) sector as a strategic delivery partner to co-design and co-deliver support with communities. Together we will monitor and evaluate outcomes to ensure support is effective, responsive and delivering good value. Across the wellbeing landscape, different provisions are at different stages in the commissioning cycle and, therefore, at different phases of contracting arrangements. As part of the delivery plan, we will consider establishing a 'VCSE Strategic Partnership Design Group' which will co-design a strategic partnership with the VCSE, working to be in place by April 2027, within a financial envelope to deliver services in the community that prevent, reduce and delay the need for adult social care in Kent. This group will also co-design a new approach to measuring the preventative impact of the VCSE and be informed by an evidence-led approach, which will be used to understand gaps of support available in our communities.

References:

<https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach>

<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>

<https://www.health.org.uk/sites/default/files/2024-12/HEAJ9448-Communicators-Toolkit-220725.pdf>

<https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/>

<https://www.futureofprevention.com/>

<https://www.local.gov.uk/publications/earlier-action-and-support-case-prevention-adult-social-care-and-beyond>

<https://www.kent.gov.uk/about-the-council/information-and-data/facts-and-figures-about-kent/population-and-census/population-data>

<https://www.kmhealthandcare.uk/your-health/kent-and-medway-care-record>

<https://democracy.kent.gov.uk:9071/ieListDocuments.aspx?CId=896&MId=9535&Ver=4>

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcarebyagesexanddeprivationenglandandwales/census2021>

<https://www.kent.gov.uk/about-the-council/information-and-data/facts-and-figures-about-kent/population-and-census/census>

Acknowledgements:

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Kent County Council Adult Social Care Prevention Framework Consultation Report



Prepared by Lake Market Research



Contents

Executive summary	3
Background and methodology	5
Consultation profile	9
Consultation awareness	13
Understanding of draft Framework outlined	14
Response to ambition and priorities	20
Response to Equality Impact Assessment	56
Easy Read consultation questionnaire summary	58
Next steps	62
Appendix - Consultation questionnaire	63

Executive summary

- 428 responses were received via the consultation questionnaires. 416 responses were received via the main consultation questionnaire (307 online and 109 in hard copy). 12 responses were received via hard copy Easy Read questionnaires. The key findings / statistics below are based on response to the main consultation questionnaire. A summary of response to the Easy Read questionnaires can be found on page 56 onwards.
- The majority of consultees responding are Kent residents (78%). 20 questionnaires were completed on behalf of a charity or Voluntary, Community or Social Enterprise (VCSE) organisation. Responses were also received from representatives from Town, Parish, District or Borough Councils (6), Councillors (6) and Kent business owners / representatives (7).
- The most common route to finding out about the consultation is via an email from Let's talk Kent or KCC's Engagement and Consultation team (41%).
- 68% found the wording in the Prevention Framework easy to understand (27% found it very easy). 73% found the diagrams and pictures in the Prevention Framework easy to understand (36% found them very easy). Some consultees commented that the length of the document and the phrasing used made it difficult to fully understand the framework's contents.
- The majority agree with the draft ambition outlined in the framework (77%); only 8% disagreed. Those in agreement cited the importance of prevention, early intervention and equality as supporting reasons. Some consultees highlighted concerns with regards to the level of tangible detail included, the perceived ease of implementation, the need for / importance of stakeholder / organisation partnerships and the availability of funding required.
- Agreement with priorities outlined against the five approaches put forward in the consultation are higher as follows:
 - Principle of prevention first – 85% agree, 8% neither agree nor disagree, 6% disagree.
 - Focused support – 83% agree, 10% neither agree nor disagree, 5% disagree.
 - Partnership working - 81% agree, 12% neither agree nor disagree, 6% disagree.
 - Inclusion and equity - 81% agree, 12% neither agree nor disagree, 5% disagree
 - Measuring and evidencing impact - 79% agree, 14% neither agree nor disagree, 3% disagree.
- When given the opportunity to provide any comments on the priorities outlined, a number of consultees were in support. The following specific concerns were raised but also echo earlier points raised at ambition level:
 - The level of actionable detail included / action plans / evidence that things will change in reality
 - AI / tech concerns with new plans / potential for digital exclusion for some
 - Desire for support for carers / In addition to profile raising

- Feasibility of partnership working / importance of partnerships to make plans work
- Availability of funding required
- Including everyone / all stakeholders in feedback / measurement
- Inclusion of local VCSE organisations / groups in plans

Background and methodology

Background

Kent County Council (KCC) has a statutory duty under The Care Act (2014) to prevent, reduce and delay the development of needs for care and support by promoting individual wellbeing and ensuring that people can live as independently as possible. The Department of Health and Social Care (2018) defines prevention as: "Prevention is about helping people stay healthy, happy and independent for as long as possible. This means reducing the chances of problems from arising in the first place and, when they do, supporting people to manage them as effectively as possible."

By 2035, adult social care in Kent will have fundamentally shifted towards a strategic, operational and financial model that prioritises prevention, early intervention and delay of escalating care needs. Following engagement and early co-production with the Voluntary Community and Social Enterprise (VCSE) sector, workforce, partners and workshops with Kent residents throughout September 2024 - March 2025, Kent County Council have run a public consultation on the newly proposed Adult Social Care Prevention Framework. The Framework sets out KCC's ambition to help more people in Kent to live fulfilled, healthy and independent lives now and in the future.

Consultation process

On the 6 June 2025, a five and a half week consultation was launched and ran until 14 July 2025. The consultation invited residents, services users, VSCE organisations and other interested parties to provide views on the framework and any other comments.

Feedback was captured via a consultation questionnaire which was available on the KCC engagement website (<https://letstalk.kent.gov.uk/prevention-consultation>). Upon launch of the consultation, hard copies of the consultation material and questionnaires were provided on request. Easy Read and 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:

- In advance of the consultation, a meeting was held on 23 May 2025 with the Adult Social Care People's Panel, whose members include people from the Older Peoples' Forums, Mental Health User Voice and the Kent Physical Disability Forum as well as Healthwatch Kent volunteers, to share the proposals and approach to the consultation.
- The consultation on the framework opened on 6 June 2025 and it closed on 14 July 2025.
- The consultation process identified the main stakeholders with interest in the framework, and this included people supported by the service, carers, Kent County Council (KCC) staff, KCC Members, voluntary sector organisations, NHS trusts, Kent and Medway Integrated Care Board, and social care providers, as well as the public.

- The consultation was promoted to 60, 679 people/organisations via our Adult Social Care networks. There was a targeted social media campaign which reached 32,036 people. An email was sent to 9,523 people registered with Let's Talk Kent.
- There were 17 face-to-face engagement sessions run in partnership with some of our identified stakeholders during June and July 2025 across the county (see dates, locations and partners below). The face-to-face drop-in sessions engaged with 450 people.
- There were also 3 online evening sessions promoted, however across the 3 events, only 1 consultee took part.

Date	Location / District	Partner
09.06.25	Tunbridge Wells	Kenward Trust
10.06.25	Birchington, Thanet	Veterans Association
11.06.25	Eynsford, Sevenoaks	DVCC
12.06.25	Tonbridge & Malling	Hi Kent
12.06.25	Maidstone	Involve Kent
13.06.25	Herne Bay, Canterbury	Age UK Herne Bay & Whitstable
18.06.25	Southborough, Tunbridge Wells	Crossroads Care Kent
19.06.25	Folkestone,	Age UK
20.06.25	Eastry, Dover	Eastry Parish Council
24.06.25	Ramsgate, Thanet	West Kent Housing Association
25.06.25	Wye, Ashford	Disability Assist
30.06.25	Deal, Dover	Age UK
01.07.25	Sheerness, Swale	Imago Community
02.07.25	Temple Hill, Dartford	Healthy Living Centre
03.07.25	Gravesend, Gravesham	Alzheimer's & Dementia Support Services
10.07.24	Margate, Thanet	Speak Up CIC
11.07.25	Aylesford, Tonbridge & Malling	Royal British Legion

A summary of interaction with the consultation website and documents can be found below:

- Unique visitors to page - 5,015
- Total visits to page - 5,500
- New registrations - 146
- Documents downloaded - 1,470

- Views of 'Draft Prevention Framework' - 861
- Views of 'Equality Impact Assessment' - 84
- Views of 'Questionnaire: Easy Read Version' - 82
- Views of 'Prevention Framework: Easy read Version' - 76
- Views of 'Word Version Questionnaire' - 67
- Views of 'Frequently Asked Questions' - 62
- Views of 'BSL video explaining consultation page' – 12
- Views of 'BSL video explaining drop in sessions' - 6

A targeted social media campaign was carried out, alongside usual activity from the Consultation Team to promote the Consultation. The aim of the targeted campaign was to boost engagement with people under the age of 56, as this was a cohort that we weren't seeing high engagement from.

- Clicks across all channels - 806
- Total reach - 32,036
- Total impressions - 40,614
- Facebook reach ONLY - 29,451
- Instagram reach ONLY - 4,703
- LinkedIn impressions - 7,052
- Nextdoor impressions - 28,859
- Nextdoor reactions - 17

Consultation response

There were 428 responses to the consultation questionnaire:

- 416 responses were received via the main consultation questionnaire – 307 of these were submitted online and 109 questionnaires were submitted in hard copy or by email.
- 12 responses were received via hard copy Easy Read questionnaires.

In addition to consultation questionnaires, 3 emails / letters received by KCC and feedback from face to face events with regards to consultation feedback and passed to Lake Market Research for review and analysis. This report includes examples of the feedback provided via these emails / letters.

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 the purpose of 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 these data tables will exceed the sum of 100% and comments often cover more than one theme.
- 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

Main consultation questionnaire - response profile

The majority of consultees responding to the consultation questionnaire Kent residents (78%).

20 questionnaires were completed on behalf of a charity or Voluntary, Community or Social Enterprise (VCSE) organisation. Responses were also received from representatives from Town, Parish, District or Borough Councils (6), Councillors (6) and Kent business owners / representatives (7).

CONSULTEE TYPE	Count	Percentage
As a Kent resident	325	78%
As a representative of a local community group or residents' association	5	1%
On behalf of an education establishment	0	0%
On behalf of a Town, Parish, District or Borough Council in an official capacity	6	1%
A Parish, District, Borough, City or County Councillor	6	1%
As a Kent business owner or representative	7	2%
On behalf of a charity or Voluntary, Community or Social Enterprise (VCSE) organisation	20	5%
A KCC employee (Kent resident)	18	4%
A KCC employee (non-Kent resident)	2	0.2%
A resident from somewhere else, such as Medway	5	1%
Other / as something else	19	5%
Blank	3	0.7%
Total	416	

Main consultation questionnaire - demographic profile

The tables below show the demographic profile of **Kent residents (325 in total)**. The proportion who left these questions blank or indicated they did not want to disclose this information has been included as applicable.

Gender	Number of responses	Percentage
Male	198	61%
Female	81	25%
Prefer not to say / blank	46	14%

Gender same as birth	Number of responses	Percentage
Yes	266	82%
No	2	1%
Prefer not to say / blank	57	18%

Age	Number of responses	Percentage
16-20	1	0.3%
21-25	1	0.3%
26-30	1	0.3%
31-35	4	1%
36-40	5	2%
41-45	4	1%
46-50	7	2%
51-55	18	6%
56-60	29	9%
61-65	31	10%
66-70	39	12%
71-75	51	16%
76-80	39	12%
81-85	34	10%
86-90	11	3%
91-95	1	0.3%
Over 95	1	0.3%
Prefer not to say / blank	48	15%

Disability	Number of responses	Percentage
Yes	110	34%
- Physical	75	23%
- Sensory (hearing, sight or both)	31	10%
- Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy	40	12%
- Mental health condition	26	8%
- Learning disability	5	2%
- Neurodivergent, such as ADHA, autism, dyslexia and dyspraxia	9	3%
- A different disability or health condition	6	2%
No	153	47%
Prefer not to say / blank	62	19%

Carer	Number of responses	Percentage
Yes	75	23%
No	194	60%
Prefer not to say / blank	56	18%

Ethnicity	Number of responses	Percentage
White English, Scottish, Welsh, Northern Irish or British	248	75%
White Irish	8	2%
Any other White background	2	1%
White and Black Caribbean	1	0.3%
White and Black African	1	0.3%
White and Asian	0	0%
Asian or Asian British Indian	13	4%
Asian or Asian British Pakistani	0	0%
Asian or Asian British Bangladeshi	0	0%
Asian or Asian British Chinese	0	0%
Any other Asian background	1	0.3%
Black or Black British Caribbean	0	0%
Black or Black British African	0	0%
Any other African background	2	1%
Roma	1	0.3%
Ethnicity	Number of responses	Percentage

Any other ethnic group	2	1%
Prefer not to say / blank	46	14%

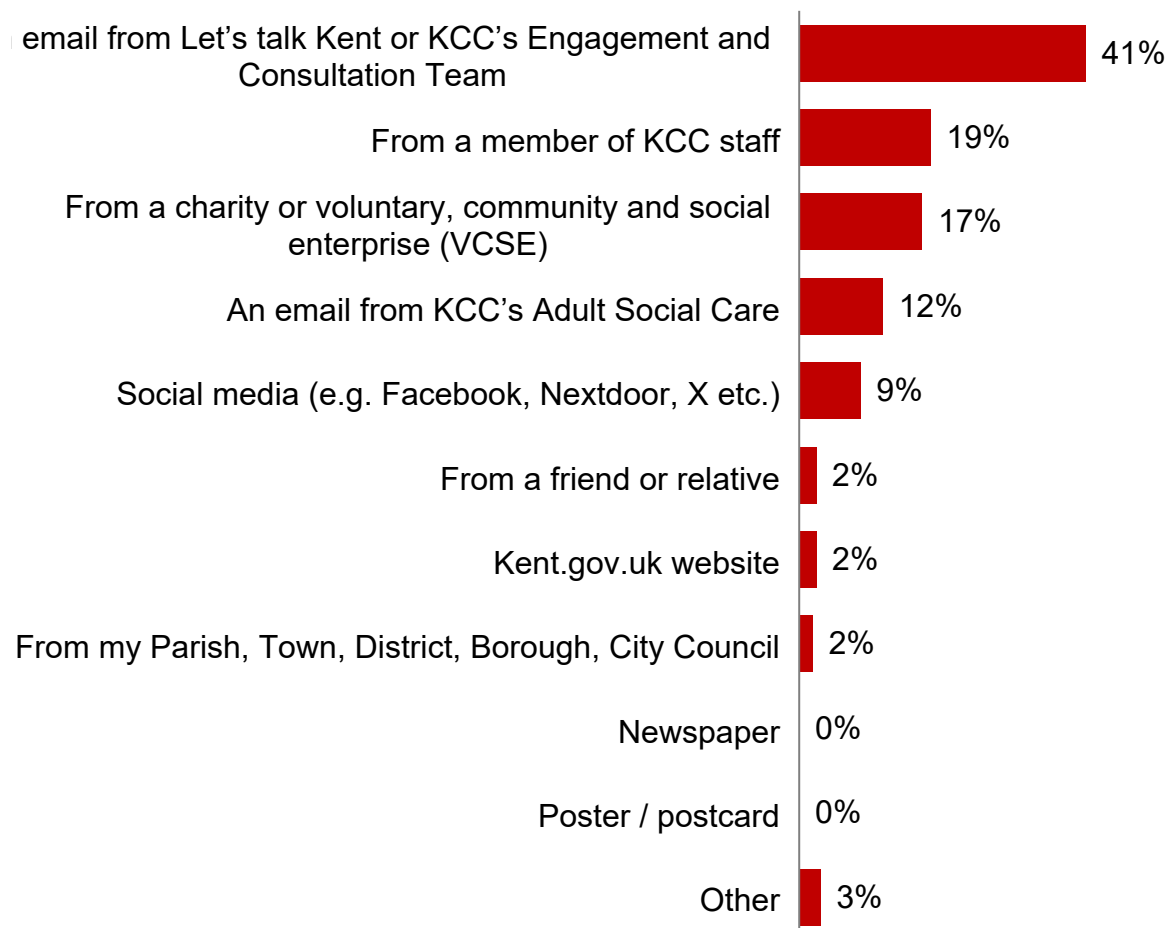
Religion	Number of responses	Percentage
- Atheist	6	2%
- Christian	144	44%
- Buddhist	1	0.3%
- Hindu	3	1%
- Jewish	0	0%
- Muslim	0	0%
- Sikh	11	3%
- A different religion or belief	8	2%
No	83	26%
Prefer not to say / blank	69	22%

Sexuality	Number of responses	Percentage
Heterosexual / Straight	239	74%
Bisexual	5	2%
Gay or Lesbian	9	3%
Prefer to define my own sexuality	2	1%
Prefer not to say / blank	70	22%

Consultation awareness

The most common route to finding out about the consultation is via an email from Let's talk Kent or KCC's Engagement and Consultation Team (41%). 19% found out via a member of KCC staff (19%) and 17% found out from a charity or voluntary, community and social enterprise (VCSE).

How did you find out about this consultation? Base: all providing a response (413)



SUPPORTING DATA TABLE	Number of responses	Percentage
An email from Let's talk Kent or KCC's Engagement and Consultation Team	168	41%
From a member of KCC staff	77	19%
From a charity or voluntary, community and social enterprise (VCSE)	72	17%
An email from KCC's Adult Social Care	49	12%
Social media (e.g. Facebook, Nextdoor, X etc.)	36	9%
From a friend or relative	10	2%
Kent.gov.uk website	10	2%
From my Parish, Town, District, Borough, City Council	8	2%
Newspaper	1	0%
Poster / postcard	0	0%
Other	13	3%

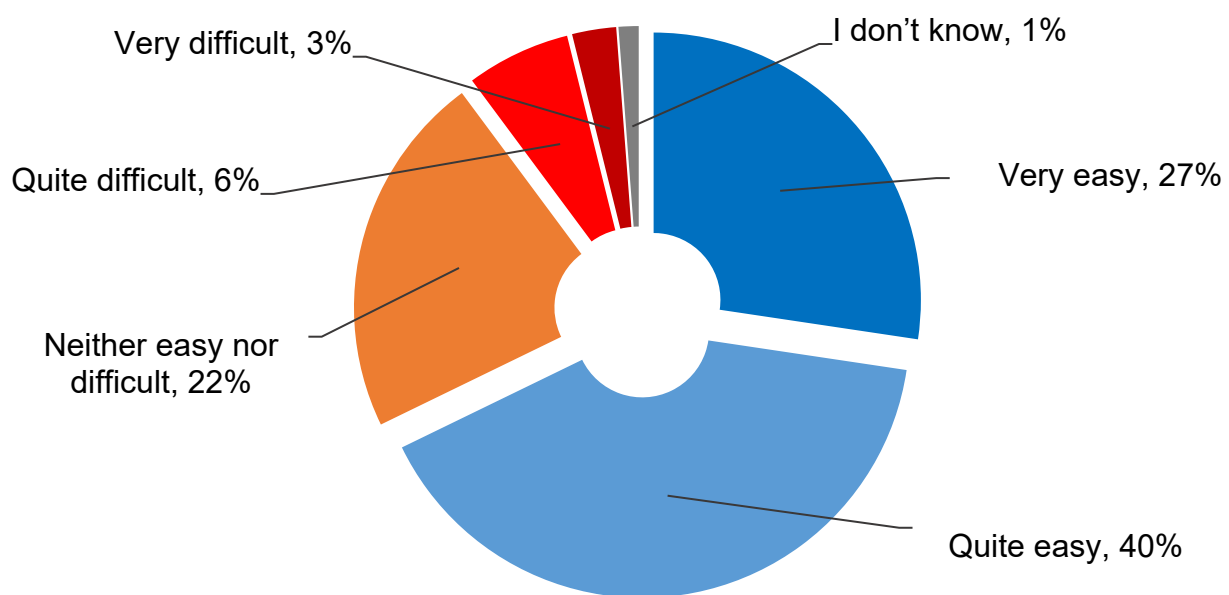
Understanding of Prevention Framework outlined

Ease of understanding Framework wording

Just under two thirds of consultees (68%) indicated they found the wording in the Prevention Framework easy to understand; 27% indicated they found it very easy. 9% indicated they found the wording difficult to understand and 22% indicated they found it neither easy nor difficult.

How easy or difficult was the wording in the Prevention Framework to understand...?

Base: all providing a response (413)



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Easy	280	68%
Net – Difficult	37	9%
Very easy	113	27%
Quite easy	167	40%
Neither easy nor difficult	91	22%
Quite difficult	26	6%
Very difficult	11	3%
Don't know	5	1%

A comparably lower proportion of resident consultees with a disability indicated they found the wording in the Prevention Framework easy to understand (62%).

How easy or difficult was the wording in the Prevention Framework to understand?

CONSULTEE TYPE % net easy	Number of responses	Percentage
As a Kent resident	213	66%
As a representative of a local community group or residents' association	4	80%
On behalf of a Parish / Borough / District Council in an official capacity	6	100%
As a Parish, District or County Councillor	4	67%
As a Kent business owner or representative	6	86%
On behalf of a charity, voluntary, community and social enterprise (VCSE)	14	70%

RESIDENT DEMOGRAPHICS % net easy	Number of responses	Percentage
Female	132	67%
Male	61	74%
Aged 41-60	41	68%
Aged 61-70	47	66%
Aged 71-80	63	71%
Aged 81 and over	34	76%
Has a disability	68	62%
A carer	53	70%

Reasons consultees found the wording difficult to understand

Consultees who indicated they found the wording quite or very difficult to understand were given the opportunity to explain why in their own words; 23 consultees provided a reason (62% of those who found the wording difficult to understand). The comments have been reviewed and example verbatim comments are shown below.

The majority of comments received reference the length of the document, the wording used and the desire for more tangible detail.

As you found the wording in the Prevention Framework quite / very difficult to understand, please tell us why. Base: all consultees providing a response (23)

"I think you should have provided more simplified, bullet point information. It was long winded and wordy and there were several times I ended up skimming because there was too much detail. I'm sorry to say that this is the sort of document that I have seen many times in educational institution when people write a lot without saying much." (Kent resident)

“It is lengthy and drawn out, examples would be easier to understand of the proposals and how they are to be achieved.” (Identified as other)

“The language makes it difficult for the public to tell what will happen in practice and how this will differ from the past – particularly given inevitable constraints on resources. This is a significant issue for those of us without informal advocacy or informal care, who are therefore particularly likely to need social care support in the future.” (On behalf of a charity or voluntary, community and social enterprise)

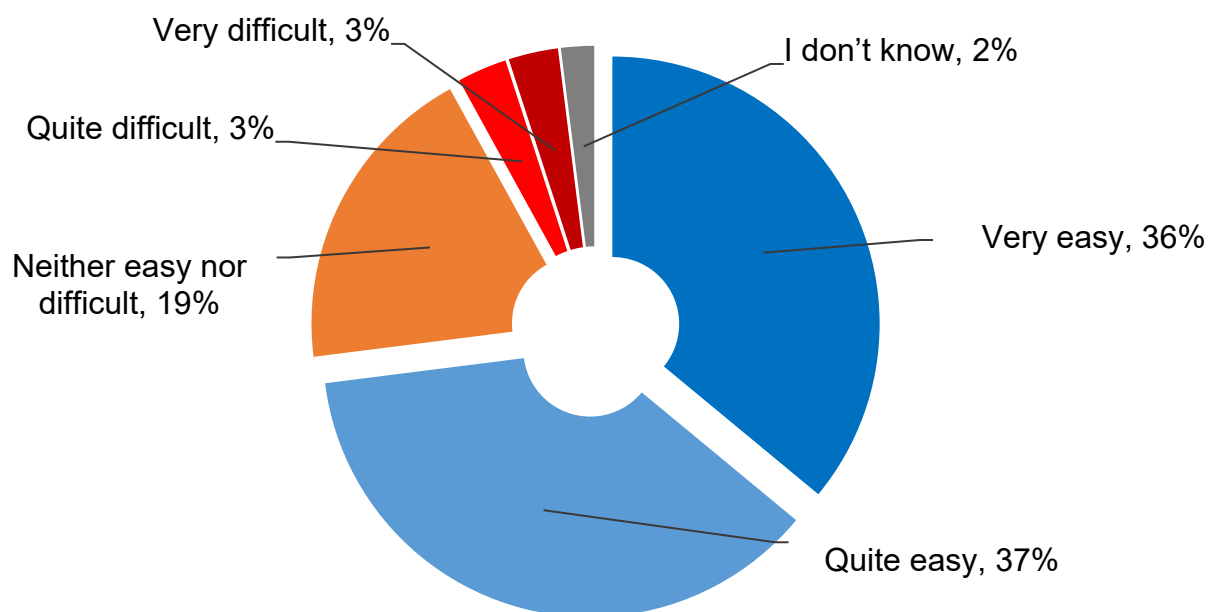
“Far too long and wordy and 'corporate'. It was a very long way to say very little. This deters readers but also makes it seem as though more is/has been done than reality. All it needed was to say we are aware we need to focus on all aspects: prevention, secondary, tertiary needs. This is how we plan to achieve it:... This is how we will measure our success... There seemed to be a big gap in that achievement part though... better multi agency working is good but where is the actual plan/detail?” (Identified as other)

“Does everyone understand the use of words such as 'strategic or co design? I think the wording and style of the framework is very much management speak and will not necessarily be well understood by people unused to reading this type of document.” (On behalf of a charity or voluntary, community and social enterprise)

Ease of understanding Framework diagrams and pictures

Just under three quarters of consultees (73%) indicated they found the diagrams and pictures in the Prevention Framework easy to understand; 36% indicated they found them very easy. 7% indicated they found the diagrams and pictures difficult to understand and 19% indicated they found them neither easy nor difficult.

How easy or difficult was it to understand the diagrams and pictures in the Prevention Framework...? Base: all providing a response (410)



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Easy	301	73%
Net – Difficult	24	6%
Very easy	148	36%
Quite easy	153	37%
Neither easy nor difficult	76	19%
Quite difficult	13	3%
Very difficult	11	3%
Don't know	9	2%

A comparably lower proportion of resident consultees with a disability indicated they found the diagrams and pictures in the Prevention Framework easy to understand (66%).

How easy or difficult was it to understand the diagrams and pictures in the Prevention Framework?

CONSULTEE TYPE % net easy	Number of responses	Percentage
As a Kent resident	227	71%
As a representative of a local community group or residents' association	5	100%
On behalf of a Parish / Borough / District Council in an official capacity	6	100%
As a Parish, District or County Councillor	4	67%
As a Kent business owner or representative	5	71%
On behalf of a charity, voluntary, community and social enterprise (VCSE)	16	80%

RESIDENT DEMOGRAPHICS % net easy	Number of responses	Percentage
Female	146	74%
Male	58	73%
Aged 41-60	43	73%
Aged 61-70	54	77%
Aged 71-80	64	72%
Aged 81 and over	32	73%
Has a disability	71	66%
A carer	56	75%

Reasons consultees found the wording difficult to understand

Consultees who indicated they found the diagrams and pictures quite or very difficult to understand were given the opportunity to explain why in their own words; 11 consultees provided a reason (46% of those who found the wording difficult to understand). The comments have been reviewed and example verbatim comments are shown below.

As you found the diagrams and pictures in the Prevention Framework quite difficult to understand, please tell us why. Base: all consultees providing a response (23)

“I don’t feel that that people with learning difficulties would understand the meanings displayed in the diagrams.” (Identified as other)

“Some of the visuals pack a lot of information into a single image which I found overwhelming, especially without clear accompanying explanations. Some of the charts, like the ones about predictive analytics and financial sustainability, are quite technical and I could really interpret them effectively.” (Kent resident)

“Words are hard to see on colour backgrounds... blue is particularly bad (i am told) for visual impaired., personally all the banner colour heading lines reverse in white font sizes are illegible are too small. the pdf was enlarged on screen.” (On behalf of a charity or voluntary, community and social enterprise)

“As a blind person, diagrams are extremely difficult to understand.” (Kent resident)

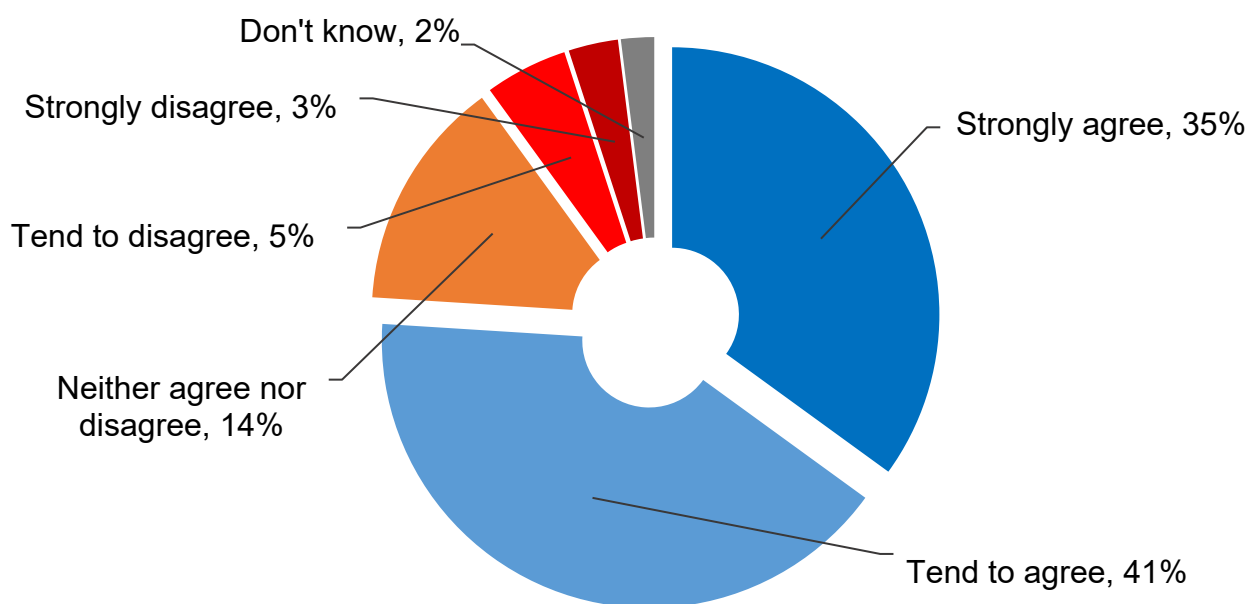
Response to ambition and priorities

Level of agreement with ambition

Just over three quarters of consultees (77%) indicated they agree with the draft ambition outlined; 35% indicated they strongly agree. 8% indicated they disagree with the draft ambition outlined and 14% indicated they neither agree nor disagree.

To what extent do you agree or disagree with our draft ambition?

Base: all providing a response (409)



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	313	77%
Net – Disagree	33	8%
Strongly agree	144	35%
Tend to agree	169	41%
Neither agree nor disagree	56	14%
Tend to disagree	22	5%
Strongly disagree	11	3%
Don't know	7	2%

A comparably higher proportion of male resident consultees agree with the draft ambition outlined (84%).

To what extent do you agree or disagree with our draft ambition?

CONSULTEE TYPE % net agree	Number of responses	Percentage
As a Kent resident	237	75%
As a representative of a local community group or residents' association	5	100%
On behalf of a Parish / Borough / District Council in an official capacity	5	83%
As a Parish, District or County Councillor	6	100%
As a Kent business owner or representative	7	100%
On behalf of a charity, voluntary, community and social enterprise (VCSE)	17	85%

RESIDENT DEMOGRAPHICS % net agree	Number of responses	Percentage
Female	145	74%
Male	67	84%
Aged 41-60	48	80%
Aged 61-70	50	70%
Aged 71-80	71	80%
Aged 81 and over	35	83%
Has a disability	79	73%
A carer	58	76%

Reasons for level of agreement with ambition

Consultees were given the opportunity to explain the reason for their answer in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. Just under three quarters of consultees provided a comment to this question (73%).

33% of consultees answering referenced that prevention / early intervention is better / essential / needed and 13% commented the ambition is a good idea / needed / fairer for all.

A proportion of those commenting believe that the ambition sets out a strategy but lacks detail, i.e. what will be done and how (14%) and have doubts of it working / believe it will be difficult to implement (8%). 7% commented that it will be vital to partner / all relevant bodies need to work and pull together.

Please tell us the reason for your answer. Base: all consultees providing a response (305)

%	Number of responses	Percentage
Prevention and early intervention is better / essential / needed	100	33%
Sets out a strategy but lacks detail - what will be done and how	43	14%
Good idea / needed / understandable / fairer for all	41	13%
Good plan / intentions but doubtful of it working / will be difficult to implement	24	8%
Will save money in the long run	22	7%
Need to support people to remain independent for as long as possible	22	7%
Will be vital to partner / all bodies need to work and pull together	22	7%
Adult Social Care needs a complete overhaul / not working	21	7%
Ageing population is increasing / it's vital to support elderly / mustn't forget the elderly	18	6%
Will need funding / more funding	18	6%
As long as not at the expense of tertiary care / vital services / still have a duty of care / cure will always be needed	16	5%
What about those with existing conditions or conditions that can't be prevented?	14	5%
Will need careful planning	11	4%
Woolly / confused / don't understand it	11	4%
There is more reliance on the voluntary sector, including carers, we need to support them more (including financially)	10	3%
Needs to be more personal / on an individual basis / too much emphasis on community	9	3%
Won't work / no-one listens / lack of co-ordination with care partners, poor management	9	3%
Comments related to specific personal / unique experience / events	9	3%
Clearly set out	8	3%
People need to start taking responsibility for themselves	7	2%

Example comments, in consultees own words, about the importance of prevention / early intervention and the ambition being a good idea can be found below:

“For a long time, services have been focussed on being reactive to the increasing needs of the aging population and mental health needs post pandemic. Preventative work is much needed on a bigger scale to address this and to encourage people to become responsible for their own health and wellbeing.” (Kent resident)

“It makes sense to work on prevention as it should give people a better quality of life for longer.” (Kent resident)

“Shifting with prevention is the right approach and is in line with the NHS 10 year plan too. Use of data to ensure resources are as targeted as possible is also important.” (On behalf of a Parish / Town / Borough / District Council)

“I think a shift towards prevention-first is the best thing to do to reduce the amount of people experiencing health and social care issues. I also think using research and data is important to make sure we are using our resources effectively and personalising the support people have. I also like the idea of health services, social care, and community organisations working together to make sure people get the holistic care they need. However, I’m concerned about whether there are safeguards against cost-cutting to make sure existing services don’t get cut. I’m also worried about the use of AI and predictive analytics. Overall, I think this ambition is strong but it will only be successful if the council ensure that they don’t cut vital services under the guise of efficiency.” (Kent resident)

“It is clear we are facing a number of key challenges from reduced finances to changes in population demographics, which we need to address. It seems obvious that we empower people with more preventative strategies and harness the VCSE sector to help engage people at a local level.” (Kent resident)

“It is inevitable in terms of financial restrictions as well as good practice, that by 2035, prevention, early intervention and multi-level working partnerships will be critical to any success for adult social care.” (Kent resident)

“A focus on prevention is better than an overemphasis on a purely biomedical creative or as best a crisis driven reactive care service that exists at present. Such prevention focus will help offer the potential of directing efforts of different interested stakeholders towards both improving and sustaining individuals and communities’ wider quality of life and wellbeing. It also provides an opportunity for tackling both disparities and associated causes around people's life chances, rather than sticking plaster solutions to narrowly defined symptoms or understanding of just personal needs.” (Kent resident)

Example comments, in consultees own words, about the perceived lack of detail contained in the strategy can be found below:

“The current failings in Kent’s Adult Social care provision does not address these issues. An ambition to ensure this occurs is a step in the right direction. However, commitment and targets to do so need to be made.” (Kent resident)

“There are a lot of words and pretty pictures but not a lot of substance to the document. It seems to me to be a nice pitch for work by a consulting company.” (Kent resident)

"I agree with the notion that prevention is key and a legal responsibility. I am dubious as to what realistically this will look like given the budgetary issues and increasing issues within adult social care and health." (KCC employee)

"This ambition is a good one but it relies on accurate data in order to make informed decisions. Will the data be available for people who self-fund their care, and/ or prevention activities, for example as they are significant in some areas." (KCC employee)

"That may work for some, but for those who have long term conditions that will not improve and necessitate continuing care, particularly those with high care needs, they will be seen as expensive burdens. Some people will never improve and as it can be predicted that the population is aging, why are planning rules not tightened so that far more homes meet the needs of those with more limited mobility? That would free up social service OTs by reducing the number of adaptations they oversee and save money on DGFs. Will there be more fully staffed care homes to get people out of hospital and back to independence more quickly?" (Kent resident)

Example comments, in consultees own words, about perceived doubt of it working / being difficult to implement can be found below:

"As someone who has worked in the sector for over 30 years I'm dubious that this is going to happen. Too many promises, not enough delivery." (Kent resident)

"The principles of the framework are OK, but in practice there is little support indicated for the work that is already being done, and for recognising good practice for the future." (On behalf of a charity or voluntary, community and social enterprise)

"I tend to agree, in principle, but am very sceptical of the capacity - particularly financial - of our 'system' to deliver to the scale that will be needed. I find the emphasis on Prevention positive but somewhat naive (at best) and maybe avoidant of the real responsibilities ahead (at worst)." (Kent resident)

"Principles good. A bit sceptical re delivery given the current climate. Too often, such proposals are just another way of making cuts sound more palatable, e.g. the demise of Sure Start." (Kent resident)

Example comments, in consultees own words, about the importance of partnership / all relevant bodies working and pulling together can be found below:

"It is a wonderful plan, but will require other agencies, such as the NHS, becoming more proactive, as their systems are largely reactive." (Kent business owner or representative)

"Having been involved in primary NHS care years ago, it's obvious that prevention is the first step. Genuine partnership working is also essential." (Kent resident)

"The ambition sets a clear and forward-thinking direction for adult social care, focusing on prevention, early intervention, and delaying escalating care needs — all of which are critical to improving long-term outcomes for individuals and easing pressure on services. Prioritising a proactive rather than reactive model aligns with best practices and enables a more sustainable use of resources. Additionally, the emphasis on data, research-led

practices, and partnership working reflects a commitment to informed decision-making and collaborative care, which are essential for delivering effective, person-centred support across communities.” (Representative of a local community group or residents’ association)

“The framework needs to be fluid as thin will come up not accounted for and some things will start to show they are not working so will need to be changed. Things that come up that are helpful will need to be added and things working may be able to be improved. We must not get stuck.” (Kent resident)

Consultees were asked how much they agree or disagree with the priorities identified within each of the five ambitions outlined in the Framework:

- Principle of prevention first
- Focused support
- Partnership working
- Inclusion and equity
- Measuring and evidencing impact

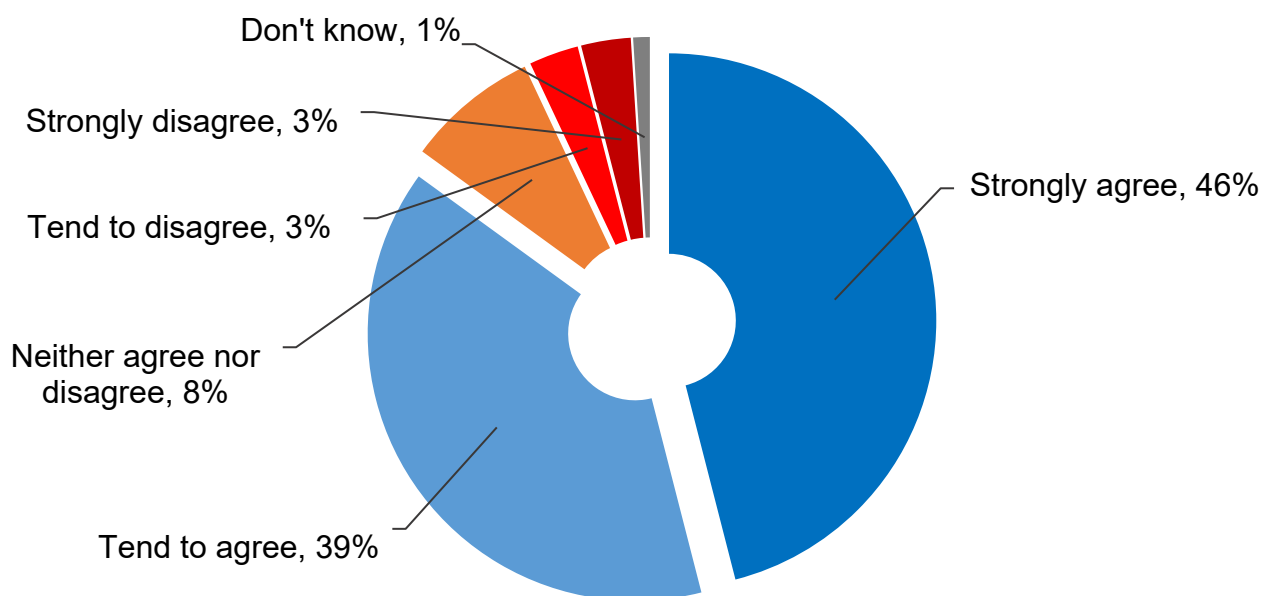
Level of agreement with ‘Principle of prevention first’ priorities

The priorities outlined in the consultation document are as follows:

- work with partners to strengthen community capacity to enable people to have access to the right support in their own communities.
- offer simpler, more coordinated ways for people to find trusted information and support, so they can make good lifestyle choices and plan ahead.
- train a resilient workforce to strengthen community health and wellbeing and connect people with proactive community solutions which provide early support and maximise independence.
- make it easier for people to take control of their own care online, from assessing needs to planning support and managing payments.
- make the most of technology to help people remain independent and in control of their own care at home. This includes better use of data and Artificial Intelligence (AI) to predict needs early and improve outcomes.

Over eight in ten consultees (85%) indicated they agree with the priorities for the ‘Principle of prevention first’; 46% indicated they strongly agree. 6% indicated they disagree with the priorities and 8% indicated they neither agree nor disagree.

To what extent do you agree or disagree with the priorities for the ‘Principle of prevention first’? Base: all providing a response (410)



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	348	85%
Net – Disagree	24	6%
Strongly agree	187	46%
Tend to agree	161	39%
Neither agree nor disagree	32	8%
Tend to disagree	12	3%
Strongly disagree	12	3%
Don't know	6	1%

Response by consultee type and demographics

Agreement with the priorities for the ‘Principle of prevention first’ is broadly consistent across demographic subgroups.

To what extent do you agree or disagree with the priorities for the ‘Principle of prevention first’?

CONSULTEE TYPE % net agree	Number of responses	Percentage
As a Kent resident	271	85%
As a representative of a local community group or residents' association	5	100%
On behalf of a Parish / Borough / District Council in an official capacity	6	100%
As a Parish, District or County Councillor	6	100%
As a Kent business owner or representative	7	100%
On behalf of a charity, voluntary, community and social enterprise (VCSE)	18	90%

RESIDENT DEMOGRAPHICS % net agree	Number of responses	Percentage
Female	166	85%
Male	74	93%
Aged 41-60	54	92%
Aged 61-70	58	83%
Aged 71-80	80	89%
Aged 81 and over	37	86%
Has a disability	93	87%
A carer	67	89%

Reasons for level of agreement with ‘Principle of prevention first’ priorities

Consultees were given the opportunity to provide any comments or suggestions about the priorities for the ‘Principle of prevention first’ in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the ‘Points to Note’ section. Just over half of consultees provided a comment to this question (54%).

11% of consultees answering commented that priorities will help / they make sense / are easier / helps people to help themselves. 9% commented that prevention is always best.

26% of consultees answering referenced AI / tech concerns for those who are digitally excluded due to age / disability / mental ability / affordability / those scared to access. 12% commented they would like access to services to be simplified, i.e. increasing awareness, more direct access, less bureaucracy.

A proportion of those commenting believe that partnership working may prove difficult due to different ways of working / needing an integrated system / collaboration (9%). 9% commented that AI / tech could remove the human element / reference that in person support and contact needs to remain.

Please tell us if you have any comments or suggestions about the priorities for the ‘Principle of prevention first’. Base: all consultees providing a response (249)

%	Number of responses	Percentage
AI / tech: concerns for those who are digitally excluded due to age (especially the elderly) / disability / mental ability / affordability / those scared to access	65	26%
Access to services (including online) must be simplified: increase awareness, more direct access, no hoops	29	12%
Will help / makes sense / easier for everyone / helps people to help themselves	27	11%
Prevention is always best	23	9%
Partnership working may prove difficult / different ways of working / needs an integrated system / joined up / and collaboration	22	9%
AI / tech removes the human element / in person support and contact needs to remain / AI could wrongly prescribe / diagnose	22	9%
Need more clarification / doesn't explain how it will work / how it will be implemented	21	8%
Voluntary sector, including carers and community groups, need to be better supported (including financially)	20	8%
Good intentions, but funding / costs will need to be in place	19	8%
Training needs to be affordable/ staff need to be remunerated better; better trained, better paid = less turnover	18	7%
As long as not at expense of other services / support / care still needs to be available	15	6%
Good intentions but the reality may be different / actions not words	13	5%
Partnership working needs planning to avoid overlap / duplication	11	4%
%	Number of responses	Percentage

Education / advice element missing from list / there needs to be more education and advice provided	9	4%
Prevention will save money in the long run	7	3%
Offline means also needs to be available for those unable to access online	7	3%
Ask / listen to Kent residents / they know best	4	2%
Can be difficult trying to work with people who need care / their families	4	2%
Seems like a cost cutting exercise / all about money	3	1%

Example comments, in consultees own words, about Kent resident concerns with regards to AI / tech can be found below:

“It can be difficult for people in need of serious care to navigate on-line systems and understand rapidly changing technology.” (Kent resident)

“On this principle: make it easier for people to take control of their own care online, from assessing needs to planning support and managing payments. I have deep concerns that this will exclude huge swathes of people that you are trying to help. Most older people i know who are retired ex-professional working people really struggle already to access healthcare and GP appointments due to the move to online, and this is already causing issues where people do not end up seeking / receiving treatment for physical and mental health issues in the early stages, leading to bigger issues which then draw more heavily on health and social care services. Doing everything online is not going to work for a high number of people. When you say making it 'easier', this is actually just making the process easier for KCC to manage, at the risk of excluding the end user, and goes against the prevention ethos for a large number of people. This needs looking at. Any implementation will need far more digital helpers than I suspect you have accounted for. On this principle: train a resilient workforce to strengthen community health and wellbeing and connect people: this will require huge financial investment, is there the money allocated to ensure this happens and is it ringfenced in light of future LG reorganisation and funding pressures?” (Kent resident)

“The principles are good and make sense. However, there is little reflection on the realities of life. I work with the elderly and many of them have little access to technology, sometimes because they just don't understand it, or are afraid of getting it wrong or worse, being scammed (which happens). They need access to people who can help them directly.” (On behalf of a charity or voluntary, community and social enterprise)

“Completely agree with the principles however you need to be careful not to exclude the people you are attempting to reach with the use of technologies as this still doesn't work well for a large number of people.” (Kent resident)

“Too much emphasis is being put into technology and AI whilst people are to be encouraged / expected to take more control of their own support and decisions about care- is this such a good idea? The support needs to be readily available and partners need to work together- rather than in competition/ duplication.” (Kent resident)

Example comments, in consultees own words, about simplifying service access can be found below:

“A strong focus on information, advice and guidance, and also early intervention as I feel that if we target support and advice early this will support people to look after their own health and wellbeing which in turn keeps people out of hospital which then frees up beds and then have less people needing support and care to return home which then helps with money going to prevention. Also helping people to access the right support for them. I had a stroke 2 years ago and once discharged I was given limited support, I was sign posted to physio and speech therapy but had to find other support myself which included the stroke association, ACAS, Financial, emotional physical support all of which I feel I should have had support with.” (Identified as other)

“To enable people to have access to the right support in their own communities, firstly these people need to be identified-who will do this? If via GP, almost impossible to get an appointment.” (On behalf of a Parish / Town / Borough / District Council)

“Item 4 "make it easier for people to take control of their own care online, from assessing needs to planning support and managing payments." Online needs to be straight forward, clear and simple to transfer the relevant data. The older I get the more time it takes to transfer this information.” (Kent resident)

Example comments, in consultees own words, about perceived difficulties with partnership working / different ways of working / needing an integrated system / collaboration can be found below:

“There needs to be a much better cross-pollination of Departments within the NHS and County Council. To work collaboratively for early intervention and prevention, they need to have access to each other's files and databases etc.” (Kent resident)

“I'd have thought that GPs and hospitals should be a part of this discussion, at least as much as social services. What also needs to be addressed is the known outcomes of hospital interventions. I don't think it's joined up enough, and you run the risk of duplicating effort and/or picking up the cost of services provided by others.” (Kent resident)

“Coordination and making every contact count do not come out strong here. Partnership working is key and although people may need to interact with each stakeholder, we need to move to a more coordinated care model.” (Kent resident)

Example comments, in consultees own words, about concerns AI / tech removes in person contact / has consequences can be found below:

“Who are these people who will coordinate care. Where are they? AI is great, I'm sure but most people need a flesh and blood human who cares what happens to them.” (Kent resident)

“Too much emphasis of online support. I am able and tech confident yet have seen how difficult it can be for people with moderate to profound health problems from mental and cognitive to physical to sometime access information due to cognitive and physical difficulties. Access need to be inclusive and person centred. It is my experience, health care data is not shared across services even when permission has been given which is very time consuming for a carer who is required to personally input the same information in

forms across different suppliers of health and social care services during what is often the most stressful period of their life....when someone comes home form long stay in hospital.”
(Kent resident)

“It all sounds good, but I don't really think AI can help much. You need someone to speak to you face to face and assess your needs. You also need people in Adult and Social Care to speak to each other instead of ringfencing what they do. What most people want is one point of contact (a team of people) who will help them navigate what is a difficult area - Social Care.” (Kent resident)

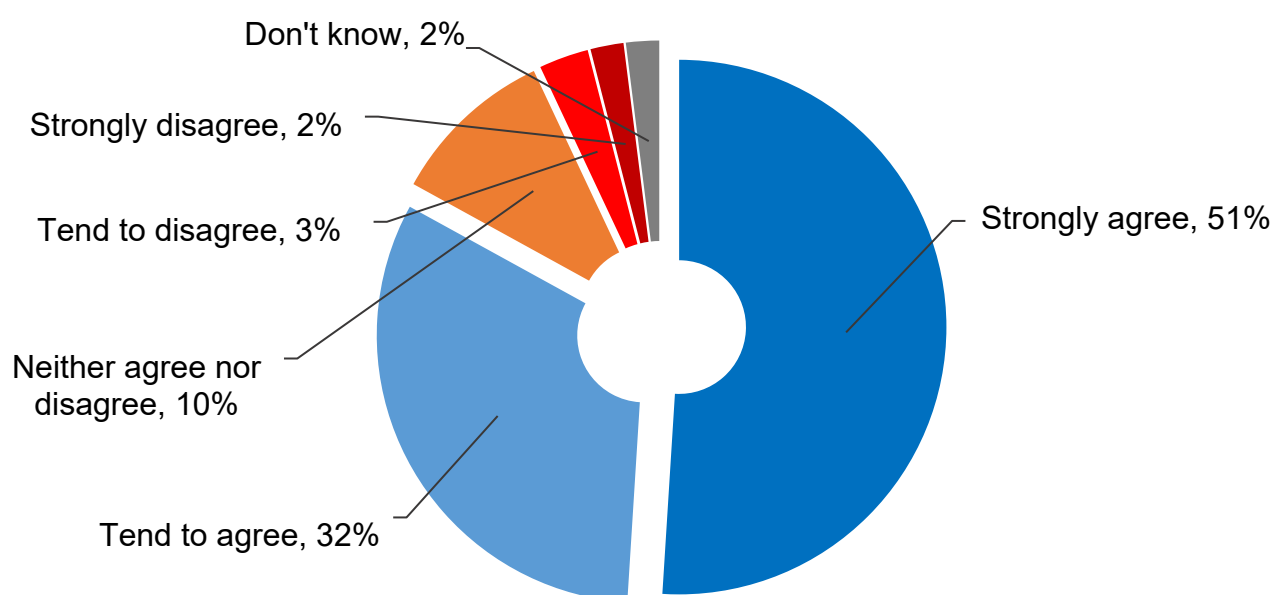
Level of agreement with 'Focused support' priorities

The priorities outlined in the consultation document are as follows:

- use data and insights to co-design support that helps older people to stay healthy, well-connected and independent and able to continue living in their own home for as long as they can.
- create the conditions for younger people to be empowered as they move into adulthood, so that they feel equipped to make their own decisions and achieve their life goals. This will mean more joined-up planning between education, health, social care, housing, transport and employers.
- work with partners (including through multi-agency working) to identify and reach people at risk of, or living with long term conditions, such as stroke, dementia and frailty, in an effort to maximise people's independence and wellbeing.
- invest in community action that improves mental health and wellbeing especially in communities most at risk. We recognise the need for supported living, employment support alongside support groups, social activities and peer support networks.
- raise the profile of unpaid carers, recognising the value they bring and proactively support their needs to see positive health and wellbeing outcomes.

Over eight in ten consultees (83%) indicated they agree with the priorities for the 'Focused support'; 51% indicated they strongly agree. 5% indicated they disagree with the priorities and 10% indicated they neither agree nor disagree.

To what extent do you agree or disagree with the priorities for 'Focused support'? Base: all providing a response (410)



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	341	83%
Net – Disagree	32	5%
Strongly agree	322	51%
Tend to agree	130	32%
Neither agree nor disagree	41	10%
Tend to disagree	12	3%
Strongly disagree	9	2%
Don't know	7	2%

Response by consultee type and demographics

Agreement with the priorities for the 'Focused support' is broadly consistent across demographic subgroups.

To what extent do you agree or disagree with the priorities for 'Focused support'?

CONSULTEE TYPE % net agree	Number of responses	Percentage
As a Kent resident	258	81%
As a representative of a local community group or residents' association	5	100%
On behalf of a Parish / Borough / District Council in an official capacity	6	100%
As a Parish, District or County Councillor	6	100%
As a Kent business owner or representative	6	86%
On behalf of a charity, voluntary, community and social enterprise (VCSE)	20	100%

RESIDENT DEMOGRAPHICS % net agree	Number of responses	Percentage
Female	160	82%
Male	70	86%
Aged 41-60	51	86%
Aged 61-70	54	76%
Aged 71-80	76	85%
Aged 81 and over	39	89%
Has a disability	89	83%
A carer	66	87%

Reasons for level of agreement with 'Focused support' priorities

Consultees were given the opportunity to provide any comments or suggestions about the priorities for 'Focused support' in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. Under half of consultees provided a comment to this question (44%).

20% of consultees answering commented they would like to see support for carers as well as raising their profile. 12% commented they would like to see more support and funding for community groups / local support.

16% of consultees answering commented that the priorities / aims are vague and do not contain any detail on how they will be put into practice / achieved. Multi agency working / joined up working (16%) and suitable funding (14%) will be required.

A proportion of those commenting believe that the actions referenced appear empty and they would like to see more tangibility (11%).

Please tell us if you have any comments or suggestions about the priorities for 'Focused support'. Base: all consultees providing a response (202)

%	Number of responses	Percentage
Support (financially and holistically, respite) for carers as well as raising profile / not just a pat on the back	41	20%
Priorities / aims are vague / no mention of how this will be put into practice / how achieved	32	16%
Multi agency working is key, but could be problematic as not joined up	32	16%
Needs suitable funding (for resource, properly trained staff) / where will the money come from?	28	14%
More support and funding for community groups / local support	24	12%
Empty promises / actions not words needed / this has been attempted before / what's new / different?	22	11%
Raise awareness / people do not know what's available or how to access it	19	9%
All options should be available / support still needs to be available for those who need it	18	9%
Help / empower young people / youth provision as a wraparound from schools / reinstate youth clubs	16	8%
Improved communications needed with recipients of social care is needed, incl listening to suggestions of what is needed	15	7%
Staying home and remaining independent is essential	12	6%
Support needs to be focused on the individual, person-centred	11	5%
More funding into mental health support is needed / mental health support is essential	11	5%
The elderly community need focus / support, including elderly carers	11	5%
No mention of support for Learning Disabled Adults / Young Disabled Adults / neurodiverse adults and young people	10	5%
%	Number of responses	Percentage

Empowering people to help themselves can only be a good thing / as long as it works	9	4%
Education is key within these principles, including how to be physically active / self-help	8	4%
There are / will be gaps in service provision (for example Supported People, working-age people, sight and hearing), which must be filled	8	4%
Issue of IT skills / computer literacy / digitally excluded needs to be accounted for	5	2%
Data concerns - where will the data come from, how comprehensive? GDPR / privacy laws on sharing data	5	2%
Transport is an area for consideration / access	4	2%
Dementia support and awareness is needed	4	2%
Where is the data for those without access to informal care / the elderly without children or family	3	2%
Support for money management is needed	3	1%
Housing needs need focus / supported accommodation	3	1%
GP practices are struggling to provide support and advice	2	1%
AI needs human oversight, could be inaccurate	2	1%
Sometimes staying home is worse than being in a care home / residential	2	1%

Example comments, in consultees own words, about supporting for carers and raising their profile can be found below:

“Good to see the role of unpaid carers as part of this process. Like to see the objective as not just to support but also to listen to our suggestions for what may assist our role in what appears to be a disjointed system. Equally, many carers have health difficulties of their own which may be overlooked . Value the skills they bring.” (Kent resident)

“Unpaid carers. It's really important to focus on especially making sure they feel valued and supported and have respite.” (Kent resident)

“Support should be given to child carers and families that care for loved ones many lack support networks some carers are elderly themselves they are struggling to cope.” (Kent resident)

“Raise the profile of unpaid carers, recognising the value they bring and proactively support their needs to see positive health and wellbeing outcomes”. Working across the system to increase unpaid carer resilience is important, including a better understanding of the unpaid carer population.” (Identified as other)

Example comments, in consultees own words, about vague aims / lack of mentions of how plans will be put into practice / empty promises can be found below:

“Carers, especially those of the elderly are not aware of any support available. A few have some support but most struggle balancing careers, family life and caring for an aging

parent. The stresses are huge. Also, many older folk and their carers tend to feel very much on their own. Given better resources we could do much more to support this vulnerable, and growing group of families. While the principles in the framework are great, there are no indications of how this is to be achieved, and how you can use the current organisations, like ourselves, better, when you are disconnecting with them through stopping the grant that we have been receiving.” (On behalf of a charity or voluntary, community and social enterprise)

“There is no data within the document about the increasing number of older people living alone and/or without access to informal care. The limited data available suggests that the proportion of older people in these situations will grow faster than the overall number of older people. For example, an 85 year old who is alone in the world is likely to need different and potentially more support than one with a large number of siblings or “next generation” family living nearby. So far as we are aware, no data is systematically captured which allows planning based on differing access to informal care either now or over time. This needs to be rectified. The Equality Impact Assessment highlights the impact of partner loss in older age but neither it nor the Framework acknowledges or considers the differing needs of those with and without wider family support.” (On behalf of a charity or voluntary, community and social enterprise)

“The principles are OK but too generalised with no mention of young people with existing learning differences/disabilities. There is no mention of respite/short break services for young adults with complex needs living with their parent carers?? The health/mental wellbeing of these carers is again overlooked.” (Kent resident)

“This whole area needs improving, again fine words, but will there actually be an improvement. So far we have been waiting for a number of weeks just to have an assessment from your occupational health team, they have visited before. One, why is the wait so long (there is no point answering a query within 48 hours, if the next step takes months). Two, they have been before, why the need for a second visit?” (Kent resident)

“These aims are vague, with little information on how they'd be achieved.” (Kent resident)

Example comments, in consultees own words, about multi agency working concerns can be found below:

“I support all priorities they say the things I agree with. Self-help with relevant support is the way to go. My feeling is that working partnerships are not without its challenges in achieving this protocol. Partnership working is easily said but in my experience not the easiest thing to achieve. Clearly for most people with medical / clinical needs staying at home is often better than going into some form of care or hospitalisation.” (Kent resident)

“Actual needs come first. Dangers arise if those with more serious needs face delays due to implementation of a focus template. We already know that there are often unhelpful complexities of interests (organisational as well as health & wellbeing) when working with partners (including through multi-agency working). For example, it can be argued that the Multi Agency Risk Management programme is designed to recognise and minimise problems arising from multi-agency activities (risks being recognised during a care process rather than prior to a care process). Frankly makes me feel uneasy.” (Identified as other)

“Community action and support can be shaped to local need and circumstance which in some areas is greater than average. Joined up work is vital but often hindered by lack of shared communication and replication of basics, administration and practice.” (Kent resident)

“We would welcome closer collaboration with statutory partners to ensure holistic assessments, including physical, emotional, social and spiritual dimensions of wellbeing, are routinely considered. We also urge the Framework to recognise the specialist needs of bereaved individuals, who often fall outside formal care systems but remain vulnerable to social isolation, poor mental health and unmet support needs” (Letter received)

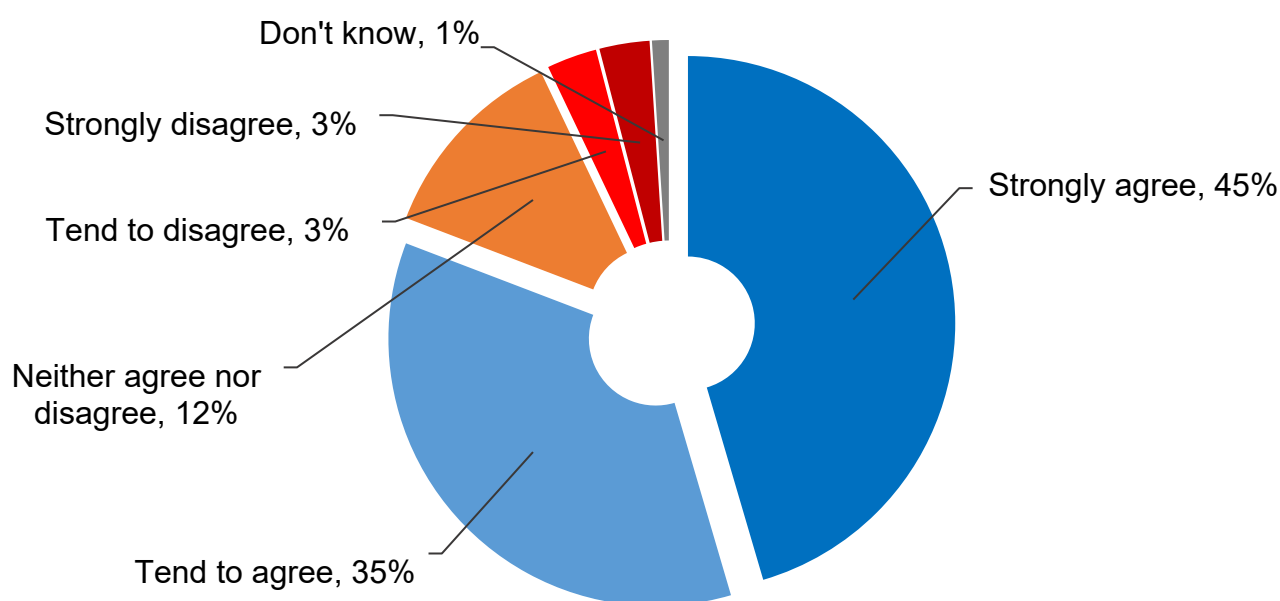
Level of agreement with 'Partnership working' priority

The priorities outlined in the consultation document are as follows:

- work with our partners to align our prevention priorities, encourage and support good life choices, join up funding and ensure our resources are better coordinated to respond to the needs of our population.
- work more closely with the Voluntary, Community and Social Enterprise (VCSE) sector as a strategic delivery partner to co-design and co-deliver support with communities. Together we will monitor and evaluate outcomes to ensure support is effective, responsive and delivering good value.
- take a place-based commissioning approach to co-design and deliver the right support to meet local needs, which is built on mutual trust, shared values and ongoing communication.
- play our part alongside partners to consider how good housing, employment, financial circumstances, a social network and a clean and sustainable environment can enhance health and how our actions can reduce inequalities in need for health and social care.
- work with partners to enable people to “wait well” for care and support, by increasing access to technology, rehabilitation, therapies and other community-based support.

Over eight in ten consultees (81%) indicated they agree with the priorities for the 'Partnership working'; 45% indicated they strongly agree. 6% indicated they disagree with the priorities and 12% indicated they neither agree nor disagree.

To what extent do you agree or disagree with the priorities for 'Partnership working'? Base: all providing a response (407)



Net – Agree	329	81%
Net – Disagree	23	6%
Strongly agree	185	45%
Tend to agree	144	35%
Neither agree nor disagree	50	12%
Tend to disagree	12	3%
Strongly disagree	11	3%
Don't know	5	1%

Response by consultee type and demographics

Agreement with the priorities for the 'Partnership working' is broadly consistent across demographic subgroups.

To what extent do you agree or disagree with the priorities for 'Partnership working'?

CONSULTEE TYPE % net agree	Number of responses	Percentage
As a Kent resident	249	79%
As a representative of a local community group or residents' association	5	100%
On behalf of a Parish / Borough / District Council in an official capacity	6	100%
As a Parish, District or County Councillor	6	100%
As a Kent business owner or representative	6	86%
On behalf of a charity, voluntary, community and social enterprise (VCSE)	18	90%

RESIDENT DEMOGRAPHICS % net agree	Number of responses	Percentage
Female	155	79%
Male	67	83%
Aged 41-60	50	85%
Aged 61-70	54	76%
Aged 71-80	70	80%
Aged 81 and over	38	86%
Has a disability	89	84%
A carer	59	79%

Reasons for level of agreement with 'Partnership working' priorities

Consultees were given the opportunity to provide any comments or suggestions about the priorities for 'Partnership working' in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. Under half of consultees provided a comment to this question (49%).

23% of consultees answering commented that joined up and good working relations needs embedding for priorities to work / have concerned that this often doesn't work in practice. 13% commented these priorities will require funding / they are unsure where such funding will come from.

13% of consultees answering commented the VCSE sector are crucial and will need support and funding to deliver / not just a partnership approach. 11% believe plans should include grassroots charities / local community groups and not only national charities.

A proportion of those commenting would like to see better vetting / reviewing / assessing of partners / carers (12%).

Please tell us if you have any comments or suggestions about the priorities for 'Partnership working'. Base: all consultees providing a response (222)

%	Number of responses	Percentage
Joined up and good working relations needs embedding for this to work / often doesn't work	50	23%
This will need funding / where will the funding come from?	29	13%
The VCSE sector are crucial and need support and funding to deliver / not just partnering with them	29	13%
Better vetting / reviewing / assessing of partners / carers / with clear parameters	27	12%
Should include grassroots charities / community groups / not just national charities	25	11%
Action not words needed	23	10%
More detail, clarity, how will this work / be implemented?	19	9%
Agree with this / definitely advocate for this	15	7%
Why focusing / relying on the voluntary sector, shouldn't be to save money	13	6%
Doesn't seem practical	12	5%
Statutory and personalised support should also be provided as needed	11	5%
Do not understand it, what does it mean?	10	5%
Listen to those on the ground / users / carers / voluntary groups	10	5%
This is already established, so it should be / why isn't it happening	9	4%
Not everyone uses / has access to digital, human contact needs to also be available	9	4%
Sounds worrying / doesn't seem right	7	3%
%	Number of responses	Percentage

Seems like lots of meetings and management fees, before funding reaches those that need it	7	3%
Wording is over the top / needs simplifying	6	3%
Need to raise awareness about what is available and how to access it	5	2%
Needs to be more support from GPs	5	2%
The elderly need to be supported more	4	2%
Young people need more support	4	2%
Finance / mis information awareness / awareness of scams and fraudsters	3	1%
Trust will need building	3	1%
Transport will need to improved / provided	3	1%
Family is a major group of partners	3	1%

Example comments, in consultees own words, about the embedding of joined up and good working relations and the importance of the VCSE sector can be found below:

“This is absolutely vital but is thing that absolutely does not happen at all at present. The amount of times you have to repeat everything over and over again, when you speak to different officers and Departments is totally unacceptable. We need joined up thinking and cross-pollination.” (Kent resident)

“Partnership working is important as some organisations have closer links with members of the community and information coming from them is seeing as reliable and individuals can trust it.” (KCC employee)

“Ensuring that the VCSE are linked by locality to ensure that they are connected properly with local services on the ground to ensure that they are not overwhelmed by referrals that they are not funded for.” (On behalf of a Parish / Town / Borough / District Council)

“While I think the priorities are good, it seems that KCC is disconnecting with the voluntary sector by stopping grants that would have given access to some data and good practice. While we have received some funding from KCC, and therefore giving them some data and feedback, this is going to stop totally, so how is the framework going to get this information and co-ordination?” (On behalf of a charity or voluntary, community and social enterprise)

“While we need to have a place based focus on elements of support we also need to ensure we do not return to a time where the county is covered by a huge variety of different interventions which struggle to evidence their impact and have limited oversight. VCSE sector encompasses of huge variety of organisation sizes and not all are at a point to be recognised as strategic partners so we need to work with the larger organisations to help develop the sector as a whole. They also are struggling to keep providing services when contracts are either only offered on a year to year basis or are at constant risk of cuts. It doesn't work well for retaining well trained staff and leads to distrust of KCC in the sector.” (KCC employee)

“Working closely with the VCSE sector can help to bridge gaps between services, build relationships and connect with underserved groups.” (Identified as other)

Example comments, in consultees own words, about funding concerns can be found below:

“There's not enough resources or enough professionals that have the experience to help and see through what is accurately needed.” (Kent resident)

“The core issues of housing, finance etc are less easily solved without adequate strategies and resources from all partners and each is constrained by short termism and lack of future proofing.” (Kent resident)

“Very successful support schemes and groups are already operating in local areas to support people to 'wait well' with very little financial support, much of this offering could be improved and expanded with some financial investment.” (On behalf of a charity or voluntary, community and social enterprise)

Example comments, in consultees own words, about better vetting / reviewing / assessing of partners / carers can be found below:

“Partnership working only works if there are clear parameters set of responsibility and that cost/budgets do not become the guiding factor.” (Kent resident)

“Sounds good on paper but given the voluntary sector is also short of on funding, creating more administrative positions is wasteful and rarely effective. Better collaboration and quality of homeworkers are the most important factors currently there are too few care workers who are of the right calibre. The vetting of care workers is not great currently.”
(Kent resident)

“Working closely with the voluntary and community sectors needs to be carefully and well led by professionals as are many factors involved such as safeguarding issues and training.” (Kent resident)

Example comments, in consultees own words, about the inclusion of grassroots charities / community groups can be found below:

“It is important that the grassroots charities are fully engaged and supported - currently support is directed to the large national charities funding CEOs excessive pay.” (A representative of a local community group or residents' association)

“In view of the restraints on budgets we need to look to the community to work in a joined up way through local hubs to support the health and wellbeing of our communities.” (On behalf of a Parish / Town / Borough / District Council)

“Inclusion of voluntary community charity organisations imperative to success and well supported individuals ultimately saving money.” (Kent resident)

Level of agreement with ‘Inclusion and Equity’ priorities

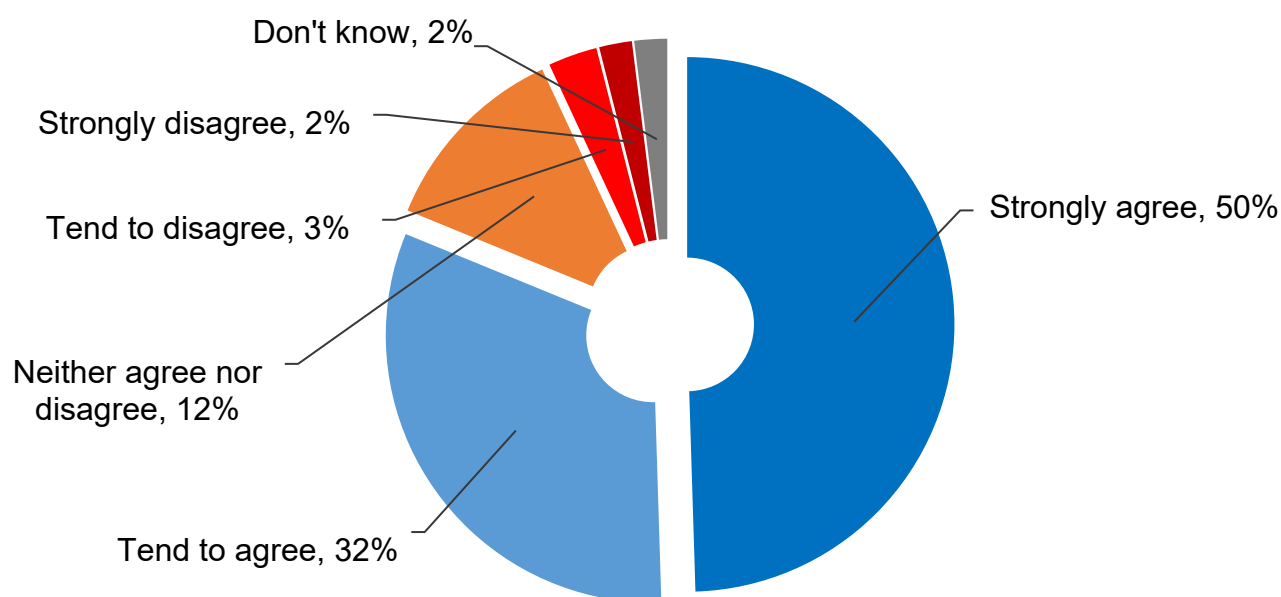
The priorities outlined in the consultation document are as follows:

- work with partners to maximise our use of data and move our efforts to where they are most needed, so that we can help people more effectively.
- understand and break down barriers to accessing care and support, working with partners to ensure people have the knowledge, skills and confidence to access, understand and use information and services effectively, including online.
- take active steps to reach those who may have greater or unmet needs for care and support, and ensure they have good outcomes.
- actively facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations.
- continue to develop strong partnerships with all Kent communities.

Over eight in ten consultees (81%) indicated they agree with the priorities for the 'Inclusion and Equity'; 50% indicated they strongly agree. 5% indicated they disagree with the priorities and 12% indicated they neither agree nor disagree.

To what extent do you agree or disagree with the priorities for 'Inclusion and Equity'?

Base: all providing a response (406)



SUPPORTING DATA TABLE		Number of responses	Percentage
Net – Agree		330	81%
Net – Disagree		21	5%
Strongly agree	Page 183	202	50%

Tend to agree	128	32%
Neither agree nor disagree	47	12%
Tend to disagree	13	3%
Strongly disagree	8	2%
Don't know	8	2%

Response by consultee type and demographics

Agreement with the priorities for the 'Inclusion and Equity' is broadly consistent across demographic subgroups.

To what extent do you agree or disagree with the priorities for 'Inclusion and Equity'?

CONSULTEE TYPE % net agree	Number of responses	Percentage
As a Kent resident	250	79%
As a representative of a local community group or residents' association	5	100%
On behalf of a Parish / Borough / District Council in an official capacity	5	100%
As a Parish, District or County Councillor	6	100%
As a Kent business owner or representative	6	86%
On behalf of a charity, voluntary, community and social enterprise (VCSE)	17	85%

RESIDENT DEMOGRAPHICS % net agree	Number of responses	Percentage
Female	160	82%
Male	64	79%
Aged 41-60	48	81%
Aged 61-70	54	76%
Aged 71-80	71	80%
Aged 81 and over	40	91%
Has a disability	84	80%
A carer	61	81%

Reasons for level of agreement with 'Inclusion and Equity' priorities

Consultees were given the opportunity to provide any comments or suggestions about the priorities for 'Inclusion and Equity' in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. Just over four in ten consultees provided a comment to this question (39%).

17% of consultees answering commented that equity and inclusion for all is important. 12% believe local community groups are best placed to reach / consult and engage with these communities / people and partnership is important.

14% of consultees answering believe the priorities stated are surface level, i.e. just words / meaningless / box ticking.

A proportion of those commenting raise concerns for how these priorities will be achieved (11%).

Please tell us if you have any comments or suggestions about the priorities for 'Inclusion and equity'. Base: all consultees providing a response (179)

%	Number of responses	Percentage
Equity and inclusion for all is important – areas / communities / all minority groups	31	17%
Just words / meaningless / new speak / buzz words / box ticking	25	14%
Local community groups are best placed to reach / consult and engage with these communities / people / partnering with communities is important	21	12%
Concerns for how priorities will be achieved	19	11%
Partnerships are a good idea, but must be embedded / joined up to deliver effectively, less bureaucracy	14	8%
More awareness of what and how to access is needed / places where people can access support	14	8%
Not everyone can access / can use online	13	7%
Big challenge reaching hard to reach people	12	7%
Technology should be supported to include everyone / human support / 'read aloud'	12	7%
Good idea / is essential / ensure it happens	11	6%
How will this be funded / will need proper funding	10	6%
Reliable and relevant data important but human input is essential	10	6%
Will need adequately trained staff to provide a solid service	10	6%
Should be doing this anyway	8	4%
People should not be pigeon-holed / should be person centred / treated as individuals	8	4%
Data security / breaches: fear / mistrust (e.g. of council) if data shared	8	4%
What does it actually mean?	6	3%
Partnership is usually just signposting / leaflets / no practical support	6	3%
Emphasis should be on outcomes / not just collecting data	4	2%

%	Number of responses	Percentage
Like Active steps	4	2%
Sceptical / doubts based on own experience	4	2%
Will make people feel involved, less stigma, included	3	2%
VCSE will need to be funded / not just used to fill gaps	2	1%
Just means get everyone online / save money / cut out human interface	2	1%
GPs need to be more involved	2	1%
There is a need to identify those without family / informal care	2	1%
Needs to be more support for elderly people	1	1%

Example comments, in consultees own words, about ensuring equity and inclusion for all can be found below:

“Ensuring that all people are treated with dignity and respect and with a single point of access, with person centred support.” (A resident from outside Kent)

“The priorities outlined for inclusion and equity provide a strong foundation for creating a truly inclusive care system. However, the successful implementation of these priorities will require ongoing community collaboration, consistent engagement, and continuous evaluation to ensure that services are accessible, equitable, and effective for all populations. Regular feedback from communities and the flexibility to adapt services will be key to addressing changing needs and ensuring that no one is left behind.”

(Representative of a local community group or residents’ association)

“Inclusion is very important and needs met by using different strategies to fit in the persons needs and disabilities.” (Kent resident)

“We need to work with people where inequalities exist such as the homeless, severe mental health, travellers, those without access to computers or mobile phones as we enter a digital world, where appointments are.” (Kent resident)

“A reduction in health inequalities and an increase in equity of access, experience and outcomes should be at the centre of efforts to deliver prevention. A collaborative approach with all partners would be beneficial in reaching communities with greater or unmet needs, where information and insights are shared along with evidence of what works.” (Identified as other)

Example comments, in consultees own words, about the importance of local community groups to reach / consult and engage with communities can be found below:

“The grassroots small charities working closely with their communities are best able to engage with those 'hard to reach's individuals.” (Representative of a local community group or residents’ association)

“Most grassroot services are already working in the community to facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations. Supporting and working collectively will ensure the continual growth and offerings to identify and support those people in the community that need it most.” (On behalf of a charity or voluntary, community and social enterprise)

““The priorities outlined for inclusion and equity provide a strong foundation for creating a truly inclusive care system. However, the successful implementation of these priorities will require ongoing community collaboration, consistent engagement, and continuous evaluation to ensure that services are accessible, equitable, and effective for all populations. Regular feedback from communities and the flexibility to adapt services will be key to addressing changing needs and ensuring that no one is left behind.”

(Representative of a local community group or residents’ association)

Example comments, in consultees own words, about concerns for how they will be achieved can be found below:

“These are all very good suggestions, however, how is this going to work practically on the ground level. How will different cultures/ demographics be attracted to engage in these services and co-production.” (KCC employee)

“Not sure what this means in practice. The words are good, but the actions and meaning behind them is not clear.” (On behalf of a charity or voluntary, community and social enterprise)

“Uses the word “data” without defining how and where this data will come from, and the accuracy and reliability of the data.” (Kent resident)

Example comments, in consultees own words, about awareness of what and how to access / places where people can access support can be found below:

“By setting up focus groups and places where people can access information and get support to access the correct support for them is key.” (Identified as other)

“People do not realise the extent of the services available to them until they become involved due to health or social care issues. They are then flooded with information from lots of different departments either leaflets or online and it can be very confusing. This needs to be streamlined.” (KCC employee)

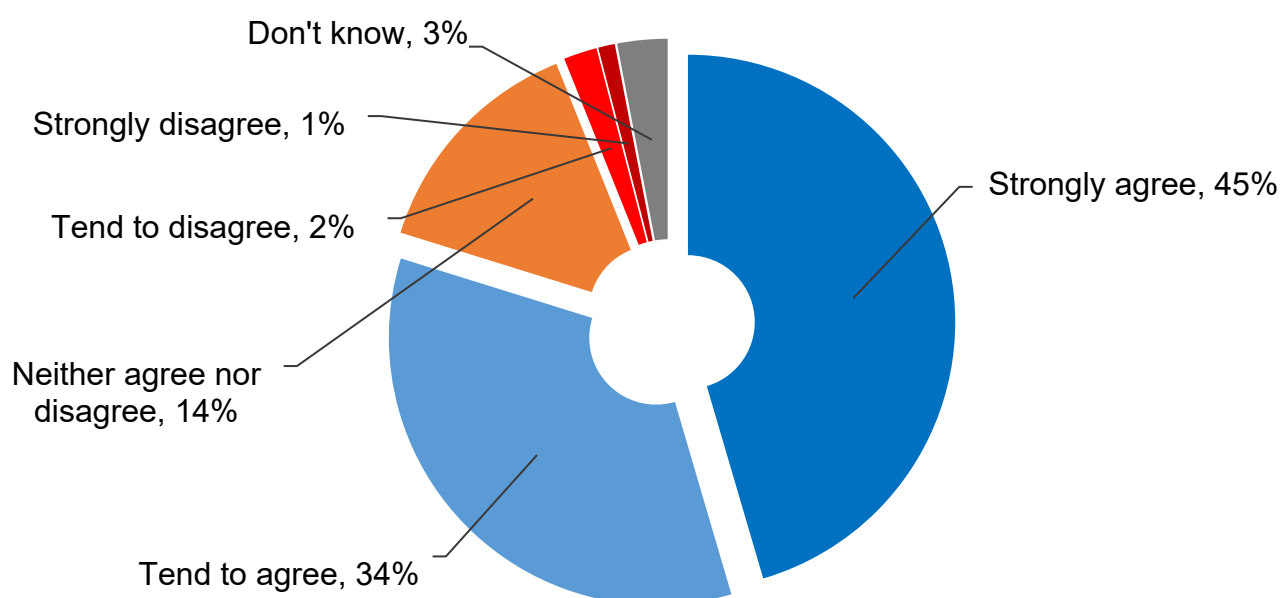
“Identifying and breaking down barriers to accessing care is a real positive if it can be achieved to a greater extent.” (Kent resident)

The priorities outlined in the consultation document are as follows:

- co-design with communities and partners how we measure outcomes and value for money, making sure it reflects what matters to people.
- work with partners to improve how we collect, record and share data, so we better understand Kent residents' needs and experiences and can focus support where it's needed most.
- champion for Kent-based research to include a focus on social care outcomes, advocate nationally for a greater focus on prevention research and source funding opportunities to support prevention activity.
- use consistent and robust methods to measure our impact, ensuring evaluations are proportionate, to inform our decision-making processes.
- take a long-term approach when investing in prevention, understanding it takes time to show its full impact. We will monitor progress and remain flexible to continuously improve outcomes.

Just under eight in ten consultees (79%) indicated they agree with the priorities for the 'Measuring and evidencing impact'; 45% indicated they strongly agree. 3% indicated they disagree with the priorities and 14% indicated they neither agree nor disagree.

To what extent do you agree or disagree with the priorities for 'Measuring and evidencing impact'? Base: all providing a response (403)



SUPPORTING DATA TABLE		Number of responses	Percentage
Net – Agree		320	79%
Net – Disagree	Page 188	12	3%

Strongly agree	183	45%
Tend to agree	137	34%
Neither agree nor disagree	57	14%
Tend to disagree	7	2%
Strongly disagree	5	1%
Don't know	14	3%

Response by consultee type and demographics

A comparably higher proportion of resident consultees aged 41-60 agree with the 'Measuring and evidencing impact' priorities (90%).

To what extent do you agree or disagree with the priorities for 'Measuring and evidencing impact'?

CONSULTEE TYPE % net agree	Number of responses	Percentage
As a Kent resident	242	77%
As a representative of a local community group or residents' association	5	100%
On behalf of a Parish / Borough / District Council in an official capacity	5	100%
As a Parish, District or County Councillor	6	100%
As a Kent business owner or representative	6	86%
On behalf of a charity, voluntary, community and social enterprise (VCSE)	19	95%

RESIDENT DEMOGRAPHICS % net agree	Number of responses	Percentage
Female	153	80%
Male	64	79%
Aged 41-60	52	90%
Aged 61-70	52	74%
Aged 71-80	64	74%
Aged 81 and over	37	84%
Has a disability	80	77%
A carer	61	81%

Reasons for level of agreement with 'Measuring and evidencing impact' priorities

Consultees were given the to provide any comments or suggestions about the priorities for 'Measuring and evidencing impact' in their own words. The comments have been reviewed and

grouped into themes consistent with the process reported in the 'Points to Note' section. Just under four in ten consultees provided a comment to this question (36%).

21% of consultees answering referenced their agreement with the priorities outlined / commented that measuring impact is important. 18% commented on the importance of ensuring measurement includes listening to Kent residents / stakeholders and acting accordingly.

A proportion of those commenting reference the importance of everyone / all stakeholders / services being included / consulted in measuring and evidencing impact (10%) and long-term approaches / measurement (9%).

Please tell us if you have any comments or suggestions about the priorities for 'Measuring and evidencing impact'. Base: all consultees providing a response (168)

%	Number of responses	Percentage
Agree with priorities / measuring impact is important	35	21%
Importance to still listen to what people are saying / act upon that / action outcomes	31	18%
All of society / all services must be included and consulted at all stages / not a one box fits all approach	17	10%
Long-term approaches / measurement is necessary / service / funding changes must not be made too quickly	15	9%
Service needs improving / focus on that	14	8%
Needs to be clearer / difficult to understand what is being said	14	8%
As long as not just another tick box exercise	13	8%
Won't happen, doubtful, words, losing the will	13	8%
Impact measures must be standardised	11	7%
Needs to be flexible, reviewed regularly, and allow for continuous improvement	10	6%
As long as not solely focused on budgets / finance	9	5%
Evaluation must be professionally done, qualified / trained accordingly	8	5%
Outcomes must be transparent, made publicly available	8	5%
Impact measures must be easy to collect and user-friendly	7	4%
Will need funding	7	4%
Must not be swayed by political or private sector interests	6	4%
Evaluations must be independently conducted	4	2%
Must be focused on Kent, not wider population	3	2%
Data security and privacy / data sharing concerns	3	2%
Will GDPR be a barrier to co-design?	3	2%
Prevention is subjective, difficult to measure	2	1%
%	Number of responses	Percentage
The public need to understand the aims clearly, not expect quick changes	2	1%

Example comments, in consultees own words, about listening to what people are saying / action outcomes can be found below:

“I think it is crucial to understand the benefits from prevention will mostly only be seen long-term, and so measuring impact should not result in changes of funding or services just because there is no immediate or midterm quantitative benefits - as long as users and providers can agree there are benefits being seen. Again, it is crucial that measuring impact is not just measured by agencies and figures, but by real life experiences of service users.”
(Identified as other)

“Make sure that all of this data collecting, understanding people's needs, doesn't become just another job creation, box ticking exercise that doesn't translate into active improvements for those who need it most.” (Kent resident)

“Whilst this is a necessary piece of work, it should underpin the other four priorities, by creating a built in system that captures information and data on impact and effectiveness. There should be more emphasis on what people want and listening to their needs, so that services can be designed appropriately, and feedback from the community can be collated as part of the measuring process.” (On behalf of a Parish / Town / Borough / District Council)

Example comments, in consultees own words, about everyone being included / consulted at all stages can be found below:

“Measuring impact needs to be focussed on Kent for the benefit of Kent residents. What happens nationwide may not work for Kent specifically. Data measurement and recording should be according to the demographic involved otherwise money could be wasted addressing needs of different areas.” (Kent resident)

“Let's have some normal people in for discussion go to the different groups to hear what they have to say.” (Identified as other)

“Importance of co-production in hearing and responding to the experiences of those who draw and our care and support, and families and carers, and for lived experience people; for impact surveys etc to be co-designed.” (Identified as other)

Example comments, in consultees own words, about the necessity of long-term approaches / measurement changes can be found below:

“Measuring and evidencing impact must be a long term process and not swayed by political whims and short-term politics. This will be a huge challenge in the current political climate and I am highly concerned as to the impact the unstable administration will have, both in funding and delivering this framework in the timescales set.” (Kent resident)

“Much of the services in the community have been lost because a long-term approach has not been facilitated when investing in prevention, or understanding it takes time to show its full impact. In a community where it feels constantly let down, confidence needs to be restored before any real monitor in the progress will show success, it is important to

remain flexible to continuously improve outcomes.” (On behalf of a charity or voluntary, community and social enterprise)

“Short term funding often means that good projects and support mechanisms do not meet outcomes and money is then often wasted when a longer term focus would have produced appropriate progress.” (Kent resident)

Any further comments

Consultees were given the opportunity to add any other comments about the Prevention Framework in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. Just over four in ten consultees provided a comment to this question (42%).

19% of consultees answering commented on the current care system and the perceived improvements required (e.g. wait times / support).

12% commented on the framework being appropriate / needed. In addition, 12% commented on the framework being too vague / lacking in detail / actions.

A proportion of those commenting reiterated earlier concerns with regards to the experience / training and quantity of individuals / care workers available (11%), how the framework will be implemented (10%) and that it will require funding / there are concerns where the funding will come from.

Please add any further comments you would like to make about the Prevention Framework. Is there anything else you feel may need to be included or emphasised?

Base: all consultees providing a response (175)

%	Number of responses	Percentage
Current system needs improving / wait times / support (including for disabled, elderly, and neurodiverse)	33	19%
Appropriate framework / needed	21	12%
The framework is too vague / lacking in detail / actions	21	12%
Needs ample / trained / consistent / accountable / experienced individuals and care workers to deliver a proper service	20	11%
The challenge is actually implementing it	17	10%
Will need funding / where will the funding come from?	16	9%
The VCSE sector must be supported and funded, including carers, local charities, and community groups	16	9%
Doubtful it will happen, will be constrained by current infrastructure (e.g. social services, local government)	15	9%
Needs a person-centred approach, not communities - individuals, support must still be available for those who need it	15	9%
How will you reach those under the radar, / those who refuse help / those without informal care?	14	8%
Specific actions, targets, timelines need to be set, and careful planning	14	8%
Well written / comprehensive / strong document	13	7%
You must listen to Kent residents / consult / involve	13	7%
Mental health support needs focus	12	7%
Organisations, services, systems need to be joined up, integrated, embedded	11	6%
You must listen to those on the ground, the staff, the service providers	10	6%

%	Number of responses	Percentage
Too wordy, no clarity, people don't / won't understand what is written	8	5%
Please make it happen	7	4%
Increase awareness of what services / how to access, people don't know	7	4%
Online concerns - not all have access / able to use, face to face is also necessary	5	3%
Educating people to help themselves needs focus	4	2%
Encouraging community, rebuilding communities, proving community spaces needs focus	4	2%
Just a re-hash of previous documents, dull	3	2%
Communication needs to be improved from service providers to users	3	2%
Framework needs to be shorter	2	1%
Pleased to see carers included	1	1%

Example comments, in consultees own words, about the appropriateness of the framework as well as more of the detail consultees would like to see can be found below:

“Very well written and eminently sensible. Glad to see it mentions those with caring responsibilities.” (Kent resident)

“Good framework that fit with primary care health, we need to collaborate and work together in a smarter way than previously.” (Kent resident)

“This ambition is appropriate and strong. The challenge is moving to proactive whilst carrying out reactive activities. I would expect that the document is in essence also the current ambition however, in reality, this is extremely difficult to deliver with the disparate and complex structure of social services and local government services within the region.” (Kent resident)

“The framework is sound in principle, but it could potentially just become another time consuming, new jobs in the council, study that does not actually meet its goals. It’s very broad and generalised at this stage.” (Kent resident)

“This is a good idea and I fully support its principles, but it feels like it’s all words and no substance. The constant cutbacks to services, the withdrawal of funding from projects and the hoops and leaps to get things authorised at management level, make these new aspirations sound like a wonderful promise to Kent, but can you really deliver constructive change?” (KCC employee)

Example comments, in consultees own words, about needing appropriate individuals and care workers to deliver a proper service can be found below:

“Acknowledgement of the need to invest in services staff and infrastructure. Investment in an increase in services to rural areas... improved public transport to reduce the hugely

harmful effect of social isolation... increase provision of elderly groups and centres which are key to ensuring those most vulnerable don't slip through the holey net!" (Kent resident)

"Social care is very important the people who give this care need to be trained to a high standard no more zero hour contracts they carry out important role in our society and should be treated as such the person that requires the care should always be at the forefront but of course value for money is a consideration but good quality care will always come at a cost." (Kent resident)

"Expanding on the idea of community networks, peer support programs could be a valuable addition. This could include fostering peer-to-peer support for both carers and those receiving care. Empowering people to support each other and share experiences has proven to improve outcomes in various health and social care settings. Resilience and Preparedness for Future Challenges: Given the current climate of economic uncertainty and the potential for future health crises, it would be helpful to include a focus on building resilience within communities and systems to anticipate and respond to unforeseen challenges. This could include emergency preparedness, ensuring communities have the skills, resources, and support systems in place to weather future challenges." (A representative of a local community group or residents' association)

Response to Equality Impact Assessment

Consultees were asked to provide the views on KCC's equality analysis on 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 23% of consultees provided a response to this question.

23% of consultees commenting made reference to ensuring everyone is treated the same / equally. 11% commented that it is important to have the equality analysis / looks good / has everyone covered.

8% highlighted concerns with regards to digital exclusion and 6% believe there is a negative attitude to disabled people and the support / funding needs changing.

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 (96)

%	Number of responses	Percentage
Treat everyone the same / make all services universal	22	23%
Waste of time / virtue signalling	11	11%
Important to have / looks good / all covered	11	11%
Digital exclusion (financial, disability)	8	8%
Negative attitude to disabled people - the support of, funding of, needs changing	6	6%
Staff training should be standardised so attitudes and treatment of all people is the same	6	6%
Intersectionality needs consideration	5	5%
Age impacts / all ages considered	5	5%
Impacts on carers / family members	5	5%
Need to look at everything after consultation / see how demographics impact answers	4	4%
Too wordy / needs plain English	4	4%
Learning disabilities need to be taken into account	3	3%
Political comments	3	3%
Hidden disabilities need to be taken into account	2	2%
Impacts on trans / non-binary needs taking into account	2	2%
Biological / sex at birth is the legal view now	2	2%
Services should be linguistically appropriate	2	2%
Disagree with word 'diversity'	2	2%
Accessibility to services should be taken into account	1	1%
Impact on users with children (as opposed to no children)	1	1%
Impact on refugees	1	1%

%	Number of responses	Percentage
Services should be culturally competent	1	1%
Spiritual / faith should be taken into account	1	1%
Left-handedness	1	1%
Categorising people is discrimination in itself	1	1%
Protected characteristics list is incorrect	1	1%
Assessment tool can lead to unconscious bias	1	1%

Easy Read consultation questionnaire summary

12 consultees completed the Easy Read version of the questionnaire; all 12 indicated they are responding as Kent residents.

Responses from these questionnaires can be found below:

How easy was the wording in the Prevention Framework to understand? (Base – 12)

	Number of responses
Very easy	0
Quite easy	7
Not easy or difficult	1
Quite difficult	1
Very difficult	1
Don't know	0

How easy was the pictures and graphics in the Prevention Framework to understand? (Base – 12)

	Number of responses
Very easy	0
Quite easy	5
Not easy or difficult	4
Quite difficult	1
Very difficult	0
Don't know	1

How much do you agree or disagree with this ambition? (Base – 12)

	Number of responses
I really agree	4
I mostly agree	5
I do not mind	1
I mostly disagree	0
I really do not agree	1
I don't know	1

How much do you agree or disagree with the priorities for 'Principle of prevention first'? (Base – 12)

	Number of responses
I really agree	5
I mostly agree	5
I do not mind	0
I mostly disagree	1
I really do not agree	0
I don't know	1

How much do you agree or disagree with the priorities for 'Focused support'?
(Base – 12)

	Number of responses
I really agree	5
I mostly agree	6
I do not mind	0
I mostly disagree	0
I really do not agree	0
I don't know	1

How much do you agree or disagree with the priorities for 'Partnership working'?
(Base – 12)

	Number of responses
I really agree	4
I mostly agree	6
I do not mind	1
I mostly disagree	1
I really do not agree	0
I don't know	0

How much do you agree or disagree with the priorities for 'Inclusion and equity'?
(Base – 12)

	Number of responses

I really agree	2
I mostly agree	7
I do not mind	0
I mostly disagree	1
I really do not agree	0
I don't know	1

How much do you agree or disagree with the priorities for 'Measuring and evidencing impact? (Base – 12)

	Number of responses
I really agree	2
I mostly agree	4
I do not mind	1
I mostly disagree	2
I really do not agree	0
I don't know	2

Easy Read questionnaire - Demographic profile

The tables below show the demographic profile of **resident consultees who completed the Easy Read consultation questionnaire (12 in total)**. The proportion who left these questions blank or indicated they did not want to disclose this information has been included as applicable.

Gender	Number of responses
Male	2
Female	9
Prefer not to say / blank	1

Gender same as birth	Number of responses
Yes	11
No	0
Prefer not to say / blank	1

Age	Number of responses
53	1
77	1
78	1

81	1
85	1
88	1
91	1
Prefer not to say / blank	5

Disability	Number of responses
Yes	6
No	5
Prefer not to say / blank	1

Religion	Number of responses
- Christian	6
- Buddhist	0
- Hindu	0
- Jewish	1
- Muslim	0
- Sikh	0
- A different religion or belief	0
No	4
Prefer not to say / blank	2

Next steps

The Engagement and Consultation report, alongside the raw data collected in the Consultation will be used to inform how we reflect the feedback provided in the Prevention Framework. An updated version of the framework will then go through our internal governance structures, ready for Adult Social Care and Public Health Cabinet Committee for Key Decision on 10 September. A detailed co-designed Delivery Plan will be developed to support the Prevention Framework, which will set out how Adult Social Care will achieve the ambitions set out in the document.

For further information about this work, or to get involved, please contact preventionframework@kent.gov.uk

Appendix – Main consultation questionnaire

Section 1 – About you

If you are helping someone to respond because they cannot fill in the questionnaire themselves, please make sure your answers are about them and their details. If you also want to give your views, please fill in a separate questionnaire and include your details in that questionnaire.

Q1a. Please tell us in what capacity you are completing this questionnaire:

Please select the option that most closely represents how you will be responding to this consultation. Please select **one** option.

☐	As a Kent resident
☐	As a representative of a local community group or residents' association
☐	On behalf of an educational establishment, such as a school or college
☐	On behalf of a Parish / Town / Borough / District Council in an official capacity
☐	As a Parish, District or County Councillor
☐	As a Kent business owner or representative
☐	On behalf of a charity or voluntary, community and social enterprise (VCSE)
☐	As a KCC employee (Kent resident)
☐	As a KCC employee (non-Kent resident)
☐	As resident from somewhere else, such as Medway
☐	Other, please tell us:

Q1b. If you are responding on behalf of an organisation (community group, council VCSE), 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 Page 203 It will not be used to identify who you are.

Q3. How did you find out about this consultation? Please select **all** that apply.

☐	From a charity or voluntary, community and social enterprise (VCSE)
☐	An email from Let's talk Kent or KCC's Engagement and Consultation Team
☐	An email from KCC's Adult Social Care
☐	From a friend or relative
☐	From a member of KCC staff
☐	From my Parish, Town, District, Borough, City Council
☐	Kent.gov.uk website
☐	Newspaper
☐	Social media (e.g. Facebook, Nextdoor, X etc.)
☐	Poster / postcard
☐	Other, please tell us:

Section 2 – The Prevention Framework

Q4a. How easy or difficult was the wording in the Prevention Framework to understand?
Please select **one** option.

☐	Very easy

☐	Quite easy
☐	Neither easy nor difficult
☐	Quite difficult
☐	Very difficult
☐	I don't know

Q4b. If you found the wording in the Prevention Framework quite difficult or very difficult to understand, please tell us why.

Q5a. How easy or difficult was it to understand the diagrams and pictures in the Prevention Framework?

Please select **one** option.

☐	Very easy
☐	Quite easy
☐	Neither easy nor difficult
☐	Quite difficult
☐	Very difficult
☐	I don't know

Q5b. If you found the diagrams and pictures in the Prevention Framework quite difficult or very difficult to understand, please tell us why.

Our draft ambition is: “By 2035, adult social care in Kent will have fundamentally shifted towards a strategic, operational and financial model that prioritise prevention, early intervention and delay of escalating care needs. We will make the best use of data and research-led practices, early interventions and partnership working”

Q6a. To what extent do you agree or disagree with our draft ambition?

Please select **one** option.

☐	Strongly agree
☐	Tend to agree
☐	Neither agree nor disagree
☐	Tend to disagree
☐	Strongly disagree
☐	I don't know

Q6b. Please tell us the reason for your answer.

The next questions are about the five key approaches in the Prevention Framework. These are:

Focused support
Partnership working
Inclusion and equity
Measuring and evidencing impact

We would like to know what you think about the priorities for each of these areas.

The priorities for the **'Principle of prevention first'** are:

- work with partners to strengthen community capacity to enable people to have access to the right support in their own communities.
- offer simpler, more coordinated ways for people to find trusted information and support, so they can make good lifestyle choices and plan ahead.
- train a resilient workforce to strengthen community health and wellbeing and connect people with proactive community solutions which provide early support and maximise independence.
- make it easier for people to take control of their own care online, from assessing needs to planning support and managing payments.
- make the most of technology to help people remain independent and in control of their own care at home. This includes better use of data and Artificial Intelligence (AI) to predict needs early and improve outcomes.

Q7a. To what extent do you agree or disagree with the priorities for the 'Principle of prevention first'? Please select **one** option.

☐	Strongly agree
☐	Tend to agree
☐	Neither agree nor disagree
☐	Tend to disagree
☐	Strongly disagree
☐	I don't know

Q7b. Please tell us if you have any comments or suggestions about the priorities for the 'Principle of prevention first'. In your answer, please tell us which of the priorities you are commenting about. Please write your comments in the box below.

- use data and insights to co-design support that helps older people to stay healthy, well-connected and independent - and able to continue living in their own home for as long as they can.
- create the conditions for younger people to be empowered as they move into adulthood, so that they feel equipped to make their own decisions and achieve their life goals. This will mean more joined-up planning between education, health, social care, housing, transport and employers.
- work with partners (including through multi-agency working) to identify and reach people at risk of, or living with long term conditions, such as stroke, dementia and frailty, in an effort to maximise people's independence and wellbeing.
- invest in community action that improves mental health and wellbeing especially in communities most at risk. We recognise the need for supported living, employment support alongside support groups, social activities and peer support networks.
- raise the profile of unpaid carers, recognising the value they bring and proactively support their needs to see positive health and wellbeing outcomes.

Q8a. To what extent do you agree or disagree with the priorities for 'Focused support'?
Please select **one** option.

☐	Strongly agree
☐	Tend to agree
☐	Neither agree nor disagree
☐	Tend to disagree
☐	Strongly disagree
☐	I don't know

Q8b. Please tell us if you have any comments or suggestions about the priorities for ‘Focused support’. In your answer, please tell us which of the priorities you are commenting about. Please write your comments in the box below.

The priorities for **‘Partnership working’** are:

- work with our partners to align our prevention priorities, encourage and support good life choices, join up funding and ensure our resources are better coordinated to respond to the needs of our population.
- work more closely with the Voluntary, Community and Social Enterprise (VCSE) sector as a strategic delivery partner to co-design and co-deliver support with communities. Together we will monitor and evaluate outcomes to ensure support is effective, responsive and delivering good value.
- take a place-based commissioning approach to co-design and deliver the right support to meet local needs, which is built on mutual trust, shared values and ongoing communication.
- play our part alongside partners to consider how good housing, employment, financial circumstances, a social network and a clean and sustainable environment can enhance health and how our actions can reduce inequalities in need for health and social care.
- work with partners to enable people to “wait well” for care and support, by increasing access to technology, rehabilitation, therapies and other community-based support.

Q9a. To what extent do you agree or disagree with the priorities for ‘Partnership working’?
Please select **one** option.

☐	Strongly agree
☐	Tend to agree
☐	Neither agree nor disagree

☐	Tend to disagree
☐	Strongly disagree
☐	I don't know

Q9b. Please tell us if you have any comments or suggestions about the priorities for 'Partnership working'. In your answer, please tell us which of the priorities you are commenting about. Please write your comments in the box below.

The priorities for **'Inclusion and equity'** are:

- work with partners to maximise our use of data and move our efforts to where they are most needed, so that we can help people more effectively.
- understand and break down barriers to accessing care and support, working with partners to ensure people have the knowledge, skills and confidence to access, understand and use information and services effectively, including online.
- take active steps to reach those who may have greater or unmet needs for care and support, and ensure they have good outcomes.
- actively facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations.
- continue to develop strong partnerships with all Kent communities.

Q10a. To what extent do you agree or disagree with the priorities for 'Inclusion and Equity'?
Please select **one** option.

☐	Strongly agree
☐	Tend to agree
☐	Neither agree nor disagree

☐	Tend to disagree
☐	Strongly disagree
☐	I don't know

Q10b. Please tell us if you have any comments or suggestions about the priorities for 'Inclusion and equity'. In your answer, please tell us which of the priorities you are commenting about. Please write your comments in the box below.

The priorities for **'Measuring and evidencing impact'** are:

- co-design with communities and partners how we measure outcomes and value for money, making sure it reflects what matters to people.
- work with partners to improve how we collect, record and share data, so we better understand Kent residents' needs and experiences and can focus support where it's needed most.
- champion for Kent-based research to include a focus on social care outcomes, advocate nationally for a greater focus on prevention research and will source funding opportunities to support prevention activity.
- use consistent and robust methods to measure our impact, ensuring evaluations are proportionate, to inform our decision-making processes.
- take a long-term approach when investing in prevention, understanding it takes time to show its full impact. We will monitor progress and remain flexible to continuously improve outcomes.

Q11a. To what extent do you agree or disagree with the priorities for ‘Measuring and evidencing impact’? Please select one option.

☐	Strongly agree
☐	Tend to agree
☐	Neither agree nor disagree
☐	Tend to disagree
☐	Strongly disagree
☐	I don't know

Q11b. Please tell us if you have any comments or suggestions about the priorities for ‘Measuring and evidencing impact’. In your answer, please tell us which of the priorities you are commenting about. Please write your comments in the box below.

Q12. Please add any further comments you would like to make about the Prevention Framework. Is there anything else you feel may need to be included or emphasised? Please write your comments in the box below.

To help ensure that we are meeting our obligations under the Equality Act 2010 we have prepared an initial Equality Impact Assessment (EqIA) on the Prevention Framework. An EqIA is a tool to assess the impact any proposals would have on the protected characteristics: age, disability, sex, gender reassignment, sexual orientation, race, religion, and carer's responsibilities. The EqIA is available online at www.kent.gov.uk/preventionframework or on request.

Q13. 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 your comments below.

Please do not include any personal information that could identify you or anyone else within your response.

Section 3 – More about you

We want 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 really helps us to understand how different people could be affected by our proposals, 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.

Q14. What is your sex? A question about gender identity will follow. Please select **one** option.

☐	Female
☐	Male
☐	I prefer not to say

Q15. 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	

Q16. Which of these age groups applies to you? Please select **one** option.

☐	Under 16	☐	16-20	☐	21-25	☐	26-30	☐	31-35
☐	36-40	☐	41-45	☐	46-50	☐	51-55	☐	56-60
☐	61-65	☐	66-70	☐	71-75	☐	76-80	☐	81-85
☐	86-90	☐	91-95	☐	Over 95	☐	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.

☐	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

If you have selected 'A different disability or health condition', please tell us:

Q19. 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	

Q20. 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

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.

Q21. Are you a Carer? Please select **one** option.

☐
☐
☐

Yes

No

I prefer not to say

Q22. 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

☐

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 Caribbean background, please write in below:

Another ethnic group

☐	Arab	
☐	Roma	
☐	Any other ethnic group, please tell us:	

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 the Prevention Framework.

We will report back on the feedback we receive, but details of individual responses will remain anonymous, and we will keep your personal details confidential.

Closing date for responses: Monday 14 July 2025

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Draft Adult Social Care Prevention Framework 2025-2035

Consultation Responses: You Said, We Did Summary

This document sets out a summary of some of the changes we have made to the Prevention Framework based on consultation responses collected from 6th June – 14th July 2025. This document is not a full representation of the responses, this can be found in the Prevention Framework Consultation and Engagement Report.

Ambition:

Our ambition:

“By 2035, adult social care in Kent will have shifted towards strategic, operational and financial ways of preventing, reducing and delaying need for care. This will maximise the opportunities for Kent residents to lead more fulfilled, healthy and independent lives. We will make the best use of data and research-led practices, early interventions and partnership working”

77% people agreed with our draft ambition.

You said

“prevention is always better than cure”
“the ambition is worthy and will improve provision in Kent provided it can be fully implemented”
“Moving in to prevention is going to be essential to face the future challenges around adult social care”

We also received comments, that the ambition could be made clearer.

We did

We’ve altered the ambition to make certain elements clearer but kept it very similar to the original to reflect the positive feedback given.

We have moved the ambition to the beginning of the introduction, so its presence in the document is much clearer to the reader.

Our ambition (revised):

“By 2035, adult social care in Kent will have shifted towards strategic and operational ways of working and a financial model that prioritises prevention, early intervention and delay of escalating care needs. This will maximise the opportunities for Kent residents to lead more fulfilled, healthy and independent lives. We will make the best use of data and research-led practices, early interventions and partnership working”.

Delivery Plan:

Draft Adult Social Care Prevention Framework 2025-2035

Consultation Responses: You Said, We Did Summary

Current text: <i>"This framework will be supported by a delivery plan".</i>	
We received lots of comments in agreement with the approaches, however scepticism over how the approaches and priorities will be implemented / actioned.	
You Said	We Did
"I agree that this is a good plan, but how its implemented will be the hard bit" "It sets out a strategy but doesn't explain what it is actually going to do" "The statement above does not state how these changes will be achieved" "Admirable goals but not a lot of detail as to how it will be done"	We have re-worked the introduction, so the content is more concise, and made room for further content focused on the Delivery Plan. We will also reinforce the Delivery Plan throughout the document when introducing our priorities.
Delivery Plan (revised): <i>"The Adult Social Care Prevention Framework will be supported by a detailed co-designed Delivery Plan, which will build on and strengthen existing work alongside new actions and work programmes. The Delivery Plan will be supported by appropriate internal structures, to ensure actions are delivered and prevention is embedded in all that we do, and align with other existing documents and workstreams such as; Making a Difference Every Day Adult Social Care Strategy, Carers Strategy, and the Kent & Medway Integrated Care Strategy. The Prevention Framework will also inform how we commission. It is important to us that, in working to deliver change, we also build strong and meaningful connections with other local strategies that cover the county of Kent."</i>	

Principle of prevention first:

85% people agreed with our priorities for principle of prevention first.	
You Said	We Did
There was too much focus on online within the priority statements, and some comments concerned over AI being used to replace real human person centred interactions.	We have reflected these comments within the priority statements.
Making online processes more straightforward and simpler, and building awareness of where to find trusted information and support. "Online needs to be straight forward, clear and simple to transfer the relevant data"	We have reflected these comments within the priority statements.

Draft Adult Social Care Prevention Framework 2025-2035

Consultation Responses: You Said, We Did Summary

There is a need for place-based multi-disciplinary working.	We have reflected these comments within the priority statements and made greater emphasis on the work we are doing in the community settings.
More emphasis is needed on the importance of the workforce and the support needed for them to deliver this effectively.	We have reflected these comments in the main body of the text, including a focus on staff wellbeing, recruitment and retention, and training.

Focused support:

83% people agreed with our priorities for focused support

You said	We did
Strong support for the unpaid carers statement, however more emphasis needed on carers skills, listening and a focus on the period after their carer responsibilities end. “Like to see the objective as not just to support but also to listen to our suggestions”	We have reflected these comments within the priority statement.
Role of families in the lives of young adults with additional needs has not been recognised. Also, a greater emphasis needed on support to set a strong foundation for life and partnership working. “important for setting a strong foundation for future independence and well-being”	We have reflected these comments within the priority statement.
Strong support for mental health, comments advised to expand to include different needs of different communities. “ensure that mental health support includes specific interventions for different age groups and cultural backgrounds to address unique challenges faced by various communities”	We have reflected these comments within the priority statement.

Partnership working:

81% people agreed with our priorities for partnership working	
You Said	We Did
Several comments showing uncertainty on what is a 'place-based commissioning approach' and a request to make this more focused on addressing local inequalities "All of this work should be focused to remove inequalities within all localities"	We have reflected these comments in the priority statement.
Concern over the use of the term "wait well" – a need for a clearer statement. What is 'Wait Well' ? Sounds worrying.	We have reflected these comments in the priority statement.
Strong support for working in partnership with the Voluntary, Community and Social Enterprise sector and including a focus with partners on sharing best practice.	We have reflected these comments in the priority statements.

Inclusion and equity:

81% people agreed with our priorities for inclusion and equity	
Many positive comments supporting our approach to inclusion and actively reaching out to communities that we're not already reaching as much/well as we could be. "It is never easy to reach those who may have greater or unmet needs for care and support, and I think this is a most important area to develop" "like the one about actively reaching out to people, that's very important, making sure there are no stigmas attached to seeking help"	We have reflected these comments in the priority statement.
Greater emphasis needed on the role of grassroots organisations in their role to facilitate resilient, accessible and	We have reflected these comments in the priority statement.

Consultation Responses: You Said, We Did Summary

connected communities. “Supporting and working collectively will ensure the continual growth and offerings to identify and support those people in the community that need it most” “necessary to start very local and slowly develop these links because each community will be a little different”	
Greater focus on how we will break down barriers to accessing care and support, for example, digital inclusion and literacy and cultural competence. “it’s important to ensure that services are not only accessible but also welcoming and culturally relevant. This ensures that everyone feels included and valued, creating an environment where individuals can thrive”	We have reflected these comments in the priority statement and the main body of the text.
Some comments reflecting that some of the priority statements are vague and need further detail “Good principles but rather vague”. “Not as strong as other sections”	We have reflected this feedback in the priority statements and the main body of the text.

Measuring and evidencing impact:

79% people agreed with our priorities for measuring and evidencing impact	
Strong support for co-design and bringing lived experience feedback into evaluations, further emphasis on both social and financial return on investment. “considering not just financial value but also social and emotional impacts would provide a more comprehensive evaluation”	We have reflected this feedback in the priority statement.
Greater emphasis on lived experience feedback and voices, using a variety of data sources to ensure robust evaluations.	We have reflected these comments in the priority statements and in the main body of the text.

Draft Adult Social Care Prevention Framework 2025-2035

Consultation Responses: You Said, We Did Summary

“There should be more emphasis on what people want and listening to their needs, so that services can be designed appropriately, and feedback from the community can be collated as part of the measuring process”.	

EQIA Submission Draft Working Template

Section A

1. Name of Activity (EQIA Title):

Adult Social Care Prevention Framework
Updated 01.08.25

2. Directorate

Adult Social Care and Health

3. Responsible Service/Division

Innovation and Partnerships Division

Accountability and Responsibility

4. Officer completing EQIA

Daisy Robb – Senior Innovation and Partnerships Officer

5. Head of Service

Helen Gillivan

6. Director of Service

Richard Smith

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

No

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

No

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

Yes

Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations

Overview

The draft ambition in the Framework is: 'By 2035, adult social care in Kent will have shifted towards ways of working and finances that prioritise prevention through the promotion of wellbeing and independence, early intervention and delay of escalating care needs. This will maximise the opportunities for Kent residents to lead more fulfilled, healthy and independent lives. We will make the best use of data and research-led practices and partnership working.'

Prevention is a routine focus of KCC's adult social care. When undertaking our care and support functions in line with the Care Act, the council pays attention to key points in a person's life (for instance, hospital admission and/or discharge) and/or in the care and support process where a preventative intervention may be especially appropriate.

The Adult Social Care Prevention Framework aims to:

- align with the principles of the 'Making a Difference Every Day Strategy', 'Kent and Medway Integrated Care Strategy' and other core strategies.
- make a positive impact on our population's health and wellbeing.
- make sure that prevention in adult social care has a solid foundation informed by data and evidence and has a robust evaluation process.
- better understand a person's adult social care journey, helping to keep people within the Kent population healthy, fulfilled, and independent.

The prevention framework has been co-produced and work to date has been endorsed by the Adult Social Care Delivery Board and through the Adult Social Care and Health Directorate Management Team.

The development of the framework is guided by five approaches.

1. Principle of prevention first
2. Focused support
3. Partnership working
4. Inclusion and equity
5. Measuring and evidencing impact

Equality impact assessment

Kent County Council (KCC) is committed to having "due regard" to the three equality needs identified in section 149(1) of the Equality Act 2010. These needs are eliminating discrimination, promoting equality of opportunity, and fostering good relations between different protected groups. The Equality Impact Assessment (EqIA) has been conducted with these three equality needs in mind.

1.Eliminating discrimination: The EqIA examines whether the framework would place any protected groups at a particular disadvantage and identifies where this is likely to be the case. The prevention framework aims to have a positive impact, and the aim will be to ensure prevention services are more efficient, targeted and making best use of resources.

2.Promoting equality of opportunity: The aim of the prevention framework is to prevent needs from arising before they even start, instead of having a reactive approach. It helps make things fairer for all residents. It will make sure everyone feels included and has a voice. The framework aims to help people to live healthy, fulfilled, and independent for longer.

3.Fostering good relations: The prevention framework actively cultivates positive relationships with partners, organisations, and residents through a collaborative and inclusive approach. It emphasises shared ownership of goals, encouraging working together in identifying needs and developing solutions. Open communication and mutual respect are central to this process, fostering trust and ensuring that all

voices are heard and valued. The framework prioritises community empowerment and engagement, enabling residents to be active participants in shaping their own environments. By aligning resources and efforts towards common prevention objectives, the framework promotes a sense of shared purpose and maximises collective impact. A delivery plan will be co-developed to support the framework and there will be a separate EqIA where relevant.

Public consultation

In order to gain a better understanding of the impact that the prevention framework may have on people, a public consultation was held from 6 June to 14 July 2025 found at: <https://www.kent.gov.uk/preventionframework>. The responses have been analysed and carefully considered, with changes made to the Prevention Framework to reflect the feedback given. The impact assessment has also been updated to reflect specific comments made in response to the equality analysis. 23% of consultees provided a response to this question.

The EqIA has been updated to reflect the views of consultees, other stakeholders and interested parties to ensure the views have been considered and will support the Consultation Report which will be submitted to the Adult Social Care Cabinet Committee in September 2025.

Section B – Evidence

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

No

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?

To inform the development of the prevention framework, extensive engagement has taken place with over 200 individuals. A series of co-designed and co-chaired workshops were held with the Voluntary, Community, and Social Enterprise (VCSE) sector. Regular updates were also provided to the VCSE Strategic Partnership Board and the VCSE Steering Group. This collaborative approach has been positively received, with growing engagement across the sessions and a diverse range of VCSE organisations participating.

The draft prevention framework has also been shared through existing partnership structures, including Health and Care Partnership Boards and the Integrated Care Partnership sub-committees. Engagement has involved representatives from district and borough councils, the Integrated Care Board (ICB), and other key stakeholders. An external stakeholder workshop with partners together to explore opportunities for collaboration in prevention was held, which was well-attended and reinforced the shared commitment.

Staff engagement has included sessions with commissioning teams and senior managers. Additionally, there was engagement at a routine meeting which was then held monthly with members of frontline adult social care teams and colleagues from the Growth, Environment and Transport (GET) directorate.

These sessions focused on topic-based discussions and identifying opportunities for small, sustainable changes in day-to-day practice to embed preventative approaches.

The voices of people in Kent are vital to this work, and there has been engagement with a number of local community groups facilitated by the Involvement and Information team's adult social care involvement officers, through dedicated face-to-face workshops and discussions. An online survey was designed to capture insights, and this was shared through various communication channels. At the Kent and Medway Mental Health Summit in April 2025, where people who draw on care and support were able to share their experiences of mental health services with statutory providers, approximately 170 attendees engaged in dedicated prevention workshops as a collective to help shape the future approach. The draft prevention framework was presented, and the consultation approach was discussed with the Adult Social Care People's Panel on 23 May 2025.

Feedback gathered through all engagement activity has been incorporated into the development of the framework using an agile approach. A thematic analysis of responses has been undertaken to identify key insights that will shape the document. Engagement sessions have also been used to test and refine language, such as the Care Act terms 'prevent, reduce, and delay', to ensure definitions are clear, meaningful, and accessible to all stakeholders.

The prevention framework will support people not already known to social care services, however, to help assess the potential impact, current adult social care data has been used. The data referred to is the Adult Social Care Protected Characteristics Data, downloaded on March 18, 2025. The Office of National Statistics 2021 Population and Census data also provided a broader understanding of Kent's demographics, in collaboration with Kent Analytics for data and modelling.

Consultation Summary:

A public consultation was held from 6 March to 14 July, which included a combination of face-to-face engagement events, online campaign and an online questionnaire.

Total reached at face-to-face events: 451

Total visits to website: 5,500

Documents downloaded: 1,470

Consultation responses: 451

We also delivered a Social Media Campaign to raise awareness of the Prevention Framework. Social Media channels used included Facebook, Instagram, Twitter, LinkedIn and Nextdoor.

Clicks across channels: 806

Total reach: 32,036

Total impressions: 40,6014

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 (Priority Needs Assessments)

Uploading Evidence/Data/related information into the App

The demographic data used to complete this report has been provided through:

- Performance Team (KCC)
- Office of National Statistics (ONS) Census 2021
- Kent and Medway Public Health Observatory
- Kent Analytics
- Joint Strategic Needs Assessment.

Included in the dataset are those who have made contact with or who are currently engaging with adult social care services. The total number of people, as of March 2025 is 33,017. This data is being used as a representation of the total Kent population.

To support this work, a variety of data has been used to create projections of demand on long-term care and highlight key prevention priority areas. There has been collaborative working with Kent Analytics and the Kent and Medway Public Health Observatory, to adopt a robust data collection and analytic approach. By leveraging the Kent and Medway Care Record (KMCR) and the Johns Hopkins Risk Stratification Tool, valuable insights have been gained into how individuals who draw on care and support may transition between different levels of need. This has enabled better identification of key drivers of demand and exploration of projections to understand how needs may evolve over the next 10 years.

To complement this, a series of targeted 'mini' needs assessments has been conducted which were written between September 2024 and March 2025 (19 in total) and which examine the relationship between specific needs and adult social care support. These assessments combine quantitative data and qualitative examples of best practice, with input from colleagues across the Adult Social Care and Health Directorate which includes public health.

The use of Systems Dynamic Modelling is being explored to enhance the understanding of complex interactions within the care system, adding further depth to the evidence base that underpins the framework. This analytical work will directly inform the priorities and actions within the prevention framework, helping to identify priority areas where interventions could have the greatest impact in preventing, reducing and delaying demand for adult social care.

2025 Kent Joint Strategic Needs Assessment (JSNA) Summary Report

Summary: The JSNA exception report summarises key population health highlights arising from various health needs assessments and other reports and analysis completed this year. This report enables the Kent Health and Wellbeing Board and the Kent and Medway Integrated Care Partnership to be aware of the relevant issues and trends which need to be addressed and reflected in the key priorities and outcomes of the Integrated Care Strategy and district local plans.

Kent Analytics - Census 2021: UK Armed Forces Veterans

This bulletin presents 2021 Census data about residents in Kent and Kent districts who have previously served in the UK armed forces. Comparisons with Medway, the Southeast, England and Wales, are included.

Update on Gypsy Roma Traveller Health, including child immunisations and suicide prevention September 2024

Summary: This report was requested by members of the committee to provide an update on the work of the Public Health Team with the Gypsy, Roma and Traveller community in Kent, following the Health Needs Assessment completed in September 2023. This report highlights the ongoing commitment of the Public Health Team towards improving health outcomes for people from the Gypsy, Roma and Traveller community in Kent through research, community engagement, and coordinated action.

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 prevention framework is designed to deliver positive outcomes across Adult Social Care and Health. Aligned with our Making a Difference Every Day and Kent Adult Carer strategies, it adopts a strategic approach to ensure resources are directed where they can have the greatest impact.

A focus on prevention has the potential to positively impact all Kent residents. The Department of Health and Social Care (2018) vision, 'Prevention is Better than Cure', states that: "Prevention is about helping people stay healthy, happy and independent for as long as possible. This means reducing the chances of problems arising in the first place and, when they do, supporting people to manage them as effectively as possible. Prevention is as important at seventy years old as it is at age seven".

With an emphasis on strength-based approaches, it will empower resilient individuals and communities to live healthy, fulfilled, and independently for longer. Furthermore, the aim is to drive improved and effective system collaboration and open communication channels between organisations, which will streamline processes, reduce duplication and result in timely and effective support for the people who draw on care and support.

There is an anticipated 'high positive impact' as the framework aims to deliver services that are responsive to the needs of the population, with consideration of people's protected characteristics to drive equitable outcomes.

How have we responded to feedback:

You Said: Individuals expressed a desire to be part of the team, with insight input, emphasising that the project is complex and all disabilities must be considered.

We Did: The prevention framework has been co-produced through extensive engagement with over 200 individuals, including co-designed and co-chaired workshops with the Voluntary, Community, and Social Enterprise (VCSE) sector. The voices of Kent residents are considered vital, and engagement has occurred with local community groups through face-to-face workshops and an online survey. Feedback has been incorporated using an agile approach, and a thematic analysis was undertaken to identify key insights. The framework prioritises community empowerment and engagement, fostering shared purpose. A co-produced delivery plan will support the framework.

You Said: A comment suggested that the document was "too wordy to understand" and that "plain English" would be better.

We Did: Engagement sessions have been used to test and refine language, such as Care Act terms, to ensure definitions are clear, meaningful, and accessible.

Consultation Responses:

We saw an overall positive consultation response to the Prevention Framework, many agreed that prevention is better than cure.

Responses	Total	Percentage %
Strongly agreed/Agreed with our Draft Ambition	313	75%
Strongly agreed/Agreed with our Principle of Prevention First Priorities	348	85%
Strongly agreed/Agreed with our Focused Support Priorities	341	83%
Strongly agreed/Agreed with our Partnership Working Priorities	329	81%
Strongly agreed/Agreed with our Inclusion and Equity Priorities	330	81%
Strongly agreed/Agreed with our Measuring and Evidencing Impact Priorities	320	79%

Negative Impacts and Mitigating Actions

19.Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for Age? Answer: Yes/No

Yes

b) Details of Negative Impacts for Age

The data provided by the Performance and Information Team April 2024 - March 2025 for the age groups of people who draw on care and support in Kent shows:

Age Groups (10-year banding) of people who draw on care and support in Kent:

Table 1

Age group	Total (33,017)	Percentage %
17 and under	26	0.08%
18-25	1004	3%
25-35	2945	9%
35-45	2543	7.7%
45-55	3160	9.6%
55-65	4266	12.9%

65-75	4176	12.6%
75-85	7436	22.5%
85-95	6484	19.6%
95-105	914	2.7%
Over 105	5	0.01%
Not recorded	58	0.17%

The data shows that 57.5% of the total number of people supported are over the age of 65. Therefore, any potential negative impacts resulting from changes to care and support services are likely to disproportionately affect older people in Kent.

This high percentage of older adults receiving care and support is reflective of the overall demographic trends in Kent, where a significant proportion of the population is aged 65 and over, as indicated by Kent County Council's Population and Census data 2021.

The potential negative impacts on older people can be considered through two key sections:

Engagement with the consultation process

Digital questionnaires could inadvertently exclude a significant portion of the older population who may lack access to technology, digital literacy, or confidence in online platforms. This digital divide could lead to an underrepresentation of their views and experiences. The ability of older individuals to physically attend engagement sessions may be limited by factors such as mobility issues, health conditions, transportation availability, or caring responsibilities.

Impact on the prevention approach

Many older adults find it challenging to navigate their way through digital or complex information when accessing health, social, financial and housing support. This can result in heightened feelings of isolation, missed medical appointments, or a lack of awareness about their rights.

According to the Kent and Medway Care Record, more than one in six (18%) of people aged 65 years and over living in Kent are classed as moderately or severely frail. The main contributing conditions are high blood pressure, arthritis, urinary conditions, respiratory and heart disease and visual impairment.

Veterans

The 2021 Census identified that there were 52,545 UK armed forces veterans living in Kent in 2021.

- 57.9% were aged 65 and over.

It is important to highlight veterans as a distinct cohort within the prevention framework as we know that:

- 37.2% of Kent's veterans were not in good health, above the national (35.6%) average
- 32.6% of veterans were disabled under the Equality Act.

Consultation responses related to age:

Within the consultation the majority of responses were received were from people aged 56+ (72% responses) which is broadly consistent with the data set out above and our pre-consultation assessment that older people are more likely to engage with an Adult Social Care consultation as they are more likely to utilise the service. There were concerns over potential barriers to getting the right support, particularly digital skills and online access for older people.

Under 18	0	61-65	31
18-20	1	66-70	39
21-25	1	71-75	51
26-30	1	76-80	39
31-35	4	81-85	34
36-40	5	86-90	11
41-45	4	91-95	1
46-50	7	Over 95	1
51-55	18		
56-60	29	Prefer not to say / Left blank	48

The consultation questionnaire asked - Which of these age groups applies to you?

c) Mitigating Actions for Age

Mitigations for the development of the prevention framework

The prevention framework recognises that the number of older people aged 65 and over in Kent is expected to rise by 28% in the next decade, with those over 85 increasing by 53% by 2035. This will result in a dramatic surge in care needs, particularly in coastal areas with higher older populations. If we do nothing to alter the trajectory of need for care and assume costs remain at 2024 levels, then by 2035 the costs associated with meeting the needs of the over 65s alone will rise by at least 48%. With an estimated 10,000 of the Kent adult social care workforce to be at retirement age in the next 10 years, staff wellbeing and recruitment is vital. Therefore, high level priorities include using data and insights to co-design support that helps older people to stay healthy, well-connected and independent and able to continue living in their own home for as long as they can.

It's crucial to acknowledge potential challenges and develop proactive mitigation strategies not only for the development but also for the successful implementation of this 10-year prevention framework. These mitigations will ensure the framework is robust, adaptable, and ultimately effective in addressing the escalating needs of Kent's aging population.

Mitigations for engagement with the consultation

The consultation was promoted in various ways – posters in libraries and gateways, social media and through engagement and communication channels and networks.

As well as distribution of the standard version of the prevention framework and consultation documents there was also easy read, downloadable and printed versions available to ensure the information was accessible to all. Inclusive language and imagery were used within both the framework and supporting materials and regular reviews were conducted to ensure the framework was accessible to different age groups.

The Digital Kent service is available to support people to improve their digital literacy and access more online resources. People can be referred to Digital Kent which has many resources available, such as community-based workshops and digital hubs. The service can provide volunteer digital champions to support individuals and enable them to improve their digital and online skills. The Technology Enhanced Lives service also offers digital skills support within the residents home.

When an in-person event took place, measures were taken to ensure physical locations were accessible, including ramps, elevators, and clear signage.

Communication, co-production and awareness activity was carried out with community organisations, staff and contact centres to signpost and support people to access the consultation and prevention framework.

When conducting consultation-related engagement for the framework, as people aged 65 and over have been identified as a large portion of the Kent population who draw on care and support, the aim is to meet people in their local community. By working alongside the VCSE who attended our workshops, opportunities were provided to connect with people locally as part of consultation events. This was achieved by holding engagement sessions within their pre-existing community groups.

To ensure that Kent residents, in particular older people, could engage with the consultation, we held 18 face-to-face engagement sessions across Kent as well as three online virtual events. The feedback from this engagement was considered alongside other feedback from this consultation. This ensured that people's needs and preferences were considered and accommodated where they could be.

The three online workshops were held during weekday evenings, to account for the working age population, families and carers.

The prevention framework, consultation questionnaire and all other relating consultation documents was created in line with accessibility guidelines. Versions were created both online and offline, in easy-read format, with alt-text for images and there was a British Sign Language (BSL) version of the consultation webpage text. Language translations will also be supplied upon request. Contact numbers were provided on all materials so that people could call and request hard copies.

Veteran support organisations were communicated with through dedicated in-person engagement sessions at the Veterans Association in Birchington and the Royal British Legion Village (RBLI) Aylesford. Links for the consultation were also sent directly for wider distribution via the Kent Secretary for RBLI which incorporated all 62 branches within Kent.

Via the Involvement and Information Team, social care involvement officers also promoted and engaged communities with the consultation. The team proactively manages our external engagement channels within Adult Social Care and Health (ASCH), which enabled us to actively listen to and respond to community needs identified through those sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens were able to encourage Kent residents to engage with the consultation.

Conclusion

Comments received through the consultation expressed concern over the use of digital, technology and Artificial Intelligence (AI) that may exclude older people. We have made changes to the document to reflect this feedback and emphasised the non-digital ways of accessing support.

Aligning with the outcomes of the Wellbeing Consultation, a prevention campaign will help older people (in a digital and non-digital way) find out about what support is available to them.

The council also ensures the fostering of good relations through the Your Voice network which considers the voices of individuals helping to improve and shape services. Adult social care attends a wide number of in person information, advice and guidance events across the county through our Involvement Officers, seeking feedback and fostering good relations with people and communities.

d) Responsible Officer for Mitigating Actions – Age

Helen Gillivan

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? Answer: Yes/No

Yes

b) Details of Negative Impacts for Disability

The data provided by the Performance and Information Team April 2024-March 2025 for the breakdown of health conditions for people who draw on care and support in Kent:

Table 2

Condition	Total (33,017)	Percentage
Learning Disability	1229	3.7%
Mental Health Condition	2698	8.2%
Mental Health Condition, Learning Disability	416	1.3%
Mental Health Condition, Neurological Condition	244	0.7%
Mental Health Condition, Neurological Condition, Learning Disability	23	0.07%
Mental Health Condition, Other Condition	200	0.6%
Mental Health Condition, Other Condition, Learning Disability	94	0.3%
Mental Health Condition, Other Condition, Neurological Condition	49	0.2%
Mental Health Condition, Other Condition, Neurological Condition, Learning Disability	14	0.04%
Neurological Condition	727	2.2%
Neurological Condition, Learning Disability	64	0.2%
Other Condition	364	1.1%
Other Condition, Learning Disability	399	1.2%
Other Condition, Neurological Condition	98	0.3%
Other Condition, Neurological Condition, Learning Disability	36	0.1%
Physical Condition	5625	17%
Physical Condition, Learning Disability	551	16.7%
Physical Condition, Mental Health Condition	3971	12%

Physical Condition, Mental Health Condition, Learning Disability	227	0.7%
Physical Condition, Mental Health Condition, Neurological Condition	777	2.4%
Physical Condition, Mental Health Condition, Neurological Condition, Learning Disability	37	0.1%
Physical Condition, Mental Health Condition, Other Condition	1063	3.2%
Physical Condition, Mental Health Condition, Other Condition, Learning Disability	102	0.3%
Physical Condition, Mental Health Condition, Other Condition, Neurological Condition	307	0.9%
Physical Condition, Mental Health Condition, Other Condition, Neurological Condition, Learning Disability	22	0.07%
Physical Condition, Neurological Condition	1775	5.4%
Physical Condition, Neurological Condition, Learning Disability	69	0.2%
Physical Condition, Other Condition	1613	4.9%
Physical Condition, Other Condition, Learning Disability	424	1.3%
Physical Condition, Other Condition, Neurological Condition	588	1.8%
Physical Condition, Other Condition, Neurological Condition, Learning Disability	40	0.01%
Not Recorded	9171	27.8%

The above data indicates that physical conditions (51.1% overall, including single and combined conditions) are the most common reason for drawing on care and support. This suggests that physical disabilities are a major driver of social care need and support within this specific population.

The social care data also highlights a significant proportion of individuals with mental health conditions (11.3% overall) requiring care and support.

Comparison to Kent Office of National Statistics (ONS) Census 2021

Physical conditions: The 51.1% of people who draw on care and support with physical conditions (including those with other conditions) is much higher than any figure we can directly derive from the general Kent population regarding physical limitations. The Census tells us 17.9% of all Kent residents have some limitation, which includes both physical and mental health.

Mental health conditions: The 11.3% of people who drawn on care and support with mental health conditions (again, including those with other conditions) is also higher than what we might expect in the general population. While the Census doesn't give a direct prevalence of mental health conditions

causing limitation, the Office of National Statistics (ONS) Census report states 17.9% of the total population have mental health conditions.

While we cannot directly compare the percentages due to different data collection methods and focus, the data clearly indicates a much higher prevalence of both physical and mental health conditions among individuals drawing on adult social care in Kent compared to the general Kent population reporting any form of disability in the 2021 Census. This underscores that these conditions are major drivers of the need for care and support services.

Dementia and long-term conditions

Kent has approximately 25,000 people with dementia with an anticipated 15,000 with a diagnosis. Compared to the national picture, Kent and Medway has a higher number of people with dementia but a low diagnosis rate.

According to the Joint Strategic Needs Assessment cohort model, we expect a 17.9% increase in people with dementia between 2022 and 2027. People with neurological conditions, including dementia, have the highest level of measured social care need.

The Office of National Statistics (ONS) Census data for Kent provides the overall prevalence of "disability" (defined as a long-term physical or mental health condition that limits daily activities) in the population.

Impact on prevention approach

If the framework is developed without considering the specific health and social needs of individuals with disabilities, it may fail to address preventable conditions and risk factors that disproportionately affect this population. This could lead to widening health disparities.

Impact on engagement and consultation

If consultation and engagement processes were not inclusive and accessible, people with disabilities would be excluded. This would have resulted in a framework that didn't reflect their lived experiences and priorities.

Various barriers can hinder the participation of people with disabilities in consultation, including inaccessible formats: information not available in accessible formats (e.g. Easy Read, sign language interpretation (BSL), accessible digital formats), physical inaccessibility: meeting venues or consultation locations that are not physically accessible. Engagement processes might not reach individuals with a wide range of disabilities, leading to a framework that primarily reflects the perspectives of more visible or vocal groups.

Consultation responses related to disability:

Through the consultation we reached:

Yes	110
No	153
Prefer not to say	62

Responses to disclose what that disability/health condition falls under:

Physical	75
Sensory (hearing, sight, or both)	31

Longstanding illness or health condition	40
Mental health condition	26
Neurodivergent, such as ADHD, autism, dyslexia and dyspraxia	9
Learning disability	5
A different disability or health condition	6
Prefer not to say	62

Mitigating Actions for Disability

Mitigations for the development of the prevention framework

The framework acknowledges that:

- Young adults with additional needs or disabilities often face unique challenges. Young people require focused support to ensure a smooth progression into independent living. With support from partner organisations and communities, adult social care can empower young adults and their families with the skills and resources to thrive, reducing future reliance on intensive services and encouraging long-term independence.
- People with long term conditions, particularly cardiovascular disease, dementia, frailty and stroke, are more likely to need to draw on care. People going without the things that are essential for a good life (like enough money, good housing, education, healthcare) are more likely to develop long term conditions, and at an earlier age. Without action, the numbers of people with dementia in Kent is expected to increase to 39,000 by 2035, yet action to address risk factors such as hearing loss, social isolation and depression could mitigate the rise.
- People with poor mental health may have an increased need to draw on care and support; Kent social care saw an increase of 60% in relation to mental health in the five years up to 2023. Kent's future mental health trends are concerning – likelihood (prevalence) of depression is already higher than the national average and is increasing. Kent is also seeing increasing rates of serious mental illness and since 2012, the county's suicides rates have increased above the England average, with men shown to be at greater risk. We have found that the level of care and support required is consistently higher for all ages amongst those living alone.

Therefore, high level priorities within the prevention framework include action to:

- We will create the conditions for young adults with additional needs to be empowered and equipped to make their own decisions, setting a strong foundation for them to achieve their life goals. We will also focus on offering holistic support for their family and carers. This will mean more effective wrap-around support between children's and adults' social care, education, health, housing, transport providers and employers.
- We will work with partners to identify and reach people at risk of, or living with long term conditions, such as stroke, dementia and frailty, working together in a multi-agency approach in an effort to maximise people's independence and wellbeing.
- We will invest in community action that improves mental health and wellbeing especially in communities most at risk. We recognise the need for supported living and employment support alongside support groups, social activities and peer support networks that help to address the unique challenges faced by different communities.

The prevention framework will be supported by a co-produced delivery plan which will consider the actions required to progress the high-level priorities.

Mitigations for the consultation engagement

The consultation was promoted in various ways – posters in libraries and gateways, social media and through networks. There were 15 in-person engagement opportunities across the county within various Voluntary, Community and Social Enterprise (VCSE) partner organisation community sessions and

three online engagement sessions. These were held to suit all accessibility needs and venues had an accessibility risk assessment prior to booking.

The prevention framework, consultation questionnaire and all other relating consultation documents were created in line with accessibility guidelines. Versions were created both online and offline, in easy-read, with alt-text for images and a British Sign Language translation of the consultation webpage content. Language translations were also supplied on request.

When conducting consultation engagement for the framework, we met in the spaces that suited the lives and needs of people with disabilities. This included working with organisations that support people with disabilities. We had in-person engagement sessions with Hi Kent - a charity supporting the D/deaf community and people living with hearing loss on Thursday 12 June and Disability Assist on Wednesday 25 June, and we sent email communications of details of the open in-person sessions and a link to the questionnaire to Kent Association for the Blind, East Kent Mencap, SNAAP, L'Arche Kent, the Kent Health Visitors and Social Prescribing Link Worker Folkestone, Hythe and Rural Primary Care Network. We also held three online virtual engagement sessions.

We communicated with the Veteran support organisations by holding in-person engagement sessions at the Veterans Association in Birchington and Royal British Legion Village (RBLI) Aylesford and sent links for the consultation to the following groups that were identified: the Kent Secretary for RBLI which incorporates all 62 branches within Kent.

Through the Involvement and Information Team, social care involvement officers promoted and engaged communities with the consultation. The team proactively manages our external engagement channels within Adult Social Care and Health (ASCH), which enabled us to actively listen to and respond to community needs identified through these sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens encouraged Kent residents to engage with the consultation.

Conclusion

Comments received through the consultation expressed concern over not including the role of families and parents in the lives of young adults with additional needs, and the importance of support setting a good foundation for their life. We have made changes to the document to reflect this feedback.

The council also ensures the fostering of good relations through the Your Voice network which considers the voices of individuals helping to improve and shape services. Adult social care attends a wide number of in person information, advice and guidance events across the county through our Involvement Officers, seeking feedback and fostering good relations with people and communities.

c) Responsible Officer for Mitigating Actions – Disability

Helen Gillivan

21. Negative Impacts and Mitigating actions for Sex

a) Are there negative impacts for Sex? Answer: Yes/No

Yes

b) Details of Negative Impacts for Sex

The data provided by the Performance and Information Team April 2024 – March 2025 for the sex of people who draw on care and support in Kent shows:

Sex of people who draw on care and support in Kent:

Table 3

Sex	Total (33,017)	Percentage %
Female	18,936	57.4%
Male	13,962	42.3%
Indeterminate	21	0.06%
Unknown	98	0.3%

Just over half the total population of Kent is female 51.3% and 48.7% are male (2023 Mid-Year Population Estimates, Kent Analytics). Services should be equitable and available to support males and females.

Potential negative impact on engaging with the consultation

Consultation processes might inadvertently attract or be more accessible to one sex over the other due to various factors (e.g. meeting times, locations, topics perceived as more relevant to one sex). This can lead to an underrepresentation of perspectives and experiences from the less engaged sex.

The impact on prevention approach

When developing the prevention approach, the following points need to be considered.

Potential negative impacts for females (57.4%):

- Complex care needs due to higher rates of certain chronic conditions: women tend to live longer and may experience a greater burden of multi-morbidity, requiring more complex and coordinated care.
- Specific health concerns: certain health issues, such as osteoporosis, arthritis, and specific types of dementia, may be more prevalent or present differently in women. Services might not be adequately tailored to manage these effectively.
- Unpaid carer responsibilities: women are still disproportionately likely to be unpaid carers before needing services themselves. This prior caring role might impact their health and well-being and influence their needs when they come to access services for themselves. Services might not adequately consider this history.
- Experiences of gender-based violence or discrimination: older women may have experienced gender-based violence or discrimination throughout their lives, which could impact their trust in services or create specific support needs that are not routinely addressed.
- Financial disparities: older women are more likely to experience financial insecurity due to factors like the gender pay gap and career breaks for caring responsibilities. This could impact their ability to access or afford certain aspects of care and support.
- Social isolation: widowhood rates are higher among older women, potentially leading to increased social isolation and loneliness. Services might not be sufficiently focused on social connection and reducing isolation for this demographic.

Potential negative impacts for males (who make up 42.3% of people who draw on care and support):

- Under-identification of needs: some older men may be less likely to seek help or express emotional or personal care needs. This could lead to an under-identification of their requirements and potentially unmet needs.

- Different presentation of health conditions: some conditions, like depression or certain mental health issues, might present differently in men and could be overlooked.
- Addressing social isolation differently: men might experience and cope with social isolation differently than women
- Specific health risks: men have higher rates of certain health conditions, such as cardiovascular disease and some cancers.

Consultation responses related to sex:

Through the consultation we reached:

Female	198
Male	81
Prefer not to say / unknown	46

c) Mitigating Actions for Sex

Mitigations for the development of the prevention framework

The prevention framework recognises that we must have further consideration of people and groups that may experience higher risk of poorer health outcomes that live in Kent and includes the following high-level priorities which considers how females and males will be supported:

- We will work with partners to maximise our use of data and concentrate move our efforts on where they are most needed, so that we can address inequalities and areas of deprivation more effectively.
- We will understand and break down barriers to accessing care and support, working with partners to ensure people have the knowledge, skills and confidence to access, understand and use information and services effectively, through digital inclusion and health literacy.
- We will take active steps to engage and reach those who may have greater or unmet needs for care and support, to ensure people have inclusive and positive outcomes through person-centred and proactive care.
- We will work closely with partners to actively facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations.
- We will continue to develop strong partnerships with all Kent communities to promote community cohesion, especially with those who are currently underrepresented, so that people with lived experience shape local decisions.

The prevention framework will be supported by a co-produced delivery plan which will consider the actions required to deliver on the high-level priorities.

Mitigations for consultation engagement

The consultation was promoted in various ways - posters in libraries and gateways, online social media and through various networks.

We considered that in previous consultations, we received a greater response rate from females, so we looked to target male specific groups such as 'Men's Sheds' and 'Men Talk', as part of our engagement to increase the rate of responses from males.

Via the Involvement and Information Team, social care involvement officers promoted and engaged communities with the consultation. The team proactively manages our external engagement channels

within Adult Social Care and Health (ASCH), which enabled us to actively listen to and respond to community needs identified through these sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens encouraged Kent residents to engage with the consultation.

Conclusion:

There were limited/no responses directly referencing sex as part of the consultation responses.

d) Responsible Officer for Mitigating Actions – Sex

Helen Gillivan

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

a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No

Yes

b) Details of Negative Impacts for Gender identity/transgender

The Office of National Statistics (ONS) Census data for Kent data 2021, provides a broad overview of gender identity within the general population who completed the Census (1,276,566 individuals).

The data indicates that:

Table 4

Identified their gender as the same as their sex registered at birth.	1,205,085	94.4%
Identified their gender as different from their sex registered at birth.	2380	0.2%

It's crucial to note that this Office of National Statistics data is for the general population of Kent and does not specifically reflect the gender identity of individuals accessing adult social care services.

The 2019 Healthwatch report offers a different perspective, estimating a larger number (around 17,600 people) belonging to the Trans and Non-Binary community within Kent and Medway. This discrepancy could be due to several factors, including:

- Different methodologies: the Census provides a specific count based on self-identification in a structured survey, while the Healthwatch figure might be an estimate based on different data sources or community engagement.
- Geographical scope: the Census data is specifically for Kent, whereas the Healthwatch figure includes Medway.
- Time difference: the Healthwatch data is from 2019, and the community size may have changed since then.
- Inclusivity of "Non-Binary": the Census data specifically captures those whose gender is different from their sex registered at birth (primarily transgender individuals), while the Healthwatch figure includes "non-binary" individuals, whose gender identity is neither exclusively male nor female.

While the Office of National Statistics (ONS) Census data provides a clear demographic snapshot of gender identity in the general Kent population, there is a significant lack of specific data on the gender

identity of individuals who draw on adult social care services. This absence of data makes it difficult to understand the representation of transgender and non-binary individuals that access adult social care support and to assess whether their needs are being met equitably.

Developing the prevention approach

The Healthwatch report suggests a notable Trans and Non-Binary population in the region who have reported a lack of local support, highlighting a potential area of unmet need that could also extend to accessing adult social care support. This needs to be considered when developing the prevention framework.

Potential negative impacts on engagement with the consultation

Individuals who identify outside the binary (male/female) may feel excluded or invisible if consultation materials and discussions are solely framed around these two sexes. This can prevent their unique needs and experiences from being considered.

Individuals of certain sexes might have been hesitant to participate in consultation if they fear experiencing sexism, harassment, or discrimination based on their sex or gender identity within the consultation environment.

Consultation settings might not feel like safe or inclusive spaces for individuals who have experienced gender-based discrimination, hindering their willingness to share their experiences and perspectives.

c) Mitigating actions for Gender identity/transgender

Mitigations for the development of the prevention framework

The prevention framework recognises that we must have further consideration of people and groups that may experience greater health inequalities and poorer health outcomes that live in Kent and includes the following high-level priorities relating to gender identity/transgender:

- We will work with partners to maximise our use of data and concentrate move our efforts on where they are most needed, so that we can address inequalities and areas of deprivation more effectively.
- We will understand and break down barriers to accessing care and support, working with partners to ensure people have the knowledge, skills and confidence to access, understand and use information and services effectively, through digital inclusion and health literacy.
- We will take active steps to engage and reach those who may have greater or unmet needs for care and support, to ensure people have inclusive and positive outcomes through person-centred and proactive care.
- We will work closely with partners to actively facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations.
- We will continue to develop strong partnerships with all Kent communities to promote community cohesion, especially with those who are currently underrepresented, so that people with lived experience shape local decisions.

The prevention framework will be supported by a co-produced delivery plan which will consider the actions required to deliver on the high-level priorities.

Mitigations for consultation engagement

The consultation was promoted in libraries, gateways, online through social media and through networks. There was promotion to LGBTQIA+ groups and networks to encourage people to engage with the consultation to gain their views and feedback, ensuring that this could be incorporated into the prevention framework. The following groups were identified and contacted as part of a targeted approach: Be You Project (Porchlight), Mind Out LGBTQ, Medway Gender Sexual Diversity Centre and Speak Up CIC LGBT+ Support Group.

Via the Involvement and Information Team, social care involvement officers also promoted and engaged communities with the consultation. The team proactively manages our external engagement channels within Adult Social Care and Health (ASCH), which enabled us to actively listen to and respond to community needs identified through these sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens encouraged Kent residents to engage with the consultation.

Conclusion:

There were limited/no responses directly referencing gender identify/transgender as part of the consultation responses.

d) Responsible Officer for Mitigating Actions - Gender identity/transgender

Helen Gillivan

23. Negative Impacts and Mitigating actions for Race

a) Are there negative impacts for Race? Answer: Yes/No

Yes

b) Details of Negative Impacts for Race

The data provided by the Performance and Information Team April 2024 – March 2025 for the breakdown of ethnicity for people who draw on care and support in Kent shows:

Table 5

Ethnicity	Total (33,017)	Percentage %
Asian/Asian British	532	1.6%
Black, Black British, Black Welsh, Caribbean or African	423	1.3%
Mixed/Multiple Ethnic Groups	316	1.0%
White	28434	86.1%
Other Ethnic Groups	177	0.5%
Not Recorded	851	2.6%
Not Stated	2284	6.9%

There is a large number (3135) 9.5% either not stated or not recorded. This can leave certain groups isolated or hidden from services and lack representation.

The data provided by the Performance Team for the breakdown of ethnicity for people who draw on care and support in Kent can be compared to the Office of National Statistics data for Kent from the 2021 Census to assess if it is reflective of the Kent population.

The Office of National Statistics data for Kent from the 2021 Census broad ethnic groups:

Table 6

Ethnicity	Total (1,576,069)	Percentage %
Asian/Asian British	69,346	4.4%
Black, Black British, Black Welsh, Caribbean or African	40,978	2.6%
Mixed/Multiple Ethnic Groups	36,250	2.4%
White	1,408,806	89.4%
Other Ethnic Groups	18,913	1.2%

Asian/Asian British: this group appears to be significantly under-represented in accessing care and support (1.6%) compared to their proportion in the Kent population (4.4%).

Black, Black British, Black Welsh, Caribbean or African: this group also appears to be under-represented in accessing care and support (1.3%) compared to their proportion in the Kent population (2.6%).

Mixed/Multiple ethnic groups: this group is also under-represented in accessing care and support (1.0%) compared to their proportion in the Kent population (2.4%).

White: the proportion of White individuals drawing on care and support (86.1%) is very similar to the proportion of White individuals in the overall Kent population according to the 2021 Census (89.4%).

Other Ethnic Groups: this group is also under-represented in accessing care and support (0.5%) compared to their proportion in the Kent population (1.2%).

Based on this comparison, the ethnicity breakdown of people drawing on care and support in Kent does not fully reflect the ethnic diversity of the overall Kent population as recorded in the 2021 Census. Individuals from Asian/Asian British, Black, Mixed/Multiple, and Other ethnic groups appear to be under-represented in accessing these services compared to their population share.

We also need to consider potential language barriers. Below is the breakdown for those who speak English as a first language from the data provided by the Performance and Information Team March 2024 – April 2025:

Table 7

Fluency in English	Total (33,017)	Percentage %
Cannot speak English/Cannot speak English well	485	1.5%
Fluent	12389	37.5%
Sign language or other forms of communication	225	0.7%
Does not wish to reply	1519	4.6%
Not recorded/unknown	18399	55.7%

Although the number for non/poor English speakers is low, the total Not Recorded/Unknown is over half at 55.7%. Therefore, there could be a much higher number who may need support reading English.

Kent has a higher percentage of Gypsy and Traveller populations than the England average and sizeable Roma communities. The Office of National Statistics (ONS) Census data for Kent 2021

recorded that 5,405 people in Kent (0.3%) identified themselves as being from Gypsy and Irish Traveller ethnic groups.

Developing the prevention approach

A review of health needs assessment as reported at the 'Kent Health Reform and Public Health Cabinet Committee (17/09/24)' identified that Gypsy, Roma and Traveller communities are more likely to experience "significantly poorer health outcomes than the general population including high rates of childhood illness, non-communicable diseases, poor mental health, and unhealthy lifestyle behaviours such as smoking and obesity."

Research and data shows that black women are more likely to experience a common mental illness such as anxiety disorder or depression. Black men are more likely to experience psychosis. Black people are four times more likely to be detained under the Mental Health Act. Some of the reasons why rates of mental illness people from global majority backgrounds are higher:

- Inequalities in wealth and living standards,
- Bias, discrimination and racism,
- Stigma about mental health.

People from global majority ethnic groups experience inequalities in health outcomes as well as inequalities in access to and experience of health services compared to white groups.

Therefore, this needs to be considered in developing the prevention framework and delivery plan.

Potential negative impacts on engagement for consultation

Some communities may have a history of negative interactions with statutory services, including health services and local authorities. This can lead to a lack of trust in the consultation process and a reluctance to engage, fearing that their input will not be genuinely valued or acted upon.

Gypsy, Roma and Traveller communities may face higher rates of digital exclusion or have limited access to traditional channels of information used for public consultations. This can result in a lack of awareness about the consultation and how to participate.

Due to the significant health inequalities already identified and the potential for negative stereotypes, individuals from Gypsy, Roma and Traveller communities might be hesitant to engage with a consultation focused on health and lifestyle, fearing further stigmatisation or discrimination.

Some people may not engage with the consultation due to language barriers.

Consultation Responses:

White English, Scottish, Welsh, Northern Irish or British	248	75%
White Irish	8	2%
Any other white background	2	1%
White and Black Caribbean	1	0.3%
White and Black African	1	0.3%
White and Asian	0	0%
Asian or Asian British Indian	13	4%
Asian or Asian British Pakistani	0	0%
Asian or Asian British Bangladeshi	0	0%
Asian or Asian British Chinese	0	0%
Any other Asian background	1	0.3%

Black or Black British Caribbean	0	0%
Black or Black British African	0	0%
Any other African background	2	1%
Roma	1	0.3%
Any other ethnic group	2	1%
Prefer not to say / blank	46	14%

c) Mitigating Actions for Race

Mitigations for the development of the prevention framework:

The prevention framework recognises that we must have further consideration of people and groups that may experience greater health inequalities and poorer health outcomes that live in Kent and includes the following high-level priorities which considers how people from global majority ethnic groups will be supported:

- We will work with partners to maximise our use of data and concentrate move our efforts on where they are most needed, so that we can address inequalities and areas of deprivation more effectively.
- We will understand and break down barriers to accessing care and support, working with partners to ensure people have the knowledge, skills and confidence to access, understand and use information and services effectively, through digital inclusion and health literacy.
- We will take active steps to engage and reach those who may have greater or unmet needs for care and support, to ensure people have inclusive and positive outcomes through person-centred and proactive care.
- We will work closely with partners to actively facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations.
- We will continue to develop strong partnerships with all Kent communities to promote community cohesion, especially with those who are currently underrepresented, so that people with lived experience shape local decisions.

The prevention framework will be supported by a co-produced delivery plan which will consider the actions required to deliver on the high-level priorities.

Mitigations for consultation engagement:

The consultation was promoted in libraries, gateways, online through social media and through networks

The prevention framework consultation documents were interpreted in British Sign Language with easy read versions available and language translations were produced upon request.

There was joint working with the KCC Gypsy and Traveller Service to arrange sending communications and the link to the engagement sessions and questionnaire to try and encourage engagement with the Gypsy, Roma and Traveller community so that their voices are heard, and feedback could be used in the development of the prevention framework. The organisation Roma Drom UK Cliftonville Culture Centre, Thanet was identified, and they received the same email communications and link to the questionnaire.

Efforts ensured communication and engagement relating to the consultation reached groups that were identified such as the Folkestone Nepalese Community, Ngage Community Group (Gravesend), Tunbridge Wells Hong Kong BNO CIC, Polish Community in Kent (PAK), University of Kent Indian

Society, Medway African and Caribbean Association, Karibu Community Action Kent, University of Kent Pakistani Society and Slovak Czech Community by sending communications of the engagement sessions and the link to the questionnaire. We also had an in-person engagement session at the Guru Nanak Darbar Gurdwara (Sikh Temple), in Gravesend.

Via the Involvement and Information Team, social care involvement officers also promoted and engaged communities with the consultation. The team proactively manages our external engagement channels within Adult Social Care and Health (ASCH), enabling us to actively listen to and respond to community needs identified through these sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens encouraged Kent residents to engage with the consultation.

Conclusion:

Consultation feedback included questions around how Kent County Council will account for intersectional disadvantages (e.g., Black people who are also disabled) and whether the framework will include targeted measures for marginalised communities. The EqlA aims to eliminate discrimination and promote equality of opportunity, ensuring prevention services are efficient and targeted. The framework recognises the need for "further consideration of people and groups that may experience greater health inequalities and poorer health outcomes". It commits to taking active steps to reach those with unmet needs and to continue developing strong partnerships with underrepresented communities so that lived experiences can shape local decisions. The framework also specifically addresses race, stating a commitment to maximise data use to tackle inequalities more effectively.

d) Responsible Officer for Mitigating Actions – Race

Helen Gillivan

24. Negative Impacts and Mitigating actions for Religion and belief

a) Are there negative impacts for Religion and Belief? *Answer: Yes/No*

Yes

b) Details of Negative Impacts for Religion and belief

The data provided by the Performance Team April 2024 -March 2025 for the breakdown of religious group for people who draw on care and support in Kent shows:

Table 8

Religious Group	Total (33,017)	Percentage%
Atheist	5	0.01%
Buddhist	56	0.2%
Christian	9144	27.7%
Church of England	120	0.4%
Hindu	65	0.2%
Islam/Muslim	125	0.4%
Jewish	34	0.1%
Methodist	2	0.01%
Rastafarian	2	0.01%
Roman Catholic	19	0.1%
Sikh	140	0.4%
No Religion	8616	26.1%

Unknown/Not Recorded/Not stated	13697	41.5%
Other Religion	991	3%
Declined to Disclose	1	0.01%

Almost half (41.5%) of people who draw on care support have not stated their religious group.

This could mean that there are hidden or isolated religious/cultural groups that are not accessing services and may be underrepresented.

The four largest religious groups are: Christian, Church of England, Islam/Muslim and Sikh.

The religious breakdown from the 2021 Office of National Statistics (ONS) Census data for Kent:

Table 9

Religious Group	Total (1,576,069)	Percentage %
Christian (inc Church of England, Roman Catholic & other Christian Denominations)	1,576,069	53.9%
No religion	576,341	36.6%
Muslim	25,217	1.6%
Hindu	9,456	0.6%
Buddhist	6,304	0.4%
Sikh	11,032	0.7%
Jewish	1,576	0.1%
Other religion	4,728	0.3%
Not stated	91,412	5.8%

Based on the data from individuals who did state their religion, the religious breakdown of people drawing on care and support in Kent does not appear to be fully reflective of the religious breakdown of the overall Kent population.

Specifically, Christian, Muslim, Hindu, and Buddhist individuals appear to be under-represented in accessing care and support services compared to their proportion in the general population (among those who stated their religion). Individuals with no religion appear slightly over-represented, and the proportion of Sikh and Jewish individuals is broadly similar.

Developing the prevention approach

The data shows that there is a diverse population of religion and belief and therefore the prevention framework and cultural and beliefs may prevent people from accessing prevention services, increasing health inequalities and poorer health outcomes.

Potential negative impacts on engagement with the consultation

Some communities may have a history of negative interactions with statutory services, including health services and local authorities. This can lead to a lack of trust in the consultation process and a reluctance to engage, fearing that their input will not be genuinely valued or acted upon.

There could be religious/cultural barriers to engaging with the consultation, for example where and how the consultation is promoted.

The high number of "Unknown/Not Recorded" and "Not stated" (41.5%) responses highlight a significant gap in the data. Due to the large gap in this data and the unknown impact and through the consultation process to understand this impact and how these communities may engage.

Consultation responses:

Atheist	6	2%
Christian	144	44%
Buddhist	1	0.3%
Hindu	3	1%
Jewish	0	0%
Muslim	0	0%
Sikh	11	3%
A different religion or belief	8	2%
No	83	26%
Prefer not to say / blank	69	22%

c) Mitigating Actions for Religion and belief

Mitigations for the development of the prevention framework:

The prevention framework recognises that we must have further consideration of people and groups that may experience greater health inequalities and poorer health outcomes that live in Kent and includes the following high-level priorities which considers how religion and belief will be supported:

- We will work with partners to maximise our use of data and concentrate move our efforts on where they are most needed, so that we can address inequalities and areas of deprivation more effectively.
- We will understand and break down barriers to accessing care and support, working with partners to ensure people have the knowledge, skills and confidence to access, understand and use information and services effectively, through digital inclusion and health literacy.
- We will take active steps to engage and reach those who may have greater or unmet needs for care and support, to ensure people have inclusive and positive outcomes through person-centred and proactive care.
- We will work closely with partners to actively facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations.
- We will continue to develop strong partnerships with all Kent communities to promote community cohesion, especially with those who are currently underrepresented, so that people with lived experience shape local decisions.

The prevention framework will be supported by a co-produced delivery plan which will consider the actions required to deliver on the high-level priorities.

Mitigations for consultation engagement:

The consultation was promoted in libraries, gateways, online through social media and through networks. Through the consultation, efforts were made to understand where there were data gaps by proactively engaging with religious and belief groups. This meant reaching out to communities such as the Guru Nanak Darbar Gurdwara (Sikh Temple) where we held an in-person engagement session, Kent Liberal Jewish Community, Christian churches including the Church of England, the Catholic Church, Evangelical and other denominational and non-denominational communities across Kent, Kent Islamic Society, The Kent Muslim Welfare Association, Mosque Association of Kent and Sikh University of Kent.

Via the Involvement and Information Team, social care involvement officers were promoting and engaging communities with the consultation. The team proactively manages our external engagement channels within Adult Social Care and Health (ASCH), enabling us to actively listen to and respond to community needs identified through these sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens encouraged Kent residents to engage with the consultation.

Conclusion:

Consultation responses included comments noting the consideration of spiritual needs during assessments and the importance of online groups for faith communities. The framework recognises the diverse population of religion and belief in Kent and aims to address potential health inequalities where cultural beliefs might prevent access to services. Efforts will be made throughout the framework to engage proactively with various religious and belief groups, including specific Gurdwara, Jewish, Christian, and Islamic communities, to bridge data gaps.

d) Responsible Officer for Mitigating Actions - Religion and belief

Helen Gillivan

25. Negative Impacts and Mitigating actions for Sexual Orientation

a) Are there negative impacts for sexual orientation. Answer: Yes/No

Yes

b) Details of Negative Impacts for Sexual Orientation

The data provided by the Performance Team April 2024 – March 2025 for the Breakdown of sexual orientation for people who draw on care and support in Kent shows:

Table 10

Sexual Orientation	Total (33,017)	Percentage %
Bisexual	116	0.4%
Gay or Lesbian	247	0.7%
Heterosexual	23855	72.3%
Not Recorded	5655	17.1%
Prefer not to say	2847	8.6%
Other	297	0.9%

The data shows that over 25% have chosen not to disclose or has not been recorded, this can leave certain groups isolated or hidden from services and lack representation.

The 2021 Census for England and Wales provides the following data for Kent:

Table 11

Sexual Orientation	Total (1,276,658)	Percentage %
Straight or Heterosexual	1,156,388	90.6%
Gay or Lesbian	16,912	1.3%
Bisexual	14,521	1.1%
Pansexual	1,180	0.1%
Asexual	700	0.1%

Queer	235	0.0%
Other Sexual Orientation	1485	0.1%
Did not answer	85,147	6.7%

Based on the data from individuals who did disclose their sexual orientation, the breakdown of sexual orientation for people drawing on care and support in Kent does not appear to be fully reflective of the sexual orientation breakdown of the overall Kent population as recorded in the 2021 Census. Specifically, heterosexual, gay and bisexual individuals appear to be under-represented in accessing care and support services compared to their proportion in the general population (among those who disclosed).

The "Other" category in the care and support data suggests a potentially higher representation of individuals with other sexual orientations.

Developing the prevention approach

11% of people that draw on care and support have recorded that they are bisexual, gay or lesbian, therefore the prevention framework needs to consider a tailored and targeted prevention approach that responds to the different needs of individuals.

Potential negative impacts on engagement with the consultation

Some individuals may be hesitant to participate in consultation if they fear discrimination based on their sexual orientation within the consultation environment.

The very high proportion (over 24%) of "Not Recorded" and "Prefer not to say" responses is a critical factor. This large amount of missing data makes it difficult to have a complete picture and raises concerns about whether certain sexual orientation groups might be disproportionately represented or under-represented within this non-disclosed population.

Consultation responses for sexual orientation:

As part of the consultation, we reached

Heterosexual / Straight	239	74%
Bisexual	5	2%
Gay or Lesbian	9	3%
Prefer to define my own sexuality	2	1%
Unknown / prefer not to say	70	22%

c) Mitigating Actions for Sexual Orientation

Mitigations for the development of the prevention framework:

The prevention framework recognises that we must have further consideration of people and groups that may experience greater health inequalities and poorer health outcomes that live in Kent and includes the following high-level priorities which considers how this protected characteristic - sexual orientation will be supported:

- We will work with partners to maximise our use of data and concentrate move our efforts on where they are most needed, so that we can address inequalities and areas of deprivation more effectively.
- We will understand and break down barriers to accessing care and support, working with partners to ensure people have the knowledge, skills and confidence to access, understand and use information and services effectively, through digital inclusion and health literacy.

- We will take active steps to engage and reach those who may have greater or unmet needs for care and support, to ensure people have inclusive and positive outcomes through person-centred and proactive care.
- We will work closely with partners to actively facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations.
- We will continue to develop strong partnerships with all Kent communities to promote community cohesion, especially with those who are currently underrepresented, so that people with lived experience shape local decisions.

The prevention framework will be supported by a co-produced delivery plan which will consider the actions required to deliver on the high-level priorities.

Mitigations for consultation engagement:

There was an opportunity to proactively engage with this cohort to engage in services, and engage with prevention support, to increase representation, promote awareness and inclusivity. We did this by encouraging and promoting LGTBQIA+ peer support groups and networks to engage with the consultation to gain their views and feedback by email communication to the following groups identified: Be You Project (Porchlight), Mind Out LGBTQ, Medway Gender Sexual Diversity Centre, LGBT+ Chaplaincy and Speak Up CIC LGBT+ Support group. Email communications were distributed with details of the engagement sessions and a link to the questionnaire; any responses were then incorporated into the prevention framework. Through the consultation we gained a better understanding of this cohort and how best to reach and communicate better with this community.

Through the Involvement and Information Team, social care involvement officers were promoting and engaging communities with the consultation. The team proactively manages our external engagement channels within Adult Social Care and Health (ASCH), enabling us to actively listen to and respond to community needs identified through these sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens encouraged Kent residents to engage with the consultation.

Conclusions:

As part of the consultation, a suggestion was made for Kent County Council to do more proactive outreach to LGBT+ groups to support community engagement and bring more lived experience in. Has been noted as part of the Delivery Plan.

d) Responsible Officer for Mitigating Actions - Sexual Orientation

Helen Gillivan

26. Negative Impacts and Mitigating actions for Pregnancy and Maternity

a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No

No

b) Details of Negative Impacts for Pregnancy and Maternity

Data on Pregnancy and Maternity within Adult Social Care is not readily available, therefore it is not possible to ascertain whether this group in relation to others may be treated less favourably.

c) Mitigating Actions for Pregnancy and Maternity

Mitigating Actions for the prevention framework

The prevention framework recognises that we must have further consideration of people and groups that may experience greater health inequalities and poorer health outcomes that live in Kent. The framework sets out high level priorities that will respond to the different needs of our Kent communities and will be supported by a detailed co-designed delivery plan.

Mitigating actions for engagement and consultation

There is no data in relation to this protected characteristic, but we have an extensive list of Kent Health Visitors, Kent Midwifery Teams and Social Prescribing Link Workers which we engaged with during the consultation via email communication to advertise the engagement sessions and also a link to the questionnaire.

Conclusion:

There were limited/no responses directly referencing pregnancy/ maternity as part of the consultation responses.

d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity

Helen Gillivan

27. Negative Impacts and Mitigating actions for marriage and civil partnerships

a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No

Yes

b) Details of Negative Impacts for Marriage and Civil Partnerships

The data provided by the Performance Team March 2024 – April 2025 for the Marriage and Civil Partnerships for people who draw on care and support in Kent shows:

Table 12

Marital Status	Total (33,017)	Percentage %
Married or in a registered civil partnership	7314	22.2%
Not Recorded	2424	7.3%
Other marital or civil partnership status	23,279	70.5%

The indicates that a significant majority (70.5%) have a marital or civil partnership status other than "married or in a registered civil partnership." Only 22.2% are married or in a registered civil partnership, while 7.3% have their status not recorded. This suggests that a large proportion of individuals receiving care and support in Kent are single, widowed, divorced, or separated.

The 2021 Office of National Statistics (ONS) Census data for Kent shows:

Table 13

Marital Status	Total (1,276,566)	Percentage %
Never married and never registered a civil partnership	441,658	34.6%
Married	595,457	46.6%
In a registered civil partnership	2,694	0.2%

Separated, but still legally married or still legally in a civil partnership	29,530	2.3%
Divorced or civil partnership dissolved	124,304	9.7%
Widowed or surviving civil partnership partner	82,923	6.5%

The marital status of individuals drawing on care and support in Kent shows a notably different distribution compared to the overall adult population of Kent, as indicated by the 2021 Office of National Statistics (ONS) Census data. The data reveals a distinct marital status profile among those receiving care and support in Kent, with a lower prevalence of marriage/civil partnerships and a higher proportion of individuals who are single, widowed, divorced, or separated compared to the general adult population. This likely reflects the impact of age, health conditions, and the availability of informal support on the need for formal care services.

Developing the prevention approach

The conclusion we can draw from the data provided to understand the potential negative impact is that individuals who are single, widowed, divorced, or separated in Kent are disproportionately represented among those drawing on care and support services compared to the overall adult population.

This suggests that marital status categories may correlate with a reduced availability of informal support networks (e.g. from a spouse or civil partner). This lack of informal support likely contributes to a greater need for formal care and support services.

Individuals in these categories might be more vulnerable to needing care due to factors associated with their marital status, such as the loss of a partner, the challenges of managing health conditions alone, or a lack of immediate family support within the household.

Consultation engagement

When engaging with Kent residents there was consideration to how and where the consultation was promoted and how people could be supported to engage with the consultation.

c) Mitigating Actions for Marriage and Civil Partnerships

Mitigations for the prevention framework:

Include specific advice for single individuals on healthy living, social engagement, and managing health conditions independently.

Provide resources and signposting to support networks and services relevant to different marital statuses (e.g. bereavement support, single parent groups, social clubs for single individuals).

Address loneliness and social isolation as key preventative factors, with specific strategies for those living alone.

Collaborate with organisations that specifically support single individuals, widowed individuals, or those going through separation or divorce to reach these populations effectively.

Work with community groups that cater to diverse social circles.

Mitigations for engagement during the consultation process:

The consultation was promoted in various ways – posters in libraries and gateways, social media and through networks. Specific community groups and organisations that represented diverse marital status groups were targeted (e.g. widow support groups, single parent networks).

There were 15 in-person engagement sessions across the county within various Voluntary, Community and Social Enterprise and partner organisation community sessions and three online engagement sessions. The virtual consultation events were at accessible times during weekday evenings, considering the potential for individuals who have sole responsibility for household tasks or childcare to not be able to attend in person engagement sessions.

Contact number was provided on consultation materials so that people could call to request hard copies and support with completing the consultation questionnaire.

Through the Involvement and Information Team, social care involvement officers promoted and engaged communities with the consultation. The team proactively manages our external engagement channels within Adult Social Care and Health (ASCH), enabling us to actively listen to and respond to community needs identified through these sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens encouraged Kent residents to engage with the consultation.

Conclusion:

There were limited/no responses directly referencing marriage/civil partnerships as part of the consultation responses.

d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships

Helen Gillivan

28. Negative Impacts and Mitigating actions for Carer's Responsibilities

a) Are there negative impacts for Carer's Responsibilities? Answer: Yes/No

Yes

b) Details of Negative Impacts for Carer's Responsibilities

The data provided by The Performance Team March 2024 – April 2025 for the number of people who draw on care and support who are carers:

Table 14

Carer	Total (33,017)	Percentage %
Yes	2047	6.2%
No	30,970	93.8%

The 2021 Office of National Statistics (ONS) Census data for unpaid care in Kent:

Provides unpaid care	Total (1,488,783)	Percentage %
Yes	135,895	9.1%
No	1,352,888	90.9%

The percentage of individuals who draw on care and support and identify as carers (6.2%) is notably lower than the percentage of carers within the general Kent population (9.1%).

Developing the prevention approach

Unpaid carers are the backbone of care and support in Kent, yet they face higher depression rates, increased poverty and are more likely to have disabilities themselves.

The potential negative impact on carers for the engagement of the consultation

Carers often have significant time constraints due to their caring responsibilities meaning that attending consultation sessions, completing questionnaires, or providing detailed feedback can be challenging and may require them to take time away from their caring role, potentially impacting the person they care for or their own well-being.

Many carers also experience burnout and fatigue. Engaging in a consultation process, which requires additional time and energy, might be overwhelming and exacerbate these feelings, leading to lower participation rates or less thorough engagement.

The emotional and psychological demands of caring can be significant. Carers might find it emotionally draining to participate in discussions about health and prevention, especially if it brings up concerns about the future health and well-being of the person they care for or their own health.

Consultation responses related to carers:

Through the consultation we reached

Yes	82
No	135
Prefer not to say	7
Unknown	83

c) Mitigating Actions for Carer's Responsibilities

Mitigations for the prevention framework

A recommendation within the framework is: 'We will raise the profile of unpaid carers, recognising the value and skills they bring, whilst listening to and proactively supporting their needs throughout and beyond their carer journey so they to see positive health and wellbeing outcomes'.

How this will be achieved will be developed in a delivery plan which will support the prevention framework.

Mitigations for consultation engagement

The consultation was promoted in libraries, gateways, online and through networks. There were 15 in-person events, these included events with Involve Kent on 12 June, Crossroads Care Kent on 18 June, Imago on 1 July and Alzheimer's and Dementia Support Services on 3 July. An email communication was sent out that included a link to the questionnaire to EK360, Involve, Imago, Carers Support East Kent, Carers Trust and Crossroads Care Kent among others.

Options for virtual participation were provided for people, which supported carers who may have had difficulty leaving the person they care for, also evening sessions to support people unable to attend during the day. There were three online virtual sessions on weekday evenings.

Via the Involvement and Information Team, social care involvement officers worked with involvement groups across the county providing the opportunity to hear about carers' experience and views. The team proactively manages our external engagement channels within Adult Social Care and Health (ASCH), enabling us to actively listen to and respond to community needs identified through these sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens encouraged Kent residents to engage with the consultation.

Conclusions:

Strong support for the unpaid carer's priority statement in the Prevention Framework, however more emphasis needed on carers skills, listening and a focus on the period after their carer responsibilities end. We have reflected these comments within the priority statement in the Prevention Framework.

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

Helen Gillivan



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

To: Adult Social and Public Health Cabinet Committee – 10 September 2025

Subject: **Wellbeing Services in the Community**

Decision no: 25/00014

Key Decision: It affects more than 2 Electoral Divisions

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 explains the proposed decision, the reasons for the proposed decision and key factors. The report sets out Kent County Council's relevant statutory obligations, the potential impacts on people who draw on care and support, partners and others, financial implications, alternative options considered, and how the consultation has informed the proposed decision and steps to mitigate adverse impacts. The report also explains the relationship between the proposed decision and the draft Adult Social Care Prevention Framework 2025-2035. The Committee is asked to consider the Prevention Framework first before considering this report and proposed decision.

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

1. Introduction

- 1.1 Officers have undertaken a review of certain adult social care preventative services, namely the Wellbeing Services in the Community, and Community Navigation services, funded by Kent County Council (KCC) and delivered through contractual arrangements with partners in the voluntary, community, and social enterprise (VCSE) sector. KCC arranges for the delivery of a wide range of Wellbeing Services in the Community, in addition to Community Navigation. Following this review, and a subsequent public consultation, this report sets out proposed changes to a number of these services. However, the majority of KCC's Wellbeing Services in the Community, particularly those which support individuals with needs such as dementia, physical disabilities, sensory impairments, and mental health needs, would be unaffected.
- 1.2 The purpose of the review was to refocus and redesign the delivery of Wellbeing Services in the Community with a view to achieving four strategic objectives:
- Removing elements of duplication within KCC's current prevention approach.
 - Ensuring prevention services are more efficient, targeted and making best use of limited resources.
 - Focusing on the areas and people with greatest need.
 - Contributing towards savings that deliver a balanced budget for KCC.
- 1.3 KCC has statutory obligations regarding preventing, delaying, and reducing needs for care and support of adults and carers in Kent. It fulfils these obligations through a wide range of interventions which are not limited to Wellbeing Services in the Community, Community Navigation, and other initiatives funded and delivered by adult social care. Health and other partners in Kent also deliver services which contribute to the achievement of the same objectives. KCC will continue to discharge its statutory functions through a wide variety of approaches and initiatives. KCC has, furthermore, undertaken a longer-term, system-wide review of its approach to prevention, resulting in the proposed Adult Social Care Prevention Framework 2025-2035. The relevance of the Prevention Framework to the proposed changes to Wellbeing Services in the Community and Community Navigation is explained below.
- 1.4 A public consultation on the proposed changes to Wellbeing Services the Community and Community Navigation was held from 26 November 2024 to 27 January 2025 www.kent.gov.uk/wellbeingconsultation. The full consultation outcome report is attached to this report as Appendix 1 and consultation responses are also summarised in this decision report.
- 1.5 This report explains the proposed decision, the reasons for the proposed decision and key factors, including KCC's relevant statutory obligations, the potential impacts on people who draw on care and support, partners and others, financial implications, alternative options considered, and how the

consultation has informed the proposed decision and steps to mitigate adverse impacts.

2. Background

KCC's existing approach to prevention

2.1 Existing strategic approaches

- 2.1.1 KCC's current strategic approach to prevention is addressed in a number of key documents including [Framing Kent's Future](#), [Kent and Medway Integrated Care Strategy](#), [KCC's 2022-27 Adult Social Care Strategy - Making a difference every day](#), [Kent Adult Carers' Strategy](#), and the [Wellbeing & Prevention Adult Social Care Commissioning Market Position Statement 2021-26](#). The integrated [Kent and Medway Social Prescribing Strategy](#) sets out a joined-up plan for proactive community support that aims to prevent isolation and loneliness and improve people's wellbeing.
- 2.1.2 In our 2022-27 Adult Social Care Strategy, we explain that our social care functions include promoting individuals' well-being, and preventing, reducing or delaying the development of the need for care and support. We approach prevention on an ongoing basis (which is tested at each contact with the individual or carer) and not as a single activity or intervention to be undertaken. Framing Kent's Future sets out a commitment to work with our partners to embed a preventative approach into improving the health of Kent's population and narrowing health inequalities, and work "to ensure a strong focus on preventative community services, building a strong strategic relationship with the social sector in Kent and their role in supporting a system-wide focus on prevention".
- 2.1.3 There is now a greater emphasis on people's strengths, abilities and aspirations for a fulfilling life, along with ensuring more choices of personalised support available in the community, as outlined in the Adult Social Care Strategy - Making a difference every day. This shift has led to a reorganisation of the council's adult social care workforce into locality teams, which has strengthened local community links, enhanced the knowledge of the social care workforce and aligned team areas more closely with our health partners in the NHS.
- 2.1.4 The Kent and Medway Integrated Care Strategy is the system strategy, and it addresses what we are doing as KCC as a whole, to deliver against the key things that will keep adults well. The Shared Delivery Plan which underpins the Strategy demonstrates how KCC works with partners to address wide-scale whole-population measures aimed at promoting health. This includes more targeted, individual interventions aimed at improving skills or functioning for a person or a particular group or lessening the impact of caring on a carer's health and wellbeing, as part of coordinated, shared approaches to preventing, reducing or delaying needs for care and support.

2.2 Wellbeing and Prevention Market Position (2021-26) Statement and Adult Social Care Prevention Framework 2025-2035

- 2.2.1 The 2021-26 Wellbeing and Prevention Market Position Statement was published in June 2021. At this time, Wellbeing Services in the Community were delivered via grant arrangements and KCC has since moved to commissioned provision (as had been envisaged by the Position Statement). The Position Statement was drafted under chapter 4 of the statutory guidance, which requires local authorities to seek to manage their local care services market, to ensure that a sufficient variety of services and service providers are available.
- 2.2.2 The Market Position Statement (2021-26) set out the services, demand, and future demand when drafted in 2021. The assessment of supply and demand within the Market Position Statement is using data from 2020 which is related to the impacts of covid. And since this was drafted there have been many developments which are referenced in this report. The assessment of supply and demand in the Market Position Statement has been revisited as part of officers' work on the Adult Social Care Prevention Framework, as set out in the Supporting Information annexed to the Adult Social Care Prevention Framework cabinet committee report. For the purposes of the proposed changes to prevention services, the draft Adult Social Care Prevention Framework (and Supporting Information) supersedes the Market Position Statement. The Market Position Statement is intended to be replaced in 2026 to reflect the principles in the Adult Social Care Prevention Framework.
- 2.2.3 The proposed Adult Social Care Prevention Framework builds on the Adult Social Care Making a difference every day Strategy and Kent and Medway Integrated Care Strategy and sets out KCC's overarching approach to prevention. It is intended to be a long-term Framework, setting out KCC's ambition for prevention over the period 2025-2035. Decision makers should have regard to the whole of the Adult Social Care Prevention Framework (assuming a decision is taken to adopt it) but, in summary, it is built on five approaches to prevention:
1. Principle of prevention first
 2. Focused support
 3. Partnership working
 4. Inclusion and equity
 5. Measuring and evidencing impact
- 2.2.4 To support the development of the Adult Social Care Prevention Framework data modelling was undertaken to help identify key drivers of demand and explore projections to understand how these may evolve over the next 10 years. The report ("Supporting Information") attached to the Adult Social Care Prevention Framework cabinet committee report provides an updated position of supply, current and future demand.
- 2.2.5 Officers' review of Community Wellbeing and Community Navigation services has been informed by a number of immediate strategic objectives, as

explained below (sections 4.1-4.7). However, officers have also had regard to the wider and longer-term ambitions in the Prevention Framework.

2.3 Delivery of preventative services

- 2.3.1 For the 2025/2026 finance year, the gross budget for prevention in adult social care and health (ASCH) is £33million. These are services that are coded prevention on the system. Of the £33million expenditure, £20.9million is KCC base funded and £12.1million is funded from other sources (finance charging, grants, Care Act implementation, health and other public bodies). This budget is used for commissioned services that provide respite for carers, support for carers, advocacy and domestic abuse. The 2025/2026 Wellbeing Services in the Community and Community Navigation contracts account for £17.46 million of this budget, with funding contributions as follows:
- KCC Adult Social Care: £10.01 million
 - KCC Public Health: £3.06 million
 - NHS Kent and Medway: £3.49 million
 - Other sources (e.g., Better Care Fund, KMPT): £0.90 million
- 2.3.2 The prevention landscape in Kent is multi-faceted, in that many KCC services and activities that contribute to prevention sit outside adult social care, and include the involvement of public health, children's services, leisure, transport, housing services, and libraries. To provide one example, most libraries host weekly activities which contribute to prevention such as knit and natter, games, coffee and chat, book groups, speakers, quizzes, recreational activities and tea and chat. KCC libraries in Thanet are part of a new initiative to create volunteering opportunities and support those experiencing loneliness. An £85,000 grant will allow Thanet libraries to run a range of activities and events over 2025/2026. Examples of the activities include walking and gardening for wellbeing, children's craft activities, menopause cafes, family learning support events and social prescribing. During 2024/2025 the events and activities across 99 libraries were attended by 213,478 people. There are also services provided by adult social care that are not purely focused on prevention but due to the nature of the service do support the prevention offer, these include Technology Enhanced Lives, Kent Enablement at Home and Occupational Therapy (OT), these services are not part of the £33million budget referenced above.
- 2.3.3 Examples of preventative services that KCC provides, beyond the Wellbeing Services in the Community and Community Navigation contracts (and which are unaffected by the proposals), are set out below. These have been grouped under the most relevant of the three types of prevention set out in the Care Act guidance: primary, secondary, and tertiary prevention. Appendix 4 provides a table of more prevention services.

1.Primary Prevention means services, facilities or resources that help to promote a person's health and wellbeing and maintain independence. They can help individuals, including unpaid carers, to avoid developing needs for care and support.

Positive Wellbeing provided KCC Growth, Environment and Transport (GET) directorate and started 2020. Delivered by Community Connectors from across a range of services and community organisations, to Kent residents aged over 18. Support is offered face-to-face, by telephone or video appointments for up to 12 weeks. It aims to reduce social isolation and loneliness, enhance quality of life, and improve overall wellbeing. Support is given by developing a personalised plan and signposting residents to various organisations, groups, clubs and events and attending alongside the resident where appropriate. The service supports different levels as follows:

- Tier 1 Positive Wellbeing support is delivered by 38 **Community Wardens** across 12 Kent districts. Supporting isolated residents, Wardens, acting as Connectors, initially visit people in their homes. On average, each Warden can support 2 people over a 12-week period, totalling 8 people per year. Therefore, Tier 1 Positive Wellbeing can support an average of 304 people per year. From April '24 to March '25 a total of 150 people were supported.
- Tier 2 Positive Wellbeing support is an approach that is being developed and will be delivered by volunteers. This will be for people that require less intensive support. There are around 15-20 potential volunteers who have expressed interest in receiving training and this number is expected to grow when we advertise the opportunity to volunteer, this is expected by Autumn 2025. In addition, there are 153 Positive Wellbeing Champions who have undergone training. The training has equipped them with knowledge on who it affects, how it presents, and what to look out for. They are well-prepared to refer isolated and lonely individuals to the appropriate support. From April '24 to March '25 a total of 27 people received signposting support. As this is under development it is difficult to estimate yet how many people can be supported, however there is significant potential to increase the number of Connectors providing support and reach to many more Kent residents.

Community Wardens – A service provided the KCC Growth, Environment and Transport (GET) directorate and started in 2002. There are 38 wardens (including six team leaders) who have knowledge of the communities they serve and are trained to connect residents to support which will promote their wellbeing and/or help prevent care and support needs. The Community Wardens' broader role in communities contributes to delivering KCC's duties under Care Act Section 1 promoting individual well-being and Section 2 preventing needs for care and support. This could be financial support, housing, information and advice, carers support, social connections, and activities. In the last year, Community Wardens have supported 2000 people on a one-to-one basis. Community Wardens also work at a group and community level, providing information on making the community environment safer and stronger, giving scams talks, tackling low level crime, setting up and running support groups/events, during 2024/2025 this approach supported 6000 people.

The Community Warden service has been transformed over the last year, reducing staff levels and become more targeted.

[Digital Kent](#) has supported over 16,700 residents since 2021. The support includes digital hubs, of which there are 30 across Kent and Medway and digital workshops. Digital Kent also offers a Hardware Access Scheme which provides residents with a laptop to enable access and opportunity and a Connectivity Access Scheme which provides residents with a connection to broadband. The offer of regular digital support has helped residents to be more socially included and empowered. Digital Kent is funded by KCC's Helping Hands Scheme, which supports projects that help people who are experiencing, or at risk of, financial hardship. Digital Kent also leads on the Digital Champions Network and has over 200 digital champion volunteers

2. Secondary Prevention refers to more targeted interventions aimed at individuals who have an increased risk of developing needs, where services, resources or facilities may help slow down or reduce any further deterioration or prevent other needs from developing.

[Technology Enhanced Lives Service](#) is provided by adult social care, started in November 2023 and to date has supported 5,708 people. The service provides assistive technology to support people to stay safe and independent, both at home and in the community. Technology can be provided on a short-term basis (free for up to 10 weeks) or on long term basis if someone has care act eligible needs. There is also a private pay service for people that wish to use technology but without needing to arrange through social care.

3. Tertiary Prevention describes services, facilities and resources that support people to regain skills and manage or reduce need where possible. The aim is to minimise the effect of disability or deterioration for people with established or complex health conditions. This would include progressive conditions, such as dementia. It includes interventions such as the provision of formal care.

[Kent Enablement at Home](#) (KEaH) is an adult social care team, providing enablement support for the residents of Kent. The purpose of the team is to establish enablement goals and work with a person to empower them to be as independent as possible.

Referrals into the KEaH service are via many routes, this could be following staying in an acute, or community hospital, referrals from GPs, the ambulance service, or direct from people/carers/family. These are some examples of the goals people may want to achieve:

- improving confidence after a fall
- giving guidance in preparing meals following a change in circumstances
- reconnecting you with social activities
- identifying equipment that could help with independent living

Usually, people are supported by the service for 2-week service; however, the service can be provided up to six weeks if there is a need and still enablement potential. The service is free at the point of referral. The service

supported 6,559 people in 2024/2025. The KEaH service has expanded over the last seven months as it took over the Discharge to Assess service. It is expected that the service will support approximately 8,000 people in 2025/2026. Approximately 85% of people who receive KEaH end with no further support required.

Kent Enablement Service (KES) provided by adult social care and supports individuals aged 18 and above with physical disabilities, learning disabilities, autism, mental health conditions and been assessed as having unmet social care needs as defined by the National Eligibility Criteria for adult social care or someone who has an ongoing involvement with a social care team. There were 2,616 referrals received 2024/2025.

The service is free and outcome focused for up to eight weeks and uses interventions based on enablement prevent, reduce delay with individuals who are ordinarily resident in Kent. Range of support provided:

- Skills to manage daily activities.
- Enhanced physical and mental health.
- Growth in confidence and self-esteem.
- Encourage lifelong learning, promote independence.
- Where appropriate, support a move into work related opportunities and volunteering.
- Work co-productively to that enable individuals to manage their own health and wellbeing and be aware of how and where to seek support and assistance.
- Help facilitate social inclusion by assisting the development of an individual's own networks of community support, interests, and contacts.

Occupational Therapy provided by adult social care and improves people's ability to do everyday tasks if they're having difficulties including moving and handling, enablement techniques, specialist equipment, major adaptations and using assistive technology.

Short Breaks (respite care) are timely breaks that better address the ongoing needs of the person who draws on care and support and their carer which is provided by adult social care.

- 2.3.4 It is also important to recognise that a wide range of preventative support is available beyond what is provided or commissioned by KCC. Social care staff and partners can use KCC's digital tools (Connect to Support and the Joy platform, both explained below) to find out about groups and activities within communities along with local knowledge and connections. A discussion with the individual first helps to understand the support needs and areas of interest so that relevant groups and activities can be identified. A wide range of groups and activities are available across the county which are not commissioned or funded by KCC and which are similar to those delivered under the Community Wellbeing contracts in scope of these proposals. Officers have undertaken work to understand the availability of these groups and activities, as explained elsewhere in this report (section 10).

2.4 Information and advice

- 2.4.1 KCC and partners maintain a broad range of services to provide adults with care and support needs, carers with support needs, and the whole population, with information and advice relating to care and support. This includes the following, which are unaffected by the proposals:

[Kent Connect to Support](#) is a website developed in 2023 and managed by KCC, which provides information and advice to help people stay independent and connected to their local community. The yearly costs for the platform are £22,848. For 2023/2024, 25,600 people used the website.

The [social care and health](#) section of Kent.gov, the official website for the Kent County Council, offers a broad range of information on adult social care services. This platform serves as a central hub for residents seeking guidance on various topics, including eligibility criteria for social care, how to apply for support, and the types of care available. Additionally, the site provides links to relevant forms, policies, and statutory guidance.

Adult Social Care Connect provides an initial contact point for people wanting to access care and support. This service is provided by Adult Social Care. Contact and support can be made via telephone, online or in person. They offer low-level intervention support such as providing information, advice, and guidance, proportionate assessments, and equipment.

Kent Enablement Service hosts drop-in sessions which started in 2022 and help people to access information and advice, manage letters and bills, make phone calls, find groups, activities, colleges, education courses, and paid/voluntary employment, and provide information about keeping safe, housing, wellbeing, and benefits. This service is aimed particularly at people who may not have the skills, ability or confidence to independently access support online.

Social Prescribing Platform Joy is a digital social prescribing platform, with a variety of aspects that can be used by both professionals and Kent Residents to help navigate the complex health and social care system. The Integrated Care Board (ICB) has funded the platform, for 15 months at a cost of £240,000 and since going live January 2025 the platform has facilitated 2,090 referrals. The marketplace is an online public facing directory, which enables Kent and Medway residents to type in their postcode, filter categories and find local support available to them, and self-refer to support. Kent County Council have identified an opportunity in building upon the existing work to reduce internal and system duplication in the signposting and referring space and explore opportunities for adult social care staff to use the system. Work is now underway to introduce this platform into Social Care and it expected to place by Autumn 2025. Once in place it is expected that this will replace other digital platforms.

Information, advice and guidance provided by the VCSE, the lead organisations outlined in this report also provide information, advice and

guidance as part of the commissioned service and this will remain unaffected by these proposals.

Imago: [Our services - Imago](#)

Involve: [Involve Kent](#)

Social Enterprise Kent: [Home - Social Enterprise Kent](#)

Live Well Kent: [Welcome | Live Well Kent](#)

Social Prescribers are employed and working through Primary Care Networks and is a way of improving residents health and wellbeing other than through medicine and started July 2019. Social prescribing connects people to community-based support, services, resources, and groups in the local area. This is helping to improve outcomes for people, supporting people to stay well, independent and resilient, reducing social isolation and helping to support physical and mental health. [Social Prescribing](#) workers, of which there were 128 in Kent and Medway, 114 of these are in Kent Primary Care Networks. Social prescribing link workers give people time over several sessions to offer a person-centred conversation based around asking, “what matters to you?” They:

- Help people to identify issues that affect their health and wellbeing, and co-produce a simple [personalised care and support plan](#)
- Support people by connecting them to non-medical community-based activities, groups and services that meet practical, social and emotional needs, including specialist advice services and the arts, physical activity, and nature.
- Use coaching and motivational interviewing techniques to support people to take control of their own health and wellbeing.
- Support accessible and sustainable community offers by working with VCSE organisations, local authorities and others to identify gaps in provision and deliver activities and groups to meet population needs.

2.4.2 KCC’s information and advice arrangements take people’s different needs into account including: people with sensory impairments, who do not have English as their first language, who are socially isolated, whose disabilities limit their physical mobility, who live with mental health problems, autistic people and people with learning disabilities. A range of contact methods is available. In addition to digital resources, methods of communication for information and advice include in-person contact, which is organised with social care teams, use of peer-to-peer contacts, meetings in community settings, advice and advocacy services, telephone contact, wider communication methods and the use of ‘free’ media channels.

2.4.3 Information, advice and guidance is also available in print. This includes a full guide to adult social care and health (incorporating common questions and answers with details of other organisations), booklets explaining the charging process for home care and support in the community, residential and nursing care, funding yourself in a care home. There are also printed guides to direct payments, employing a personal assistant and a new carer’s guide to direct payments. These sit alongside our comments, compliments and complaints leaflet and service specific information for example short breaks (respite

care). There are also a variety of easy read factsheets which can be printed or downloaded online.

- 2.4.4 Adult social care contributes to the printed edition of the Kent Care Directory produced and distributed by Care Choices each year. This is a printed directory of adult social care services and support.
- 2.4.5 There is printed information is distributed through Kent County Council libraires, offices, Gateways and partner organisations.
- 2.4.6 Adult social care attends a wide number of in-person information, advice and guidance events across the county. There 10 [social care involvement groups](#) in different locations across Kent, hosted by our social care involvement officers (5 in post plus 1 vacancy, therefore 6 roles in total) who have lived experience of accessing care and support and local knowledge. The team links closely with local community organisations to provide useful information, raise awareness of what support is available and increase involvement in the co-production and ongoing development of adult social care services, plans and policies.

3. Wellbeing Services in the Community and Community Navigation

- 3.1 The Wellbeing Services in the Community and Community Navigation contracts are commissioned services which aim to help people take a proactive approach to their health and wellbeing, increase independence, and prevent, reduce or delay the need for additional care and support services. These services are part of Kent County Council's (KCC) broader approach to preventing, reducing and delaying the need for care and support.
- 3.2 It is estimated that, in total, these services supported 111,674 Kent residents in 2024/2025. This includes people over the age of 55, those with a long-term condition such as dementia or people living with mental ill-health, sensory impairments, or physical disabilities and those who are carers. The 2025/2026 Wellbeing Services in the Community and Community Navigation contracts account for £17.46million of the prevention budget.
- 3.3 The below is a summary of the contracts, grouped according to whether they would be affected by the proposed changes.

3.4 Services in scope of the proposals

3.4.1 Wellbeing Services in the Community for older people (55+)

Wellbeing services for older people help to prevent or delay deterioration in people's health and wellbeing via services like peer support, or creative and physical activities. 14,375 people accessed the service in 2024/2025 and annual contract £3.87million, as shown in the table below.

Service	Annual contract value (million)
Involve Kent (West Kent)	£0.99million
Involve Kent (North Kent)	£0.66million
SEK (East Kent)	£1.24million
Imago Community (Ashford, Canterbury and Swale)	£0.98million
Total	£3.87million

3.4.2 The service operates across Kent under contracts with the following providers:

- Social Enterprise Kent (SEK) covering East Kent: Thanet and South Kent Coast
- Involve Kent covering West Kent: Sevenoaks, Tonbridge and Malling, Tunbridge Wells and Dartford, Gravesham and Swanley
- Imago Community covering Ashford, Canterbury and Swale

3.4.3 The current contract with SEK, Imago and Involve runs until to 31 March 2026. The current contract with Imago has a permitted extension until to 31 March 2027. If a decision is taken to implement the proposed changes, the contract can be varied, and three months' notice can be given.

3.4.4 The lead providers, SEK, Involve Kent and Imago Community, are not required to deliver all the services themselves and can pass on funding to other organisations to provide activities and support in the community. The lead organisations are responsible for managing subcontracted arrangements, with KCC providing contract monitoring and performance management. The lead organisations and the organisations they partner with also receive funding from other sources. The providers subcontract with partners as follows, more information is provided about delivery partners in Appendix 5:

- Imago – 13 Delivery partners, total of £457,183 annually is allocated to the delivery partners which is 46% of the total contract value with Imago.
- Involve – 53 Delivery partners, total of £457,912 annually is allocated to the delivery partners which is 28% of the total contract value with Involve.
- SEK – 9 Delivery partners, a total of £844,999 annually is allocated to delivery partners which is 68% of the total contract value with SEK.

3.5 Community Navigation for older people (55+) and those with complex issues related to illness, disability or a mental health issue

- 3.5.1 Community Navigators help people in need of information and guidance, emotional and practical support, or help to access a range of community or health and social care services. 12,150 people accessed the service in 2024/2025 and the contract value £1.60million.
- 3.5.2 Of the annual budget, the ICB has made yearly contribution of £0.75million towards the service. For the consultation the ICB stated that *“NHS Kent and Medway’s contributions towards the Community Navigation service will end when this current contract comes to an end. NHS Kent and Medway will be looking for the best way to use their funding to improve health outcomes and wellbeing for people through collaboration with the council and local providers”*. The ICB contribution is as follows:

Community Navigation	Annual Contract value	ICB contribution	KCC contribution
Social Enterprise Kent (East)	£0.60	£0.20	£0.40
Involve (West)	£0.23	£0.00	£0.23
Imago Community (North)	£0.53	£0.38	£0.14
Imago Community (Swale)	£0.24	£0.16	£0.07
Total	£1.60million	£0.75million	£0.85million

- 3.5.2 The proposals developed are based on the KCC funding. There has been a follow up meeting with the ICB during which it was confirmed that once the Navigation contract ends (March 2026) the ICB contribution would cease and not be available to move to the general Wellbeing Contracts. The ICB would look to pool/combine across Health and Social Care in the future, once the outcome of this decision is known.
- 3.5.3 The contract is with three organisations who operate across Kent, Social Enterprise Kent, Involve and Imago.
- Community navigators work with people over 55 years old and those with complex issues related to illness, disability or a mental health issue. There are approximately 70 community navigators employed through these contracts working across Kent. The services are accessed by contacting the providers directly or through a referral from another organisation. They help with following which can be in person or over the telephone:
 - identifying and planning support for people.
 - providing information about support in the local community.
 - how to manage money and benefits.
 - supporting people to live safely in their own home.
 - maintaining and adapting an individual’s home to their needs.
 - filling in forms.
 - going through an assessment process for housing or care.

- 3.5.4 This service is delivered by:
- East Kent Strategic Partnership led by Social Enterprise Kent (SEK) covering all of East Kent. SEK passports £287,103 to subcontracted providers to deliver the community service.
 - Involve Kent, covering West Kent: Sevenoaks, Tonbridge and Malling, Tunbridge Wells
 - Imago Community, covering Dartford, Gravesham, Swanley and Swale
- 3.5.5 The Community Navigation contracts have been extended to 31 March 2026.

3.6 Mental Health Wellbeing Services in the Community (only limited elements in scope)

- 3.6.1 This service supports adults living with or without a mental health diagnosis to prevent needs increasing and also provides support as part of a person's recovery journey. KCC commissions two strategic partners, Porchlight and Shaw Trust, to deliver these services, known as Live Well Kent and Medway. In 2024/25 6,486 people in Kent were supported by the service. The contract is up to March 2026, with permitted extension up to March 2028.
- 3.6.2 The annual contract value for 2025/2026 is £6.16million and contributions from partners were as follows:
- KCC's adult social care budget contribution is £1.33million for financial year 2025/2026.
 - Public Health contributes a total of £3.02million for financial year 2025/2026.
 - NHS Kent and Medway £1.49million.
 - Other sources including contributes £0.32million
- 3.6.3 Since the two contracts (one with Porchlight and one with Shaw Trust) went live in April 2023, there has been an Innovation Fund. The Innovation Fund offers short-term funding opportunities to work as part of the Live Well Kent and Medway service. The two strategic partners (Porchlight and Shaw Trust) subcontract with 22 providers. The subcontracted and non-subcontracted providers can utilise the Innovation Fund as a method to test out new approaches/interventions to support people's Mental Health and Wellbeing, evaluate these and then use the learning where possible to innovate the service. The Innovation Fund is managed by the strategic partners and regular updates are provided to KCC. In 2024/2025, 83 people accessed services that were funded by the Innovation Fund.
- 3.6.4 Here are some examples of how the fund has been used:
- Young People aged 17 to 25 and who identify as LGBTQIA+ - structured programmes of support to develop resilience, learn new skills and to enhance physical wellbeing
 - Spadework – Time to grow – 8 places funded for 8 weeks
 - Spadework – Woodwork for wellbeing – 8 places funded for 8 weeks
 - Tonbridge Youth Club – 10 places funded for the PRYSM Youth Group

- There are 11 support programmes which have recently begun or are open for people to be referred. These vary from Menopause Support Groups and a Live Well Shed Project to a Money Worries Workshop and a Self-Belief course.

3.6.5 Two other elements of these services are also in scope of the proposed changes:

- Back-office support: The Porchlight's central team function enables increased understanding about how people use and experience the 'Live Well Kent and Medway' services across the network. This function both reviews data and gains feedback directly from those accessing services to ensure continuous learning and improvement.
- Shaw Trust unallocated spend: Shaw Trust leaves an unallocated spend each year prior to contract variations so that changes to the delivery network can be informed by the evidence base of the local and emerging needs in each locality, enabling them to adjust the network and services delivered based on the needs of the local communities they serve.

3.6.6 Except as set out above, we are not proposing to make changes to the Mental Health Wellbeing Services in the Community.

3.7 Services not within scope of the proposals

3.7.1 KCC also arranges a range of other Wellbeing Services in the Community and Community Navigation services which would be unaffected by the proposals. Each of these is explained below.

3.7.2 The services not included are more specialised, supporting people with specific needs such as those with dementia, sensory needs, mental health needs, or physical disability, to minimise any deterioration of health or disability. Additionally, Community Navigation for Carers provides carers assessments, which are a statutory requirement in supporting unpaid carers in their role.

Wellbeing Services in the Community for people with dementia and their families

3.7.3 This service has a particular focus on supporting those with a dementia diagnosis and their families. The service provides dementia cafes for individuals living with dementia and their carers. Dementia peer support groups where individuals in the early to middle stages of their condition can meet and share experiences and offer mutual support and advice. Social opportunities and befriending services.

3.7.4 Alzheimer's and Dementia Support Services (ADSS) and Age UK Herne Bay and Whitstable are the lead providers of this service. 13,103 people were supported by the service in 2024/2025, and the annual contract value

£0.80million. The contract is up to March 2026 with a permitted extension up to March 2027.

Wellbeing Services in the Community for those with a physical disability

- 3.7.5 This service provides information, guidance and advice to disabled adults on a range of topics around independent living and all aspects of life with a disability.
- 3.7.6 The service is delivered by Disability Assist, a charity run by and for disabled people. The service had 19,894 interactions with people in 2024/2025 and the annual contract value £0.16million. The contract is up to March 2026 with permitted extension up to March 2027.

Wellbeing Services in the Community for adults with sensory impairments

- 3.7.7 These services support people who are aged 18 and over with a sensory impairment, such as people who are blind and/or deaf, including people that use British Sign Language (BSL), providing support with information and advice, equipment and training and rehabilitation.
- 3.7.8 Kent Association for the Blind (KAB) delivers this on behalf of KCC in partnership with Hi Kent and British Sign Language Community CIC (Community Interest Company). 22,834 people accessed these services in the 2024/2025 and the annual contract value £1.03million. Contract is up to 31 March 2026.

Mental Health Wellbeing Services in the Community

- 3.7.9 See above. With the exception of the Innovation Fund and other specific elements, these services would not be affected.

Community Navigation for carers

- 3.7.10 This support offer for carers seeks to help carers thrive in their caring role. This includes undertaking the statutory requirement for completing carers assessments to determine support needed and carer-specific navigation services to information, advice and guidance. 22,832 people accessed the service in 2024/2025 and the annual contract value £3.76million. The contract is up to March 2026 with procurement planned to start soon for new contracts to be in place from 1 April 2026.

4. Strategic objectives and development of the proposals

Strategic objectives and Prevention Framework

- 4.1 There have been significant developments in how adult social care provides prevention services, which prompted a strategic review of Wellbeing Services in the Community and Community Navigation. This review was also required due to the Community Navigation contract ending March 2026.

- 4.2 The following four strategic priorities were identified as part of our review and subsequently informed our development of the proposals:
- Removing elements of duplication within KCC's prevention approach and provision
 - Ensuring prevention services are more efficient, targeted and making best use of limited resources
 - Focusing on the areas and people with greatest need
 - Making savings to contribute to delivering a balanced budget for KCC
- 4.3 The overarching approach and longer-term ambitions set out in the Adult Social Care Prevention Framework are also relevant, as explained below.
- 4.4 Removing elements of duplication within the prevention approach and provision
- 4.4.1 The proposal aims to reduce duplication over where people go for information, advice and guidance.
- 4.4.2 Over recent years, KCC has extended its information, advice and guidance offer, leading to duplication between KCC's wider offer and Community Navigation. The areas where duplication exists are set out below. It is important to acknowledge that none of the services listed below is identical to Community Navigation, or provides an exact, like-for-like alternative. However, overall, there is now a significant element of duplication in terms of the offer available.
- 4.4.3 The duplication includes digital platforms already referenced in this report - Kent Connect to Support and Social Prescribing Platform – Joy. These digital platforms can be used by Kent residents and staff to access information, advice and guidance. Where people cannot utilise these digital tools, there is face to face support available as follows:
- 4.4.4 Adult Social Care Connect provides an initial contact point for people wanting to access care and support. This service is provided by Adult Social Care. Contact and support can be made via telephone, online or in person. They offer low-level intervention support such as providing information, advice, and guidance, proportionate assessments, and equipment.
- 4.4.5 In April 2024, work began on redesigning the Area Referral Management Service to align with our Make a Difference Everyday strategy. There are 24 local community teams across four hubs: North Kent, West Kent, Ashford & Canterbury, and Thanet & South Kent Coast. Each area has an ASC Connect team and a Safeguarding Hub.
- 4.4.6 Since the redesigned service went live from 7 October 2024 and up to May 2025 there were 17,860 contacts (to note these may not be individual people, as people could have made contact multiple times over this period) and there has been 8,902 proportionate assessments (carried out through a mix of

telephone conversations, in-person visits, and assessments undertaken at clinic appointments).

- 4.4.7 There is a focus on connecting people with support or guidance as quickly as possible on the basis of initial information submitted through their first contact or referral. This has allowed ASC Connect to support people and resolve almost 9% more initial enquiries and referrals without need for formal assessment. Under the Adult Social Care Connect model, Kent has seen a decrease in the proportion of initial contacts resulting in an assessment for long-term care of 4.6% compared to the comparable period the previous year. This equates to an average 120 fewer requests per month coming to community social work teams for Care Needs Assessments.
- 4.4.8 Since the establishment of Adult Social Care Connect in October 2024, a regular series of clinics have been established at different locations across the county to offer support, information, advice and guidance about what is available within their communities. As the service has become established, opportunities to embed further clinics at different settings are being progressed, with at least two further clinics being established from August 2025, which will further increase the capacity of the service, in addition to being able to access ASC Connect via online and telephone referral.
- 4.4.9 There are currently four weekly clinic sessions provided by Social Care Connect. The current clinics are in Ashford and Canterbury and Thanet and South Kent Coast, and two additional clinics from August are in North Kent (Gravesend Civic Centre and New Ash Green). Options being explored for West Kent, two locations were tested in Spring 2025 (Tunbridge Wells and Maidstone), however these were not utilised and paused as other locations are being considered. The current clinics have capacity to see up to ten people per session and run for 48 weeks of the year. Currently, therefore, 1,920 people per year can access this face-to-face support. It is assessed that this is new capacity as the clinics are not being utilised with very low utilisation levels.
- 4.4.10 Adult Social Care Connect maintains information about different kinds of service, facilities or resources that can be preventative and can help people live well and maintain their independence or caring roles for longer. Through these services and that of our partners, such as district councils, people are enabled to access relevant services. The team use the Connect to Support platform and [ReferKent](#). It is an online referrals platform with over 300 organisations, team's groups and services. It aims to strengthen referrals across Kent for adults and families and allows organisations to refer directly.
- 4.4.11 Adult Social Care Connect service has been redesigned to work differently and utilising technology, which will help the team to respond to increased demand and therefore increased staffing is not planned to respond to potential increased demand as a result of these proposals.
- 4.4.12 There are also Kent Enablement Services drop-in sessions. This free service provides weekly face to face sessions in key locations across Kent helping

people with accessing information and advice, help with letters, bills, finding groups and activities, college and education courses, paid and voluntary employment, information about keeping safe, housing, wellbeing, benefits and help with making phone calls. This service provides eight weekly sessions across the county, there is capacity to support two people per session (allowing up to an hour per person), there is capacity to support up to 763 people in the year through the helpdesks (taking into account bank holidays, 48 weeks operational). In areas where helpdesks are not available (Maidstone, Tunbridge Wells) appointments can be made at the person's home or a safe community space. The service monitors demand and can increase/decrease the drop-in sessions where required. From September 2024 to April 2025 the service supported 356 people via these clinics. Using these figures, it is estimated that the service would have supported 547 people in the year and has capacity to support 763 people, therefore additional capacity to support 215 people.

- 4.4.13 These developments are in addition to what partners provide: Social Prescribing (there are 114 social prescribing workers in Kent); Community Wardens in 2024/2025 supported 2,000 people on a one-to-one basis and 6,000 people via groups and activities; and Positive Wellbeing can support an average of 304 people per year, all these services are structured to provide support across the County.
- 4.4.14 There are three Market Development Officers within Kent Adult Social Care Commissioning. The postholders work with communities to understand the local needs profile and to identify, encourage and support those interested in identifying, nurturing and setting up compliant micro enterprises that support and deliver the care needs of Kent residents and support KCC's Commissioning Intentions for Adult Social Care. This can include groups and activities.
- 4.4.15 The Wellbeing Services in the Community and Community Navigation contracts commenced 2019 and 2020, before the developments outlined above were initiated. All the services have an initial contact point via telephone or email. People can make contact themselves or be referred.
- 4.4.16 There is also some duplication between Community Navigation and some of the other commissioned services, for example people over the age of 55 living with a disability can also access information, advice and guidance from the service that is commissioned with Disability Assist. Or if someone is living with dementia, they can access support from the Alzheimer's and Dementia Support Services (ADSS).

4.5 Ensuring prevention services are more efficient, targeted and making best use of limited resources

- 4.5.1 It is important to ensure KCC is making best use of its limited resources, which means targeting services where they have the greatest and most immediate impact.

- 4.5.2 The Wellbeing Services in the Community for older people and dementia assess people's level of need and provide support based this. The levels of need are as follows:
- Low level - promoting wellbeing - supporting and encouraging a person to look after their health and wellbeing. This level of service is for those who are able to live independently. Currently around 58% of people supported by the Wellbeing Service in the Community service for older people are assessed as needing lower-level support, e.g. information, advice and guidance, such as where to go to join a local interest group.
 - Medium level - promoting independence - short-term support so that the person is able to carry on with their life as independently as possible. This level of service is for those who need a bit of help and support to live independently, e.g. attending a group activity with someone so they feel supported and can build confidence. Currently around 34% of people supported by the Wellbeing Service in the Community are assessed as having 'medium level' needs.
 - High level - supporting independence - for those requiring ongoing social care support, helping them to live independently, do as much as they can for themselves and in their own homes where possible. This level of service is for those who need regular help and support to live independently. Currently around 8% of people supported by the Wellbeing Service in the Community are assessed as having 'high level' needs e.g. help to arrange transport and attending a group activity with someone so they feel supported and can build confidence.
- 4.5.3 People assessed as needing medium to higher levels have the greatest levels of need and without the right support are more likely to develop greater needs, and to need support or more support from social care, more quickly than those with lower-level needs. This is reflected in the proposed changes to the Community Wellbeing for older people contracts. This is not to say that prevention is ineffective or unimportant in respect of individuals with lower needs. KCC (and partners) will continue to deliver and arrange for preventative activity for such individuals. However, our review looked at how to focus limited resources in a more targeted, efficient way.

4.6 Focus on the areas and people with greatest need

- 4.6.1 When setting up the Wellbeing and Community Navigation contracts, the focus was on whole population, providing preventative support to people across the county with different levels of need. This approach was taken to support as many people as possible. However, since these contracts started the support offer has developed and there needs to be a focus and response to individual needs and those of diverse communities, areas of deprivation and consider issues such as access to transport. The proposals will ensure that the commissioned services are targeted based on performance information, equality data and insights from communities and partners.
- 4.6.2 The draft Adult Social Care Prevention Framework was informed by understanding current and future demand modelling. We can see from our

Kent data, that on average, people who live in areas of greater deprivation, draw on care and support more than people who live in less deprived areas of Kent.

- 4.6.3 The Live Well proposal was developed to help towards the financial position of the council but in areas that were felt to have less impact on people accessing the service and the services currently available.

4.7 Making savings to contribute to delivering a balanced budget for KCC

- 4.7.1 Adult Social care will need to deliver total savings and income of £63.1m in 2025-26 (8.9% of 2025-2026 net budget). This savings/income requirement arises from a combination of under delivery of savings in 2024-2025 and those needed to balance the difference between spending growth and additional funding from central government and local taxation in 2025-2026.
- 4.7.2 The Council's updated strategic plan 'Securing Kent's Future – Budget Recovery Strategy' (SKF), approved by Cabinet and County Council in autumn 2023, recognises that in recent years the council has put significantly more into social care budgets than it has received through the adult social care council tax levy and the grants from government. KCC funding remains insufficient to fully cover the costs of spending growth, and the budget can only be balanced through a combination of spending reductions from savings plans, income generation and/or use of Council reserves. The Council has a statutory duty to set a balanced budget and must comply with Best Value duty for continuous improvement in the way its functions are exercised, having regard to a combination of economy, efficiency and effectiveness, whilst fulfilling all statutory requirements including those for adult social care services.
- 4.7.3 The 2024-2025 outturn reported to Cabinet on 22 July 2025 with a net revenue overspend of £20.2m, of which there was a £46.4m overspend in the Adult Social Care and Health Directorate which is partially offset by underspends in other parts of the Council. Approximately 40% of the ASCH overspend relates to non-delivery of savings, however much of this has been identified as achievable in future years. The remainder is largely driven by increases in costs (both complexity and inflationary) to deliver social care placements from providers. This continues to be the case despite the increase in the number of people supported remaining relatively modest.
- 4.7.4 The approved revenue budget for 2025-2026 includes £207.2m (14.5% of 2024-2025 approved budget) of forecast spending growth (£150.3m core funded, £56.9m externally funded, including a small internal adjustment between core and external). Funding is increasing by £101.8m (7.1%), the £105.4m difference (£48.5m core funded, £56.9m externally funded) is balanced from savings and income and changes in reserves contributions and drawdowns.
- 4.7.5 The net growth in the adult social care budget exceeds the available resources from specific sources (2% adult social care council tax levy and all

of the additional funding from central government through social care grant) as well as pro rata share of general resources, reflecting the Council's commitment to prioritise adult social care. Nonetheless, this net growth still requires adult social care to deliver £38.0m of additional savings from the full year effect of current plans and new savings plans and £6.2m of additional income from clients and partner organisations. Furthermore, unachieved savings of £18.9m from current year (2024-25) will also need to be achieved in 2025-2026 as well as these additional savings and income to balance adult social care 2025-2026 budget. The proposed savings from changes to Wellbeing Services in the Community are part of the package of savings necessary to achieve a balanced budget within the 2025-2026 and 2026-2027.

4.8 Adult Social Care Prevention Framework

4.8 As well as the immediate strategic objectives which informed officers' review of Community Wellbeing and Community Navigation, decision-makers should also have regard to KCC's overarching approach and longer-term (2025-2035) ambition, as set out in the Adult Social Care Prevention Framework (assuming a decision is taken to adopt it). This is built on five approaches to prevention. With regard to each of these approaches, decision-makers should have regard to the fact that:

- The principle of prevention first recognises the importance of prevention in tackling challenges, including via community-based support, and information, advice and guidance, before individuals develop needs which must be met via the formal social care 'system'. KCC remains committed to a prevention-first approach. The proposals have been designed so as to mitigate adverse impacts wherever possible, and the services outside the scope of the proposal will continue unaffected. Where the proposals would involve a reduction in provision, this is in response to KCC's other strategic objectives, including the need to remove duplication, make efficient use of resources and deliver a balanced budget.
- The proposed changes to Wellbeing Services in the Community and Community Navigation reflect the commitment in the proposed Adult Social Care Prevention Framework to providing focused support. As above, the proposed changes have been informed by the objectives of removing duplication and ensuring services are targeted and focused on areas of greatest need. As part of its work with providers to develop new contracts, officers would ensure that the commissioned services are targeted, taking into account deprivation, diversity, and transport issues, and based on a data-informed approach. The Prevention Framework has been informed by work to understand current and future demand for preventative support (as set out in the Supporting Information accompanying the Framework) and notes that the Kent population of older people is expected to rise by 28% in the next decade, resulting in a dramatic surge in care needs, particularly in coastal areas with higher older populations. The Adult Social Care Prevention Framework also refers to potential increases in demand for social care support arising

from those with long-term conditions (including dementia) and mental health needs. The Adult Social Care Prevention Framework explains that, while KCC's current focus must be on those closest to needing care and support, over time, as we manage our demand, we will need to shift more resources towards primary prevention, to improve health and well-being outcomes, manage future demand and secure financial sustainability.

- KCC remains committed to a prevention first approach, while also responding to other strategic objectives, including the need to remove duplication, make efficient use of resources, and deliver a balanced budget; and the proposals would involve ensuring that commissioned services are targeted at the areas and populations that need them most.
- Within the draft Adult Social Care Prevention Framework, it is recognised that the Voluntary, Community and Social Enterprise Sector are a vital partner for delivering prevention that is truly rooted in local needs and communities and therefore play a key role in improving health and wellbeing outcomes for the population. These organisations are often closest to our communities, with deep understanding, trust and connections that can support people to live more fulfilled, healthy and independent lives. It is essential that stronger partnerships are formed to support the delivery of the prevention framework. The proposed changes would continue to involve close partnership working, including with VCSE organisations. Adverse impacts on partners (and in some cases their employees) would be mitigated as far as possible, as explained elsewhere in this report. The proposals would also ensure the way the Wellbeing Services are commissioned and delivered is consistent across the services and ensure robust contract management.
- The proposed changes are based on principles of inclusion and equity. As above, the proposals would ensure that services are targeted at areas and populations that need them the most, including people living in socio-economically deprived areas, and take account of the barriers that some groups face in accessing support.
- Officers intend to closely monitor the impact of the proposed changes. Furthermore, under the heading "*Measuring and evidencing impact*", the draft Prevention Framework recognises that KCC's approach should make the most efficient use of resources. As above, this is a key objective of the current proposals.
- The Adult Social Care Prevention Framework will be supported by a detailed co-designed Delivery Plan, which will build on and strengthen existing work alongside new actions and work programmes. The Delivery Plan will be supported by appropriate internal structures and governance, to ensure actions are delivered against and prevention is embedded in all that we do and align with other existing documents and workstreams.

5. Options considered

- 5.1 Before identifying the proposal presented in the consultation, a number of other options were considered which are outlined below.
- 5.2 The proposals were tested with providers in scope of the consultation. KCC initially proposed an option which was to stop funding Community Navigation completely and reduce Wellbeing in the Community for 55+ to only supporting people assessed as needing medium to higher levels of support. However, the providers considered that Community Navigation underpins the delivery of community prevention services and supports people who are some of the most vulnerable and socially isolated in our communities (people assessed as needing medium to high levels of support). Therefore, the providers felt that KCC's proposals should incorporate elements of Community Navigation into the redesigned Wellbeing Services in the Community within the proposed reduced funding.
- 5.3 Options considered pre-consultation:
- **Maximise potential savings by ending KCC's investment in all Wellbeing Services in the Community and Community Navigation contracts.** This could achieve a total annual saving: £8.74million (24/25). This option was not taken forward to consultation because ending all Wellbeing Services in the Community and Community Navigation without an alternative approach and support would have a significant negative impact and increase the risk of more people needing social care more quickly. This would also require KCC to consider how to fulfil its statutory responsibility for carers as the commissioned services undertakes carers' assessments.
 - **To stop funding the Community Navigation Contracts completely and reduce funding for the Wellbeing Services in the Community that support people 55+, to only support people assessed as needing medium to higher levels of support. And stop the Innovation Fund, back-office support and remove the unallocated spend of the Shaw Trust.** This could achieve an annual total of £3.45million in savings. This option was not taken forward to consultation following discussions with providers, as explained above.
 - **Do nothing.** This option was not taken forward as this would not achieve the strategic objectives.

6. Proposed changes to Wellbeing Services in the Community and Community Navigation

- 6.1 KCC developed, and subsequently consulted on, the following proposals:
- **Cease to commission the Community Navigation services for older people (55+) delivered by Involve Kent, Imago Community and SEK.**
As explained above, this contract is where there is most duplication with other information, advice and guidance support. However, working with providers on proposals it was felt that Community

Navigation was important for people with greatest levels of need, therefore the proposal is to maintain Community Navigation within the Wellbeing Service and focus on people with greatest levels of need. The contract is due to end on 31 March 2026, three months' notice can be given to end this contract. Notice will be given once the decision has been taken, if the decision is taken by the end of September, the contract will end in December (three months' notice).

- **Redesign Wellbeing Services in the Community for older people (55+) delivered by SEK, Involve Kent and Imago Community.**

This would be achieved by varying each of the three contracts. Work on this would start as soon as any decision has been taken, involving discussions with providers on the design and key performance indicators of the services, to be implemented three months after the decision. We would also align the Wellbeing contracts with the three providers to end at the same time, because at present the SEK and Involve Wellbeing contracts up to March 2026, and the Imago contract allows for extension up to 31 March 2027. The contract variation would take all three contracts up to 31 March 2027.

6.2 In summary, the proposed changes to the contracts would mean that the service will:

- Become more targeted and focus on people needing medium to higher level support. Support for people assessed as having lower-level needs would stop. However, people would still be able to contact the services, which would maintain an initial contact point where they would be triaged, signposted and connected with support and services that may or may not be funded by KCC.
- Focuses on areas of greatest need by considering needs of the communities such as areas of deprivation, diversity, transport issues and where are fewer alternative groups and activities. This will be done by using data and insights gathered from Kent residents, these insights will include where there are gaps within communities and barriers to accessing services. Using this information the Wellbeing Contract will be varied to respond to these points and will need to be flexible during the lifetime of the contract to adjust to changing needs of communities.
- Provide wellbeing groups and activities for people assessed as needing medium to higher levels of need.
- It is estimated that the service would have capacity to support up to 7,721 of the total number supported in 2024/2025 (26,525) through accessing the Wellbeing and Navigation service. This takes account of the fact that the ICB will no longer be contributing towards the service.
- Provide Community Navigation for people assessed as needing medium to higher levels of support. Offering similar service currently provided by Community Navigation which includes financial advice, benefits maximisation, housing support, befriending and peer support. Trusted assessor for equipment but only with a focus on people needing medium to higher levels of support.
- To maintain community roles undertaking home and community visits.
- The services would cover the following areas
 - SEK – Thanet and the South Kent Coast

- Imago Community – Canterbury, Ashford and Swale.
- Involve Kent – West Kent, Dartford, Gravesham and Swanley

6.3 This would be a change for SEK and Imago for the Community Navigation element as under the Community Navigation contract SEK currently covers all of East Kent and Imago covered Dartford, Gravesham, Swanley and Swale.

- **Mental Health Wellbeing Services in the Community (Live Well Kent and Medway) - delivered by Porchlight and Shaw Trust.**

The proposal is to undertake a contract modification to each provider's contract, removing the requirement to deliver the Innovation fund. The Innovation Fund and back-office support is within the total annual contract value. The contract modification will happen if the recommendations in this report are adopted. There would also be the removal of Shaw Trust unallocated spend.

7. Anticipated Impacts of the Proposal

7.1 As part of our pre-consultation analysis we undertook detailed work to understand the potential impacts of the proposals. After reviewing the consultation responses, officers consider that our pre-consultation analysis of the potential impacts and mitigations remains robust.

7.2 Providers were asked to consider the impact of the proposals, thinking about the capacity they would have to support people with medium to higher levels of need, supporting with Navigation and Wellbeing. Providers considered the number of people that could be supported in alternative ways such as information, advice and guidance, this could be where an individual still contacts the provider and is connected with alternative groups/activities or where people will use other Information, Advice and Guidance platforms to seek support. Providers then considered the potential number that would come to KCC social care for support. The modelling used for the consultation has been updated with 2024/2025 data and takes account of the fact that the ICB will no longer be contributing towards the service.

7.3 If the ICB continued to contribute towards the service this will mean that SEK would have further capacity to support 292 people and Imago would have further capacity to support 3,241 people.

7.4 The table below sets out the modelling:

	Number of people supported 2024/2025	Capacity to support if proposals go ahead supporting people with medium to higher levels of need	People that could be supported by alternative support such as information, advice and guidance	Potential number that could come to social care. Of these 20% could progress for an assessment as outlined in section 7.4
Wellbeing	14,375	3,987	6,504	3,885
Community navigation	12,150	3,735	1,662	6,753
Total	26,525	7,721	8,166	10,638

7.5 Using the 2024/2025 data it is estimated that 18,804 people could be impacted by the proposal. Of these, providers estimated that 10,638 could contact social care. Of these, 41% would have already made contact with social care before being referred to the wellbeing and navigation contract. Therefore, if the proposals are implemented, instead of referring the 41% to Community Wellbeing and Navigation, adult social care will provide the information and connect people with the necessary services. Using professional knowledge and experience officers assess that, of the estimated number that will make contact with social care, (10,638), 20% (1,262) would progress to further support such as an assessment. It is anticipated that of the 20%, that 1-10% of people may require formal care and support from KCC.

7.6 The estimated cost implication on the social care budget could range between £17,000 to £166,000 (full year costs). This is based on modelling of the scale of the anticipated increased demand for the Adult Social Care Connect Service, and for social care assessments, as a result of implementing the proposals.

7.7 According to the Equality Impact Assessment data, around 57% of people supported by Community Navigation have a long-term health condition. Community Navigation often guides individuals through complex healthcare systems, assisting with scheduling appointments, providing reassurances, and accessing treatment. Community Navigation can help improve the person's ability to manage their health and care needs. Therefore, there is a risk that the proposal could have an impact on people's health and wellbeing. Engagement with providers before the consultation explored this risk and the proposal that went out for consultation was to include Community Navigation in a redesigned Wellbeing Service for people assessed as needing medium to higher levels of need, in order to reduce the impact of this proposal.

7.8 When developing the proposals, the lead organisations (SEK, Involve Kent, Imago Community, Live Well Kent and Medway) said that the reduction in

funding will have an impact on their services and a reduction in funding to some subcontracted organisations (further details in Appendix 5), which could result in some subcontracted organisations no longer being sustainable. Decision makers need to be aware of the potential adverse impacts on some subcontracted organisations (including the possibility that some may no longer be sustainable). It has been identified that there are several alternative funding sources and support options available to help Voluntary, Community, and Social Enterprise (VCSE) organisations:

- Kent Community Foundation <https://kentcf.org.uk/infrastructure-support-fund>
- Kent Crowdfunding is another way of accessing funding take forward ideas in a local area [CrowdFund Kent - Home \(spacehive.com\)](https://spacehive.com/CrowdFundKent)
- KCC maintains and sends out information on national, regional and local sources of funding and grants [Inside Track newsletter - Kent County Council](#)

- 7.9 If this proposal is implemented there will be an impact on staffing within both lead and subcontracted organisations. Lead providers are actively collaborating with subcontracted organisations to explore ways to continue working together and minimise potential staffing impact where possible. Appendix 5 provides an overview of the potential impact based on information provided by the providers as part of pre-consultation engagement. However, there is some inherent uncertainty about staffing implications as KCC will need to undertake work with the lead providers to implement the proposed decision, including on the relevant contractual provisions and KPIs, which will inform providers' staffing decisions. This will include detailed work on any possible TUPE implications. Further detailed work on implementing the decision will be needed before any such implications can be fully understood. Officers note that in principle this could give rise to financial implications for the Council but again whether or not they arise, and the level any potential cost or liability, is at present inherently uncertain before detailed work on implementation begins.
- 7.10 There were also concerns raised about the impact on volunteers as they play a key part in providing these services. If proposals are implemented, we shall work with providers to see how volunteers can continue or support with connecting with other volunteer opportunities.
- 7.11 The proposal will reduce the number of group activities, such as nature walks, exercise classes, lunch groups, coffee meetups, art sessions, and games held in community venues and currently provided via the Community Wellbeing service for older people. Remaining groups will focus more on individuals needing medium to higher levels of support. Therefore, this could reduce opportunities for people to connect with others and impact on their health and wellbeing. However, as outlined earlier in this report there are groups, activities and support provided outside of these contracts, both by KCC and others, that people can access, and the proposed changes have been designed to achieve the strategic objectives explained above.

- 7.12 Core services offered by Live Well Kent and Medway would remain unaffected. However, the Innovation Fund, which finances time-limited projects, will no longer be available for new initiatives which could impact on ensuring services in the future are responsive to community and individual needs. The proposal is to reduce the central team function which currently enables increased understanding about how people use and experience the Live Well Kent and Medway services across the network. This function both reviews data as well as gains feedback directly from those using services to ensure continuous learning and improvement. Therefore, this proposal will reduce the ability to gain these insights. Removing the unallocated spend would reduce the ability for Shaw Trust to flexibly adjust the network of support services based on the needs of the local communities which is usually done prior to contract variations and allows them to be more responsive.

8. Consultation Process

- 8.1 KCC undertook a public consultation from 26 November 2024 to 27 January 2025. The consultation was hosted on KCC's [Let's talk Kent](#) website, with hard copies and support available for those who could not participate online.
- 8.2 Easy read versions of the consultation document and questionnaire were available at the outset, alongside a British Sign Language translation of the webpage. Posters to promote the consultation were displayed in libraries, gateways and within venues which provide wellbeing activities.
- 8.3 Prior to the consultation there was engagement with the providers in scope of the proposal and regular meetings during the consultation.
- 8.4 There were 14 face-to-face drop-in sessions during December 2024 and January 2025 across the county. Based on feedback an additional face-to-face drop-in session was added in January 2025 in Deal. The face-to-face drop-in sessions engaged with 59 people. In addition, officers attended 9 groups and activities hosted by the organisations within scope of the consultation.
- 8.5 In advance of the consultation, a meeting (21 October 2024) was held with the Adult Social Care People's Panel, whose members include people from the Older Peoples' Forums, Mental Health User Voice and the Kent Physical Disability Forum as well as Healthwatch Kent volunteers, to share the proposals. There was a follow up meeting with the Adult Social Care People's Panel post consultation (6 February 2025) to discuss some of the early insights from the consultation.
- 8.6 The consultation was promoted to 3,063 people/organisations via our Adult Social Care networks. And an email was sent to those registered with Let's talk Kent who had expressed an interest in being kept informed of consultations about 'adult social care' and 'public health and wellbeing' (7,155 people).

- 8.7 There was promotion on social media (organic and paid advertisements). A promotional banner on the kent.gov.uk homepage for part of the consultation period. There were articles in KCC's residents' e-newsletter.
- 8.8 Regular monitoring throughout the consultation allowed officers to consider if targeted communications and engagement was needed and if FAQs needed to be updated.

9. Overview of consultation responses

- 9.1 There were 1,376 responses to the consultation. The consultation report (Appendix 1) contains a full analysis of consultation feedback.
- 9.2 79% of consultees responded as people supported by Wellbeing Services in the Community (including Community Navigation) and 11% as Kent residents who do not use wellbeing services. 2% of respondents were partner agencies (e.g. health services or service providers). 5% of responses were submitted on behalf of VCSE organisations. 54% of consultees said they, or the person they were responding on behalf of, access Community Wellbeing services, 44% Community Navigation and 11% Mental Health Community and Wellbeing services.
- 9.3 The below breakdown shows the extent to which respondents agree or disagree with the proposal:
- Of 1,070 consultees expressing a view on the proposals regarding the Mental Health Community and Wellbeing Service (Live Well Kent), 6% agreed, 80% disagreed, 8% neither agreed nor disagreed, and 6% said they didn't know. Strength of disagreement was high, with 65% of those expressing a view strongly disagreeing. There were slightly higher levels of agreement among Kent residents (15%) and partner agencies (17%).
 - Of 1,253 consultees expressing a view on the proposals for the Community Navigation Service, 4% agreed, 92% disagreed, 2% neither agreed nor disagreed, and 3% said they didn't know. Strength of disagreement was high, with 84% of those expressing a view strongly disagreeing. There were slightly higher levels of agreement among Kent residents (10%).
 - Of 1,217 consultees expressing a view on the proposals for Wellbeing Services in the Community, 17% agreed, 77% disagreed, 8% neither agreed nor disagreed, and 6% said they didn't know. Strength of disagreement was high, with 65% of those expressing a view strongly disagreeing. There were slightly higher levels of agreement among Kent residents (36%) and those responding on behalf of VCSE organisations (22%).

- 9.4 81% of consultees said they believed the proposals would have a large effect on them or the individual, group or community they represent (with 12% saying there would be a moderate effect, 3% a minor effect, and 2% no effect). When given the opportunity to comment on what effect they believed the proposals would have, the most common themes included the following:
- The proposals are short-sighted as they would impact the longer-term mental health and wellbeing of people / users (21% of those responding).
 - The proposals would contribute to isolation / feeling alone (18%).
 - The importance of socialising / making friends / having contact with others should not be underestimated (17%).
 - The proposals would cause a reduction in services and/or fewer people receiving the support they need (15%).
 - The support received from the services in scope of the proposals is a lifeline and people would not know what to do if the services were unavailable (14%).
 - The proposals are somewhat short-sighted as these are important preventive services and the proposals would add strain to other services (13%).
 - The proposals would mean that people would miss out on accessing advice on important issues including housing benefit (12%).
- 9.5 Consultees raised similar themes when asked to provide open-ended comments on the proposals. 17% of consultees responding to this question raised points about Community Navigation specifically, stating that it was crucial or a 'backbone', without which many vulnerable people would be without support.
- 9.6 When asked about alternative ways to receive support if the services no longer proposed to be funded were unavailable, 25% of consultees providing a response said they would have no alternative, 27% said they were not sure, 17% mentioned social services, and 14% mentioned their GP.
- 9.7 Consultees were also asked to comment on alternatives to KCC's proposals. Most responses raised concerns about or objections to the proposals, rather than proposing alternative ideas. Some consultees (8% of those answering the question) suggested KCC could cut waste and/or reduce salaries. Some consultees (4%) said that KCC should make sure people know what is available if the changes are made. Other suggestions included enhanced collaboration and community partnerships (3%), providing greater support to charities, churches and volunteers (2%), supporting local initiatives (1%), charging or means testing (1%), asking Central Government for funding (1%), and leveraging digital solutions (1%).
- 9.8 Consultees were asked to indicate the specific services they have accessed in their own words. A range of services have been accessed by those answering. The most common are benefit / financial services (22%), Community Navigation (22%), exercise / sports groups / classes (17%), Age UK services (12%), Wellbeing services (11%) and Connect Well services (11%).

10. Evaluation of consultation feedback

- 10.1 Officers have carefully considered consultees' views and have produced a draft response to consultation feedback which is enclosed as Appendix 2. The vast majority of responses to the consultation were against the proposal with high levels of disagreement.
- 10.2 The consultation identified a number of emerging themes and possible alternative options which have been considered in Appendix 3.
- 10.3 There has been careful consideration of the responses and post consultation analysis of the risks, summarised below.

- **Concerns raised over people with lower level of needs no longer being supported and moving quickly into medium to higher levels of support.**

Using the 2024/25 data it is estimated that 18,804 people could be impacted by the proposal and will need to be supported by alternative services which have been identified in this report. The focus of the proposal is for a targeted approach, by focusing the support on people with medium to higher levels of need, as without the right levels of support could require social care in the immediate future.

Reflecting on the outcomes from the consultation there will need to be clear communication about what information, advice and guidance is available and this has highlighted the need for a campaign, which is now being planned and will be implemented regardless of the decision. The campaign will help people particularly those with low level needs to know where they can get help and reduce the risk of their needs progressing to medium and higher levels of need.

- **Community Navigation** was highlighted as very important to people during the consultation, in particular people valuing how Navigation helps them with knowing what benefits they are entitled to or support with claiming benefits, form filling, blue badge applications, and debt management.

- 10.4 In advance of the consultation, when working with providers on the proposals, it was identified that Community Navigation is essential, therefore the proposal was developed to include Community Navigation within the Wellbeing Service for people assessed as needing medium to higher levels of support (3,735 people). To help people, particularly those that are assessed as needing lower levels of support, there are a range of alternative services which has been referenced in this report. To make these mitigations stronger, we have identified the need to clearly set out for people where they can go for information, advice and guidance and clarity over the different community roles. This will be addressed through a public campaign.
- 10.5 Officers have undertaken further analysis of the level of duplication in the system following the consultation. Similar levels of support will be available for individuals with low needs currently supported through Community Navigation. It was estimated by providers that 1,662 people could be supported by alternative information, advice and guidance this includes

digital platforms and the initial contact points with each provider. Providers estimated that 6,753 people that would have been supported by Community Navigation could come to social care. It is assessed that the following services have capacity for in person support:

- Social Care Connect has capacity to support 1,920 (face to face via clinics). This is assessed as new capacity as the current utilisation levels are very low.
- Kent Enablement Services helpdesk has capacity to support 763 (face to face) people a year. Based on current activity it is estimated that the service is supporting 547 people, therefore the additional capacity available to support people impacted by these proposals is 215.

10.6 It is estimated that between Social Care Connect clinics and Kent Enablement Service helpdesk there is additional capacity to support 2,135 people. These are for in person support and will be closely monitored and could increase capacity with demand.

10.7 Therefore, of the total number of people that could need to make contact with social care (6,753) there is an estimated capacity for 2,135 people to access in person support (this can increase if there is demand), the remaining 4,618 people potentially impacted could be supported by:

- Adult Social Care Connect telephone support., however, to deal with all the demand the service may need to use a waiting list.
- There is unlimited support available via digital platforms.

10.8 It is assessed that through the in person, telephone and online support there is capacity to provide information, advice and guidance to people that could be impacted by the proposals.

10.9 **Concerns over the impact on social care and the wider system (health, district councils).**

10.9.1 Using the 2024/25 data it is estimated that 18,804 people could be impacted by the proposal. Of these providers estimated that 10,638 would make contact with social care, of these 41% would have already made contact with social before being referred to the wellbeing and navigation contract. Therefore, if proposals are implemented, instead of referring the 41% to Community Wellbeing and Navigation, Adult Social Care Connect will provide the information and connect people with the necessary services. It has been assessed that of the estimated number that will make contact with social care (10,638), 20% (1,262) would progress to further support such as an assessment. It is anticipated that of the 20%, that 1-10% of people may require formal care and support from KCC.

10.9.2 If the proposals are implemented, it will require a change in practice and culture for Adult Social Care teams, so that they provide the initial information, advice and guidance and only refer to the Wellbeing services if the individual is assessed as needing the medium to higher level of support. This is in keeping with the development of wider ways of working across the

directorate, particularly within the Adult Social Care Connect service, where practitioners are encouraged to consider all available information and community-based support resources that will help a person regain, maintain and build independence. This shift will also improve people's experience by getting access to timely information and support from their contact with Adult Social Care.

10.9.3 Consultees were asked to consider the alternatives possible if services were stopped, around 14% referenced GPs as an alternative. Therefore, the proposals could increase the contact with GPs/health partners and district councils if people do not know where they can access support. This highlights the need for the planned information, advice and guidance campaign that will set out how and where people can access support.

10.9.4 If the proposals are implemented, communication with partners will be key, setting the changes and what alternative support is available.

10.9.5 The potential increased demand on social care has been modelled and the impact is set out in Section 7 above. However, it is difficult to quantify what the impacts could be on partners such as health and district councils, mitigations have been identified to reduce the impact. Decision makers will need to consider this when taking the decision.

10.10 **Concerns over the reduction of Wellbeing Services such as groups and activities.**

10.10.1 During 2024/2025 the Wellbeing Services supported 14,375 people, through the proposal the Wellbeing Services will only support people with medium to higher levels of need (3,987 people medium to high levels of need). Providers estimated that 6,504 people could be supported by alternative groups and activities provided outside of these services and that 3,885 people could contact social care via the initial contact point – Adult Social Care Connect, of these 20% may require an assessment and of that between 1-10% of may require formal care and support from KCC. Those who make contact with social care and are not eligible for formal support will be connected with alternative groups and activities.

10.10.2 It is not possible to provide an exhaustive list of alternative groups and activities, and to assess whether in every case an alternative group or activity will be available to every individual. However, officers have carefully considered which groups and activities could potentially stop under these proposals across Kent and what alternatives are available that are relevant to older people. The alternative groups and activities considered physical wellbeing and connection through social groups such as reading groups. From this assessment it has been identified that there is a broad range of activities available outside of the contract across Kent. However, in a small number of specific localities within districts there are fewer alternative groups and activities or individuals may need travel to access a suitable alternative. However, the proposal is not to end particular groups and activities; it is that the lead partners would receive less funding and therefore focus on

supporting people with medium to higher levels of support. When Officers were engaging people as part of the consultation, some suggestions were that groups and activities could review the funding model, looking at potentially increasing costs to individuals in order to maintain some groups and activities for people with lower levels of need. It is therefore considered likely that some of the groups and activities which are potentially affected will continue. As part of the mapping exercise, Officers have also considered travel options that can be communicated to people when considering alternative groups and activities (see further below).

10.10.3 Signposting to alternative groups and activities will continue to be provided via the Wellbeing services, and via the alternative sources of information and advice outlined in this report.

10.10.4 To access alternative groups and activities, this may require people to have access to transport, where with current service offer, they may not need to travel. This was raised as a concern during the consultation. This could have a particular impact on older people or people with disabilities which has also been considered within the EQIA. The concerns around transport have been considered following the consultation. If transport is identified as a barrier, social care teams use the [KCC transport scheme](#), which provides information on locally run and managed transport schemes across Kent. Through the scheme there is encouragement and grants for parishes, charities, and community groups can to set up [community transport schemes](#). Social Care teams also have a list of transport providers for health-related travel, such as appointments, hospital discharge. There is also the Kent Karrier, which is a dial-a-ride service operating across Kent. Drivers can collect people from home and take them to a location, such as a supermarket, town centre or hospital, for a small fee. To access this service, people must have one or more of the following:

- Have a medical condition that makes travelling on public transport difficult, or
- Live in a rural area more than 500 metres from a bus route or railway station, or
- Aged 85 or over.

10.10.5 In advance of the consultation officers worked with providers to understand the groups and activities that could stop. The information received from providers is attached in appendix 6. The lead partners work with subcontracted providers to set up groups and activities, which may change during the lifetime of the contract to meet the objectives of the contract. As above, it is therefore not possible to predict with certainty exactly which activities and groups may cease to be provided if the proposals are implemented. Additionally, some of the groups and activities receive funding from other sources. If proposals are implemented the lead partners will work with subcontracted providers to prioritise groups and activities and this would be reflected in the varied Wellbeing contract.

10.11 Concerns over the impact on older people and support required.

10.11.1 We acknowledge that the over 55 population is significant in Kent and rising rapidly and that keeping people well for longer will reduce need for adult social care in the future. We understand that older people want opportunities to be social as well as to improve physical and mental health and to better connect older people to each other and local things to do in their neighbourhoods.

10.11.2 A range of alternatives/mitigations for people over 55 will be put in place, including:

- Ensuring that there is face to face information, advice and guidance support available and not just digital.
- As part of digital Kent providing support to people to build digital confidence.
- We build increased awareness of the groups and activities provided outside of these contracts and try to address barriers such as transport.
- An action that was underway prior to the consultation, was for Public Health to design and recruit an Ageing Well Communities role. The post holder started in July 2025 and will lead projects which will enable older people to stay living in their homes, participate in activities they value and contribute to their communities for as long as possible. The postholder will use feedback during the consultation to inform the work programme.

11. Additional mitigations following consultation

11.1 Following analysis of the consultation responses, consideration has been given to further mitigations. One of the themes that emerged was that there is confusion over where people get support. Therefore, an additional mitigation in light of the consultation is to develop an awareness campaign to help people understand where they can go for information, advice and support. As part of this there needs to be clarity about the community roles such as social prescribers and community wardens being clear about the community roles, how they can support people and work together. There will need to be an agreed approach with providers and partners to share information about the support available in communities and review capacity across the services.

11.2 If the decision is taken there will need to be clear communication with partners and social care staff about changes and alternatives available.

11.3 When varying the Wellbeing contract to make the service more targeted to consider groups and activities in areas of deprivation, diversity, barriers to accessing the groups and areas where there are fewer alternative groups and activities.

11.4 A further action identified during this process is improving the data that required to be captured and reported by providers. And making sure that this data is effectively to ensure services are delivering a targeted approach, demonstrating impact and return on investment.

- 11.5 Officers have considered, as a potential further mitigation, the possibility of making available some proportion of the funds to be saved for applications for direct grants from the VCSE sector. However, officers do not, based on their assessment of the impacts of the proposals, think that this is necessary. Any grant funding made available would impact the intended savings, and officers consider that the impacts of the proposals are proportionate in light of what the Council is trying to achieve. However, officers will monitor the impacts of the proposals and, if they are different to what is currently anticipated, the Council may consider taking additional mitigating steps. This may include considering opportunities to make targeted grants, but the Council will have to assess what may be necessary or appropriate once in due course and once the proposals are implemented. Matters will be kept under review at six months and further decisions made in due course.

12. Financial Implications

- 12.1 The proposed decision would give rise an estimated £3.45million full year saving, achieved by:

- **Cease to commission the Community Navigation services for older people (55+) delivered by Involve Kent, Imago Community and SEK.** This amounts to a saving of £0.85million.
- **Redesign Wellbeing Services in the Community for older people (55+) delivered by SEK, Involve Kent and Imago Community.** This amounts to a cost saving of £2.24million.

- 12.2 The table below shows the current contract values and funding that would be available to the organisations if the proposal is implemented.

Service	Annual contract value (million)	Proposed funding (million)
Wellbeing Services in the Community for older people (55+)		
Involve Kent (West Kent)	£0.99million	£0.42million
Involve Kent (North Kent)	£0.66million	£0.28million
SEK (East Kent)	£1.24million	£0.52million
Imago Community (Ashford, Canterbury and Swale)	£0.98million	£0.41million
Total	£3.87million	£1.63million

- **Mental Health Wellbeing Services in the Community (Live Well Kent) - delivered by Porchlight and Shaw Trust.**
- Innovation Fund: This would be a saving of £0.28million. Of this, £0.21m is one off for 25/26 and for 26/27 will need to be addressed when the budget for 26/27 is developed.
- Back-office support: This would result in a saving of £0.04million.
- Removal of Shaw Trust unallocated spend: A total of £0.04million is the spend that is unallocated.

- Together, this would total £0.36million. The rest of the services commissioned with Live Well Kent and Medway are not affected by this proposal.
- 12.3 In total the savings achieved will be 2025/2026 (3 months): £0.86million and in 2026/2027 £2.59million.
- 12.4 However, there are potential costs to social care which could reduce anticipated savings. The estimated cost implication on the social care budget could range between £17,000 to £166,000 (full year costs) in the short term.

13. Legal implications

- 13.1 Section 2 of the Care Act 2014 requires KCC to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will: contribute towards preventing or delaying the development by adults of needs for care and support, and the development by carers of needs for support; and reduce the needs for care and support of adults, and reduce the needs for support of carers. In performing that duty, KCC must have regard to the importance of: identifying what is already available in Kent and the extent to which KCC could involve or make use of this; and identifying adults and carers in Kent with unmet needs for care and support.
- 13.2 Section 4 of the Care Act 2014 requires KCC to establish and maintain an information and advice service for the population of Kent covering: the care and support system locally; the choice of types of care and support, and of providers available in Kent; how to identify independent financial advice regarding care and support; and how to raise safety and wellbeing concerns. In providing information and advice, KCC must in particular have regard to the importance of identifying adults in Kent who would be likely to benefit from financial advice relevant to meeting care and support needs, and must seek to ensure that what it provides is sufficient to enable adults to: identify matters that are or might be relevant to their personal financial position that could be affected by the care and support system; make plans for meeting needs for care and support that might arise; and understand the different ways in which they may access independent financial advice on matters relevant to the meeting of needs for care and support.
- 13.3 KCC will also remain under a duty to meet the eligible needs of adults falling within section 18 of the Care Act 2014, and to meet a carer's eligible needs for support under section 20 of the 2014 Act. These duties are unaffected by the proposals in this paper, and if an individual's needs satisfy the definition of eligible needs, KCC will become, as they are now, under a duty to ensure those needs are met.
- 13.4 Section 78 of the Care Act 2014 requires KCC to act under the general guidance of the Secretary of State in the exercise of functions under the Act. The relevant guidance is the "*Care and support statutory guidance*". "Acting under" this general guidance means that KCC should follow this guidance unless it has good admissible reasons for departing from it.

- 13.5 Chapter 2 of the Guidance is concerned with preventing, reducing or delaying needs. The guidance states that it is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence and does not just wait to respond when people reach a crisis point (§2.1). It is vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible. However, the Guidance emphasises that there are many ways in which a local authority can achieve the aims of promoting wellbeing and independence and reducing dependency. The term “prevention” or “preventative” measures can cover many different types of support, services, facilities or other resources. There is no single definition for what constitutes preventative activity, and this can range from wide-scale whole-population measures aimed at promoting health, to more targeted, individual interventions aimed at improving skills or functioning for one person, or a particular group or lessening the impact of caring on a carer’s health and well-being. Local authorities should consider the range of options available, and how those different approaches could support the needs of their local communities (§2.4).
- 13.6 The Guidance explains the three general approaches – primary prevention (aimed at those with no current particular health or care and support needs, described as universal services), reduce: secondary prevention/early intervention (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 further deterioration or prevent other needs arising); and delay: tertiary prevention/formal intervention (interventions aimed at minimising the effect of disability or deterioration for people with established or complex health conditions, supporting people to regain skills and manage/reduce need where possible. Examples of the different types of services are provided. The Guidance also explains that carers play a significant role in preventing the needs for care and support for the people they care for, which is why it is important that KCC considers preventing carers from developing needs for care and support themselves.
- 13.7 The Guidance explains that services can cut across any or all of these three approaches.
- 13.8 The Guidance goes on to state that a local authority must develop a local approach to preventative support, and must provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals’ needs for care and support, or the needs for support of carers. Local authorities should develop a clear, local approach to prevention which sets out how they plan to fulfil this responsibility, taking into account the different types and focus of preventative support outlined above (§2.23). The Guidance emphasises that a local approach to preventative support is a responsibility wider than adult care and support alone, and should include those responsible for public health, leisure, transport and housing services, as well as services provided in partnership with other local partners (e.g. the

NHS) and other organisations (e.g. specialist housing providers or carers' services) (§2.24).

- 13.9 In developing its approach, the guidance says that KCC must, for example: identify current and future demand for preventative support, and the supply in terms of services, facilities and other resources available (§2.25). The guidance emphasises that understanding the breadth of available local resources will help the local authority to consider what gaps might remain, and what further steps it should itself take to promote the market or put in place its own services. However, the local authority does not have to provide preventative support itself, and can instead have mechanisms in place for maintaining contact with providers over time, and helping people to access them. Local approaches to prevention should be built on the resources of the local community, including local support networks and facilities provided by other partners and voluntary organisations (§2.27).
- 13.10 A local authority should: consider the number of people its area with existing needs for care and support, as well as those at risk of developing needs in the future and what can be done to prevent, delay or reduce those needs now and in future; and draw on existing analyses such as the Joint Strategic Needs Assessment and work with other local partners to develop a broader, shared understanding of current and future needs (§2.29). In particular, local authorities must consider how to identify 'unmet need' – for example, those people with needs which are not currently being met, whether by the local authority or by anyone else – and share this assessment with local partners to contribute to wider intelligence for local strategies (§2.30). Local authorities should consider how they can work with different partners to identify unmet needs for different groups and coordinate shared approaches to preventing or reducing such needs (§2.31).
- 13.11 KCC's proposed local approach to prevention is embodied in the strategic review explained in this decision report taken together with the overarching Adult Social Care Prevention Framework 2025-2035 (assuming a decision is taken to adopt it).
- 13.12 §2.42 explains that a variety of different kinds of services, facilities or resources can be preventative and can help individuals live well and maintain their independence or caring roles for longer. Local authorities should be innovative and develop an approach to prevention that meets the needs of their local population. A preventative approach requires a broad range of interventions, as one size will not fit all. Local resources which are already available, the level of local need for care and support, and how to prevent, reduce and delay these needs, and how to identify unmet need.
- 13.13 Chapter 3 of the Guidance is concerned with information and advice. This explains that the provision of information and advice is a vital component of preventing or delaying people's needs for care and support (§3.1). The information and advice services established must cover the wide range of care and support related areas, and also address prevention of care and support needs (§3.5). While local authorities must establish and maintain a

service (which KCC does in the ways described at section 2.4 above), the duty does not require they provide all elements of this service. Rather, under this duty, local authorities are required to understand, coordinate and make effective use of other high quality statutory, voluntary and/or private sector information and advice resources available to people within their areas (§3.14). The various matters to be included in information and advice services is set out in §3.24 of the Guidance and includes the availability of services that may help people remain independent for longer such as home improvement agencies, handymen or maintenance services, and the availability of befriending services and other services to prevent social isolation.

- 13.14 Officers consider that KCC will continue to properly discharge its relevant statutory duties in the event that the proposals are implemented. They have been carefully developed, having regard to KCC's statutory obligations and the Guidance, to allow KCC to discharge those duties in a more targeted, efficient way, while allowing it to make crucial savings.

14. Equalities implications

- 14.1 KCC is under a statutory duty to have due regard to the three equality needs in section 149(1) of the Equality Act 2010 when exercising its functions. The three equality needs are the need to: (a) eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 14.2 The protected characteristics for these purposes are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation: section 149(7).
- 14.3 An initial Equality Impact Assessment (EQIA) was published alongside the consultation document on Let's talk Kent. This has since been updated to reflect the views of consultees and other stakeholders from the consultation. Members must pay careful regard to the updated EQIA found at Appendix 7 in order to pay the regard that is due under section 149(1) of the Act.
- 14.4 In very brief summary, it is assessed that the proposal will have the greatest negative impact on individuals aged 55 and over, as well as those with long-term health conditions. Additionally, a higher proportion of women are supported by these services. The EQIA identifies that a lower proportion of Black, Asian and Mixed ethnicity are supported by the services and during the consultation there were some concerns raised about accessibility to groups and activities for these groups.
- 14.5 KCC considers that the adverse impacts on particular groups are objectively justified in light of their contribution to achieving the aims set out above. KCC has designed its proposals in a targeted way so as to minimise impacts on

particular groups, as well as considering mitigating measures. KCC does not consider that it could minimise adverse impacts further without unacceptably compromising its ability to achieve the proposals' objectives. Balancing the aims of the proposals overall with the adverse impacts on particular groups, KCC considers those impacts to be proportionate.

- 14.6 The proposals may have a negative impact on equality of opportunity if fewer services are made available to protected groups. However, there are a range of identified services and support available that would remain if the proposal was implemented which would contribute to promoting equality of opportunity and enhance physical and mental wellbeing. The additional mitigation identified following consultation is an awareness and prevention campaign, which will help people in a digital and non-digital way find out about what support is available to them. Mitigations have also considered barriers for people getting the right support such as living in rural areas where transport can issue.
- 14.7 The proposals may have a negative impact on fostering good relations if the range of activities available in the community is reduced. However, the broad range of services and functions offered outside of these contracts means that a wide range of activities to promote good relations within the community will continue. The council enables fostering good relations through commissioning and service development strategies that consider the voice of people with lived experience and the presenting issues of different groups with protected characteristics. Adult social care attends a wide number of in person information, advice and guidance events across the county through our Involvement Officers, seeking feedback and fostering good relations with people and communities.
- 14.8 Consultees were asked to provide the views on KCC's equality analysis, only 17% of consultees provided a response to this question. 20% of consultees commenting made reference to ensuring everyone is treated as individuals / equally. 18% highlighted that the proposals discriminate against the elderly. Small proportions highlighted concerns about the potential for digitally excluding, the importance of considering any cultural / faith preferences and values and proposals impacting the most vulnerable demographic groups.
- 14.9 During the consultation there was feedback on including Armed Forces and Veterans within the EQIA, the EQIA has been updated to consider the impact of proposals on Armed Forces and Veterans community.
- 14.10 Decision makers are referred to the full EQIA in Appendix 7.

15. Conclusions

- 15.1 While any reduction in KCC funding for preventative support will inevitably have both immediate and longer-term impacts, and taking into account high levels of disagreement expressed during the public consultation, it is considered these impacts are on balance justified in light of the objectives of addressing elements of duplication in KCC's current approach, ensuring that

where KCC does fund prevention it is done efficiently, in a targeted manner, and focuses on areas of greatest need, and contributing to the savings needed to deliver a balanced budget for KCC.

- 15.2 The proposals' potential implications have been carefully considered in light of: the modelling referred in this report; the availability of alternative services and sources of support; the way the proposals have been designed to mitigate potential impacts (including the retention of a triage and signposting service irrespective of level of need) and target those with higher levels of need (including the retention of Community Navigation services for individuals with higher need, following discussions with providers).
- 15.3 It is also important to note that the proposed changes relate only to limited elements of the community services commissioned by KCC, which themselves operate within a broader prevention landscape. The more specialised services commissioned by KCC are unaffected by these proposals.
- 15.4 Decision makers are to first consider and decide whether to adopt the draft Adult Social Care Prevention Framework. The Adult Social Care Prevention Framework cabinet committee report provides details on how the Adult Social Care Prevention Framework sets out a longer term (2025-2035) ambition which is built on five approaches to prevention.

16. Recommendations

16.1 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 set out in the PROD. (Appendix A).

17. Background Documents

Consultation documents: www.kent.gov.uk/wellbeingconsultation

18. Report Author and Relevant Director

Report Author Georgina Walton Digital and Innovation Lead 03000 415535 Georgina.walton@kent.gov.uk	Relevant Director Richard Smith Corporate Director Adult Social Care and Health 03000 416838 Richard.smith3@kent.gov.uk

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

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

DECISION NO:

25/00014

For publication

Key decision: YES

Title of Decision Wellbeing Services in the Community

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

- a) **APPROVE** following changes (which were subject to public consultation) to the Community Wellbeing Services,
- Cease to commission the Community Navigation services for older people (55+) delivered by Involve Kent, Imago Community and South East Kent (SEK). Three months' notice to be given to providers.
 - Reduce funding and redesign the Wellbeing Services in the Community for older people (55+) delivered by SEK, Involve Kent and Imago Community. This would be achieved by varying each of the three contracts and incorporate elements of community navigation. The service to focus on supporting people needing medium to higher levels of support, support for people assessed as having lower-level needs would stop. Work on this will start as soon as any decision has been taken, involving discussions with providers on the design and key performance indicators of the services, to be implemented three months after the decision. The varied Wellbeing contracts to end on 31 March 2027.
 - Mental Health Wellbeing Services in the Community (Live Well Kent and Medway) - delivered by Porchlight and Shaw Trust. The proposal is to undertake a contract modification to each provider's contract, removing the requirement to deliver the Innovation fund. Reduce the contract value for the Innovation Fund and back-office support and remove Shaw Trust unallocated spend; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

Reason(s) for decision: The contracts for Wellbeing in the Community Services commenced in 2019 and 2020 and reflect an earlier approach to prevention. Since the initiation of these contracts, significant developments have occurred prompting a strategic review prevention services and in order to achieve four strategic priorities:

- Removing elements of duplication within KCC's prevention approach and provision
- Ensuring prevention services are more efficient, targeted and making best use of limited resources
- Focusing on the areas and people with greatest need
- Making savings to contribute to delivering a balanced budget for KCC

KCC undertook a public consultation from 26 November 2024 to 27 January 2025. The consultation proposals would achieve the strategic objectives by reducing the funding and redesigning the Wellbeing Services in the Community for older people (55+) delivered by SEK, Involve Kent and Imago Community and Community Navigation. The wellbeing service redesign will incorporate

elements of Community Navigation and consequently the separate Community Navigation contract will be ended. The redesigned Wellbeing Service would focus on people assessed as needing medium to higher levels of support.

The proposals also included ceasing to fund the Innovation Fund and back-office support and removing unallocated spend in the Shaw Trust in the Mental Health Community and Wellbeing Service.

Background

The Wellbeing Services in the Community and Community Navigation aim to help people take a proactive approach to their health and wellbeing, increase independence, and prevent, reduce or delay the need for additional care and support services. These services are part of Kent County Council's (KCC) broader efforts to prevent, reduce and delay the need for care and support.

KCC's current strategic approach to prevention is addressed in a number of key documents including [Framing Kent's Future](#), [Kent and Medway Integrated Care Strategy](#), [KCC's 2022-27 Adult Social Care Strategy - Making a difference every day](#), [Kent Adult Carers' Strategy](#), and the [Wellbeing & Prevention Adult Social Care Commissioning Market Position Statement 2021-26](#). The integrated [Kent and Medway Social Prescribing Strategy](#) sets out a joined-up plan for proactive community support that aims to prevent isolation and loneliness and improve people's wellbeing.

The Market Position Statement (2021-2026) set out the services, demand, and future demand when drafted in 2021. The assessment of supply and demand within the Market Position Statement is using data from 2020 which is related to the impacts of covid, since this was drafted there have been many developments which are referenced in this report. The assessment of supply and demand in the Market Position Statement has been revisited as part of officers' work on the Adult Social Care Prevention Framework. For the purposes of the proposed changes to prevention services, the draft Adult Social Care Prevention Framework (and Supporting Information) supersedes the Market Position Statement. The Market Position Statement is intended to be replaced in 2026 to reflect the principles in the Adult Social Care Prevention Framework.

The Adult Social Care Prevention Framework builds on the Making a Difference Every Day Adult Social Care Strategy and Kent and Medway Integrated Care Strategy and sets out KCC's overarching approach to prevention. It is intended to be a long-term strategy, setting out KCC's ambition for prevention over the period 2025-2035.

There is now a greater emphasis on people's strengths, abilities and aspirations for a fulfilling life, along with ensuring more choices of personalised support available in the community, as outlined in the Adult Social Care Strategy - Making a difference every day.

The redesign of Adult Social Care Connect which serves as the initial contact point for adult social care has been a key development in providing information, advice and guidance with an emphasis on identifying and maximising the use of community-based resources.

Over recent years, KCC has extended its information, advice and guidance offer, leading to duplication between KCC's wider offer and Community Navigation.

The proposed changes relate only to limited elements of the community services commissioned by KCC, which themselves operate within a broader prevention landscape. The more specialised services commissioned by KCC are unaffected by these proposals, these include:

- Wellbeing Services in the Community for people with dementia and their families
- Wellbeing Services in the Community for those with a physical disability
- Wellbeing Services in the Community for adults with sensory impairments
- Mental Health Wellbeing Services in the Community (with the exception of the Innovation Fund)

- Community Navigation for Carers.

The council's updated strategic plan 'Securing Kent's Future – Budget Recovery Strategy' (SKF), approved by Cabinet and County Council in autumn 2023, recognises that in recent years the council has put significantly more into social care budgets than it has received through the adult social care council tax levy and the grants from government. KCC funding remains insufficient to fully cover the costs of spending growth, and the budget can only be balanced through a combination of spending reductions from savings plans, income generation and/or use of Council reserves. The council has a statutory duty to set a balanced budget and must comply with Best Value duty for continuous improvement in the way its functions are exercised, having regard to a combination of economy, efficiency and effectiveness, whilst fulfilling all statutory requirements including those for adult social care services.

Financial Implications: The proposed decision would achieve an estimated £3.45million full year saving, achieved by:

- **Cease to commission the Community Navigation services for older people (55+) delivered by Involve Kent, Imago Community and SEK.** This amounts to a saving of £0.85million.
- **Redesign Wellbeing Services in the Community for older people (55+) delivered by SEK, Involve Kent and Imago Community.** This amounts to a cost saving of £2.24million.

The table below shows the current contract values and funding that would be available to the organisations if the proposal is implemented.

Service	Annual contract value (million)	Proposed funding (million)
Wellbeing Services in the Community for older people (55+)		
Involve Kent (West Kent)	£0.99million	£0.42million
Involve Kent (North Kent)	£0.66million	£0.28million
SEK (East Kent)	£1.24million	£0.52million
Imago Community (Ashford, Canterbury and Swale)	£0.98million	£0.41million
Total	£3.87million	£1.63million

- **Mental Health Wellbeing Services in the Community (Live Well Kent) - delivered by Porchlight and Shaw Trust.**
- Innovation Fund: This would be a saving of £0.28million. Of this, £0.21m is one off for 25/26 and for 26/27 will need to be addressed when the budget for 26/27 is developed.
- Back-office support: This would result in a saving of £0.04million.
- Removal of Shaw Trust unallocated spend: A total of £0.04million is the spend that is unallocated.
- Together, this would total £0.36million. The rest of the services commissioned with Live Well Kent and Medway are not affected by this proposal.

However, there are potential costs to social care which could reduce anticipated savings. As explained elsewhere we estimate additional costs to KCC of between £17,000 to £166,000 (full year costs).

Legal Implications: The Care Act 2014 sets out the local authorities' social care responsibilities under law. The Act aims to ensure the wellbeing of people in need of care and support. It also aims

to bring about personalisation of care and support by putting the person at the centre. Local authorities' responsibilities include promoting individual wellbeing, preventing needs for care and support, providing information and advice, assessing and meeting needs, charging, safeguarding and care market development.

KCC's prevention duties are set out in section 2 of the Act, which states: "A local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will – (a) contribute towards preventing or delaying the development by adults in its area of needs for care and support; (b) contribute towards preventing or delaying the development by carers in its area of needs for support; (c) reduce the needs for care and support of adults in its area; and (d) reduce the needs for support of carers in its area".

Section 4 of the Act states that: "A local authority must establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers".

KCC must also follow the "*Care and support statutory guidance*" (unless it has good admissible reasons for departing from it). The relevant provisions of the guidance are set out more fully in the Decision Report.

Officers consider that KCC will continue to properly discharge its relevant statutory duties in the event that the proposals are implemented. They have been carefully developed, having regard to KCC's statutory obligations and the Guidance, to allow KCC to discharge those duties in a more targeted, efficient way, while allowing it to make crucial savings.

Equality Implications: An Equality Impact Assessment (EqIA) was completed at the consultation stage and updated following consultation. This will need to be considered as part of this decision.

It is assessed that the proposal will have the greatest negative impact on individuals aged 60 and over, as well as those with long-term health conditions. Additionally, a higher proportion of women are supported by these services. However, KCC considers that the proposals would be objectively justified, so as not to give rise to discrimination. This is because the proposals are pursuing the legitimate aims explained in the Cabinet Report, namely: removing elements of duplication within the prevention approach and provision; ensuring prevention services are more efficient, targeted and making best use of limited resources; focusing on the areas of greatest need; and contributing towards savings that deliver a balanced budget.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 10 September 2025 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Decision makers are to first consider and decide whether to adopt the draft Prevention Framework. The Prevention Framework cabinet report (and supporting documentation) provides details on how the Framework sets out a longer term (2025-2025) ambition which is built on five approaches to prevention.

Any alternatives considered and rejected:

Before identifying the proposal presented in the consultation, a number of other options were considered which are outlined below.

The proposals were tested with providers in scope of the consultation. KCC initially proposed an option which was to stop funding Community Navigation and reduce Wellbeing in the Community for 55+ to only supporting people assessed as needing medium to higher levels of support. However, the providers considered that Community Navigation underpins the delivery of community prevention

services and supports people who are some of the most vulnerable and socially isolated in our communities (people assessed as needing medium to high levels of support). Therefore, the providers felt that KCC's proposals should incorporate elements of Community Navigation into the redesigned Wellbeing Services in the Community within the proposed reduced funding.

Options considered pre-consultation:

- **Maximise potential savings by ending KCC's investment in all Wellbeing Services in the Community and Community Navigation contracts.** This could achieve a total annual saving: £8.74million (24/25). This option was not taken forward to consultation because ending all Wellbeing Services in the Community and Community Navigation without an alternative approach and support would have a significant negative impact and increase the risk of more people needing social care more quickly. This would also require KCC to consider how to fulfil its statutory responsibility for carers as the commissioned services undertakes carers' assessments.
- **To stop funding the Community Navigation Contracts and reduce funding for the Wellbeing Services in the Community that support people 55+, to only support people assessed as needing medium to higher levels of support. And stop the Innovation Fund, back-office support and remove the unallocated spend of the Shaw Trust.** This could achieve an annual total of £3.45million in savings. This option was not taken forward to consultation following discussions with providers, as explained above.
- **Do nothing.** This option was not taken forward as this will not achieve the strategic objectives.

The following options were considered based on consultation feedback.

Alternative option considered	Why the option has not been taken forward to consultation
Focus on people with lower levels of support to prevent them moving quickly into medium and higher levels of support.	In developing the proposals, it was felt that the support to people assessed as lower level was where there was the most duplication and alternatives available to retain people at the lower level. Based on the current numbers of people assessed as lower level, if this was to become the service focus and stop funding the support for people assessed as needing medium to higher levels of support it would mean the total wellbeing saving would be £1,623,000 which is £619,000 less than the current position. The proposal that we consulted on focused on people needing medium to higher levels of support in order to promote independence, supporting individuals to carry on with their lives as independently as possible and helping people do as much as they can for themselves. Therefore, without this support people assessed as needing medium to higher levels of support will quickly require support from social care. This would increase the costs of care and support and the overall net savings would be reduced. This option has not been taken forward as this will not achieve the strategic objectives of: • removing elements of duplication within the prevention approach. • ensuring prevention services are more efficient,

	targeted and making best use of limited resources. • focusing on the areas of greatest need. • contributing towards KCC's savings.
Community Navigation to remain as this provides crucial support.	When developing the proposals, Community Navigation was the area where there was duplication for people needing lower levels of support and alternative services available. Providers within scope stated that Community Navigation does provide crucial support and therefore the proposal that went out for consultation included Community Navigation within the redesigned Wellbeing Service, but with a focus on people assessed as needing medium to higher levels of support. This option has not been taken forward as this will not achieve the strategic objectives of: • removing elements of duplication within the prevention approach. • ensuring prevention services are more efficient, targeted and making best use of limited resources. • focusing on the areas of greatest need.
To consider a more joined up system approach, working in collaboration to provide prevention services.	During the consultation there were suggestions on seeking opportunities to collaborate with partners to create a more joined up approach to prevention. There is a continued focus on prevention work for our communities and this will be set out in a Prevention Framework which we are currently co-designing with VCSE, Partners and Kent residents. The Framework will set out our future approach to prevention and opportunities for collaboration. And will be developed during 2025. However, this option is not alternative to the proposal that has been consulted as it will take time to develop and implement and not achieve the strategic objectives of: • removing elements of duplication within the prevention approach. • ensuring prevention services are more efficient, targeted and making best use of limited resources. • focusing on the areas of greatest need. • contributing towards KCC's savings.
To work more collaboratively with volunteers, charities and churches	This is an area we continue to develop and strengthen as a mitigation. Churches, charities and volunteers have good relationships with communities and can help connect people with information, advice and guidance provide groups and activities. However, this option alone will not achieve the strategic objectives.
Charging and means testing	Some of the groups and activities provided by the Wellbeing Services already have a small charge. Adult social care is also means tested. This option will not achieve the strategic objectives of reducing duplication and targeted approach.
Asking central government for funding	There is ongoing dialogue with central government. This option will not achieve the strategic objectives of reducing

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

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signed

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date

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Kent County Council

Proposed changes to wellbeing services in the community

Consultation Report



Prepared by Lake Market Research



Contents

Executive summary	3
Background and methodology	5
Consultation profile	6
Consultation awareness	12
Response to consultation proposals	16
Response to Equality Impact Assessment	44
Easy Read consultation questionnaire summary	46
Next steps	52
Appendix - Consultation questionnaire	53

Executive summary

- 1,376 responses were received via the consultation questionnaires. 1,331 responses were received via the main consultation questionnaire (407 online and 924 in hard copy). 45 responses were received via hard copy Easy Read questionnaires. The key findings / statistics below are based on response to the main consultation questionnaire. A summary of response to the Easy Read questionnaires can be found on page 46 onwards.
- The majority of consultees responding are people who use wellbeing services in the community / people that have answered the questionnaire on behalf of someone who uses such services (79%). 11% of consultees identified as Kent residents who do not use wellbeing services. 68 questionnaires were completed on behalf of a charity or Voluntary, Community or Social Enterprise (VCSE) organisation. 24 questionnaires were completed by a partner agency
- The most common route to finding out about the consultation is via a charity or voluntary, community and social enterprise (70%).
- 54% of those responding to the consultation as an individual (i.e. not an organisation) indicated they / the person they are responding on behalf of access the Community Wellbeing service. 44% indicated they access the Community Navigation service and 11% indicated they access Mental Health Wellbeing Service in the Community.
- Agreement with proposals put forward in the consultation are low as follows:
 - For the Mental Health Community and Wellbeing Service (Live Well Kent), the proposal is to stop the innovation fund, stop back-office support and remove the Shaw Trust unallocated spend - 6% agree, 80% disagree, 8% neither agree nor disagree, 6% don't know.
 - For the Community Navigation Service (which is for people aged 55+), the proposal is to stop funding this service - 4% agree, 92% disagree, 2% neither agree nor disagree, 3% don't know.
 - For the Wellbeing Services in the Community (for those aged 55+), the proposal is to redesign the service to focus on people needing a medium to higher level of support which promotes independence and helps people do as much as they can for themselves. And include elements of Community Navigation - 17% agree, 77% disagree, 8% neither agree nor disagree, 6% don't know.
- When given the opportunity to provide any comments on the proposals put forward, a number complimented the support offered by wellbeing services to date and how the services are valued / make a difference. The following specific concerns were made in relation to proposals:
 - Proposals are short-sighted as they are important preventive services and will potentially add to the strain on other services (including the importance of supporting prevention / early intervention and how low level needs can escalate)
 - Proposals are short-sighted as they will impact the longer term mental health and wellbeing of people.

- Services help people to socialise / make friends / have contact with others and this important to combat feelings of isolation / feeling alone.
- The majority of consultees believe the proposal would have a large effect on them or the person / group / community they represent (81%). 12% believe it will have a moderate effect and 3% believe it will have a minor effect. Only 2% believe it would have no effect
- When asked to consider the alternatives possible if services were stopped, 25% of consultees commented that there wouldn't be any alternative ways they could get support / they wouldn't be able to get support. An additional 27% commented that they were not sure / they don't know where they or other people would go. Of the services referenced by consultees, social services (17%) and GPs (14%) are the most commonly referenced.

Background and methodology

Background

The Wellbeing Services in the Community and Community Navigation at the heart of this consultation help people to take a proactive approach to their health and wellbeing, increase independence, and prevent, reduce or delay the need for additional care and support services. These services are part of KCC's broader efforts to prevent, reduce and delay the need for care and support.

The contracts for these services are funded by KCC's Adult Social Care and Health Directorate and delivered by Voluntary, Community and Social Enterprise (VCSE) organisations. The contracts for the services commenced in 2019 and 2020 and reflect an earlier approach to prevention. Since the initiation of these contracts, significant developments have occurred, prompting a strategic review on how prevention services are delivered.

The proposal aims to:

- Remove elements of duplication within the prevention approach and provision.
- Ensure prevention services are more efficient, targeted and making best use of limited resources.
- Focus on people with the greatest need.
- Contribute towards savings that deliver a balanced budget for KCC.

The proposed changes are to:

- reduce the level of funding for Wellbeing Services in the Community and redesign the way they are provided, incorporating some elements of Community Navigation.
- stop funding the Community Navigation services.
- stop funding the 'Innovation Fund' in the Mental Health Community and Wellbeing Service, which is used for testing new approaches

Consultation process

On the 26 November 2024, a 9-week consultation was launched and ran until the 27 January 2025. The consultation invited residents, people supported by wellbeing services in the community and other interested parties to provide views on proposals and any other comments.

Feedback was captured via a consultation questionnaire which was available on the KCC engagement website (<https://letstalk.kent.gov.uk/wellbeingconsultation>). Upon launch of the consultation, hard copies of the consultation material and questionnaires were provided to the VCSE organisations to distribute to people using services. Easy Read and 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:

Ahead of the consultation launch, feedback was gathered from KCC Adult Social Care's People's Panel, which includes members who have links to organisations such as older people's, mental health, and physical disability forums as well as Healthwatch Kent volunteers, to gather feedback on the proposal, discuss the options considered and review the consultation material.

Stakeholders engaged with prior to consultation:

- VCSE (voluntary, community and social enterprise) providers within scope of the proposal have reviewed the proposal and worked with the council to develop an alternative option
- NHS with verbal updates provided in meetings
- KCC Public Health
- KCC Adult Social Care and Health directorate
- KCC Legal team
- KCC Growth, Environment and Transport directorate
- KCC Corporate Management team
- KCC Consultation and Engagement team
- KCC Adult Social Care People's Panel
- Adult Social Care Senior Management team
- VCS Strategic Board
- Kent and Medway VCSE Steering Group
- KCC Cabinet Members
- District Council Chiefs.

The consultation was hosted on KCC's engagement website Let's talk Kent. To help make sure the consultation was accessible the following activities were undertaken:

- The webpage and all documents met digital accessibility requirements.
- Mapping completed to ensure that engagement sessions during the consultation would reach as many people as possible that could potentially be affected by the proposals. Thinking about protected characteristics and where there are gaps in data and therefore more engagement with certain groups/communities in Kent, for example ethnicity and religion. Engagement sessions held across the county. There were 14 face-to-face drop-in sessions during December 2024 and January 2025 across the county. In addition, Officers attended 9 groups and activities across the county to promote the consultation and help people complete the questionnaire.
- Discussions held with VCSE providers on how to best engage people and utilise existing forums to engage people.
- The Consultation Document provided examples to help illustrate how the proposed change could impact people and included a glossary explaining unfamiliar terms.
- All consultation material included details of how people could contact KCC to ask a question, request hard copies or alternative format.
- Information about the consultation was sent to partners, care providers and KCC.
- A Word version of the questionnaire was provided on the consultation webpage for people who did not wish to complete the online version. Responses made by letter / email / telephone were also be accepted.
- Easy Read and Large print versions of the consultation material were available from the consultation webpage and on request.
- The webpage was translated into British Sign Language.

- The consultation material contained a telephone number and email address to contact with any queries relating to the consultation.
- For people who do not speak English, the consultation document could be translated on request.
- For people that are digitally excluded, hard copies of the consultation document can be mailed to people on request. Hard copies were sent to the providers in scope of the proposal share with people. Hard copies were made available during community engagement sessions and attending activities/groups/events.
- The consultation and drop-in sessions were promoted through local community networks by involvement officers working in different areas of Kent. Working with the providers in scope of the proposal to share information with people currently supported by the services. Providers displayed posters, postcards and have hard copies of the Consultation Document. Providers invited KCC to events and forums to engage with people supported by the services.
- During the consultation, KCC monitored the activity on a weekly basis to ensure people from across Kent are engaging and taking targeted action where required.
- Posters were displayed in libraries and gateways.

Emails were sent to stakeholders including contacts from health organisations, care sector, voluntary sector and community organisations, registered people of KCC's engagement website Let's talk Kent who have requested to be kept informed of Adult Social Care activity, and Adult Social Care Your Voice network members. Consultation promotional activities also included social media, newsletters, websites, posters.

Face to Face Drop-in sessions:

15 drop-in sessions organised from 18th December 2024 to 23rd January 2025 10am – 4pm.

- 7 x East Kent,
- 5 x North Kent,
- 3 x West Kent

59 people attended the drop-in sessions, attendance average of 3.9 people per site.

Questionnaires Collected

Total amount of questionnaires collected: 1009

A summary of interaction with the consultation website and documents can be found below:

- There were 8.81k total visits to the consultation website, 16 video views and 2.07k document downloads.

Information Widget Summary:

Widget Type	Engagement Tool Name	Visitors	Downloads/Views
Document	Consultation Document	1,191	1,492

Document	Frequently Asked Questions	109	131
Document	Equality Impact Assessment	106	127
Document	Consultation document - Easy Read word version	105	125
Document	Word version of questionnaire	102	126
Document	Questionnaire - Easy Read version	36	43
Document	Consultation Document - Large print	11	16
Document	Consultation Questionnaire - Large print	6	8
Document	Equality Impact Assessment - Large print	0	0
Video	British Sign Language video explaining the drop in sessions taking place across Kent	9	9
Video	British Sign Language video explaining the consultation page	7	7

Survey Tool:

Tool Status	Archived
Visitors	2213
Contributors	407
Registered	407
Unverified	0
Anonymous	0
Admin	0
Total Submissions	407

Consultation response

There were 1,376 responses to the consultation questionnaire:

- 1,331 responses were received via the main consultation questionnaire – 407 of these were submitted online and 924 questionnaires were submitted in hard copy or by email.
- 45 responses were received via hard copy Easy Read questionnaires.

In addition to consultation questionnaires, 13 emails / letters received by KCC with regards to consultation feedback and pass to Lake Market Research for review and analysis. This report includes examples of the feedback provided via these emails / letters.

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 the purpose of 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 these data tables will exceed the sum of 100% and comments often cover more than one theme.
- 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.
- Whilst this consultation was open to all residents and stakeholders to participate, it should be noted that 79% of consultees responding indicated they are someone who uses wellbeing services in the community / answering the consultation questionnaire on behalf of someone who uses Wellbeing Services in the Community).
- 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

Main consultation questionnaire - response profile

The majority of consultees responding to the consultation questionnaire are people who use wellbeing services in the community / people that have answered the questionnaire on behalf of someone who uses such services (79%). 11% of consultees identified as a Kent resident who does not use wellbeing services.

68 questionnaires were completed on behalf of a charity or Voluntary, Community or Social Enterprise (VCSE) organisation. 24 questionnaires were completed by a partner agency.

CONSULTEE TYPE	Count	Percentage
As a Kent resident	149	11%
Someone who uses wellbeing services in the community / on behalf of someone who uses Wellbeing Services in the Community	1,051	79%
A partner agency (e.g. Health services / provider)	24	2%
As a representative of a local community group or residents' association	5	0.4%
A Parish, District, Borough, City or County Councillor	7	1%
On behalf of a charity or Voluntary, Community or Social Enterprise (VCSE) organisation	68	5%
On behalf of a Town, Parish, District or Borough Council in an official capacity	1	0.1%
A KCC employee	4	0.3%
Other / As something else	14	1%
Blank	8	1%
Total	1,331	

Main consultation questionnaire - demographic profile

The tables below show the demographic profile of **people supported by wellbeing services in the community / resident consultees who completed the consultation questionnaire (1,214 in total)**. The proportion who left these questions blank or indicated they did not want to disclose this information has been included as applicable.

A significant proportion of responses came from consultees living in Deal / Dover (16%) and Folkestone and Hythe (25%).

Postcode area	Number of responses	Percentage
Ashford	98	8%
Canterbury	20	2%
Dartford	35	3%
Deal	98	8%
Dover	99	8%
Folkestone and Hythe	305	25%
Gravesham	102	8%
Maidstone	78	6%
Medway	4	0.3%
Sevenoaks	56	5%
Swale	47	4%
Thanet	120	10%
Tonbridge & Malling	37	3%
Tunbridge Wells	22	2%
Outside Kent	5	0.4%
Prefer not to say / blank	88	7%

Gender	Number of responses	Percentage
Male	375	31%
Female	693	57%
Prefer not to say / blank	146	12%

Gender same as birth	Number of responses	Percentage
Yes	1,013	83%
No	3	0%
Prefer not to say / blank	198	16%

Age	Number of responses	Percentage
18-20	1	0.1%
21-25	2	0.2%
26-30	6	0.5%
31-35	5	0.4%
36-40	10	1%
41-45	20	2%
46-50	31	3%
51-55	55	5%
56-60	83	7%
61-65	124	10%
66-70	161	13%
71-75	189	16%
76-80	194	16%
81-85	112	9%
86-90	57	5%
91-95	25	2%
Over 95	5	0.4%
Prefer not to say / blank	134	11%

Disability	Number of responses	Percentage
Yes	744	61%
- Physical	394	33%
- Sensory (hearing, sight or both)	126	10%
- Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy	489	40%
- Mental health condition	179	15%
- Learning disability	25	2%
- Neurodivergent, such as ADHA, autism, dyslexia and dyspraxia	38	3%
- A different disability or health condition	25	2%
No	293	24%
Prefer not to say / blank	177	15%

Carer	Number of responses	Percentage

Yes	204	17%
No	837	69%
Prefer not to say / blank	173	14%

Ethnicity	Number of responses	Percentage
White English, Scottish, Welsh, Northern Irish or British	974	80%
White Irish	7	1%
Any other White background	16	1%
White and Black African	2	0.2%
White and Asian	4	0.3%
Any other Mixed or Multiple background	5	0.4%
Asian or Asian British Indian	11	1%
Asian or Asian British Pakistani	2	0.2%
Asian or Asian British Bangladeshi	2	0.2%
Asian or Asian British Chinese	1	0.1%
Any other Asian background	1	0.1%
Black or Black British Caribbean	5	0.4%
Black or Black British African	3	0.2%
Any other African background	3	0.2%
Roma	1	0.1%
Any other ethnic group	10	1%
Prefer not to say / blank	164	14%

Religion	Number of responses	Percentage
- Atheist	30	2%
- Christian	559	42%
- Buddhist	4	0.3%
- Hindu	7	1%
- Jewish	3	0.2%
- Muslim	8	1%
- Sikh	9	1%
- A different religion or belief	15	1%
No	357	27%
Prefer not to say / blank	222	17%
Sexuality	Number of responses	Percentage
Heterosexual / Straight	943	71%

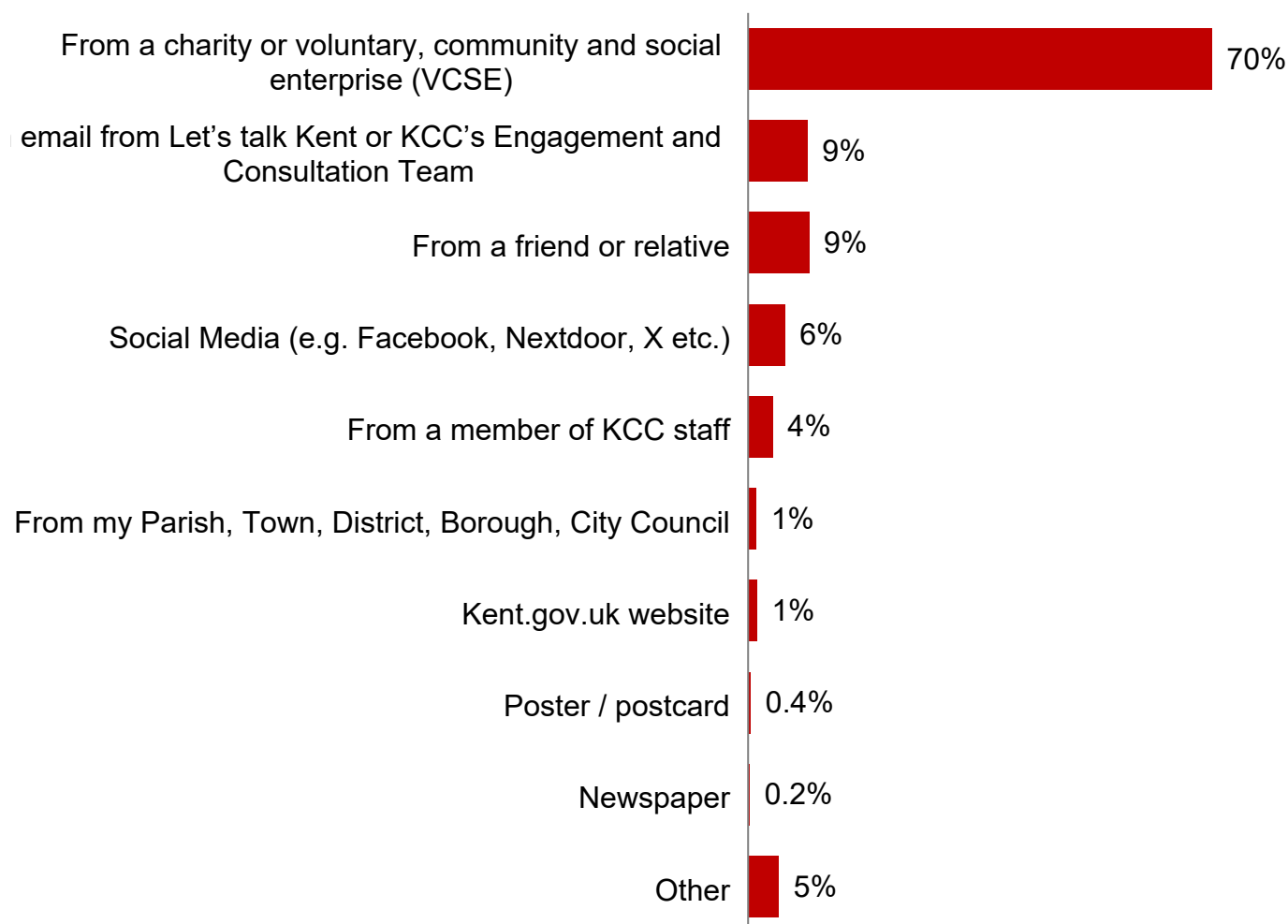
Bisexual	10	1%
Gay or Lesbian	16	1%
Prefer to define my own sexuality	5	0.4%
Prefer not to say / blank	240	18%

Working status	Number of responses	Percentage
Working full time	56	5%
Working part time	64	5%
On a zero-hours or similar casual contract	5	0.4%
Freelance / self employed	24	2%
Unemployed	17	1%
Not working due to a disability or health condition	116	10%
Carer	22	2%
Homemaker	10	1%
Retired	723	60%
Student	1	0.1%
Other	11	1%
Prefer not to say / blank	165	14%

Consultation awareness

The most common route to finding out about the consultation is via a charity or voluntary, community and social enterprise (70%). Just under one in ten found out via an email from Let's talk Kent or KCC's Engagement and Consultation Team (10%) or a friend of relative (10%).

How did you find out about this consultation? Base: all providing a response (1,311)

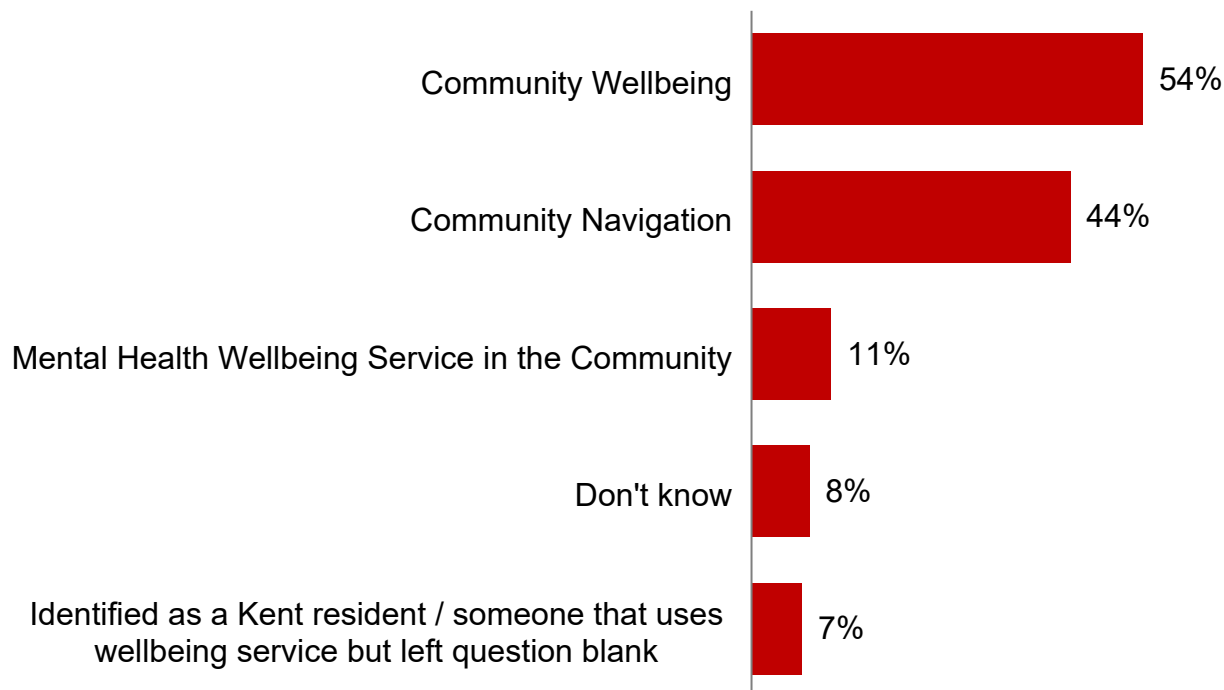


SUPPORTING DATA TABLE	Number of responses	Percentage
From a charity or voluntary, community and social enterprise (VCSE)	922	70%
An email from Let's talk Kent or KCC's Engagement and Consultation Team	118	9%
From a friend or relative	121	9%
Social Media (e.g. Facebook, Nextdoor, X etc.)	73	6%
From a member of KCC staff	49	4%
From my Parish, Town, District, Borough, City Council	16	1%
Kent.gov.uk website	17	1%
Poster / postcard	5	0.4%
Newspaper	3	0.2%
Other	61	5%

Use of community services

54% of those responding to the consultation as an individual (i.e. not an organisation) indicated they / the person they are responding on behalf of access the Community Wellbeing service. 44% indicated they access the Community Navigation service and 11% indicated they access Mental Health Wellbeing Service in the Community.

Do you or the person you are responding on behalf of access any of the following services, as described in the consultation document? Base: all responding (1,214)



SUPPORTING DATA TABLE	Number of responses	Percentage
Community Wellbeing	657	54%
Community Navigation	538	44%
Mental Health Wellbeing Service in the Community	138	11%
Don't know	95	8%
Identified as a Kent resident / someone that uses wellbeing service but left question blank	86	7%

Community services accessed by consultees

Consultees were asked to indicate the specific services they have accessed in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. The majority of eligible consultees (identified as a Kent resident / someone that uses wellbeing service) provided a comment to this question (81%).

A range of services have been accessed by those answering. The most common are benefit / financial services (22%), Community Navigation (22%), exercise / sports groups / classes (17%), Age UK services (12%), Wellbeing services (11%) and Connect Well services (11%).

If you have accessed any of the above, please can you tell us which specific services you have accessed? Base: all consultees providing a response (985)

%	Number of responses	Percentage
Benefits / financial (including pension credit, council tax, blue badge, attendance allowance)	221	22%
Community Navigation	212	22%
Exercise / sports groups / classes (including Pilates, Yoga, cricket, walking, Tai Chi)	164	17%
Age UK	120	12%
Wellbeing	110	11%
Connect Well	110	11%
Involve Kent	94	10%
Guidance / advice / general help	88	9%
Social activities (including coffee mornings, knit and natter)	86	9%
Equipment / aids, including hand rails, panic alarms	45	5%
Mental Health services (generic / unspecified)	42	4%
Imago	41	4%
Paperwork, applications, form filling	41	4%
Housing	40	4%
Arts, crafts, music, language	36	4%
Lunches, meals, dinners	33	3%
Deal	28	3%
Dementia services, memory café, referral for dementia support	27	3%
Support for carers (including walks, forums)	24	2%
CVS	20	2%
Grand Healthy Living Centre	18	2%
Romney Marsh Community Hub	17	2%
Communigrow	14	1%
Health checks	13	1%
Live Well Kent	12	1%

%	Number of responses	Percentage
SEK Community	11	1%
Actively Involved	10	1%
Hermitage Park Community Centre	10	1%
Social prescribing	6	1%
Other (any mentions under 6 people commenting)	75	8%

Response to consultation proposals

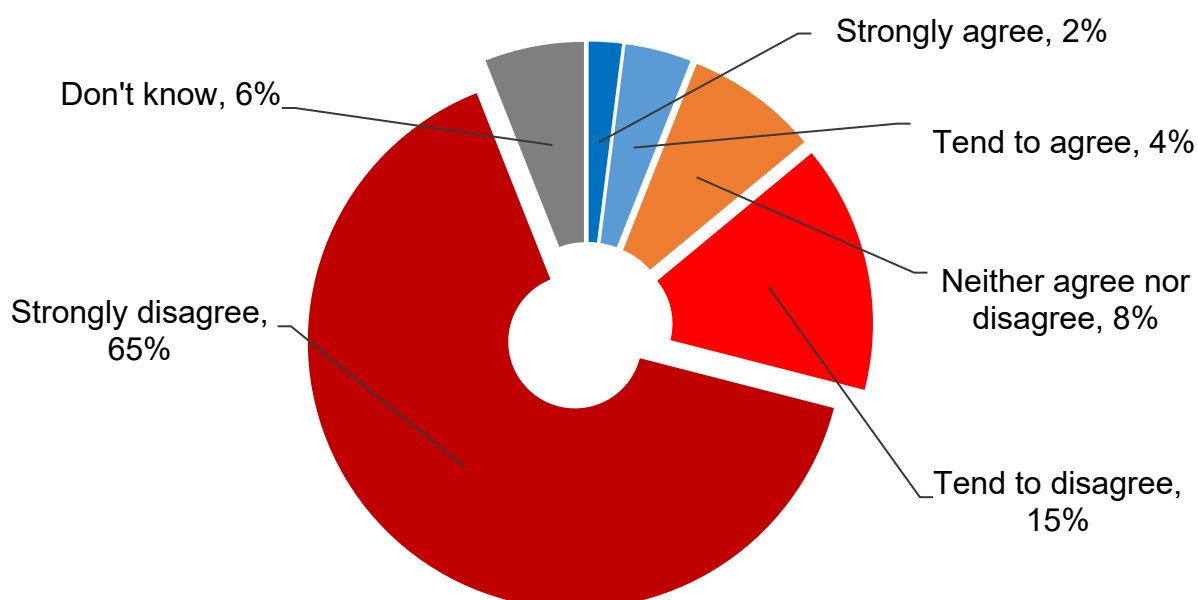
This section of the report details response to the proposals put forward in the consultation.

Response to Proposal - For the Mental Health Community and Wellbeing Service (Live Well Kent), the proposal is to stop the innovation fund, stop back-office support and remove the Shaw Trust unallocated spend

Only 6% of consultees indicated they agree with the proposal to stop the innovation fund, back-office support and remove the Shaw Trust unallocated spend. The majority disagree with the proposal (80%).

How much do you agree or disagree with our proposals to...?

Base: all providing a response (1,070)



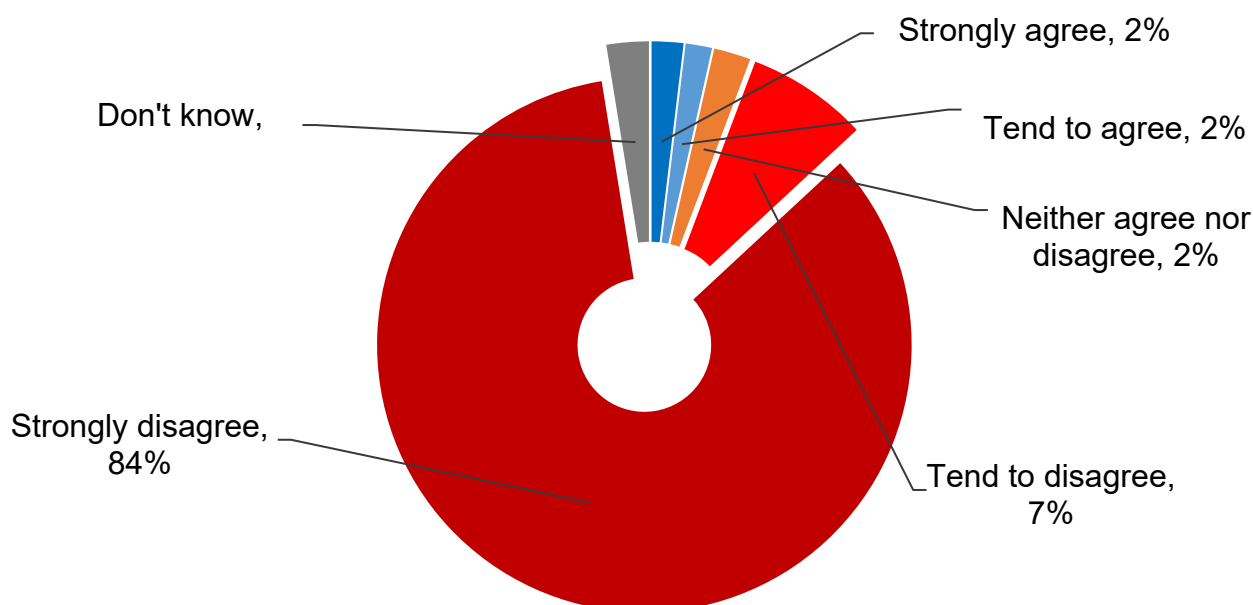
SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	66	6%
Net – Disagree	857	80%
Strongly agree	26	2%
Tend to agree	40	4%
Neither agree nor disagree	81	8%
Tend to disagree	164	15%
Strongly disagree	693	65%
Don't know	66	6%

Response to Proposal - For the Community Navigation Service (which is for people aged 55+), the proposal is to stop funding this service

Only 4% of consultees indicated they agree with the proposal to stop funding the Community Navigation Service for people aged 55 & over. The majority disagree with the proposal (92%).

How much do you agree or disagree with our proposals to...?

Base: all providing a response (1,253)



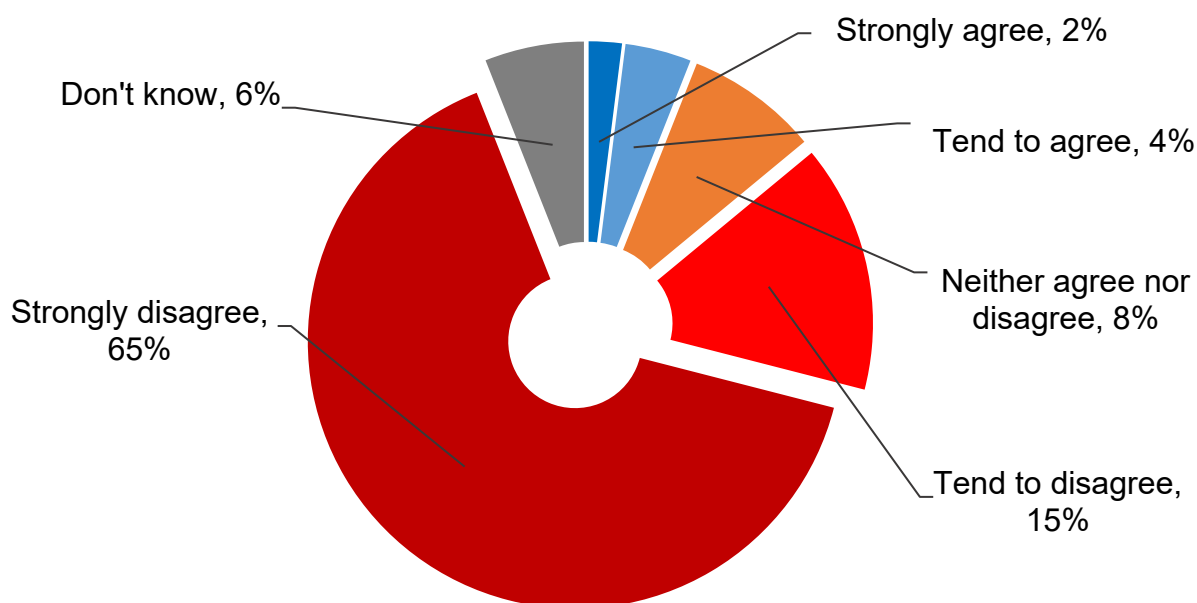
SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	44	4%
Net – Disagree	1,149	92%
Strongly agree	24	2%
Tend to agree	20	2%
Neither agree nor disagree	28	2%
Tend to disagree	92	7%
Strongly disagree	1,057	84%
Don't know	32	3%

Response to Proposal - For the Wellbeing Services in the Community (for those aged 55+), the proposal is to redesign the service to focus on people needing a medium to higher level of support which promotes independence and helps people do as much as they can for themselves. And include elements of Community Navigation

17% of consultees indicated they agree with the proposal to redesign the Wellbeing Services in the Community to focus on people needing a medium to higher level of support. The majority disagree with the proposal (77%).

How much do you agree or disagree with our proposals to...?

Base: all providing a response (1,217)



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	205	17%
Net – Disagree	935	77%
Strongly agree	73	6%
Tend to agree	132	11%
Neither agree nor disagree	62	5%
Tend to disagree	167	14%
Strongly disagree	768	63%
Don't know	15	1%

Whilst remaining in the minority, a comparably higher proportion of consultees responding as a Kent resident agree with the proposals (stop innovation fund / back-office support / remove Shaw Trust allocated spend – 10%, stop funding Community Navigation Service – 10% and redesign Wellbeing Services in the Community – 36%).

Agreement is low for all three elements of proposals amongst consultees responding as someone who uses wellbeing services in the community (stop innovation fund / back-office support / remove Shaw Trust allocated spend – 4%, stop funding Community Navigation Service – 2% and redesign Wellbeing Services in the Community – 14%).

Agreement with all three elements of proposals is consistent by age of consultee and male / female consultees.

For the Mental Health Community and Wellbeing Service (Live Well Kent), the proposal is to stop the innovation fund, stop back-office support and remove the Shaw Trust unallocated spend

% net agree	Number of responses	Percentage
Responding as a Kent resident	22	15%
Responding as someone who uses wellbeing services in the community / on behalf of people	31	4%
Partner agency	4	17%
On behalf of a charity or voluntary, community and social enterprise (VCSE)	5	8%

% net agree	Number of responses	Percentage
Use Community Navigation services	20	5%
Use Community Wellbeing services	27	4%
Use Mental Health Wellbeing Service in the Community	12	7%
Residents / wellbeing people - Female	31	6%
Residents / wellbeing people – Male	8	3%
Residents / wellbeing people – aged 31-50	2	4%
Residents / wellbeing people – aged 51-60	10	10%
Residents / wellbeing people – aged 61-65	7	7%
Residents / wellbeing people – aged 66-70	5	4%
Residents / wellbeing people – aged 71-75	4	3%
Residents / wellbeing people – aged 76-80	7	6%
Residents / wellbeing people – aged 81 & over	3	3%

For the Community Navigation Service (which is for people aged 55+), the proposal is to stop funding this service

% net agree	Number of responses	Percentage
Responding as a Kent resident	15	10%
Responding as someone who uses wellbeing services in the community / on behalf of people	23	2%
Partner agency	0	0%
On behalf of a charity or voluntary, community and social enterprise (VCSE)	4	6%

% net agree	Number of responses	Percentage
Use Community Navigation services	8	1%
Use Community Wellbeing services	17	3%
Use Mental Health Wellbeing Service in the Community	9	5%
Residents / wellbeing people - Female	21	4%
Residents / wellbeing people – Male	7	2%
Residents / wellbeing people – aged 31-50	3	5%
Residents / wellbeing people – aged 51-60	6	5%
Residents / wellbeing people – aged 61-65	4	4%
Residents / wellbeing people – aged 66-70	3	2%
Residents / wellbeing people – aged 71-75	3	2%
Residents / wellbeing people – aged 76-80	5	3%
Residents / wellbeing people – aged 81 & over	3	2%

For the Wellbeing Services in the Community (for those aged 55+), the proposal is to redesign the service to focus on people needing a medium to higher level of support which promotes independence and helps people do as much as they can for themselves. And include elements of Community Navigation

% net agree	Number of responses	Percentage
Responding as a Kent resident	53	36%
Responding as someone who uses wellbeing services in the community / on behalf of people	129	14%
Partner agency	2	18%
On behalf of a charity or voluntary, community and social enterprise (VCSE)	15	22%

% net agree	Number of responses	Percentage
Use Community Navigation services	80	16%
Use Community Wellbeing services	79	11%
Use Mental Health Wellbeing Service in the Community	32	19%
Residents / wellbeing people - Female	101	18%
% net agree	Number of responses	Percentage
Residents / wellbeing people – Male	50	18%

Residents / wellbeing people – aged 31-50	7	13%
Residents / wellbeing people – aged 51-60	21	19%
Residents / wellbeing people – aged 61-65	20	19%
Residents / wellbeing people – aged 66-70	25	19%
Residents / wellbeing people – aged 71-75	23	16%
Residents / wellbeing people – aged 76-80	22	16%
Residents / wellbeing people – aged 81 & over	32	23%

Any comments on any / all three proposals outlined

Consultees were given the opportunity to comment on any or all three 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. Just over two thirds of consultees provided a comment to this question (67%).

24% of consultees answering commented they disagreed with proposals / would prefer services to stay as they are. 19% commented on their positive experiences of services / groups / support they have received and 17% commented on the valued support offered by the Community Navigation service (particularly for vulnerable people).

A proportion of those commenting believe proposals are somewhat short-sighted as they are important preventive services and will potentially add to the strain on other services (17%) and they will impact the longer term mental health and wellbeing of people (14%).

10% commented on the importance of socialising / people making friends / having contact with others and proposals contributing to isolation / feeling alone.

If you would like to comment on any or all three proposals outlined in Q5, please tell us in the box below. Base: all consultees providing a response (894)

%	Number of responses	Percentage
Disagree with proposals (generic / unspecified) / leave as is / it works, these services are needed	212	24%
Positive personal experience of services / groups / support / helping physical and mental health	167	19%
Shortsighted: these are preventative services, prevention is imperative: will put a strain on other (already stretched) services / NHS	155	17%
Community Navigation - crucial support, the backbone, without this a lot of vulnerable people will be without support, including signposting, advice, guidance (MDT, other service providers)	155	17%
Shortsighted: will impact (long term) mental health and wellbeing of people	123	14%
Importance of socialising and making / meeting friends should not be underestimated / some people's only contact at groups, classes, hubs	93	10%
Isolation and loneliness: will leave a lot of people isolated and alone	89	10%
Lower needs: could miss out those with lower needs on paper / they could quickly become higher needs needing support / low level support is really important	68	8%
Wellbeing services are a lifeline to many / lots of people totally reliant on this service / support	61	7%
Impacts the most vulnerable in society	58	6%
Over 55s need support / more than we may think	57	6%
Lots of people need help with form-filling / this won't be provided if funding cut	55	6%
Where would we go without these services?	51	6%

%	Number of responses	Percentage
Digital: older people and some of those with disabilities unable to / won't use online, will not be signposted, and will get missed out, people need face to face	49	5%
Independence: current service helps older people maintain their independence and to live in their own homes	48	5%
Will impact of a lot of people (generic / unspecified)	43	5%
References to Connect Well - how it has helped, and the importance of the service	31	3%
Is there evidence to support the proposals? / more information is needed	23	3%
Community Navigators / the workers on the ground are skilled / trained / experienced / should not be replaced or lost	22	2%
Dementia - comments relating to the importance of dementia support services	17	2%
This is about saving money / spend our money better / stop wasting it / make cuts elsewhere	17	2%
References to being helped by Age UK	16	2%
Areas of deprivation impacted / and increased health inequalities	14	2%
(Unpaid) carers need more support, they rely on these services too	14	2%
Rural areas will be impacted as unable to travel	12	1%
Community Navigation has been a huge success	10	1%
Collaboration / working together is essential, streamlining and signposting from a single point	9	1%
Romney Marsh provides a vital service in a rural area	8	1%
References to Live Well - how it has helped / the importance of it	6	1%
Some may be prepared to pay for classes / could increase subsidies	4	0.4%
Support should be directed at those who need it most	4	0.4%
Other	18	2%

Example comments, in consultees own words, about preferences to leave services as they are / services are needed and positive personal experience of services / groups / support / helping physical and mental health can be found below:

“The wellbeing services for those aged 55+ is a lifeline for some individuals. We work with a number of these whose lives have been genuinely changed by accessing these services. They have improved their physical, mental and emotional wellbeing and it has supported tackling loneliness in the community.” (VCSE)

“It is an extremely useful service without it I don't know what we will do.” (Someone who uses wellbeing services in the community)

“At what point are we all going to recognize that to support people in the community we have to invest in them first. Absolutely encourage people to take responsibility and

empower them to live better well. First though let's give them the support and life tools to do so.” (VCSE)

“I really don’t want to hear about funding being stopped or withdrawn. Not enough is being done to support people who don’t meet the ridiculously high thresholds. So many people are falling down the cracks of the pavement because they are unseen and unheard! Mental health issues are perpetually on the rise, from children to the elderly. There isn’t safe places for them to visit anymore (the public library with ten chairs in the cafe is NOT a safe place), if they don’t have access to the internet to hold online assessments or meetings they are dropped. I literally spoke to an elder person (85) who asked for a carers assessment and the THREE questions she was asked was DOB, address and today’s date - when she answered all three, she was told there and then she didn’t meet thresholds. Never mind she can’t shower, bathe, cook or clean by herself anymore. This isn’t made up. It’s a fact, so if you don’t know this is happening in your service, you don’t know what is happening at a grass roots level.” (Kent resident)

“Don’t agree that any re design is needed. This service is needed by all members of society for various health reasons and should not be narrowed down.” (Someone who uses wellbeing services in the community)

“IMAGO have been an extremely efficient point of reference on a wide range of care issues. Whilst I appreciate the need for accountability and streamlining public services, I am of the opinion that IMAGO compliments both the NHS and Councils when it comes to dealing with the ever growing requirements in the adult social care sector. In my opinion they are good value for the public money they receive.” (Email / letter received)

Example comments, in consultees own words, about proposals being somewhat short-sighted as they are important preventive services / potentially adding to the strain on other services can be found below:

“Post pandemic, austerity, cost of living crisis the level of need in Kent is great. Cutting early intervention leads to escalation of problems and it is shortsighted. KCC needs to audit the quality of service providers, this would ensure less duplication and more efficient and effective outcomes. Signposting to community groups and volunteers is not a valid replacement for trained full time staff supporting patients . For instance, Talking Therapies with the NHS is effective. Similarly, Blackthorn Trust has fully trained therapists and practitioners in pain management, diabetes and mental health. A properly constructed program of support that is reviewed and evaluated for impact is better use of funding. Since Covid patients with Long Covid are often bed-bound or housebound they are unable to access activities, they are signposted to in the community. Instead of cost cutting KCC needs to decide if it cares about public health services and making them timely and preventative. This is a win win situation as genuine properly funded professional support leads to better chances of recovery and participation back in the workforce improving the local economy. The current system is fragmented and there is unfortunately tokenism, this inadequate system is now to be further degraded which means greater public health neglect.” (Someone who uses wellbeing services in the community)

“It is better to carry on the funding as a lot of retirees are trying to motivate themselves with exercises and also mentally and physically, why do you have to wait for a problem to

develop mentally and physically it would put lots of pressure on the NHS and GP services increasing more workload to health problems in the long run.” (Someone who uses wellbeing services in the community)

“As a person who suffers with mental health issues & is over 55, I feel there is little support as it is, so to cut these services would have a detrimental effect on vulnerable people & in the long term does not make economic sense because it will just lead to more suffering & in turn more cost because when people finally get help their situation will be worse & therefore more costly to put right.” (Kent resident)

“If you cut funding for social and health groups the amount of people needing more home support, medical support, and general support and help for loneliness and health will go up greatly.” (On behalf of someone who uses wellbeing services in the community)

“I feel all three proposals are very short-sighted. By removing the early interventions and the support for pilot projects to test and learn about new services to meet need, you only push the problem on and hinder people from reaching support at a time when it might make a difference more quickly. This will put more pressure on services designed to support those with more complex needs. By removing community based support from vulnerable elder people, who are less likely to seek help, you also risk not finding issues until people are really suffering.” (Kent resident)

“In a climate where our new Health Secretary Wes Streeting is trying to emphasise the need for the preventative work which will stop people falling into poor mental or physical health, going off sick from work, or finishing up in hospital, our county council is planning to bring in measures that will result in more referrals to adult social care, because the services which prevent people from falling through the cracks are going to be reduced in order to stop the spending of an imprecise and relatively small amount of money to help balance the books. The removal of the Community Navigation service will impact people across Thanet and East Kent. Last year, the service supported 4,400 people in East Kent, 97% of whom have a disability or long-term health condition. It also played a pivotal role in helping more than 2,000 people apply for benefits last year, as well as supporting with blue badges, housing needs and support to maintain people’s independence at home.” (Email / letter received)

“The loss of Community Navigation and low-level wellbeing services will disproportionately affect primary care. Care coordinators, social prescribers, and MDT coordinators rely heavily on these services to meet patient needs. Without these resources, patients are likely to return to GP practices and acute settings, increasing demand on already stretched NHS services.” (Email / letter received)

Example comments, in consultees own words, about the valued support offered by the Community Navigation service (particularly for vulnerable people) can be found below:

“I think Community Navigation is an invaluable service who support some of the most vulnerable people and without this service I fear many of these people would slip through the net. They support with things which aren't quite meeting need for social services involvement but without the support, things can snowball and escalate to a point where social services may likely be needed. I therefore feel that to close this service would be sort

sighted and could have some really detrimental affects for the vulnerable residents of Kent.” (Kent resident)

“Community Navigation covers so many aspects of people’s lives and supports them appropriately to find solutions. There is no other service doing this. Housing applications are an example , as there’s no one else supporting with this. Also, benefits support, Hoarding, debt support, supporting with social opportunities is also something they support with. They know what is available in their local area, which is invaluable.” (VCSE)

“There is not enough mental health services in the local community as it is. I really get the support form community navigation that I have needed for a long time for myself and my children. I feel like I have been listened to and can feel and see the support which is not something that has happened before even dealing with Social Services.” (Someone who uses wellbeing services in the community)

“Community navigation is particularly useful to help local people access face to face advice, support and form filling. Many people do not have access to digital platforms and really need these face to face opportunities. Digital platforms are not a suitable alternative for the aging population and the cognitively impaired.” (VCSE)

“Community navigation service has helped me with applying for benefits. Support through Home Choice Application and homeless application. Support with getting bills set up now I have permanent accommodation. Stopping this service would be detrimental to the health of people in the community. (Someone who uses wellbeing services in the community)

“Care navigators support those with complex needs (age 55 plus) to ‘navigate’ access to services – this goes beyond signposting, which traditionally we know many vulnerable people struggle to do on their own. This has been highlighted through serious case reviews and through our own experiences with safeguarding vulnerable people. This service is very much a preventative service, and its benefits far outweigh its cost in the longer term.” (Email / letter received)

Example comments, in consultees own words, about impacting long term mental health and wellbeing of people, importance of socialisation and isolation / loneliness concerns can be found below:

“To remove funding for such a fantastic service to help mental health and wellbeing be funded to that all people no matter of financial status is completely disrespectful and morally wrong. People mental health and wellbeing should be respected and looked after no matter what. It should not be only if you can afford to.” (Someone who uses wellbeing services in the community)

“These cuts threaten to strip away vital support mechanisms for Kent's aging population and adults with complex needs, leaving many at risk of isolation, declining health, and reduced independence.” (VCSE)

“These services are invaluable for the community. The elderly and mental health suffers especially benefit from these services. They need a lot of support and encouragement. Without these services these individuals would suffer greatly and have no one to turn to.” (VCSE)

“Cliftonville is one of the most deprived areas of Thanet if not in Kent. If as this consultation document says the council's main objective is to reduce isolation and loneliness and reduce demand on social care taking away these services will be most detrimental to the community.” (Someone who uses wellbeing services in the community)

“My mother benefits from this service and any change will cause her stress and upset. Also, I would worry for her mental health.” (On behalf of someone who uses wellbeing services in the community)

“Am very concerned that my 91 yr old mother, who uses the Deal Centre would become very isolated and lonely if the facilities at the Centre were stopped. After losing my Father 3 years ago the Centre has been invaluable in her mental and physical wellbeing.” (On behalf of someone who uses wellbeing services in the community)

“Services for those who are vulnerable are already stretched and challenged within the community which will allow those in need to be impacted and placed at risk from social harm and lack of support. Lives matter no matter the illness and the proposal is a death sentence for those affected but for those families who do their best to support loved ones whilst holding down jobs etc.” (Someone who uses wellbeing services in the community)

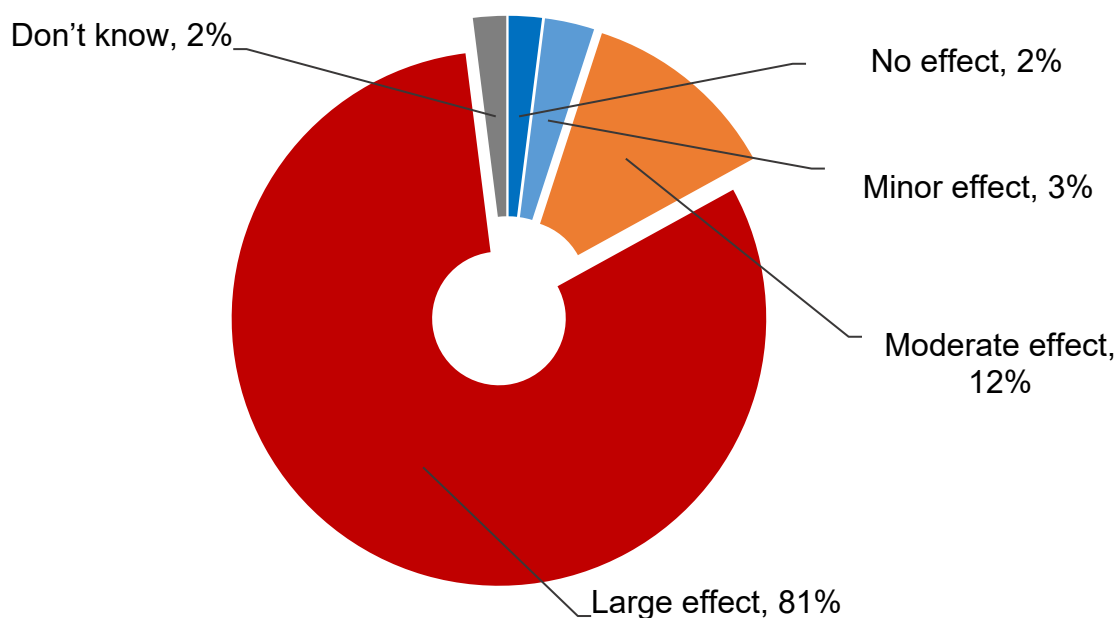
“Withdrawing support of vulnerable adults who need the facilities to be able to socialise and reduce the amount of social isolation is a mistake and not thought through. The funding for these services literally provides a lifeline and the opportunity for partners to offer relevant and quality services.” (Partner agency)

“The services targeted by these cuts support individuals with complex health needs, including those living with dementia, long-term conditions, and mental health challenges. Removing or scaling back these services will exacerbate social isolation, reduce independence, and likely lead to an increased reliance on health and social care services.” (Email / letter received)

Perceived impact of proposal

The majority of consultees believe the proposal would have a large effect on them or the person / group / community they represent (81%). 12% believe it will have a moderate effect and 3% believe it will have a minor effect. Only 2% believe it would have no effect. Only 2% believe it would have no effect.

Please tell us to what extent the proposal would affect you or the person, group or community that you or your organisation represents? Base: all providing a response (1,322)



SUPPORTING DATA TABLE	Number of responses	Percentage
No effect	31	2%
Minor effect	34	3%
Moderate effect	155	12%
Large effect	1,071	81%
Don't know	31	2%

The proportion who believe it will have a large effect is high amongst those engaged with the relevant consultation services – someone who uses wellbeing services in the community (86%), a partner agency (75%) and on behalf of a charity or voluntary, community and social enterprise (93%).

% large effect	Number of responses	Percentage
Responding as a Kent resident	62	43%
Responding as someone who uses wellbeing services in the community / on behalf of people	901	86%
Partner agency	18	75%
On behalf of a charity or voluntary, community and social enterprise (VCSE)	63	93%

% large effect	Number of responses	Percentage

Use Community Navigation services	543	92%
Use Community Wellbeing services	619	86%
Use Mental Health Wellbeing Service in the Community	138	80%
Residents / wellbeing people - Female	488	81%
Residents / wellbeing people – Male	254	81%
Residents / wellbeing people – aged 31-50	42	72%
Residents / wellbeing people – aged 51-60	98	82%
Residents / wellbeing people – aged 61-65	91	81%
Residents / wellbeing people – aged 66-70	112	81%
Residents / wellbeing people – aged 71-75	135	82%
Residents / wellbeing people – aged 76-80	124	81%
Residents / wellbeing people – aged 81 & over	144	84%

Perceived effect of proposed changes on people

Consultees were given the opportunity to comment on what effect, if any, they think the proposed changes are likely to have in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. The majority of consultees provided a comment to this question (89%).

A range of potential impacts were referenced but the most common reiterate earlier themes expressed – believing proposals are somewhat short-sighted as they will impact the longer term mental health and wellbeing of people (21%), proposals contributing to isolation / feeling alone (18%) and the importance of socialising / people making friends / having contact with others (17%). 13% believe proposals are somewhat short-sighted as they are important preventive services and will potentially add strain to other services.

Other impact themes reference support concerns; 15% reference proposals causing a reduction in services / fewer people receiving the support they need and 14% emphasise the importance of the support received to date / not knowing what they would do if they didn't have this support. 12% commented that people will miss out on accessing advice / housing benefit / advice on other important issues.

We would like to understand more about what impact you think this proposal would have on people. Please tell us what effect, if any, you think the proposed changes are likely to have.

Base: all consultees providing a response (1,188)

%	Number of responses	Percentage
Shortsighted: will impact mental health and wellbeing of people	251	21%
Isolation and loneliness: will leave a lot of people isolated	214	18%
Importance of socialising and making / meeting friends should not be underestimated / some people's only contact at groups, classes, hubs	206	17%
Will mean a reduction in services / fewer people receiving the support they need / unable to deliver the service	177	15%
The support we / I've / my family member has had has been a lifeline and we do not know what we would do if we didn't have these services / they would be greatly missed	164	14%
Shortsighted: will impact services further down the line, put pressure on other (already stretched) services in the future / prevention is essential	150	13%
People will miss out on accessing advice / housing benefit advice / advice on other important issues	144	12%
Impacts the most vulnerable / those most in need	115	10%
Community Navigation - crucial support for vulnerable people who could slip through the net / lifeline / vital support	91	8%
The need for support is high / the services needs more investment and funding	61	5%
Digital: older people and some of those with disabilities unable / won't use online, will not be signposted, missed	56	5%
People will be without help for filling in forms	56	5%
%	Number of responses	Percentage

Physically attending classes is important / contributes to mental, physical well-being / given me confidence / enjoy coming to this group	56	5%
Impacts on people: will affect many people	54	5%
People are suffering financially: unable to afford classes, facilities, or could be without benefits they're entitled to	48	4%
Independence: current service helps (older) people maintain their independence and to live in their own homes	45	4%
Home visits: essential / help people with knowing where to go / what and how to access support / some people are housebound	44	4%
Lower needs: could miss out those with lower needs on paper / they could quickly become higher needs needing support / low level support is really important	26	2%
Cost to society as a whole: fabric of Kent	23	2%
Signposting is important to help people who don't know where to go or what to access	23	2%
Areas of deprivation impacted / health inequalities increased	20	2%
Safe warm place, with food and drinks	20	2%
Disagree / not a good change	17	1%
Those who are unable to travel or due to lack of public transport would not be able to attend classes, groups	14	1%
Staff impacts: losing jobs, pressure to fundraise, unable to salary	9	1%
Is there evidence to support the proposals? / more information needed	8	1%
References to people becoming suicidal without support	7	1%
Raise awareness of the services	7	1%
References to not wasting money / save money elsewhere	5	0.4%
Afraid of social services / do not wish to call social services / poor service	4	0.3%
More joined up working / collaboration / communication is essential	3	0.3%
Other	15	1%

Example comments, in consultees own words, about proposals being somewhat short-sighted as they will impact the longer term mental health and wellbeing of people can be found below:

“People rely on local community activities as a large part of their well-being. Without having these essential services, health will deteriorate, people will become more isolated, and both healthcare and social care needs will increase dramatically.” (Someone who uses wellbeing services in the community)

“If the wellbeing activities for over-55s were to be discontinued it would have a considerable impact on myself and friends. Importantly, the classes are affordable to almost all, unlike commercial offerings. They are a great way to minimise loneliness, meet people, build new friendships and keep healthy.” (Someone who uses wellbeing services in the community)

“For many people in the lower level support categories activities are imperative to their mental health and wellbeing. This can often mean that reduced access to support or group activities will worsen their difficulties eg people accessing groups when they are newly bereaved or those needing specific support and advice at a time in their life when they are struggling.” (Someone who uses wellbeing services in the community)

“In my opinion, if you cut the level 1 funding, and we are not able to attend classes, we will soon progress to levels 2 and 3 and will then require much more support. By allowing people to continue to have independence, make friends and take part in social interaction, they are more likely to remain independent for longer and have more fulfilled lives. Some of the people in these classes, may have very little interaction with others outside of the class times. Learning a language or keeping fit has been scientifically proved to boost brain power and to stave off dementia and other illnesses.” (Someone who uses wellbeing services in the community)

Example comments, in consultees own words, about proposals contributing to isolation / feeling alone and the importance of socialising / having contact with others can be found below:

“The proposed redesign of the Wellbeing services will have a negative effect on those people who are independent, but live with mental health problems, or who are socially inactive, and living in isolation.” (Someone who uses wellbeing services in the community)

“I work for an organisation that delivers some of these services and have seen first-hand how large the impact would be of cutting these navigation/wellbeing services - people are often completely isolated at the point that they initially make contact with these services and preventing them from being able to do so could be in the most extreme cases, deadly.” (Kent resident)

“I will be lonely with no support without the services means I have to look after myself and I can't do that alone I need support from others, my mental health is up and down.” (Someone who uses wellbeing services in the community)

“If it wasn't for these services I would still be lying in bed-it has given me confidence to get out of the house and do the courses that they do to give me more confidence.” (Someone who uses wellbeing services in the community)

Example comments, in consultees own words, about proposals causing a reduction in services / fewer people receiving the support they need as well as the importance of the support received to date can be found below:

“People will not be able to get help, and people will fall through the net. People are not the same in their health or disability and we all need different things. Some people have a fear of meeting people and going to new places as I am as I am worried about people watching me. I currently have assurance that I know who to go to and it is the same person and for referrals to be made that will follow up. Some people do not trust anyone. My navigator knows my history and I feel that I would be dealing with someone different all of the time and we will not be able to build trust.” (Someone who uses wellbeing services in the community)

“The funded project has impacted my mother’s life tremendously, before this she was struggling to live on a daily basis impacting her physical and mental wellbeing. She now has more mobility, better mental health and quality of life. All down to this funded group. To take it away would take away her improved mobility, social interaction and mental health improvements.” (On behalf of someone who uses wellbeing services in the community)

“I have not known where to turn and have no knowledge of how to make referrals online. I am very worried about the risk of being scammed by going online. My family live far away. I have few friends locally.” (On behalf of someone who uses wellbeing services in the community)

“I would be awful as I would not know half the things without them.” (Someone who uses wellbeing services in the community)

“I was referred by social services to connect well so I have no idea where I would get support from if we are to lose these services.” (Someone who uses wellbeing services in the community)

Perceived alternative ways to receive support if proposed services were not available

Consultees were given the opportunity to comment on what alternative ways consultees / the people represented by consultees would get support if the services proposed to end where not available. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. The majority of consultees provided a comment to this question (84%).

A quarter of consultees commented that there wouldn't be any alternative ways they could get support / they wouldn't be able to get support (25%). An additional 27% of consultees commented that they were not sure / they don't know where they or other people would go. 14% of consultees highlighted concerns about the potential impacts of having no support including poorer health outcomes, mental health impacts, isolation, depression and whether there would be support available via other services.

Of the services referenced by consultees, social services (17%) and GPs (14%) are the most commonly referenced.

If the services that are proposed to end were not available, what alternative ways would you or the person you represent get support. Base: all consultees providing a response (1,118)

%	Number of responses	Percentage
Nowhere / there wouldn't be anywhere / no support	282	25%
Not sure / don't know where we / people would go	307	27%
Social services	190	17%
Comments relating to the impacts of having no support – poorer health outcomes, impact on mental health, isolation and depression concerns, pressure on other services, other services not being able to offer support, needing family / friends to provide support	162	14%
GPs	158	14%
Family / friends / peers	41	4%
KCC / council	41	4%
Charity	38	3%
Private / paid for services (but probably wouldn't be able to afford to)	30	3%
CAB	26	2%
Social prescribers	18	2%
Other support services from NHS	17	2%
Community centres / groups / clubs	16	1%
A&E / hospital	16	1%
Would look online / Google	15	1%
Disability Assist	15	1%
Age UK	14	1%
Would have to look at funding / grants / fundraising	9	1%
I would manage / have to find an alternative	7	1%

%	Number of responses	Percentage
Church	7	1%
Walking / outdoor activities	4	0.4%
DWP	4	0.4%
Educational institutions / schools	2	0.2%
Other	11	1%

Example comments, in consultees own words, concerning perceptions that there wouldn't be anywhere to access support / no support can be found below:

"I wouldn't! It took me long enough to find support as it is." (Someone who uses wellbeing services in the community)

"I would be unable to access any other support as there is nothing else available." (On behalf of someone who uses wellbeing services in the community)

"Our patients would get support from our social prescribers and care navigators, but they do not have all of the same training and experience so will not be able to offer the same service. There is also no guarantee that these services will continue past 31/3/2025 so it is possible that we will not have any options for patients who need this type of support from April onwards and they will have to either try and find support themselves (if they were able to do this they would usually not be in this cohort!) or fail to get support until reaching crisis point." (Partner agency)

"They would not get support. There are no other services in the area which provide the support which Community Navigation do, and I believe that people's support needs would escalate until social services are required. Some unmet needs could also lead to poorer health outcomes, meaning primary care and hospital admission would increase, all round leading to an increased strain on services." (Kent resident)

Example comments, in consultees own words, concerning uncertainty / not knowing where to go for support can be found below:

"I haven't got a clue - most other help requires me to travel and I can't." (Someone who uses wellbeing services in the community)

"I don't know, there's nothing like this near where I live." (Someone who uses wellbeing services in the community)

"I don't know where people would be able to get support as so many of the services that could offer support have already been hit by cuts and are not coping with the workload now let alone with more people depending on them." (Someone who uses wellbeing services in the community)

"I am not sure there is such a service that can do the same work that IMAGO do. They not only help with the things they are meant to help with but offer support that that goes above and beyond that. Some people do not know how to navigate all the various systems and

processes that are needed to get the care they need and with this IMAGO have been priceless to us.” (Someone who uses wellbeing services in the community)

“I wouldn't know where to go to find out information on social groups or have the encouragement and support to attend things in the community.” (Someone who uses wellbeing services in the community)

Example comments, in consultees own words, about the perceived impacts of having no support – poorer health outcomes, impact on mental health, isolation and depression concerns, pressure on other services, other services not being able to offer support, needing family / friends to provide support can be found below:

“If I did not have my navigator there is no support I can think of. If I had to call somewhere I do not know that I would be given the right information. I have experienced ringing somewhere and being given different advice on both occasions. I would not have the trust in the first place. Each time I need support I would need to tell my story / history again and again which is very frustrating and would put me off making that initial call. Dealing with other services such as Green Doctor and Citizen's advice I find them hard to get hold and they are already have long waiting lists this action would only add to the waiting lists. This not acceptable when people are dealing with debt issues as it puts them under a lot of pressure and affects their mental health greatly.” (Someone who uses wellbeing services in the community)

“Unable to access support and at a time when mental health services are stretched beyond capacity and account for a fifth of UK's disease burden while receiving less than 10 percent of NHS funding your proposed cuts to local government services will be disastrous. Rather than scaling back it is wiser to strengthen and improve existing services and ensure preventable conditions do not escalate into crisis requiring more expensive interventions.” (Someone who uses wellbeing services in the community)

“I would struggle to think what support would be available to replace what they do as part of the Community Navigation service, as I cannot think of anywhere that provides such in depth support and in particular home visits. Although there are other activities as part of the Wellbeing services, I feel cutting activities would be impactful as the activities provided have such a range for people with varying needs.” (VCSE)

“They wouldn't. I advocate for an 84 year old profoundly deaf lady with multiple health issues. She cannot access any services and support, and I struggle on her behalf. Basic inequalities exist for the elderly who do not know or cannot access services others can. Even in benefit related schemes, the elderly (over 65) are penalised as the Attendance Allowance (same as PIP in payment level and qualification) does not count as a qualifying benefit, so no financially supported schemes can be accessed. This has left an 84 year old unable to access the 'replace a boiler scheme' ! I find this basic discrimination disgusting and more and more services which the elderly should be able to access are being withdrawn, and or inaccessible by virtue of lack of accessible information. There is no front end entry point for assessing their needs. They cannot get to or access GP's or other front line services which offer referral or signposting support. A rethink is needed.” (Identified as other)

Comments on alternative options considered or other ideas to the changes proposed

Consultees were given the opportunity to comment on the alternative options considered in the consultation document or any other ideas to the changes being proposed. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. 59% of consultees provided a comment to this question.

The majority of comments made referenced consultees concerns with proposals / service removal and subsequent effects as opposed to the alternative options put forward in the consultation document. 36% of consultees answering emphasised they would like services kept as they are now / current services work well and not to underestimate their importance / impact.

Consultees reiterate earlier concerns with regards to the impact on those in need / vulnerable / elderly if funding is cut (21%) and the impact on the NHS / pressure on other services if funding is cut (16%). A common thread running through a number of themes is a need to support prevention / early intervention and consider low level needs that could escalate.

Do you have any comments on the alternative options considered in the consultation document, or any other ideas to the changes we are proposing. Base: all consultees providing a response (790)

%	Number of responses	Percentage
Leave it as it is / keep services that work well / do not undermine the work that is being done / it's vital	284	36%
Impacts on those in need / vulnerable / elderly if funding cut	165	21%
Impacts on the NHS / pressure on other services if funding cut	128	16%
Stop wasting money: spend our money better / cut top salaries / stop spending on unnecessary things like flowers	65	8%
Services have helped me with what I needed from them	62	8%
Needs more funding / not less / find more	49	6%
Is there evidence to support the proposals? / more information needed on the impacts	37	5%
Invest in preventative initiatives / prevention is key / educate	32	4%
Make sure people know what they can get / where / promote / advertise / ensure they know what's available after the cuts / how will people know where to go?	32	4%
Community Navigation needs to stay	31	4%
Online is not for everyone / some people cannot use / cannot afford / afraid to use technology	30	4%
Low level needs people will be without support	27	3%
Needs a joined up approach / collaboration / enhance community partnerships	26	3%
Charities / churches / volunteers can play a vital part / fund them / advise them on how to access funding	16	2%
Agree with (some of) the proposals / appreciate there is duplication	14	2%

%	Number of responses	Percentage
Provide more help to show people how to apply online / how to fill in forms / apply for benefits	11	1%
Support local initiatives / local access is essential	8	1%
Charge more for classes / means tested / subsidies	8	1%
Retain Wellbeing services	8	1%
Ask the people / gather user feedback	6	1%
Will put a strain on the volunteers / unpaid carers	5	1%
Ask central government for funding	5	1%
Consultation is a tick box exercise	5	1%
Leverage digital solutions	4	1%
References to the consultation document: unclear, jargon, lengthy, late	4	1%
Wellbeing classes generate an income	3	0.4%
None / no / nothing	36	5%
Other	12	2%

Example comments, in consultees own words, about services being kept as they are now / current services work well and not to underestimate their importance / impact can be found below:

“It is totally wrong to offer a service to vulnerable people with any type of condition or age, services which they then become reliant on and then take these services away & not expect that these people will not suffer physically, mentally & affect their whole wellbeing. These services should be improved & expanded to be offered more eligible people NOT TAKEN AWAY.” (Someone who uses wellbeing services in the community)

“It is a duty of care to provide community services to vulnerable people. Reducing funding is not a solution, maybe redistributing funds would be better.” (Someone who uses wellbeing services in the community)

“Alternative options not supported. People won't be able to access anything.” (Someone who uses wellbeing services in the community)

“The hub is well established and loved locally. It is irreplaceable. I believe, for vulnerable people, to have to try elsewhere may lead to them not bothering to get the support they need.” (Identified as other)

“Services important to the community especially those with poor health. If you are vulnerable, you don't know how to help yourself as you cannot understand the forms.” (On behalf of someone who uses wellbeing services in the community)

Example comments, in consultees own words, about perceived impact on those in need / vulnerable / elderly if funding is cut can be found below:

“I would be waiting a long time before I got any help. I need activities to help my mental health. If services are cut, I would become socially isolated, and my mental health would suffer.” (Someone who uses wellbeing services in the community)

“The changes are not for the wellbeing of the community. It's purely a money saving exercise, which will cause huge upset, disadvantage the older generation.” (Someone who uses wellbeing services in the community)

“Reducing services will only make the problems of isolation only worse. The most vulnerable will slip through the cracks. Mental health support locally is already shockingly absent/hard to access. The mind boggles.” (Partner agency)

“The volume of people estimated to be impacted by these proposals is huge. At the moment to get any support means a very long wait. it looks as if you have no plans to employ the people required to cover the calls.” (On behalf of someone who uses wellbeing services in the community)

“When the national need and focus is on health and wellbeing, I fail to understand how cutting these services meets that need. By doing this the community is being failed.” (Kent resident)

Example comments, in consultees own words, about perceived impact on the NHS / pressure on other services if funding is cut can be found below:

“The risk is that by cutting the provision of support to especially (though by no means exclusively) elderly clients, with the current cost of living crisis and state of mental health, many people will not manage their own lives well. They will become even more socially isolated; their physical and mental health will deteriorate further, and it will cost KCC more in the long run to support these clients given the true cost of Hospital admissions and crisis-led interventions.” (Identified as other)

“I feel that cutting or removing services would have a detrimental effect on most people, leaving them with no reasonable alternative. This could create more issues and more expense for other services and the service users.” (Kent resident)

“It feels like KCC will just take peoples information and refer them on to existing services and exclude the low level need people. If low level need people cannot access services, they will soon move into medium and high need categories. This is not good for themselves nor for KCC who will end up having to provide / arrange services that could have been avoided.” (VCSE)

“Prioritise community navigation rather than wellbeing services. Whilst they are important, and hugely beneficial, the effects of community navigation stopping will have the biggest impact- both for lack of support available and increased pressures on statutory services to provide something that isn't there. Having closed Thanet referrals, we can already see the impact it is having.” (VCSE)

“Stopping Connect Well would be very unwise. People would struggle in silence which would make their health poor later down the line.” (Someone who uses wellbeing services in the community)

“The alternative options are the very people who referred me to the community navigator. If they couldn’t help me before, how will they help now?” (On behalf of someone who uses wellbeing services in the community)

“Budget cuts to these preventative services will directly affect vulnerable adults within our community. Many of our clients are already known to social services and the removal of at home support, benefits maximisation and access to activities that prevent frailty, will lead to their decline and ability to live independently. The removal of this support will lead to an increase in unmet eligible needs, which statutory services will then be obligated to meet, placing additional strain on social care and health services. Areas such as Thanet, which rank highly on the Indices of Multiple Deprivation, will experience increased re-referrals due to the reduction in community-based support. As Thanet is already facing multiple inequalities in health provision, access to services, and healthy life expectancy compared to more affluent areas in Kent these proposed funding cuts will lead to a deterioration in living conditions, well-being, and health, resulting in increased hospital admissions and reliance on social services.” (Email / letter received)

Example comments, in consultees own words, about the importance of prevention / early intervention and lower level need support can be found below:

“Waiting for medium or higher level need is ridiculous. Prevention is better than cure. Things can change very quickly and become critical, and we are trying to stop this from happening. In the long run helping people at the beginning when situations are not too bad is also cheaper than waiting for things to be worse.” (Someone who uses wellbeing services in the community)

“I understand the thought behind concentrating on the most needy but early intervention will prevent needing more expensive help later on.” (Identified as other)

“Focus on preventative care/support - but this seems to be what is being taken away. It is not just those with severe needs that should have access to support. Some people don’t realise how much/what support they need until they start to access the support or when they hear from friends about how it has helped them.” (Partner agency)

“In-person interaction is a far more efficient and informative means of understanding an individual’s level of need and vulnerability. Many needs are not immediately apparent and must be elicited over time - even to the client of the service themselves. To use inclusive activities such as nature walks and similar low-cost activities to provide qualitative data for organisations, in a relaxed atmosphere, whilst being of direct benefit to participants in itself, would also reduce energy consumption and other costs caused by keeping navigation services office and technology-based. Many vulnerable people find it difficult and unpleasant to access services online, including imparting sensitive data online or by phone or exposure to screens and this largely increases social isolation and anxiety rather than reducing it. Serving only mid and high level need will inevitably reduce interaction of individuals with those of different need levels; this is in effect discriminatory and reduces social mobility.” (Someone who uses wellbeing services in the community)

“Innovative delivery models using tech, peer support and volunteers would help a lot of people. These would require investment, but not as much as clinical services. Delays to or lack of support ultimately increase the need for more costly interventions.” (Someone who uses wellbeing services in the community)

Any other comments on proposals

Consultees were given the opportunity to comment on the alternative options considered in the consultation document or any other ideas to the changes being proposed. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. Just over a third of consultees provided a comment to this question (37%).

The most common points made by consultees reiterate earlier concerns expressed; the support given by services have been a lifeline / people have positive experiences of support received (23%), disagreeing with the proposal / services are vital / well used (22%) and proposals are short sighted / will impact / put pressure on other services (13%).

If you have any other comments about the proposals, please share these with us. Base: all consultees providing a response (790)

%	Number of responses	Percentage
Comments regarding service support being a lifeline / positive personal experiences of the support received / classes attended	114	23%
Disagree / makes no sense / well used and vital services	110	22%
Short sighted / short term - will impact / put pressure on other (already stretched) services	65	13%
Removal of funding for services will impact the elderly and most vulnerable / they'll fall through the cracks	51	10%
Will impact on the mental health / wellbeing / physical health of people	49	10%
This is about saving money / spend money more wisely / find other ways to save money	47	9%
People need social / human interaction	39	8%
Community Navigation needs to stay / provides essential support and guidance to people / including the most vulnerable / who would not know where to go	26	5%
There will be an increase in loneliness and isolation	24	5%
Where is the evidence? / more information, figures, alternatives needed	24	5%
Neglects those who can't manage or don't want to use technology / fear of scammers	17	3%
Needs more funding / expand services not cut	16	3%
Assessments cannot be made over the phone	16	3%
References to consultation: poorly advertised, complex, received late, difficult to read on mobile, lengthy	12	2%
%	Number of responses	Percentage
Low level need will quickly become medium / higher level need / requiring support	10	2%

Prevention / education is key	10	2%
Comments relating to the importance of Imago	8	2%
More streamlined pathways / ways of working / support is needed	7	1%
The contribution and support provided by VSCEs or volunteers should be recognised / utilised / funded	7	1%
Lives will be at risk (references to hunger, suicide)	5	1%
Those in deprived areas will suffer	5	1%
Advertise what is on offer so there is more uptake (including to ethnic minorities and 75+)	5	1%
Support carers more	4	1%
None / no / nothing	20	4%
Other	11	2%

Example comments, in consultees own words, about the support considered a lifeline / positive experiences of support received can be found below:

“I personally know various people who it has taken a couple of years after Covid to make the, to them, big step of joining a group in Hythe and are amazed at how much better they feel, mentally and physically, now they are not only taking part in an activity but are also meeting other like-minded people. By closing down these groups there is a real risk that many users will become isolated once again and develop mental and physical issues that move them into a higher level needs group.” (Someone who uses wellbeing services in the community)

“Keep the services as they are-people rely on the service and get so much help from it. It is one of the best days of the week when we come here.” (Someone who uses wellbeing services in the community)

“Prevention should remain as it is. Community navigators prevent us becoming high needs. They help us to remain socially active and more independent.” (On behalf of someone who uses wellbeing services in the community)

“These sure vital services- they helped me to make friends and give me information that I could not have otherwise accessed as I don't have a computer or a smart phone. Due to my processing difficulties, I much prefer doing things face to face rather than online/on the phone. I could not afford to pay for the activities.” (Someone who uses wellbeing services in the community)

Example comments, in consultees own words, about disagreeing with the proposal / services are vital / well used can be found below:

“These cuts are unrealistic, not thought-out and do not take into consideration the thousands of people who will end up in the social system again. These contracts were designed to reduce this impact but because KCC have not spent wisely the most vulnerable people in these areas will not suffer.” (Someone who uses wellbeing services in the community)

“Don't fix it when it is not broken. We need the groups. It is horrible to be alone in a house. The groups are my lifeline while I am waiting for counselling.” (Someone who uses wellbeing services in the community)

“I do not want to use on-line alternatives, due to risk of scammers. I want face to face support with the advisers i already trust and i do not have to go through all my details again.” (On behalf of someone who uses wellbeing services in the community)

“I find it difficult to read this proposal, already the over 55 are suffering from all the government cuts. Families are not close by anymore; they can only rely on the community support. Those charities such as Involve are so important, they give hope and support which sadly is not available under the NHS anymore.” (Someone who uses wellbeing services in the community)

Response to Equality Impact Assessment

Consultees were asked to provide the views on KCC's equality analysis on 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 17% of consultees provided a response to this question.

20% of consultees commenting made reference to ensuring everyone is treated as individuals / equally. 18% highlighted that the proposals discriminate against the elderly. Small proportions highlighted concerns about the potential for digitally excluding people, the importance of considering any cultural / faith preferences and values and proposals impacting the most vulnerable demographic groups.

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 (229)

%	Number of responses	Percentage
Everyone treated as an individual / equality and diversity should therefore be irrelevant / just provide a service	46	20%
The elderly are being discriminated against as they will be the most impacted	41	18%
Nothing	20	9%
Concerns about potential for digital exclusion amongst older age groups / more vulnerable	18	7%
Comments around proposals wasting money as other effects will occur / savings not worth impact	14	6%
Cultural / faith preferences and values need to be considered	13	6%
Comments about the impact on the most vulnerable demographic groups	13	6%
Those with disabilities need more consideration / equality has a way to go for anyone with a disability	12	5%
Concerns about impact on carers	11	5%
Concerns for those living in deprived areas / discrimination against low socio-economic groups	10	4%
Concerns about those struggling with their mental health	9	4%
Not just for adults aged 55 & over / should be for all adults	6	3%
Make it easier to understand / the document is unclear and confusing	6	3%
Increase awareness so everyone knows what's available	5	2%
Concerns for those with autism / neurodivergent	5	2%
Concerns about impact on women	5	2%

%	Number of responses	Percentage
Concerns for those who fall into multiple protected or marginalised groups / those with protected characteristics	4	2%
Comments not answering question	18	8%
Other	23	10%

Easy Read consultation questionnaire summary

45 consultees completed the Easy Read version of the questionnaire; 23 completed the questionnaires as someone living in Kent, 12 as someone who uses wellbeing services in the community, 8 on behalf of a charity or voluntary, community and social enterprises (VCSE), 1 on behalf of a Parish / Town / Borough / District Council and 1 identified as someone else.

Responses from these questionnaires can be found below:

Do you or the person you are responding on behalf of access any of the following services as described in the consultation? (Base – 29)

	Number of responses
Community Navigation	12
Community Wellbeing	19
Mental Health Wellbeing Service in the Community	16
Don't know	2

For the Community Navigation Service (which is for people aged over 55) the proposal is to: Stop paying for Community Navigation services. Some of these services will be included in the redesigned Wellbeing Services in the Community for people aged over 55.

How much do you agree or disagree with the proposals? (Base - 43)

	Number of responses
Net – Agree	1
Net - Disagree	38
I really agree	1
I mostly agree	0
I do not mind	0
I mostly disagree	7
I really do not agree	31
I don't know	4

For the Wellbeing Services in the Community (for people ages over 55) the proposal is to: Redesign Wellbeing Services in the Community. The service would still be there for people who need a higher level of support which helps them remain independent. This could be supporting people access housing, independent living support and community equipment. The services would cover Kent and be provided by Social Enterprise Kent, Imago Community and Involve Kent.

How much do you agree or disagree with the proposals? (Base - 42)

	Number of responses
Net – Agree	9
Net - Disagree	29
I really agree	4
I mostly agree	5
I do not mind	1
I mostly disagree	7
I really do not agree	22
I don't know	3

For the Mental Health Wellbeing Services in the Community (Live Well Kent) the proposal is to: Stop paying for the Innovation Fund through Porchlight and Shaw Trust. This money is used for testing new ways of helping people. We also propose a saving to Porchlight's central team, who review data and feedback. Remove Shaw Trust unallocated spend. Shaw Trust leaves an amount of money each year for contract changes. By removing this it will save money and resources.

How much do you agree or disagree with the proposals? (Base - 45)

	Number of responses
Net – Agree	4
Net - Disagree	39
I really agree	0
I mostly agree	4
I do not mind	0
I mostly disagree	9
I really do not agree	30
I don't know	2

If you would like to make any comments on any or all three proposals outlined in this survey, please tell us - 1 – Community Navigation, 2 - Wellbeing Services in the Community, 3 – Mental Health Wellbeing Services in the Community (Base – 16)

“I need this service. I would be lonely and isolated without it.”

“Removing services for over 55 will leave vulnerable people at a loss. Short term money saving leads to needing to spend more money later. Prevention is better than cure. Short term is a mistake.”

“It would be very short sighted to make cuts to these services. Mental health, loneliness is known to cause health issues.”

Please tell us how much the proposed changes would affect you - and the group or community you are part of? (Base - 42)

	Number of responses
Things would stay the same and there would not be any changes for me or my group or community	2
There would be some changes for me or my group or community	3
There would be big changes for me or my group or community	33
I don't know	4

Please tell us more about any changes you think there would be if this proposal went ahead. (Base – 23)

“More pressure on other services making it hard for people to get support they need.”

“People wouldn't have somewhere safe to go. People would lose support and friendship.”

“Interaction and social activities assist in keeping our elderly population mentally fit. To have access to communication activity allows inhabitants to know there is advice and a listening ear available.”

If the services that are proposed to end were not available..., what other ways would you or your group or community get support? (Base – 21)

“We would rely on the council and county council and primary care trust and hospital A&E. I would try my best but cannot see a positive future. Please do not do this.”

“I would have to find another support group or community that can accommodate my needs fully without being restricted.”

“They would have to look for other funding which would be a battle as they would be competing with others.”

Do you have any other ideas to the changes we are proposing? (Base – 9)

“Give more money to these services they support so many people.”

“Stop taking away support for OAPs. We have lost enough and are struggling already.”

If you have any other comments about the proposals, please share them? (Base – 8)

“Would make my life very restricted. I feel very anxious to lose my network of support. Depressing thought that these services may go.”

“These proposals seem short sighted to me and will likely result in people not receiving the level of support they need and, in some cases, deteriorating to the point that they need high level of care and support that could have been avoided or mitigated.”

Easy Read questionnaire - Demographic profile

The tables below show the demographic profile of **people supported by wellbeing services in the community / resident consultees who completed the Easy Read consultation questionnaire (36 in total)**. The proportion who left these questions blank or indicated they did not want to disclose this information has been included as applicable.

Gender	Number of responses	Percentage
Male	13	36%
Female	22	61%
Prefer not to say / blank	1	3%

Gender same as birth	Number of responses	Percentage
Yes	32	89%
No	1	3%
Prefer not to say / blank	3	8%

Age	Number of responses	Percentage
18-20	0	0%
21-25	1	3%
26-30	2	6%
31-35	0	0%
36-40	0	0%
41-45	1	3%
46-50	2	6%
Age	Number of responses	Percentage
51-55	3	8%

56-60	3	8%
61-65	4	11%
66-70	3	8%
71-75	3	8%
76-80	1	3%
81-85	4	11%
86-90	2	6%
91-95	0	0%
Over 95	0	0%
Prefer not to say / blank	7	19%

Disability	Number of responses	Percentage
Yes	19	53%
- Physical disability	10	28%
- Sensory disability	3	8%
- A long illness	7	19%
- Mental health condition	9	25%
- Learning disability	0	0%
- Neurodivergent, such as ADHA, autism, dyslexia and dyspraxia	4	11%
- A different disability or health condition	1	3%
No	12	33%
Prefer not to say / blank	5	14%

Carer	Number of responses	Percentage
Yes	4	11%
No	30	83%
Prefer not to say / blank	2	6%

Ethnicity	Number of responses	Percentage
White English, Scottish, Welsh, Northern Irish or British	29	81%
White Scottish	1	3%
White Irish	2	6%
White Northern Irish	1	3%
Any other White background	2	6%
Any other Mixed or Multiple background	1	3%

Prefer not to say / blank	0	0%

Religion	Number of responses	Percentage
- Christian	11	31%
- Buddhist	2	6%
- Hindu	0	0%
- Jewish	0	0%
- Muslim	0	0%
- Sikh	0	0%
- A different religion or belief	2	6%
No	13	36%
Prefer not to say / blank	8	22%

Sexuality	Number of responses	Percentage
Heterosexual / Straight	25	69%
Bisexual	1	3%
Gay or Lesbian	1	3%
Prefer to define my own sexuality	0	0%
Prefer not to say / blank	9	25%

Working status	Number of responses	Percentage
Working full time	2	6%
Working part time	8	22%
On a zero-hours or similar casual contract	0	0%
Freelance / self employed	0	0%
Unemployed	1	3%
Not working due to a disability or health condition	7	19%
Carer	1	3%
Homemaker	0	0%
Retired	14	39%
Other	0	0%
Prefer not to say / blank	3	8%

Next steps

TBC by KCC

Appendix – Main consultation questionnaire

Section 1 – About you

If you are helping someone to respond because they cannot fill in the questionnaire themselves, please make sure your answers are about them and their details. If you also want to give your views, please fill in a separate questionnaire and include your details in that questionnaire.

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. Someone who uses wellbeing services in the community, as described in the consultation document
☐	C. On behalf of someone who uses Wellbeing Services in the Community, as described in the consultation document (please complete this questionnaire using their information)
☐	D. A partner agency (e.g. Health services/provider)
☐	E. A representative of a local community group or residents' association
☐	F. A Parish / Town / District / Borough / City / County Councillor
☐	G. On behalf of a charity or voluntary, community and social enterprise (VCSE)
☐	H. On behalf of a Parish / Town / District / Borough / City Council in an official capacity
☐	I. A KCC employee
☐	J. Other, please tell us:

Q1a. If you are responding on behalf of an organisation (partner agency, community group, council, VCSE), please give the name:

Please write in below.

Q2. Please tell us the first 5 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.

☐	From a charity or voluntary, community and social enterprise (VCSE)
☐	An email from Let's talk Kent or KCC's Engagement and Consultation Team
☐	From a friend or relative
☐	From a member of KCC staff
☐	From my Parish, Town, District, Borough, City Council
☐	Kent.gov.uk website
☐	Newspaper
☐	Social Media (e.g. Facebook, Nextdoor, X etc.)
☐	Poster / postcard
☐	Other, please tell us:

If you answered A, B, C or J for Q1, please answer Q4. Otherwise, please move to Q5.

Section 2 – The proposals

Q4. Do you or the person you are responding on behalf of access any of the following services, as described in the consultation document?

Please select all that apply.

☐	Community Navigation

☐	Community Wellbeing
☐	Mental Health Wellbeing Service in the Community
☐	Don't know

Q4a. If you have accessed any of the above, please can you tell us which specific services you have accessed?

Please refer to the Consultation Document which describes the services.

Q5. How much do you agree or disagree with our proposals to ...?

Please select one option in each row.

Proposals	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
For the Mental Health Community and Wellbeing Service (Live Well Kent), the proposal is to stop the innovation fund, stop back-office support and remove the Shaw Trust unallocated spend						
For the Community Navigation Service (which is for people aged 55+), the proposal is to stop funding this service						
For the Wellbeing Services in the						

Proposals	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
Community (for those aged 55+), the proposal is to redesign the service to focus on people needing a medium to higher level of support which promotes independence and helps people do as much as they can for themselves. And include elements of Community Navigation						

Q5a. If you would like to comment on any or all three proposals outlined in Q5, please tell us in the box below.

If your comment relates to a specific proposal, please make this clear in your answer.

Q6. Please tell us to what extent the proposal would affect you or the person, group or community that you or your organisation represents?

Please select one option.

☐	No effect
☐	Minor effect
☐	Moderate effect
☐	Large effect
☐	Don't know

Q6a. We would like to understand more about what impact you think this proposal would have on people. Please tell us what effect, if any, you think the proposed changes are likely to have.

Please do not include any information that would identify you or anyone else in your answer.

Q7. If the services that are proposed to end were not available, what alternative ways would you or the person you represent get support?

Please do not include any information that would identify you or anyone else in your answer.

Q8. Do you have any comments on the alternative options considered in the consultation document, or any other ideas to the changes we are proposing?

Q9. If you have any other comments about the proposals, please share these with us below:

Please do not include any information that would identify you or anyone else in your answer.

Section 3 – Equality analysis

We have completed an initial Equality Impact Assessment (EqIA) for the proposed changes to Wellbeing Services in the Community.

An EqIA is a tool to assess the impact any proposals would have on the protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation) and those with carer's responsibilities.

The EqIA is available online at www.kent.gov.uk/wellbeingconsultation or in hard copy on request.

Q10. 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 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 really helps us to understand how different people could be affected by our proposals, 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.

Q11. What is your sex?

A question about gender identity will follow. Please select one option.

☐	Female
☐	Male
☐	I prefer not to say

Q12. 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	

Q13. Which of these age groups applies to you?

Please select one option.

☐	Under 16	☐	16-17	☐	18-20	☐	21-25	☐	26-30
☐	31-35	☐	36-40	☐	41-45	☐	46-50	☐	51-55
☐	56-60	☐	61-65	☐	66-70	☐	71-75	☐	76-80
☐	81-85	☐	86-90	☐	91-95	☐	Over 95	☐	I prefer not to say

Q14. 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

Q14a. If you answered 'Yes' to Q14, 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.

☐	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

If you have selected 'A different disability or health condition', please tell us:

Q15. 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	

Q16. 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	

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.

Q17. Are you a Carer?
Please select one option.

☐	Yes
☐	No
☐	I prefer not to say

Q18. 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 Caribbean background, please write in below:

Another ethnic group

☐

Arab

☐

Roma

☐

Any other ethnic group, please tell us:

Q19. Which of the following best describes your working status?

Please select one option.

☐	Working full time
☐	Working part time
☐	On a zero-hours or similar casual contract
☐	Temporarily laid off
☐	Freelance / self employed
☐	Unemployed
☐	Not working due to a disability or health condition
☐	Carer
☐	Homemaker
☐	Retired
☐	Student
☐	Other, please tell us:

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.

We will report back on the feedback we receive, but details of individual responses will remain anonymous, and we will keep your personal details confidential.

Closing date for responses: by midnight on Monday 27 January 2025.

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Appendix 2 CONSULTATION RESPONSES

Feedback	KCC Response
Theme: Longer term impact of the proposal	
Seems short sighted: will impact services further down the line, put a strain on other (already stretched) services / NHS	KCC acknowledges that some individuals will be adversely affected by the proposals, and that in those cases there may be an adverse impact on prevention, leading to an increased level of need and, ultimately, a need for formal support from KCC adult social care or other KCC or non-KCC services. Consultees were asked to consider the alternatives possible if services were stopped, around 14% referenced GPs as an alternative. Therefore, proposals could increase the contact with GPs, health partners and district councils. KCC has been able to model the potential impact of the proposals on its adult social care services. Using the 2024/25 data it is estimated that 18,804 people could be impacted by the proposal. Of these, providers estimated that 10,638 could contact social care. Of these, 41% would have already made contact with social care before being referred to the wellbeing and navigation contract. Therefore, if the proposals are implemented, instead of referring the 41% to Community Wellbeing and Navigation, adult social care will provide the information and connect people with the necessary services. <i>Using professional knowledge and experience officers assess that</i>, of the estimated number that will make contact with social care, (10,638), 20% (1,262) would progress to further support such as an assessment. It is anticipated that of the 20%, that 1-10% of people may require formal care and support from KCC. The availability of alternative services has informed the design of the proposals, which focus in part on areas where there is a high level of duplication within the prevention landscape in Kent. Additionally, we will run an awareness campaign to help people know where they can get support, to facilitate access to alternative sources of support as far as possible and reduce the potential impacts on the wider system. This modelling necessarily involves estimating probable impacts. It is very difficult to predict with certainty the longer-term impacts of the changes. However, KCC considers that the longer-term impacts are unlikely to outweigh the proposals' benefits in light of: the modelling referred to above; the availability of

	alternative services and sources of support; the fact that the proposals have been designed so as to mitigate potential impacts (including the retention of a triage and signposting service irrespective of level of need); and the fact that the redesigned services are targeted at those with higher levels of need (including the retention of Community Navigation services for individuals with higher need, following discussions with providers). Those with medium and high needs will continue to be supported. Those with lower needs are more likely to develop needs less quickly, than those with higher levels of need. It is also important to note that the proposed changes relate only to limited elements of the community services commissioned by KCC, which themselves operate within a broader prevention landscape. The more specialised services commissioned by KCC are unaffected by these proposals. While any reduction in KCC funding for preventative support will inevitably have both immediate and longer-term impacts, KCC considers that the potential for longer-term impact flowing from the proposed changes is on balance justified in light of the objectives of removing elements of duplication in KCC's current approach, ensuring that where KCC does fund prevention it is done efficiently, in a targeted manner, and focuses on areas of greatest need, and contributing to the savings needed to deliver a balanced budget for KCC. Mental health services will have far limited impact as the proposals do not affect the core mental health service or front-line services.
Will cost more in the longer term	As above, KCC engaged providers to understand how the proposal may affect individuals and providers. Numbers provided by the providers were used to model the potential financial impact. The modelling estimated the costs on social care per year which are much lower in comparison to the costs of these services, and duplication costs with the other services that are being provided. Due to the nature of prevention, it is difficult to predict what exactly would happen if the proposals were to be implemented, however, using a range we have been able to estimate the cost implication on the social care budget could range between £17,000 to £166,000 (full year costs) in the short term.

Feedback	KCC Response
Theme: Community Navigation	
Crucial support, the backbone, without this a lot of vulnerable people will be without support, including signposting, advice, guidance	KCC acknowledges that many people currently receive highly valued, important, support through the Community Navigation contracts. However, some people will continue to be able to access a Community Navigation service in future, because we will incorporate elements of it into the redesigned Community Wellbeing contracts for people with medium or higher-level needs. Additionally, the proposals have been developed because we assess that there is currently duplication in the system as identified in the cabinet report.
Lots of people need help with form-filling, this won't be provided if funding cut	KCC acknowledges that Community Navigators provide highly valued support with tasks like form filling. However, there are alternative sources of support available for these tasks as identified in the cabinet report which will continue to provide this type of support. These include the following and can be accessed face to face: • Adult Social Care Connect clinics • Kent Enablement Service – drop in sessions The proposed Wellbeing service will continue for people assessed as needing medium to higher levels of support.
Signposting is important to help people who don't know where to go or what to access	KCC acknowledges the importance of signposting, and that Community Navigators play a valuable role in connecting individuals to the support they need. In designing the proposals KCC has considered what signposting services continue to be widely available in future: • As part of the Wellbeing Service, providers will still maintain an initial contact point and provide information, advice and guidance. • Community Navigation will still be available for those with medium and higher needs through the redesigned Community Wellbeing contracts. In addition, this is an area where KCC considers that there is a significant level of duplication at present in the system. Other signposting services are currently and will continue to be available, as follows: • Social Care Connect which can provide this type of support. As part of the vision to "keep people close to their communities", community clinics have been set up or are planned.

	• Various community roles such as community wardens, social prescribing and positive wellbeing. • Kent Enablement Service provides face to face contact. The theme of people knowing where to go for information, advice and guidance was key. Reflecting on this from the consultation, we are now planning a campaign to raise awareness where people can get the right information at the right time, with the aim to make it clearer and easier for people.
People will miss out on accessing advice, housing benefit advice, other important issues	There are a range of services available, these include Adult Social Care Connect, Kent Enablement Service, more information about these have been included in the cabinet report. People assessed with medium to higher levels of need will still access support.
How will we incorporate navigation into the wellbeing element? – this isn't clear	The proposal is to redesign the Wellbeing Service to include elements of Community Navigation, the redesign would: • Make the service more targeted and focus on people needing medium to higher level support. • The support for people assessed at lower level would stop. However, people will still be able to contact the services where they will be triaged, signposted and connected with support and services that may or may not be funded by KCC. • Ensuring the service focuses on areas of greatest need by considering needs of the communities such as areas of deprivation, diversity, transport issues by using data and insights. • Provide wellbeing groups and activities for people assessed as needing medium to higher levels of need. • Provide Community Navigation for people assessed as needing medium to higher levels of support. This will be similar to the current service offer which includes financial advice, benefits maximisation, housing support, befriending and peer support. Instead, these individuals will receive information, advice, and guidance and be connected with ongoing services and community groups suited to their needs.

	To maintain community roles undertaking home and community visits for people assessed as needing medium to higher levels of need.
The Community Navigators help self-funders set up new care packages, who will cover this if the service ends?	There is various support available for self-funders including organisations such as: Who we can help Autumna - Autumna which provides a free & impartial service. They are able to provide advice, shortlisting and signpost people. KCC also provides a chargeable service for self-funders to help set up care and support.
Financial/Benefits- People not knowing what benefits they are entitled to or support with claiming benefits, form filling, blue badge applications, debt management.	This is an important aspect of support for people. The Wellbeing Service would provide this support for people assessed as needing medium to higher levels of support. There, are also a range of services that have been identified and set out in the cabinet report that will provide support to people assessed as needing lower levels of support.

Feedback	KCC Response
Theme: Isolation and loneliness	
Proposals will leave a lot of people isolated and alone	Isolation and loneliness were identified as a potential negative impact identified in equality impact assessment, and the consultation has confirmed that this is a concern. The proposal would reduce funding for Wellbeing Services which would reduce or stop some activities. There are other groups and activities that are provided outside of these contracts and people can be signposted and connected with these. Officers have looked at what groups and activities could potentially stop under these proposals and what alternatives are available that are relevant to older people. The alternative groups and activities considered physical wellbeing and connection through social groups such as reading groups. There is a broad range of activities available outside of the contracts across Kent (although in a small number of specific localities within districts there are fewer alternatives or individuals may need to travel to access a suitable alternative). It is also considered likely that some of the groups and activities which are potentially affected will continue. Additionally, officers have considered travel options that can be communicated to people when considering alternative groups and activities.

	By complying with section 2 of the Care Act: in performing its prevention duty “a local authority must have regard to the importance of identifying services, facilities and resources available in the authorities area and the extent to which the authority could involve or make use them in performing that duty”, there is an understanding in adult social care of what groups and activities are available. Social care staff and partners can use the digital tools (connect to support and Joy platform) to find out about groups and activities within communities along with local knowledge and connections. A discussion with the individual first helps to understand the support needs and areas of interest so that relevant groups and activities can be identified. There are three Market Development Officers within Kent Adult Social Care Commissioning. The postholders work with communities to understand the local needs profile and to identify, encourage and support those interested in identifying, nurturing and setting up compliant micro enterprises that support and deliver the care needs of Kent residents and support KCC’s Commissioning Intentions for Adult Social Care. This can include groups and activities. There are also services such as Positive Wellbeing which is delivered by Community Connectors from across a range of services and community organisations. Support is offered face-to-face, by telephone or video appointments for up to 12 weeks. It aims to reduce social isolation and loneliness, enhance quality of life, and improve overall wellbeing. Support is given by signposting residents to various organisations, groups, clubs and events and attending alongside the resident where appropriate. The main objectives are to reduce isolation and loneliness in Kent, improve wellbeing, reduce demand on health and social services. There are community wardens that know their communities and play a role in connecting people. An additional mitigation identified following the consultation was to develop an information, advice and guidance campaign to help people know where and when the access support.
Those who are unable to travel or due to lack of public transport would not	Transport was a concern raised during the consultation, in that if people do need to travel to

be able to attend classes, groups	alternative groups and activities transport can be a barrier. The concerns around transport have been considered following the consultation, if transport is identified as a barrier, social care teams use the KCC transport scheme, which provides information on locally run and managed transport schemes across Kent. Through the scheme there is encouragement and grants for parishes, charities, and community groups can to set up community transport schemes. Social Care teams also have a list of transport providers for health-related travel, such as appointments, hospital discharge. If proposals are implemented, that we will need to work with providers to prioritise groups and activities in areas of deprivation, diversity and known transport issues. There will continue to be support available for people assessed as needing medium to higher levels of support.

Feedback	KCC Response
Theme: Lower needs	
Could miss out those with lower needs on paper, and they'll quickly become higher needs needing support, low level support is really important	We have responded to the related concern that the proposals may be “short –sighted” above. As outlined in the cabinet report, there was modelling undertaken to understand the potential impact of the proposal. The targeted approach is on people with medium to higher levels of need to prevent them from needing social care more quickly. For people assessed as needing lower levels of support, there are a range of mitigations that are available. Following the consultation and understanding these concerns, there will be a campaign to help people understand where they can go for information, advice and guidance ensuring Kent residents are aware of the low-level support that is available. KCC is complying with broad statutory responsibilities in providing information, advice and guidance and this is outlined in the cabinet report.
Low level support is vital to prevent people going onto mid or higher level support, working with	A range of alternatives/mitigations have been identified which will continue to support to people assessed as needing lower levels of support and these are available in person. They include:

people face to face provides reassurance, rather than sitting at a computer or over the telephone, interaction will not be the same.	• Adult Social Care Connect which can provide this type of support. As part of the vision to "keep people close to their communities", community clinics have been set up or are planned. • There are other free services such as Kent Enablement Services. Which provides weekly sessions in key locations across Kent helping people with accessing information and advice, help with letters, bills, finding groups and activities, college and education courses, paid and voluntary employment, information about keeping safe, housing, wellbeing, benefits and help with making phone calls. The service is currently underutilised as the sessions are not well promoted and has the capacity to create more sessions and locations if there is more demand. • Social Prescribing is designed for low-medium needs (health funded). • There are a range of community activities and opportunities provided outside of these contracts for people to interact in person in which people can be signposted to.
How do you know who needs medium/higher level of support? What will be the definition of high needs. Concerns initial assessment of low needs might actually be high needs etc	The criteria or triage prompts were co- developed and agreed with Providers to ensure standardised usage across all contracts. Level 1 (low level) Promoting wellbeing – supporting and encouraging individuals to look after their health and wellbeing. Level 2 (medium level) Promoting independence – short term support so that individuals are then able to carry on with their lives as independently as possible. Level 3 (higher level) Supporting independence – for those requiring ongoing social care support, helping them to live independently, do as much as they can for themselves and in their own homes where possible.

Feedback	KCC Response
Theme: Impact on people	
Over 55s need support, more than we may think	We acknowledge that the over 55 population is significant in Kent and rising rapidly and that keeping people well for longer will reduce need for adult social care in the future. We understand that older people

	want opportunities to be social as well as to improve physical and mental health and to better connect older people to each other and local things to do in their neighbourhoods. There are a range of alternatives/mitigations that are suitable for people over 55, these include: • Ensuring that there is face to face support available and not just digital • As part of digital Kent providing support to people to build digital confidence • Groups and activities that are suitable for people to access and considering concerns such as transport. Public Health has recruited a role that will lead specific projects which will enable older people to stay living in their homes, participate in activities they value and contribute to their communities for as long as possible.
Impacts on people: will affect too many people	The Wellbeing Service and Community Navigation received around 26,525 referrals in 24/25. It is estimated the services will have capacity to support 7,721 people. It is estimated that 18,804 people could be impacted by the proposal. We have explained elsewhere the alternative available means of support. There are also a number of other services that are not included in the scope of the consultation and will continue to support people needing these services. • Wellbeing Services in the Community for people with dementia and their families • Wellbeing Services in the Community for those with a physical disability • Wellbeing Services in the Community for adults with sensory impairments • Mental Health Wellbeing Services in the Community (with the exception of the Innovation Fund) • Community Navigation for Carers. We acknowledge the impacts that these changes will have on people (in particular those with lower-level needs) who are currently accessing, or who would access, the services concerned. The reasons why

	KCC considers it appropriate to make these changes are explained in the cabinet report.
Carers support very important; navigation helps the carers/support for carers	There is a community navigation service for carers which is not within scope of this proposal and will continue to support people needing these services.
Dementia support There is a distinct lack of community support for people living with dementia and frailty. To stop these services, in the context of an already overburdened and ineffective health and social care provision would be catastrophically detrimental.	There are a number of contracts out of scope of the consultation and will continue to support people needing these services, this includes Wellbeing Services in the Community for people with dementia and their families. This service has a particular focus on supporting those with a dementia diagnosis and their families. The service provides dementia cafes for individuals living with dementia and their carers. Dementia peer support groups where individuals in the early to middle stages of their condition can meet and share experiences and offer mutual support and advice. Social opportunities and befriending services.
Suicides increasing/wouldn't be here without the support/deathly consequences	The Suicide Prevention team is part of the Public Health department, funded by the ICB and a Kent and Medway joint programme. The programme aims to reduce suicides by implementing the local suicide prevention strategy . It funds local services, supports research, analysis, quality improvement projects, and offers system leadership to aid those struggling with mental health issues and suicidal thoughts in Kent & Medway. Working with partners across the Integrated Care System, we ensure local support is available by identifying major risk factors through research and analysis. We also enhance awareness among professionals about suicide prevention and their roles in it.

Feedback	KCC Response
Theme: Digital	
Older people and some of those with disabilities unable to / won't use online, will not be signposted, and will get missed out	Digital is a way in which people can access information, advice and guidance. But we acknowledge that this cannot entirely replace in person contact and support. Digital platforms such as Connect to Support and Joy social prescribing can also help organisations and staff get the right information to support people.

	There is a range of sources of face-to-face support available via Adult Social Care Connect which can provide visits and holds clinics, Kent Enablement Service which has regular sessions across the county. Digital Kent is working to improve digital inclusion and capabilities in the county of Kent. Digital Kent Digital Inclusion & Capabilities
Connect to Support Platform not user friendly	There was some feedback that the Connect to Support. The following points were raised and have been addressed: <u>Accuracy and information being up to date:</u> Feedback on information going out of date on the site pages and on the directory. <u>Action:</u> We reinstated an automatic review function; this will email us to say a page has reached its renewal date and needs checking. <u>Community Directory new entries:</u> These are checked once a week for updates to be signed off or new entries to be checked and approved. <u>Community Directory Search:</u> Feedback was received on the search function of the community directory and the difficulty for organisations to find the 'add listing button'. <u>Action:</u> • The platform provider has split the search box into subject and postcode to narrow down the search results and make it more accurate. • The platform provider has installed an information box we can edit, this contains tips on using the search function, a link to the new interactive asset map and also details of how to add a community directory entry. • The 'create a listing' button has been renamed to 'create a directory entry' to make it clearer and the button is to be moved up the screen to improve visibility. Since we have developed Connect to Support, there has been a further development - Joy is a digital social prescribing platform, with a variety of aspects that can be used by both professionals and Kent Residents to help navigate the complex health and social care system, and the support available to both individuals and communities. Kent and Medway Integrated Care Board have funded a 15-month pilot for primary care teams, including GP Practices and their Social Prescribers to use the system.

	Joy Connect – sits on top of the primary care clinical system, and allows GP practice staff, including Social Prescribers, to refer directly to community support in the local area. This will reduce the need for primary care staff to search through large directories and service websites to find and refer people for support. The marketplace is an online public facing directory, which enables Kent & Medway residents to type in their postcode, filter categories and find local support available to them, and self-refer to support. Kent County Council have identified an opportunity in building upon the existing work for the Kent and Medway Integrated Care Board pilot, to reduce internal and system duplication in the signposting and referring space and explore opportunities for adult social care staff to use the system.

Feedback	KCC Response
Theme: Areas of deprivation	
Concerns raised about lack of support and services in areas of deprivation which could increase health inequalities	One of the strategic objectives is to ensure that services are responsive to greatest need. If proposals are agreed, we will work with the providers to consider how the services can best target the support in areas of deprivation by using insights and data.

Feedback	KCC Response
Theme: Wellbeing and independence	
Independence: current service helps older people maintain their independence and to live in their own homes	Support for individuals with medium and higher levels of need will not be affected and there will continue to be an initial point of contact available for those with lower needs which will be able to signpost these individuals to relevant support (provided via online and telephone). In addition to these, and other alternative information, advice and signposting services, there are a range of KCC services that will continue to provide support to older people that will help them maintain their independence. Services include: • Technology Enhanced Lives, which utilises a range of assistive technologies to support independence and safety. • To help older people with social isolation, and improving physical and emotional wellbeing, there is Positive Wellbeing, delivered by a delivered by Community Connectors from

	across a range of services and community organisations. Public Health currently fund Fall prevention courses - Kent County Council which help people keep moving, strong and balanced. The Public Health team at Kent County Council (KCC) have just completed a public consultation on proposed changes to this Postural Stability Service in Kent. Proposals do not entail making any savings. The proposal is to change the service so it 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. During April '25 Public Health recruited a role that will lead specific projects which will enable older people to stay living in their homes, participate in activities they value and contribute to their communities for as long as possible. This is a new role which will work with partners health, social care and district councils. The role will lead work with partners to understand the extent to which Kent districts are 'Age Friendly Communities' – places where people are enabled to stay living in their homes, participate in the activities they value and contribute to their communities for as long as possible. The WHO's Age Friendly Communities framework has 8 domains and there is a four-step process for places to go through to embed age-friendly ways of working which this postholder would be responsible for. What's an Age-friendly Community? Centre for Ageing Better
What will happen to our wellbeing activities, these groups are essential for our wellbeing, as a carer I need the time away from my caring duties and these groups help with both my physical and mental health and stops isolation	If you give unpaid care to someone who is over the age of 18 you can ask for a carers assessment, information taken during the carers assessment is used to develop a support plan to help you carry on doing the things that are important to you and your family. The plan will detail what help from the council you are entitled to, as well as other places to get help. This can include the groups and activities that allow you to have a break. The carers contracts in Kent are not in scope these proposals. As explained above there is a broad range of groups and activities provided outside of these contracts in which people can access across Kent.

Feedback	KCC Response
Theme: Data and evidence	
Is there data and evidence to support the proposals?	KCC has a range of data which has been considered and used to model the potential impact as outlined in the cabinet report. There is a demand and future demand supporting document attached to the Prevention Framework cabinet report. As part of the contract with the lead organisations there are regular contract meetings and data is collected. This includes information on the outcomes for those receiving the service, referrals information, outputs, level of need, equality information and case studies.

Feedback	KCC Response
Theme: Collaboration	
Needs a joined up approach, collaboration, enhance community partnerships	There is a continued focus on prevention work for our communities, and this is set out in the draft 2025-2035 Prevention Framework which we have been co-designed with VCSE, Partners and Kent residents. The Framework sets out the longer-term, future approach to prevention. It is proposed that the Framework is first approved before taking this decision. There are regular discussions with Health and Public Health on opportunities for a more joined up approach. This is documented in strategies such as the Kent and Medway Social Prescribing Strategy
The timing of these proposed changes causes a lot of concern and do not have seen to have been considered holistically– KCC have already reduced the number of Community Wardens and the locations in which they work. The wardens, although not labelled as community navigators, undertake a very similar role and again play a preventative role. Many agencies would refer a vulnerable older person	The Community Wardens provide valuable support to local communities and there are a variety of community-based roles both in and outside KCC that provide similar information, advice and guidance support to both individuals and communities. Strengthening community resilience and partnerships' is one of the focus areas in the 'Making a difference everyday' Kent Adult Social Care strategy (2022-2027). The core purpose outlined in this strategy is supporting people to lead the lives they want to live, and in a place they call home, by putting people at the heart of everything we do. Promoting an individual's wellbeing, preventing, reducing or delaying the development of the need for care and support is core to Kent's way of working, in line with the Care Act.

for support to either these care navigator services or Wardens, when they don't reach the threshold for adult social care support.	Working in partnership with Public Health and Growth, Environment and Transport (GET) directorate in the Council which is where Community Wardens work to consider the Council approach to prevention. This in addition to other services provided by the Council such as libraries, green spaces which all play a role in prevention. There is a Prevention Delivery Group which considers what prevention work is underway which could be strengthened and what else might be done with individuals, groups of people, communities and at a whole population level to increase health and wellbeing and change the trajectory of care needs for residents.
As our partners look to develop an Integrated Neighbourhood Team Model, all these changes would be a huge step backwards for integrated multi-system care and the shift left towards prevention, which national policy now demands.	The publication of the NHS 10 Year Plan sets out the intention to make three critical shifts in the way health services are provided: 1. From hospital to community 2. From analogue to digital 3. From treatment to prevention These shifts are further supported by a drive to deliver place-based neighbourhood working, where multidisciplinary teams work in partnership to deliver integrated care The draft Adult Social Care Prevention Framework 2025-2035 recognises the value of neighbourhood working, and Adult Social Care have representation within local Health and Care Partnership meetings where Integrated Neighbourhood Teams are developing. We are working to integrate and align our working with health colleagues, including the sharing of detailed data and research undertaken as part of the Prevention Framework on Patient Need Groups using the Johns Hopkins Risk Stratification Tool and the Kent and Medway Care Record (KMCR).

Feedback	KCC Response
Theme: Mitigations	
It would be good to see a serious plan to look again at how referrals, information provision and support have changed and the impact this has	The Adult Social Care Connect service has been redesigned with a stronger focus on helping to connect people with information and support in a timely way, with the following values at the core of the service:

had - in order to inform a genuine effort to look at a more effective and connected set of arrangements.	• Think Independence and Enablement First • Make Practice-Led Decisions • Keeping People Close to their Communities The staffing model within the service reflects the ambition to strengthen the connectivity of front door services with the wider network of providers and partners working within local communities, with Social Care staff embedded in each hub to support the delivery of initial assessment conversations within people's homes and at community clinics, and to connect people to community-based support and information. This includes the establishment of a "duty system" where focused resource is allocated on a daily basis to support people with information and referrals either without a more detailed assessment conversation, or while this conversation is scheduled. In North Kent, where this system was first trialled, 31.8% of cases were able to be resolved at contact between October and December 2024 (compared to an average of 20.8% for the year prior to the go-live of Adult Social Care Connect). This system has now been implemented across all four ASC Connect Hubs.
Yes go back to central one stop shops where access and signposting of services is available in central shopping locations or places accessed by all in the community. These worked well for all. Local services provision for all types of support was available and on hand.	As part of the vision to "keep people close to their communities", community clinics have been set up or are planned. The purpose of these clinics is to establish effective community interfaces between ASC Connect and wider community services, and to provide alternative settings in which to undertake initial conversations with people referred to ASCH for information and support and enable organic connections with local service providers. The current clinics are in Ashford and Canterbury and Thanet and South Kent Coast, and two additional clinics from August are in North Kent (Gravesend Civic Centre and New Ash Green). Options being explored for West Kent, two locations were tested in Spring 2025 (Tunbridge Wells and Maidstone), however these were not utilised and paused as other locations are being considered. In addition to the clinics provided through ASC Connect, Kent Enablement Service also offers a free helpdesk service providing information and advice on support services, charities and local groups.

Feedback	KCC Response
Theme: Consultation	
How much has the consultation cost in total? Will the total cost of the consultation be published?	To ensure that people could engage with the consultation and recognising not everyone could use the consultation online platform, hard documents of the consultation material were produced. This includes the design and printing of posters to promote the consultation and questionnaires, the total cost was £5,938.
Consultation is a done deal, no need to consult as decision already made	The point of consultations is to ensure that people have the opportunity to put forward their views and are a legal requirement. No decisions have been made. Outcomes from consultation will be presented to the Cabinet Member for Adult Social Care to consider and take a decision.
Consultation document not very easy to understand	The consultation document was developed to provide as much information about the proposals as clearly as possible so that people could respond in a fully informed way. To support people with the consultation, an easy ready version was developed, contact point within KCC to find out more information, drop in sessions where people could ask questions and get help with completing the consultation questionnaire and KCC officers attended groups and activities to talk to people.
How does the feedback get recorded, and is it actually taken into account?	Outcomes from the consultation have been used to update the EQIA and consider any other options that have been identified. We are also using this document to respond to points raised during the consultation.
Conflict of interest regarding prevention and policies and strategy talk about how we need to improve prevention and then proposing to reduce preventive services it doesn't make sense. If people don't get the support they need early then they will go straight into mid, high level and crisis which is much more expensive.	We have developed these proposals to reduce duplication, ensure prevention services are more efficient, targeted and making best use of limited resources, there is focus on people and areas with the greatest need and contribute towards savings that deliver a balanced budget for KCC. We have also taken into account the proposed overarching and longer-term (2025-2035) ambition, as set out in the draft Prevention Framework. KCC's decision report discusses officers' assessment of the proposed changes to Community Wellbeing and Community Navigation against each of the five 'approaches' in the draft Prevention Framework.

Feedback	KCC Response
Theme: Staffing and Volunteer impact	
Community Navigators / the workers on the ground are skilled, trained, and experienced, and should not be replaced or lost	When developing the proposal there were discussions with the providers in scope to understand the impact of proposals such as workforce and redundancies. If the proposals are implemented, providers stated that they will work with subcontracted partners to explore where staff and skills can be retained. However, there is a risk with the proposal that there will be redundancies as outlined in the cabinet.
The voluntary sector has lots of volunteers, will KCC or the alternative services have volunteers?	Volunteers play a valuable role in Kent. If proposals are implemented, we shall work with providers in scope to see how volunteers can continue in the redesigned service or alternative services. There is also a way to connect people who currently volunteer or interested in volunteering KCC volunteers. Volunteer opportunities also available Kent Volunteers by area or interest.

Appendix 3 Emerging themes and options considered following consultation

Consultation themes

In summary these themes are:

- **Focus on people with lower levels of support to prevent them moving quickly into medium and higher levels of support.** Consultation responses raised concerns that *“low level support is vital to prevent people going onto mid or higher-level support”* And that there is a risk that individuals requiring lower levels of support could transition to needing medium to higher levels of support more rapidly than anticipated.
- **Community Navigation to remain as this provides crucial support.** The consultation raised concerns about how Community Navigation provides *“crucial support, the backbone, without this a lot of vulnerable people will be without support, including signposting, advice, guidance”*.
- **To consider a more joined up system approach, working in collaboration to provide prevention services.** The consultation raised concerns about proposals being short sighted and will impact services further down the line, put a strain on other (already stretched) services / NHS and will cost more in the longer term.
- There were also concerns raised that some of the mitigations were **digital** *“older people and some of those with disabilities unable to / won’t use online, will not be signposted, and will get missed out”*.
- The consultation raised concerns for *“those who are **unable to travel or due to lack of public transport would not be able to attend classes, groups**”* which could make accessing alternative activities more challenging for people and therefore increase the negative impact of the proposal.

Options considered following consultation

Alternative option considered	Why the option has not been taken forward to consultation
Focus on people with lower levels of support to prevent them moving quickly into medium and higher levels of support.	In developing the proposals, it was felt that the support to people assessed as lower level was where there was the most duplication and alternatives available to retain people at the lower level. Based on the current numbers of people assessed as lower level, if this was to become the service focus and stop funding the support for people assessed as needing medium to higher levels of support it would mean the total wellbeing saving would be £1,623,000 which is £619,000 less than the current position.

	The proposal that we consulted on focused on people needing medium to higher levels of support in order to promote independence, supporting individuals to carry on with their lives as independently as possible and helping people do as much as they can for themselves. Therefore, without this support people assessed as needing medium to higher levels of support will quickly require support from social care. This would increase the costs of care and support and the overall net savings would be reduced. This option has not been taken forward as this will not achieve the strategic objectives of: • removing elements of duplication within the prevention approach. • ensuring prevention services are more efficient, targeted and making best use of limited resources. • focusing on the areas of greatest need. • contributing towards KCC's savings.
Community Navigation to remain as this provides crucial support.	When developing the proposals, Community Navigation was the area where there was duplication for people needing lower levels of support and alternative services available. Providers within scope stated that Community Navigation does provide crucial support and therefore the proposal that went out for consultation included Community Navigation within the redesigned Wellbeing Service, but with a focus on people assessed as needing medium to higher levels of support. This option has not been taken forward as this will not achieve the strategic objectives of: • removing elements of duplication within the prevention approach. • ensuring prevention services are more efficient, targeted and making best use of limited resources. • focusing on the areas of greatest need.
To consider a more joined up system approach, working in collaboration to provide prevention services.	During the consultation there were suggestions on seeking opportunities to collaborate with partners to create a more joined up approach to prevention.

	There is a continued focus on prevention work for our communities set out in the draft Prevention Framework. However, this option is not alternative to the proposal that has been consulted as it will take time to develop and implement and not achieve the strategic objectives of: • removing elements of duplication within the prevention approach. • ensuring prevention services are more efficient, targeted and making best use of limited resources. • focusing on the areas of greatest need. • contributing towards KCC's savings.
To work more collaboratively with volunteers, charities and churches	This is an area we continue to develop and strengthen as a mitigation. Churches, charities and volunteers have good relationships with communities and can help connect people with information, advice and guidance provide groups and activities. However, this option alone will not achieve the strategic objectives.
Charging and means testing	Some of the groups and activities provided by the Wellbeing Services already have a small charge. Adult social care is also means tested. This option will not achieve the strategic objectives of reducing duplication and targeted approach.
Asking central government for funding	There is ongoing dialogue with central government. This option will not achieve the strategic objectives of reducing duplication and targeted approach.

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Appendix 4 Services that would continue if the proposal is implemented

Prevent: Primary prevention/promoting wellbeing - facilities or resources provided or arranged that may help an individual who has no current particular health or care and support needs.

Universal access to information	• Social Prescribing - a service that is often run through GP practices which connects people to activities, groups and support that improve health and wellbeing. • Wellbeing Services in the Community will continue to have initial contact point for people. • Adult Social Care Connect - initial contact point with social care. • Wellbeing Services for Carers, people with disabilities, dementia and sensory impairment. • Kent Connect to Support – digital platform that provides information advice and guidance
Support safer neighbourhoods	• Community Warden Service - a service that supports residents, particularly people who are elderly and have vulnerabilities to feel safe and supported. • Kent Community Safety Partnership – a partnership that is responsible for community safety in Kent.
Promote healthy and active lifestyles	• One You Kent – a service to help residents make healthy lifestyle changes including to lose weight, stop smoking, get more active or reduce alcohol intake. • Social Prescribing - a service that is often run through GP practices which connects people to activities, groups and support that improve health and wellbeing. • Live Well Kent and Medway - services to support mental health and promote wellbeing, including one-to-one support, groups, advice and activities. • Wellbeing Services in the Community for people assessed as needing medium to higher levels of support. • Adult Social Care Connect - initial contact point for social care which can provide information and connect people with information that promotes health and active lifestyles.

(Prevent: Primary prevention/ promoting wellbeing continued...)

Reduce loneliness or isolation befriending schemes	• Wellbeing Services in the Community for people assessed as needing medium to higher levels of support. • Social Prescribing - a service that is often run through GP practices which connects people to activities, groups and support that improve health and wellbeing. • Live Well Kent and Medway - services to support mental health and promote wellbeing, including one to one support, groups, advice and activities. • Carers Support Services – including carer assessment to determine support required for an unpaid carer, carers direct payments, carer-specific navigation services, carer wellbeing services to improve physical and emotional wellbeing, financial wellbeing support, short breaks, and carer and dementia crisis support. • Wellbeing services for people living with dementia, disabilities and sensory impairment. • Community Warden Positive Wellbeing service - a service that supports residents, particularly people who are elderly and have vulnerabilities, to feel safe and supported and to foster a sense of cohesion and wellbeing. • Adult Social Care Connect – a service helping people find groups and activities that will help social isolation.
Planning ahead for people's futures	• Online Self-Assessment – a service that offers online advice, connecting to resources and support to help live life independently. • Financial Assessment Estimator Tool – an estimator that gives an idea of how much an individual may need to pay towards the cost of their care. • People's Voice (Healthwatch Kent) – a service to promote and empower Kent residents to have a voice in influencing, developing and shaping health and care services. • Adult Social Care Connect - initial contact point for social care which can provide information and connect people with information that promotes health and active lifestyles.

Reduce: Secondary prevention/early intervention - targeted interventions aimed at individuals who have an increased risk of developing needs.

Fall prevention	• Fall Prevention Courses - courses to people who are at risk of or have a history of falling. • Technology Enhanced Lives – a service that provides technologies to help prevent and monitor for falls. • Wellbeing Services in the Community for people assessed as needing medium to higher levels of support.
Adaptions to housing	• Aids and minor adaptations assessed through occupational therapists in social care. • Trusted assessor for small pieces of equipment provided by the redesigned Wellbeing Services in the Community for people assessed as needing medium to higher levels of support. • Disabled Facilities Grant - help towards the costs of making changes to a home so the person can continue to live there. • Home Improvement Agency Service - provide a wide range of services to help maintain independence in a person's home.
Handyman services	• Home Improvement Agency Service - a wide range of services to help maintain independence in a person's home.
Care Technology	• Technology Enhanced Lives Service – a service that provides technologies to help prevent and monitor for falls.

Delay: Tertiary prevention/formal intervention - interventions aimed at minimising the effect of disability or deterioration for people with established or complex health conditions.

Support in a person's own home	• Meeting a person's needs through an assessed package of care and support. • Technology Enhanced Lives Service – a service that provides technologies to help prevent and monitor for falls. • Integrated Community Equipment Service - provision of community equipment for older people and people with disabilities to promote independence, social inclusion, safety and quality of life. • Occupational Therapy - a service to improve people's ability to do everyday tasks if they're having difficulties including moving and handling, enablement techniques, specialist equipment, and adaptations. • Kent Enablement Support Services - a service that supports people to lead as independent and fulfilling a life as possible, by supporting them to learn or re-learn skills and daily life tasks. • Meals to support people to remain in their home and independent.
Respite care	• Short breaks services provided directly by KCC or by externally commissioned providers.
Support for carers (peer support groups like dementia cafés, or emotional support)	• Carers Short Breaks - a service that provides carers with a break from caring. • Emotional support provided by the Wellbeing Services in the Community for carers. • Post Diagnostic Specialist Support in the Community for people with dementia. • KCC Short Breaks services - a range of residential short break services across Kent. • Short Breaks provided by externally commissioned organisations – offering breaks from caring if they are providing care or support to a family member or friend. • Shared Lives - provides people with the opportunity to stay in the homes of individually recruited, trained and approved carers and their families who live in the community.
Rehabilitation / reablement services	• Kent Enablement at Home - a short-term service that supports people to lead as independent and fulfilling a life as possible, by supporting them to learn or re-learn skills and daily life tasks. • Integrated Care Centres - rehabilitation for patients who need help to enable them to return to their own home after illness or injury: West View, Broadmeadow, Westbrook House, Gravesham Place. • Occupational Therapy - a service to improve people's ability to do everyday tasks if they're having difficulties including moving and handling, enablement techniques, specialist equipment, and adaptations.
Community equipment services and adaptations	• Aids and minor adaptations - £1,000 or less. • Disabled Facilities Grant - help towards the costs of making changes to a home so the person can continue to live there. • Integrated Community Equipment Service - provision of community equipment for older people and people

	with disabilities to promote independence, social inclusion, safety and quality of life. • Technology Enhanced Lives Service – a service that provides technologies to help prevent and monitor for falls. • Home Improvement Agency Service - a wide range of services to help maintain independence in a person's home.
Domestic Abuse	• Personalised support delivered to survivors following domestic abuse to avoid escalation of need and increase safety and wellbeing.

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Appendix 5 Subcontracted providers and potential job losses

Social Enterprise Kent (SEK)

SEK work with a number of partners including:

- Age UK Thanet
- Your Leisure
- Age UK Hythe, Lyminge and Ashford
- Age UK South Kent Coast
- Romney Marsh Community Hub
- Age UK Canterbury
- Age UK Herne Bay and Whitstable
- Age UK Kent Rivers.

In addition, SEK provides small grant funding to 79 grassroots organisations through the Wellbeing contract, including CARM, Dover SmART and Dover Big Local.

Under the proposal, the following jobs that are part of the Community Wellbeing service would be at risk.

- Your Leisure – SEK would terminate this contract as it is currently only supporting people needing lower-level support. Four posts would be made redundant.
- Age UK South Kent Coast – 7 possible redundancies
- Age UK Thanet – 7 possible redundancies.
- Romney Marsh Community Hub – 4 possible redundancies.
- Age UK Hythe, Lyminge and Ashford – 7 possible redundancies.
- Social Enterprise Kent – 3 possible redundancies.

As Community Navigation would stop, as a result, the following roles would no longer be funded:

- Age UK Canterbury - 2 navigators
- Age UK Kent Rivers (delivering in Faversham) - 1 navigator
- Age UK South Kent Coast (delivering in Ashford) - 2 navigators
- Age UK Herne Bay and Whitstable –1 navigator
- Age UK Thanet – 2 navigators
- Age UK South Kent Coast – 4 navigators
- Social Enterprise Kent – 2 triage hub navigators

Estimated total number of roles that could be impacted

- Community Navigation – 22 staff roles
- Community Wellbeing – 31 staff roles

Involve Kent

44 partner organisations are contracted by Involve and offer a range of services including community transport, complex benefits advice, social activities, specific interest groups, physical activity groups and befriending.

Potential job losses:

Community Navigation: 1 Lead Navigator and 5 Navigators. (All are KCC community equipment trained)

Community Wellbeing: 4 Involve staff.

10 staff in total would be made redundant from Involve.

Imago

As of October 2024, Imago subcontracted with the following services. It is expected that there will be redundancies, however the numbers are being considered by the subcontracted providers as they explore other options and funding sources.

- Tenterden Social Hub – potential redundancies
- Food Friends Ashford, Canterbury and Swale – potential redundancies
- Kentish Stour – no redundancies expected
- Age UK Hythe, Lyminge and Ashford – exploring options for how the services can be delivered in the future to prevent redundancies
- Age UK Canterbury – exploring options for how the services can be delivered in the future to prevent redundancies
- Age UK Faversham and Sittingbourne - exploring options for how the services can be delivered in the future to prevent redundancies
- Northgate over 55s - potential redundancies
- Northgate Befriending Face to Face – service expected to continue under proposal
- The Beaney – service expected to continue under proposal
- West Faversham Community Association - potential redundancies
- CAMEO+ - service expected to continue under the new proposal
- Stanhope Community Centre - potential redundancies
- Healing Through Horses - potential redundancies

Imago are waiting to hear on other bids and work the organisation does in other areas to determine if they would need to make staff redundant.

Appendix 6 Activities that may be affected under the proposal

The organisations that run these groups do receive funding from other sources.

The lead providers have given us the following information on what the impact of the proposal could be.

Social Enterprise Kent (SEK) has told us that the following activities could be affected:

Age UK Hythe, Lyminge and Ashford	
Activity Medley Tuesdays	Quizzes, Board games, reminiscence
Activity Medley Fridays	Arts, Crafts and board games
Bingo	Bingo
Book Club	Monthly Book group
Crafty Tuesday	Crafts, Hobbies and painting activities
Fit and Fun	A range of fun Fitness activities
Get Active	Skittles, Curling, Boules
Golden Oldie Youth Club	Full day of activities with a 2-course lunch, transport is available for this service.
Low Impact Aerobics	Low Impact Aerobics
Painting and Drawing	Painting and Drawing
Seated Exercise	Fun Fitness activity, suitable for all
Seated Yoga	Seated Yoga
Shed Project	Making, mending and painting activities based in our garden shed
Singing with Nina	Fun sing along activity
Thursday Thinkers	Quizzes, Reminiscence activities
Walking Football	Walking Football
Weekend Wellness Low Impact Aerobics	Low Impact Aerobics
Weekend Wellness Yoga	Wellness Yoga

Your Leisure	
Aero, Stretch and Tone (gentle)	‘Aero, Stretch and Tone (gentle)’ is a fun low-impact class first consisting of an aerobic warm up to get you going. This is a full-body workout to improve flexibility, stability, & core strength.
Balance for Wellness	This class offers a comprehensive approach to physical wellness by combining exercises that enhance flexibility, build strength, & improve balance.
Balls & Bands Wednesday	A gentle seated chair class utilising balls & bands for low-impact resistance to assist with day to day functional movements. Great for muscle pain & improving muscle flexibility & rehabilitation.
Balls & Bands Friday	A gentle seated chair class utilising balls & bands for low-impact resistance to assist with day to day functional movements. Great for muscle pain & improving muscle flexibility & rehabilitation.
Boxfit (gentle)	Boxfit (gentle) is a cardio workout based on boxing techniques using gloves & pad work. Suitable for all levels, this non-contact workout will see you improve your agility, strength & overall fitness.
Dance for Wellness	Dance & social class for older adults who want to start dancing & moving for improved health & wellbeing. This fun class will include various dance styles & movement to music.
FloatFit	FloatFit is a refreshing workout & an effective way to achieve your fitness goals using a pool balance board. Navigating the floating mat sharpens your balance & coordination skills.
FloatFit Express	A fun & low-impact workout on water to build fitness, strength & balance using a pool balance board. Express is a 30-minute total body workout for multiple muscle groups. Suitable for beginners.
Fun Fit Circuit (gentle) Wednesday	A low to medium intensity class, that mixes body conditioning & resistance training with aerobic conditioning. Improves both strength & muscular endurance as well as improving cardiovascular health.
Fun Fit Circuit (gentle) Fridays	A low to medium intensity class, that mixes body conditioning & resistance training with aerobic conditioning. Improves both strength & muscular endurance as well as improving cardiovascular health.
Gentle Mat Yoga	A slow-paced, supportive practice to improve flexibility, balance, & strength while

	moving with ease & awareness. Ideal for those looking for a steady, grounding yoga practice. Suitable for beginners.
Good Boost Aqua	Good Boost is a water-based rehabilitation programme designed to be fun & beneficial for people with a range of musculoskeletal conditions. It uses AI & tablets & is very popular. 2 Different Locations, 4 days a week.
Legs, Bums & Tums	'Legs, Bums & Tums' (LBT) is a classic! It is an aerobic cardio class, despite the structure being aerobic, LBT focuses on strength training, building strength, while increasing your energy levels.
Nordic Walking	Nordic Walking is a fun & social activity that uses specially designed poles to work your upper body & legs. Great for improving fitness, reducing joint strain & toning muscles compared to normal walking.
Over 55s Swimming Lessons	It's never too late to learn to swim & enjoy
Pickleball	Easy to pick up & a great way to exercise, pickleball is fast becoming one of the most popular racket sports in the world. It's a fun, low-impact & social sport.
Restorative Yoga	A deeply relaxing class using longer-held, supported postures to release tension, improve circulation, & restore energy levels. Great for relaxation & overall wellbeing. Suitable for beginners.
Stretch & Tone (gentle)	'Stretch & Tone' is a low-impact, low-intensity workout that will tone your muscles, increase your range of motion & flexibility, & help you to relieve stress. Stretching your muscles will increase your flexibility, which will improve your overall wellbeing.
Walking Netball	Walking Netball is a modified version of netball for women of all ages & fitness levels. It offers health benefits, fun, laughter & social interaction for netball lovers & beginners.
Yoga for Arthritis, Aches & Pain Tuesdays	A gentle, (chair-based) accessible class designed to ease stiffness, improve mobility, & build strength with supportive movement & breathwork. Perfect for those managing arthritis or chronic aches.
Yoga for Arthritis, Aches & Pain Wednesday	A gentle, (chair-based) accessible class designed to ease stiffness, improve mobility, & build strength with supportive movement & breathwork. Perfect for those managing arthritis or chronic aches.
Yoga for Mental Health	A calming mat & chair-based class focused on reducing stress & improving emotional wellbeing through mindful movement, breathwork, & relaxation techniques.

Romney Marsh Community Hub	
Art Club	Our weekly art club is for everyone, regardless of artistic skill or experience so why not join us and learn a new skill or develop your talents
Arthritis Peer Support Group	Currently held at the Hub while car park is closed at Hub on the Beach.
Bereavement Support group	If you are struggling after the loss of someone close and would like to come and chat to others that are going through the same process, please come and join us for tea/coffee and a chat. Finding
Book Club	A fun way to enjoy books, meet new people, learn new perspectives and participate in some healthy debate.
Busy Hands Craft Club	An opportunity to come together with other likeminded people to share knitting and crocheting skills.
Cancer Support Group	If you are living with or beyond cancer, you are welcome to come along to our support group to meet others who have had similar experiences. Carers/family welcome Fridays may have speakers and information and advice provided and Wednesdays provides more of a chance to chat
Dance Fit	This is class to get you moving to the beat. All abilities welcome
Diabetic Peer Support Group	A peer support group for those living with diabetes.
Ex Armed Forces Veterans Drop In	Come along for a chat and a coffee and cake. We meet monthly on the 2nd Friday advice and help is available. Breakfast club every 4th Friday 20% off breakfast for all Ex armed Forces. Come and join our friendly group. Friends and family welcome too.
Feel Good Fridays-Legs, Bums and Tums	This class focussing in on specific areas of the body. Working on core strength and building strength and flexibility in the lower half of the body. Come and join this activity that is all done to music.
Feel Good Fridays-Seated Exercise	Our third session of the week for our ever-popular seated exercise workout. Along with improving strength and flexibility, exercise can help keep you as healthy and well as possible. Join our instructors for fun and friendly exercise to music.
Finess Pilates	Fitness Pilates with Christine. This is a gentle class with an emphasis on building your core strength. Fitness Pilates can improve posture, muscle tone, balance and joint mobility as well as relieve stress and tension. Fitness Pilates, like yoga, can help with back pain and also help those who suffer with anxiety and

	depression. Everyone welcome, from beginners upwards.
Fitness	Come along to this fun class to socialise and get fit with friends. Workout is with music and an emphasis on enjoyment.
Friendship Group	A weekly social gathering for tea and chat.
Karate	This class is led by Neil a 7th Dan instructor to all over the age of 5. Great for coordination, strengthening agility and flexibility. A disciplined martial art that grows confidence and helps with balance and overall fitness as well. Come and join our friendly group and learn some self-defence along the way.
Legs Bums and Tum	This class focussing in on specific areas of the body. Working on core strength and building strength and flexibility in the lower half of the body. Come and join this activity that is all done to music.
Line Dancing	Join us on Thursday afternoons and very soon you'll know the difference between the two-step and the Cowboy Cha Cha! Not only is line dancing a huge amount of fun, it is also great for your physical and mental wellbeing. Though you are moving constantly during the dances, it is easy on the joints and it can reduce stress levels, increase energy levels, improve strength and decrease blood pressure.
Make the Most of Mondays – Crafty Club	Why not join us for a friendly afternoon of making and creating! Crafty club is on every Monday (except bank holidays) Materials provided, there is something for everyone, including quilling card making knitting and needle work. Workshops take place within Crafty club about once a month and must be booked in advance for all workshops.
Make the Most of Mondays – Fitness	Start your week with a boost of energy. Come along to this fun lively class to socialise and get fit with friends.
Make the Most of Mondays – Games Club	Come and join us for a pleasant afternoon playing games of your choice including: Bridge, Crib, Dominoes, Cards, Monopoly, Scrabble and many more.
Make the Most of Mondays – Seated Exercise	Along with improving strength and flexibility, exercise can help keep you as healthy and well as possible. These exercises, carried out on a chair with support, are an excellent option after a fall or illness, or if you have limited mobility.
Memory Lane	A chance for a get together to recall and look back on themed events. Led by experienced members of our team.
Pilates	With our Instructor Paul. This is a gentle class with an emphasis on building your core strength. Pilates can improve posture, muscle tone, balance and joint mobility as well as relieve stress and tension. Pilates, like yoga, can help with back pain and also help

	those who suffer with anxiety and depression.
Salsa	New for 2025. Salsa with Jess a class for all abilities. This is a great class with a fun atmosphere where you can learn cross body salsa and other styles too.
Seated Exercise	Along with improving strength and flexibility, exercise can help keep you as healthy and well as possible.
Seated Exercise	Along with improving strength and flexibility, exercise can help keep you as healthy and well as possible. These exercises, carried out on a chair with back support, are an excellent option after a fall or illness, or if you have limited mobility.
Seated Exercise	Along with improving strength and flexibility, exercise can help keep you as healthy and well as possible. with back support, are an excellent option after a fall or illness, or if you have limited mobility.
Seated Exercise Tailored for those with Arthritis, Stroke, Parkinson's	A specific seated exercise class to music for those living with arthritis, Parkinson's and effects of a stroke. The instructor is a qualified occupational therapist with years of experience of teaching. The class is a more bespoke session focused on the individuals needs and capabilities.
Seated Tai Chi	Studies have shown that regularly practising this Chinese martial art benefits seniors in several ways; it can improve flexibility, reduce symptoms of arthritis, effectively reduce stress and provide overall pain. It is a great choice if you are looking to improve your overall wellbeing.
Seated Tai Chi	Studies have shown that regularly practising this Chinese martial art benefits seniors in several ways; it can improve flexibility, reduce symptoms of arthritis, effectively reduce stress and provide overall pain. It is a great choice if you are looking to improve your overall wellbeing.
Stroke Peer Support Group	Currently held at the Hub while car park is closed at Hub on the Beach.
Sunflower Memory Café (St Marys Bay)	This a sociable get together for those with dementia and their carers. There will also be memory games and activities, and in time, day trips.
Sunflower Singers	Sunflower Singing Group with Rebecca Lodge Birkebaek. Come and join our friendly group, beginners welcome. Singing really helps with any breathing conditions including COPD
Sunflower Memory Café	This a sociable get together for those with dementia and their carers. There will also be memory games and activities, and at times, day trips.

Tai Chi	Studies have shown that regularly practising this Chinese martial art benefits seniors in several ways
Walking Group	Come and join the walking group; enjoy social conversations and then
Yoga	Join our experienced Yoga teacher Beki for a positive class of yoga for all-beginners welcome as well as those more advance in the practice.
Yoga	This is a gentle class and ideal for beginners. Yoga is a great exercise for the body and mind as it improves strength, balance, flexibility and reduces levels of stress. It can also ease pain and improve mobility for people with lower back issues; as well as ease discomfort from tender, swollen joints for people with arthritis.
Yoga	Our Second Yoga class of the week with instructor Alex, allows you to continue with your practice and build your strength. Very relaxing and with a mindfulness focus.
Age UK Thanet	
Age UK Quiz time	Exercise your brain and see if you can be the next mastermind. Better still get a team together to accumulate vast knowledge
Bingo at Mecca	Play bingo at Mecca morning session with a drink, make new friends who have the same interests
Cardio Rehab	Participate in a full body exercise circuit to promote health and wellbeing
Chair based exercise	Participate in chair based gentle exercise to promote health and wellbeing
Chi ball & refreshments	A combination of Yoga, Pilates, Tai Chi, and Meditation using a coloured ball using the philosophy of traditional Chinese arts
Coffee morning/Lunch club	Make friends with likeminded people and socialise while having refreshments, enjoying lunch and enjoying quiz/bingo or live entertainment
Digital Inclusion	A bookable or turn up in the hub and discuss any concerns regarding anything digital
Games club	A friendly group that enjoys the challenge of board games and gentle competitive games whilst chatting
Gardening with Rory	Learn how to get green fingers learn from the best on weeding, pruning, and planting
Knitting and Crochet club	A very chatty interactive group learning to Crochet with likeminded people who like to put their skills to good practice and finishing projects
Macular Degeneration coffee morning	people who live with Macular Degeneration and listen to guest speakers
Osteoporosis Support Group	Peer to peer group to support people with Osteoporosis.

Quiz at the racing grey hound	Come and join in the general knowledge quiz, get a team together to see how knowledgeable you are.
Tinnitus coffee morning	Come along and learn coping mechanisms with people who are living with tinnitus
Yoga	Come and participate in yoga gentle exercise to promote health and wellbeing
Age UK South Kent Coast	
Art-Tec Mondays	Bring your own project along or craft with us – beginners very welcome.
Beginners Pickleball	It's the world's fastest-growing sport for one thing, and a cross between tennis, badminton and table tennis for another!
Coarse Fishing	Looking to get back into fishing or fancy giving it a go for the first time? Join us from Friendly Fishing Thursdays
Folkestone Men's Shed	Space for men aged 55+ to come together, to meet, share skills and put the world to rights over a brew. New shedders always
Garden Club	Our Garden Club is responsible for looking after the allotments and raised beds at The Marigold Centre. A small group that meets,
Marigold Social Club	Join Joan, Jerry, Gemma ... and Teddy (our resident dog) for fun, laughter, activities and games.
Padel	Special discount for over 55s, no need to book, just turn up and play!
Pickleball	A cross between tennis, badminton and table tennis, a slower game than tennis, played on a badminton court with a low net the ball must bounce before being returned.
Pilates	Take up Pilates to improve your posture, core strength and balance.
Walking Cricket	Offered in partnership with Three Hills Sports Trust as part of their Active 50 programme, come and enjoy a slower-paced version of cricket with refreshments afterwards.
Women's Walking Tennis	Walking Tennis offers a slower format of the traditional game by introducing simple rules to make it less physically demanding, easier to learn, but just as much fun.
Beginners Ballet	Beginners Ballet
Beginners Tap	New course starts each school half-term.
Beginners Ukulele	Come along and learn to play the ukulele – bring your own, or borrow one of ours.
Bingo	Eyes down for your chance to win a cash prize, everyone welcome!
Boccia	Pronounced bot-cha, a seated game similar to bowls, developed for the Paralympics.

	The aim of the game is to throw your ball as close to the jack as possible.
Chair Yoga	Stretch and strengthen your body from the comfort of a chair with a qualified yoga teacher. Help to ease out stiffness in those joints to help with everyday movement. Techniques to help breathing and relaxation. Includes a hot drink afterwards.
Chair Yoga	This gentle form of yoga performed while seated and with the support of a chair, making it accessible for individuals with limited mobility. Improve your flexibility and strength without strain.
Craft Club	Bring your own project along or try something new. Refreshments included in the session price.
Cream Tea & Chat	Join Jo for a delicious cream tea and friendly conversation, come alone or with friends.
Digital Support	Need some help with your digital skills? We have two volunteers from KCC Digital Champions Network who have some great knowledge to help and advise you on getting
Honey the P.A.T Dog	Clare and Honey, the P.A.T Dog will be visiting The Deal Centre on alternate Fridays starting this Friday. 10 January from 10am – everyone welcome!
Intermediate Ballet	New course starts each school half-term.
Intermediate Tap	communityoutreach@ageukskc.org.uk
Introduction to Indoor Bowls	Fancy giving bowls a try
Latin/Line Dance	New course starts each school half-term.
Line Dance	Line Dance
Men's Group	A chance for men to get together and talk man stuff, while overlooking the Channel in the Cockpit Café.
Modern Dance/Jazz	Modern Dance/Jazz
Motorbike Meet-up	Biker breakfast for £4 or sausage/bacon bap for just £1.50!
Osteoporosis Support Group	A new location for this support group – feel free to come along to this group for peer support, help and advice on osteoporosis. Join us for a friendly chat over a cup of tea.
Scrabble Club	Come and join us for our new scrabble club – bring your own board or use one of ours. No need to book, and beginners are very welcome.
Singing for Pleasure	A friendly, informal group who share a love for singing. Singing a cappella from a songbook, from folk songs to musicals - and everything in

	between!
Skylarkers	Join our small friendly group for art and singing on alternate weeks – everyone is welcome, no need to book.
Stretch & Tone	communityoutreach@ageukskc.org.uk
Versus Arthritis Deal	Peer support for anyone with arthritis conditions. Join us for a friendly cup of tea and a chat.
Walking Tennis	Walking Tennis offers a slower format of the traditional
Whist	Whist is a classic English trick-taking card game which was widely played in the 18th and 19th Centuries.
Yoga	Suitable for all levels - build strength and flexibility, reduce pain, improve sleep, reduce worry.

Involve Kent currently provide the following groups and activities with subcontracted providers. If proposals are implemented Involve will contract 8 activities in West Kent and 12 activities in North Kent.

North Kent	
Age UK Kent Rivers	Offers befriending, social activities, gentle guided walking groups, maintenance cognitive and stimulation therapy, wellbeing sessions and sessions for people living with dementia in Dartford.
Citizens Advice North and West Kent	Provides specialist advice across Dartford, Gravesham and Swanley.
Council For Voluntary Service (North West Kent) (CVSNWK)	Offers a social group, community shop, craft activities and signposting in north Kent
Every Step Counts (Swanley Town Council)	Provides accessible exercise classes in Swanley.
Guru Nanak Darbar Gurdwara	Offers social groups, single-sex exercise classes and art classes specifically for the Sikh community in Gravesend.

Healthy Living Centre Dartford	Provides exercise classes, social groups, arts, crafts, cooking, digital inclusion sessions and nature-based activities.
Swale Community Leisure – Gravesham	Offers exercise classes, yoga and gym memberships with personal trainer support.
Kent Arts & Wellbeing	Provides wellbeing art classes in Gravesham, including painting, drawing, ceramics, photography and collage.
Kent High Weald Partnership	Offers a 'connect with nature' programme, facilitated by trained support worker across the Dartford, Gravesham and Swanley area.
Keep Phytt	Is a specialist physiotherapist-led exercise class in West Kingsdown, near Swanley.
No Walls Gardens	Offer nature-based wellbeing activities in a safe space in Northfleet, including growing produce and flowers, woodwork and creating habitat for wildlife.
North Kent Caribbean Network	Operates in Gravesham and holds a weekly group, providing hot lunch for members and enables members from the Caribbean community to share experiences and personal contributions to Kent life and socialise.
North West Kent Countryside Partnership	Is based near Dartford in Darenth County Park to support mental health through nature-based activities, and in Swanley Park facilitating guided wellbeing walks.
Rethink Mental illness	Provides specialist support groups and 1-to-1 support for the Black, Asian and Minority Ethnic Community in Gravesham as well as creative classes.
The Chatty Café Scheme	Operates across Dartford, Gravesham and Swanley to deliver a 12-week telephone befriending scheme with matched befriender to tackle isolation for those unable to attend in-person groups.
The Grand	Hosts social groups, exercise classes, language classes, singing groups and digital inclusion sessions in Gravesham.
Walk Tall	Offers a weekly evening social group and singing group in Gravesham.

West Kingsdown Boxing Club	Hosts specialist exercise classes for those with Parkinson's Disease.
Crockenhill Petanque Club	Near Swanley, hosts a variety of social events and offers support to set up more local groups.
Dartford Borough Council	Provides specialist culturally-sensitive exercise groups, including Bangladeshi-specific and South Asian sessions in the Dartford area.
Kent Equalities Cohesion Council	Offers community events, social activities and separate Asian men's and Asian women's yoga groups across north Kent
CAS Community Solutions – Gravesham	Provides drop-in sessions, a social group, digital inclusion sessions and arts and craft activities
West Kent	
Age UK Maidstone, Sevenoaks and Tonbridge	Offers exercise and social groups in Maidstone and Sevenoaks.
Blackthorn Trust	Based in Maidstone, provides nature-based wellbeing craft and gardening activities with lunch in the on-site café.
Cast a Thought - Maidstone and Tonbridge	Hosts nature-based wellbeing fishing courses and social activities.
Citizens Advice North and West Kent	Gives specialist advice in Sevenoaks, Tonbridge and Tunbridge Wells.
Communigrow - Tonbridge	Provides nature-based wellbeing activities, including growing and making crafts in a community garden.
Tunbridge Wells Community Car Service	Community Car Service
East Malling Community Centre	Hosts a regular social group including hot drinks, sandwiches and cake.
Edenbridge & Westerham Citizens Advice	Gives specialist advice in the Sevenoaks area.

Edenbridge Town Council Sevenoaks	Provides a weekly social games group with lunch.
ESO European School of Osteopathy	In Maidstone, operates across west Kent and offers a specialist exercise class for those with neurological disorders including Parkinson's Disease and their partners.
Every Step Counts – Sevenoaks	Provides accessible exercise classes in Riverhead.
Fusion Healthy Living Centre Maidstone	(Parkwood) Hosts accessible exercise classes, social and games groups and digital inclusion activities which all include a social element in the on-site café.
Groundwork South	Offers specialist support and advice on reducing energy bills and keeping warm across west Kent
Hadlow St Mary's Church	Hosts craft and social groups in the church itself, in Hadlow village and the nearby café and library.
Hands of Hope - Tunbridge Wells	Provides nature-based and craft activities including planting, woodwork, beekeeping, orchard maintenance, conservation, cooking and heritage crafts.
Heart of Kent	In Maidstone provides specialist support drop-in sessions for people with life-limiting illnesses and bereavement support for those who have lost a loved one at the Heart of Kent Hospice.
Swale Community Leisure Maidstone	Offers exercise classes (including low-impact), social opportunities, swimming at Mote Park Leisure Centre and membership at Hermitage Park power-assisted gym under guidance of qualified personal trainer.
Keep Phytt	Provides specialist physiotherapist-led exercise classes in Snodland and Hadlow.
Kent Arts & Wellbeing	Provides wellbeing art classes in Shepway, including painting, drawing, ceramics, photography and collage.
Kent High Weald Partnership	Offers nature-based wellbeing activities in a community allotment, including food growing and craft activities in Tunbridge Wells.
Kent Wildlife Trust Maidstone and Sevenoaks	Hosts nature-based 'Wilder Wellbeing' programmes at Tyland Barn and Sevenoaks Wildlife Reserve.

Maidstone Museum	Offers art groups, cultural groups and opportunities to learn about and handle artefacts that are not on display to the public.
Medway Valley Countryside Partnership	Covers Maidstone and Tonbridge areas and provides guided wellbeing nature walks across various sites
Sevenoaks Volunteer Transport Group	Offers reliable, accessible and reliable volunteer transport service for those who cannot manage on public transport.
Spadework near West Malling,	Provides nature and social activities including horticulture, woodwork, sewing, book group and a gentle wellbeing walking group.
The Amelia Scott in Tunbridge Wells	Offer an exhibition curating course which includes research and display of museum artefacts.
The Chatty Café Scheme	Operates across west Kent to deliver a 12-week telephone befriending scheme with matched befriender to tackle isolation for those unable to attend in-person groups
The Heart of Headcorn	Runs social groups in a community hub including games group, widows' social group, meditation for wellbeing and coffee mornings, singing and stargazing.
Tonbridge Oast Theatre	Hosts arts and culture activities including stage design and building, props and costume design /making.
Tonbridge Baptist Church	Provides social days including lunch, games and entertainment.
Trinity Theatre	Offers both classical singing and musical theatre groups as well as seated and standing exercise groups in Tunbridge Wells

Imago Community has stated that activities provided by the following organisations and places could be affected:

Tenterden Social Hub	Supports local residents as well as those from nearby rural areas. Offering a range of physical activity, gardening, reminiscence and singing groups.

Age UK Canterbury	Provides opportunities for friendship and activities that promote health and independence and has recently started offering activities for physical and mental stimulation including arts and crafts, pottery, reading, befriending by phone, textiles, lip reading and board game sessions.
Northgate Community Centre (Northgate Ward and Canterbury City)	Provides a space for people to seek support, gather information, and participate in various activities such as bingo, discos, bowls, health sessions and befriending
West Faversham Community Centre	Is a charity that offers various affordable services and used the income generated to improve the lives of local residents. It offers a 1-to-1 supported gym, fitness, bingo, accessible sports, dance and social groups.
Kentish Stour Countryside Project	Collaborates with landowners and local communities to enhance landscape and nature conservation while creating respectful access and informal recreation opportunities. It is a collaborative effort among sponsoring organisations, staff, and community members.
Healing Through Horses	offers personalised sessions designed for individuals or groups, considering their needs and delivered in a safe and private environment to support calming of the body and mind.

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EQIA Submission Draft Working Template

Section A

1. Name of Activity (EQIA Title):

Proposed Changes to Wellbeing Services in the Community
Updated post consultation 05/08/25

2. Directorate

Adult Social Care and Health

3. Responsible Service/Division

Adults and Integrated Commissioning

Accountability and Responsibility

4. Officer completing EQIA

Georgina Walton, Digital and Innovation Lead

5. Head of Service

Simon Mitchell

6. Director of Service

Helen Gillivan

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

Yes

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

No

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

Overview

The proposal is this to reduce funding and redesign the Wellbeing Services in the Community for older people (55+) delivered by Social Enterprise Kent (SEK), Involve Kent and Imago Community. The service redesign will incorporate elements of the Community Navigation activity and consequently the separate Community Navigation contract will be ended. The redesigned Wellbeing Service would focus on people assessed as needing medium to higher levels of support. The proposals also included ceasing to fund the

Innovation Fund and back-office support and removing unallocated spend in the Shaw Trust in the Mental Health Community and Wellbeing Service.

In total these services supported a total of 33,011 people in 2024/25.

If the proposal were agreed, it would save approximately £3.45million (full year) from the amount spent on these services. However, there are potential costs to social care outlined in the cabinet report, which could reduce anticipated savings by between £17,000 to £166,000 (full year costs).

The Equality Impact Assessment

Kent County Council (KCC) is committed to having "due regard" to the three equality needs identified in section 149(1) of the Equality Act 2010. These needs are: eliminating discrimination, promoting equality of opportunity, and fostering good relations between different protected groups. The Equality Impact Assessment (EqIA) has been conducted with these three equality needs in mind.

- 1. Eliminating Discrimination:** The EqIA examines whether the proposals would place any protected groups at a particular disadvantage and identifies where this is likely to be the case. However, KCC considers that the proposals would be objectively justified, so as not to give rise to discrimination. This is because the proposals are pursuing the legitimate aims explained in the Consultation Document and Cabinet Report, namely: removing elements of duplication within the prevention approach and provision; ensuring prevention services are more efficient, targeted and making best use of limited resources; focusing on the areas of greatest need; and contributing towards savings that deliver a balanced budget.

KCC considers that the adverse impacts on particular groups are objectively justified in light of their contribution to achieving these aims. KCC has designed its proposals in a targeted way so as to minimise impacts on particular groups, as well as considering mitigating measures. KCC does not consider that it could minimise adverse impacts further without unacceptably compromising its ability to achieve the proposals' objectives. Balancing the aims of the proposals overall with the adverse impacts on particular groups, KCC considers those impacts to be objectively justified.

- 2. Promoting Equality of Opportunity:** The proposals may have a negative impact on equality of opportunity if fewer services are made available to protected groups (as outlined below). However, there are a range of services available that would remain if the proposal was implemented which would contribute to promoting equality of opportunity and enhance physical and mental wellbeing. These services are designed to help to address participation in activities that can contribute to individuals' health and wellbeing. Social participation is crucial for health benefits including improved quality of life, increased longevity and reduced risk of disability, depression, anxiety, or dementia. The proposal takes into account the intersection of age, disability, health conditions, and deprivation. For instance, Census data from 2021 indicates that 33% of adults in east Kent are over 55, 22% have a disability, and 55% of households experience at least one dimension of deprivation. Additionally, 14% of individuals over 65 in Thanet live in poverty. We will monitor the extent to which the broad range of services continue to promote equality of opportunity.
- 3. Fostering Good Relations:** the proposals may have a negative impact on fostering good relations if the range of activities available in the community is reduced. However, the broad range of services

and functions offered outside of these contracts means that a wide range of activities to promote good relations within the community will continue. The council enables fostering good relations through commissioning and service development strategies that consider the voices of individuals and the presenting issues of different groups with protected characteristics.

Public Consultation

A public consultation ([Proposed changes to wellbeing services in the community | Let's talk Kent](#)) took place on 26 November 2024 to 27 January 2025 and allowed consultees and other stakeholders the opportunity to give their views on the proposal and enabled KCC to gain a better understanding of the impact that the proposals may have on people. These responses have been analysed and carefully considered. This EQIA has been updated following feedback from the consultation.

The EqIA will accompany the Consultation Report which will be submitted to the Adult Social Care Cabinet Committee in September 2025.

The consultation questionnaire asked “Do you or the person you are responding on behalf of access any of the following services, as described in the consultation document”?

- 54% of consultees answering use Community Wellbeing Services.
- 44% of consultees answering use Community Navigation services.
- 11% of consultees answering use Mental Health and Wellbeing services in the community.
- 8 % of consultees answering didn't know if they accessed any of the services listed.
- Consultees were asked if they agree or disagree with the proposed changes set out below:

1.For the Mental Health Community and Wellbeing Service (Live Well Kent), the proposal is to stop the innovation fund, stop back-office support and remove the Shaw Trust unallocated spend.

Only 6% of consultees indicated they agree with the proposal to stop the innovation fund, back-office support and remove the Shaw Trust unallocated spend. The majority disagree with the proposal (80%).

80%	Disagree
8%	Neither agree or disagree
6%	Don't Know
6%	Agree

KCC Prevention Services consultation - closed data summary

2.For the Community Navigation Service (which is for people aged 55+), the proposal is to stop funding this service

Only 4% of consultees indicated they agree with the proposal to stop funding the Community Navigation Service for people aged 55 & over. The majority disagree with the proposal (92%).

92%	Disagree

3%	Don't Know
2%	Neither agree or disagree
4%	Agree

KCC Prevention Services consultation - closed data summary

3. For the Wellbeing Services in the Community (for those aged 55+), the proposal is to redesign the service to focus on people needing a medium to higher level of support which promotes independence and helps people do as much as they can for themselves. And include elements of Community Navigation

17% of consultees indicated they agree with the proposal to redesign the Wellbeing Services in the Community to focus on people needing a medium to higher level of support. The majority disagree with the proposal (77%).

The consultation questionnaire asked people to tell us to what extent the proposal would affect you or the person, group or community that you or your organisation represents?

- The majority of consultees believe the proposal would have a large effect on them or the person / group / community they represent (81%). 12% believe it will have a moderate effect and 3% believe it will have a minor effect. Only 2% believe it would have no effect
- When asked to consider the alternatives possible if services were stopped, 25% of consultees commented that there wouldn't be any alternative ways they could get support / they wouldn't be able to get support. An additional 27% commented that they were not sure / they don't know where they or other people would go. Of the services referenced by consultees, social services (17%) and GPs (14%) are the most commonly referenced.

81%	Large effect
12%	Moderate effect
3%	Minor effect
2%	No effect
2%	Don't Know

KCC Prevention Services consultation - closed data summary

Consultees were asked to provide their views on KCC's equality analysis, only 17% of consultees provided a response to this question. 20% of consultees commenting made reference to ensuring everyone is treated as individuals / equally. 18% made comments to the effect that the proposals discriminate against the elderly as they will be the most impacted. Small proportions highlighted concerns about the potential for digitally excluding potential users, the importance of considering any cultural / faith preferences and values and proposals impacting the most vulnerable demographic groups. Answers to this question did not involve comments on specific elements of KCC's pre-consultation EqIA. Instead, these answers provided general comments and concerns about the proposals.

%	Number of responses	Percentage
Everyone treated as an individual / equality and diversity should therefore be irrelevant / just provide a service	46	20%

The elderly are being discriminated against as they will be the most impacted	41	18%
Nothing	20	9%
Concerns about potential for digital exclusion amongst older age groups / more vulnerable	18	7%
Comments around proposals wasting money as other effects will occur / savings not worth impact	14	6%
Cultural / faith preferences and values need to be considered	13	6%
Comments about the impact on the most vulnerable demographic groups	13	6%
Those with disabilities need more consideration / equality has a way to go for anyone with a disability	12	5%
Concerns about impact on carers	11	5%
Concerns for those living in deprived areas / discrimination against low socio-economic groups	10	4%
Concerns about those struggling with their mental health	9	4%
Not just for adults aged 55 & over / should be for all adults	6	3%
Make it easier to understand / the document is unclear and confusing	6	3%
Increase awareness so everyone knows what's available	5	2%
Concerns for those with autism / neurodivergent	5	2%
Concerns about impact on women	5	2%
%	Number of responses	Percentage
Concerns for those who fall into multiple protected or marginalised groups / those with protected characteristics	4	2%
Comments not answering question	18	8%
Other	23	10%

Section B – Evidence

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
No
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?

Formal meetings and updates were conducted with boards, committees and the working group to ensure input into the development of the proposals and the consultation planning by appropriate professionals.

Ahead of the consultation launch, feedback was gathered from KCC Adult Social Care's People's Panel, which includes members who have links to organisations such as older people's, mental health, and physical disability forums as well as Healthwatch Kent volunteers, to gather feedback on the proposal, discuss the options considered and review the consultation material.

Stakeholders engaged with prior to consultation:

- VCSE (voluntary, community and social enterprise) providers within scope of the proposal have reviewed the proposal and worked with the council to develop an alternative option
- NHS with verbal updates provided in meetings
- KCC Public Health
- KCC Adult Social Care and Health directorate
- KCC Legal team
- KCC Growth, Environment and Transport directorate
- KCC Corporate Management team
- KCC Consultation and Engagement team
- KCC Adult Social Care People's Panel
- Adult Social Care Senior Management team
- VCS Strategic Board
- Kent and Medway VCSE Steering Group
- KCC Cabinet Members
- District Council Chiefs.

The consultation was hosted on KCC's engagement website Let's talk Kent. To help make sure the consultation was accessible the following activities were undertaken:

- The webpage and all documents met digital accessibility requirements.
- Mapping completed to ensure that engagement sessions during the consultation would reach as many people as possible that could potentially be affected by the proposals. Thinking about protected characteristics and where there are gaps in data and therefore more engagement with certain groups/communities in Kent, for example ethnicity and religion. Engagement sessions held across the county. There were 14 face-to-face drop-in sessions during December 2024 and January 2025 across the county. In addition, Officers attended 9 groups and activities across the county to promote the consultation and help people complete the questionnaire.
- Discussions held with VCSE providers on how to best engage people and utilise existing forums to engage people.
- The Consultation Document provided examples to help illustrate how the proposed change could impact people and included a glossary explaining unfamiliar terms.
- All consultation material included details of how people could contact KCC to ask a question, request hard copies or alternative format.

- Information about the consultation was sent to partners, care providers and KCC.
- A Word version of the questionnaire was provided on the consultation webpage for people who did not wish to complete the online version. Responses made by letter / email / telephone were also be accepted.
- Easy Read and Large print versions of the consultation material were available from the consultation webpage and on request.
- The webpage was translated into British Sign Language.
- The consultation material contained a telephone number and email address to contact with any queries relating to the consultation.
- For people who do not speak English, the consultation document could be translated on request.
- For people that are digitally excluded, hard copies of the consultation document can be mailed to people on request. Hard copies were sent to the providers in scope of the proposal share with people. Hard copies were made available during community engagement sessions and attending activities/groups/events.
- The consultation and drop-in sessions were promoted through local community networks by involvement officers working in different areas of Kent. Working with the providers in scope of the proposal to share information with people currently supported by the services. Providers displayed posters, postcards and have hard copies of the Consultation Document. Providers invited KCC to events and forums to engage with people supported by the services.
- During the consultation, KCC monitored the activity on a weekly basis to ensure people from across Kent are engaging and taking targeted action where required.
- Posters were displayed in libraries and gateways.

Emails were sent to stakeholders including contacts from health organisations, care sector, voluntary sector and community organisations, registered users of KCC's engagement website Let's talk Kent who have requested to be kept informed of Adult Social Care activity, and Adult Social Care Your Voice network members. Consultation promotional activities also included social media, newsletters, websites, posters.

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 (Contract equalities monitoring data)

Uploading Evidence/Data/related information into the App

An analysis of the data from the services outlined in the table below, between April 2024 - March 2025. This data has been provided by the providers.

Involve Kent – Community Navigation
Social Enterprise Kent (SEK) - Community Navigation
Imago Community – Community Navigation
Involve Kent – Wellbeing
Imago – Wellbeing
SEK – Wellbeing
Live Well Kent

In 2024/25, a total of 26,525 people by Community Navigation and Wellbeing service, of these, 12,150 were supported by Community Navigation services and 14,375 Wellbeing Services.

To note that there are inconsistencies in how data is captured and reported. The total number of people supported by the services does not match the total EQIA data. Using this data has helped us understand the potential impact of proposals, using assumptions provided by the providers on the potential numbers of people that could be supported if proposals were implemented.

Providers were asked to consider the potential impact of the proposals, thinking about the number of people that could be supported by the redesigned Wellbeing service (for people needing medium to higher levels of support) which would be 7,721 therefore 18,804 could potentially be impacted by the proposals.

Providers do not capture protected characteristics in each category – lower, medium and high level. Therefore, to understand the protected characteristics of the people supported by wellbeing services, the full data has been used which relates to all people supported.

Although there has been analysis for each protected group, many individuals have multiple protected characteristics that need to be considered holistically.

It is important to note that capturing and reporting on the protected characteristics of carers responsibilities have not been part of the contract with providers. While Carers Responsibilities are not a protected characteristic according to the Public Sector Equality Duty, it is included by KCC here as it is deemed important.

The Live Well Proposal – Innovation Fund

As the Innovation Fund is used to test new ideas which could be short term support or events, there is limited data on the number of people supported and breakdown of protected characteristics. However, we do have information from the Live Well service as a whole and have used this to assess the potential impact of the proposal. In 2024/25 6,486 people were supported by the service. In 2024/25, 83 people accessed services that were funded by the Innovation Fund.

Armed Forces and Veteran Community

Through the consultation feedback it has been noted that the EQIA did not include any impacts on military families/veterans.

There is limited data on Armed Forces and the Veteran Community in Kent as it has not been a requirement for the Community Navigation and Wellbeing Services in the Community to collect this data.

The Kent Public Health Observatory published the Armed Forces and Veteran Community in Kent Needs Assessment in June 2024:

In Kent, there are:

- 410 serving UK armed forces personnel in the County along with 900 Gurkha soldiers.
- There are 340 reservists (including Rochester) as well as the cadet community
- It describes the Kent veteran population of over 52,000 by location and demographic characteristics including their numbers by local authority and Health Care Partnerships
- A substantial number (58%) are over 65 years of age and reside in the eastern coastal fringes of Kent.

- Apart from Ashford (28.8%) all other Kent Districts have veterans with a disability percentage of between 30% and 37%. The disability status may well pose a particular issue for both health and social care sectors but given the lack of integrated data relating to health and social care status of veterans it is difficult to clarify potential need.

Therefore, due to the age of the Veteran Community, proposals could have a negative if they or a person they care for has reduced access to the support and services affected by the proposal. Veterans could be support by the services to get information and connect with others. Some of the groups and activities provided by the Wellbeing Services are designed for Veterans to connect with others, therefore stopping or reducing the groups could have a negative impact.

Mitigating action for military families/veterans

- Blind Veterans UK are the leading organisation supporting vision impaired Ex-Service men and women, regardless of when or for how long they served [Blind Veterans UK, Rebuilding lives after sight loss - Blind Veterans UK](#)
- The DWP AFCs offer help to all veterans of working age including advice, guidance and signposting on employment, benefits, housing and mental health. Assistance also includes attending Breakfast Clubs. The DWP AFCs cite complex cases often involving barriers to accessing services and facilities across multiple sectors. Those over 50 years of age pose particular problems having served for many years, had stable employment post service and then to find that they are made redundant with barriers to then secure permanent employment. <https://afvbc.com/armed-forces-veterans-breakfast-clubs-information>
- Op COURAGE is an NHS mental health service, created to be there for those who have served in the UK armed forces. Whether you're currently serving and due to leave the military, a reservist or a veteran, this service is to give you the information and guidance you need to navigate civilian life. <https://www.opcourage-southeast.nhs.uk/about>
- The Joint Casualty and Compassionate Centre (JCCC), along with many other supporting organisations are openly ready to assist families of serving personnel in dealing with bereavement. The JCCC is the lead organisation for managing all the practical requirements following bereavement and is also a source of advice and guidance through The Purple Pack bereavement guide for service families of service personnel [Armed Forces Compensation Scheme \(AFCS\) - GOV.UK \(www.gov.uk\)](#)
- Veterans UK is the Ministry of Defence's service that helps veterans on many issues, including benefits and welfare. They also offer information on a range of compensation schemes available for veterans and their dependants. [Finance Advice | Job Support | Royal British Legion Veterans Welfare Service - GOV.UK \(www.gov.uk\)](#)
- The Veterans Welfare Service (VWS) is part of Veterans UK and offers veterans professional advice in relation to welfare and compensation claims. They will support veterans throughout their transition from service and through life. To use this service, veterans should contact the VWS centre in their region which is Centurion (London, SE and SW England) Tel 02392 702232 Email: Veterans-UK-VWS-South@mod.gov.uk
- The Royal British Legion offers benefits advice, information and support to members of the Armed Forces community on how to access benefits and tax credits to maximize their income.

- The Veterans Gateway is a first point of contact for veterans seeking support. They put veterans and their families in touch with the organisations best placed to help with the information, advice and support they need including healthcare and housing, employability, finances, personal relationships and more.
- Employment and the resettlement programme (Career Transition Partnership - CTP). The CTP provides comprehensive resettlement support services for personnel leaving the Armed Forces, as they transition from their military career into employment, further education or retirement and for up to two years after leaving in the form of employment support. [Career Transition Partnership - GOV.UK \(www.gov.uk\)](https://www.gov.uk/career-transition-partnership)
- This includes having an armed forces champion in every Jobcentre Plus district who ensures that the DWP provide support that meets veteran's needs. The role of the Armed Forces Champion is outlined in the Technical Report.
- There are groups and activities available for Veterans provided outside of this contract, these include East Kent Mind has an East Kent Mind Armed Forces Connector supporting Veterans in Thanet and Canterbury, with mental health support, health and lifestyle, trips that help with social isolation.

In Kent and Medway there are two Armed Forces Champions (AFCs) working across seven Hubs comprising 13 Centres.

- Channel – Ashford and Folkestone.
- Chatham – Chatham.
- Coastal – Margate and Ramsgate.
- Heritage – Canterbury and Dover.
- Swale – Sheerness and Sittingbourne.
- Thames Gateway – Gravesend and Dartford
- Weald – Maidstone and Tonbridge

Forces Connect is the app which has been produced based on the pathways produced by the Armed Forces Network. The app started with only information for Hampshire, Kent & Medway, Sussex and Surrey. However, more counties are joining the app, making it one of the easiest ways to access information and support for the Armed Forces community. <https://sussexarmedforcesnetwork.nhs.uk/service-champions/kent-and-medway/kent-and-medway-pathways/>

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

KCC anticipates that this proposal will contribute to our 'Securing Kent's Future' objective of providing prevention services in a sustainable way, protecting frontline services, continuing to provide the level of

care and support needed by people in Kent who have a physical or mental impairment, disability or illness that meets the eligibility criteria under the Care Act 2014. The savings made will assist KCC in setting a balanced budget.

And the proposals will help reduce duplication and confusion for people over where they get information, advice and guidance, making it clearer and easier for people to get the right information at the right time. Proposals will ensure a more targeted approach, supporting people and communities most in need.

18. Please give details of Positive Impacts

N/A

Negative Impacts and Mitigating Actions

19.Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for Age? Answer: Yes/No

Yes

b) Details of Negative Impacts for Age

For the Community Navigation and Wellbeing Services in the Community Proposal

All Services	Total		Services	Community Navigation		Wellbeing	
Age	Number	%	Age	Number	%	Number	%
Under 18	19	0.07	Under 18	0	0	19	0.13
18-24	165	0.63	18-24	57	0.49	108	0.74
25-59	4179	16.01	25-59	1741	15.01	2438	16.81
60-79	12749	48.85	60-79	5145	44.36	7604	52.43
80-89	6974	26.72	80-89	3858	33.27	3116	21.48
90+	1838	7.04	90+	1140	9.83	698	4.81
Unknown	194	0.74	Unknown	15	0.12	179	1.23
No Data	340	1.3	No Data	0	0	340	2.34

The data shows that 87.46% of people supported by Community Navigation are aged 60+ and 78.72% supported by Wellbeing Services in the Community are aged 60+, in total 82.61% of the people supported by these services are aged 60+. Therefore, the proposals could impact older people as compared to individuals under 60.

Kent has a greater proportion of people aged 50+ years and above compared to the national average in England. Just over a fifth of Kent's population is aged 65 and over (20.5%). The population of Kent is projected to increase by 18.2% between 2022 and 2040, with a significant ageing trend. Forecasts show that the number of 65+ year olds is forecast to increase by 40.7% between 2022 and 2040, yet the proportion of population aged under 65 is only forecast to increase by 12.3%.

Community wellbeing and the impact of social isolation

Community wellbeing promotes and supports individuals to continue participating in activities they enjoy and maintain or establish new networks and support systems, helping people to connect. Therefore, reducing the Wellbeing Services in the Community to support people assessed as needing medium to higher levels of support could have a negative impact on people that are experiencing social isolation and assessed as needing lower-level support. The total number of people supported in 2024/25 by the Wellbeing Services that were assessed at needing lower levels of support was 8,338 (around 58% of people supported by the services are assessed as low level) and of these 78.72% were 60+.

Social isolation is a significant risk factor for not receiving timely help. Loneliness can lead to depression and social isolation, which in turn can result in poorer physical and mental health outcomes and increased risk of a range of physical and mental health conditions.

In 2018, work was undertaken to identify which groups of older people in Kent are at greater risk [Social-isolation-and-loneliness-in-Kent.pdf \(kpho.org.uk\)](https://www.kpho.org.uk/Social-isolation-and-loneliness-in-Kent.pdf). This risk profiling estimated that 29,500 Kent residents over 65 are at risk. In comparison with all Kent residents aged 65+, the people identified as being at higher risk of social isolation or loneliness were:

- Older.
- More likely to be female.
- Much more likely to be living in a deprived neighbourhood.
- More likely to have multiple health conditions.
- More likely to have attended A&E, have been admitted to hospital, have had contact with community health services and received social care services – although the relationship is complex and social isolation and loneliness may not be the principal cause.
- More likely to be assessed as being in a high-risk score group.
- More likely to have characteristics recorded by their GP that place them in the 'severe' or 'moderate' frailty groups of the Electronic Frailty Index.

Community wellbeing and the impact on physical wellbeing

Community wellbeing can help people improve their physical wellbeing by accessing activity classes, support groups and encourage them to remain active.

As people get older, they are more likely to experience mobility issues and are at risk of deterioration in their physical health and increased frailty. According to the Kent and Medway Care Record, more than one in six (18%) of people aged 65 years and over living in Kent are classed as moderately or severely frail. This can lead to increased risk of falls. The main contributing conditions are high blood pressure, arthritis, urinary conditions, respiratory and heart disease and visual impairment.

Community Navigation and Wellbeing Services in the Community and the impact on emotional wellbeing and mental health of older people

Community Wellbeing promotes and supports individuals to continue participating in activities they enjoy and maintain or establish new networks and support systems. This can help with emotional wellbeing and mental health. Providers were asked to consider the capacity available to support people with medium to

higher levels of need if proposals were implemented, providers could support 3,987 therefore 10,388 could have a negative impact.

Reducing access to services that provide mental stimulation for older people could have a negative impact on emotional wellbeing.

Community Navigators signpost people to information and guidance, emotional and practical support, or help people to access a range of community, health and social care services. Navigation helps people accessing financial and benefits information, and support with maintaining a safe and warm home which can be a concern for older people due to increased cost of living as households across the country have struggled to keep up with growing inflation due to unprecedented rises in everyday basics such as food and heating. This can have a negative impact on emotional wellbeing. Providers have shared that many older adults find it challenging to navigate their way through digital or complex information when accessing health, social, financial and housing support. This can result in heightened feelings of isolation, missed medical appointments, or a lack of awareness about their rights. Based on the data provided by providers on the numbers of people that would no longer be supported if proposals were implemented, stopping Community Navigation could have a negative impact on up to 8,415 people.

For the Live Well Proposal (removing the Innovation Fund and efficiencies in the back office)

In 2024/25 a total of 6,486 people were supported by Live Well (Kent). 83 people were supported by the Innovation fund in 2024/25.

- 12.01% were aged 20-25
- 60.31% were aged 26-55
- 23.95% were aged 56+

From this data, the negative impact would be on greater numbers of people aged 25-55 than those in other age groups. Examples of some of the sessions that have been tested through the Innovation Fund that relate to age are:

- Young people aged 17 to 25 and who identify as part of the LGBTQIA+ community - structured programmes of support to develop resilience, learn new skills and to enhance physical wellbeing.
- Menopause support groups

Consultation summary

Within the consultation the majority of responses were received were from people aged 56+ (78% responses) which is broadly consistent with the data set out above and our pre-consultation assessment that older people are likely to be negatively impacted by the proposals. The overall responses are relevant to impacts on older people, as the services are specifically for older people. There were comments that these proposals are discriminating against older people. And with an ageing population that there needs to be the right services and support to ensure that older people maintain their independence and live in their own homes. Consultation responses set out the value of Community Wellbeing and Navigation in keeping older people connected and reducing social isolation, maintaining wellbeing and health and that the potential impact of the proposals is not really understood. There were concerns over potential barriers to getting the right support, such as living in rural areas, transport and digital.

The consultation questionnaire asked - Which of these age groups applies to you?

18-20	0.1%	61-65	10%
21-25	0.2%	66-70	13%
26-30	0.5%	71-75	16%
31-35	0.4%	76-80	16%
36-40	1%	81-85	9%
41-45	2%	86-90	5%
46-50	3%	91-95	2%
51-55	5%	Over 95	0.4%
56-60	7%	Prefer not to say/Left blank	11%

c) Mitigating Actions for Age

It is assessed that through the in person, telephone and online support there is capacity to provide information, advice and guidance to people that could be impacted by the proposals. Officers have undertaken further analysis of the level of duplication in the system following the consultation. It was estimated by providers that 1,662 people could be supported by alternative information, advice and guidance this includes digital platforms and the initial contact points with each provider. Providers estimated that 6,753 people that would have been supported by Community Navigation could come to social care. It is assessed that the following services have capacity for in person support:

- Social Care Connect has capacity to support 1,920 (face to face via clinics) this is assessed as new capacity as the current utilisation levels are very low.
- Kent Enablement Services helpdesk has capacity to support 763 (face to face) people a year. Based on current activity it is estimated that the service is supporting 547 people, therefore the additional capacity available to support people impacted by these proposals is 215.)

It is estimated that between Social Care Connect clinics and Kent Enablement Service helpdesk there is additional capacity to support 2,135 people. These are for in person support and will be closely monitored and could increase capacity with demand.

Therefore, of the total number of people that could need to make contact with social care (6,753) there is an estimated capacity for 2,135 people to access in person support (this can increase if there is demand), the remaining 4,618 people potentially impacted could be supported by:

- Adult Social Care Connect telephone support, however, to deal with all the demand the service may need to use a waiting list.
- There is unlimited support available via digital platforms.

During 2024/25 the Wellbeing Services supported 14,375 people, providers were asked to consider the capacity available to support people with medium to higher levels of need if proposals were implemented. Providers estimated that 6,504 people could be supported by alternative groups and activities provided outside of these services and that 3,885 people could contact social care via the initial contact point – Adult Social Care Connect, of these 20% may require an assessment and of that between 1-10% of may require formal care and support from KCC. For those make contact with social care and not eligible for social care will be connected with alternative groups and activities.

It is not possible to provide an exhaustive list of alternative groups and activities, and to assess whether in every case an alternative group or activity will be available to every individual. However, officers have

carefully considered which groups and activities could potentially stop under these proposals across Kent and what alternatives are available that are relevant to older people. The alternative groups and activities considered physical wellbeing and connection through social groups such as reading groups. From this assessment it has been identified that there is a broad range of activities available outside of the contract across Kent. However, in a small number of specific localities within districts there are fewer alternative groups and activities or individuals may need travel to access a suitable alternative. However, the proposal is not to end particular groups and activities; it is that the lead partners would receive less funding and therefore focus on supporting people with medium to higher levels of support. When Officers were engaging people as part of the consultation, some suggestions were that groups and activities could review the funding model, looking at potentially increasing costs to individuals in order to maintain some groups and activities for people with lower levels of need. It is therefore considered likely that some of the groups and activities which are potentially affected could continue.

Accessing Information, Advice and Guidance

The proposals have been designed so that in future, services are targeted at those who have the greatest needs (people assessed as needing medium to higher levels of support).

The Wellbeing Service provided by SEK, Imago Community and Involve Kent would still have an initial contact point either by telephone or website. People would be assessed to determine the level of support needed. For people that are assessed as needing lower levels of support, they would be signposted and connected with a range of services that remain available. The services maintain directories of services. The Wellbeing Services in the Community would be redesigned to reduce the negative impact in proposing to end Community Navigation as it will be incorporated into Wellbeing Services in the Community and support people aged 55+ needing medium to higher levels of support.

There is an opportunity to develop the partnership working between SEK, Imago and Involve and the Adult Social Care Connect service, to share information about the support available in communities and review capacity across the services. This can help mitigate the impacts of these proposals on older people by ensuring that there is consistent information, advice and guidance across all organisations. Digital platforms such as Connect to Support provide information, advice and guidance. To enhance this further there is work underway on Joy, which is a digital social prescribing platform, with a variety of aspects that can be used by both professionals and Kent Residents to help navigate the complex health and social care system, and the support available to both individuals and communities.

Reviewing the feedback from the consultation there is a theme that has emerged that people are confused over where to go for information, advice and guidance. An action as a result of the consultation is that we are planning a campaign to set out where people can go for support. This will further mitigate the negative impact of these proposals on older people's physical health and wellbeing there are a range of services that will be better promoted/publicised, such as Social Prescribing. Further details about Social Prescribing and the prevention campaign can be found in Appendix 1.

Non-Digital Services

Some of the consultation responses made reference to older residents not being able to access digital services or platforms and not having the comprehension or ability to use digital devices. As part of the mitigating actions there is consideration to in person contact and support by a range of different services.

Kent Enablement Services: They provide face to face for support to have help with accessing information and advice, help with letters, bills, finding groups and activities, college and education courses, paid and voluntary employment, information about keeping safe, housing, wellbeing, benefits and help with making phone calls. Further details about the service can also be found in Appendix 1.

Adult Social Care Connect Community Clinics: The purpose of these clinics is to establish effective community interfaces between ASC Connect and wider community services, and to provide alternative settings in which to undertake initial face to face conversations with people referred to ASCH for information and support. Further details about the service and its capacity are set out above and can also be found in Appendix 1.

To help older people build confidence with digital ways of accessing support which may help reduce the impact of social isolation there is a scheme called Digital Kent. Further information can be found under Appendix 1.

Social Isolation and Connecting People

To help older people with social isolation, and improving physical and emotional wellbeing, there is Positive Wellbeing, delivered by a delivered by Community Connectors from across a range of services and community organisations. Further information about this service can be found under Appendix 1.

Social care staff and partners can use the digital tools (connect to support and Joy platform) to find out about groups and activities within communities along with local knowledge and connections. A discussion with the individual first helps to understand the support needs and areas of interest so that relevant groups and activities can be identified. Officers has also reviewed the activities and groups provided by the services in scope of the proposals and looked at what alternatives are available within the area.

There are three Market Development Officers within Kent Adult Social Care Commissioning. The postholders work with communities to understand the local needs profile and to identify, encourage and support those interested in identifying, nurturing and setting up compliant micro enterprises that support and deliver the care needs of Kent residents and support KCC's Commissioning Intentions for Adult Social Care. This can include groups and activities.

There are various befriending and helplines for older people, these include:

The Silver Line Helpline

The Careline - Let's beat loneliness

Transport

To access alternative groups and activities, this may require people to have access to transport, where with current service offer, they may not need to travel. This was raised as a concern during the consultation. The concerns around transport have been considered following the consultation, if transport is identified as a barrier, social care teams use the KCC transport scheme, which provides information on locally run and managed transport schemes across Kent. Through the scheme there is encouragement and grants for parishes, charities, and community groups can to set up community transport schemes. Social Care teams

also have a list of transport providers for health-related travel, such as appointments, hospital discharge. There is also the Kent Karrier, which is a dial-a-ride service operating across Kent. Drivers can collect people from home and take them to a location, such as a supermarket, town centre or hospital, for a small fee. To access this service, people must have one or more of the following:

- Have a medical condition that makes travelling on public transport difficult, or
- Live in a rural area more than 500 metres from a bus route or railway station, or
- Aged 85 or over.

Focused support for older people

We acknowledge that the over 55 population is significant in Kent and rising rapidly and will that keeping people well for longer will reduce need for adult social care in the future. We understand that older people want opportunities to be social as well as to improve physical and mental health and to better connect older people to each other and local things to do in their neighbourhoods. And need to mobilise communities to do more for each other. We need to create age friendly environments which facilitate healthy ageing. Therefore, there will be a dedicated worker to initiate age friendly communities with partners across Kent, including parish councils, to support the creation of age friendly communities. Appendix 1 sets out more information about the role.

Public Health currently fund Fall prevention courses which help people keep moving, strong and balanced. The Public Health team at Kent County Council (KCC) have proposed changes to this Postural Stability Service in Kent. Proposals do not entail making any savings. The proposal is to change the service so it 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. KCC Public Health are proposing these changes because of feedback and what we know about the way the population in Kent is changing which suggests that we need to update the current offer. Following a consultation a paper went to Adult Social Care Cabinet Committee in July 2025.

To mitigate the impacts on physical wellbeing for people there are also other existing services, which include an innovative digital Technology Enhanced Lives service (social and health care apps and wearable technology) that empowers a person and supports them to maintain or improve their independence, safety and wellbeing with greater choice and control. The service is tailored to the person and makes use of technology a person may already own such as a phone or smart speaker and/or technology provided through the Technology Enhanced Lives service, for example wrist-worn falls monitors so that carers can be alerted if falls occur. This can help build confidence in older people, helping them to remain independent for longer. Further information about the service can be found under Appendix 1.

Self-Funders

During the consultation a concern was raised about support for self-funders, self-funders arrange their own care and support for different reasons; some may pay the full costs and others may be council supported but still pay a charge. If you're paying the full cost of your care, you are known as a 'self-funder'. There is support available such as Who we can help | Autumna - Autumna which provides a free & impartial service. They are able to provide advice and signpost people.

For the Live Well Proposal (removing the Innovation Fund and efficiencies in the back office)

The mitigation is that core services provided by Live Well Kent will continue and these include a range of support, activities and groups for people of all ages.

The demographics will be monitored, if there is a change in data for age, for example a downward trend in young people accessing the service, reasons for this would be explored along with actions to improve accessibility of the services.

Conclusion

The EqiA has identified that the proposal will have an adverse impact on older people. Comments received through the consultation stated proposals were discriminating against older people. However, it is assessed that any particular adverse impact on older people is justified, as it is pursuing the legitimate aims set out above, and is proportionate due to the mitigations, that have been identified that can support older people to maintain independence and connect with others. Services will continue to support people assessed as needing medium to higher levels of support. For older people assessed as needing lower levels of support there is a range digital and non-digital ways of continuing to support older people.

The proposal may have an adverse impact on equality of opportunity in respect of people in the age categories that will be more affected. However, as above, a range of mitigations have been identified. The proposals ensure a targeted approach, supporting people with medium to higher levels of need. The range of mitigations will still support people needing lower levels of support, signposting and connecting them with alternative services that are provided outside of these contracts. The additional mitigation identified following consultation – prevention campaign will help older people (in a digital and non-digital way) find out about what support is available to them. Mitigations have also considered barriers for older people getting the right support such as living in rural areas where transport can be an issue.

The proposals may have an adverse on fostering good relations between those in the age categories that will be more affected. However, the mitigations identified and KCC’s approach to prevention overall will continue to foster good relations as there are a broad range of services and functions offered outside of these contracts which will continue. The council also ensures the fostering of good relations through the Your Voice network which considers the voices of individuals helping to improve and shape services. Adult social care attends a wide number of in person information, advice and guidance events across the county through our Involvement Officers, seeking feedback and fostering good relations with people and communities.

d) Responsible Officer for Mitigating Actions – Age

Simon Mitchell

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? Answer: Yes/No

Yes

b) Details of Negative Impacts for Disability

For the Community Navigation and Wellbeing Services in the Community Proposal

The following data from April 2024 to March 2025 shows the identified range of recorded disabilities and /or health condition:

All Services	Total		Community Navigation		Wellbeing	
Disability	Number	%	Number	%	Number	%

Physical/Mobility impairment	3415	13.33	1550	13.31	1865	13.36
Sensory	5	0.01	0	0	5	0.03
Sensory Impairment (visual impairment)	626	2.44	158	1.35	468	3.35
Sensory Impairment (dual - hearing and visual impairment)	112	0.43	29	0.24	83	0.59
Sensory Impairment (Hearing impairment)	541	2.11	144	1.23	397	2.84
Mental Health need/condition	2270	8.86	957	8.21	1313	9.4
Learning Disability	396	1.54	153	1.31	243	1.74
Dementia	1757	6.86	1282	11	475	3.4
Substance Misuse	86	0.33	42	0.36	44	0.31
Frailty	1161	4.53	704	6.04	457	3.27
End of Life	28	0.1	25	0.21	3	0.02
Autism	159	0.62	63	0.54	96	0.68
Long Standing Health Condition or Illness	11482	44.84	6537	56.14	4945	35.42
Cancer	108	0.42	0	0	108	0.77
None	1407	5.49	0	0	1407	10.07
Complex Needs	327	1.27	0	0	327	2.43
Memory & Cognition (not Dementia)	40	0.15	0	0	40	0.28
Unknown	986	3.85	0	0	986	7.06
No Data	697	2.72	0	0	697	4.99

Community Navigation

The data from those supported by the services during 2024/25 identifies that the proposals would have the greatest impact on people with:

- Long-term conditions 56.14% - a long-term condition is a condition that cannot be cured but can be controlled by medication and/or other treatments and therapies. Depression, asthma and diabetes are examples of long-term conditions and people can have more than one long-term condition. People with long-term conditions tend to use health and care services more and the physical and/or mental health condition may have a significant impact on a person’s ability to live well. Prevalence of long-term conditions in people aged over 55 in Kent is very high, therefore it would be expected that there would be a high number of people supported who would have a long- term condition.
- Physical disabilities 13.31%
- Dementia 11%
- Frailty 6.04%
- Mental Health 8.21%

Community Wellbeing (Wellbeing Services in the Community)

The data from those supported by the services during 2024/25 identifies that the proposals would have the greatest impact on people with:

- Long-term conditions 35.42%
- Physical disability 13.36%
- Mental Health 9.4%

- There is also 7.06% of data unknown/not captured

Community Navigation and Wellbeing Services in the Community and impact on people with long-term health conditions

Providers estimate that around 3,735 of people supported by Community Navigation could be supported by the redesigned services, of the people potentially affected (8,415), 53.02% have a long-term condition.

The potential negative impact on people with a long-term health condition:

- People with a long-term condition may struggle to access information on how to manage their condition, and advice on obtaining benefits and equipment.
- People with a long-term condition may struggle to access information about accessible social groups and activities, therefore reducing the opportunities to connect with others which could impact on mental wellbeing.
- Could lead to fewer people with a long-term condition accessing the benefits they are entitled to which could increase poverty and inequality.
- Could increase the number of people who fall into debt because they have not claimed the right benefits.
- People with long-term conditions may struggle with managing GP and hospital appointments and with no support to help navigate these there may be an impact on the person's health.

Wellbeing Services in the Community help people with long-term conditions with social isolation through groups and transport. The redesigned service would not be able to support around 10,388 people assessed as needing lower-level support. Therefore, there could be increased social exclusion through reduced support groups and transport to connect people with shopping, communities and other people.

Disability

Providers estimate that 3,735 of people supported by Community Navigation could be supported by the redesigned services, 8,415 would not be supported and therefore affected and it is estimated 15.06% of those affected could have a physical disability.

The potential negative impact of these proposals on people with a physical disability, include:

- People with a physical disability may struggle to access information on independent living, and advice on obtaining benefits and equipment.
- People with a physical disability may struggle to access information about accessible social groups and activities, therefore reducing the opportunities to connect with others which could impact on mental wellbeing.
- Could lead to less disabled people with a physical disability accessing the benefits they are entitled to which could increase poverty and inequality.
- Increase in requests to the council for assistance with Personal Independence Payment and other benefits.
- Increase in the number of people with a physical disability who do not find their way into work.
- Increase in the number of people who fall into debt because they have not claimed the right benefits.

Providers have shared that many individuals with physical disabilities often need assistance to navigate complex health systems, access disability-related benefits, or find specialised care and services. Without

community navigation services, they face increased barriers to independent living, worsening health outcomes and possible financial hardship.

Wellbeing Services in the Community help people with physical disabilities with social isolation through groups and transport. The redesigned service would not be able to support around 10,388 people assessed as needing lower-level support. Of these, 9.7% could have a physical disability. Therefore, there could be increased social exclusion through reduced support groups and transport to connect people with shopping, communities and with other people.

Frailty

According to the Kent and Medway Care Record, more than one in six (18%) of people aged 65 years and over living in Kent are classed as moderately or severely frail. The main contributing conditions are high blood pressure, arthritis, urinary conditions, respiratory and heart disease and visual impairment.

Community Navigation supports people with frailty. Providers estimate that around 3,735 people supported by Community Navigation could be supported by the redesigned services, therefore 8,415 people could be affected by the proposal of which 9.18% people have frailty. People with frailty are supported by Community Navigation for a range of reasons including being able to access a trusted assessor for small pieces of equipment to help people with frailty remain independent for longer or navigating complex information about finances, health and wellbeing.

Community Navigation and impacts on dementia

Community Navigation helps 11% people living with dementia navigate complex information, which could be helping with housing, maintaining a safe home and emotional support. Stopping the Community Navigation service could have a negative impact on people living with dementia.

The proposal could lead to people being less able to access information and support to make informed decisions, access the necessary dementia services and connecting with others through dementia cafes, peer support, social opportunities and befriending. The negative impact of this proposal on people with dementia could lead to greater isolation, loneliness, less independence, less guidance, support and respite for carers. And this could increase the number of people needing support from Adult Social Care.

Kent has approximately 25,000 people with dementia with an anticipated 15,000 with a diagnosis. Compared to the national picture, Kent and Medway has a higher number of people with dementia but a low diagnosis rate.

A diagnosis, provided at an early stage, can help people plan for the future and gain the right support and information to understand the changes they are experiencing and live as well as possible, with access to treatments which may help with symptoms, benefits or legal advice.

According to the Joint Strategic Needs Assessment cohort model, we expect a 17.9% increase in people with dementia between 2022 and 2027. People with neurological conditions, including dementia, have the highest level of measured social care need.

Mental health

Of the people supported by the Community Navigation service, 8.21% people are living with mental health needs. Community Navigators help to signpost people to information and guidance, emotional and practical

support, or help to access a range of community, health and social care services. Such as accessing financial and benefits information, support with maintaining a safe and warm home which can be a concern for older people due to increased cost of living, as households across the country have struggled to keep up with growing inflation due to unprecedented rises in everyday basics such as food and heating. This can have a negative impact on mental health as people struggle with finances and housing related issues. Providers estimate that around 3,735 of people supported by Community Navigation could be supported by the redesigned services, therefore 8,415 people could be affected by the proposal of which 15.06% have a physical disability.

Of the people supported by Wellbeing Services in the Community 9.4% are people living with mental health needs. Wellbeing Services in the Community promote and support individuals to continue participating in activities they enjoy and maintain or establish new networks and support systems. This can help with emotional wellbeing and mental health. Therefore, restricting the Wellbeing Services in the Community to supporting people assessed as needing medium to higher levels of support could have a negative impact on people assessed as needing lower-level support living with mental health needs.

The potential negative impact of the Wellbeing Services in the Community and Community Navigation proposal could be an increase in people with mental health needs self-neglecting and self-medicating with drugs and alcohol which can increase adult social care need and complexity. And this could increase mental and physical health inequalities in Kent.

For the Live Well Proposal (removing the Innovation Fund and efficiencies in the back office)

In 2024/25 a total of 6,486 people were supported by Live Well. 83 people were supported by the Innovation Fund in 2024/25. From the data:

- 61.05% had mental health
- 34.76% the disability was not recorded
- 4.17% preferred not to say

Consultation summary

Within the consultation the majority of responses were received by people with a long term condition (40%), disability (61%) physical disability (33%) and Mental Health (15%), which is broadly consistent with the data set out above and our pre-consultation assessment that people with long term conditions, physical disabilities and Mental Health are likely to be affected by the proposals.

Consultation responses raised concerns that proposals are short sighted and could impact on people's mental health in the long term. And that potential impact will be on older people living with long term conditions, and therefore disproportionately affecting groups of protected characteristics which is discriminating. Responses referred to groups and activities being tailored to needs, for example seated activities that enable people in wheelchairs to participate. And concerns raised over addressing barriers such as living in rural locations, transport and digital.

There were some concerns raised about stopping the Innovation Fund and how this could have an impact on neurodivergent individuals, who benefit from innovative, intersectional programs that may not yet have established evidence bases but meet unique needs

Feedback from the consultation questionnaire showed:

KCC Prevention Services consultation - closed data summary

61%	Indicated that they experience a disability.
40%	Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy
33%	Reported as having a physical disability
24%	No
15%	Reported as having a Mental Health condition
15%	Prefer not to say/blank
10%	Sensory (hearing, sight or both)
3%	Reported as Neurodivergent, such as ADHA, autism, dyslexia and dyspraxia
2%	Learning disability
2%	A different disability or health condition

Mitigating Actions for Disability

Officers have undertaken further analysis of the level of duplication in the system following the consultation. It was estimated by providers that 1,662 people could be supported by alternative information, advice and guidance this includes digital platforms and the initial contact points with each provider. Providers estimated that 6,753 people that would have been supported by Community Navigation could come to social care. It is assessed that the following services have capacity for in person support:

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Therefore, of the total number of people that could need to make contact with social care (6,753) there is an estimated capacity for 2,135 people to access in person support (this can increase if there is demand), the remaining 4,618 people potentially impacted could be supported by:

- Adult Social Care Connect telephone support, however, to deal with all the demand the service may need to use a waiting list.
- There is unlimited support available via digital platforms.

During 2024/25 the Wellbeing Services supported 14,375 people, providers were asked to consider the capacity available to support people with medium to higher levels of need if proposals were implemented. Providers estimated that 6,504 people could be supported by alternative groups and activities provided outside of these services and that 3,885 people could contact social care via the initial contact point – Adult Social Care Connect, of these 20% may require an assessment and of that between 1-10% of may require formal care and support from KCC. For those make contact with social care and not eligible for social care will be connected with alternative groups and activities.

It is not possible to provide an exhaustive list of alternative groups and activities, and to assess whether in every case an alternative group or activity will be available to every individual. However, officers have carefully considered which groups and activities could potentially stop under these proposals across Kent and what alternatives are available that are relevant to older people. The alternative groups and activities considered physical wellbeing and connection through social groups such as reading groups. From this assessment it has been identified that there is a broad range of activities available outside of the contract across Kent. However, in a small number of specific localities within districts there are fewer alternative groups and activities or individuals may need travel to access a suitable alternative. However, the proposal is not to end particular groups and activities; it is that the lead partners would receive less funding and therefore focus on supporting people with medium to higher levels of support. When Officers were engaging people as part of the consultation, some suggestions were that groups and activities could review the funding model, looking at potentially increasing costs to individuals in order to maintain some groups and activities for people with lower levels of need. It is therefore considered likely that some of the groups and activities which are potentially affected will continue.

The following services will not be impacted by the proposals. They are not mitigations however have been included here to make clear that they will continue to be available for people that need these services. It is possible that there will be some increased demand for specialist services as a result of the proposal, but this will be limited because the individuals who might use the specialist services are likely to have medium/high needs. We have not included these services in our modelling of alternative options for those currently supported by the services included within these proposals.

Physical Disability

The Wellbeing Services in the Community for those with a physical disability is out of scope of these proposals and will continue to support people with a disability. This service is delivered by Disability Assist [Kent | Disability Assist | England](#), a charity run by and for disabled people. Disability Assist provides information, guidance and advice to disabled adults on a range of topics around independent living and all aspects of life with a disability. The service helps with:

- Peer support.
- Advocacy, supporting people to know and understand their rights when it comes to health and social welfare. To be able to express their views, wishes and needs to ensure they are involved when decisions need to be made.
- Benefits support.

During 2024/25 this service supported 19,894 interactions with people.

Dementia

The Wellbeing Services for people with dementia and their families is out of scope of these proposals. Alzheimer's and Dementia Support Services (ADSS) <https://www.alz-dem.org/> and Age UK Herne Bay and Whitstable [Welcome to Age UK Herne Bay](#) are the lead providers of this service. This service provides a similar offer to the universal Wellbeing Support in the Community service described above but with a particular focus on supporting those with a dementia diagnosis and their families. This service will continue to support people living with dementia.

During 2024/25 this service supported 13,103 people.

Sensory Impairments

The Wellbeing Services for people with sensory impairments is out of scope of these proposals. Kent Association for the Blind (KAB) delivers this service on behalf of KCC in partnership with Hi Kent and BSL

Community CIC. KAB work with over 12,000 people in Kent and the surrounding areas, they are one of the largest and most respected local sight loss charities in the UK. They work to prevent avoidable sight loss, deliver excellent support services and enable people to get involved and live independently.

<https://www.kab.org.uk/>

During 2024/25 this service supported 22,834 people.

Information, Advice and Guidance

The proposals have been designed so that in future they are targeted at those who have the greatest needs (people assessed as needing medium to higher levels of support). Working with providers in scope, the proposals were reviewed and developed to incorporate elements of Community Navigation into redesigned Wellbeing Services in the Community to reduce the negative impact of the proposals on people with a disability.

The Wellbeing Service provided by SEK, Imago Community and Involve Kent would still have an initial contact point either by telephone or website.

People would be assessed to determine the level of support needed. For people that are assessed at needing lower level of support, they would be signposted and connected with a range of services that remain available. The service would help people assessed as needing medium to higher levels of support access groups and activities, reducing social isolation and improving physical wellbeing and helping improve mental wellbeing by navigating complex information.

For people assessed as needing lower levels of support and require services such as navigation, can access support from Adult Social Care Connect (social care initial contact point). In addition, people can access the free service provided by Kent Enablement Services which can help with financial information, letters, education and housing applications. There are also other community roles and support includes community wardens and social prescribers. Appendix 1 provides further information on these roles and support.

Information, advice and guidance is available on [Kent Connect to Support](#) which offers information and advice about preventative services, facilities or resources, and helps people to find out about the types of support available locally that may meet their individual needs and circumstances.

To help people with healthy lifestyles there is the [One You Kent](#) which provides advice and support on healthy lifestyle changes including losing weight, stopping smoking, physical exercise and reducing alcohol intake.

During the development of the proposals, it was identified that there is an opportunity to develop the partnership working between SEK, Imago Community and Involve Kent and the Adult Social Care Connect service, to share information about the support available in communities and review capacity across the services. This can help mitigate the impacts of these proposals on people with long-term conditions, physical disability, dementia, frailty and mental health needs by ensuring that there is consistent information, advice and guidance across all organisations.

Reviewing the feedback from the consultation there is a theme that there is confusion over where people go for information, advice and guidance. An action as a result of the consultation is that we are planning a campaign to set out where people can go for support.

Frailty

Public Health currently fund <https://www.kent.gov.uk/social-care-and-health/adult-social-care/care-and-support/live-safe-and-well-at-home/fall-prevention-courses> which help people keep moving, strong and balanced. The Public Health team at Kent County Council (KCC) have proposed changes to this Postural Stability Service in Kent. Proposals do not entail making any savings. The proposal is to change the service so it 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. KCC Public Health are proposing these changes because of feedback and what we know about the way the population in Kent is changing which suggests that we need to update the current offer. Following a consultation a [paper](#) went to Adult Social Care Cabinet Committee in July 2025.

To mitigate the impacts of frailty for people, in particular to help with falls prevention there are also other existing services such as the innovative digital [Technology Enhanced Lives](#) service (social and health care apps and wearable technology) that empowers a person and supports them to maintain or improve their independence, safety, and wellbeing with greater choice and control.

Connecting with others

To help people with long-term conditions, physical disability, dementia, frailty and mental health needs connect with others which will help with and social isolation, improve physical and emotional wellbeing, there is [Positive Wellbeing](#), delivered by a delivered by Community Connectors from across a range of services and community organisations. Further information about this service can be found under Appendix 1.

Social care staff and partners can use the digital tools (connect to support and Joy platform) to find out about groups and activities within communities along with local knowledge and connections. A discussion with the individual first helps to understand the support needs (understanding their disabilities and access requirements) and areas of interest so that relevant groups and activities can be identified.

There are three Market Development Officers within Kent Adult Social Care Commissioning. The postholders work with communities to understand the local needs profile and to identify, encourage and support those interested in identifying, nurturing and setting up compliant micro enterprises that support and deliver the care needs of Kent residents and support KCC's Commissioning Intentions for Adult Social Care. This can include groups and activities.

Non-Digital Services

Some of the consultation responses made reference to older residents not being able to access digital services or platforms and not having the comprehension or ability to use digital devices. As part of the mitigating actions there is consideration to in person contact and support by a range of different services. Non-Digital Services:

Kent Enablement Services: They provide face to face for support to have help with accessing information and advice, help with letters, bills, finding groups and activities, college and education courses, paid and voluntary employment, information about keeping safe, housing, wellbeing, benefits and help with making

phone calls. The service is currently underutilised as it is not well promoted, and there is capacity to create more sessions and locations if there is more demand. Further details about the service and its capacity can be found above in Appendix 1.

Adult Social Care Connect Community Clinics: The purpose of these clinics is to establish effective community interfaces between ASC Connect and wider community services, and to provide alternative settings in which to undertake initial face to face conversations with people referred to ASCH for information and support. Further details about the service and its capacity can be found above and in Appendix 1.

To help people with disabilities people build confidence with digital ways of accessing support which may help reduce the impact of social isolation there is a scheme called [Digital Kent](#). Further information can be found under Appendix 1.

Transport

To access alternative groups and activities, this may require people to have access to transport, where with current service offer, they may not need to travel. This was raised as a concern during the consultation. The concerns around transport have been considered following the consultation, if transport is identified as a barrier, social care teams use the [KCC transport scheme](#), which provides information on locally run and managed transport schemes across Kent. Through the scheme there is encouragement and grants for parishes, charities, and community groups can to set up [community transport schemes](#). Social Care teams also have a list of transport providers for health-related travel, such as appointments, hospital discharge. There is also the Kent Karrier, which is a dial-a-ride service operating across Kent. Drivers can collect people from home and take them to a location, such as a supermarket, town centre or hospital, for a small fee. To access this service, people must have one or more of the following:

- Have a medical condition that makes travelling on public transport difficult, or
- Live in a rural area more than 500 metres from a bus route or railway station, or
- Aged 85 or over.

For the Live Well Proposal (removing the Innovation Fund and efficiencies in the back office)

The mitigation is that core services provided by Live Well Kent will continue, and these include a range of support, activities and groups for people of all ages.

The demographics will be monitored, if there is a change in data for disabilities, for example an increase in the number of people not sharing their disability, reasons for this would be explored along with actions to improve accessibility of the services.

Conclusion

The EqiA has identified that the proposal will have an adverse impact on some disabled people. However, it is assessed that this any particular adverse impact is objectively justified, as it is pursuing the legitimate aims set out above and is proportionate due to the mitigations identified. Services will continue to support people assessed as needing medium to higher levels of support. For disabled people assessed as needing lower levels of support there is a range of digital and non-digital ways of continuing to provide support. Community Wellbeing services specifically commissioned to support those with particular disabilities would be unaffected.

The proposal may have an adverse impact on equality of opportunity as regards disabled people. However, as above, a range of mitigations have been identified. The proposals ensure a targeted approach, supporting people with medium to higher levels of need. The range of mitigations will still support people needing lower levels of support, signposting and connecting them with alternative services that are provided outside of these contracts. Mitigations have also considered barriers for people getting the right support such as living in rural areas where transport can issue. Community Wellbeing services specifically commissioned to support those with particular disabilities would be unaffected.

The proposals may have an adverse impact on fostering good relations between those who are disabled and those who are not. However, the mitigations identified and KCC’s approach to prevention overall will continue to foster good relations as there are a broad range of services and functions offered outside of these contracts which will continue. The council also ensures the fostering of good relations through the Your Voice network which considers the voices of individuals. Adult social care attends a wide number of in person information, advice and guidance events across the county through our Involvement Officers, seeking feedback and fostering good relations with people and communities. Community Wellbeing services specifically commissioned to support those with particular disabilities would be unaffected.

c) Responsible Officer for Mitigating Actions – Disability

Simon Mitchell

21. Negative Impacts and Mitigating actions for Sex

a) Are there negative impacts for Sex? Answer: Yes/No

Yes

b) Details of Negative Impacts for Sex

Community Navigation and Community Wellbeing

The following data from April 2024 to March 2025 shows the data of sex:

All Services	Total		Services	Community Navigation		Wellbeing	
Sex	Number	%	Sex	Number	%	Number	%
Female	16334	61.55	Female	6853	56.91	9481	65.4
Male	9646	36.35	Male	5182	43.03	4464	30.79
Intersex	7	0.02	Intersex	1	0	6	0.04
Prefer not to say	68	0.25	I prefer not to say	4	0.03	64	0.44
Unknown	87	0.32	Unknown	0	0	87	0.6
No data	393	1.48	No Data	0	0	393	2.71

Community Navigation supports 56.91% females and 43.03% males.
Community Wellbeing supports 65.4% females and 30.79% males.

The 2021 Census shows there are more females to males in Kent (51.2% female to 48.8% male) and this pattern is seen in all of Kent's local authority districts. The Wellbeing Services in the Community are supporting 65.4% of females which in comparison to the Kent female and male population is a higher percentage. The proposal would reduce groups and activities for people assessed as needing lower levels of support and this could increase the risk of social isolation in females.

Community wellbeing and social isolation in females

Wellbeing Services in the Community promote and support individuals to continue participating in activities they enjoy and maintain or establish new networks and support systems. This can help with emotional wellbeing and mental health. Reducing access to services that provide connection with others could have a negative impact on social isolation in females.

In 2018, work was undertaken to identify which groups of older people in Kent are at greater risk – see the document linked here: [Social-isolation-and-loneliness-in-Kent.pdf \(kpho.org.uk\)](https://www.kpho.org.uk/social-isolation-and-loneliness-in-kent.pdf). Risk profiling resulted in an estimate of 29,500 Kent residents over 65 being at risk of social isolation. In comparison with all Kent residents aged 65+, the group identified as being at higher risk of social isolation or loneliness are more likely to be female.

For the Live Well Proposal (removing the Innovation Fund and efficiencies in the back office)

As the Innovation Fund is used to test new ideas which could be short-term support or events, there is limited data on the number of people supported and breakdown of protected characteristics. However, we do have information from the Live Well service as a whole and have used this to assess the potential impact of the proposal. In 2024/25 a total of 6,486 people were supported by Live Well. From the data 42.96% were male and 55.18% were female.

Consultation Summary

Within the consultation the majority of responses were received by women (57%) and (31%) of men, 12% preferred not to say or left the question blank, which is broadly consistent with the data set out above and our pre-consultation assessment that more women are likely to be affected by the proposals than men. There were some comments on how wellbeing groups and activities that people attend are mainly attended by females and therefore felt proposals will have a negative impact on females. There were also comments about the need for more activities and better promotion of activities to males.

c) Mitigating Actions for Sex

Officers have undertaken further analysis of the level of duplication in the system following the consultation. It was estimated by providers that 1,662 people could be supported by alternative information, advice and guidance this includes digital platforms and the initial contact points with each provider. Providers estimated that 6,753 people that would have been supported by Community Navigation could come to social care. It is assessed that the following services have capacity for in person support:

- Social Care Connect has capacity to support 1,920 (face to face via clinics) this is assessed as new capacity as the current utilisation levels are very low.

- Kent Enablement Services helpdesk has capacity to support 763 (face to face) people a year. Based on current activity it is estimated that the service is supporting 547 people, therefore the additional capacity available to support people impacted by these proposals is 215.)

It is estimated that between Social Care Connect clinics and Kent Enablement Service helpdesk there is additional capacity to support 2,135 people. These are for in person support and will be closely monitored and could increase capacity with demand.

Therefore, of the total number of people that could need to make contact with social care (6,753) there is an estimated capacity for 2,135 people to access in person support (this can increase if there is demand), the remaining 4,618 people potentially impacted could be supported by:

- Adult Social Care Connect telephone support, however, to deal with all the demand the service may need to use a waiting list.
- There is unlimited support available via digital platforms.

It is assessed that through the in person, telephone and online support there is capacity to provide information, advice and guidance to people that could be impacted by the proposals.

During 2024/25 the Wellbeing Services supported 14,375 people, providers were asked to consider the capacity available to support people with medium to higher levels of need if proposals were implemented. Providers estimated that 6,504 people could be supported by alternative groups and activities provided outside of these services and that 3,885 people could contact social care via the initial contact point – Adult Social Care Connect, of these 20% may require an assessment and of that between 1-10% of may require formal care and support from KCC. For those make contact with social care and not eligible for social care will be connected with alternative groups and activities.

It is not possible to provide an exhaustive list of alternative groups and activities, and to assess whether in every case an alternative group or activity will be available to every individual. However, officers have carefully considered which groups and activities could potentially stop under these proposals across Kent and what alternatives are available that are relevant to older people. The alternative groups and activities considered physical wellbeing and connection through social groups such as reading groups. From this assessment it has been identified that there is a broad range of activities available outside of the contract across Kent. However, in a small number of specific localities within districts there are fewer alternative groups and activities or individuals may need travel to access a suitable alternative. However, the proposal is not to end particular groups and activities; it is that the lead partners would receive less funding and therefore focus on supporting people with medium to higher levels of support. When Officers were engaging people as part of the consultation, some suggestions were that groups and activities could review the funding model, looking at potentially increasing costs to individuals in order to maintain some groups and activities for people with lower levels of need. It is therefore considered likely that some of the groups and activities which are potentially affected could continue.

Information, advice and guidance

The Wellbeing Services currently provided by SEK, Imago Community and Involve Kent would still have an initial contact point for people that would have accessed Community Navigation and Wellbeing Services in

the Community. People would be assessed to determine the level of support needed. For people that are assessed at needing lower level of support, they would be signposted and connected with a range of services that remain available.

There are a range of services that will be available to provide information, advice and guidance, these include Adult Social Care Connect, Kent Enablement Service, Social Prescribing. These are available for face-to-face support. There are also digital platforms such as Connect to Support which provide information, advice and guidance. More information about these services can be viewed in Appendix 1.

Reviewing the feedback from the consultation there is a theme that has emerged that there is confusion over where people access information, advice and guidance. An action as a result of the consultation is that we are planning a campaign to set out where people can go for support. And within this to think about how the campaign can raise awareness of support available for males.

Social Isolation and Connecting People

There are a few groups provided by SEK and subcontracted providers within East Kent that are specific for men or women (men's shed, men's group and netball for women).

To help females at risk of isolation there is [Positive Wellbeing](#), delivered by Community Connectors from across a range of services and community organisations. Further information about this service can be found under Appendix 1.

Social care staff and partners can use the digital tools (connect to support and Joy platform) to find out about groups and activities within communities along with local knowledge and connections. A discussion with the individual first helps to understand the support needs and areas of interest so that relevant groups and activities can be identified.

There are three Market Development Officers within Kent Adult Social Care Commissioning. The postholders work with communities to understand the local needs profile and to identify, encourage and support those interested in identifying, nurturing and setting up compliant micro enterprises that support and deliver the care needs of Kent residents and support KCC's Commissioning Intentions for Adult Social Care. This can include groups and activities.

For the Live Well Proposal (removing the Innovation Fund and efficiencies in the back office)

The mitigation is that core services provided by Live Well Kent will continue and these include a range of support, activities and groups for males and females. There are specific campaigns in Kent to raise the awareness and support for mental health in males [Release the pressure - Kent County Council](#).

The demographics will be monitored, if there is a change in data for sex, for example decrease in the number of males accessing the service, reasons for this would be explored along with actions to improve accessibility of the services.

Conclusion

The EqiA has identified that the proposal is likely to impact more women than men, as a result of the gender mix of those using the relevant services. Most of the services within the proposal do not provide specific groups and support for women, it is that a larger proportion of women are supported by these

services. It is assessed that any particular adverse impact on women is justified, as it is pursuing the legitimate aims set out above, and is proportionate due to the mitigations that have been identified, these include positive wellbeing, and a range of other groups and activities provided outside of these services. Mitigations identified consider digital and non-digital ways of continuing to support people.

The proposal is unlikely to have an adverse impact on equality of opportunity regarding gender. Men and women will be able to access services equally. The difference in impact between the two genders is a result of the different gender mix of those currently using the services. The proposals will continue to promote equality of opportunity through the mitigations that have been identified. An additional mitigation identified following consultation – prevention campaign will help people (in a digital and non-digital way) find out about what support is available to them. This will need to consider how to promote these services to men, to increase the number of men with medium to higher levels of need engaging with the services.

For the same reasons the proposal is unlikely to have an adverse impact on fostering good relations. The proposals will continue to foster good relations as there are a broad range of services and functions offered outside of these contracts means that a wide range of activities continue to promote good relations. The council ensure the fostering of good relations through the Your Voice network which considers the voices of individuals. Adult social care attends a wide number of in person information, advice and guidance events across the county through our Involvement Officers, seeking feedback and fostering good relations with people and communities.

d) Responsible Officer for Mitigating Actions – Sex

Simon Mitchell

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

a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No

Yes

b) Details of Negative Impacts for Gender identity/transgender

Community Wellbeing and Community Navigation

The following data from April 2024 to March 2025 shows the data of gender reassignment/being transgender:

All Services	Total		Services	Community Navigation		Wellbeing	
Gender Identity	Number	%	Sex	Number	%	Number	%
Yes - Gender reassignment/Transgender (Trans) including non-binary, or other	8	0.06		0	0	8	0.06
No - Gender reassignment/Transgender (Trans) including non-binary, or other	8169	68.37		0	0	8169	68.97

Prefer not to say - Gender reassignment/Transgender (Trans) including non-binary, or other	3	0.02		3	100	0	0
Did not ask (Wellbeing)	1965	16.44		0	0	1965	16.59
No Data	1513	12.66		0	0	1513	12.77
Unknown	289	2.41		0	0	289	2.44

Wellbeing Services in the Community supported 0.06% of people that were listed as having gender reassignment/being transgender. This compares with 0.1% people of the Kent population. The proposals could therefore impact people listed as having gender reassignment/being transgender.

Community Wellbeing and having gender reassignment/being transgender

Wellbeing Services in the Community supported 0.06% of people having gender reassignment/being transgender in 2024/25. Wellbeing Services in the Community provide groups and activities that are reflective of needs within communities. The groups delivered by Wellbeing Services in the Community are not specific for LGBTQIA+ people, however all groups are inclusive. Wellbeing Services in the Community develop a good understanding of communities and services, helping people to connect. If proposals are implemented, 10,388 people could not be supported by the providers and therefore impacted by the proposal. People that had gender reassignment or who are transgender are more likely to suffer with their mental health and this can be linked with social isolation. People may seek the support from Wellbeing Services in the Community to help them connect with others and help improve their wellbeing.

For the Live Well Proposal (removing the Innovation Fund and efficiencies in the back office)

The service supported 0.88% people that had gender reassignment/are transgender. The data is unknown for 11.29% of people. People that have had gender reassignment/are transgender are more likely to suffer with mental health disorders or experience depression and anxiety. Poor mental health may be linked to experiences of discrimination, homophobia, transphobia, bullying and social isolation.

Some of the Innovation Fund projects that had a LGBTQIA+ focus:

- Young people aged 17 to 25 and who identify as part of the LGBTQIA+ community - structured programmes of support to develop resilience, learn new skills and to enhance physical wellbeing.
- Mental Health Resource Centre – Wellbeing Groups – 10 places funded for two groups: focused on LGBTQIA+ people and young people.
- The BeYou Project – funded to organise two events, one in West Kent and one in Medway to promote access to services for LGBTQIA+ people.

Consultation Summary

In the consultation responses, 16% left blank/preferred not to say, 83% had the same gender as birth and there were 3 responses that stated their gender was not the same as birth. The responses to consultation are broadly in line with the pre consultation analysis which identified that there could be a negative impact on people with this protected characteristic, however the number of people potentially impacted is low.

During the consultation there was some comments about ensuring targeted engagement and awareness on services available to support with gender identity/transgender.

c) Mitigating actions for Gender identity/transgender

These services are not commissioned to provide specific support for gender identity/transgender, this includes information, advice and guidance and groups and activities. However, groups, activities and support are inclusive. Mitigations to reduce the impact on gender identity/transgender have been considered and updated following the consultation.

The proposals have been designed so that in future services are targeted at areas and those who have the greatest needs (people assessed as needing medium to higher levels of support). Working with providers in scope, the proposals were reviewed and developed to incorporate elements of the Community Navigation into redesigned Wellbeing Services in the Community to reduce to the negative impact of the proposals on this protected characteristic.

Information, Advice and Guidance

The Wellbeing Services currently provided by SEK, Imago Community and Involve Kent would still have an initial contact point for people that would have accessed Community Navigation and Wellbeing Services in the Community.

People would be assessed to determine the level of support needed. For people that are assessed as needing lower level of support they would be signposted and connected with support and services. Services have a good understanding of their communities and are able to signpost and connect people.

There are a range of services that will be available to provide information, advice and guidance, these include Adult Social Care Connect, Kent Enablement Service, Social Prescribing. These are available for face-to-face support. More information about these services can be viewed in Appendix 1.

Reviewing the feedback from the consultation there is a theme that has emerged that there is confusion over people go for information, advice and guidance. An action as a result of the consultation is that we are planning a campaign to set out where people can go for support.

There are national organisations that provide specific support, these include:

- MindOut is a mental health service run by and for lesbian, gay, bisexual, trans, and queer (LGBTQ) people.
- LGBT Foundation is a national service providing health and wellbeing support
- Canterbury Trans Network provides a mutual aid network and social community open to Transgender, Non Binary, and Intersex adults and any adults questioning their gender identity.
- The Proud Trust is national, providing advice and support.

When preparing the EQIA for consultation (October 2024) it was identified that there was a gap on information on gender reassignment/transgender on the information, advice and guidance platform [Kent Connect to Support](#). This has now been addressed a section has been added and linking to national and local resources.

Groups and Activities

Social care staff and partners can use the digital tools (connect to support and Joy platform) to find out about groups and activities within communities along with local knowledge and connections. A discussion with the individual first helps to understand the support needs (this includes consideration to gender identity/transgender) and areas of interest so that relevant groups and activities can be identified.

For the Live Well Proposal (removing the Innovation Fund and efficiencies in the back office)

The mitigation is that core services provided by Live Well Kent will continue and these include a range of support, activities and groups for people of all ages. There are services supporting LGBTQIA+ which will not be affected by these proposals such as:

- The BeYou Project – is for LGBT+ young people provided by Porchlight.
- Porchlight developed a resource pack to help people [The BeYou Project - Porchlight](#)
- Website [Welcome to our bold and beautiful new website - The BeYou Project - Porchlight](#).
- Release the Pressure is a Kent campaign for mental health in men [Release-the-Pressure-LGBTQ-poster.pdf](#)
- Groups and activities provided outside of these contracts that have a specific focus on LGBTQIA+. Include Canterbury Trans Network hosts regular support groups.

The demographics will be monitored, if there is a change in data, for example a decrease in the number of people with gender reassignment/who are transgender accessing the service, reasons for this would be explored along with actions to improve accessibility of the services.

Conclusion

The proposal is unlikely to have an adverse impact on equality of opportunity regarding the protected characteristic of gender reassignment. Individuals with and without the protected characteristics will be able to access services equally. The proposals will continue to promote equality of opportunity through increased awareness of gender identity/transgender groups and support that people can be connected with. Through market development officers understanding where there are gaps in gender identify/transgender and working communities to address these gaps.

For the same reasons the proposal is unlikely to have any significant adverse impact on fostering good relations. The proposals will continue to foster good relations as there are a broad range of services and functions offered outside of these contracts means that a wide range of activities continue to promote good relations. The council ensure the fostering of good relations through the Your Voice network which considers the voices of individuals. Adult social care attends a wide number of in person information, advice and guidance events across the county through our Involvement Officers, seeking feedback and fostering good relations with people and communities.

d) Responsible Officer for Mitigating Actions - Gender identity/transgender

Simon Mitchell

23. Negative Impacts and Mitigating actions for Race

a) Are there negative impacts for Race? Answer: Yes/No

Yes

b) Details of Negative Impacts for Race

Community Navigation and Community Wellbeing

Data from the services from April 2024- March 2025:

All Services			Services	Community Navigation		Wellbeing	
Race	Number	%	Race	Number	%	Number	%
Asian/Asian British							
Asian/Asian British: Bangladeshi	100	0.37		29	0.24	71	0.48
Asian/Asian British: Chinese	26	0.09		7	0.05	19	0.13
Asian/Asian British: Indian	444	1.67		116	0.97	328	2.26
Asian/Asian British: Pakistani	74	0.27		8	0.06	66	0.45
Asian/Asian British: any other Asian background	171	0.64		72	0.6	99	0.68
Black/Black British							
Black/Black British: African	158	0.59		63	0.52	95	0.65
Black/Black British: Caribbean	117	0.44		35	0.29	82	0.56
Black/Black British: any other Black background	4	0.01		0	0	4	0.02
Mixed							
Mixed: White and Asian	28	0.1		6	0.05	22	0.15
Mixed: White and Black/African	21	0.07		8	0.06	13	0.08
Mixed: White and Black/Caribbean	0	0		0	0	0	0
Other: Arab	28	0.1		5	0.04	23	0.15
Other: Any other Ethnic Group	325	1.22		131	1.09	194	1.33
Mixed: any other mixed/multiple ethnic background	14	0.05		0	0	14	0.09
White							
White: English/Welsh/Scottish/Northern Irish/British	20076	75.9		9148	76.58	10928	75.32
White: Gypsy, Romany or Traveller	43	0.16		16	0.13	27	0.18
White: Irish	103	0.38		43	0.35	60	0.41
White: any other White background	432	1.63		132	1.1	300	2.06
Ethnicity Unknown	3439	13		2121	17.75	1318	9.08
Prefer not to say	77	0.29		0	0	77	0.53
No Data	768	2.9		0	0	768	5.29

The Community Navigation service supported:

- Asian: 1.92%
- Black: 0.81%
- Mixed: 1.24%
- White: 78.16%
- Unknown: 17.75%

Community Wellbeing service supported:

- Asian: 4%
- Black: 1.23%
- Mixed: 1.8%
- White: 77.97%
- Unknown: 9.08%

The 2021 Census shows that 89.4% of residents were of White British ethnic origin. Asian ethnicity was 8.8%, Black was 5.2% and Mixed was 4.7%. By completing the Equality Impact Assessment, it has identified that services are supporting a percentage of White residents that reflects the Kent population. However, the numbers of people supported from Asian, Black and Mixed ethnicity are lower to that of the Kent population.

The Community Navigation service supports a higher percentage people of Asian, Black and Mixed ethnicity. Members of these communities may have complex needs as well as additional language and cultural barriers. Individuals from Asian, Black and Mixed ethnicities may be disadvantaged in terms of actively self-referring to services due to language barriers and other cultural factors. These individuals are likely to be disproportionately affected by the reduced capacity of providers to undertake assertive outreach work to engage with community groups who may be less able to access support through traditional referral pathways. People from a Black, Asian and other ethnic backgrounds are more likely to suffer from underlying health conditions and require support with navigating complex information and getting the right levels of support.

Wellbeing Services in the Community support 5.32% of people from Black, Asian and other ethnic backgrounds. Helping people to connect with cultural related activities and communities, which can reduce social isolation help promote wellbeing. The services work in partnership with communities to understand the groups that are available such as the North Kent Caribbean Network in Gravesham which is a voluntary community group that works in partnership with Kent based organisations to celebrate diverse communities. The services in scope of the proposal work in partnership across Kent with both the voluntary and statutory sectors to promote community cohesion and to eliminate discrimination.

For the Live Well Proposal (removing the Innovation Fund and efficiencies in the back office)

In 2024/25 a total of 6,486 people were supported by Live Well. The breakdown for ethnicity:

- Asian: 2.59%
- Black: 2.54%
- Mixed: 1.61%
- White: 78.01%
- Unknown: 13.86%

Consultation Summary

Within the consultation the majority of responses on ethnicity, 80% were white, 14% preferred not to say and around 1% and below for Black, Asian and other backgrounds, which is broadly consistent with the data set out above and our pre-consultation assessment.

There were comments in the consultation about the potential negative impact on people over the age of 55 from ethnic groups. That proposals will create more isolation in ethnic groups. Some consultee responses raised concerns about people not engaging with Wellbeing and Community Navigation due to cultural and language needs and therefore creating a barrier. And that from the data on ethnic groups are already a lower proportion of people supported by the services.

There were comments that there needs to be more done to promote the support available to ethnic groups. There was also a suggestion that there needs to be clearer plans for training staff and ensuring these services are accessible and user-friendly for diverse groups and that would enhance the mitigation strategy, ensuring that training follow expert-by-experience advice.

Feedback from the consultation questionnaire showed:

Ethnicity	Number of responses	Percentage
White English, Scottish, Welsh, Northern Irish or British	974	80%
White Irish	7	1%
Any other White background	16	1%
White and Black African	2	0.2%
White and Asian	4	0.3%
Any other Mixed or Multiple background	5	0.4%
Asian or Asian British Indian	11	1%
Asian or Asian British Pakistani	2	0.2%
Asian or Asian British Bangladeshi	2	0.2%
Asian or Asian British Chinese	1	0.1%
Any other Asian background	1	0.1%
Black or Black British Caribbean	5	0.4%
Black or Black British African	3	0.2%
Any other African background	3	0.2%
Roma	1	0.1%
Any other ethnic group	10	1%
Prefer not to say / blank	164	14%

c) Mitigating Actions for Race

For most of the services the support provided is not specific for race, however they are inclusive. In North Kent, some of the groups and activities provided reflect the needs of the local community. Such as funding allocated to North Kent Caribbean Network which operates in Gravesham and holds a weekly group, providing hot lunch for members and enables members from the Caribbean community to share experiences and personal contributions to Kent life and socialise. And Kent Equalities Cohesion Council which offers community events, social activities and separate Asian men's and Asian women's yoga groups across north Kent

It is not possible to provide an exhaustive list of alternative groups and activities, and to assess whether in every case an alternative group or activity will be available to every individual. However, officers have carefully considered which groups and activities could potentially stop under these proposals across Kent and what alternatives are available that are relevant to older people and this protected characteristic. The alternative groups and activities considered physical wellbeing and connection through social groups such as reading groups. From this assessment it has been identified that there is a broad range of activities available outside of the contract across Kent. However, in a small number of specific localities within districts there are fewer alternative groups and activities or individuals may need travel to access a suitable alternative. However, the proposal is not to end particular groups and activities; it is that the lead partners would receive less funding and therefore focus on supporting people with medium to higher levels of support and areas of need such as more diverse communities, deprivation. When Officers were engaging people as part of the consultation, some suggestions were that groups and activities could review the funding model, looking at potentially increasing costs to individuals in order to maintain some groups and activities for people with lower levels of need. It is therefore considered likely that some of the groups and activities which are potentially affected will continue.

The proposals have been designed so that in future services are targeted at areas and those who have the greatest needs (people assessed as needing medium to higher levels of support). Working with providers in scope, the proposals were reviewed and developed to incorporate elements of the Community Navigation into redesigned Wellbeing Services in the Community to reduce to the negative impact of the proposals on this protected characteristic.

In developing the Equality Impact Assessment, it has been identified that the percentage of people of Black, Asian and Mixed ethnicity supported by Community Wellbeing and Navigation services are lower in comparison to the Kent population. The aim of the proposal is that there needs to be consideration of a more targeted approach and support to communities to ensure the percentage of people supported reflects the Kent population. To get better insights from Kent residents and people who draw on care and support, adult social care has KCC Social Care Involvement Officers who have a mix of lived experience themselves along with a breadth of working knowledge about communities, working across Kent engaging residents and communities, understanding where there are gaps and opportunities. During the consultation some concerns were raised about people being turned away from places due to their cultural and language needs. Therefore, this will need to be considered as part of the redesigned Wellbeing Service on how people and communities with cultural and language needs are better supported.

Information, Advice and Guidance

The redesigned Wellbeing Services in the Community provided by SEK, Imago Community and Involve Kent would still have an initial contact point for people that would have accessed Community Navigation

and Community Wellbeing. People would be assessed to determine the level of support needed. For people that are assessed as needing lower levels of support they would be signposted and connected with a range of services that remain available.

For people assessed as needing lower levels of support there are a range of services that will be available to provide information, advice and guidance, these include Adult Social Care Connect, Kent Enablement Service, Social Prescribing. These are available for face-to-face support. More information about these services can be viewed in Appendix 1.

Identified Actions for Information, Advice and Guidance

When developing this EQIA in October 2024 and reviewing the digital information available on the digital platform Connect to Support, there was a gap in the information, advice and guidance available for race. This has now been reviewed and information added to Connect to Support.

Reviewing the feedback from the consultation there is a theme that has emerged people get confused over where to go for information, advice and guidance but people do not know where to go. An action as a result of the consultation is that we are planning a campaign to set out where people can go for support. And within this to think about how the campaign can raise awareness of support available for ethnicity.

To develop clearer plans for training staff and ensuring these services are accessible and user-friendly for diverse groups and that would enhance the mitigation strategy, ensuring that training follow expert-by-experience advice.

Groups and Activities

Social care staff and partners can use the digital tools (connect to support and Joy platform) to find out about groups and activities within communities along with local knowledge and connections. A discussion with the individual first helps to understand the support needs (this includes consideration to cultural needs) and areas of interest so that relevant groups and activities can be identified.

For the Live Well Proposal (removing the Innovation Fund and efficiencies in the back office)

The mitigation is that core services provided by Live Well Kent will continue, and these include a range of support, activities and groups for people of all ages. These include culturally sensitive support for diverse communities. It can help people manage their mental health, feel like part of the local community, improve their confidence and become more independent.

The demographics will be monitored, if there is a change in data for race, for example a downward trend in certain ethnicities accessing the service, reasons for this would be explored along with actions to improve accessibility of the services.

Conclusion

The EqiA has identified that the proposal will place those of any particular racial group at a particular disadvantage. However, the data shows that the numbers of people supported from Asian, Black and Mixed ethnicity are lower when compared to numbers in the Kent population. During the consultation some consultee responses raised concerns about people not engaging with Wellbeing and Community

Navigation due to cultural and language needs which creates a barrier. It is possible that there may be some adverse impact in terms of the availability of groups and activities, and information and advice, which could particularly impact individuals from Asian, Black and Mixed ethnicities as a result. However, the proposal is about making the services more responsive to the needs of these communities through a targeted approach which could help with increasing the number of people from Asian, Black and Mixed ethnicity engaging with these services. There are also other services and support that are provided outside of these contracts that support people with this protected characteristic. Therefore, it is considered that any particular adverse impacts on those from any particular racial group is objectively justified, due to the legitimate aims set out above, and is proportionate, due to the mitigations that have been identified. Further steps will be taken to make the services more accessible to those from Asian, Black and Mixed ethnicities.

The proposal may have an indirect adverse effect on equality of opportunity as a result of impacts on the availability of groups and activities, and information and advice, given the potential barriers to engagement with these services discussed above. However, the proposal would also help promote equality of opportunity through a targeted approach and ensuring groups and activities are responsive the communities they support and that there is increased awareness of groups and support that people can be connected with. And through market development officers understanding where there are gaps in and working communities to address. An identified action from the consultation was for clearer plans for training staff and ensuring these services are accessible for diverse groups and that would enhance the mitigation strategy, ensuring that training follow expert-by-experience advice. We are therefore proposing to take this forward as an action.

The proposal may have an adverse impact on fostering good relations for the same reasons as in respect of equality of opportunity. However, the mitigations identified will continue to foster good relations as there are a broad range of services and functions offered outside of these contracts which means that a wide range of activities continue to promote good relations. The council ensure the fostering of good relations through the Your Voice network which considers the voices of individuals. Adult social care attends a wide number of in person information, advice and guidance events across the county through our Involvement Officers, seeking feedback and fostering good relations with people and communities.

d) Responsible Officer for Mitigating Actions – Race

Simon Mitchell

24. Negative Impacts and Mitigating actions for Religion and belief

a) Are there negative impacts for Religion and Belief? Answer: Yes/No

Yes

b) Details of Negative Impacts for Religion and belief

Community Navigation and Community Wellbeing

Data from the services from April 2024- March 2025:

All Services	Total		Services	Community Navigation		Wellbeing	
Religion	Number	%	Religion	Number	%	Number	%

Buddhist	75	0.28		22	0.18	53	0.36
Christian	9760	37.29		3675	31.22	6085	42.25
Muslim	200	0.76		28	0.23	172	1.19
Sikh	315	1.2		45	0.38	270	1.87
Hindu	92	0.35		29	0.24	63	0.43
Jewish	2	0		0	0	2	0.01
Other Religion	435	1.66		187	1.58	248	1.72
Religion - I prefer not to say	4052	15.48		1700	14.44	2352	16.33
No Religion	5983	22.86		5479	46.55	504	3.5
Unknown	4350	16.62		603	5.12	3747	26.02
No Data	904	3.45		0	0	904	6.27

Community Navigation supported:

- Christian 31.22%
- Other religion – details are unknown 1.58%
- Hindu 0.24%
- Muslim 0.23%
- Sikh 0.38%
- No religion 46.55%
- Religion is unknown 5.12%

Community Wellbeing supported:

- Christian 42.25%
- Buddhist 0.36%
- Muslim 0.19%
- Hindu 0.43%
- Other religion – details are unknown 1.72%
- No religion 3.5%
- Religion is unknown 26.02%

The 2021 Census shows that in Kent 40.9% had no religion, 48.5% were Christian, 1.2% Hindu, Muslim 1.6%, Sikh 0.8%, 0.6% Buddhist and 0.6% other religion, Therefore, the religion percentages supported by the services is reflective of the Kent population. There is also a large percentage of religion unknown particularly within the Wellbeing Services in the Community, which makes it more difficult to assess the potential impact of proposals on this protected characteristic.

The Community Navigation service helps people navigate complex information taking into account additional language and cultural barriers. Individuals from different backgrounds may be disadvantaged in terms of actively self-referring to services due to language barriers and other cultural factors. These individuals could be disproportionately affected by the reduced capacity of providers to undertake assertive outreach work to engage with community groups who may be less able to access support through traditional referral pathways.

The Wellbeing Services in the Community help people connect with culturally related activities by having awareness of the groups within communities, such as the Guru Nanak Darbar Gurdwara in Gravesend. This is not a group developed by the service, but the service has an understanding of communities and where required develops groups and activities that are required to meet the diverse needs of Kent residents.

For the Live Well Proposal (removing the Innovation Fund and efficiencies in the back office)

As the Innovation Fund is used to test new ideas which could be short-term support or events, there is limited data on the number of people supported and breakdown of protected characteristics. However, we do have information from the Live Well service as a whole and have used this to assess the potential impact of the proposal. In 2024/25 a total of 6,486 people were supported by Live Well. The service supported the following percentages of people:

- Christian 20.49%
- Muslim 1.86%
- Other religion 1.77%
- Preferred not to say 26.41%
- Sikh 0.55%
- Hindu 0.29%
- Jewish 0.14%
- No Religion 48.05%

Consultation Summary

Within the consultation the majority of responses on religion, 42% were Christian, 27% no religion, 17% preferred not to say and other religions were between 1-2%. These responses are broadly consistent with the data set out above and our pre-consultation assessment.

Some consultee responses raised concerns about people not engaging with Wellbeing and Community Navigation due to cultural needs and therefore creating a barrier. And that there is a low proportion of people supported by the services under this protected characteristic and therefore question if the needs of religion, belief and cultural are meeting met.

There were comments that there needs to be more done to promote the support available for religion and belief. There was also a suggestion that there needs to be clearer plans for training staff and ensuring these services are accessible and user-friendly for diverse groups and that would enhance the mitigation strategy, ensuring that training follow expert-by-experience advice.

Feedback from the consultation questionnaire showed:

Religion	Number of responses	Percentage
- Atheist	30	2%
- Christian	559	42%
- Buddhist	4	0.3%
- Hindu	7	1%
- Jewish	3	0.2%
- Muslim	8	1%
- Sikh	9	1%
- A different religion or belief	15	1%
No	357	27%
Prefer not to say / blank	222	17%

c) Mitigating Actions for Religion and belief

For most of the services the support provided is not specific for religion and belief, however they are inclusive. In North Kent, some of the groups and activities provided reflect the needs of the local community such as Guru Nanak Darbar Gurdwara which offers social groups, single-sex exercise classes and art classes specifically for the Sikh community in Gravesend and Gravesend & Dartford Muslim Association which hosts a weekly social group at Gravesend Central Mosque including hot drinks.

It is not possible to provide an exhaustive list of alternative groups and activities, and to assess whether in every case an alternative group or activity will be available to every individual. However, officers have carefully considered which groups and activities could potentially stop under these proposals across Kent and what alternatives are available that are relevant to older people and this protected characteristic. The alternative groups and activities considered physical wellbeing and connection through social groups such as reading groups. From this assessment it has been identified that there is a broad range of activities available outside of the contract across Kent. However, in a small number of specific localities within districts there are fewer alternative groups and activities or individuals may need travel to access a suitable alternative. However, the proposal is not to end particular groups and activities; it is that the lead partners would receive less funding and therefore focus on supporting people with medium to higher levels of support and areas of need such as more diverse communities, deprivation. When Officers were engaging people as part of the consultation, some suggestions were that groups and activities could review the funding model, looking at potentially increasing costs to individuals in order to maintain some groups and activities for people with lower levels of need. It is therefore considered likely that some of the groups and activities which are potentially affected will continue.

Information, Advice and Guidance

The redesigned Wellbeing Services in the Community provided by SEK, Imago Community and Involve Kent would still have an initial contact point for people that would have accessed Community Navigation and Community Wellbeing. People would be assessed to determine the level of support needed. For people that are assessed as needing a lower level of support they would be signposted and connected with a range of services that remain available and outlined within this section, helping to mitigate the adverse impacts on religion.

For people assessed as needing lower levels of support there are a range of services that will be available to provide information, advice and guidance, these include Adult Social Care Connect, Kent Enablement Service, Social Prescribing. These are available for face-to-face support. More information about these services can be viewed in Appendix 1.

Reviewing the feedback from the consultation there is a theme that has emerged that there is confusion over people go for information, advice and guidance. An action as a result of the consultation is that we are planning a campaign to set out where people can go for support. And within this to think about how the campaign can raise awareness of support available for religion and belief.

To develop clearer plans for training staff and ensuring these services are accessible and user-friendly for diverse groups and that would enhance the mitigation strategy, ensuring that training follow expert-by-experience advice.

Groups and Activities

Social care staff and partners can use the digital tools to find out about groups and activities within communities along with local knowledge and connections. A discussion with the individual first helps to understand the support needs (cultural requirements) and areas of interest so that relevant groups and activities can be identified. On the [KCC local directory](#) there is information about the faith groups across Kent.

For the Live Well Proposal (removing the Innovation Fund and efficiencies in the back office)

The mitigation is that core services provided by Live Well Kent will continue, and these include a range of support, activities and groups for people for all religions and belief. These includes culturally sensitive support which can help people manage their mental health, feel like part of the local community, improve their confidence and become more independent.

The demographics will be monitored, if there is a change in data for religion and belief, reasons for this would be explored along with actions to improve accessibility of the services.

Conclusion

The EqiA has identified that the proposal could have more of a negative impact on people who have a Christian religion/belief as the services support a higher proportion of people with this religion. It is possible that there may be some adverse impact in terms of the availability of groups and activities, and information and advice, which could particularly impact individuals with certain religion and belief. However, the proposal is about making the services more responsive to the needs of these communities through a targeted approach. There are also other services and support that are provided outside of these contracts that support people with this protected characteristic. It is assessed that any particular adverse impact on people with this protected characteristic is justified, as it is pursuing the legitimate aims set out above and is proportionate due to the mitigations that have been identified, these include positive wellbeing, and a range of other groups and activities provided outside of these services. Mitigations identified consider digital and non-digital ways of continuing to support people.

The proposal may have an indirect adverse effect on equality of opportunity as a result of impacts on the availability of groups and activities, and information and advice, given the potential barriers to engagement with these services discussed above. However, the proposal would also help promote equality of opportunity through increased awareness of religion and belief groups and support that people can be connected with. Through market development officers understanding where there are gaps in religion and belief and working communities to address.

There were comments received in the consultation that there needs to be more done to promote the support available for religion and belief. An additional mitigation identified following consultation – prevention campaign will help people (in a digital and non-digital way) find out about what support is available to them.

The proposal may have an adverse impact on fostering good relations for the same reasons as in respect of equality of opportunity. However, the mitigations identified will continue to foster good relations as there are a broad range of services and functions offered outside of these contracts which means that a wide range of activities continue to promote good relations. The council ensure the fostering of good relations through the Your Voice network which considers the voices of individuals. Adult social care attends a wide number of in person information, advice and guidance events across the county through our Involvement Officers, seeking feedback and fostering good relations with people and communities.

d) Responsible Officer for Mitigating Actions - Religion and belief

Simon Mitchell

25. Negative Impacts and Mitigating actions for Sexual Orientation

a) Are there negative impacts for sexual orientation. Answer: Yes/No

No

b) Details of Negative Impacts for Sexual Orientation

Community Navigation and Community Wellbeing

Data from April 2024- March 2025:

All Services	Total		Services	Community Navigation		Wellbeing	
Sexual Orientation	Number	%		Number	%	Number	%
Heterosexual	17687	66.76		7785	64.9	9902	68.3
Bisexual	35	0.13		6	0.05	29	0.2
Gay Lesbian	125	0.47		33	0.27	92	0.63
Prefer not to say	4104	15.49		3734	31.12	370	2.55
Unknown	3460	13.06		430	3.58	3030	20.9
No Data	1055	3.98		0	0	1055	7.27
Other	25	0.09		7	0.05	18	0.12

Community Navigation supported:

- Heterosexual 64.9%

- Preferred not to say 31.12%
- Bisexual 0.05%
- Gay or lesbian 0.27%

Community Wellbeing supported:

- Heterosexual 68.3%
- Bisexual 0.2%
- Gay or lesbian 0.63%
- Unknown 20.9%

The 2021 Census reported that 90.6% of Kent residents were heterosexual, 1.3% gay or lesbian, 1.1% bisexual and 6.7% not answered. The Wellbeing Services in the Community and Community Navigation services are supporting slightly lower percentage of people that are bisexual, gay or lesbian compared to the Kent population. There is also a large percentage of unknown in Wellbeing Services (20.9%) and large percentage where people preferred not to state their sexual orientation in Community Navigation (31.12%), which makes it more difficult to assess the potential impact of proposals on this protected characteristic.

The Wellbeing Services in the Community service helps people to improve their wellbeing, reduce social isolation and connect with others.

The Wellbeing Services in the Community map out and understand communities and put in place groups and activities that are needed to meet people's needs.

For the Live Well Proposal (removing the Innovation Fund and efficiencies in the back office)

The service supported:

- Heterosexual 71.51%
- Bisexual 3.40%
- Gay or lesbian 2.61%

Live Well support more people that are bisexual, gay or lesbian in comparison to the Kent population. Some of the Innovation Fund projects that had an LGBTQIA+ focus:

- Young people aged 17 to 25 and who identify as part of the LGBTQIA+ community - structured programmes of support to develop resilience, learn new skills and to enhance physical wellbeing.
- Mental Health Resource Centre – Wellbeing Groups – 10 places funded for two groups focused on LGBTQIA+ and on young people.
- The BeYou Project – funded to organise two events, one in West Kent and one in Medway to promote access to services for LGBTQIA+ people.

Consultation Summary

Within the consultation the majority of responses on sexual orientation, 71% heterosexual/straight, 18% preferred not to say and 1% bisexual, gay or lesbian and 0.4% preferring to define own sexuality.

Consultation response highlighted the need to increase awareness of what support is available.

c) Mitigating Actions for Sexual Orientation

These services are not commissioned to provide specific support for those of any particular sexual orientation, this includes information, advice and guidance and groups and activities. However, groups, activities and support are inclusive. Mitigations to reduce the impact on sexual orientation have been considered and updated following the consultation

Information, Advice and Guidance

The Wellbeing Services in the Community provided by SEK, Imago Community and Involve Kent would still have an initial contact point for people that would have accessed Community Navigation and Wellbeing Services in the Community. People would be assessed to determine the level of support needed. For people that are assessed as needing a lower level of support they would be signposted and connected with support and services. Services have a good understanding of their communities and are able to signpost and connect people.

A gap identified when doing this EqIA is that on the information, advice and guidance platform Kent Connect to Support there was no information about sexual orientation, this has now been updated.

For people assessed as needing lower levels of support there are a range of services that will be available to provide information, advice and guidance, these include Adult Social Care Connect, Kent Enablement Service, Social Prescribing. These are available for face-to-face support. More information about these services can be viewed in Appendix 1.

Reviewing the feedback from the consultation there is a theme that has emerged that there is confusion over where people go for information, advice and guidance. An action as a result of the consultation is that we are planning a campaign to set out where people can go for support. And within this to think about how the campaign can raise awareness of support available for sexual orientation.

Groups and Activities

Social care staff and partners can use the digital tools to find out about groups and activities within communities along with local knowledge and connections. A discussion with the individual first helps to understand the support needs and areas of interest so that relevant groups and activities can be identified.

For the Live Well Proposal (removing the Innovation Fund and efficiencies in the back office)

The mitigation is that core services provided by Live Well Kent will continue and these include a range of support, activities and groups for people of all ages. There are services supporting LGBTQIA+ which will not be affected by these proposals such as:

- The BeYou Project – is for LGBT+ young people provided by Porchlight.
- Porchlight developed a resource pack to help people The BeYou Project - Porchlight
- Website Welcome to our bold and beautiful new website - The BeYou Project - Porchlight.
- Release the Pressure is a Kent campaign for mental health in men Release-the-Pressure-LGBTQ-poster.pdf

The demographics will be monitored, if there is a change in data, for example a decrease in the number of people who are gay accessing the services, reasons for this would be explored along with actions to improve accessibility of the services.

Conclusion

The EqiA has identified that the proposal may adversely impact individuals with the protected characteristic of sexual orientation. However, particular impacts on these individuals specific to their protected characteristic are likely to be limited, as the services in scope of the proposals (other than some projects previously supported by the Innovation Fund) do not provide specific support for this protected characteristic. There are other services and support that are provided outside of these contracts that support people with this protected characteristic. Therefore, it is assessed that any particular adverse impact is objectively justified, as the proposals are pursuing the legitimate aims set out above, and is proportionate in light of the mitigating measures identified.

The proposal is unlikely to have an adverse impact on equality of opportunity regarding the protected characteristic of gender reassignment. Individuals with and without the protected characteristic will be able to access services equally. The proposals will continue to promote equality of opportunity through increased awareness of sexual orientation groups and support that people can be connected with. This was raised during the consultation about having increased awareness. Through market development officers understanding where there are gaps in sexual orientation and working communities to address the gaps.

For the same reasons the proposal is unlikely to have any significant adverse impact on fostering good relations. The proposals will continue to foster good relations as there are a broad range of services and functions offered outside of these contracts means that a wide range of activities continue to promote good relations. The council ensure the fostering of good relations through the Your Voice network which considers the voices of individuals. Adult social care attends a wide number of in person information, advice and guidance events across the county through our Involvement Officers, seeking feedback and fostering good relations with people and communities.

d) Responsible Officer for Mitigating Actions - Sexual Orientation

Simon Mitchell

26. Negative Impacts and Mitigating actions for Pregnancy and Maternity

a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No

No

b) Details of Negative Impacts for Pregnancy and Maternity

Community Navigation and Community Wellbeing

Data has been sought from the following services from April 2024- March 2025:

All Services	Total		Services	Community Navigation		Wellbeing	
Pregnancy & Maternity	Number	%		Number	%	Number	%
Yes	6	0.27		3	100	3	0.13
No	280	12.83		0	0	280	12.84
Unknown	33	1.51		0	0	33	1.51
Did Not Ask	1590	72.86		0	0	1590	72.96

No Data	273	12.51		0	0	273	12.52

Providers capture if someone is currently pregnant or supporting someone that is the maternity period of 33 weeks. The Community Navigation and Wellbeing Services in the Community are to support people over the age of 55+ or under 55 if they have complex health conditions or disabilities.

Wellbeing Services in the Community and Community Navigation services each supported 3 people. Although the number is small, there could a be a negative impact on the health and wellbeing of the individual as they could have complex health/disabilities in addition to being pregnant or during the maternity period. They could be accessing support to help them connect with others to improve mental health and wellbeing.

For the Live Well Proposal (removing the Innovation Fund and efficiencies in the back office)
 As the Innovation Fund is used to test new ideas which could be short term support or events, there is limited data on the number of people supported and the breakdown of protected characteristics. However, we do have information from the Live Well service as a whole and have used this to assess the potential impact of the proposal.

During 2024/25 the service supported 61.77% of people that were not pregnant, 0.81% were pregnant and 37.42% not recorded/did not disclose.

Consultation Summary
 Information on pregnancy and maternity was not captured as part of the consultation. During the consultation there were not any comments raised on the impact of Pregnancy and Maternity, therefore the pre-consultation analysis that although could be a negative impact the number of people potentially impacted is low as the services are mainly designed to support older people.

c) Mitigating Actions for Pregnancy and Maternity

These services are not commissioned to provide specific support for pregnancy and maternity, this includes information, advice and guidance and groups and activities. The Community Navigation and Community Wellbeing services are commissioned to support people over 55+ or under if complex health conditions, therefore it has not supported many people who are pregnant or during the maternity period in 2024/25.

People under this protected characteristic can access support from include Adult Social Care Connect, Kent Enablement Service, Social Prescribing. These are available for face-to-face support. More information about these services can be viewed in Appendix 1.

There are a range of services that provide specific support to people with this protected characteristic, these include:

- KCC Family Hubs have developed a directory of services suited to this cohort, available here: <https://www.kent.gov.uk/education-and-children/kent-family-hub/activities-and-groups-near-you>. The main site also provides links to advice and guidance which include the following topics: SEND

support, Safeguarding, Mental Health, Pregnancy, Physical Health and Childcare. For 'Pregnancy and Maternity', residents can access advice and support for pregnancy, planning a family, help with baby's feeding, sleeping, crying and other behaviour and support for toddlers and children in their first two years. Available here: <https://www.kent.gov.uk/education-and-children/kent-family-hub/pregnancy-and-the-first-two-years>. Residents can find their local Family Hub and join by entering their postcode on the website available here: <https://www.kent.gov.uk/education-and-children/kent-family-hub/your-local-family-hub>

- NHS Kent and Medway have a dedicated site named 'Bump, Birth and Beyond', available here: <https://www.kentandmedwaylms.nhs.uk/>, which includes advice and guidance, finding support in your area, links to free online antenatal courses and specific support for fathers at 'DadPad' <https://www.kentandmedwaylms.nhs.uk/partners-families/dadpad>
- Midwives help people and connect them with information, advice and guidance and groups.

The Wellbeing Services in the Community for those with a Physical Disability is out of scope of these proposals. This service is delivered by Disability Assist [Kent](#) | [Disability Assist](#) | [England](#) a charity run by and for disabled people. Disability Assist provides information, guidance and advice to disabled adults on a range of topics around independent living and all aspects of life with a disability. The service helps with:

- Peer support
- Advocacy, supporting people to know and understand their rights when it comes to health and social welfare. To be able to express their views, wishes and needs to ensure they are involved when decisions need to be made.
- Benefits support.

The Live Well Kent and Medway Service will remain unaffected by proposals and offer Mental Health support to people with this protected characteristic.

Conclusion

The EqiA has identified that the proposal will not have any significant adverse impact on pregnancy or maternity. The services in scope of the proposals do not provide specific support for this protected characteristic. There are other services and support that are provided outside of these contracts that support people with this protected characteristic. And no issues were raised during the consultation.

The proposal will continue to promote equality of opportunity through increased awareness of support for maternity services and groups that people can be connected with.

Proposals will continue to foster good relations as there are a broad range of services and functions offered outside of these contracts means that a wide range of activities continue to promote good relations. The council ensure the fostering of good relations through the Your Voice network which considers the voices of individuals. Adult social care attends a wide number of in person information, advice and guidance events across the county through our Involvement Officers, seeking feedback and fostering good relations with people and communities.

d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity

Simon Mitchell

27. Negative Impacts and Mitigating actions for marriage and civil partnerships

a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No							
Yes							
b) Details of Negative Impacts for Marriage and Civil Partnerships							
Community Navigation and Community Wellbeing							
Data from the services from April 2024- March 2025:							
All Services	Total		Services	Community Navigation		Wellbeing	
Married/Civil Partnership	Number	%		Number	%	Number	%
Married/Civil Partnership Yes	9791	37.18		4823	40.62	4968	34.36
Married/Civil Partnership No	8143	30.92		3935	33.14	4208	29.1
Prefer not to say	3026	11.49		2856	24.05	170	1.17
Divorced	409	1.55		0	0	409	2.82
Unknown	2397	9.1		259	2.18	2138	14.78
Co-Habiting	148	0.56		0	0	148	1.02
In a relationship	0	0		0	0	0	0
Separated	30	0.11		0	0	30	0.2
Widowed	1182	4.48		0	0	1182	8.17
Single	645	2.44		0	0	645	4.46
No Data	559	2.12		0	0	559	3.86
For Wellbeing Services in the Community 8.17% are widowed and 4.46% single. This could have an impact on increasing social isolation if people are living alone. And therefore, the proposals could have a negative impact on people that are living alone. Live Well Kent Assessing the data, of the total number of people supported 59.11% in 2024/25 that were single and potentially living alone which could impact on an individual's mental health. Consultation Summary Information on marriage and civil partnerships was not captured as part of the consultation. During the consultation there were not any comments raised on the impact of proposals on this protected characteristic.							
c) Mitigating Actions for Marriage and Civil Partnerships							
For people assessed as having low levels of need that would have been supported by Community Wellbeing there are groups and activities provided outside of these contracts. Mitigations to reduce the impact on marriage and civil partnership been considered and updated following the consultation. The proposals have been designed so that in future services are targeted at those who have the greatest needs (people assessed as needing medium to higher levels of support). Working with providers in scope, the proposals were reviewed and developed to incorporate elements of the Community Navigation into							

redesigned Wellbeing Services in the Community to reduce to the negative impact of the proposals on this protected characteristic.

People under this protected characteristic can access support from include Adult Social Care Connect, Kent Enablement Service, Social Prescribing. These are available for face-to-face support. More information about these services can be viewed in Appendix 1.

Social Isolation

To help people at risk of isolation there is [Positive Wellbeing](#), delivered by Community Connectors from across a range of services and community organisations. Further information about this service can be found under Appendix 1.

Social care staff and partners can use the digital tools (connect to support and Joy platform) to find out about groups and activities within communities along with local knowledge and connections. A discussion with the individual first helps to understand the support needs and areas of interest so that relevant groups and activities can be identified. Examples of groups and activities that are provided outside of the contracts within the proposal can be viewed in Appendix 1.

To help people build digital confidence there is a scheme called [Digital Kent](#) which may help reduce the impact of social isolation.

Conclusion

The EqiA has identified that the proposal will not have an adverse impact on marriage and civil partnerships. There are other services and support that are provided outside of these contracts that support people with this protected characteristic. And no issues were raised under the consultation.

The proposal is unlikely to have an adverse impact on equality of opportunity regarding marriage/civil partnership. The proposals will continue to promote equality of opportunity through increased awareness of groups and support that people for people under this protected characteristic.

The proposals are also unlikely to have any adverse impact on fostering good relations. The proposals will continue to foster good relations as there are a broad range of services and functions offered outside of these contracts means that a wide range of activities continue to promote good relations. The council ensure the fostering of good relations through the Your Voice network which considers the voices of individuals. Adult social care attends a wide number of in person information, advice and guidance events across the county through our Involvement Officers, seeking feedback and fostering good relations with people and communities.

d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships

Simon Mitchell

28. Negative Impacts and Mitigating actions for Carer's Responsibilities

a) Are there negative impacts for Carer's Responsibilities? Answer: Yes/No

Yes

b) Details of Negative Impacts for Carer's Responsibilities

There is limited data on Carers Responsibilities as it has not been a requirement for the Community Navigation and Wellbeing Services in the Community to collect this data.

In Kent, an estimated 148,341 adults aged 16+ provide the following unpaid care each week:

- 94,640 provide 1-19 hours
- 18,131 provide 20-49 hours
- 35,570 provide 50 hours

Therefore, carers are playing a key role in supporting people and could negatively be impacted by the proposal if the person they care for has reduced access to the support and services affected by the proposal. This could impact a carer’s mental health and wellbeing.

The Peoples panel held on the 06/02/2025 raised the issue that Carers could be negatively impacted due to Wellbeing services being affected by the proposal. When the person being cared for attends these groups/sessions this provides the carer the opportunity to make time for themselves, without this time it could impact a carers mental health and wellbeing.

The services estimate that around 21% of people supported through Community Navigation were also supported by an unpaid carer.

For the Live Well Proposal (removing the Innovation Fund and efficiencies in the back office)

As the Innovation Fund is used to test new ideas which could be short term support or events, there is limited data on the number of people supported and breakdown of protected characteristics. However, we do have information from the Live Well service as a whole and able to use this to assess the potential impact of the proposal. The number of people supported by the service in 2024/25 who identified as having Carer Responsibilities:

Number of carers with Severe/Serious Mental Illness	180
Number of carers with Common Mental Illness	493
Number of carers Not diagnosed/prevention	29

Consultation Summary

Consultation responses showed 17% reported being a carer and 69% were not, 14% preferred not to say or left blank. As providers do not capture and report on carers it was difficult to determine the potential impact on carers. However, responses to the consultation show that a higher proportion of people that responded and supported by the services were not carers.

Concerns were raised in the consultation on the negative impact on carers by not having the right support in place and access to groups and activities for a break, particularly helping with carers Mental Health. And that these services play a key role in helping tired carers navigate information, advice and guidance and the

get support that is needed. Responses stated about carers feeling isolated and without these services will struggle in their caring roles.

c) Mitigating Actions for Carer's Responsibilities

KCC have developed a Kent Adults Carers Strategy 2022 to 2027 the strategy describes how we plan to work with all our partners to make welcomed changes towards improving the experiences of unpaid adult carers in Kent '**Kent Adult Carers' Strategy 2022 to 2027**'

A carer delivery plan has been developed from the Kent Adults Carers' Strategy to support the delivery of the strategy, within this a 'Carers' voice' group was set up, comprising a series of workshops held to help shape the future of services. The Kent Carers' Strategy Group is co-chaired by a person with lived experience of being an unpaid carer. It is made up of representatives from carer support organisations, people with lived experience and KCC officers. Our involvement groups across the county also provide the opportunity to hear about carers' experience and views so that we can shape the service for all carers across Kent. <https://kent.connecttosupport.org/get-involved/get-involved-involvement-groups/>

Carers Support

There are a range of services funded by the council that support carers and are out of scope these proposals:

Carers Support services

- Carer assessment to determine support required for a carer.
- Carers direct payments.
- Carer-specific navigation services to information, advice and guidance.
- Carer wellbeing services to improve physical and emotional wellbeing.
- Opportunities for work, leisure or education.
- Financial wellbeing support.
- Opportunity to influence services for the person they care for and for themselves.
- Carer Short Breaks, providing a chance to step away from the caring role to recharge.
- Carer and Dementia Crisis support.

The carers support offer includes completing carers assessment to determine support required. In addition the carers support services provide carer specific information, advice and guidance, helping carers build with people in a similar position to share experiences, help to access Health or Social Care Services, benefit support and help filling in forms and identifying if adaptations or equipment at home would help the person they care for. Involve, Imago and Carers Support East Kent provide the carers support service. For those requiring a break from their caring role, Crossroads Kent provide a short break service. Home - Carers' Support East Kent. This service supported 22,832 people in 2024/25. However these contracts are currently out for tender Kent Carers Support Service. The service requires the following minimum activity:

- 1,550 carers assessments
- 86,000 carers breaks
- 24,000 emergency carers breaks

Wellbeing Services for people with Dementia and their families

Alzheimer's and Dementia Support Services (ADSS) and Age UK Herne Bay and Whitstable are the lead providers of this service. This service provides a similar offer to the universal Wellbeing Support in the

Community service described above but with a particular focus on supporting those with a dementia diagnosis and their families.

Information, Advice and Guidance

The redesigned Wellbeing Services in the Community provided by SEK, Imago Community and Involve Kent would still have an initial contact point for people that would have accessed Community Navigation and Community Wellbeing. People would be assessed to determine the level of support needed. For people that are assessed as needing a lower level of support they would be signposted and connected with a range of services that remain available and outlined within this section, helping to mitigate the adverse impacts on carers.

There are a range of services that will be available to provide information, advice and guidance, these include Adult Social Care Connect, Kent Enablement Service, Social Prescribing, positive wellbeing. These are available for face-to-face support. More information about these services can be viewed in Appendix 1.

There is a range of information, advice and guidance available for carers to help with their wellbeing:

- The information, advice and guidance platform Kent Connect to Support has information and support for carers [Search Results | Connect to Support | Kent](#)
- [Mental health and wellbeing: Kent & Medway ICS](#)
- [Support for carers - Kent County Council](#)

Groups and Activities

Social care staff and partners can use the digital tools to find out about groups and activities within communities along with local knowledge and connections. A discussion with the individual first helps to understand the support needs and areas of interest so that relevant groups and activities can be identified.

For the Live Well Proposal (removing the Innovation Fund and efficiencies in the back office)

The mitigation is that core services provided by Live Well Kent will continue, and these include a range of support, activities and groups for people including carers.

The demographics will be monitored, if there is a change in data, reasons for this would be explored along with actions to improve accessibility of the services.

Conclusion

The EqiA, and feedback received during the consultation, has identified that the proposal may have an adverse impact on some carers. However, there are a range of services commissioned to support carers specifically. Concerns were raised in the consultation on the negative impact on carers by not having the right support in place and access to groups and activities for a break, particularly helping with carers Mental Health. However, a range of services and support that are provided outside of these contracts that support people carers and people that they care for. The carers strategy and delivery plan focus on ensuring the right support is in place for carers. Therefore, it is assessed that any adverse impacts are objectively justified.

The proposal will continue to promote equality of opportunity through increased awareness of groups and support that will support carers and people that they care for.

Proposals will continue to foster good relations as there are a broad range of services and functions offered outside of these contracts means that a wide range of activities continue to promote good relations. The council ensure the fostering of good relations through the Your Voice network which considers the voices of individuals. Adult social care attends a wide number of in person information, advice and guidance events across the county through our Involvement Officers, seeking feedback and fostering good relations with people and communities. There is a carers strategic group that oversees the implementation of the carers strategy.

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

Simon Mitchell

Appendix 1 Further information about the mitigations

Some of the mitigations are limited in capacity, however, together form a range of mitigations that reduce the impact of the proposals.

Prevention Campaign

The campaign would aim to raise awareness of, promote and publicise the benefits of the range of services and support that KCC social care teams and other providers/services/agencies provide across Kent. The campaign would help:

- people looking for advice and support for themselves, loved ones and local people can do so easily
- people don't reach crisis point before asking for help
- people stay independent for longer by accessing 'low level' support available
- people access the right support when they need it - and are more able to navigate the care 'system'
- the perception of the breadth of services KCC provides in the county improves/increases
- professional organisations are equipped with the right information to help people find the right support

It is anticipated that this campaign would start in October 2025. The campaign will initially run for 3 months and would cost £20k and the impact would be measured. The campaign would be designed to reach up to 20,000 people.

Adult Social Care Connect

Provides an initial contact point for people wanting to access care and support. This service is provided by Adult Social Care. Contact and support can be made via telephone, online or in person. They offer low-level intervention support such as providing information, advice, and guidance, proportionate assessments, and equipment.

In April 2024, work began on redesigning the Area Referral Management Service to align with our Make a Difference Everyday strategy. There are 24 local community teams across four hubs: North Kent, West Kent, Ashford & Canterbury, and Thanet & South Kent Coast. Each area has an ASC Connect team and a Safeguarding Hub.

Since the redesigned service went live from 7 October 2024 and up to May 2025 there were 17,860 contacts (to note these may not be individual people, as people could have made contact multiple times over this period) and there has been 8,902 proportionate assessments (carried out through a mix of telephone conversations, in-person visits, and assessments undertaken at clinic appointments).

There is a focus on connecting people with support or guidance as quickly as possible on the basis of initial information submitted through their first contact or referral. This has allowed ASC Connect to support people and resolve almost 9% more initial enquiries and referrals without need for formal assessment. Under the Adult Social Care Connect model, Kent has seen a decrease in the proportion of initial contacts resulting in an assessment for long-term care of 4.6% compared to the comparable period the previous year. This equates to an average 120 fewer requests per month coming to community social work teams for Care Needs Assessments.

The Adult Social Care Connect maintains information about different kinds of service, facilities or resources that can be preventative and can help people live well and maintain their independence or caring roles for longer. Through these services and that of our partners, such as district councils, people are enabled to access relevant services. The team use the Connect to Support platform and [ReferKent](#) which funded by KCC's Helping Hands Scheme is an example of such a mechanism to navigate residents to the support they need. It is an online referrals platform with over 300 organisations, team's groups and services. It aims to strengthen referrals across Kent for adults and families and allows organisations to refer directly.

Availability:

The Adult Social Care Connect Service has been set up to help connect people with information and support in a timely way with the following values at the core of the service:

- Think Independence and Enablement First
- Make Practice-Led Decisions
- Keeping People Close to their Communities.

The staffing model within the service reflects the ambition to strengthen the connectivity of front door services with the wider network of providers and partners working within local communities, with more Social Work Officers embedded in each hub. Work has been undertaken following the initial go-live of the service October 2024 to maximise resource within the service. This has particularly focused on the provision of information and support based on information provided through an initial referral to the service. This includes the establishment of a "duty system" where

focused resource is allocated daily to support people with information and referrals either without a more detailed assessment conversation, or while this conversation is scheduled.

Accessibility:

People can contact Adult Social Care Connect in the following ways:

- During office hours (Monday to Friday, 9am - 5pm): Call 03000 41 61 61.
- Outside of office hours (for emergencies only): Call 03000 41 91 91.
- Text relay: 18001 03000 41 61 61.
- Email: social.services@kent.gov.uk.
- Drop in one of the community clinics.

Capacity:

Since the establishment of Adult Social Care Connect in October 2024, a regular series of clinics have been established at different locations across the county to offer support, information, advice and guidance about what is available within their communities. As the service has become established, opportunities to embed further clinics at different settings are being progressed, with at least two further clinics being established from August - which will further increase the capacity of the service, in addition to being able to access ASC Connect via online and telephone referral.

There are currently four weekly clinic sessions started to be established from November 2024 and more being developed. The current clinics are in Ashford and Canterbury and Thanet and South Kent Coast, and two additional clinics from August are in North Kent (Gravesend Civic Centre and New Ash Green). Options being explored for West Kent, two locations were tested in Spring 2025 (Tunbridge Wells and Maidstone), however these were not utilised and paused as other locations are being considered. The current clinics have capacity to see up to 10 people per session and run for 48 weeks of the year. Currently, therefore, 1,920 people per year can access this face-to-face support. It is assessed that this is new capacity as the clinics are not being utilised with very low utilisation levels.

Kent Enablement Service – Helpdesk

The helpdesk is free service provided Kent Enablement Services. There are weekly sessions in key locations across Kent providing support to people with accessing information and advice, help with letters, bills, finding groups and activities, college and education courses, paid and voluntary employment, information about keeping safe, housing, wellbeing, benefits and help with making phone calls. The service is currently underutilised as the sessions are not well promoted and has the capacity to create more sessions and locations if there is more demand.

These sessions are in person at the following places, days and times:

Location	Venue	Day and times
Ashford	The Ashford Gateway, Church Road, Ashford TN23 1AS	Weekly on Tuesdays between 11.00 am & 1.00 pm
Canterbury	The Canterbury Job Centre, 115-120 Northgate, Canterbury CT1 1EZ	Weekly on Mondays between 1.00 pm and 3.00 pm
Dover	At the Big Local, Charlton Centre, High Street, Dover CT16 1TT	Weekly on Tuesdays between 1.00 pm & 3.00 pm
Sittingbourne	Sittingbourne Library, Central Avenue, ME10 4AH	Weekly on Mondays between 1.00 pm & 3.00 pm
Sheerness	Sheppey Gateway, 38-42 High St, Town Centre, Sheerness ME12 1NL	Weekly on Tuesday between 11.00 am & 1.00 pm
Margate/Thanet	Desk 8, Thanet Gateway Plus, Cecil St, Margate CT9 1RE	Weekly on Thursday between 1.00 pm & 3.00 pm.
Dartford	Dartford Central Library & Museum, Market Street Dartford DA1 1EU	Weekly on Thursday between 10.00 am & 12.00 pm
Tunbridge Wells	Montague House	1 x months; Frist Friday of the months 10.00-12.00
Maidstone	Library Maidstone	1 x months; Frist Thursday of the months 10.00-12.00
Folkestone	Morrisons, 148 Cheriton Road, Folkestone, CT19 5JS	Weekly on Mondays between 10:00 am & 12:00 pm.

Accessibility

The drop sessions across Kent are open to all adults.

Capacity:

Each helpdesk is open for 2 hours as an ad hoc walk in facility and manned by one person. The service will increase the staffing if aware of any risks and also if the helpdesk is continually showing high demand.

For 2024 -2025, there was 10 Helpdesks open these were increased gradually throughout the year.

As some of the sessions fall on bank holidays, the sessions are not moved to alternative date and closed over the Christmas period.

If the team are supporting with a task such as benefit paperwork this can take up to 1 hour. In some areas where the footfall can be busier, the team offer appointments outside of our helpdesk times to provide support. This happens particularly in Ashford, Dover, Sittingbourne or Sheppey. In areas where helpdesks are not available (Maidstone, Tunbridge Wells) appointments can be made at the person's home or a safe community space.

From Sept 24 to April 25, there was a total across 10 helpdesks is which supported 365 people. The main supporting tasks are money and budgeting/benefits/support with paperwork.

This service provides 8 weekly sessions across the county, there is capacity to support 2 people per session, there is capacity to support up to 763 people in the year through the helpdesks (taking into account bank holidays, operational 48 weeks). The service monitors demand and can increase/decrease the drop-in sessions where required. From September '24 to April '25 the service supported 356 people via these clinics. Using these figures, it is estimated that the service would have supported 547 people in the year and has capacity to support 763 people, therefore additional capacity to support 215 people.

Social Prescribing

Is a way of improving residents health and wellbeing other than through medicine. Staff in GP surgeries write a 'prescription' to take part in activities in the community that will be of benefit. NHS Kent and Medway intend to continue funding these services which could help residents potentially impacted by these proposals although it is not known what capacity the service currently has. There is a plan to launch a digital solution across Kent. This is called the 'Joy' platform and it will signpost and connect people and communities to information, advice, guidance and services across Kent and Medway Integrated Care System. As part of this work, social infrastructure at geographical area level is being mapped e.g. hospitals, GPs, pharmacies, care homes, schools, leisure centres, libraries, faith settings and green spaces to identify partners and accessibility of services.

Social prescribing and community navigation is helping to connect people to community-based support, services, resources, and groups in the local area. This is helping to improve outcomes for people, supporting people to stay well, independent

and resilient, reducing social isolation and helping to support physical and mental health.

Availability:

Local agencies such as local charities, social care, and health services refer people to a social prescribing link worker.

Accessibility:

Social prescribing is a partnership of organisations and is an approach that connects people to activities, groups, and services in their community to meet the practical, social, and emotional needs that affect their health and wellbeing. Social prescribing link workers also support existing community groups to be accessible and sustainable, and help people to start new groups, working collaboratively with all local partners. It is an all age, whole population approach.

Capacity:

There are 128 [Social prescribing](#) workers in Kent and Medway, of these 114 are in Kent.

The table below sets out the Social Prescribers per PCN across Kent.

PCN	Sum of Headcount
ABC PCN	2
ASHFORD RURAL PCN	9
ATHENA PCN	1
CANTERBURY NORTH PCN	4
CANTERBURY SOUTH PCN	4
CARE KENT PCN	5
DEAL & SANDWICH PCN	4
DOVER TOWN PCN	2
FOLKESTONE HYTHE & RURAL PCN	2
GARDEN CITY PCN	4
GRAVESEND ALLIANCE PCN	1
HERNE BAY PCN	13
LMN PCN	2

MAIDSTONE CENTRAL PCN	2
MALLING PCN	4
MARGATE PCN	8
MID KENT PCN	5
RAMSGATE PCN	4
SEVENOAKS PCN	4
SHEPPEY PCN	3
SITTINGBOURNE PCN	12
THE MARSH PCN	1
THE RIDGE PCN	2
TONBRIDGE PCN	2
TOTAL HEALTH EXCELLENCE EAST PCN	2
TOTAL HEALTH EXCELLENCE WEST PCN	3
TUNBRIDGE WELLS PCN	2
WEALD PCN	5
WHITSTABLE PCN	2
Grand Total	114

Joy Platform

Since we have developed Connect to Support, there has been a development - Joy is a digital social prescribing platform, with a variety of aspects that can be used by both professionals and Kent Residents to help navigate the complex health and social care system, and the support available to both individuals and communities. Kent and Medway Integrated Care Board have funded a 15-month pilot for primary care teams, including GP Practices and their Social Prescribers to use the system.

Joy Connect – sits on top of the primary care clinical system, and allows GP practice staff, including Social Prescribers, to refer directly to community support in the local area. This will reduce the need for primary care staff to search through large directories and service websites to find and refer people for support.

The marketplace is an online public facing directory, which enables Kent & Medway residents to type in their postcode, filter categories and find local support available to them, and self-refer to support.

Kent County Council have identified an opportunity in building upon the existing work for the Kent and Medway Integrated Care Board pilot, to reduce internal and system duplication in the signposting and referring space and explore opportunities for adult social care staff to use the system.

In Summer of 2024 the ICB asked KCC to implement the Joy platform. The Joy platform has many functions that can be utilised by social care, and we are now developing this solution which could replace the Connect to Support and continue to enhance our digital offer. With this work funding has been provided by the ICB to have dedicated resources to working with partners to develop the Joy Market place which will help us get to a one directory of service. The Joy solution uses AI to maintain the Directories of Services which will help with sustainability.

Digital Kent

[Digital Kent](#) has supported over 16,700 residents since 2021. The support includes digital hubs, of which there are 30 across Kent and Medway and digital workshops. Digital Kent also offers a Hardware Access Scheme which provides residents with a laptop to enable access and opportunity and a Connectivity Access Scheme which provides residents with a connection to broadband. The offer of regular digital support has helped residents to be more socially included and empowered. Digital Kent is funded by KCC's Helping Hands Scheme, which supports projects that help people who are experiencing, or at risk of, financial hardship. Digital Kent also leads on the Digital Champions Network and has over 200 digital champion volunteers

Availability:

Digital Kent is a person-centric programme, focused on supporting the residents of Kent with digital inclusion. The service provides a variety of different resources to support people in using technology and not becoming excluded. Digital Kent measures financial benefit to the Kent County Council through the support of digital skills to all residents of all demographics, this can support with paying bills online, GP services through the NHS app, energy services through the UKPN project or just supporting someone to be more confident and able online.

Accessibility:

Digital Kent provides a non-chargeable service to Kent residents requiring digital skills and support. There are a variety of different ways that this service is provided, through one-to-one hubs with a digital champion volunteer, digital support sessions within an organisation or a workshop covering a particular subject. Support is available to all Kent residents over 18. The aim of Digital Kent is to reduce digital exclusion and increase inclusion across the county. The programme and subsequent projects are reviewed under a DPIA where required.

Capacity:

Digital Kent has included the staffing capacity needed to support the delivery of the service as well as the support of over 200 digital champion volunteers from the digital champions' network. Digital Kent regularly reviews staffing and capacity to ensure the delivery of the workshops and hubs around the County.

Kent Connect to Support

[Kent Connect to Support](#) offers information and advice about preventative services, facilities or resources, and helps people to find out about the types of support available locally that may meet their individual needs and circumstances. The Kent Connect to Support service is the gateway for providing information and advice about care and support in the county. The information and advice cover a range of topics including general information, information for carers, self-directed support, community directory, home and community, caring for someone, health and wellbeing, housing, out and about, money and legal. This also provides information and advice at all stages of the care and support assessment, provision and review process. It's aim is to provide coherent, up to date, availability and accessible information and advice relating to care and support to the whole population in Kent.

Services for self-help promoting choice and control include:

[Care and support assessments](#)

[Estimate how much you may need to pay towards your care - Kent County Council](#)

[Technology Enhanced Lives House | Connect to Support | Kent](#)

[Equipment House | Connect to Support | Kent](#)

[Community services map | Connect to Support | Kent](#)

The [Private Pay Service provided by Argenti](#) is for people who are not eligible for Council funded services, or who do not wish to be assessed.

We have initiated an Information Co-production Group inviting people with lived experience of social care to help develop and improve our information, advice and guidance. This includes our adult social care printed and online materials that help to make things clear for the public in Kent including standard annual letters and finance documentation.

The Connect to Support platform was implemented as part of our initial digital roadmap in 2021/22, recognising that this was a gap, this was not to be the final stage and that we were always to seek opportunities to enhance and improve. This platform is used by many councils and there is a community practice with the developer and councils that regularly come together to feedback and further develop.

Availability:

This is a free digital platform that is co-produced with key stakeholders, partners and people with draw on care and support. Regular communications through internal and external meetings and social media posts. We completed an Internal accessibility audit to ensure it is compliant. The outcome of the audit stated low risk.

Our future plans for sustainability and continuous improvement includes reviewing both this platform and the social prescribing platform to ensure information, advice and guidance is accessible through one signal route digitally.

Accessibility:

It is a free digital platform that is co- produced with key stakeholders, partners and people with draw on care and support. Regular communications through internal and external meetings and social media posts. Internal accessibility audit complete with an outcome of low risk.

Capacity:

This helps the workforce when offering information, advice and guidance. It supports our partners and key stakeholders when they provide information, advice, guidance and public facing website. The website hosts a comprehensive community directory.

Technology Enhanced Lives

The [Technology Enhanced Lives \(TELS\)](#) service provides social and health care apps and wearable technology) empowers a person and supports them to maintain or improve their independence, safety, and wellbeing with greater choice and control. There are a range of technologies which include prompts and reminders, detection of fall devices and sensors. The service includes a free of charge short-term service of up to 10 weeks which aims to reduce people needing ongoing care and support. The Technology Enhanced Lives service has also developed a private pay option for Kent residents. TELS information, advice and guidance has been developed to help people consider how they can use technology to remain independent and this includes the development of virtual technology and equipment house. The service is tailored to the person and makes use of technology a person may already own such as a phone or smart speaker and/or technology provided through the Technology Enhanced Lives service, for example wrist-worn falls monitors so that carers can be alerted if falls occur.

Availability:

TELS is designed to be outcome based and person-centric to find technology solutions to support a person to manage care and support needs. The service provides a variety of technologies to supports a person's needs which can include utilising already owned devices such as smart phone or smart speakers, offering standalone devices, sim card enabled devices, and linked monitored devices. TELS measures financial benefit to the Kent County Council through the adoption and use

of technology solutions, this can be through a reduction or avoidance in care and support or supporting a person to access a private pay alternative.

Accessibility:

TELS provides a non-chargeable service to Kent residents who meet the TELS eligibility criteria. TELS offers competitive rates for people accessing the private pay pathway in line with other assistive technology providers. All technology provided by TELS has been through rigorous testing protocols to determine the safety and reliability of each device. Trained technician and members of the TELS team are available to support with installations when a self-install is not possible. The range of devices available under TELS aims to reduce areas of digital exclusion through its assistive technology solutions. All devices are reviewed under a DPIA where required.

Capacity:

The TELS team have capacity to manage an additional 40 short term referrals per week. This includes Kent TELS colleagues and sufficient capacity from Argenti to delivers the service in partnership with Kent.

Positive Wellbeing

Positive Wellbeing (PW) is a tiered, non-clinical social prescribing service delivered by Kent County Council. The business plan for PW includes scaling up and expanding the service to be provided by a range of KCC services, partners, and community-based services, such as those offering care and support in the community. Positive Wellbeing is currently delivered by Community Wardens, Heart in the Community CIC in Thanet, and volunteers from the Thanet Know Your Neighbourhood (KYN) project.

Positive Wellbeing is not only interventional but also focuses on reducing the stigma surrounding social isolation and loneliness. It ensures that the signs and symptoms are recognised and promotes the idea that it is everyone's responsibility to know where and how to signpost someone at risk of experiencing social isolation to the appropriate service.

Positive Wellbeing is delivered by Community Connectors from across a range of services and community organisations, to Kent residents aged over 18. Support is offered face-to-face, by telephone or video appointments for up to 12 weeks. It aims to reduce social isolation and loneliness, enhance quality of life, and improve overall wellbeing. Support is given by signposting residents to various organisations, groups, clubs and events and attending alongside the resident where appropriate. The main objectives are to reduce isolation and loneliness in Kent, improve wellbeing, reduce demand on health and social services.

- Tier 1 Positive Wellbeing support is delivered by 38 Community Wardens across 12 Kent districts. On average, each Warden can support 2 people over a 12-week period, totalling 8 people per year. Therefore, Tier 1 Positive Wellbeing can support an average of 304 people per year. From April '24 to March '25 a total of 150 people were supported.
- Tier 2 Positive Wellbeing support is an approach that is being developed and will be delivered by volunteers. There are around 15-20 potential volunteers who have expressed interest in receiving training and this number is expected to grow when we advertise the opportunity to volunteer, this is expected by Autumn 2025. In addition, there are 153 Positive Wellbeing Champions who have undergone training. They now have a better understanding of the county-wide issue of Social Isolation and Loneliness. The training has equipped them with knowledge on who it affects, how it presents, and what to look out for. They are well-prepared to refer isolated and lonely individuals to the appropriate support sensitively and appropriately. From April '24 to March '25 a total of 27 people received signposting support.

Availability:

Positive Wellbeing support is delivered by Community Wardens across 12 Kent districts. The location of Positive Wellbeing delivery is guided by where the Warden is based. Currently, there are 38 Community Wardens who have been trained to deliver Positive Wellbeing, covering 77 wards. Tier 1 Positive Wellbeing is available between 8 am and 4 pm, Monday to Friday, excluding Bank Holidays.

Accessibility:

Tier 1 Positive Wellbeing support is delivered by Community Wardens within the home of the person. Other venues include libraries, local cafés, or community centres. If delivered outside of the home, a suitable venue will be agreed upon between the person and Community Warden, based on the accessibility and transport requirements of the individuals. Tier 1 Positive Wellbeing is also available via video calls (MS Teams) or phone calls upon request.

Capacity:

Positive Wellbeing support is delivered by 38 Community Wardens across 12 Kent districts. On average, each Warden can support 2 people over a 12-week period, totalling 8 people per year. Therefore, Tier 1 Positive Wellbeing can support an average of 304 people per year.

Market Development Officers

KCC has put in place Market Development Officers who work with communities and people to understand what support is required and where there are gaps. They work

with people and communities to address the gaps by developing small businesses, known as Community Micro-Enterprises to provide the services.

Kent County Council Community Warden Service

When the Community Warden service was first established, its main aim was to form a key part of the Council's response to its statutory responsibilities under the Crime and Disorder Act 1998 (amended by the Police and Justice Act 2006).

- Under Section 6 of the 1998 Act, we must work with the other responsible authorities, such as Kent Police and Kent Fire and Rescue Service, to tackle local 3 crime and disorder.
- Under Section 17 of this Act, we must consider crime and disorder implications for all of our functions and decisions.

The service's remit has evolved and expanded from the initial crime and disorder focus and the service now also contributes to our duties under the Care Act 2014.

- Under Section 1 of this Act, we must promote individual wellbeing, and under Section 2, we must prevent needs for care and support. This means we have to consider: what services, facilities and resources are already available in the area (for example local voluntary and community groups), and how these might help local people. Identifying people in the local area who might have care and support needs that are not being met, identifying carers in the area who might have support needs that are not being met.

Wardens contribute to these duties by having knowledge of the communities they serve and being able to connect residents to what will promote their wellbeing or prevent care and support needs. This could be financial support, housing, information and advice, carers support, social connections, and activities. Today, the wardens provide a proactive and visible service that helps in a variety of ways to improve residents' quality of life and allow their communities to thrive. The current service remit can be described by its four key objectives:

- Objective 1 - Strengthening community resilience to ensure 'Stronger, Safer Communities'. Helping residents feel safer and be resilient at times of challenge.
- Objective 2 - Supporting the elderly and vulnerable. Facilitating access to the right support, care and services.
- Objective 3 - Fostering community cohesion and wellbeing. Working across communities to help build a sense of community.
- Objective 4 - Assisting residents to navigate public services.

The service works closely with district Community Safety Units (CSUs) and receives requests from multiple different partners such as Adult Social Care, Kent Police, Trading Standards, district and borough councils, parish and town councils, community groups, schools, health services (e.g. GPs) and Kent Fire and Rescue

Service. These requests can be to: provide local knowledge or advice, support community safety and engagement initiatives, assist partner organisations to engage with hard-to-reach residents, provide one to one support to the partner organisation's clients where they are limited due to capacity or eligibility, provide support to clients which only the wardens can provide due to their trusted community position, provide support during emergency incidents.

Availability:

The six teams work in the 12 Kent districts in particular wards – details can be found here <https://www.kent.gov.uk/leisure-and-community/community-safety/community-wardens#contact-warden>

Accessibility:

The service is available at the times stated on the website, and via the central and area specific contact numbers and email addresses also available on the website. Wardens are community based (within the areas shown on the website), making them known and approachable by residents directly within those communities. The wardens respond to specific needs within each community.

Capacity:

There are 38 wardens (including 6 team leaders) who have knowledge of the communities they serve and are trained to connect residents to support which will promote their wellbeing and/or help prevent care and support needs. In the last year, Community Wardens have supported 2000 people on a one-to-one basis. Community wardens also work at a group and community level, providing information on making the community environment safer and stronger, giving scams talks, tackling low level crime, setting up and running support groups/events, during 24/25 this approach supported 6000 people. The Community warden service has been transformed over the last year, reducing staff levels, refocused and targeted.

Kent Libraries

Kent Libraries - most libraries host weekly activities such as, knit and natter, games, speakers, quizzes, recreational activities and tea and chat. Libraries in Thanet are part of a major new initiative to create volunteering opportunities and support those experiencing loneliness. An £85,000 grant will allow Thanet libraries to run a range of activities and events over 2025/26. Examples of the activities include walking and gardening for wellbeing, children's craft activities, menopause cafes, family learning support events and social prescribing.

Information on all the events that will be taking place please go to: [Clubs and activities in libraries - Kent County Council](#). During 2024/25 the events and activities across 99 libraries were attended by 213,478 people.

Ageing Well Communities

During April 2025, Public Health is recruiting a role to lead specific projects which will enable older people to stay living in their homes, participate in activities they value and contribute to their communities for as long as possible. The postholder starts end of July, initially starting with Ashford working through the Ashford Health alliance to initially present information which demonstrates the significant size of the population over 65, the opportunity for health and wellbeing Age Friendly Communities creates.

The postholder will be responsible for working with Kent districts, NHS, social care and wider partners responsible for Ageing Well. The core duties may include:

- To lead work with partners to understand the extent to which Kent districts are 'Age Friendly Communities' – places where people are enabled to stay living in their homes, participate in the activities they value and contribute to their communities for as long as possible. The WHO's Age Friendly Communities framework has 8 domains and there is a four-step process for places to go through to embed age-friendly ways of working which this postholder would be responsible for. [What's an Age-friendly Community? | Centre for Ageing Better](#)
- To consolidate insights from existing work and to build/strengthen local networks of older people across Kent from all different communities, particularly underserved groups, who can share experiences, shape strategic priorities and advocate for action.
- To support work to implement recommendations around tackling social isolation in older people, in partnership with key stakeholders.
- To assist with understanding, documenting and promoting the population health needs of older people in Kent and ensuring this information is incorporated and acted upon in all appropriate plans.
- Develop and support specific needs assessments and action plans relevant to ageing e.g. dementia, frailty, falls, carers.
- Contribute to setting up and participating in an ageing well public health group which enables those with a specialist portfolio to adopt a life course approach which meets the needs of older people.

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

To: Adult Social Care and Public Health Cabinet Committee
– 10 September 2025

Subject: **Wellbeing Services in the Community for Adults with Sensory Impairments - Contract Extension**

Decision no: 25/00081

Key Decision: It affects more than 2 Electoral Divisions

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 explains the proposed decision, to extend the Wellbeing Services in the Community for Adults with Sensory Impairments for an additional 12 months. The report sets out Kent County Council's relevant statutory obligations, partners and others, financial implications and the alternative options considered.

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 Appendix A

1. Introduction

- 1.1 The Care Act sets out local authorities' adult social care responsibilities under law. These include promoting individual wellbeing, preventing needs for care and support, providing information and advice, assessing needs, meeting needs, charging, safeguarding, and care market development.
- 1.2 Officers have undertaken a review of certain adult social care preventative services, namely the Wellbeing Services in the Community, and Community Navigation Services, funded by Kent County Council (KCC) and delivered through contractual arrangements with partners in the voluntary, community,

and social enterprise (VCSE) sector. KCC arranges for the delivery of a wide range of Wellbeing Services in the Community.

- 1.3 The purpose of the review was to refocus and redesign the delivery of Wellbeing Services in the Community with a view to achieving four strategic objectives:
 - Removing elements of duplication within KCC's current prevention approach.
 - Ensuring prevention services are more efficient, targeted and making best use of limited resources.
 - Focusing on the areas and people with greatest need.
 - Contributing towards savings that deliver a balanced budget for KCC.
- 1.4 However, certain Wellbeing Services in the Community were not included, particularly those which support people with specific needs such as dementia, physical disabilities, sensory impairments, and mental health needs, as they already met elements of the strategic objectives and to minimise any deterioration of health or disability.
- 1.5 KCC has statutory obligations regarding preventing, delaying, and reducing needs for care and support of adults and carers in Kent. It fulfils these obligations through a wide range of interventions which are not limited to Wellbeing Services in the Community, Community Navigation, and other initiatives funded and delivered by adult social care. Health and other partners in Kent also deliver services which contribute to the achievement of the same objectives. KCC will continue to discharge its statutory functions through a wide variety of approaches and initiatives. KCC is, furthermore, undertaking a longer-term, system-wide review of its approach to prevention.

2. Background

- 2.1 The prevention landscape in Kent is multi-faceted, in that many KCC services and activities that contribute to prevention sit outside adult social care, and include the involvement of public health, children's services, leisure, transport, housing services, and libraries.

Community Wellbeing Services for adults with sensory impairments

- 2.2 These services support people who are aged 18 and over with a sensory impairment, such as people who are blind and/or deaf, including people that use British Sign Language (BSL), providing support with information and advice, equipment and training and rehabilitation.
- 2.3 Kent Association for the Blind (KAB) delivers this on behalf of KCC in partnership with Hi Kent and British Sign Language Community CIC (Community Interest Company). 22,834 people accessed these services in the 2024/25 and the annual budget £1.06million. The current contract is due to end on 31 March 2026, with no further extensions available.
- 2.4 When setting up the Wellbeing and Community Navigation contracts, the focus was on whole population, providing preventative support to people across the county with different levels of need. This approach was taken to support as

many people as possible. However, since these contracts started the support offer has developed and there needs to be a focus and response to individual needs and those of diverse communities, areas of deprivation and consider issues such as access to transport.

- 2.5 The draft Prevention Framework was informed by understanding current and future demand modelling. The data and framework sets out, that on average, people who live in areas of greater deprivation, draw on care and support more than people who live in less deprived areas of Kent.

3. Options considered

3.1 Options considered:

- **Extend the contract for a further year, and align the end of the contract with other Wellbeing Services that were out of scope of the Proposed Changes to Wellbeing Services in the Community.** This option is recommended to allow a full review and redesign of services to take place should the Prevention Framework be adopted.
- **Do nothing. stop funding for the Wellbeing Services in the Community for those with Sensory Impairments.** This option was not taken forward as this will not achieve the strategic objectives (set out above).

4. Financial Implications

4.1 The table below shows the current contract value.

Service	Annual contract value
Wellbeing Services in the Community for those with Sensory Impairments	£1,030,000

4.2 The service budget allocation covers the contract value included above.

5. Legal implications

- 5.1 KCC has statutory obligations regarding preventing, delaying, and reducing needs for care and support of adults and carers in Kent. It fulfils these obligations through a wide range of interventions which are not limited to Wellbeing Services in the Community, Community Navigation, and other initiatives funded and delivered by adult social care.
- 5.2 The initial notice (i.e. Notice No: 2020/S 025-058108) advertised in EU Tenders Electronic Daily (TED) stated that contract would be for a duration of five years, comprising an initial three year term of the contract from 1 April 2021 to 31 March 2024 followed by two 12 month extensions.
- 5.3 The extension of the contract for a further period of 12 months, from 1 April 2026 to 31st March 2027, is permissible, under Schedule 8 (1) (Additional

Goods, Services or Works) of the Procurement Act 2023, which provides what is set out in Appendix 1.

- 5.4 The modification of the contract will result in the extension of service provision beyond the original contract term and therefore constitutes the supply of services in addition to the services provided for in the contract.
- 5.5 The use of a different provider to deliver the service for a further period of twelve months, would result in the provision of services which are different or incompatible with those already provided in the contract, as a new provider may have to deliver the service from a new location/premises, systems and approaches.
- 5.6 Given the cohort of people who draw on care and support involved, i.e. people with sensory impairment, the Council considers that the difference or incompatibility that a new provider may bring, may cause significant inconvenience to people and may result in a substantial duplication of costs for the authority, where people are not confident in using a service provided by a new provider.
- 5.7 The proposed additional 12 months will not increase the overall value of the contract by more than 50%. The original contract value over all years, was £5,251,532. The additional 12 months contract is £1,030,000, which is 19.61% of the original contract value.
- 5.8 Therefore, in the opinion of the Commercial and Procurement Division, Regulation 8 (1) (a) to (d) is satisfied.
- 5.9 Regulation 75 of the Procurement Act 2023 requires a contracting authority to do as set out in Appendix 2.
- 5.10 As the modification would increase the value of the contract by 19.61 percent and would increase the term of the contract by 20 percent, a contract change notice must be published setting out that the Council intends to modify the contract

6. Equalities implications

- 6.1 KCC is under a statutory duty to have due regard to the three equality needs under section 149(1) of the Equality Act 2010 when exercising their functions.
- 6.2 An initial Equality Impact Assessment (EqIA) was published when these contracts were originally awarded and has been reviewed and updated in line with the current contract activity and updated data it is assessed the extension will not have a negative impact on individuals. The updated EQIA is attached as Appendix 3.

7. Data Protection Implications

- 7.1 A Data Protection Impact Assessment was developed as part of the original contract award and remains relevant for the contract extension.

8. Conclusions

- 8.1 KCC has statutory obligations regarding preventing, delaying, and reducing needs for care and support of adults and carers in Kent. It fulfils these obligations through a wide range of interventions which are not limited to Wellbeing Services in the Community, Community Navigation, and other initiatives funded and delivered by adult social care. Health and other partners in Kent also deliver services which contribute to the achievement of the same objectives. KCC will continue to discharge its statutory functions through a wide variety of approaches and initiatives. KCC is, furthermore, undertaking a longer-term, system-wide review of its approach to prevention.
- 8.2 Kent Association for the Blind (KAB) delivers Wellbeing Services in the Community for People with Sensory Impairments on behalf of KCC in partnership with Hi Kent and British Sign Language Community CIC (Community Interest Company). The current contract is due to end on 31 March 2026, with no further extensions available.
- 8.3 With the development of the KCC Prevention Framework, the services delivered through this contract will be reviewed as part of the wider Prevention Framework delivery.

9. Recommendations

9.1 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 Appendix A.

10. Background Documents

Decision - 20/00109 - Contract Award for Community-Based Wellbeing Services - Phase 1

11. Lead Officer

Simon Mitchell
Assistant Director Adults Commissioning
03000 417156
Simon.mitchell@kent.gov.uk

Relevant Director

Richard Smith
Corporate Director Adult Social Care and Health
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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for
Adult Social Care and Public Health

DECISION NO:

25/00081

For publication

Key decision: YES

Title of Decision: Wellbeing Services in the Community for People with Sensory Impairments - Contract Extension

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:
A) **EXTEND** the current contract for Wellbeing Services in the Community for People with Sensory Impairments, for a period of one year from 1 April 2026 to 31 March 2027; and
B) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

Reason(s) for decision:

The Care Act sets out local authorities' adult social care responsibilities under law. These include promoting individual wellbeing, preventing needs for care and support, providing information and advice, assessing needs, meeting needs, charging, safeguarding, and care market development.

Kent County Council (KCC) has statutory obligations regarding preventing, delaying, and reducing needs for care and support of adults and carers in Kent. It fulfils these obligations through a wide range of interventions which are not limited to Wellbeing Services in the Community, Community Navigation, and other initiatives funded and delivered by adult social care. Health and other partners in Kent also deliver services which contribute to the achievement of the same objectives. KCC will continue to discharge its statutory functions through a wide variety of approaches and initiatives. KCC is, furthermore, undertaking a longer-term, system-wide review of its approach to prevention.

Officers have undertaken a review of certain adult social care preventative services, namely the Wellbeing Services in the Community, and Community Navigation Services, funded by KCC and delivered through contractual arrangements with partners in the voluntary, community, and social enterprise (VCSE) sector. KCC arranges for the delivery of a wide range of Wellbeing Services in the Community.

The purpose of the review was to refocus and redesign the delivery of Wellbeing Services in the Community with a view to achieving four strategic objectives:

- Removing elements of duplication within KCC's current prevention approach.
- Ensuring prevention services are more efficient, targeted and making best use of limited resources.
- Focusing on the areas and people with greatest need.
- Contributing towards savings that deliver a balanced budget for KCC.

However, certain Wellbeing Services in the Community were not included, particularly those which

support people with specific needs such as dementia, physical disabilities, sensory impairments, and mental health needs, as they already met elements of the strategic objectives and to minimise any deterioration of health or disability.

The prevention landscape in Kent is multi-faceted, in that many KCC services and activities that contribute to prevention sit outside adult social care, and include the involvement of public health, children’s services, leisure, transport, housing services, and libraries.

The Wellbeing Services in the Community for People with Sensory Impairments support people who are aged 18 and over with a sensory impairment, such as people who are blind and/or deaf, including people that use British Sign Language (BSL), providing support with information and advice, equipment and training and rehabilitation.

Kent Association for the Blind (KAB) delivers this on behalf of KCC in partnership with Hi Kent and British Sign Language Community CIC (Community Interest Company). 22,834 people accessed these services in the 2024/25 and the annual budget £1.06million. The current contract is due to end on 31 March 2026, with no further extensions available.

Extending the Wellbeing Services in the Community for People with Sensory Impairments contract for a further year, and aligning the end of the contract with other Wellbeing Services that were out of scope of the Proposed Changes to Wellbeing Services in the Community, will allow a full review and redesign of services to take place should the Prevention Framework be adopted.

When setting up the Wellbeing and Community Navigation contracts, the focus was on whole population, providing preventative support to people across the county with different levels of need. This approach was taken to support as many people as possible. However, since these contracts started the support offer has developed and there needs to be a focus and response to individual needs and those of diverse communities, areas

Financial Implications

The table below shows the current contract value.

Service	Annual contract value
Wellbeing Services in the Community for people with Sensory Impairments	£1,030,000

The service budget allocation covers the contract value included above.

Legal Implications

KCC has statutory obligations regarding preventing, delaying, and reducing needs for care and support of adults and carers in Kent. It fulfils these obligations through a wide range of interventions which are not limited to Wellbeing Services in the Community, Community Navigation, and other initiatives funded and delivered by adult social care.

The initial notice (i.e. Notice No: 2020/S 025-058108) advertised in EU Tenders Electronic Daily (TED) stated that contract would be for a duration of five years, comprising an initial three year term of the contract from 1 April 2021 to 31 March 2024 followed by two 12 month extensions.

The extension of the contract for a further period of 12 months, from 1 April 2026 to 31st March 2027, is permissible, under Schedule 8 (1) (Additional Goods, Services or Works) of the Procurement Act 2023, which provides what is set out in Appendix 1.

The modification of the contract will result in the extension of service provision beyond the original contract term and therefore constitutes the supply of services in addition to the services provided for

in the contract.

The use of a different provider to deliver the service for a further period of twelve months, would result in the provision of services which are different or incompatible with those already provided in the contract, as a new provider may have to deliver the service from a new location/premises, systems and approaches.

Given the cohort of people who draw on care and support involved, i.e. people with sensory impairment, the Council considers that the difference or incompatibility that a new provider may bring, may cause significant inconvenience to people and may result in a substantial duplication of costs for the authority, where people are not confident in using a service provided by a new provider.

The proposed additional 12 months will not increase the overall value of the contract by more than 50%. The original contract value over all years, was £5,251,532. The additional 12 months contract is £1,030,000, which is 19.61% of the original contract value.

Therefore, in the opinion of the Commercial and Procurement Division, Regulation 8 (1) (a) to (d) is satisfied.

As the modification would increase the value of the contract by 19.61 percent and would increase the term of the contract by 20 percent, a contract change notice must be published setting out that the Council intends to modify the contract

Equalities implications

KCC is under a statutory duty to have due regard to the three equality needs under section 149(1) of the Equality Act 2010 when exercising their functions.

An initial Equality Impact Assessment (EqIA) was published when these contracts were originally awarded and has been reviewed and updated in line with the current contract activity and it is assessed the extension will not have a negative impact on individuals.

Data Protection implications

A Data Protection Impact Assessment was developed as part of the original contract award and remains relevant for the contract extension.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care and Public Health Cabinet Committee on 10 September 2025 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

Do nothing. stop funding for the Wellbeing Services in the Community for those with Sensory Impairments. This option was not taken forward as this will not achieve the strategic objectives.

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

.....
signed

.....
date

Appendix 1: Schedule 8 (1) (Additional Goods, Services or Works) of the Procurement Act 2023

Additional goods, services or works

8(1)A modification is a permitted modification if—

- a) the modification provides for the supply of goods, services or works in addition to the goods, services or works already provided for in the contract,*
- b) using a different supplier would result in the supply of goods, services or works that are different from, or incompatible with, those already provided for in the contract,*
- c) the contracting authority considers that the difference or incompatibility would result in—*
 - i. disproportionate technical difficulties in operation or maintenance or other significant inconvenience, and*
 - ii. the substantial duplication of costs for the authority, and*
- d) the modification would not increase the estimated value of the contract by more than 50 per cent.*

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Appendix 2: Regulation 75 of the Procurement Act 2023 requires a contracting authority to do as follows:

75 (Contract change notices)

- 1) *Before modifying a public contract or a convertible contract (see section 74(1)), a contracting authority must publish a contract change notice.*
- 2) *Subsection (1) does not apply if—*
 - a) *the modification increases or decreases the estimated value of the contract by—*
 - i. in the case of a contract for goods or services, 10 per cent or less,*
 - ii. in the case of a contract for works, 15 per cent or less, or*
 - b) *the modification increases or decreases the term of the contract by 10 per cent or less of the maximum term provided for on award,**unless the modification is a permitted modification under paragraph 9 of Schedule 8 (novation or assignment on corporate restructuring).*

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EQIA Submission – ID Number

Section A

EQIA Title

Wellbeing Services in the Community for People with Sensory Impairments

Responsible Officer

Simon Mitchell

Approved by (Note: approval of this EqIA must be completed within the EqIA App)

Helen Gillivan - AH IPT (Innovation and Partnership Team)

Type of Activity

Service Change

No

Service Redesign

No

Project/Programme

No

Commissioning/Procurement

Commissioning/Procurement

Strategy/Policy

No

Details of other Service Activity

No

Accountability and Responsibility

Directorate

Adult Social Care and Health

Responsible Service

Strategic Commissioning - Adult Social Care

Responsible Head of Service

Helen Gillivan - AH IPT (Innovation and Partnership Team)

Responsible Director

Richard Smith - AH CD

Aims and Objectives

Updated EQIA form for the Wellbeing Services in the Community for People with Sensory Impairments service.

Under the Care Act 2014 the Council has a statutory duty to promote peoples' wellbeing by providing Services that help prevent people developing needs for care and support, or delay people deteriorating such that they would need ongoing care and support.

The Council has commissioned a range of contracts to support this requirement, namely:

- Universal Wellbeing Services (aged primarily at people aged 55+, or under with complex needs)
- Specialist Services for People with Sensory Impairments
- Specialist Services for People with Disabilities
- Post-Diagnostic Services for People with Dementia and their Families
- Dementia Coordinator Services (funded by the ICB, jointly commissioned)

These services all support people to remain well, independent and connected to their communities, and enable carers to keep caring for friends and family members. In this way, services prevent or delay deterioration in people's health and wellbeing, helping to manage demand on social care and health systems.

Contracts began either in April 2021 or April 2022 as a result of phased procurement approach, before which similar services were delivered via a number of grants awarded through a closed process. All contracts were awarded to

VCSE organisations.

Kent Association for the Blind (KAB) delivers this on behalf of KCC in partnership with Hi Kent and British Sign Language Community CIC (Community Interest Company). 22,834 people accessed these services in the 2024/25

Regarding question 5. Do you have evidence/data that can help you understand the potential impact of your activity?
Answered YES - the data was submitted in the previous EQIA submission form.

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?

Commissioned Providers
Stakeholders (ICB and Social Care practitioners)
Service Users - general people who accessed the service.
Service Users from protected groups disability, age and ethnicity

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

Improved referral pathways between services and from referring organisations
Outcomes based approach to service delivery promotes person-centred planning and flexibility in delivery to best meet people's needs in a variety of ways
Disability – the service is specifically for people with particular kinds of disabilities (sensory). Not only does this provide targeted support for people who have traditionally found it harder to access services, but the providers of these services also work closely with the Universal services to ensure that the universal services are accessible to people with a disability where appropriate.

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 Completed
Mitigating Actions for Age
Not Completed
Responsible Officer for Mitigating Actions – Age
Not Completed
20. Negative impacts and Mitigating actions for Disability
Are there negative impacts for Disability?
No
Details of Negative Impacts for Disability
Not Completed
Mitigating actions for Disability
Not Completed
Responsible Officer for Disability
Not Completed
21. Negative Impacts and Mitigating actions for Sex
Are there negative impacts for Sex
No
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.
Negative impacts for Gender identity/transgender
Not Completed
Mitigating actions for Gender identity/transgender
Not Completed
Responsible Officer for mitigating actions for Gender identity/transgender
Not Completed
23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race
No.
Negative impacts for Race
Not Completed
Mitigating actions for Race
Not Completed
Responsible Officer for mitigating actions for Race
Not Completed
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No
Negative impacts for Religion and belief
Not Completed
Mitigating actions for Religion and belief
Not Completed

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

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 – 10 September 2025

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

Classification: Unrestricted

FOR INFORMATION ONLY

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

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

25/00055 - Kent Community Equipment Service - Direct Award of contract under Framework Y24008

1. Introduction

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

2. Decision 25/00055 - Kent Community Equipment Service - Direct Award of contract under Framework Y24008

- 2.1 The Council has a statutory obligation to provide the community equipment service to support people with health and/or social care needs following discharge from hospital as detailed within the Care Act 2014.
- 2.2 The Kent Community Equipment Service ("KCES") plays an essential role for both Health and Social Care in meeting the needs of Kent residents and has a

significant impact on the smooth functioning of acute and community health services. Failure, even for a relatively brief period of time of the KCES would have severe and far-reaching consequences for people who use the service.

- 2.3 The decision may not be reasonably deferred because failure of the KCES contract, and therefore not having continuity of service provision, would detrimentally impact; the Council's ability to deliver against their statutory duties; delay hospital discharge; increase hospital admission; be a real risk to individuals and therefore safeguarding; increase pressure on Mental Health and Carers' services; and have a potential impact on increased costs to the health and social care sector. The timelines for securing continued service delivery do not allow for compliance with normal Executive Decision-making notice periods and arrangements.

3. Recommendation

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

25/00055 - Kent Community Equipment Service - Direct Award of contract under Framework Y24008

4. Background documents

[Decision - 25/00055 - Kent Community Equipment Service - Direct Award of contract under Framework Y24008](#)

5. Report Author

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ADULT SOCIAL CARE & PUBLIC HEALTH CABINET COMMITTEE
WORK PROGRAMME 2024/25
 UPDATED 28/08/2025

ASC Item	Cabinet Committee to receive 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
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)

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	Cabinet Member, Corporate Director and Director of Public Health Verbal Updates	Standing Item	
6	Performance Dashboard - ASC	Regular Item	
7	Performance Dashboard - PH	Regular Item	
8	Risk Management: Adult Social Care	Annual Item	
9	25/00070 Parent and Infant Mental Health Service	Non-Significant Key Decision	
10	25/00054 Adult Social Care Prevention Framework	Key Decision	
11	25/00014 Wellbeing Services in the Community	Key Decision	
12	25/00081 Wellbeing Services in the Community for Adults with Sensory Impairments - Contract	Key Decision	

	Extension		
13	Decisions Taken out of Committee Cycle		
14	Work Programme	Standing Item	

12 November 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	Cabinet Member, Corporate Director and Director of Public Health Verbal Updates	Standing Item	
6	Performance Dashboard – ASC	Regular Item	TO BE CONFIRMED
7	Draft Revenue and Capital Budget and MTFP	Bi-Annual Item	
8	Adult Social Care Pressures Plan	Annual Item	
9	Adult Social Care Annual Complaints Report	Annual Item	
10	Annual Report on Quality in Public Health, including Annual Complaints Report	Annual Item	
11	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