

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

Wednesday, 11th March, 2026

2.00 pm

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



AGENDA

ADULT SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

Wednesday, 11 March 2026 at 2.00 pm
Council Chamber, Sessions House, County Hall,
Maidstone

Ask for: **Maya Bundy**
Telephone: **03000 416072**

Membership (13)

Reform UK (8): Mr A Kibble, Mr R Mayall, Mr S Dixon (Chair), Mr M Brown,
Mrs B Porter, Mr T L Shonk, Mr T Mole (Vice-Chair) and
Mrs S Roots

Liberal Democrat (1): Mr C Sefton

Conservative (1): Mr A Kennedy

Green (1): Mr S Jeffery

Labour (1): Ms C Nolan

Vacancy

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 21 January 2026 (Pages 1 - 14)
- 5 Verbal Updates by Cabinet Member, Corporate Director and Director of Public Health
- 6 Adult Social Care Performance Dashboard (Pages 15 - 32)
- 7 Public Health Performance Dashboard for Quarter 3 (Pages 33 - 46)
- 8 Risk Management (Pages 47 - 74)

- 9 Neighbourhood Health - To Follow
- 10 26/00013 - All Age Home Care Services - Key Decision (Pages 75 - 98)
- 11 Work Programme (Pages 99 - 100)

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
Deputy Chief Executive
03000 416814

Tuesday, 3 March 2026

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.

This page is intentionally left blank

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 Wednesday, 21st January, 2026.

PRESENT: Mr A Kibble, Mr R Mayall, Mr S Dixon (Chair), Mr M Brown, Mrs B Porter, Mr C Sefton, Mr A Kennedy, Mr T L Shonk, Mr T Mole (Vice-Chair), Mrs S Roots, Mr O Bradshaw, Ms C Nolan and Mr P Stepto

ALSO PRESENT: Mr B Collins, Miss D Morton, Ms G Foster and Mr M Mulvihill

IN ATTENDANCE: Dr Anjan Ghosh (Corporate Director of Public Health), Sarah Hammond (Interim Corporate Director of Adult Social Care), Dr Ellen Schwartz (Deputy Director of Public Health), Helen Gillivan (Director of Adults and Integrated Commissioning), Victoria Tovey (Assistant Director of Commissioning), Michael Thomas-Sam (Interim Director of Operations (Short Term Support)), Sydney Hill (Director of Operations (Long Term Support)), Michelle Goldsmith (Finance Partner for Adult Social Care), Dave Shipton (Head of Finance Policy, Planning and Strategy), Julie Samson (Strategic Financial Advisor for Public Health), Ben Campbell (Commissioning Manager) Marie Hackshall (System Programme Lead Kent & Medway Learning Disability, Autism and ADHD), Sam Spiller (Commissioner), Jessica Mookherjee (Public Health Consultant), Rebecca Eley (Senior Commissioner), Sophie Kemsley (Public Health Specialist)

UNRESTRICTED ITEMS

43. Apologies and Substitutes
(Item. 2)

Apologies were received from Mr Stuart Jeffery, with Mr Paul Stepto attending as substitute.

Mr Oliver Bradshaw, Member of the Independent Group, was formally welcome to the Committee and it was clarified that Ms Connie Nolan would retain her membership.

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

1. A Member declared that an immediate family relation worked for the NHS.
2. RESOLVED there were no other declarations of Member interest.

45. Minutes of the meeting held on 12 November 2025
(Item. 4)

RESOLVED that the minutes of the meeting held on the 12 November 2025 were a true and accurate record and a paper be signed by the Chair.

46. Verbal Updates by Cabinet Member, Director of Public Health and Corporate Director
(Item. 5)

1. The Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton, provided an update for the Committee. The following points were highlighted:
 - a) Sincere thanks were expressed to all the officers in the directorate in view of the significant and sustained pressure the sector was under. Tribute was also paid to all carers and staff working within the care sector and in the community.
 - b) It was acknowledged that the Care Act framework did not fully meet the budget, however Miss Morton commented that the proposed draft budget was a responsible plan which fulfilled statutory duties and invested in prevention and long-term change. Kent Enablement at Home was cited as being essential to the approach, as it reduced long term demand and supported independence.
 - c) Work had taken place with the lead Member for Integrated Childrens Services on the progress of the development of in-house provision in CYPE (Children, Young People Education) to try and form similar opportunities in Adult Social Care and Health, alongside the Accommodation Statement.
 - d) Technology drop-in centres were being piloted in libraries and the Committee would receive further updates, once the programme commenced.
 - e) On the 1 December 2025 a joint brokerage between the NHS and KCC to manage pressures (with a focus on hospital discharge) commenced and staff were undergoing an induction.
 - f) The Live Well Contract would soon be due for renewal, and it was anticipated that new ways of working which would align with the directorate's prevention ambition.
 - g) The Older Persons Residential and Nursing tender was open, and providers had been invited to engage.
 - h) In March 2026, Kent will launch the first Coastal Marmot place in the UK.
 - i) Other future key initiatives included:
 - i) The Family Hubs investment; the Public Health grant allowed £1 million per year, for the next 3 years, in support of this project.

- ii) The Marmot Accelerator Project was currently in development and would take place on the Isle of Sheppey.
- iii) Health promotion pilots in Accident and Emergency Departments would initially start across two Trusts, with the hope of future expansion. This included smoking cessation.

2. The Corporate Director for Public Health, Dr Anjan Ghosh provided the following verbal update:

- a) The 5 strategic priorities identified for Public Health for the coming year were additional to the ongoing work in the directorate, although some continued from the previous year, such as the Integrated Care Strategy Implementation, which was the Joint Health and Wellbeing Strategy for Kent.
- b) The other 4 priorities included: Prevention, Tackling Health Inequalities, Mental Health and New Models of Care.
- c) The refresh of the Health and Wellbeing Board would continue and take a more prominent role, given the change in priorities and the uncertainty of Local Government Reorganisation.
- d) Kent Public Health Observatory were supporting Adult Social Care; the collaboration was going to use the statistics of adults in the general population who would likely drawn on care and support from Adult Social Care
- e) From October 2025, the Department of Health & Social Care launched the Pharmacy Contraception Service nationally and has started in Kent. A new sexual health clinic will be opened at the Discovery Centre in Sandwich, at some point in March 2026.
- f) Kent Public Health had produced the SEND (Special Educational Needs) Health Needs Assessment which had been published on the Kent National Health Public Observatory website.
- g) The Best Start for Life Family Hub Key Decision (25/00109) was discussed at the CYPE Cabinet Committee on 20 January 2026; aspects of the grant were funded by Public Health and equated to approximately £15 million over three years.

3. The Interim Director of Adult Social Care, Ms Sarah Hammond provided the following verbal update:

- a) The Director of Countywide Operations, Mr Mark Albiston, left KCC at the beginning of 2026. Thanks was expressed for his hard work and warm wishes were extended for his wellbeing and career progression. Ms Sydney Hill had been appointed as Director of Operations (Long Term Support) and Mr Michael Thomas-Sam had agreed to the interim position of Director of Operations (Short Term Support).
- b) Winter Pressures continued and hospital colleagues faced significant challenges over the Christmas period, however colleagues at the

QEQM Hospital had stepped down their critical incident status and return to normal operating level.

- c) The recent water outage in Kent had caused significant challenges, particularly in western and mid Kent. Assurance was given to the Committee that the directorate worked in partnership with Emergency response colleagues, with particular focus on older and vulnerable residents, as several care homes were significantly affected.
 - d) Almost 1000 KCC colleagues attended a Microsoft Teams Staff Event with Ms Hammond in which the challenges and pressures within directorate were discussed. There was an overall upbeat and positive response.
 - e) The operational focus remained on spending every penny wisely and meeting residents' needs when required and at best value. Commissioning Teams were focusing on changes to the development of services to meet local need at a sustainable and affordable price.
 - f) The Accommodation Choice Strategy (previously referred to as the Detrimental to Move Policy) had contributed significantly to the overspend in the directorate budget and was ready for first review by the Cabinet Members.
 - g) Work continued with Partners in Health & Care, in connection with the CQC Improve Plan and officers look forward to welcoming some of them, including the Senior Lead, to county over the next few weeks. A particular focus was the improvement of safeguarding referrals.
4. In answer to some Member questions and comments, the following was said:
- a) The water outage in Kent was not a new issue and had happened before; infrastructure resilience was problematic on a national regulatory basis. Whilst the main crisis point had concluded, the issues were not entirely over and therefore a debriefing review session of lessons learnt was scheduled to take place and therefore a further update would be provided accordingly. During the recent water outage, a command structure was set up (Gold Command) and underneath sat various cells, one being the Vulnerable Peoples and Communities Cell, chaired by colleagues from Public Health.
 - b) In relation to the Third-Party Top-Up scheme applicable to care home settings, if a resident no longer had adequate funds, it was confirmed that the setting could be moved to ensure that the Authority did not continue to incur expenses. However, it had to be clearly communicated to the resident that an alternative appropriate setting had been identified, and several factors needed to be considered to ensure the suitability criteria was met.
5. RESOLVED the Committee noted the verbal updates made by the Cabinet Member for Adult Social Care, Corporate Director for Public Health and the Interim Director for Adult Social Care.

POST COMMITTEE NOTE

Dr Anjan Ghosh clarified that the Dover Discovery Centre was new sexual health site based in Dover not Sandwich.

47. Draft Revenue, Capital Budget and Mid Term Financial Plan for Adult Social Care and Public Health (Item. 6)

Leader of the Conservative Party, Mr Harry Rayner, was in attendance for this item.

1. The item was introduced by the Deputy Leader, Mr Brian Collins, who delivered a written briefing. The following key points were highlighted:
 - a) The Council had set a balanced revenue budget through £179.5m of core-funded spending and offsets including reserve movements, new savings, and income generation. The net increase in spending had been funded through government grant, retained business rates, and council tax.
 - b) The capital programme showed a significant increase but remained fully funded through external sources or previously planned borrowing, with no new borrowing to avoid adding pressure to the revenue budget.
 - c) Most spending growth arose in Adult Social Care, Children's Services, and Growth, Environment and Transport. This reflected pay awards, contractual uplifts, increased demand, and costs of new placements. As these pressures continued to exceed available funding, the budget relied on savings, income, and some one-off measures. Planned changes to reserves resulted in a net increase intended to strengthen financial resilience.
 - d) Despite improvements to funding distribution, the overall government settlement remained insufficient, necessitating increases in council tax despite efforts to minimise them. It was highlighted substantial future financial challenges without further government support.
 - e) Significant risks in Adult Social Care and SEND. Mitigation in adult services included measures to contain provider fee growth, manage demand, and reduce placement costs through new contracting arrangements. SEND pressures required both local management and national legislative reform.
 - f) The budget proposals represented an important step toward restoring the Council's financial sustainability while protecting frontline services.
2. In answer to Member questions and comments, the following was said:
 - a) The number of residents who required services and care had reached a plateau, with the number of older residents reducing. On this basis, the directorate was confident that a peak had been reached and

following further analysis it was evident that, in some cases, other alternative community resources would have been more appropriate. Whilst certain aspects of the cost drivers were not in the control of the service certain aspects were, such as what services would be paid for and the amount, as well encouraging people to be part of a preferred provider and/or framework. Behavioural and practice changes had starting to materialise and it was hoped that these would continue to accelerate.

- b) Several aspects of the budget were based on forecasts and in year predictions and demand levels was one aspect. It was explained that it was for this reason a general reverse was held in the budget and the recommendation amount for this was within 5% and 10% of the net revenue spending to mitigate risk that the forecast was understated.
- c) It was confirmed that the planned changes in spending were reflected in the published report. Base Budget Changes was the full year effect of variances which occurred in the current financial year and the remaining were forecasts for changes in the forthcoming financial year.
- d) Members were encouraged to view the financial dashboard as this contained greater detail than a published document.

- 3. RESOLVED Members noted the draft budget for both Adult Social Care and Public Health.

48. Performance Dashboard (Item. 7)

- 1. The item was presented by the Assistant Director of Commissioning, Victoria Tovey. The paper provided information on the Public Health performance for commissioned services for quarter 2, which covered the period of July 2025 to September 2025. Some of the key points highlighted included:
 - a) Out of the 14 Key Performance Indicators (KPIs):
 - I. 8 were green
 - II. 4 were amber
 - III. 2 were red
 - b) 2 KIPs were not included in the published paper as the data was not available at the time, however Ms Tovey confirmed that these were for:
 - i. Smoking Indicators (number of people setting a quit date) - this was an annual target which had a trajectory to be on track by the end of the financial year
 - ii. For clients setting a 4 week quit timeframe - the target had been exceeded, based on the quarter 2 data.

- c) The 2 red KPIs had been flagged previously, these included:
 - I. Young People Exiting the Specialist Substance Misuse Service - this would be closely monitored. Following a deep dive, the information suggested that in some cases, the young person may have received enough of an intervention and so achieved treatment goals, and this outcome may be a better indicator.
 - II. One You Kent Service - this focused on the engagement for residents in deprived areas. This service was going through a re-commissioning process and so would also be closely monitored in the new contract.

- d) Ms Tovey highlighted the following positive news for Members:
 - I. New Birth Visits delivered by Health Visiting had exceeded the national benchmark
 - II. There had been a steady increase in the Substance Misuse Services over the last 5 quarters.
 - III. The target for the National Child Measurement Programme had been met, which was in line with national and regional performance.

2. RESOLVED that Members noted the contents of the report.

49. 25/00105 Suicide and Self Harm Prevention Strategy 2026 - 2030 - Key Decision
(Item. 8)

- 1. The item was introduced by the Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton.
- 2. Public Health Consultant, Jessica Mookherjee presented the paper to the Committee. The paper was taken as read and the following key points were highlighted:
 - a) The vision of the strategy was to reduce the suicide rate in Kent and Medway to below the national average. The previous strategy was coming to an end, and Ms Mookherjee highlighted the importance of having a new framework in place that was aligned with the National Suicide Prevention Strategy.
 - b) Public Health Specialist, Sophie Kemsley explained that the work on the strategy had been based on years of collating data and evidence, in particular the use of the Real Time Suicide Surveillance data received from Kent Police, on a fortnightly basis.
 - c) The strategy was based on 8 priorities which included items such as:

- i. Making suicide everybody's business
 - ii. Providing effective crisis support
 - iii. Reducing access to the means and methods of suicide
 - iv. Providing support to those who have been bereaved by suicide.
 - d) The consultation ran throughout the summer of 2025 and received approximately 150 responses; based on this feedback only minor amendments to the strategy were required.
3. In answer to Member comments and questions the following was said:
- a) There is an agreement with Kent Police that every fortnight, the team is provided with anonymised details of deaths where Police officers suspected a suicide. This information was used to build a picture of where there could be emerging risks and/or patterns. This information included details of the individual's age, employment status, the area in which they lived, health conditions and housing status - amongst other risk factors - and was used within the programme to identify priority groups (as set out in the draft strategy). As a direct result of this data analysis, people who have been impacted by domestic abuse were cited on the National Suicide Prevention Strategy in 2023 as a direct result of the work undertaken in Kent and Medway.
 - b) Prevention was key; one area of the programme's focus, was the prevention of a second suicide attempt. To achieve this, a better understanding of self-harm was required.
 - c) It was clarified that the new strategy brought together both adults and children's strategy, as suicide rates were increasing in younger people. The 8 priorities were the same for both, but the ways to achieve them may vary.
 - d) A mandatory referral in circumstances where there had been domestic abuse was not in place however this would be investigated further by the Domestic Abuse Strategy Group.
 - e) It was hoped that ongoing consultations with Public Health's wider network would work towards improving consultation responses. Members noted that they could also utilise their social media platforms to reinforce the message.
4. RESOLVED that Members CONSIDERED and ENDORSED the proposed decision as detailed in the Proposed Record of Decision document.

50. 25/00106 Kent Drug & Alcohol Services - Key Decision
(Item. 9)

- 1. The item was introduced by the Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton.

2. The report was presented by Public Health Consultant, Jessica Mookherjee. It was explained to Members that the current contract ended on 31 March 2026 and therefore a recommissioning was required to ensure continuity. The Inpatient Detox was a short medically managed stay where people dependent on drugs and alcohol could withdraw from the addictive substance, safely and under 24-hour clinical supervision.
3. It was confirmed that there were only 5 Inpatient Detox Units in the country, one of them being in Kent. Part of the commissioning was to provide and protect services for a small yet highly vulnerable group of residents.
4. Senior Commissioner, Rebecca Eley, confirmed the funding for the contract did not draw from KCC core funds, it was funded entirely from an Office for Health Improvement and Disparities (OHID) additional grant, the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). It was explained that this would be consolidated into the Public Health Grant from 1 April 2026 and KCC had received confirmation of the funding until 31 March 2029.
5. Ms Eley explained that, within the DATRIG funding, there was a ring-fenced allocation for in-patient detoxification which local authorities must use as part of an IPD Consortium or not have access to the funds. It was explained to Members that approval was sought for a contract amount for a period of 5 years, equating to just under £2.5 million, however Members were asked to note that the contract would reflect only the funds available through known funding at that time. The annual contract would be in the region of £240,000 in the first year.
6. In answer to Member comments and questions, the following was said:
 - a) The flexibility within the contract allowed for anticipated in year increases, typically in line with CIP (Cost Improvement Programme). It was confirmed that Commissioners continually carried out work to ensure this was in line with the rest of the facilities across the UK.
 - b) The majority of patients going into the In-Patient Detox Units had both mental health and substance misuse problems and so continuing work was being carried out along side colleagues in the mental health team. The service at Bridge House, Maidstone, is run by the Kent and Medway Mental Health Trust.
 - c) Approximately 80 – 85% of service users in the In-Patient Detox Service were men and it was hoped that a service/organisation, specifically targeted toward supporting veterans, would attend the Substance Misuse Alliance meeting. Further, work is carried out by the Commissioned Drug and Alcohol providers to ensure women (as an underserved group) are supported, as well as support veterans. There are existing links to Op Courage.
- 7) RESOLVED that Members CONSIDERED and ENDORSED the proposed decision as detailed in the Proposed Record of Decision document.

51. 25/00107 Suicide Bereavement Service (Non Key Decision)
(Item. 10)

1. The item was introduced by the Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton.
2. The item was presented by Jessica Mookherjee and Commissioner Sam Spiller.
3. The key points were as follows:
 - a) Amparo means 'shelter' or 'safe haven' in Spanish.
 - b) Between 2022 and 2024, there was an average of 144 suspected suicides per year in Kent and Medway, according to the Real Time Suicide Surveillance System.
 - c) Evidence suggests that up to 135 people are affected by any individual case of suicide.
 - d) Since 2021, the Service has been delivered in Kent and Medway by Listening Ear and is funded in full by the Integrated Care board (ICB) and commissioned by KCC, in line with national guidelines.
 - e) The current contract is due to expire on 31 July 2026, having been live for 5 years and has used all the contractually permitted extensions to date. A comprehensive review of the service had been undertaken and demonstrated value and impact of the service to date.
 - f) An 8 month extension is sought from 1 August 2026 until 31 March 2027 and costs will be fully secured from the ICB.
- 4) RESOLVED that Members CONSIDERED and ENDORSED the proposed decision as detailed in the Proposed Record of Decision document.

52. 25/00116 Kent Carers' Support Service Contract Award - Key Decision
(Item. 11)

1. The item was introduced by the Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton.
2. The item was presented Commissioning Manager Ben Campbell. Mr Campbell explained that Cabinet Committee approval was sought to award contracts for the Kent Carers Support Service, then extend the existing contract arrangement, to allow time for the conclusion of the procurement exercise.
3. RESOLVED that Members CONSIDERED and ENDORSED the proposed decision as detailed in the Proposed Record of Decision document

53. 25/00117 Learning Disability/Physical Disability and Mental Health Contract Extension - Key Decision
(Item. 12)

1. The item was introduced by the Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton.
2. The item was presented by the System Programme Lead Kent & Medway Learning Disability, Autism and ADHD, Marie Hackshall. The following key points were highlighted for Member attention:
 - a) The existing contract was due to expire in June 2026 and the decision was seeking Member endorsement for an additional 2-year extension, until June 2028.
 - b) In order to align with the Supported Living Provision, both the Residential and Supported Living Arrangements were in the process of being recommissioned and brought together, to allow for greater flexibility and sustainability.
3. RESOLVED that Members CONSIDERED and ENDORSED the proposed decision as detailed in the Proposed Record of Decision document.

54. Exercise Pegasus Update
(Item. 13)

1. The Item and introduced and presented by the Deputy Director for Public Health, Dr Ellen Schwartz. The following key points were highlighted:
 - a) Exercise Pegasus was a four nations pandemic preparedness exercise which commenced in 2025 and took place over 3 phases in September, October and November, with 1 phase still outstanding.
 - b) It was confirmed that there was currently no national pandemic plan in place; whilst publication was awaited, the exercise was conducted to help prepare locally. As part of the Kent and Medway Resilience Forum, KCC were leading on drafting a supplementary document in response to the Emergency Response Framework. This would be a pandemic framework.
2. RESOLVED Members noted the contents of the Report.

55. 25/00118 Adult Social Care Provider Fee Uplifts 2026/2027 - Key Decision
(Item. 14)

Mr Richard Streatfeild was in attendance for this item.

1. The item was introduced by the Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton.
2. The report was presented by the Director of Adults and Integrated Commissioning, Helen Gillivan.
3. In answer to Member questions and comments, the following was said:
 - a) It was drawn to Member attention that section 4.2.2 of the report set out each of the different contract proposed uplifts, for each of the 4 contracts as follows:
 - I. Older Persons Residential and Nursing proposed no general uplift
 - II. Supported Living and Working Age Adults, there was a 2% proposed uplift
 - III. Working Aged Adults and LDPDMH Residential, a proposed 2% uplift
 - IV. EDLA (Everyday Services for Working Age Adults) no general uplift was proposed.
 - b) The proposal set out for the uplifts to be applied consistently across framework providers. A duty of care existed to ensure a sustainable market and ongoing discussions with providers continued, to ensure the cost of care was sustainable to meet individual need. It was confirmed to Members that this proposal was for the annual uplift fee progress.
 - c) In regard to the Older Persons Residential and Nursing, it was confirmed that a mixed market was required to meet individual need. The new framework ensured that providers were bidding within a pricing band, meaning a range for the new tender. This enabled providers to determine a suitable fee within their business model. It was hoped that this would enable different providers (dependent on size) to determine what the model of care would be suitable for them, within their pricing band.
 - d) It was reiterated to Members that KCC had a duty of care, under the Care Act, to ensure a sustainable market and not to ensure an individual provider was sustainable, however if the provider was a significant part of the care and support delivery within the required economy, work would be carried to ensure that provider was sustainable. Assurance that an uplift could be negotiated for all small providers could not be given.
 - e) All legal advice given to the Council was private and confidential and could not be discussed in public.
 - f) It was confirmed that intensive modelling around the current market had been undertaken to understand the demand of capacity across the county, as well as a detailed financial analysis around current fees and the proposed new modelling. Although it was not possible to

comment on the impact of any future potential closures, there was assurance in the capacity of the market to meet demand.

- g) The number of provider closures due to unsustainability had been reviewed from the previous year and it was reported to not be a significant number.
 - h) A robust provider failure process (from both a commissioning and operational perspective) was in place, to ensure continuity and contingency in the standard of care being sustained.
 - i) Miss Morton highlighted the key element of the Strategic Statement was prevention and the policy focused on keeping people at home for longer by using every available resource in the community as well as technology. It was explained that keeping people at home worked towards sustaining the market.
 - j) It was explained that the proposal was provisional and that ongoing engagement with the market would continue before the formal decision could be taken by the Cabinet Member. Detailed analysis also continued as part of the directorate's commissioning responsibilities and contract management, as well as discussion with various associations.
4. It was proposed and seconded that the decision return to the Committee for further review, once negotiations within the sector had concluded. Following a vote, the motioned failed.
5. RESOLVED that the Committee CONSIDERED, and the majority of Members, ENDORSED the proposed decision as detailed in the Proposed Record of Decision document.

56. Work Programme
(Item. 15)

RESOLVED the Committee noted the Work Programme.

This page is intentionally left blank

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

Sarah Hammond, Corporate Director Adult Social Care and Health

To: Adult Social Care and Public Health Cabinet Committee – 11 March 2026

Subject: **ADULT SOCIAL CARE AND HEALTH PERFORMANCE Q3 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 3 (October to December) for the financial year 2025/2026.

Quarter 3 saw a reduction in contacts and the lowest level of repeat contacts in two years. Timeliness of assessments improved again, reaching the highest level seen across the last two years, while review activity remained strong with fewer outstanding annual reviews.

Applications for Deprivation of Liberty Safeguards received continued to exceed completions, maintaining a long-standing pattern. Safeguarding concerns stayed high despite a reduction in incoming, open enquiries rose for the first time this year correlating an increase in those started.

Of the seven Key Performance Indicators, three were RAG rated Green, with ASCH7 – the percentage of people supported in a residential setting where the rating is Good or Outstanding - moving from Amber to Red. All other indicators continue to be rated Amber.

Recommendation: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of adult social care services in Quarter 3 2025/2026.

1. Introduction

- 1.1 A core function of Cabinet Committees 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).

1.2 The full suite of KPIs is attached as Appendix 1.

2. Overview of Performance

2.1 KCC has four area-aligned Adult Social Care Connect Teams, which act as the 'front door' for anyone making contact with adult social care for the first time. The teams will offer advice and guidance to those making contact and, where appropriate will signpost to available resources in the local area. A total of 7,974 people contacted the Connect Teams in Quarter 3, a decrease when compared to previous quarter, however a higher volume when compared to the same quarter over the past 2 years (ASCH8).

2.2 For every person who makes contact, the Connect Teams aim to provide appropriate solutions to reduce the need for contact being 'repeated'. Only 2% of people, who had their contact resolved, recontacted adult social care again within 3 months in Quarter 3 (ASCH1). This is a 1% decrease from last quarter and the lowest reported percentage for repeat contacts in the last 2 years. As a result, this measure remains below its target of no more than 5% and continues to be RAG rated Green.

2.3 Following a contact being made, the individual may be assessed as needing further support from the local authority. Where this is the case, a person's eligibility for support will be assessed through a Care Needs Assessment (CNA), as outlined under the Care Act. Following the decrease in number of contacts being made, adult social care has seen an ongoing downward trend in the number of new CNAs being requested. In Quarter 3, adult social care received 3,962 CNA requests and completed 3,916 assessments (ASCH9). When compared to previous quarterly figures, the number of incoming CNAs has decreased by 8% and the completion rate has decreased by 10%. Consequently, there's been a slight increase in the number of people awaiting assessment, however the figure remains below the two year average and there were 418 fewer people when compared to December 2024.

2.4 Adult social care teams aim to complete the CNA within 28 days, although in some instances the assessment period might be longer. This is often due to additional work being required to accurately establish a person's care needs and ensure the best outcomes are achieved. Quarter 3 saw 78% of CNAs being delivered within 28 days (ASCH2). This is a 1% increase from Quarter 2, and the highest proportion seen in the last two years for the second quarter running. Despite this positive trend, the measure remains RAG rated Amber as it remains below the 80% target.

2.5 KCC works with three externally commissioned carers' organisations who carry out carers' assessments and offer information, advice and guidance (IAG) to those identifying as caring for others across Kent. Quarter 3 saw 694 referrals being received by carers' organisations, a decrease on the previous Quarter. Overall, 874 carers were supported with an assessment or IAG (includes people from previous quarters. ASCH10)

- 2.6 Where it is established that a person is eligible for care and support as a result of a CNA taking place, adult social care teams will detail the person's needs in a Care and Support Plan. This document serves as a written record of the person's unmet care and support needs. In Quarter 3, 16,889 people had an active Care and Support Plan. This figure has remained around 17,000 people for the past six quarters (ASCH11).
- 2.7 Based on the outcomes of a person's Care and Support Plan, it may be agreed that their needs will be best met through the provision of a package of care. When this is the case there are a variety of options to deliver the support, including through a Direct Payment (DP), a homecare service or in a residential or nursing home setting. In Quarter 3, adult social care arranged 1,938 new packages of care at an average weekly cost of £922. This represents a decrease of 36%, and the lowest number of packages being arranged in a quarter over the past two years. In addition to this, the average weekly cost also decreased by 9% in comparison to Quarter 2. The highest proportion of new packages were short term beds (36%), followed by homecare (24%) and residential long term placements (12%. ASCH12 and 13).
- 2.8 To ensure the arranged care continues to meet the person's assessed needs, adult social care will carry out a review of services at 6-8 weeks and then annually. The number of people awaiting first review has risen slightly in Quarter 3 but is still a 27% reduction when compared to Quarter 3 the previous year. Meanwhile the number of those waiting for their annual review fell to 4,565. Completions of reviews remain high with the second highest number of completions recorded in a quarter over the last two years.
- 2.9 Kent Enablement at Home (KEaH) service and the Kent Enablement Service (KES) form part of the enablement services offered by adult social care. These teams work closely with the individual on setting personalised goals designed to enable them to remain independent at home with no further support. In Quarter 3, KEaH had over 2,400 people receiving their service, and nearly 1,000 with KES (ASCH16)
- 2.10 Short term support in a residential or nursing setting may be put in place if a person cannot receive enablement in their own home. In Quarter 3, 1,342 people were supported in this way; a comparable figure to the same quarter last year and a reduction since the first quarter of the current financial year, where 1,587 people were in a short term bed (ASCH17).
- 2.11 The proportion of people discharged from hospital aged 65 and over, into rehabilitation/enablement services who were at home 91 days later (ASCH4) remained at 85% in the most recent quarter. This is the second consecutive quarter where the target for this nationally recognised Key Performance Indicator has been met in Kent, and is currently predominately due to the work of KEaH and the outcomes they achieve. This measure continues to be RAG Rated Green.
- 2.12 If a person's needs cannot be met in their own home, they may be assessed as needing long term support in a residential or nursing setting. In Quarter 3, 16.1 per 100,000 population of people aged between 18 and 64 years has their long

term support met by starting a service in a care home (ASCH5). This measure continues to be RAG Rated Green. For those aged 65 and over, 599 per 100,000 population went into a care home or were a former self funder who became eligible for support with adult social care (ASCH6). This measure is now RAG Rated Amber, above the target of 558 but below an upper threshold of 617.

- 2.13 The Care Quality Commission (CQC) will regularly inspect registered residential and nursing homes and provide an overall rating for the care and support they provide for the people who are placed there. In Quarter 3, 73% of KCC supported people in a residential or nursing setting were somewhere where the CQC rating was either Good or Outstanding (ASCH7). This reduction is due to a series of inspections taking place over the previous 6 months where an increased proportion of homes have been rated Inadequate. The measure is now RAG Rated Red as it is below the floor threshold of 75%.
- 2.14 A person supported by adult social care will be offered the opportunity to receive a Direct Payment to meet their eligible needs once assessed. This enables them to have full control over the type of care and support they receive. In Quarter 3, 26% of people in receipt of a community had a Direct Payment (ASCH3) which is an increase of 1% when compared to the previous quarter. This measure remains RAG Rated Amber, above a floor threshold of 24% but below a 30% target.
- 2.15 To ensure that someone who lacks capacity is not unlawfully deprived of their liberty, the Mental Capacity Act (2005) has legal protections known as Deprivation of Liberty Safeguards (DoLS). Requests are made for assessments under this framework. In Quarter 3, 2,648 applications were received and 2,470 applications were completed – the highest volume of activity in both metrics this financial year so far (ASCH20)
- 2.16 Safeguarding concerns are raised when somebody is concerned that an adult is at risk of abuse or neglect. Quarter 3 saw the first reduction in concerns received in the last 2 years. At over 6,100 concerns received it is still 6% higher than the same quarter last year though. So far this financial year there has been an 11% increase in the number of safeguarding concerns received (ASCH21).
- 2.17 When a safeguarding concern requires further investigation and meets the threshold a Section 42 enquiry will be carried out. The number of open enquiries on the last day of the quarter increased in Quarter 3 for the first time since the end of last financial year, which correlates with an increased number of enquiries started in the quarter.
- 2.18 Once an enquiry is completed, the level of risk remaining is assessed. In Quarter 3, 1,541 Section 42 enquiries were completed (an increase of 42 when compared to last quarter). The proportion of enquiries that concluded with the risk to the person involved being reduced was at its highest level since Q3 2023/24 at 62%, and where a risk remained reduced to 11% (ASCH22).

3. Conclusion

- 3.1 Q3 saw stable and improving performance in several key areas. Repeat contacts reached their lowest level in two years, timeliness of Care Needs Assessment completion improved, review activity remained strong, with high completion rates and a reduction in outstanding annual reviews. Nationally recognised performance measures remained positive, with reablement outcomes meeting target and a small increase in the proportion of people receiving direct payments.
- 3.2 Demand-related pressures persisted across adult social care performance, Applications for Deprivation of Liberty Safeguards again exceeded completions, continuing a long-standing pattern. Safeguarding concerns remained higher than the same quarter last year despite a small reduction seen this quarter. The number of open safeguarding enquiries also increased for the first time this financial year. CQC-rated Good or Outstanding care home provisions fell to its lowest point in two years following the outcomes of a series of recent inspections.

4. Recommendation

4.1 Recommendation: The Adult Social Care and Public Health Cabinet Committee is asked to NOTE the performance of services in Quarter 3 2025/2026
--

5. Background Documents

None

6. Appendices

Appendix 1 - Adult Social Care and Health Key Performance Indicators and Activity Performance 2025/26

7. Report Author

Helen Groombridge
Adult Social Care and Health Performance Manager
03000 416180
helen.groombridge@kent.gov.uk

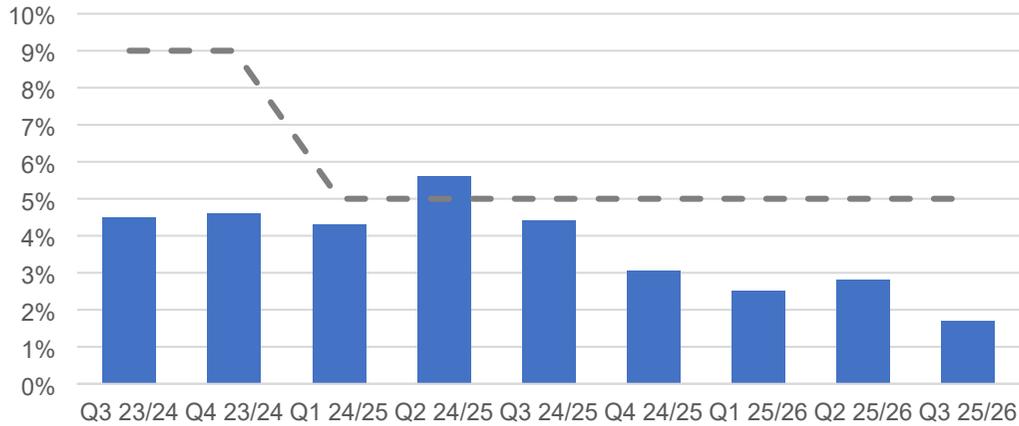
Relevant Director

Sarah Hammond
Corporate Director Adult Social Care and Health
03000 411488
sarah.hammond@kent.gov.uk

This page is intentionally left blank

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

GREEN ↑



The percentage of people with their contact resolved who return within 3 months has decreased to 2%, and continues to remain within target.

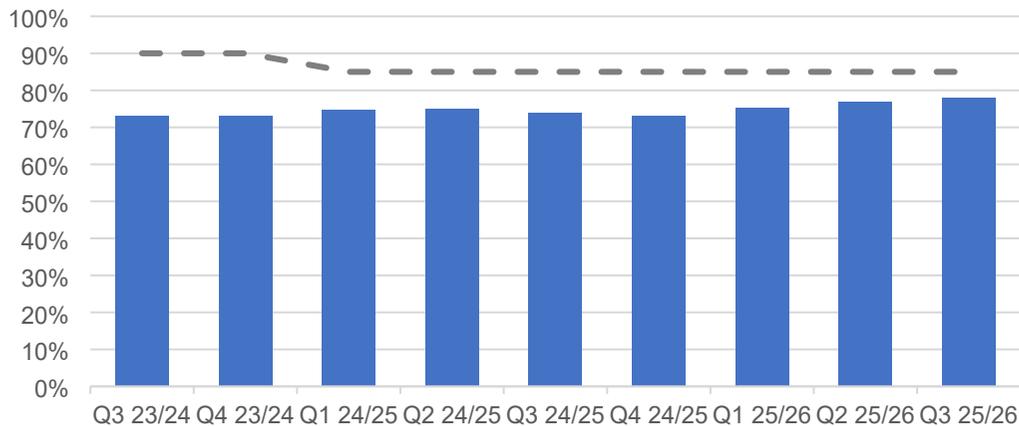
Repeat contacts to adult social care are often made for a different reason than their original contact or where someone's needs have changed.

Adult Social Care Connect Teams have continued working to ensure people are signposted and referred to other agencies or forms of support appropriately.

(Target 5%, Upper Threshold 9%. Axis does not end at 100%. The lower the better)

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

AMBER ↑



The percentage of care needs assessment completed within 28 days continues to increase, for the third consecutive quarter, and is now at 78%. The highest seen in 2 years.

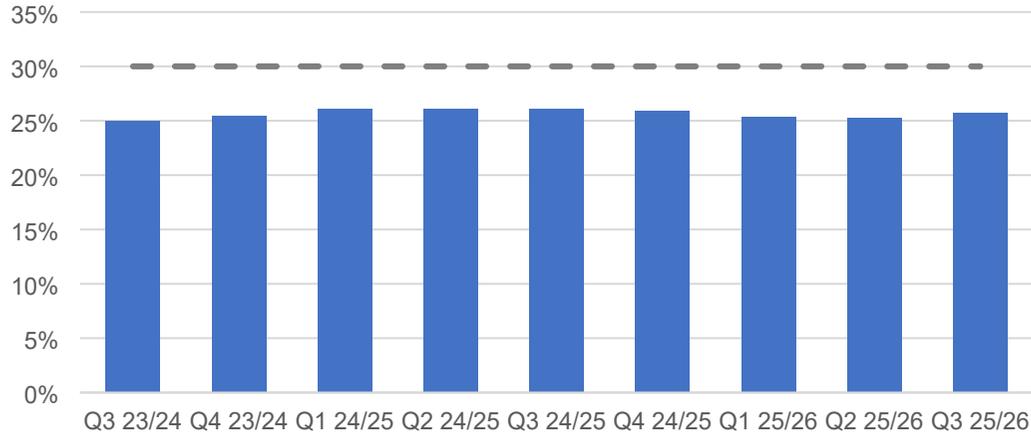
All Teams in adult social care work to ensure that people receive timely care needs assessments so they can progress to the next steps in receiving the support they need.

In some cases, care needs assessments can take longer as adult social care work with people to understand and establish their care needs, and for the person to be confident and happy to sign their assessment.

(Target 80%, Floor Threshold 75%. The higher the better)

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

AMBER ↑



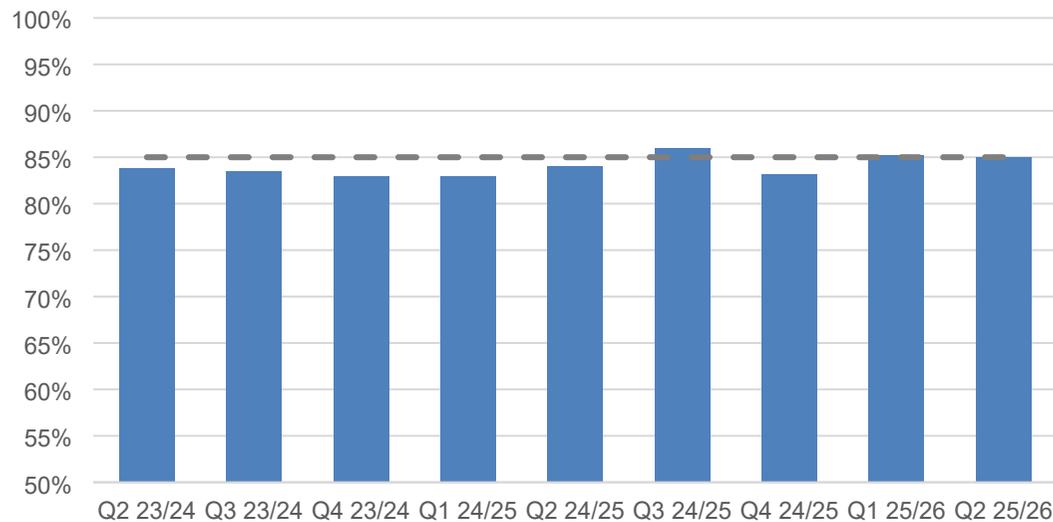
The percentage of people in receipt of a Direct Payment has increased to 26% in Quarter 3. Direct Payments continue to be predominately used by carers, people with learning disabilities and people with physical disabilities.

Adult social care has seen increases in people receiving homecare services, as a community service this is counted in the denominator and impacts this KPI

(Target 30%, Floor Threshold 24%. Axis does not end at 100%. The higher the better)

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

GREEN ↔



Adult social care have met the target on the percentage of people still at home 91 days after discharge having had reablement, for a second quarter.

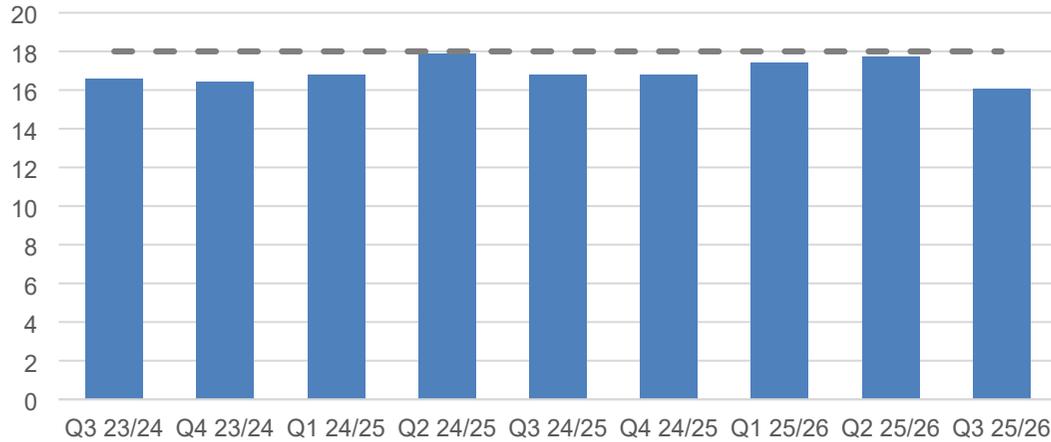
Delivery on this KPI tends to fluctuate just below the target but as adult social care continues to see more people receiving the enablement service Kent Enablement at Home, those being at home 91 days after discharge has stayed at the target percentage.

(Target 85%, Floor Threshold 80%. Axis does not start at 0% KPI runs in arrears to account for 91-day time frame. The higher the better)

For measures that include the provision of a service or service activity over time, the values for last four quarters have been updated with backdated information
An appendix of technical notes for each of the measures is provided at the end of the report

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

GREEN ↑



The rate of 18-64 year olds, who require long term care in a residential or nursing care home setting, has reduced in Quarter 3 to 16.1 per 100,000.

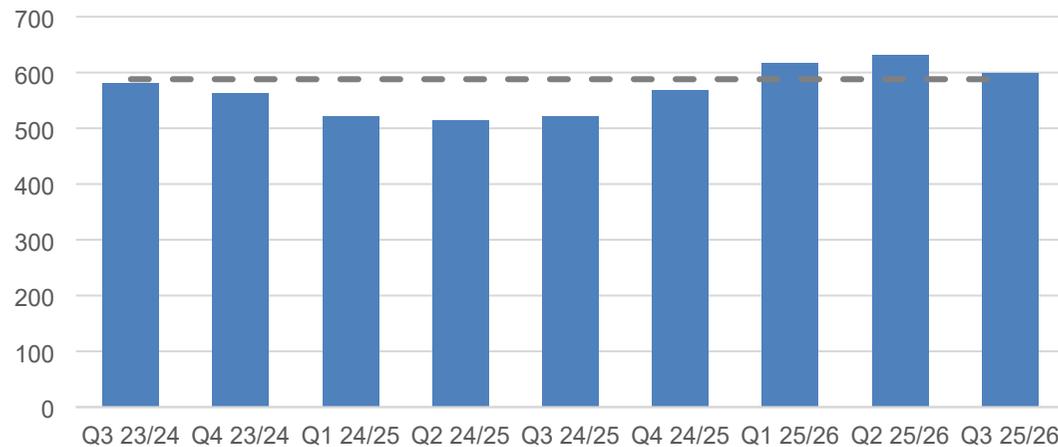
With the upper threshold target at 18 per 100,000 of the population, this KPI has remained RAG rated Green for the last two years.

Adult social care teams continue to explore enablement and community services, as part of the assessment and review of the care and support needs, before a care home placement is made.

(Target 18, Upper Threshold 22. Rate per 100,000. National ASC CLD method applied. The lower the better)

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

AMBER ↑



Similarly to younger adults, all enablement and community services are explored prior to a care home placement for older people too.

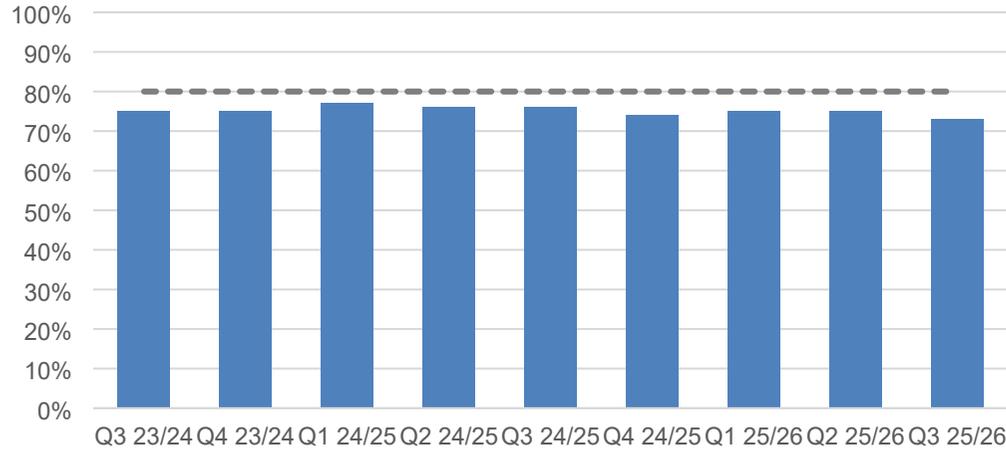
For the last five quarters, there have been increases in those needing long term support in a residential or nursing care home. This figure has decreased in Quarter 3.

Please note that self-funders who become eligible for Local Authority support, whilst already in a care home at time of assessment with ASC, are included in the new starts.

(Target 588, Upper Threshold 617. Rate per 100,000. BCF Measure. National ASC CLD method applied. The lower the better)

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

RED ↓



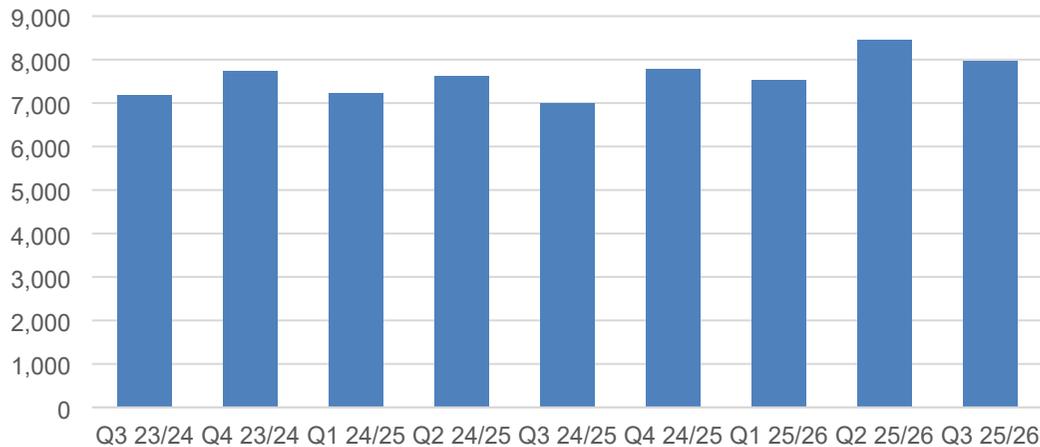
The percentage of people supported by KCC in residential or nursing care, rated Good or Outstanding by the Care Quality Commission, has decreased to 73% this quarter. This comes as a result of several CQC inspections taking place throughout Quarter 2 and 3; this has led to an increase in the proportion of homes being rated Inadequate or awaiting their inspection outcome.

To improve the quality in care homes, and their CQC rating, teams across adult social care work closely with providers, through monitoring and supporting them to deliver on their action plans.

(Target 80%, Floor Threshold 75%. Corporate Risk Register CRR0015. The higher the better)

Page 24

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



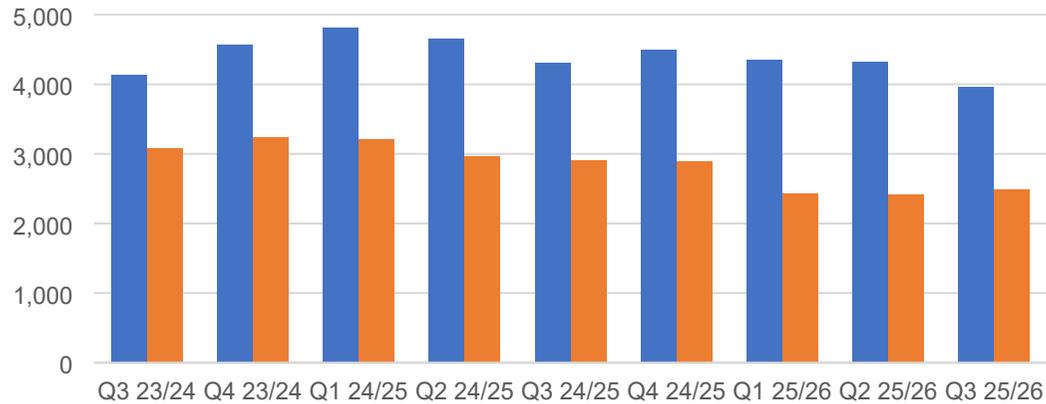
A total of 7,974 people have made contact with the Adult social care Connect Teams in Quarter 3. This represents a 6% decrease when compared to Quarter 2.

Despite the decrease, Quarter 3 had the second highest number of contacts in the past two years. Additionally, with 3,460 contacts, October had the second highest monthly contact volume so far this financial year.

(New measure for 2025/26 concentrating solely on the work of the ASC Connect Teams)

For measures that include the provision of a service or service activity over time, the values for last four quarters have been updated with backdated information. An appendix of technical notes for each of the measures is provided at the end of the report.

ASCH9: Care Needs Assessments



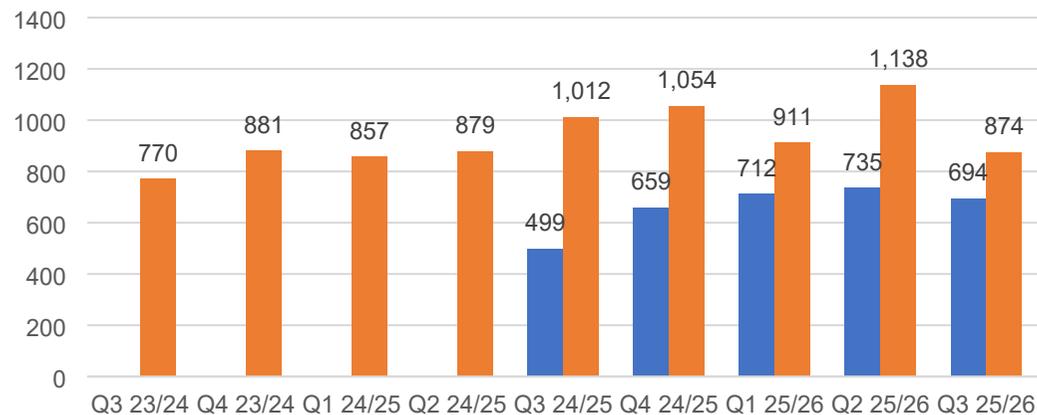
Adult social care continued the current trend of reducing incoming Care Needs Assessments (CNA) with 358 less in Quarter 3 compared to the previous quarter; it was a similar difference when compared to Quarter 3 the previous year.

Adult social care completed 3,916 CNAs in Quarter 3, slightly less than was incoming.

The number of people awaiting completion of a CNA increased slightly due to less completions, however this was 418 fewer than at the end of December 2024.

(Blue – New assessments to be undertaken. Orange – Assessments needing to be completed)

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



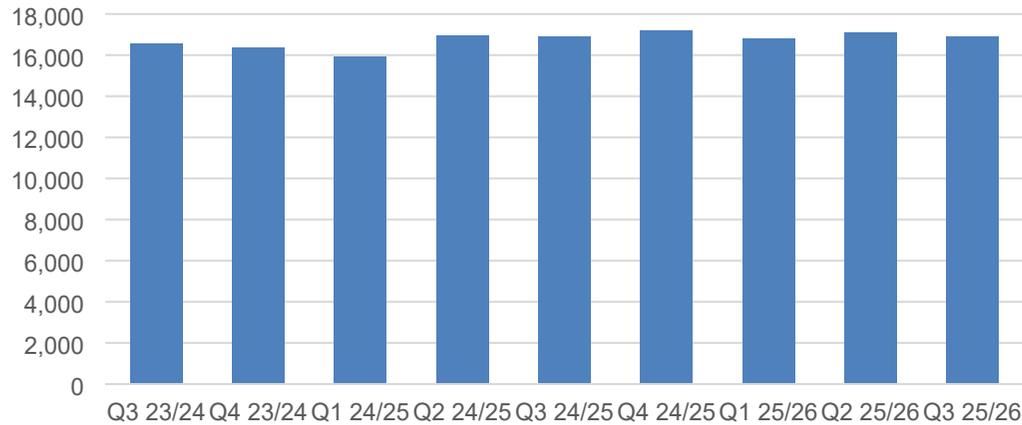
Quarter 3 saw a slight decrease in the number of referrals made by carers, down 6% compared to last quarter.

78% of referrals completed in the quarter resulted in a carer being given information and advice about their caring role. 406 carers received an assessment. Out of the assessments that were completed, 316 carers were deemed eligible for further support from the local authority.

(Blue – Carer referrals made. Orange – Carer Assessments delivered or IAG provided)

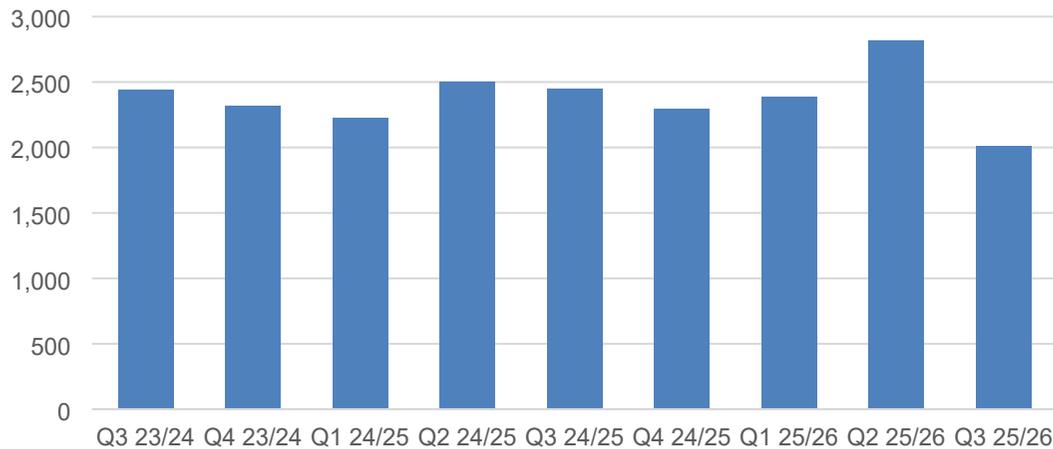
For measures that include the provision of a service or service activity over time, the values for last four quarters have been updated with backdated information
An appendix of technical notes for each of the measures is provided at the end of the report

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



The numbers of people with an active Care and Support Plan has remained relatively stable over the past 6 quarters, with between 16,000 and 17,000 people.

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

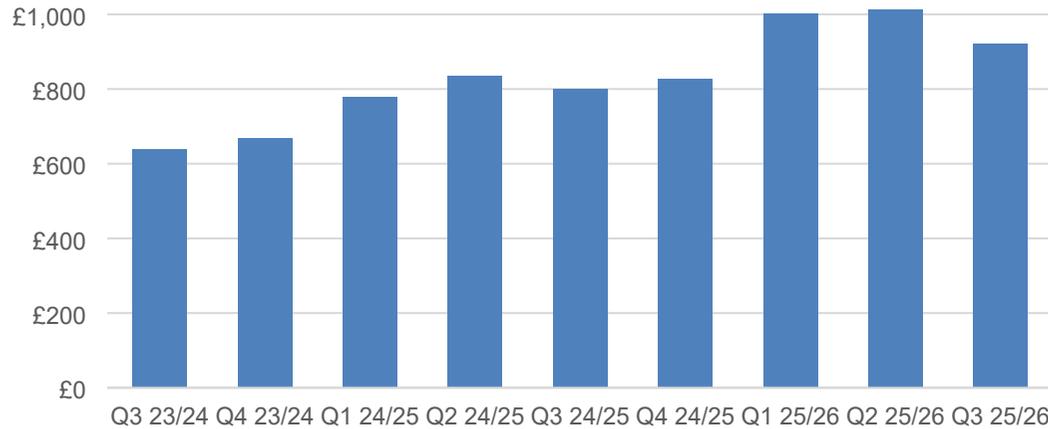


More than 2,000 new packages of care were commenced in Quarter 3, a reduction when compared to the previous quarters.

36% of starts in the quarter were for Short Term Beds, continuing an ongoing trend. Homecare was the second most common service started, with 24% of the starts being a service in someone's own home.

(This measure is subject to backdating. Corporate Risk Register CRR0015)

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

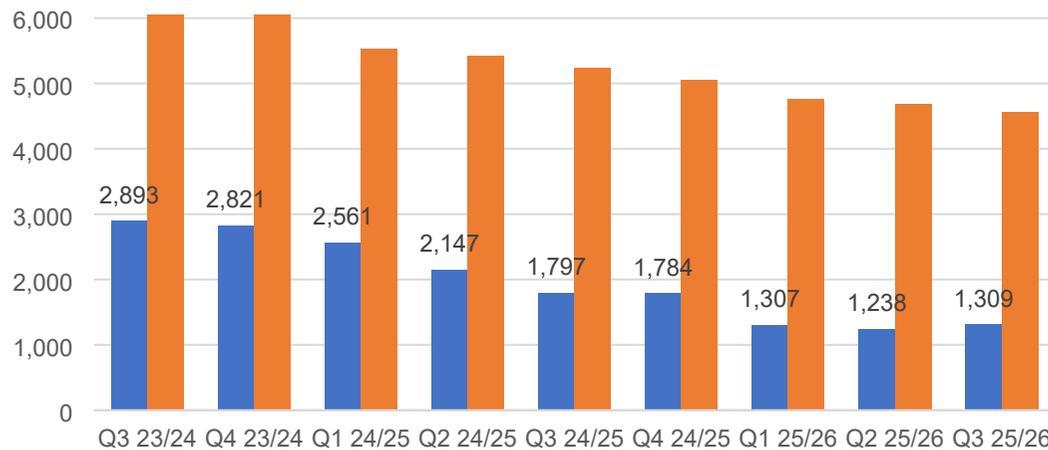


Following two consecutive quarters of the average weekly cost of new support packages costing above £1000, a reduction has been seen in the most recent quarter.

Please note the increases seen between each Quarter 4 and Quarter 1 will include the price uplifts applied to packages of care, both new and existing.

(This measure is subject to backdating)

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



Following quarter on quarter decreases in the number of people requiring their first review, there was a slight increase seen in Quarter 3 where more reviews were scheduled than completed.

2,144 first reviews were completed in Quarter 3.

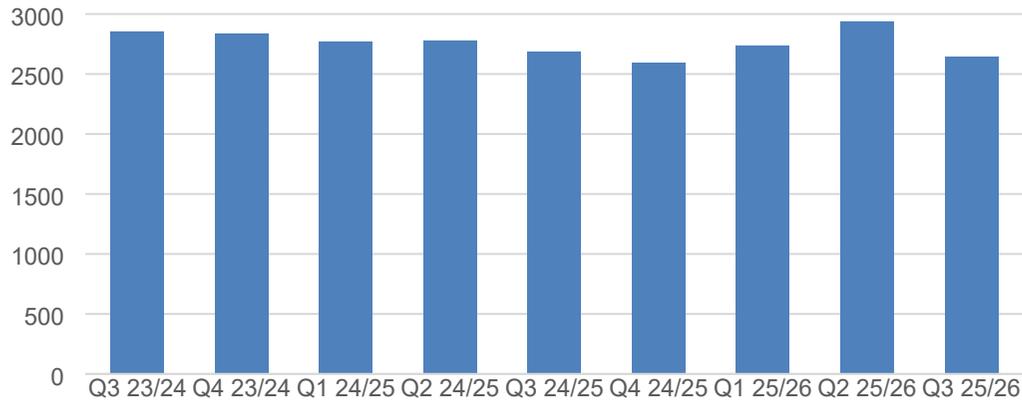
There continues to be ongoing reductions in the number of people requiring their annual review, with over 1,400 less people at the end of Quarter 3 compared to the same quarter 2 years ago.

3,353 annual reviews were completed as well.

(Blue – first reviews to be completed, Orange – annual reviews to be completed)

For measures that include the provision of a service or service activity over time, the values for last four quarters have been updated with backdated information
An appendix of technical notes for each of the measures is provided at the end of the report

ASCH15: The number of Occupational Therapy assessments completed

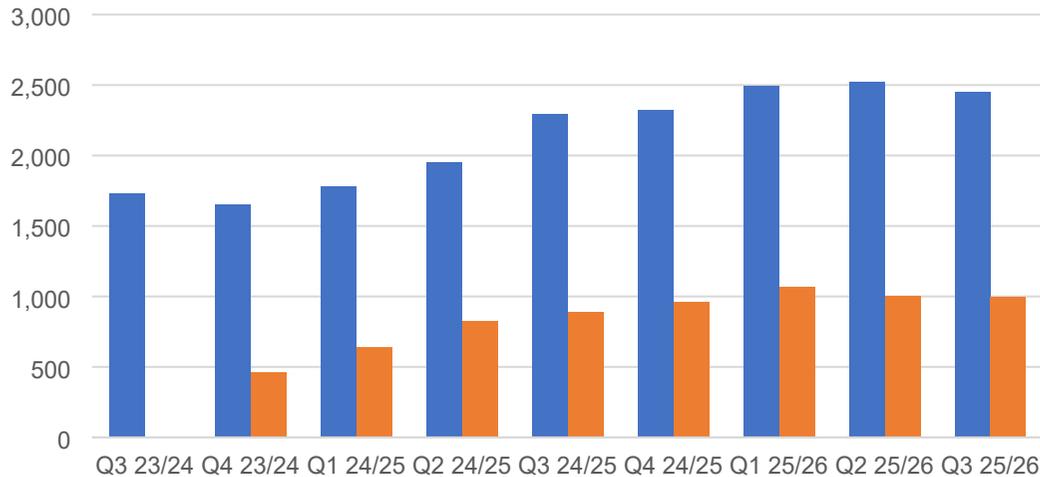


Completions of Occupational Therapy assessments fell to a similar level to that seen in Quarter 3 of 2024/25.

Whilst the number of completions did decrease, the number of people awaiting completion of an assessment also fell by almost 200 between the end of Quarter 2 and Quarter 3.

(New 2025/26 measure)

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

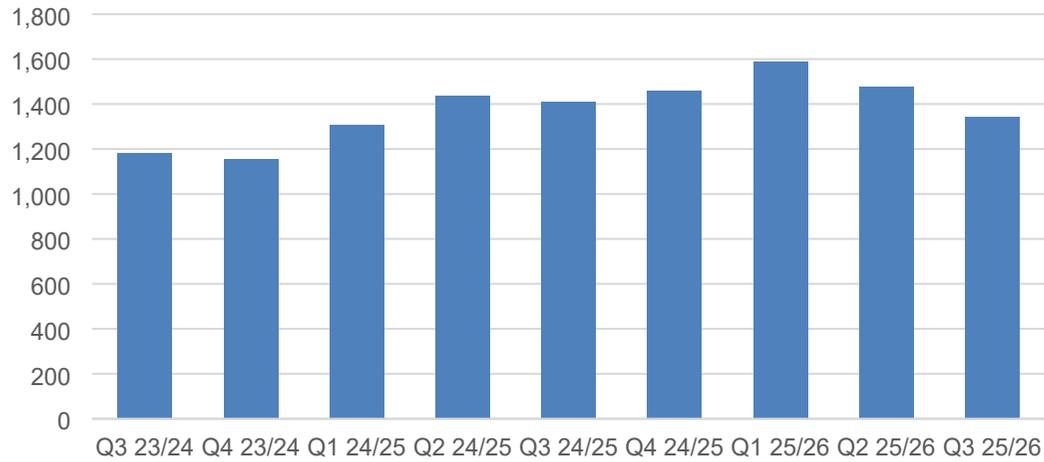


Kent Enablement and Home (KEaH) continues to support over 2,400 people, even with a slight decrease when compared to the previous quarter.

Kent Enablement Service (KES) has supported nearly 1,000 people in Quarter 3, similar to Quarter 2.

*(Blue – Kent Enablement at Home (KEaH)
Orange – Kent Enablement Service (KES)*

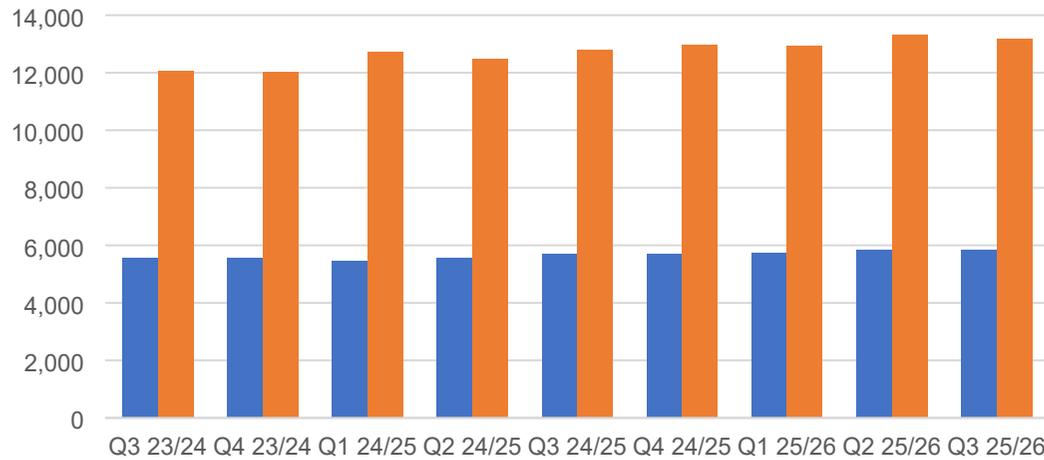
ASCH17: The number of people in Short Term Beds



Quarter 3 continued to see Community and Short Term Pathway Teams (Hospital pathways) working to make sure people who no longer need to be in the short term bed either return home with community or no services, or are made a long term placement if that is the most appropriate for that person care.

Currently Quarter 3 has a lower number of new people starting in a Short Term Bed, alongside the work to exit people out of their STB, adult social care are seeing lower number of people in this service.

ASCH18: The numbers of people in Long Term Services

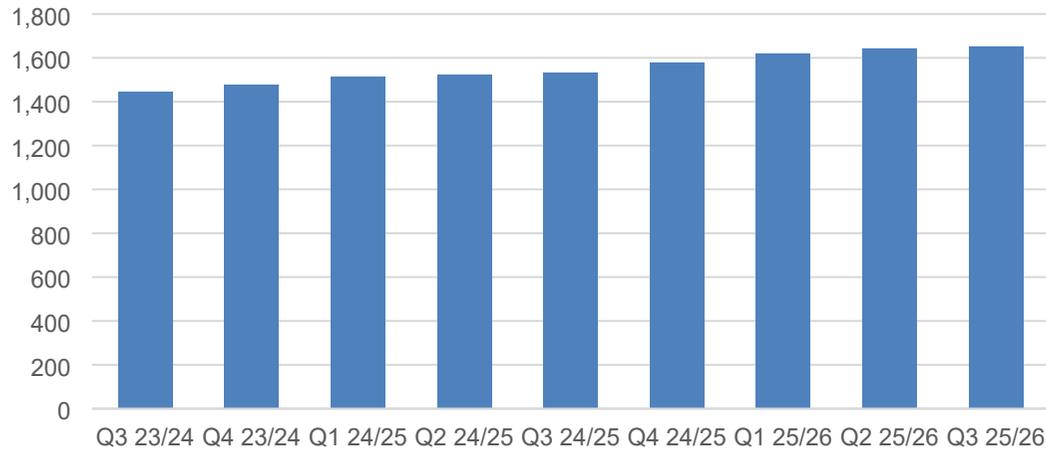


Quarter 3 saw little movement in activity levels when compared to the previous quarter in the number of people receiving community or residential/nursing services. A small decrease can be seen in the number of people in community services, however both of these figures are subject to updates and backdating.

(Blue – Residential or Nursing services, Orange – Community Services)

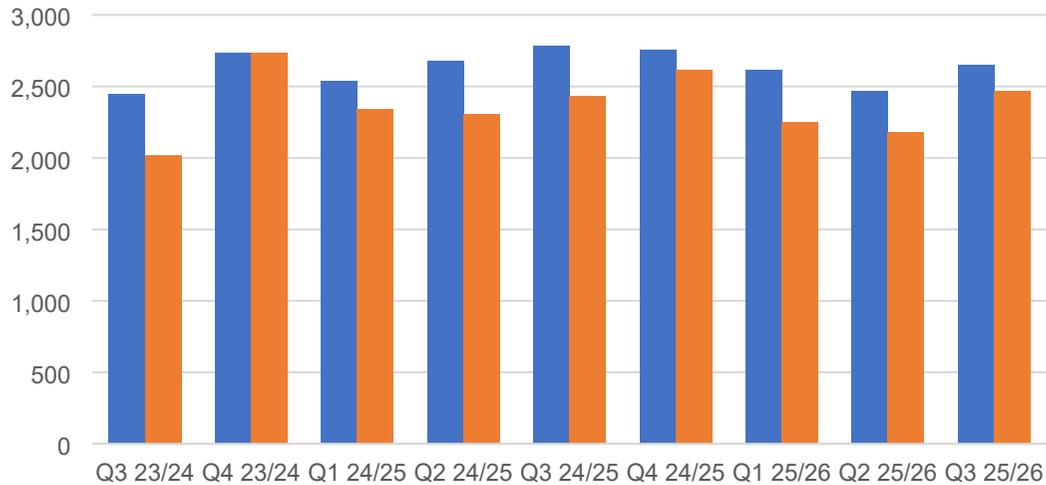
For measures that include the provision of a service or service activity over time, the values for last four quarters have been updated with backdated information. An appendix of technical notes for each of the measures is provided at the end of the report.

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



The latest quarter has continued the upward in trend in people accessing adult social care services with an identified mental health need. The past two years have seen this patten consistently without any decreases in the number of people supported.

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

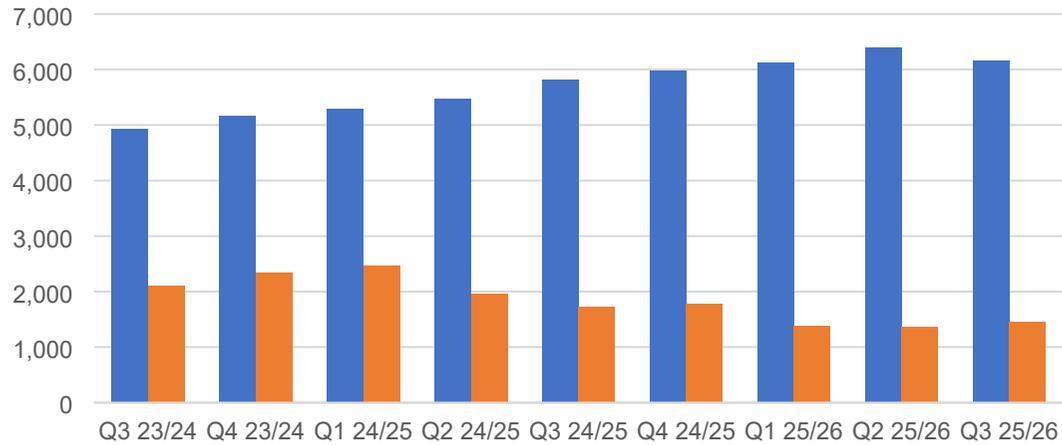


An increase of Deprivation of Liberty Safeguards (DoLS) applications received in Quarter 3 was met with an increase in completed applications.

The 2,470 completions and 2,648 applications is the highest quarterly volume of activity seen this financial year.

*(Blue – applications received
Orange – applications completed)*

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



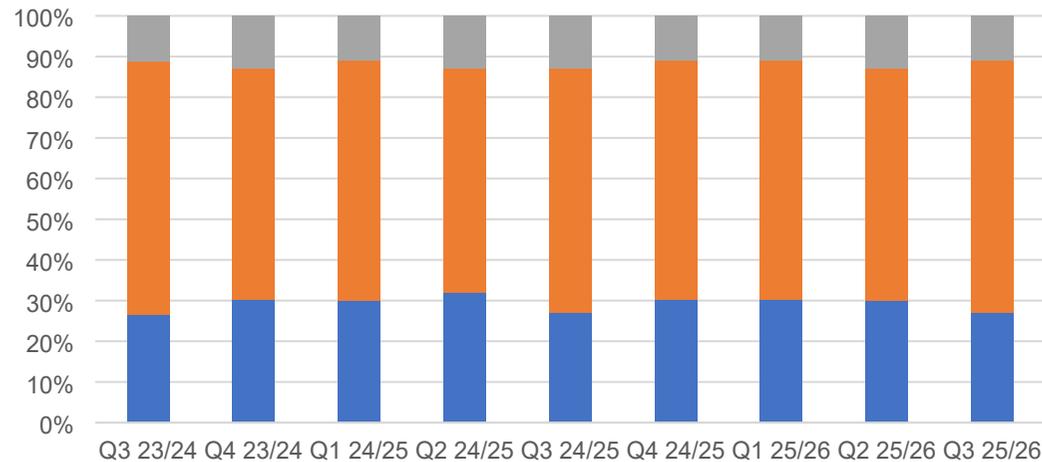
In Quarter 3 adult social care saw the first reduction in safeguarding concerns received, the first quarterly decrease seen for at least 2 years. However the volume of incoming safeguarding work remains high at over 6,000.

73% of concerns were closed at that stage in Quarter 3, with 27% going on to a Section 42 Safeguarding enquiry.

The number of safeguarding enquiries open on the last day of the quarter rose for the first time since Quarter 4 2024/25, and correlates with an increase over 100 more enquiries starting in Quarter 3.

*(Blue – concerns received
Orange – enquiries open on the last day of the quarter)*

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



1,541 Section 42 safeguarding enquiries were completed in Quarter 3, an increase when compared to the previous quarter.

The proportion of enquiries that concluded with the risk to the person involved being reduced was at its highest level since Q3 2023/24 at 62%. Risk remained reduced back to 11%.

(Blue – risk removed, Orange – risk reduced, Grey – risk remained)

This page is intentionally left blank

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

To: Adult Social Care and Public Health Cabinet Committee – 11 March 2026

Subject: **Performance of Public Health Commissioned Services (Quarter 3 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, October to December 2025, of 14 Red-Amber-Green (RAG) related quarterly Key Performance Indicators, five were Green (met or exceeded target), and six were Amber (below target but above the floor threshold). Four 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 (12-month rolling)
- Number (%) of people successfully completing drug and/or alcohol treatment of all those in treatment (12-month rolling)
- Number of people setting a quit date with smoking cessation services (cumulative)
- Number (%) of clients quitting at 4 weeks, having set a quit date with smoking cessation services

To ensure we are focusing the attention of the committee on priority areas and driving providers to deliver continuous improvement, this Cabinet Committee paper proposes several changes to the Key Performance Indicator target changes for 2026/2027.

Recommendation(s): The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Quarter 3 (Q3) 2025/2026 and the proposed Key Performance Indicator target changes for 2026/2027.

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. Five of the 14 quarterly KPIs remain above target and were RAG rated Green, and six 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. Four 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 (12-month rolling)
 - Number (%) of people successfully completing drug and/or alcohol treatment of all those in treatment (12-month rolling)
 - Number of people setting a quit date with smoking cessation services (cumulative)
 - Number (%) of clients quitting at 4 weeks, having set a quit date with smoking cessation services

3. Health Visiting

- 3.1. In Quarter 3 2025/2026, the Health Visiting Service completed 17,105 out of 19,414 scheduled health and wellbeing reviews, achieving a completion rate of 88%. This means that 66,900 out of 76,290 (88%) were completed on a 12-month rolling basis, which meets the 86% target. The performance in the current quarter is consistent with performance in previous quarters, reflecting the continued stability and resilience of the service and highlighting the ongoing commitment to improving the health and wellbeing of children and their families through timely delivery of the health and wellbeing reviews.
- 3.2. Four of the five mandated health and wellbeing reviews, which monitor growth, development, and wellbeing at key stages of a child's development, met or exceeded their respective targets. 95% of antenatal contacts (offered after 28 weeks of pregnancy) were delivered, slightly below the 97% target. These were delivered either face-to-face, online, by telephone, or via antenatal information letters. The proportion of antenatal contacts excluding antenatal information letters was 47%, below the 50% target. The antenatal contact serves as the initial touchpoint of the Healthy Child Programme, delivered through Health Visiting while families are still under the care of midwifery. The service takes a risk-stratified approach, prioritising face-to-face antenatal contacts for families assigned to a targeted or specialist caseload. Commissioners continue to

monitor antenatal performance closely, with the new contract including a focus on delivering an antenatal contact to all families and clear targets regarding the delivery routes.

- 3.3. The Family Partnership Programme (FPP) supports families facing challenges such as poverty, mental health issues, family problems, or domestic abuse, to lead happier, healthier lives. Engagement remains strong, with 67% of families attending at least 80% of scheduled contacts. While this is below the 75% target, the attendance achieved represents a positive outcome given the challenges this cohort of families are experiencing, and also indicates a strong level of commitment from families. In addition, some families may exit the programme early if they have achieved their goals. 85% of children whose families have taken part in FPP during this quarter were at or above the expected level in all five areas of development, in their 12-month health and wellbeing review.
- 3.4. 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 2 2025/2026) from the Office for Health Improvement and Disparities (OHID). During this period, Kent performed strongly in the delivery rates for the New Birth Visit (3rd of 19 LAs), 6–8 week reviews (3rd of 19 LAs), 12-month reviews by 15 months (4th of 19 LAs), and the 2–2½ year reviews (2nd of 19 LAs). Additionally, Kent performance exceeded the average national, regional, and nearest neighbour benchmarks for all of these mandated health and wellbeing reviews reflecting the sustained commitment to early intervention and child development supported by workforce recruitment, development, and service transformation.
- 3.5. A new contract for the Health Visiting Service, including Specialist Infant Feeding and FPP, has been awarded to Kent Community Health NHS Foundation Trust (KCHFT), with effect from 01 January 2026. Commissioners are working with KCHFT to ensure continuity of service delivery while mobilising against the new contract specification.

4. Adult Health Improvement

- 4.1. In Quarter 3 2025/2026, there were 6,179 NHS Health Checks delivered to the eligible population in Kent. This represents a decrease of 12% (-819) from the 6,998 checks that were delivered in the previous quarter. In the current quarter, 20,890 first invitations were sent out, compared with 19,999 in the corresponding period of the previous year. In total, 72% (66,834) of the eligible population have been invited to an NHS Health Check in the current year to date. It is estimated that 90–100% of the eligible population will be invited in 2025/2026.
- 4.2. The NHS Health Check Programme has been under review as part of the KCC Public Health Transformation Programme. As part of this, KCC and the provider have discussed contractual changes due to take effect from 01 April 2026, and the reduced number of NHS Health Checks offered and delivered this quarter are due to efforts to minimise disruption during operational and staffing changes. Furthermore, uptake was expected to be lower in the current quarter

whilst GPs continued to transition from letter-based invitations to SMS text message invitations. KCC continue to monitor the delivery and the impact of SMS invitations on uptake.

- 4.3. Following this, and a key decision at the Adult Social Care and Public Health Cabinet Committee meeting (July 2025), KCC has continued to engage with GPs and pharmacies – via the Local Medical Committee and Local Pharmaceutical Committee – to discuss the new model and contracting arrangements for delivering NHS Health Checks from 01 April 2026. GPs and pharmacies will be able to sign up to the new contract direct with KCC from Quarter 4 2025/2026.
- 4.4. The Stop Smoking Service data for Quarter 3 2025/2026 was not yet released at the time of writing this report. The latest available data (Quarter 2 2025/2026) shows that the service supported 935 of 1,678 people setting a quit date to successfully quit smoking, achieving a quit rate of 56%. This compares to 738 (60%) of 1,224 people setting a quit date successfully quitting smoking in the corresponding period of the previous year. The expansion from one to three stop smoking services between Quarter 2 2024/2025 and Quarter 2 2025/2026 has broadened the range of available engagement routes, demonstrating the importance of offering varied service models that enable more Kent smokers to access support.
- 4.5. During Quarter 3 2025/2026, the One You Kent Smokefree Service contract was awarded following a recommissioning process, with the new provider due to start mobilisation in Quarter 4 2025/2026. Additionally, the A&E pilot programme started delivery during the current quarter. The pilot programme will place trained stop smoking advisors in A&E reception areas in three hospitals, working in partnership with Dartford, Gravesham and Swanley NHS Trust, and Maidstone and Tunbridge Wells NHS Trust. The stop smoking advisors attend each hospital site three days per week and provide monthly reporting to KCC in order to monitor service engagement.
- 4.6. In Quarter 3 2025/2026, the One You Kent (OYK) Lifestyle Service engaged with 1,579 (57%) people from Quintiles 1 & 2, exceeding the 55% target and performing above the corresponding period of the previous year (53%). The total number of referrals in the current quarter (4,820) was lower than the previous quarter, likely reflecting the seasonal reduction in activity typically observed at this point in the year.
- 4.7. Providers are continuing to explore innovative ways to engage people in Quintiles 1 & 2, including working in partnership with primary health care settings and Family Hubs. Commissioners are also encouraging providers to consider collaborative approaches between themselves that can support innovation. The impact of weight-loss medications, and the lack of consistent wraparound behavioural support associated with much of this prescribing, remains a concern for all OYK providers.
- 4.8. 61% of individuals on the weight management programme completed the programme in Quarter 2 2025/2026 (reported with a one-quarter lag), exceeding the 60% target. Of those completing the programme (i.e., attending at least 75%

[8 of 12] of all active sessions), 88% achieved weight loss. Additionally, the service user feedback continues to evidence the value that those participating in the programme place on the improvements they feel to their overall health as a result of the lifestyle changes that the programme supports them to make.

5. Sexual Health

- 5.1. In Quarter 3 2025/2026, 97% of first-time patients were offered a full sexual health screen, and 65% received one. This is below the 72% target, resulting in an Amber RAG rating. A revised specification for these services will come into effect on 01 April 2026 and will include an updated KPI for 2026/27, which will more meaningfully reflect the aspirations of the service. Details of the replacement indicator can be found in Table 1.
- 5.2. During the current quarter, 16,065 clinic appointments were attended, 10,106 home testing kits were ordered through the online STI testing Service, and 4,779 packs of condoms were issued to under-25s through the Kent Condom Programme. In addition, 66 people completed a course of psychosexual therapy, of whom 100% were identified as having an improvement in their presenting problem, and 1,944 Long Acting Reversible Contraception (LARC) procedures were reported by GPs. This demonstrates the strong and sustained level of demand that providers continue to meet.
- 5.3. The Sexual Health Service continues to develop its strategic approach, which incorporates recommendations from the 2024 Kent Sexual Health Needs Assessment, including a renewed focus on underserved groups. Transformation of the Sexual Health Services remains a key priority for the commissioning team with new contracts commencing from Quarter 1 2026/2027. Final preparations were made for the imminent opening of a new sexual health clinic in Dover Discovery Centre alongside the procurement of a new mobile sexual health clinic, enabling the service to continue to improve access for communities across Kent.

6. Drug and Alcohol Services

- 6.1. The Adult Community Drug and Alcohol Services data for Quarter 3 2025/2026 had not been released at the time of reporting. The service delivered a range of events in September as part of Recovery Month, to both celebrate and support the growing recovery community in Kent. Additionally, significant progress was made this quarter to embed substance misuse support in hospital sites throughout the county, strengthening pathways between acute settings and community treatment services. The service is also in the process of opening a new physical space in Canterbury, which will have a particular focus on engaging and supporting the local rough sleeping community. Kent is also now benefiting from a second community day rehabilitation programme, which builds on the positive outcomes that continue to be achieved through the established programme in Dover
- 6.2. In Quarter 3 2025/2026, 81% of young people exited treatment in a planned way, which is below the 85% target. This represents 70 planned exits, 14 unplanned exits, and 2 transfers.

- 6.3. There was an improvement in the proportion of planned exits across both cohorts this quarter, with under-18s increasing by 9 percentage points (from 82% to 91%) and over-18s by 6 percentage points (from 64% to 70%). The improved performance this quarter reflects the targeted work undertaken by the service to strengthen planned exit processes. Of note, planned exits can be strongly influenced by the suitability of referrals and the level of engagement young people are able to sustain. In some cases, initial engagement may be prompted by external expectations (e.g., school), but this does not always translate into long-term meaningful engagement, resulting in unplanned exits.
- 6.4. The over-18 cohort is being actively addressed by the service, with a specific focus on closing cases in a timely way once treatment goals are complete. The recruitment of an additional worker for the over-18 cohort will support sustained improvement and provide additional capacity to strengthen the outcomes for the cohort.
- 6.5. Every unplanned closure must be reviewed by a manager to ensure all available routes to re-engage the young person have been fully explored. This includes contact attempts via calls, texts, letters, and, where appropriate, discussion with the referrer. In Quarter 3 2025/2026, 7 representations from the under-18 cohort followed either a self-referral or referral on their behalf, demonstrating the willingness of young people to re-engage with the service when further support is needed.
- 6.6. Of those young people who exited treatment in a planned way, 20% reported abstinence. This is no longer a KPI for the service, as it is recognised that not all young people wish to achieve abstinence, but there is still value in providing them with harm reduction. Therefore, the service also monitors feedback from young people.
- 6.7. In Quarter 3 2025/2026, based on 8 responses:
- 100% rated the programme as 'good'.
 - 100% said the experience helped them learn more about drugs and alcohol.
 - 100% would recommend the service.
- 6.8. In addition to structured treatment, in the current quarter the service also supported 455 young people through group work.

7. Mental Health and Wellbeing Service

- 7.1. In Quarter 3 2025/2026, Live Well Kent and Medway received 1,949 referrals countywide, an increase of 20% (+328) compared to the corresponding period of the previous year. The service remained responsive to demand, with 99.6% of eligible referrals contacted within two working days. Exit survey completion rates remained high, and 95% of respondents reported improvements with regard to their personal goals, demonstrating strong engagement with the service. Wellbeing outcomes remained high, with 88% of people showing improved or maintained wellbeing scores using the [DIALOG](#) Scale.

8. Conclusion

- 8.1. Five of the 14 KPIs remain above target and were RAG rated Green, and six 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 are able to account for increasing demand levels and changing patterns of need. This will include ongoing market review and needs analysis.

9. Proposed KPI Changes (2026/2027)

- 9.1. Directorates are expected to review their KPIs and activity measures annually. This is to ensure we are focusing the attention of the committee on priority areas and driving providers to deliver continuous improvement. Table 1, below, outlines the proposed changes for Public Health commissioned services. It should be noted that the data for the indicators that are proposed to be removed will continue to be held and monitored as part of ongoing contract management.
- 9.2. All other KPIs and their targets are to remain the same. Performance Indicator Definition forms (PIDs) are available on request.
- 9.3. Table 1. Proposed KPI changes for 2026/2027

Key Performance Indicator	Proposed Change	Reason
PH30: No. (%) of pregnant women receiving an antenatal contact (face-to-face, online, telephone) by the health visiting service or an antenatal information letter.	Indicator to be removed	This indicator has performed consistently well over time and is no longer a priority for cabinet-level reporting.
PH14: No. (%) of pregnant women receiving an antenatal contact (face-to-face, online, telephone) by the health visiting service	Indicator to be removed	This indicator will be removed and replaced with PH32 and PH33, reflecting the different ways in which the antenatal contact will be delivered to universal and targeted cohorts. This change allows clearer focus and greater oversight of delivery to each cohort and ensures antenatal contacts are delivered by the most appropriate method for need. This aligns with key changes in the new

		Health Visiting contract to encourage improved take-up and targeted engagement.
PH32: No. (%) of pregnant women (targeted cohort) receiving an antenatal health and wellbeing review (face-to-face) by the health visiting service	New Health Visiting indicator Target: 85%	This indicator has been introduced to reflect the prioritisation of targeted cohorts for a face-to-face antenatal health and wellbeing review. It captures delivery to first-time parents, families with additional needs, and those requiring safeguarding support, where face-to-face contact provides greater opportunity to identify and respond to emerging needs.
PH33: No. (%) of pregnant women (universal cohort) receiving an antenatal health and wellbeing review (face-to-face, online, telephone) by the health visiting service	New Health Visiting indicator Target: 75%	This indicator has been introduced to support monitoring of antenatal contacts delivered to the universal cohort , ensuring appropriate and proportionate contact through face-to-face, online, or telephone routes . It aligns with the revised service model and enables oversight of uptake within the universal offer.
PH15: No. (%) of new birth visits delivered by the health visitor service within 10–14 days of birth	Target decreased from 95% to 94%	This indicator has historically been Amber due to an ambitious target. Performance has consistently exceeded the national, regional, and nearest-neighbour benchmarks, however the previous target is difficult to achieve for reasons including neonatal complications or babies remaining in hospital, families moving out of area, family unavailability. The

		reduced target provides a more realistic and deliverable threshold, while maintaining high standards of practice.
PH31: Proportion (%) of families who attended at least 80% of Family Partnership Programme (FPP) contacts	Indicator to be removed	This indicator will be removed and replaced with PH34.
PH34: No. of active families on the Family Partnership Programme (FPP) caseload	New Health Visiting indicator Target: 287	This indicator has been introduced to monitor activity through the Family Partnership Programme and aligns with the new service contract.
PH35: No. (%) of Family Partnership Programme (FPP) families who met their own identified goal	New Health Visiting indicator Target: 80%	This indicator has been introduced to increase the focus on outcomes achieved through the Family Partnership Programme and provide clearer insight into the impact of the support for individual families.
PH13: No. (%) of young people exiting specialist substance misuse services with a planned exit	Indicator to be removed	This indicator will be removed and replaced with PH36 and PH37. This recognises that the under-18 and over-18 cohorts have distinct needs. For instance, the under-18 cohort often have a more extensive support network in the form of parents/schools etc. and may be using substances in a different way to the over-18 cohort. The current collective target does not accurately reflect the different complexities of working with each cohort.
PH36: No. (%) of young people (under-18) exiting specialist substance misuse services with a planned exit	New Young People Substance Misuse indicator Target: 85%	

PH37: No. (%) of young people (Over-18) exiting specialist substance misuse services with a planned exit	New Young People Substance Misuse indicator Target: 70%	
PH06: No. of adults accessing structured treatment substance misuse services (12-month rolling)	Target change to be guided by OHID Target: TBC	A key aim of the <i>From Harm to Hope</i> drug strategy is to increase the number of people accessing drug and/or alcohol treatment. The introduction of this new target will support delivery of the strategy by encouraging greater engagement with treatment services
PH26: No. of people setting a quit date with smoking cessation services (cumulative)	Target increased from 7,599 to 11,639	As part of the <i>Stopping the Start</i> initiative, KCC has been given a grant to support more people in Kent to quit smoking. The annual target has been increased to meet the requirements for the grant (Year 3)
PH25: No. (%) of clients currently active within One You Kent services being from the most deprived areas in Kent	Indicator to be removed	This indicator will be removed and replaced with PH38.
PH38: No. (%) of people signing up to One You Kent services being from the most deprived areas in Kent	New One You Kent indicator Target: 55%	This indicator has been introduced to provide a quarter-specific overview of sign-ups from the most deprived areas, offering a more accurate and timely reflection of equity of access. This indicator aligns with similar measures used in other lifestyle services (e.g., Live Well Kent and Medway), enabling improved benchmarking across programmes.
PH27: No. (%) of clients that complete the Weight Loss Programme	Indicator to be removed	This indicator will be removed and replaced with PH39.
PH39: No. (%) of	New One You Kent	This indicator has been

Completers that have lost weight at the end of the Weight Loss Programme within the quarter	indicator Target: 75%	introduced to provide a clearer measure of both activity and service quality by focusing on meaningful outcomes, aligning with national guidance for Tier 2 weight-management, which emphasises measuring weight-loss outcomes rather than attendance alone.
PH28: No. (%) of all new first-time patients receiving a full sexual health screen (excluding online referrals)	Indicator to be removed	This indicator will be removed and replaced with PH40. Extensive investigation in conjunction with the providers has found that the current indicator is not fit for purpose.
PH40: No. (%) of all eligible patients (at any clinic, excluding online referrals) receiving an appropriate STI screen	New Sexual Health indicator Target: 80%	This indicator has been introduced to better reflect current clinical standards for sexual health screening. It focuses on patients that are <i>eligible</i> for testing under British Association for Sexual Health and HIV (<u>BASHH</u>) criteria for appropriate STI testing. This ensures that screening is based on individual risk rather than the historic blanket four-test (T4 – chlamydia, gonorrhoea, HIV, and syphilis) approach. This provides a more accurate measure of clinical quality and the appropriateness of care delivered.
PH41: No. (%) of people improving/maintaining in the DIALOG scale score	New Live Well Kent and Medway indicator Target: 89%	This indicator has been introduced to provide a clearer, outcome-based assessment of the service's impact. <u>DIALOG</u> is a widely used NHS patient-reported

		outcome measure for mental health, routinely applied in NHS community mental health services to assess quality of life and treatment experience.
--	--	--

10. Recommendation

10.1. **Recommendation(s):** The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Quarter 3 2025/2026 and the proposed KPI target changes for 2026/2027.

10. Background Documents

10.1. None

11. Appendices

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

12. Report Author(s)

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

Yozanne Perrett
Performance and Analytics Manager
03000 417150
yozanne.perrett@kent.gov.uk

Lead Director
Anjan Ghosh
Director of Public Health
03000 412633
anjan.ghosh@kent.gov.uk

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

Indicator Description		Target	Target	Q3	Q4	Q1	Q2	Q3	DoT	Benchmarking*		
		24/25	25/26	24-25	24-25	25-26	25-26	25-26		England	Region	Neighbour
► Health Visiting												
PH29	No. (%) of mandated health and wellbeing reviews delivered by the health visiting service (12 month rolling)	86%	86%	67,008 87%	66,696 87%	66,831 88%(G)	66,846 88%(G)	66,900 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%	97%	2,986 96%	2,998 97%	3,325 98%(G)	3,492 97%(G)	3,072 95%(A)	↓	-	-	-
PH14	No. (%) of pregnant women receiving an antenatal contact (face-to-face, online, telephone) by the health visiting service	50%	50%	1,572 51%(G)	1,459 47%(A)	1,588 47%(A)	1,670 47%(A)	1,514 47%(A)	↔	-	-	-
PH15	No. (%) of new birth visits delivered by the health visitor service within 10–14 days of birth	95%	95%	3,630 94%(A)	3,489 94%(A)	3,663 94%(A)	3,840 95%(G)	3,798 96%(G)	↑	87%	86%	88%
PH31	Proportion (%) of families who attended at least 80% of Family Partnership Programme (FPP) contacts	75%	75%	58% -	70% -	78% (G)	62% (A)	67% (A)	↑	-	-	-
► Substance Misuse Treatment												
PH13	No. (%) of young people exiting specialist substance misuse services with a planned exit	85%	85%	54 75%(R)	56 74%(R)	89 83%(A)	61 74%(R)	70 81%(A)	↑	-	-	-
PH06	No. of adults accessing structured treatment substance misuse services (12 month rolling)	5,998	5,770	5,566 (A)	5,543 (A)	5,656 (A)	5,774 (G)	NCA	↑	-	-	-
PH03	No. (%) of people successfully completing drug and/or alcohol treatment of all those in treatment (12 month rolling)	25%	28%	1,570 28%(G)	1,573 28%(G)	1,608 28%(G)	1,673 29%(G)	NCA	↑	22%	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	33,550 (G)	33,487 (G)	32,840 (G)	31,376 (G)	29,877 (A)	↓	-	-	-
PH26	No. of people setting a quit date with smoking cessation services (cumulative)	-	-	4,163	6,499	1,941	3,619	NCA	-	-	-	-
PH11	No. (%) of clients quitting at 4 weeks, having set a quit date with smoking cessation services	55%	55%	803 56%(G)	1,383 59%(G)	1,023 53%(A)	935 56%(G)	NCA	↑	53%	54%	53%
PH25	No. (%) of clients currently active within One You Kent services being from the most deprived areas in Kent	55%	55%	1,744 53%(A)	1,967 52%(A)	1,733 53%(A)	1,769 51%(R)	1,579 57%(G)	↑	-	-	-
PH27	No. (%) of clients that complete the Weight Loss Programme	60%	60%	238 70%(G)	505 61%(G)	428 59%(A)	328 61%(G)	NCA	↑	-	-	-
► Sexual Health												
PH28	No. (%) of all new first-time patients receiving a full sexual health screen (excluding online referrals)	72%	72%	3,469 65%(A)	4,035 67%(A)	3,635 63%(A)	3,891 63%(A)	3,829 65%(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%	743 99%(G)	809 99.5%(G)	603 99%(G)	713 99.4%(G)	941 99.7%(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)	95% (G)	↓	95%	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)	94% (G)	↓	94%	94%	-	
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

Sarah Hammond, Corporate Director Adult Social Care and Health

To: Adult Social Care Cabinet Committee –11 March 2026

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

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 in 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 which 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. The 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. A separate report relating to Public Health risks is being considered on this agenda.

2. Adult Social Care and Health Directorate Led Corporate Risks

- 2.1 The ASCH Directorate currently leads on three of the Council's corporate risks.

Risk Reference	Risk Title	Current Risk Rating	Target Risk Rating	Direction of Travel since Sep 2025
CRR0015	Sustainability of the social care market.	High (25)	Medium (15)	↔
<p>The risk reflects sustained structural pressures in the adult social care market, including those related to finances and workforce. The average cost of care has risen sharply in Kent in recent years, at a higher rate than in other areas, which is placing unsustainable pressure on the Council's finances. Consequently, the council faces significant challenges to obtain the right kind of provider supply at affordable prices.</p> <p>Various activities relating to ensuring understanding of the market position and market monitoring are regularly undertaken, as well as contract management processes. Recommissioning of several major framework contracts is underway, which in themselves carry delivery risk (see risk CRR0066 below).</p>				
CRR0064	Risk of failing to deliver effective Adult Social Care Services in line with statutory and regulatory requirements.	High (20)	Medium (15)	↔
<p>This risk was introduced due to sustained pressures and statutory compliance challenges within Adult Social Care. It is rated high risk due to factors such as growing and increasingly complex demand, workforce challenges, financial pressures and regulatory expectations.</p> <p>A range of mitigations have been, or are being, implemented. These focus on workforce development, governance, operational efficiency, safeguarding and improving access routes.</p>				

CRR0066	ASCH Recommissioning Programme.	High (16)	Medium (8)	↔
<p>CRR0066 captures the risk that KCC may fail to deliver a highly complex ASCH recommissioning programme on time, covering four major, multi-million pound contracts. The timescales to deliver these large programmes of work concurrently present capacity challenges for the Commissioning team and Commercial and Procurement Division to support the activity and systems / arranging support for the mobilisation. Failure could lead to suboptimal outcomes, increased costs, and service disruption.</p> <p>Mitigations focus on enhancing programme governance arrangements, development of a forward plan to support decision making around new contract lengths so ASCH can stagger future recommissioning and procurement activity to reduce the pull on resources, as well as work relating to contract and pricing models.</p>				

2.2 These risks are reviewed regularly throughout the year and were most recently presented to Cabinet on 8 January 2026 and Governance and Audit Committee on 28 January 2026, alongside KCC's other corporate risks. The corporate risks outlined above are detailed in Appendix 1.

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, with the most recent review and discussion in February 2026.

Risk Reference	Risk Description	Current Score	Target Score
AH0005	Risk of failing to deliver within budget.	High (25)	High (20)
<p>The 2026/27 budget has been set with a reset of the savings targets and demographic growth. In order to deliver within the budget there will need to be significant decreases in both demand and cost drivers, including a reduction in prices and ensuring that care and support plans are cost effective.</p> <p>The Adult social care budget includes provision for a Sustainability Fund to support the discharge of the Council's market shaping and sustainability duties under the Care Act 2014 through targeted, proportionate and time-limited interventions.</p> <p>An alternative strategy has been developed for ASCH savings with greater emphasis on demand and cost management with demand forecasts based on population forecasts and the cost of new placements based upon an affordable levels with targets for average cost of new placements set below cost of recent current placements.</p>			

The retendering of framework contracts will have more robust guide prices and expectations for higher take-up of framework placements for new clients and the arrangements for annual fee uplifts for existing placements have been reviewed based on a differential approach for different settings.

Risk Reference	Risk Description	Current Score	Target Score
AH0043	Deprivation of Liberty Safeguards (DoLs)	High (20)	High (16)
<p>This risk reflects the potential for failure to assess individuals in accordance with statutory requirements due to the significant demand on the service to complete DoLs assessments. As part of our Care Quality Commission (CQC) Improvement Plan we are working with Partners in Care and Health to look at our processes, how we use technology and how resources are deployed to produce a report and action plan which will focus on decreasing pending applications and result in people being seen more quickly.</p>			

Risk Reference	Risk Description	Current Score	Target Score
AH0044	Safeguarding – protecting adults at risk	High (20)	Medium (15)
<p>Following discussion at the Directorate Management Team meeting in November 2025 it was agreed that the previous Safeguarding risk should be reviewed, as it was too broad. As a result, the risks will now be separated with risk reference AH0044 focusing on our statutory Section 42 duties, and separate risks in the process of being drafted in relation to PREVENT and Serious Organised Crime.</p> <p>The risk of failure to fulfil our statutory obligations remains high due to the volume of referrals received. We are working closely with the Kent and Medway Safeguarding Adults Board to remind our partners of the most appropriate pathways to raise concerns and their own responsibilities to reduce the number of inappropriate referrals.</p> <p>As part of the CQC Improvement Plan we are working with Partners in Care and Health as a delivery partner to provide “critical friend” review of safeguarding practice, policies and strategic partnerships.</p>			

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	High (20)	Medium (12)
<p>ASCH has an ongoing 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. This is mainly driven by the increase in debt accrued by those in receipt of temporary financial assistance combined with high value backdated charges becoming overdue.</p> <p>Authorisation for new discretionary temporary financial assistance now sits at Assistant Director level and we are reviewing practice and processes in relation to new residential and nursing care home admissions to reduce reliance on temporary financial assistance.</p>			

Risk Reference	Risk Description	Current Score	Target Score
AH0033	Adult Social Care workforce	High (20)	Medium (9)
<p>This risk relates to the need to ensure a suitably qualified, skilled and experienced workforce is in place to deliver our key statutory functions and services.</p> <p>The Workforce Planning Tool was completed in December 2025 across 14 of the operational areas within ASCH, providing a consolidated view of the current workforce profile and future demand scenarios. Outputs will now feed into a 2026/2027 Strategic Workforce Development Plan. Focus will include translating insights into actionable priorities aligned with the People Strategy and identifying interventions for recruitment, retention, and development pathways. This work is being reviewed alongside Spans and Layers, Staff Survey results and the CMT approved comms and engagement approach. The programme of work continues to be supported within ASCH with dedicated HROD resource.</p>			

Risk Reference	Risk Description	Current Score	Target Score
AH0037	Information Asset Management	High (16)	Medium (9)
<p>This risk reflects the failure of a fit for purpose configuration of Adult Social Care systems to enable data quality, consistency and trust of data. The risk rating remains at High pending an upgrade to the Mosaic system in March 2026 which once completed should see the risk return to target.</p>			

Risk Reference	Risk Description	Current Score	Target Score
AH0038	Information Governance in ASCH	Medium (9)	Medium (9)
<p>This risk remains at target. Information Governance in ASCH was recently reviewed by Internal Audit. The audit found that ASCH demonstrates strong foundations and sound leadership, with no high-risk issues identified. The risk will continue to be reviewed and monitored at DMT every 12 months due to the potential for significant impact across the whole Directorate.</p>			

3.2 Risk AH0050 relates to providers not being paid on time and/or incorrectly leading to breaches of contractual requirements and inaccurate budgeting due to missing commitments. Due to mitigating actions and controls the position around late payments has significantly improved in the last 18 months and it was agreed at DMT on 18 February 2026 to de-escalate this risk to the Operational Risk Register. We continue to work, with guidance from colleagues in Internal Audit, on mitigations to reduce the level of risk around over/under payments, which is captured under risk AH0005 – failure to deliver to budget.

3.3 Risk AH0056 was introduced to cover the risk of the Kent Community Equipment Services (KCES) being unable to provide vital equipment to those who draw on care and support when the previous commissioned provider NRS Healthcare went into liquidation. The new provider of the KCES is now fully mobilised and operating with a full catalogue and risk AH0056 has now been withdrawn from the Directorate Risk Register. A new risk is now in the process of being drafted to cover the risk relating to data which is being withheld by the previous provider in relation to what equipment is in use and the need for it to be maintained and serviced in line with regulations. This risk will have legal, financial and reputational impacts so will sit on the Directorate Risk Register. Extensive work is being done operationally to mitigate the risk and we are working closely with the Integrated Care Board (ICB).

4. Recommendation

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

5. Background Documents

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

6. Appendices

Appendix 1 – ASCH- led Corporate Risks

7. Report Authors

Laura Prentice-Vernon
Directorate Business Manager, Adult Social Care and Health
Laura.Prentice@kent.gov.uk

Mark Scrivener
Head of Risk and Delivery Assurance, Chief Executive's Department
Mark.scrivener@kent.gov.uk

Relevant Directors

Sydney Hill
Director Adult Social Care, Adult Social Care and Health
Sydney.Hill@kent.gov.uk

Michael Thomas-Sam
Interim Director Adult Social Care, Adult Social Care and Health
Michael.Thomas-Sam@kent.gov.uk

This page is intentionally left blank

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 date	Next Review		
		Sustainability of the Social Care Market	Sarah Hammond	27/11/2025	27/02/2026		
		Inability of the Council to obtain the right kind of provider supply at affordable prices.					
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. Several factors have been impacting on the market: Financial - Increasing cost and complexity of demand for services and constrained local authority budgets compounded by recent inflation and increases in employers' National Insurance contributions and the National 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.	Unsustainable financial pressure on the Council. Gaps in the care market for certain types of care or in geographical areas meaning difficulty in placing some service users. Unable to offer care packages immediately leading to delays with discharging from Health Services Reduction in quality of care provided due to workforce pressures Significant numbers of care home closures or service failures.	High 25 Major (5) Very Likely (5)		<ul style="list-style-type: none"> Adult Social Care have set out plans for the retendering of framework contracts with more robust guide prices and expectations for higher take-up of framework placements for new clients. (target date is for progress review). Helen Gillivan 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. Jo Harding Market support team in place Kate Silver Development of micro providers market with partner Community Catalysts. Quarterly contract management reviews take place including focus on performance against targets (engagement and set up). Kate Silver Use of a fee negotiation tool (carecubed) to support fee negotiations with providers Andrea Martin Daily risk assessment for people in the community awaiting packages of care and short term bed provision for those at high risk Sarah Hammond 	A -Accepted Control Control Control Control	29/05/2026	Medium 15 Major (5) Possible (3)

Risk Register - Corporate Risk Register

<p>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 increasing concern of exploitation and overseas workers have been displaced when operators have had their licences revoked. This has created additional work for ASCH in ensuring that the needs of those that draw on care and support continue to be met.</p> <p>The average cost of care has risen sharply in Kent in recent years, at a higher rate than in other areas (for example the average cost of residential care rose by 87% between 2021/22 and December 2025), which is placing unsustainable pressure on the Council's finances.</p>			<ul style="list-style-type: none"> 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 KCC linked to Association of Directors of Adult Social Services (ADASS) South East and Kent Integrated Care Alliance monitoring of overseas worker concerns. Ongoing Contract Monitoring, working in partnership with the Access to Resources team 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 commissioning activity moves forward. Accommodation Market Position Statement has been developed, analysing demand and need and sets the future vision and direction for accommodation and support for people in Kent. 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. 	<p>Helen Gillivan</p> <p>Helen Gillivan</p> <p>Helen Gillivan</p> <p>Helen Gillivan</p> <p>Helen Gillivan</p> <p>Matthew Wagner</p> <p>Sarah Challis</p> <p>Michael Bridger</p> <p>ASCH Divisional Directors</p>	<p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p>		
---	--	--	--	--	---	--	--

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 in line with statutory and regulatory requirements.	Sarah Hammond	27/11/2025	27/02/2026			
<p>Risk of failing to deliver effective Adult Social Care Services in line with statutory and regulatory requirements, including 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.</p>								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
<p>The Council's adult social care services are under severe strain, impacted by:</p> <ul style="list-style-type: none"> - 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 pressure/inflation/interest rates/utilities. - increasing costs from social care market providers. - Challenges in recruitment and retention of staff. - Recovering from the impacts of the Covid-19 pandemic on the sector, including the NHS Recovery Plan. <p>There is also a key dependency on the Health, as part of the health and care system.</p>	<p>Potential that people could 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.</p> <p>Reputational impact and loss of trust in the Council's ability to safeguard people who live in Kent.</p> <p>Overspending on the budget which may impact the wider council.</p> <p>Prosecution and / or regulatory Intervention.</p>	<p>High</p> <p>20</p> <p>Major (5)</p> <p>Likely (4)</p>		<ul style="list-style-type: none"> • With support from Partners in Health and Care and multi-agency Safeguarding Adults Board, safeguarding processes are being reviewed, focusing on assessment throughput, reviews and appropriateness of care packages to meet eligible need. • ASCH is undertaking further work to align our workforce with our strategic ambitions e.g those set out in Making a positive difference every day, with a strategic workforce plan due to be in place for 2026/27. • Implementation of Care Quality Commission (CQC) Improvement Plan, including strengthening consistency and quality of practice across localities, improving social care pathways, integration and commissioning. strengthening safeguarding practice and oversight, as well as embedding areas of strength identified. • Rigorous approach to managing placements including a review of previously self-funded arrangements and ongoing focus on assessments of eligible needs through only meeting statutory local authority duties. 	<p>Sarah Hammond</p> <p>Sarah Hammond</p> <p>Sarah Hammond</p> <p>Sarah Hammond</p>	<p>A -Accepted</p> <p>A -Accepted</p> <p>A -Accepted</p> <p>Control</p>	<p>14/08/2026</p> <p>03/04/2026</p> <p>31/03/2027</p>	<p>Medium</p> <p>15</p> <p>Major (5)</p> <p>Possible (3)</p>

Risk Register - Corporate Risk Register

The Care Quality Commission assessment of KCC in October 2024 highlighted strengths, but also areas requiring improvement.

It is critical that the Council's legal obligations are met in a way that avoids threatening the financial sustainability of the Council.

Risk Register - Corporate Risk Register

Risk Ref	CRR0066	Risk Title and Event	Assigned To	Last Review date	Next Review			
		ASCH recommissioning programme	Helen Gillivan	14/11/2025	14/02/2026			
Commissioning activity not delivered within expected timescales								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
<p>The current contractual arrangements for Older Persons Residential & Nursing; Care & Support in the Home; LD/PD/MH residential care; and Supported Living 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 less 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. Whilst local authority is half of the sector's 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</p>	<p>All contract extensions have been exhausted. If work is not delivered on time, then the current contracts would need to be extended further which would require Member approval. If this is not approved, then spot-purchasing arrangements would have to be utilised to ensure continuity of care; this could result in additional costs to the service, as spot-purchased providers are usually more expensive than a contracted provider.</p>	High		<ul style="list-style-type: none"> A forward plan is being developed to support decision making around new contract lengths so ASCH can stagger future recommissioning and procurement activity to reduce the pull on resources. 	Helen Gillivan	A -Proposed	28/02/2026	Medium
		16		<ul style="list-style-type: none"> Continuing with the micro enterprise market development work to create more diverse supply and alternative workforce 	Kate Silver	Control		8
		Serious (4)		<ul style="list-style-type: none"> Open framework approach to allow more new providers to join 	Helen Gillivan	Control		Serious (4)
		Likely (4)		<ul style="list-style-type: none"> Pricing models are being developed closely with colleagues in Finance and Commercial and Procurement Division. Benchmarking with neighbouring authorities will be undertaken to ensure Kent is offering a pricing model that is representative of other comparable local authorities. 	Helen Gillivan	Control		Unlikely (2)
				<ul style="list-style-type: none"> Reinforce the right to transfer packages of care from providers who choose not to join the framework 	Helen Gillivan	Control		
				<ul style="list-style-type: none"> Resource has been assigned from the Transformation and Delivery Team and Innovation and Partnerships to support the recommissioning activity. 	Helen Gillivan	Control		
				<ul style="list-style-type: none"> 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		
				<ul style="list-style-type: none"> Engagement with the care sector and people with lived experience regarding specifications and proposed contract terms. 	Helen Gillivan	Control		

Risk Register - Corporate Risk Register

<p>capacity challenges for the Commissioning team, Commercial and Procurement Division to support the activity and systems/arranging support for the mobilisation. The Council's financial position means efficiencies need to be achieved through recommissioning of contracts. This needs to be balanced against provider sustainability and ensure the pricing models offer a fair price to Providers and an affordable price to the Council.</p>			<ul style="list-style-type: none"> • Risks with a financial impact are to be quantified to demonstrate the risk budget that is required if any project risks materialise. • Activities in place to restrict the use of off framework placements: Provider order of approach Finance monthly monitoring Exceptions are agreed by Assistant Directors • Additional Commissioner posts, funded by SRP Reserves, are in post and supporting the recommissioning activity. • Timelines for recommissioning activity have been developed with colleagues in Commercial and Procurement Division and a 3 month gap between each procurement exercise (for the big 3 contracts) has been put in place. • Risk management advisory group established and chaired by Risk and Delivery Assurance Manager. This provides assurance, guidance and challenge on the risk management approach across recommissioning activity. Risks will be reported into ASCH DMT and SRP Board and fed into the Corporate Risk Register. • Approval received from the Cabinet Member for Adult Social Care to extend the LDPDMH Residential Contract to align with the new start date of the Supported Accommodation contract in June 2027. • An overarching recommissioning Business Processes, Systems and Mobilisation Group has been established to better prepare for the work required to mobilise the new contracts. This group will ensure resource requirements are understood and planned in advance. 	<p>Helen Gillivan</p>	<p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p>		
--	--	--	---	---	--	--	--

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
– 11 March 2026

Subject: **Risk Management: Public 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 Public Health that currently feature on the Public Health Risk Register. The paper also explains the management process for review of key risks.

Recommendation:

The 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, which may prevent the authority from achieving its objectives, are identified and controlled. The process of developing the Risk Registers is important in underpinning service delivery planning, performance management, and operating standards.
- 1.3 Directorate risks are reported to Cabinet Committees annually and contain strategic or cross-cutting risks which potentially affect several functions. These often have wider potential interdependencies with other services across the council and external parties. The Public Health Risk Register is attached as Appendix 1.
- 1.4 Members of the Corporate Management Team also lead or coordinate mitigating actions in conjunction with other Directors across the organisation to manage risks featuring on the Corporate Risk Register.

- 1.5 A standard reporting format is used to facilitate the gathering of consistent risk information and a 5x5 matrix is used to rank the scale of risk in terms of likelihood of occurrence and impact. The current level of risk is assessed, taking into account any controls already in place to mitigate the risk. If the current level of risk is deemed unacceptable, a 'target' risk level is set and further mitigating actions introduced with the aim of reducing the risk to a tolerable and realistic level. If the current level of risk is acceptable, the target risk level will match the current rating.
- 1.6 The numeric score in itself is less significant than its importance in enabling categorisation of risks and prioritisation of any management action. Further Information on risk management methodologies can be found in the risk management guidance on the 'KNet' intranet site.

2. Public Health Led Corporate Risks

- 2.1 There are currently no Public Health led risks on the Corporate Risk Register.

3. Public Health risk profile

- 3.1 There are currently eight risks featured on the Public Health Risk Register, tabled below. Two risks are rated as 'High' (see Appendix 1 for further detail)

Risk Reference	Risk Title	Current Rating	Target Rating
PH0005	Health Inequalities	High (16)	Medium (9)
PH0102	Increased prevalence of mental health conditions and impact of wellbeing on mental health	High (16)	Medium (12)
PH0001	CBRNE incidents, communicable diseases, and emergency events/response with a Public Health implication	Medium (15)	Medium (12)
PH0120	Cost pressure risk to public health budget	Medium (15)	Medium (12)
PH0123	Provider Selection Regime	Medium (12)	Low (6)
PH0090	Difficulties in recruiting and retaining Public Health nursing staff	Medium (10)	Medium (8)
PH0083	Public Health Ring Fenced Grant	Medium (8)	Low (4)
PH0122	Public Health Service Transformation Programme	Low (6)	Low (6)

- 3.2 No new risks have been added since last the register was last reported in Spring 2025.
- 3.3 One risk has been withdrawn since the register was last reported spring 2025: PH0091 Increased Demand on Services.
Withdrawn as services are meeting demand with isolated and managed exceptions.

4. Recommendation

Recommendation:

The Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented.

5. Background Documents

- 5.1 KCC Risk Management Policy and associated risk management toolkit on KNet intranet site: [Link to KCC Risk Management Toolkit](#)

6. Appendices

- 6.1 Public Health Risk Register – Appendix 1

7. Report Authors

Pam McConnell, Senior Business Officer
Pam.mcconnell@kent.gov.uk

Lisa Easterby, Risk and Delivery Assurance Officer
Lisa.easterby@kent.gov.uk

Mark Scrivener, Head of Risk and Delivery Assurance
Mark.Scrivener@kent.gov.uk

Relevant Director

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

This page is intentionally left blank

Full Risk Register

Risk Register - Public Health

Current Risk Level Summary

Green	1	Amber	5	Red	2	Total	8
Current Risk Level Changes							

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

Risk Ref	PH0005	Risk Title and Event	Assigned To	Last Review date	Next Review
----------	--------	----------------------	-------------	------------------	-------------

Health Inequalities			Anjan Ghosh	23/01/2026	23/04/2026
----------------------------	--	--	-------------	------------	------------

These areas have high rates of premature mortality (deaths occurring under the age of 75 years) due to causes such as cardiovascular disease, respiratory disease and alcohol-related disease and cancer; causes that are strongly linked to unhealthy behaviours such as poor diet, physical inactivity, smoking and excessive alcohol. The risk is that whilst health is improving in general these communities health would not improve at the same rate as less deprived communities.

Inequitable access to health improvement Services

There is a risk that some groups within the population may be disproportionately affected by national macro-economic conditions. Those in low paid or insecure work, or with existing health conditions or who were already socially isolated, may find it increasingly difficult to afford bills and food and also struggle to access the services they need e.g. weight management and physical activity services.

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Analysis of health inequalities in Kent shows that health outcomes are much worse in the most deprived decile areas in Kent. Wider determinants such as the impact of the cost of living. Reduced screening rate e.g. in maternity (smoking) and sexual health (STIs) which could contribute to poor health outcomes. Increased demand on GP services and sexual health services may result in people having less access to contraception and emergency contraception.	The average life expectancy in the most deprived decile areas in Kent is 76 years for men and 80 years in women, compared to 83 years and 86 years respectively in the most affluent areas. These inequalities will lead to rising health and social care costs for the council and its partners amongst those groups least able to support themselves financially. Reduced screening will make it harder to identify health risks and intervene. For example, non delivery of vision screening, STI screening, late HIV diagnosis and non delivery of NHS health	High		<ul style="list-style-type: none"> Campaign plan in place for the 5 public health priorities. Communications work with Public Health consultants to drive public awareness and engagement using multi channel approach. Outreach of the campaigns is measured, and where possible impact is also assessed and reported to Health Reform and Public Health Cabinet Committee. Specific work around health inequalities is being targeted at specific communities Ensure that commissioning takes account of health inequalities when developing service based responses and looking at well recognised co-intersectional when targeting groups as a system. 'One You Kent'. 	Control		Medium
		16					9
		Serious (4)					Significant (3)
		Likely (4)			Control		Possible (3)

Adult Social Care and Health

Risk Register - Public Health

Page 66	checks may prevent identification of CVD, STIs, increase risk of poor outcomes and may prevent intervention.		<ul style="list-style-type: none"> Strategic piece of work around population health management with accompanied set of actions that will be implemented by the ICS working with PH. Anjan Ghosh Control
	Potentially increasing the health inequality gap exacerbating a problem that already exist. Likely to have a significant toll on both their physical and mental health. Digital alternative service offerings may not be accessible due to certain groups not having access to resources required e.g. laptops, scales, smart phones.		<ul style="list-style-type: none"> Kent Marmot Coastal region Programme to adopt a layered approach starting with two of the eight Marmot principles, 'creating fair employment and good work for all' and 'enabling young people and adults to maximise their capabilities and have control over their lives'. For the purposes of this programme, we will call them 'skills for work' and 'work and employment' Ellen Schwartz Control Ensure that an analytical focus remains on the issue of health inequality, providing partners and commissioners with the detail needed to focus support on this issue Matthew Wagner Control Strategic Commissioning will be leading a public health transformation programme across all services Victoria Tovey Control Services continue to increase delivery, with the risk based approach being maintained. Additional funding has been received to enhance services ie. Drug and Alcohol, Smoking and Family Hub. More work is taking place in relation to campaigns and health promotion messages Victoria Tovey Control Alternative methods of service delivery e.g. telephone, video. Supporting the target audience to have access to online communication and engagement methods. Targeted promotion of services to lower quartiles where engagement has been significantly impacted Victoria Tovey Control Relevant workstreams to review/input into EQIAs Monitoring of engagement and alternative methods used as needed to ensure representation Victoria Tovey Control

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	Risk Title and Event	Assigned To	Last Review date	Next Review
PH0102	Increased prevalence of Mental Health conditions and Impact of well being and mental health.	Jessica Mookherjee	23/01/2026	23/04/2026
<p>It is anticipated that mental health conditions may develop/increase post Covid 19 pandemic, alongside the additional pressures brought on by increases in the cost of living.</p> <p>Increased mental health conditions within health care staff could see a decrease in service capacity and have a long term effect on the individual as a result of increases in the cost of living, and post covid-19 pandemic.</p>				

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
<p>Impact of wellbeing and mental health conditions may develop/increase due to experiences post Covid 19 pandemic, alongside the additional pressures brought on by increases in the cost of living</p> <p>Health Care Staff Impact of wellbeing and mental health. It is anticipated that mental health conditions may develop/increase post Covid19 pandemic as and as result of the rising cost of living.</p>	<p>Countywide could see an increase in mental health conditions within the general population increasing pressure on services with demand greater than supply, which could lead to poorer outcomes in recovery</p> <p>Increases in suicide rates</p>	High		<ul style="list-style-type: none"> Joint work with NHS to target suicide prevention 	Jessica Mookherjee	Control	Medium
		16		<ul style="list-style-type: none"> Development of a gambling strategy to tackle debt and poverty as a result of gambling. 	Jessica Mookherjee	Control	Significant (3)
		Serious (4)		<ul style="list-style-type: none"> Closer working with partners to ensure services are embedded within the Integrated care strategy 	Jessica Mookherjee	Control	Likely (4)
		Likely (4)		<ul style="list-style-type: none"> Regular communication of mental health information and open door policy for those who need additional support. Promote mental health & wellbeing awareness to general population and staff offer whatever support they can to help. 	Jessica Mookherjee	Control	
				<ul style="list-style-type: none"> Co-design is needed to bridge the gap between mental and physical health. Ensure stakeholders from mental health and those delivering psychological therapies are engaged to ensure that the approach is delivered in the most effective way to bring about change post covid 19 pandemic, and while in the midst of rising cost of living. 	Jessica Mookherjee	Control	

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	Risk Title and Event	Assigned To	Last Review date	Next Review			
PH0001	CBRNE incidents, communicable diseases and emergency events/response with a Public Health implication	Anjan Ghosh	23/01/2026	23/04/2026			
<p>Failure to deliver suitable planning measures, respond to and manage these events when they occur. Insufficient capacity and/or resources to deliver response and recovery concurrently for a prolonged period, alongside other potential incidents, including potential future waves of unforeseen pandemics.</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
<p>The Council, along with other Category 1 Responders in the County, has a legal duty to establish and deliver containment actions and contingency plans to reduce the likelihood, and impact, of high impact incidents and emergencies.</p> <p>The Director of Public Health has a legal duty to gain assurance from the National Health Service and UK Health Security Agency that plans are in place to mitigate risks to the health of the public including outbreaks of communicable diseases e.g. Pandemic Influenza, avian influenza, MPOX or other novel unforeseen pandemics</p> <p>Ensuring that the Council works effectively with partners to respond to, and recover from, emergencies and service interruption is becoming increasingly important in light of recent national and international security threats and severe weather incidents.</p>	<p>Potential increased harm or loss of life if response is not effective. Increased financial cost in terms of damage control and insurance costs.</p> <p>Adverse effect on local businesses and the Kent economy.</p> <p>Possible public unrest and significant reputational damage.</p> <p>Legal actions and intervention for failure to fulfil KCC's obligations under the Civil Contingencies Act or other associated legislation.</p>	Medium		<ul style="list-style-type: none"> Communications and Public Health consultants work together on adhoc communications campaigns using multi-channel and multi-agency approach to maximise opportunities to engage with vulnerable groups when needs arise, for example management of outbreaks of disease, extreme weather, government interventions. 	Control		Medium
		15		<ul style="list-style-type: none"> Utilising data sets from ONS and UKHSA and local health partner to give a picture of known and emerging communicable diseases across Kent. 	Control		12
		Major (5)		<ul style="list-style-type: none"> If all triggers are breached at a local level, the matter will be escalated to CMT and Health Protection Board to consider reinstating Kent and Medway Resilience Forum command structures for interventions and further measures contingent on central government guidance. 	Control		Serious (4)
		Possible (3)		<ul style="list-style-type: none"> KCC and local Kent and Medway Resilience Forum partners have tested preparedness for chemical, biological, radiological, nuclear and explosives (CBRNE) incidents and communicable disease outbreaks in line with national requirements. The Director of Public Health has additionally sought and gained assurance from the local UK Health Security Agency office and the NHS on preparedness and maintaining business continuity 	Control		Possible (3)

Adult Social Care and Health

Risk Register - Public Health

Page 69

			<ul style="list-style-type: none"> Local Health Planning Group UK Health Security Agency work locally to ensure NHS are ready and have plans in place for example for Winter Flu, and Avian Flu 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> Multiple governance – e.g. Health Protection Board , Kent Pandemic Response Cell 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> The Director of Public Health works through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health. 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> Kent Resilience Forum has a Health sub-group to ensure co-ordinated health services and UK Health Security Agency planning and response is in place 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> National Pandemic framework is expected in 2025 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> Director of Public Health (DPH) now has oversight of the delivery of immunisation and vaccination programmes in Kent through the Health Protection Board 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> Public Health infection prevention and control nurse attends Kent and Medway Infection Control Committee 	Ellen Schwartz	Control		

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	Risk Title and Event	Assigned To	Last Review date	Next Review				
PH0120	Cost pressure risk to public health budget	Anjan Ghosh	23/01/2026	23/04/2026				
Reduced provision of services including reducing contract values and potentially expected public health outcomes not met								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
<p>Annual increases to the core public health grant may not cover all pressures (inflation, NHS pay, overheads and other demands) therefore making it challenging to balance the public health budget. Additionally the annual increases often do not take into account demographic and morbidity changes which result in an increase demand on services. Increased / unexpected demand on services.</p> <p>Page 70</p>	Impact on public health reserves	Medium		<ul style="list-style-type: none"> Public Health service transformation programme is being conducted through 23/24 to further inform future Public Health commissioning plans. This process has been extended to be fully complete by September 2026 	Anjan Ghosh	A -Accepted	01/04/2026	Medium
	Reduction in public health investment in other council services that contribute to public health outcomes	15 Major (5) Possible (3)		<ul style="list-style-type: none"> Would consider Lobbying nationally via ADPH's and OHID and letter to be sent by the Leader to Public Health Minister. Temporarily draw on public health reserves 	Anjan Ghosh	Control		12 Serious (4) Possible (3)
	Poorer health outcomes for Kent residents and potentially increase health inequalities			<ul style="list-style-type: none"> A project to review all aspects of the Public Health Budget management and financial processes has commenced to ensure that these continue to be effective and efficient in line with the Consultant Led Model 	Anjan Ghosh	Control		
	Strain on relationships within strategic partnerships (especially with KCHFT and MTW)			<ul style="list-style-type: none"> Relationship within the Council directorates around potential reduction in Public Health investment 	Anjan Ghosh	Control		
	Potential reputational damage with residents of Kent and wider stakeholders and elected Members			<ul style="list-style-type: none"> Whilst PH transformation is underway manage relationships with key strategic partners (KCHFT and MTW) and renegotiate contract values 	Victoria Tovey	Control		
	inability to support salary pressures within NHS providers							
	Destabilisation of substance misuse services							

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	Risk Title and Event	Assigned To	Last Review da	Next Review			
PH0123	Provider Selection Regime	Victoria Tovey	12/01/2026	12/04/2026			
There is a risk of challenge from providers							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
<p>Provider selection regime changes the legal basis on which contracts need to be purchase and applies to all public health services.</p> <p>Need to take a risk based approach to manage both procurement and contractual changes.</p>	<p>Financial impact</p> <p>Legal challenge</p> <p>Strain on resource</p> <p>May impact on ability to continue partnerships as we have in the past</p>	<p>Medium</p> <p>12</p> <p>Significant (3)</p> <p>Likely (4)</p>		<ul style="list-style-type: none"> • Templates and guidance is in place and in use by the service piloting prior to autumn wider launch - these need to be signed off by legal • All PSR procurements are going to CPOB for review • Staff attending training and webinar sessions • Engagement with Commercial and Procurement Team and Services to determine the wider impact of the regime on commissioning activities. • Working group is in place to support process development 	<p>Clare Maynard</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p> <p>Michael Bridger</p>	<p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p>	<p>Low</p> <p>6</p> <p>Significant (3)</p> <p>Unlikely (2)</p>

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	Risk Title and Event	Assigned To	Last Review da	Next Review
PH0090	Difficulties in recruiting and retaining Public Health nursing staff.	Wendy Jeffreys	23/01/2026	23/03/2026

Service Failure

Kent is currently experiencing issues across all commissioned services in recruiting good quality staff which is making it difficult in meeting the needs of the population that require Public Health Services.

Training opportunities are not necessarily available to nurses. The role of the health visiting service is needing to respond to more complex needs alongside government policy change.

Kent's proximity to neighboring local authorities in maintaining salaries at a competitive level especially with those within the London Area.

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Kent is currently experiencing issues across all commissioned services in recruiting and keeping good quality staff which is making it difficult in meeting the needs of the population that require Public Health Services.	Service delivery is impacted. Clinical and Safeguarding risk to children within the Health Visiting and School Public Health Service. Some visits may have to be postponed or reprioritised. Low levels of staffing in health visiting teams are impacting within specific districts.	Medium		• A safe staffing, safe working protocol has been agreed to effectively manage the workload of the Health Visiting teams in a safe and consistent manner.	Wendy Jeffreys	Control	Medium
		10		• Contract management meetings investigate any poor KPI reporting and meeting the set targets. This is usually reported as recruitment issues Escalation through usual routes to DPH.	Wendy Jeffreys	Control	8
		Moderate (2)		• KCHFT have introduced a mixed model approach to staffing and skillsets as per their internal health visiting strategy to respond to the current context. There is a mixture of bands 3,4 and 5 within the model.	Wendy Jeffreys	Control	Moderate (2)
		Very Likely (5)		• Recruitment and retention action plan is in place and monitored through the Quality Action Team and governance meetings.	Wendy Jeffreys	Control	Likely (4)
				• Bank staff are being utilised to support teams where possible to cover vacant posts and gaps in provision.	Wendy Jeffreys	Control	

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	Risk Title and Event	Assigned To	Last Review da	Next Review
PH0083	Public Health Ring Fenced Grant	Anjan Ghosh	23/01/2026	23/04/2026

Ensuring/assuring the Public Health ring fenced grant and reserve is spent on public health functions and outcomes, in accordance within National Guidance.

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
Public Health Ring fenced Grant and reserve is spent in accordance within National Guidance.	If it does not comply with national guidance could result in the DPH not being able to sign the Annual Public Health Grant declaration which could result in an external audit taking place leading to similar consequences to that of Northamptonshire County Council (i.e. UKHSA seeking a return of Public Health Grant)	Medium		<ul style="list-style-type: none"> Public Health transformation programme is being conducted from 2023/24 to 2026/27 to further inform future public health commissioning plans. 	Anjan Ghosh	A -Accepted	31/03/2026	Low
		8		<ul style="list-style-type: none"> QBOR: Quarterly Budgetary Oversight & Review takes place to review all PH grant originated spend. 	Anjan Ghosh	Control		Moderate (2)
		Unlikely (2)		<ul style="list-style-type: none"> Agreed public Health funding towards other services within the Council that deliver on public health outcomes 	Anjan Ghosh	Control		Unlikely (2)
				<ul style="list-style-type: none"> Agreed funding for Integrated commissioning team and analytics function and any other council directorate and services as relevant to support public health outcomes functions and outcomes 	Anjan Ghosh	Control		
				<ul style="list-style-type: none"> DPH and Section 151 Officer are required to certify the statutory outturn has been spent in accordance with the Department of Health & Social care conditions of the ring fenced grant 	Anjan Ghosh	Control		
				<ul style="list-style-type: none"> Continued budget monitoring through collaborative planning 	Avtar Singh	Control		
				<ul style="list-style-type: none"> Commissioners to conduct regular contract monitoring meetings with providers 	Victoria Tovey	Control		
				<ul style="list-style-type: none"> Providers to complete timely monthly performance submissions to ensure delivery of outcomes 	Victoria Tovey	Control		
			<ul style="list-style-type: none"> Regular review of public health contracts, performance, quality and finance are delivering public health outcomes 	Victoria Tovey	Control			

Page 73

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	Risk Title and Event	Assigned To	Last Review da	Next Review			
PH0122	Public Health Service Transformation Programme	Victoria Tovey	12/01/2026	12/04/2026			
Continuity of business during transition phase							
Service delivery destabilised impacting wider council service							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
<p>Kent and Medway ICB share some providers with KCC. K&M ICB are recommissioning all adults and children's community services contracts in similar timescales to the PHSTP. Providers may find their contractual funding arrangements change following recommissioning.</p> <p>Work pressures from business-as-usual activities conflict with the timescales required to meet key governance steps within PHSTP.</p> <p>The need/requirement for public consultation may be identified late.</p> <p>Re-direction from decision makers regarding the most suitable procurement route and applicable procurement regulations.</p>	<p>Commissioning: Impact existing providers' the financial stability, overall viability and ability to deliver any required change to services; Reduction in choice of providers if they are no longer financially viable.</p> <p>Timescales: Delays in financial and public health outcomes.</p> <p>Overall: Impact on overall public health service offer and objectives of the transformation programme</p>	<p>Low</p> <p>6</p> <p>Significant (3)</p> <p>Unlikely (2)</p>		<ul style="list-style-type: none"> Standing item on Monthly KCHFT Exec Meeting prompting contract performance discussions. Regular liaison with ICB and other key partners Engagement with stakeholders is taking place, including various engagement events Using project and programme management good practice such as: <ul style="list-style-type: none"> Project manager and officer in post Service, programme and project level risk registers in place and are updated regularly. Monthly highlight reports to PHSTP Steering Group and Commercial & Transformation DMT Regular dialogue across internal KCC business partners (Integrated Commissioning, Commercial & Procurement, Communications, Consultations, Legal, Democratic Services, PH Business Support) to: <ul style="list-style-type: none"> Identify requirements Secure support where required Monitor, review and control timescales 	<p>Victoria Tovey</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p>	<p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p>	<p>Low</p> <p>6</p> <p>Significant (3)</p> <p>Unlikely (2)</p>

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

Sarah Hammond, Corporate Director Adult Social Care and Health

To: Adult Social Care and Public Health Cabinet Committee
– 11 March 2026

Subject: **All Age Homecare Services**

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

Decision no: **26/00013**

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Is the decision eligible for call-in? Yes

Summary: This report provides an overview of the current service delivery arrangements for Homecare, Care and Support in Prisons and Community Support Services for disabled children and provides information about the commissioning activity to establish a new Open Framework contract for an All Age Homecare Service (for adults and children). It considers alternative options for service delivery and makes recommendations for the future of these services to ensure continued high-quality support, good outcomes for people and value for money.

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 This report provides an overview of the current service delivery arrangements for Homecare, Care and Support in Prisons and Community Support Services for disabled children. It considers alternative options for service delivery and makes recommendations for the future of these services to ensure continued high-quality support, good outcomes for people and value for money.

- 1.2 These services are currently delivered through a closed service contract under the Care and Support in the Home (CSiH) contract. There are two contract periods relating to this contract:
- SC18032 started in April 2019 for 4 years (with an optional extension of +2 years and another +2 years). The adults services are part of this contract period.
 - SC19012 started in June 2020 for 4 years (with an optional extension of +2 years and another +1 year). The disabled children service is part of this contract period and began in February 2022.
- 1.3 Both extensions have been applied and therefore the contracts expire in March 2027 (for adults) and June 2027 (for disabled children). There is no provision for further extensions beyond these dates. It is therefore necessary to commission a new service which will continue to provide these services across Kent.
- 1.4 To ensure strategic alignment with other key services delivered by the Council, this commissioning activity will seek to provide the following services:
- Homecare Services for Adults,
 - Care and Support in the Prison Setting, and
 - Community Support Services for Disabled Children.
- 1.5 The Supporting Independence Service and Extra Care Support elements of the current Adults Care and Support in the Home contract will be commissioned as part of the Supported and Residential Living contract which will go-live in 2027. This approach will create a clearer separation between regulated and unregulated activities for adults, enabling more innovative management of unregulated services.
- 1.6 Development of the new service has been informed by lessons learned from previous procurements, stakeholder engagement and relevant impact assessments. The new service will provide a fit for purpose model which delivers sustainable, high-quality care and improved outcomes for residents on Kent.

2. Background

- 2.1 Homecare and community support services support the Council in discharging its statutory duties under the Care Act 2014, the Children Act 1989 and the Special Educational Needs and Disability (SEND) Code of Practice, by enabling people to receive appropriate care and support within their own homes and communities. These services play a critical role in promoting independence, improving quality of life, preventing the escalation of need and the requirement for more intensive interventions, reducing the risk of family and carer breakdown, and supporting timely discharge from hospital for individuals who are medically fit. They represent one of the least restrictive and most proportionate ways of meeting a person's assessed care and support needs, enabling people to continue to live within their own/family home.
- 2.2 Kent County Council's (KCC) strategic priorities are outlined in the Reforming Kent strategic statement which puts emphasis on supporting residents that need our help, but not taking over someone's life. This commissioning exercise aligns with Reforming Kent as these services offer one of the least restrictive

ways of meeting a person's eligible needs. People and their families/ carers will be empowered to take personal responsibility and the new service will encourage prevention and the use of technology to support people to live independently for longer and remain in their own homes. For disabled children the new service will enable families to maintain care at home and in their communities and build life skills which prepare young people for adulthood.

- 2.3 This commissioning activity will deliver services which provide people with the right care and support to help them to either remain independent, or build their independence and live meaningful lives. This ambition aligns closely with the visions set out in Adult Social Care's strategy, [Making a Difference Every Day 2022-2027](#) "making a positive difference every day, supporting you to live as full and safe a life as possible and make informed choices" and [Kent's Strategy for Children and Young People with Special Educational Needs and Disabilities 2025-2028](#) "support children and young people to achieve through living healthy, safe lives in which they feel seen and included".
- 2.4 The current combined planned annual spend on services in scope for 2025/2026 is £87m as follows:
 - a) £82m on Homecare for adults
 - b) £125k on care and support in Prisons
 - c) £4.9m on community support services for disabled children.
- 2.5 This planned spend is to meet the following demand for services across Kent:
 - a) Over 55,000 hours of Homecare per week delivered to over 4,500 Adults.
 - b) Over 2,000 hours of support per week delivered to over 200 Children.
- 2.6 Over the life of the current contract, the social care and health landscape has experienced significant change, including increased acuity of need, workforce pressures, hospital flow challenges, and demographic growth. These factors have had a direct impact on both demand and the cost of delivery.
- 2.7 Throughout 2025, demand for services has increased significantly and is forecasted to continue to rise in future years. The demand for Adults requiring Homecare has increased by nearly 10% during 2025 and the demand for children requiring Homecare and community support services has increased by nearly 25% during 2025. This reflects both demographic growth and the Council's strategic commissioning intention to support more people to remain living independently in their own homes for as long as possible, reducing reliance on more restrictive and higher-cost care settings such as residential care.
- 2.8 It is the Council's priority to establish new arrangements which deliver high-quality, person-centred care in a way that represents clear value for money. This will include aligning service models with assessed need, reducing reliance on higher-cost and more restrictive forms of care, supporting timely and effective hospital discharge, and promoting prevention and early intervention to avoid escalation of need and associated cost pressures.
- 2.9 This commissioning exercise will secure sustainable pricing which supports workforce stability and market resilience balanced against appropriate competition across the market. The ambition is to ensure a more standardised

approach to unit cost across the county, but recognising that Kent is a diverse collective of rural and urban areas and there needs to be recognition reflected in the rates.

- 2.10 A further ambition for this commissioning exercise is to increase the number of contracted providers to ensure there is sufficient contracted capacity across Kent to meet current and future demand. This will support the development of a diverse and resilient local care market and ensure better cost control.
- 2.11 Co-production will be embedded in service delivery to ensure care and support is responsive, proportionate and outcomes-focused, enabling the Council to achieve the best possible outcomes while making effective use of public funds.
- 2.12 The expectation is for the new service to commence no later than 1 April 2027.

3. Options considered and dismissed, and associated risk

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

Option Overview	Reason for Discounting/ Carried Forward
<p>Option 1: Do nothing - Continue as we are</p> <p>Maintain the existing contracts for Case and Support in the Home until contract expires on 31 March 2027/ June 2027.</p>	<p>Not recommended - This option would not address existing and emerging pressures within the market, including increasing demand, rising costs, workforce challenges, and limited commissioning leverage. Continuing without change would reduce the Council's ability to shape the market, improve value for money, or strengthen quality and performance oversight, increasing financial and operational risk. This option would also rely on spot-purchasing arrangements with limited ability to manage the costs.</p>
<p>Option 2: Extend current contract</p> <p>Extend the current Care and Support in the Home contracts past the 2027 expiration dates.</p>	<p>Not recommended - There is no contractual provision for further extensions beyond the current end dates. In addition, extending the contracts would perpetuate existing cost pressures, constrain the Council's ability to introduce improved service models, and limit opportunities to rebalance capacity, pricing, and performance expectations in line with current and future needs. This option would not represent value for money.</p>
<p>Option 3: Build an in house offer</p> <p>KCC providing the service in house and remove the need for externally commissioned providers.</p>	<p>Not recommended as a primary model - While an in-house offer could provide greater direct control, this option would require significant upfront investment, ongoing workforce recruitment and management, and</p>

	<p>substantial operational infrastructure. It would also present scalability and resilience risks given fluctuating demand. Overall, this option would carry a high financial and resource burden and would not offer the flexibility or value for money required at scale. However, the Council will continue to keep delivery models under review and may consider a targeted in-house provision in the future where this would address specific capacity or market sustainability issues.</p>
<p>Option 4: Reprocure using external providers</p> <p>KCC continues to use the external market to deliver Homecare and community based support services across Kent.</p>	<p>Recommended option - This option offers the most effective balance between market control, affordability, service quality, and provider sustainability. It enables the Council to strengthen value for money through improved commissioning leverage, clearer pricing and quality expectations, and better alignment with assessed need and strategic priorities. Recommissioning supports a scalable and sustainable model that can respond to increasing demand, promote prevention and independence, and ensure robust oversight and market resilience into the future.</p>

3.2 The proposal which is to be taken forward is to reprocure a new All Age Home Care Service using external providers. This will therefore require a tender process to commence in Spring 2026 before awarding the contract in Autumn 2026.

3.3 It is proposed that the new contract will be a new Procurement Act 2023 compliant Open Framework, which will be a series of frameworks over an 8 year period, with the first re-opening of the framework taking place at the end of Year 3 and the second re-opening of the framework taking place at the end of Year 6. Additionally for the Prisons element of the procurement, this will be call-off through a mini-competition or a direct award of the framework.

4. How the proposed decision supports the Council’s Strategic Statement

4.1 This commissioning exercise aligns with Reforming Kent as these services offer one of the least restrictive ways of meeting a person’s eligible needs which supports the ambition to support residents that need help without taking over their lives. People and their families/carers will be empowered to take personal responsibility and the new service will encourage prevention and support young people to build life skills to prepare them for adulthood.

5. Financial Implications

- 5.1 The annual value of the new contract will be circa £89.7m as follows:
- a) £84m on Homecare for adults
 - b) £0.14m on care and support in Prisons
 - c) £5.6m on Homecare and community based support for disabled children.
- 5.2 The lifetime value of the contract, over the 8 years, will be circa £807m as follows:
- a) £759m on Homecare for adults
 - b) £2.65m on care and support in Prisons
 - c) £45.3m on Homecare and community based support for disabled children
- 5.3 Demand for these services is expected to increase in the coming years with population growth forecasted and the Council's intention to support more people in their own homes.
- 5.4 It is expected that this contract will offer clear, consistent and transparent unit costs across Kent, supported by clearer commissioning arrangements and strengthened contract management. This approach is intended to improve financial predictability and value for money for the Council while ensuring pricing remains sustainable for the market and continues to support service quality and workforce stability.
- 5.5 The budget for these services will come from the core budget within the Adult Social Care Operations budgets and the core budget within the Children's Strengthening Independence Service.

6. Legal implications

- 6.1 The current contracts do not provide for any further extensions and could only be considered where permitted under the Public Contract Regulations 2015.
- 6.2 When commissioning these services, the Council must consider and have regard to its statutory duties under the Care Act 2014 which, amongst other duties require local authorities to have regard to the sustainability of the social care market. Further the Council must comply with the requirements set out in the Children Act 1989, the Children and Families Act 2014, the Carers and Disabled Children Act 2000 and the Mental Capacity Act 2005, as well as the SEND Code of Practice 2015 and the Public Sector Equality Duty set out in the Equality Act 2010.
- 6.3 The procurement of these services must comply with the Procurement Act 2023 and associated regulations. External legal support would be obtained to support the process and drafting of the terms and conditions to ensure legal compliance, manage risk, and support effective contract management.

7. Equalities implications

- 7.1 Two Equality Impact Assessments (EqIA) have been completed for Adults and Children and have been formally signed off by the EqIA Team. The EQIAs are attached as Appendix 1 (Adults) and Appendix 2 (Children)
- 7.2 The assessments considered the potential impact of the proposed commissioning approach on people with protected characteristics under the Equality Act 2010. They confirmed that the proposed service promotes equitable of access to care and support, supports fair and consistent decision-making, and mitigates the risk of disparities in service delivery across different localities in Kent.

8. Data Protection Implications

- 8.1 Two Data Protection Impact Assessments (DPIA) have been completed. The Adults Homecare DPIA was submitted to the Information Governance (IG) Lead on 19 December 2025 and the DPIA for Children's services was submitted on the 7 January 2026. Both DPIAs will be updated with any information required as the recommissioning process progresses.

9. Conclusions

- 9.1 The existing contracts operate under a closed service contract which will expire in 2027. While this contract has supported the Council to meet its statutory duties and strategic commissioning intentions to provide least restrictive care and support and support more people to remain at home, it has led to growing price variation and limited market control, due to the inability to add additional providers to the contract to meet the increase in demand.
- 8.2 With demand set to increase and cost pressures continuing to dominate both the Council and the market, it is essential that the new contracting arrangements are fit for purpose and can continue to meet the care and support needs of Kent residents.
- 8.3 Various options for service delivery were evaluated, including maintaining the status quo and expanding in-house services. However, both were deemed insufficient due to high costs or limited scalability. The proposed solution is a new Procurement Act 2023 compliant Open Framework, which will be a series of frameworks, with the first re-opening of the framework taking place at the end of Year 3 and the second re-opening of the framework taking place at the end of Year 6. Additionally for the Prisons element of the procurement, this will be call-off through a mini-competition or a direct award of the framework.
- 8.4 The projected budget for the service shows significant variances if the current model continues due to the use of non-contracted providers and varied rates across Kent. Implementing a new framework is expected to achieve improved cost control through better consistency and transparency in unit costs across Kent.

9. 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.

10 Background Documents

None

11. Appendices

Appendix 1 Equality Impact Assessment - Adults
Appendix 2 Equality Impact Assessment – Children
Appendix A – Proposed Record of Decision (PRoD)

12. Report Author

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

Lead Officer

Jo Harding
Senior Commissioner - Adults
03000 416201
Jo.Harding@kent.gov.uk

Steve Lusk
Senior Commissioner - Children
03000 410258
Steve.lusk@kent.gov.uk

Relevant Director

Helen Gillivan
Director of Adults and Integrated Commissioning
03000 410180
Helen.Gillivan@kent.gov.uk

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

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

DECISION NUMBER:

26/00013

Executive Decision – key**26/00013 – All Age Home Care Service**

Decision: As Cabinet Member for Adult Social Care and Public Health and in consultation with the Cabinet Member for Integrated Children’s Services, I propose to:

- a) **APPROVE** the commissioning of an Open Framework All Age Home Care Service for adults and children to include Homecare, Care and Support in Prisons and Community Support Services for disabled children with the new arrangements to start on 1 April 2027;
- b) **DELEGATE** authority to the Corporate Director, Adult Social Care and Health in consultation with the Cabinet Member for Adult Social Care and Public Health, to take relevant actions including but not limited to, finalising the terms of and entering into required legal agreements, as necessary to award the contract; and
- c) **DELEGATE** authority the Corporate Director, Adult Social Care and Health to open the Framework at regular intervals to allow new providers to join.

Reasons for decision: The current Care and Support in the Home contract which provides homecare services for adults, care and support in the Prison setting and community support services for disabled children is due to expire in 2027. Both extension periods for this contract have been applied and there is not provision for further extensions; it is therefore necessary to commission a new service to continue to meet the needs of people across Kent.

Following an options appraisal, the proposal which is to be taken forward is to reprocur a new All Age Home Care Service using external providers. This will therefore require a tender process to commence in Spring 2026 before awarding the contract in Autumn 2026.

It is proposed that the new contract will be a new Procurement Act 2023 compliant Open Framework, which will be a series of frameworks over an eight year period, with the first re-opening of the framework taking place at the end of Year 3 and the second re-opening of the framework taking place at the end of Year 6. Additionally for the Prisons element of the procurement, this will be call-off through a mini-competition or a direct award of the framework.

It is the Council’s priority to establish new arrangements which deliver high-quality, person-centred care in a way that represents clear value for money. This commissioning exercise will secure sustainable pricing that supports workforce

stability and market resilience balanced against appropriate competition across the market. The aim is to increase the number of contracted providers to ensure there is sufficient contracted capacity across Kent to meet current and future demand. This will support the development of a diverse and resilient local care market and ensure better cost control.

The expectation is that the service will commence no later than 1 April 2027.

Financial implications: The annual value of the new contract will be circa £89.7m as follows:

- a) £84m on Homecare for adults
- b) £0.14m on care and support in Prisons
- c) £5.6m on Homecare and community based support for disabled children.

The lifetime value of the contract, over the 8 years, will be circa £807m as follows:

- a) £759m on Homecare for adults
- b) £2.65m on care and support in Prisons
- c) £45.3m on Homecare and community based support for disabled children

Demand for these services is expected to increase in the coming years with population growth forecasted and the Council's intention to support more people in their own homes. It is expected that this contract will offer clear, consistent and transparent unit costs across Kent, supported by clearer commissioning arrangements and strengthened contract management. This approach is intended to improve financial predictability and value for money for the Council while ensuring pricing remains sustainable for the market and continues to support service quality and workforce stability.

The budget for these services will come from the Adult Social Care Operations core budget and from the Children's Strengthening Independence Service core budget

Legal implications: The current contracts do not provide for any further extensions and could only be considered where permitted under the Public Contract Regulations 2015.

When commissioning these services, the Council must consider and have regard to its statutory duties under the Care Act 2014 which, amongst other duties require local authorities to have regard to the sustainability of the social care market. Further the Council must comply with the requirements set out in the Children Act 1989, the Children and Families Act 2014, the Carers and Disabled Children Act 2000 and the Mental Capacity Act 2005, as well as the SEND Code of Practice 2015 and the Public Sector Equality Duty set out in the Equality Act 2010.

The procurement of these services must comply with the Procurement Act 2023 and associated regulations. External legal support would be obtained to support the process and drafting of the terms and conditions to ensure legal compliance, manage risk, and support effective contract management.

Equalities implications: Two Equality Impact Assessments (EqIA) have been completed for Adults and Children and have been formally signed off by the EqIA

Team. The assessments considered the potential impact of the proposed commissioning approach on people with protected characteristics under the Equality Act 2010. They confirmed that the proposed service promotes equitable of access to care and support, supports fair and consistent decision-making, and mitigates the risk of disparities in service delivery across different localities in Kent.

Data Protection implications: Two Data Protection Impact Assessments (DPIA) have been completed. The Adults Homecare DPIA was submitted to the Information Governance (IG) Lead on 19 December 2025 and the DPIA for Children’s services was submitted on the 7 January 2026. Both DPIAs will be updated with any information required as the recommissioning process progresses.

Cabinet Committee recommendations and other consultation: The proposed decision will be considered at the Adult Social Care and Public Health Cabinet Committee on 11 March 2026 and the outcome included in the decision paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

Option Overview	Reason for Discounting/ Carried Forward
<p>Option 1: Do nothing - Continue as we are</p> <p>Maintain the existing contracts for Case and Support in the Home until contract expires on 31 March 2027/ June 2027.</p>	<p>Not recommended - This option would not address existing and emerging pressures within the market, including increasing demand, rising costs, workforce challenges, and limited commissioning leverage. Continuing without change would reduce the Council’s ability to shape the market, improve value for money, or strengthen quality and performance oversight, increasing financial and operational risk. This option would also rely on spot-purchasing arrangements with limited ability to manage the costs.</p>
<p>Option 2: Extend current contract</p> <p>Extend the current Care and Support in the Home contracts past the 2027 expiration dates.</p>	<p>Not recommended - There is no contractual provision for further extensions beyond the current end dates. In addition, extending the contracts would perpetuate existing cost pressures, constrain the Council’s ability to introduce improved service models, and limit opportunities to rebalance capacity, pricing, and performance expectations in line with current and future needs. This option would not represent value for money.</p>
<p>Option 3: Build an in house offer</p> <p>KCC providing the service in house and remove the need for externally commissioned providers.</p>	<p>Not recommended as a primary model - While an in-house offer could provide greater direct control, this option would require significant upfront investment, ongoing workforce recruitment and management, and substantial operational infrastructure. It would also present scalability and resilience risks given fluctuating demand. Overall, this option would carry a high financial and resource burden and would not offer the flexibility or value for money required at scale. However, the Council will continue to keep delivery models under review and may consider a targeted in-house provision in the future where this would address specific capacity or market sustainability issues.</p>

<p>Option 4: Reprocure using external providers</p> <p>KCC continues to use the external market to deliver Homecare and community based support services across Kent.</p>	<p>Recommended option - This option offers the most effective balance between market control, affordability, service quality, and provider sustainability. It enables the Council to strengthen value for money through improved commissioning leverage, clearer pricing and quality expectations, and better alignment with assessed need and strategic priorities. Recommissioning supports a scalable and sustainable model that can respond to increasing demand, promote prevention and independence, and ensure robust oversight and market resilience into the future.</p>
---	---

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

.....

Signed

.....

Date

EQIA Submission – ID Number

Section A

EQIA Title

Recommissioning of Homecare Services

Responsible Officer

Matthew Dix - CED SC

Approved by (Note: approval of this EqIA must be completed within the EqIA App)

Helen Gillivan – AH CD

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

Adult Social Care and Health – Adults Commissioning

Responsible Head of Service

Helen Gillivan – AH CD

Responsible Director

Sarah Hammond - AH CDO

Aims and Objectives

Homecare and community support services support the Council in discharging its statutory duties under the Care Act 2014, by enabling people to receive appropriate care and support within their own homes and communities. These services play a critical role in promoting independence, improving quality of life, preventing the escalation of need and the requirement for more intensive interventions, reducing the risk of family and carer breakdown, and supporting timely discharge from hospital for individuals who are medically fit. They represent one of the least restrictive and most proportionate ways of meeting a person’s assessed care and support needs, enabling people to continue to live within their own/family home.

This commissioning activity will deliver services which provide people with the right care and support to help them to either remain independent, or build their independence and live meaningful lives. This ambition aligns closely with the visions set out in Adult Social Care’s strategy, Making a Difference Every Day 2022-2027 “making a positive difference every day, supporting you to live as full and safe a life as possible and make informed choices”.

The current combined planned annual spend on services in scope for 2025/26 is £87m as follows:

- a) £82m on Homecare for adults
- b) £125k on care and support in Prisons

This planned spend is to meet the following demand for services across Kent is over 55,000 hours of Homecare per week delivered to over 4,500 Adults.

The current 'Care and Support in the Home' (CSiH) Service brought together several existing Services under one contract to form an 'umbrella' of interventions. These services are currently delivered through a closed service contract under the Care and Support in the Home (CSiH) contract.

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?

In March 2022 the first Kent Care Summit was held and around 500 people took part in discussions on the day or at follow up workshops. This will have included providers and people lived experience.

In July 2025, a market engagement session which brought together over 200 people including Providers and people with lived experience to discuss the upcoming recommissioning activity. The aim of this session was to understand what works well and what needs to be improved in the new contract. The session started with an overview of people with lived experience discussing how services feel for them and what they want in the future.

There have been 2 further market engagement sessions held for this activity. There is also a group of lived experience representatives who have shown an interest in supporting this activity as it progresses, particularly for the evaluation and determining the approach to contract management.

Feedback captured through existing forums such as the people's panel and local lived experience forums (established by KCC) will be utilised throughout this activity.

Has there been a previous Equality Analysis (EQIA) in the last 3 years?

No

Do you have evidence that can help you understand the potential impact of your activity?

Yes

Section C – Impact

Who may be impacted by the activity?

Service Users/clients

Service users/clients

Staff

Staff/Volunteers

Residents/Communities/Citizens

Residents/communities/citizens

Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?

Yes

Details of Positive Impacts

The new contract will set out the need for all service providers to work to the Equality Act 2010. The individual assessment will support these cohorts of people by improving services and ensuring equitable access to services across the county. The specific details also include the expectations of the council as to

how the provider will meet individuals' needs.

Age:

The number and percentage of individuals in receipt of homecare, 01/07/2024.

(see attached document)

As per the chart/s above, the majority of people that draw on homecare services are over 65 years of age. According to KCC's population forecasting toolkit, the number of people in the KCC area aged 65 and over is due to increase by 45.4% from 2020 to 2040, from 322,800 to 469,400 people. We are still awaiting confirmation data regarding the future prevalence of need, though overall demand for services is predicted to rise over time.

The current contract has a closed framework with no option for the addition of new framework providers. During times of increased pressure on service capacity, waiting times for a package of care have risen. However, the addition of extra providers alone will not solve this. This recommissioning activity offers the opportunity to explore more flexible, resilient solutions to ensure available service capacity and to avoid unnecessary delays in sourcing packages of care.

Disability:

The data shows that most people drawing on a service will have a personal care requirement, a long term condition or a disability. A package of care delivered in their own home enables care and support to be delivered in the least restrictive manner. There will be a focus during this exercise on the development of outcome-focused KPIs to encourage and support this principle.

The number of individuals drawing on a homecare service by identified group, 01/07/2024.

(see attached document)

Gender identity/transgender

Definitive data was not available on the gender identity of people accessing homecare services. However, the Government Equalities Office published an LGBT Action Plan in 2018 focussing on how to improve the lives of lesbian, gay, bisexual and transgender people. This included a review of how LGBT people experience access to healthcare services. While many respondents to the survey said they had a positive experience accessing health and social care, the survey showed that large numbers of respondents had difficulty accessing health and social care services, and that some respondents feel their specific needs were ignored or not taken into account. Whilst there were no specific findings for homecare, services should consider the findings of the Government Equalities Office report and how its recommendations can be incorporated within their own delivery. Homecare will support this cohort of people by improving services and ensuring equitable access to people across the county.

In addition to the above, the specification would require the service provider to maintain a clear and robust complaints process. Individuals drawing on the service should be made aware of this at the first point of contact and the provider should report on complaints received as part of contract management.

Race

The Lancet published a research paper entitled 'Ethnicity and acute hospital admissions' which explained that 'health inequalities affecting minority ethnic people in the UK are well documented [...] including access to and uptake of services, and quality and experience of care'.

Though the focus of this is on disparities in public health, health outcomes and experience of the health system, acute hospital admissions influence hospital discharges and the requirement for use of homecare services. This study also found that, for patients studied at four NHS hospitals in East London, people from a black or Asian background had on average shorter hospital stays (3.5 and 4.5 days respectively) compared

to people with white ethnicity (5.35 days) and are more likely to be discharged into their usual place of residence (95.6% Asian and 93.7% Black compared to 93.2% white).

However, the source of this data is geographically and numerically limited; data on the race of people accessing homecare services in the KCC area are as follows:

The findings in the Commission on Race and Ethnic Disparities 2021 explained that the ‘word mistrust was repeated often as some witnesses from the police service, mental health, education and health services felt that the system was not on their side’. Additionally, in a study entitled ‘Ethnic minority deaths and Covid-19: what are we to do?’ The King’s Fund identified that ‘the greater challenge is to change cultures in which everyday discrimination goes unchallenged’.

Within the KCC area, the districts do not have consistent percentages of ethnic groups: Dover has 94.9% of people identifying as white, whereas Dartford (74.5%) and Gravesham (76.6%) are notably lower. In Dartford 10.5% of people identify as Black and 9.9% of people identify as Asian/Asian British, whereas neighbouring Gravesham has 6.5% and 11.2% respectively (figures from the 2021 census). As such, providers of this service should consider the recommendations of the Commission on Race and Ethnic Disparities and should consider the distinct context of the areas in which they operate.

The individual assessment will support this cohort of people by improving services and ensuring equitable access to services across the county. The specification will include the expectations of the council as to how the provider will meet the needs of this cohort.

Religion and Belief

The data available is inconclusive with a high number of people reported as not disclosing their religion. The individual assessment will support this cohort of people by improving services and ensuring equitable access to services across the county. The specification will include the expectations of the council as to how the provider will meet the needs of this cohort.

Sexual orientation

Sexual orientation of people in receipt of a homecare package, 01/07/2024
(see attached document)

Table 2: Sexual orientation from the 2021 census

	Heterosexual	Gay or Lesbian	Bisexual	All other sexual orientations	Usual residents Aged 16 and over	Straight or Not answered
England & Wales	100.0%	89.4%	1.5%	1.3%	0.3%	7.5%
South East	100.0%	89.8%	1.5%	1.3%	0.3%	7.0%
Kent	100.0%	90.6%	1.3%	1.1%	0.3%	6.7%

The 2021 census data shows that a high proportion of people selected to not submit their sexual orientation. Figures from the Office of National Statistics show that an estimated 2.7% of people in England identify as lesbian, gay or bisexual, with the South East having a slightly higher figure of 2.9% (this data is not available below regional level). The Government Equalities Office published an LGBT Action Plan in 2018 focussing on how to improve the lives of lesbian, gay, bisexual and transgender people. This included a review of how LGBT people experience access to health and social care services.

As is the case with Transgender/Gender Identity, services should consider the findings of the Government Equalities Office report and how its recommendations can be incorporated within their own delivery. The individual assessment will support lesbian, gay, bisexual and transgender people by improving services and ensuring equitable access to services across the county.

Carer’s responsibilities

Whilst homecare does not incorporate objectives specifically relating to people who have carer’s responsibilities, the programme will have a positive impact on people with caring responsibilities by ensuring that the people they care for receive the right service which is appropriate to an individual’s need.

The responsibility of assessing carers under the carers act sits with the operational teams.

An individual assessment of need will highlight how the service should support the individual in a manner appropriate to their needs which should take their protected characteristics into account.

In addition to the above, the specification for the newly commissioned service would require the service provider to maintain a clear and robust complaints procedure. The specification will require the service to notify individuals drawing on the service of this at the first point of contact.

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?

Yes

Details of negative impacts for Age

These services are for anyone over the age of 18 who has an assessed need in respect of care and support at home.

Mitigating Actions for Age

Anyone under the age of 18 will access services via Children's Social Care.

Responsible Officer for Mitigating Actions – Age

Director of Children's Social Care

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?

No

Details of Negative Impacts for Disability

Not Applicable

Mitigating actions for Disability

Not Applicable

Responsible Officer for Disability

Not Applicable

21. Negative Impacts and Mitigating actions for Sex

Are there negative impacts for Sex

No

Details of negative impacts for Sex

Not Applicable

Mitigating actions for Sex

Not Applicable

Responsible Officer for Sex

Not Applicable

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

Are there negative impacts for Gender identity/transgender

No

Negative impacts for Gender identity/transgender

Not Applicable

Mitigating actions for Gender identity/transgender

Not Applicable

Responsible Officer for mitigating actions for Gender identity/transgender

Not Applicable

23. Negative impacts and Mitigating actions for Race

Are there negative impacts for Race

No

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

Not Applicable

This page is intentionally left blank

EQIA Submission – ID Number

Section A

EQIA Title

Care and Support In The Home - Childrens Homecare LOT

Responsible Officer

Emily Jones - CY CC

Approved by (Note: approval of this EqIA must be completed within the EqIA App)

Sharon Howard - CY LDCYP

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

Children Young People and Education

Responsible Service

Strengthening Independence Service

Responsible Head of Service

Sharon Howard - CY LDCYP

Responsible Director

Kevin Kasaven - CY SCS

Aims and Objectives

Kent County Council commissions a range of services that are designed to provide care and support for people in order that they can safely reside in their own homes or in supported living accommodation. They will be assessed as eligible and having unmet need(s) in accordance with the Care Act 2014.

These services include domiciliary homecare for disabled children and young people in Kent.

The current contracting arrangement is in the form of a provider framework. The contract and service specifications are being reviewed and the service will be retendered in 2026.

This EQIA focusses solely on the domiciliary care element of the contract and any Equality implications.

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?

There will be a series of market engagement events being held in later September to test models of delivery with providers. Findings from this will be submitted following completion of the workshops in October
In 2022 a parent and carer survey was distributed and results are being analysed to inform decisions made about the survey. Survey findings attached.

Kent PACT have been contacted and will provide Commissioners with a number of parents who are keen to take part in ongoing focus groups to support service design and evaluation of the bids. This information has not yet been collected but will be submitted at a later date

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

No

Residents/Communities/Citizens

No

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

Disability- We anticipate that this model will better match service user needs with the 'best-fit' service provider. This will offer a more personalised approach to all service users.
Better matching means a stronger likelihood that service users' needs are met and personal goals are achieved

Gender- More person centred, outcome based services should have a positive impact on the basis of gender.

Gender Identity/transgender- More person centred, outcome based services should have a positive impact on the basis of gender identity/ transgender identity.

Race- More person centred, outcome based services should have a positive impact on the basis of race. Work undertaken to understand whether the ethnicity of the current CSIH service users was reflective of the counties ethnicity breakdown.

Religion and Belief- More person centred, outcome based services should have a positive impact on the basis of religion and belief

Sexual Orientation- More person centred, outcome based services should have a positive impact for older and disabled LGBT people.

Service providers should ensure that services are outcomes based, considering people with physical and learning disabilities in the support delivered re: sexuality

People becoming parents of children with eligible needs could benefit via more outcomes focussed support services

Marriage and Civil Partnerships- More person centred, outcome based services should have a positive

impact on the basis of Marriage and Civil Partnerships

Carers Responsibilities- by promoting independence of the individual, this should also have a positive impact for carers too

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?

No

Details of negative impacts for Age

Not Applicable

Mitigating Actions for Age

Not Applicable

Responsible Officer for Mitigating Actions – Age

Not Applicable

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?

No

Details of Negative Impacts for Disability

Not Applicable

Mitigating actions for Disability

Not Applicable

Responsible Officer for Disability

Not Applicable

21. Negative Impacts and Mitigating actions for Sex

Are there negative impacts for Sex

No

Details of negative impacts for Sex

Not Applicable

Mitigating actions for Sex

Not Applicable

Responsible Officer for Sex

Not Applicable

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

Are there negative impacts for Gender identity/transgender

No

Negative impacts for Gender identity/transgender

Not Applicable

Mitigating actions for Gender identity/transgender

Not Applicable

Responsible Officer for mitigating actions for Gender identity/transgender

Not Applicable

23. Negative impacts and Mitigating actions for Race

Are there negative impacts for Race

No

Negative impacts for Race

Not Applicable

Mitigating actions for Race

Not Applicable

Responsible Officer for mitigating actions for Race

Not Applicable

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

**ADULT SOCIAL CARE & PUBLIC HEALTH CABINET COMMITTEE
WORK PROGRAMME 2025/26**

6 May 2026 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	Someone's Listening Campaign	
7	Review /Update on CQC Plan	
8	Safeguarding Update	
9	Pandemic Update	
10	Update on Public Health Campaigns/ Communications	Information Report
11	Peoples' Voice Activity (including Healthwatch Kent) Contract – Key Decision	Key Decision
12	Work Programme	Standing Item

8 July 2026 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	Work Programme	Standing Item

ASC Item	Cabinet Committee to receive item
Work Programme 2025	Standing Item
Key Decision Items	
Adult Social Care & Health Pressures	Annual Item
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
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)