ADULT SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

Wednesday, 8th July, 2026

2.00 pm

Council Chamber, Sessions House, County Hall, Maidstone

Kent County Council
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AGENDA

ADULT SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

Wednesday, 8 July 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, Mr T L Shonk, Mr T Mole (Vice-Chair), Mrs S Roots, Mr M Fraser Moat and Mr L Evans (Chair)
Liberal Democrat (1):	Mr A Ricketts
Restore Britain (1):	Mr O Bradshaw
Conservative (1):	Mr A Kennedy
Green (1):	Mr S Jeffery
Labour (1):	Ms C Nolan

UNRESTRICTED ITEMS

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

1 Introduction/Webcasting Announcement

2 Apologies and Substitutes

3 Declarations of Interest by Members in items on the agenda

4 Minutes of the meeting held on 06 May 2026 (Pages 1 - 10)

5 Verbal Updates by Cabinet Members, Director of Public Health and Corporate Director

6 Public Health Performance Dashboard (Pages 11 - 20)

7 Update on Public Health Campaigns/ Communications (Pages 21 - 34)

8 26/00037 - Suicide Prevention Services (Pages 35 - 56)

9 26/00041 - Every Day Life Activities Contract Extension (Pages 57 - 80)

10 Care Quality Commission (CQC) Improvement Plan (Pages 81 - 102)

11 Work Programme (Pages 103 - 104)

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, 30 June 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.

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KENT COUNTY COUNCIL

ADULT SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care and Public Health Cabinet Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 6th May, 2026.

PRESENT: Mr L Evans, Mr M Fraser Moat, Mr A Kennedy, Mr A Kibble, Mr R Mayall, Mr T Mole (Vice-Chair), Ms C Nolan, Mr A Ricketts, Mrs S Roots, Mr T L Shonk, Mrs P Williams (Substitute for Mr S Dixon) and Mr R Yates (Substitute for Mr S Jeffery)

ALSO PRESENT: Mr J Henderson, Miss D Morton, Mr M Mulvihill and Mrs C Palmer

IN ATTENDANCE: Miss M Bundy (Democratic Services Officer), Ms L Clinton (Stakeholder Engagement Manager), Ms C Collins (Interim Strategic Safeguarding Lead), Dr A Ghosh (Director of Public Health), Ms H Gillivan (Interim Director Adults and Integrated Commissioning.), Dr M Gogarty (Strategic Lead Public Health Consultant), Ms H Groombridge (ASCH Performance Manager), Mrs S Hammond (Corporate Director Adult Social Care and Health), Ms S Hill (Director of Operations (Long Term Support)) and Mr M Thomas-Sam (Director of Operations (Short Term Support))

UNRESTRICTED ITEMS

67. Election of Chair

(Item. 1)

The Vice- Chair presided over this item.

1. Mr Luke Evans was nominated by the Leader to be the Chair of the Adult Social Care and Public Health Cabinet Committee.

2. The Committee agreed this nomination and Mr Evans was declared Chair of the Committee.

3. RESOLVED that Mr Luke Evans be elected as Chair of the Adult Social Care and Public Health Cabinet Committee.

68. Apologies and Substitutes

(Item. 2)

Apologies were received from Mr Jeffery for whom Mr Yates was substituting and Mr Dixon, for whom Mrs Williams was substituting.

69. Declarations of Interest by Members in items on the agenda

(Item. 3)

Mr Shonk declared that his daughter worked for the NHS.

70. Minutes of the meeting held on 11 March 2026

(Item. 4)

RESOLVED that the minutes of the meeting held on 11 March 2026 were a correct record and they be signed by the Chairman.

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

1. Diane Morton, Cabinet Member for Adult Social Care, provided a verbal update on the following:

   a) Miss Morton thanked Directorate staff for their continued hard work over the past year, recognising their effective management of budget pressures, adaptability to new ways of working, and resilience in responding to ongoing market challenges. She also congratulated the new Cabinet Member for Public Health on his role and wished him success moving forward.

   b) The Adult Social Care budget had been set for the coming year, with a continued focus on delivery within financial constraints and the importance of prevention. Miss Morton stated that despite the challenges faced, the Directorate had performed well and current reports indicated a positive overall position.

   c) Miss Morton reported on the rollout of Technology Enabled Lives (TEL) sessions in libraries across Kent, confirming that approximately 30 sessions had been delivered and would continue alongside targeted communications. She advised that the initiative supported early intervention and community engagement and would be linked with Carers Week to raise awareness and support carers.

   d) Miss Morton outlined a programme of visits to local services, including a crisis recovery house, safe haven, Tenterden social hub, autism day service and extra care housing scheme, highlighting their role in delivering high-quality, person-centred support and strengthening prevention and neighbourhood health provision across Kent.

   e) Miss Morton highlighted upcoming activity for Dementia Awareness Week, including her attendance at the Dementia Friendly Awards. She also welcomed the newly appointed Deputy Cabinet Member for Adult Social Care who would be hosting a planned carers' event to support and recognise carers.

   f) Finally, Miss Morton advised that preparations for the refreshed Health and Wellbeing Board were complete, thanking officers for their support in its development.

2. Jamie Henderson, Cabinet Member for Environment, Coastal Regeneration and Public Health, provided a verbal update on the following:

   a) Mr Henderson began by highlighting the importance of his role in addressing health inequalities, particularly in coastal areas, and supporting improved outcomes through the application of Marmot principles and collaborative working.

b) Mr Henderson updated the Committee on the response to a meningitis B incident in Canterbury, commending the coordinated actions of partners which successfully contained the situation and protected residents, demonstrating effective multi-agency working.

c) Updates were also provided on Mental Health Awareness Week activity, promotion of local support services, and the Better Mental Health and Suicide Prevention Fund offering grants to local community organisations.

d) Mr Henderson highlighted National Walking Month, encouraging increased physical activity as a simple, accessible way to improve physical health, mental wellbeing and reduce anxiety across communities.

e) Finally, Mr Henderson welcomed the refresh of the Health and Wellbeing Board, emphasising prevention, early intervention, and partnership working.

3. Dr Anjan Ghosh, Director of Public Health, provided a verbal update on the following:

a) Dr Ghosh provided detail to the Committee on the meningitis outbreak, advising that there were 21 confirmed cases and 2 deaths, primarily affecting Canterbury and the University of Kent. He confirmed that an internal debrief had been completed and that a multi-agency review would follow, with opportunities for Member involvement to support learning from the incident.

b) Dr Ghosh reported on two significant visits, including from Midwest Ireland colleagues and engagement with Canterbury Christ Church University. These visits had helped strengthen links in research, innovation and development of a Public Health Centre of Excellence for Public Health in Kent.

c) Dr Ghosh outlined that the Best Start in Life programme had commenced as a successor to the Start for Life programme, with new guidance issued and a delivery plan currently being finalised. The programme focused on increased outreach and support in infant feeding, parent-infant relationships, and perinatal mental health. A conference was planned for 14 July 2026, and the new parent-infant mental health service was in mobilisation, with referrals expected to begin in June or July.

d) Dr Ghosh reported that the new school health service contract had commenced on 1 April, with work underway to support schools to become asthma-friendly and meet government expectations on allergies.

e) Dr Ghosh informed Members that the Public Health transformation programme (2023–2025) had now concluded with all milestones met, and nine key decisions driving service improvements. Newly transformed services went live in April 2026, and work was ongoing to embed new delivery models and approaches.

f) Dr Ghosh outlined mental health and prevention initiatives, highlighting the work of the Suicide Prevention and Better Mental Health Network, which brought together over 100 partners. He outlined innovative projects such as

green social prescribing and awareness-raising initiatives in public spaces and confirmed that additional funding had been secured to support delivery of a Kent Preventing Gambling Harm Strategy. Dr Ghosh also reported that a new sexual health service commenced on 1 April, delivered through a major public health contract with organisations such as the Community Health Services.

g) Finally, updates were given on the Joint Strategic Needs Assessments (JSNA), Kent Public Health Observatory website, and data tools. These included new dashboard indicators on population health, prevention and service use, such as Personal Independence Payment (PIP) uptake and winter mortality. Work was also nearing completion on a set of Marmot coastal indicators to support ongoing Marmot-related activity.

4. Sarah Hammond, Interim Corporate Director of Adult Social Care and Health, provided a verbal update on the following:

a) Ms Hammond reported a period of stability within the Directorate and a positive overall response to winter pressures, with further scrutiny planned on hospital discharge performance.

b) Ms Hammond outlined that final year-end financial figures were not yet confirmed, however the previously increasing deficit had been stabilised and reduced to a more manageable position.

c) Ms Hammond explained that work was underway with NHS England and system partners to address high levels of safeguarding referrals, acknowledging that around 70% did not meet the statutory threshold. Early indications showed a slight reduction in inappropriate referrals, representing positive progress.

d) Ms Hammond highlighted that positive and productive relationships continued to develop with statutory partners, including the Integrated Care Board (ICB), health organisations, and care providers, supported by improvement partners through the Care Quality Commission (CQC) to further strengthen collaboration, particularly in commissioning.

5. In response to questions and comments from Members, discussion covered the following:

a) Miss Morton advised that the final budget deficit figure was not yet available and would be shared once confirmed publicly. However, early indications suggested that the budget position had been managed well.

b) Mr Henderson reported that officers would consider what lessons could be learned from the Meningitis incident, including the review process, and that Member's requests to be involved in the review would be taken into consideration.

c) Mr Henderson welcomed Member's interest in the Marmot Coastal Region Project and confirmed that Councillor involvement was encouraged, offering to work closely together and supporting engagement in future discussions. Dr Ghosh further highlighted that the focus included access to good quality

jobs, with the Health and Wellbeing Board providing a key route for Member involvement, alongside additional opportunities being explored.

d) Helen Gillivan, Interim Director of Adults and Integrated Commissioning, outlined that work was ongoing with providers to ensure value for money for residents and that a significant proportion of care was arranged by self-funders. She also highlighted close working with health partners to support timely hospital discharge and prioritise enabling individuals to return to their own homes wherever possible. It was also emphasised that prevention was key in reducing demand for residential care, with a focus on working with NHS partners to prevent conditions that could lead to increased care needs.

6. RESOLVED that the Adult Social Care and Public Health Cabinet Committee note the verbal updates.

72. Adult Social Care Performance Dashboard
(Item. 6)

1. The item was introduced by Miss Morton, who highlighted that Quarter 4 performance was positive and stable, with no red- rated KPIs despite continued high demand. She emphasised improvements in independence, quality of care, and safeguarding demand, alongside reduced assessment backlogs. Miss Morton praised the service for their performance and progress made.

2. The report was introduced by Helen Groombridge, Adult Social Care and Health Performance Manager, who provided an overview of the Quarter 4 report, the overall 2025/26 financial position, including benchmarking against national measures, and the new suite of indicators for 2026/2027. She highlighted increased demand and activity compared to the previous year, along with strong performance in long-term support and residential care against national benchmarks. She also outlined pressures in areas such as safeguarding, and advised that statutory returns were being submitted, with further updates to follow later in the year.

3. In response to questions and comments from Members, discussion covered the following:

a) Ms Groombridge explained that indicator ASH13 reflected the average cost of new support packages for a specific period but was subject to updates due to backdated and late data entry. She advised that the measure represented only a small part of overall budgets and forecasting and may be removed in future to allow greater focus on more relevant financial indicators.

b) Ms Gillivan added in relation to ASH13, that the commissioned cost of a support package was set at the outset and typically only changed through annual fee uplifts, or if an individual's needs changed. She outlined that any reassessment of need may alter the cost, as pricing was based on individual circumstances. Ms Hammond also outlined work to address additional costs being added to placements beyond the base price, emphasising the need for clearer expectations and improved alignment with individual needs. She stated that future frameworks would include a banded approach to better reflect differing levels of need.

c) Ms Groombridge explained, in relation to indicator ASH2, that the move to using the median target aligned with the CQC and national measures, enabling better benchmarking against other authorities. She reassured the Committee that other measures, including averages and performance against 28 days, would continue to be monitored locally, alongside regular tracking of assessment times.

d) Ms Hammond advised that the direct payments figure reflected all service users, many of whom were older and may have found managing payments and employer responsibilities less suitable. She highlighted that while there was ambition to increase uptake due to the benefits of greater choice and control, the target reflected practical challenges and may not be achievable for all individuals. She also informed the Committee that officers could provide additional briefings on the performance dashboards and data available outside the Committee, for those that were interested.

e) Sydney Hill, Director of Operations (Long- Term Support), outlined work undertaken to improve uptake of direct payments, including simplifying processes, developing the personal assistant market, and supporting micro-providers. She emphasised that despite these efforts, uptake had remained largely static and that further work may be needed to address perceptions and promote the benefits of direct payments.

4. RESOLVED that the Adult Social Care and Public Health Cabinet Committee note the performance of Adult Social Care services in Quarter 4 2025/26 and note the new suite of indicators for 2026/27.

73. Adult Safeguarding Update
(Item. 7)

1. The item was introduced by Miss Morton, who highlighted the importance of safeguarding and the shared responsibility across the Council. She referenced the scale of the challenge, ongoing improvement work following CQC findings, and strengthening of safeguarding arrangements to deliver better outcomes for residents.

2. The report was introduced by Michael Thomas Sam, Director of Operations (Short- Term Support), who explained the safeguarding process, outlining its role in protecting individuals from abuse and neglect and the range of settings where concerns arose. He highlighted rising safeguarding demand, improvements in data recording and the importance of partnership working through the Safeguarding Adults Board. He also detailed ongoing actions to address findings from the CQC inspection and strengthen practice, performance and partner relationships.

3. In response to questions and comments from Members, discussion covered the following:

a) Catherine Collins, Interim Strategic Safeguarding Lead, advised that safeguarding referrals could be made through the Council's public website, where accessible information and dedicated public and professional referral forms were available, with submissions sent directly to safeguarding teams.

b) Mr Thomas-Sam indicated that detailed safeguarding data was available via internal dashboards at local team level and confirmed that he would explore sharing this information with Committee Members on a district or area basis.

4. RESOLVED that the Adult Social Care and Public Health Cabinet Committee note the report.

74. Health and Wellbeing Board
(Item. 8)

1. The item was presented by Dr Ghosh, who presented an overview of the background of the Health and Wellbeing Board, including its previously reduced role following the creation of the Integrated Care Board (ICB) and Integrated Care Partnership (ICP). He detailed the need to re- establish the Board due increased demand for a Kent- focused approach and national changes, including the abolition of the ICP. Dr Ghosh also highlighted the Board's renewed role as a key strategic partnership for health and wellbeing across Kent.

2. Dr Gogarty continued by emphasising the importance of linking the Health and Wellbeing Board to neighbourhood health while maintaining a broader focus on key health challenges. He highlighted agreed priorities, including the use of the Better Care Fund, mental health, as well as the need to review Board membership and strengthen partnership working. He also outlined the intention to build on existing strategies while developing both local and system- wise approaches to delivery.

3. In response to questions and comments from Members, discussion covered the following:

   a) Dr Ghosh emphasised that the Health and Wellbeing Board was a statutory requirement and provided an important foundation for future local arrangements. He acknowledged ongoing uncertainty around future structures but stressed the need to strengthen the Board now to support future development, including making it more locally focused and effective in practice.

4. RESOLVED that the Adult Social Care and Public Health Cabinet Committee note the report.

75. Neighbourhood Health Plan
(Item. 9)

1. The item was introduced by Dr Ghosh, who outlined that despite carrying a number of tensions, including potential duplication and an overly clinical focus, the neighbourhood health plan presented a significant opportunity to strengthen local collaboration. He highlighted the important role of local authorities and partners, in delivering a more preventative and community-based approach. He also emphasised the central role of the Health and Wellbeing Board in providing strategic oversight and supporting effective local delivery.

2. Dr Gogarty further outlined the national neighbourhood health framework and its broader scope, including access to General Practitioner (GP) services, hospital waiting times and prevention. He highlighted the opportunity for Kent to shape local neighbourhood plans that aligned with NHS and local authority priorities, particularly in Adult Social Care and prevention. He also addressed emerging delivery structures and partnership working, while acknowledging that more detail was needed in relation to children and mental health.

3. In response to questions and comments from Members, discussion covered the following:

   a) Dr Gogarty indicated that GP waiting time data was not currently collected in a consistent or robust way at a national level, although this may be an area the NHS was beginning to address.

   b) A Member raised concerns regarding local stroke services and access to timely care for residents in Thanet.

   c) Dr Gogarty explained that proposals for neighbourhood health centres were still under development, with no firm plans yet for Kent, but opportunities may emerge for local authorities to work with NHS partners as plans evolved.

   d) Dr Gogarty outlined that neighbourhood health structures were being designed to different scales, with smaller local teams supported by larger multi- neighbourhood teams to deliver more complex services. He emphasised that the focus should be on service delivery rather than buildings, and that there was an opportunity to improve outcomes through better alignment with partners. He also highlighted the challenge of shifting resources from hospitals into community settings and indicated that funding was likely to be largely based on existing resources, with some potential use of repurposed estates or partnership models.

   e) Mr Henderson welcomed the increased role of pharmacies and supported plans to strengthen their prescribing capabilities. They also highlighted the potential for technology and Artificial Intelligence (AI) to improve access and efficiency in GP services.

   f) A Member reflected on population figures for neighbourhood health centres, suggesting they were likely to serve larger populations than individual neighbourhood teams.

4. RESOLVED that the Adult Social Care and Public Health Cabinet Committee note the report.

76. Blue Badge Update
(Item. 10)

1. Miss Morton introduced the item, reflecting on a recent visit to the Blue Badge team and praising the high-quality service they provide, while acknowledging the pressures the service is facing. Mr Thomas-Sam introduced the report, outlining the Blue Badge scheme as a statutory concession focused on functional mobility rather than disability. He explained the application and

assessment process, including eligibility, processing times, and appeals, and highlighted that most assessments were completed without the need for face-to-face contact.

2. In response to questions and comments from Member, discussion covered the following:

   a) Mr Thomas- Sam confirmed that the aim was to seek longer Blue Badge durations and that the Council was influencing discussions through its role in the local authority reference group, subject to regulatory change. He acknowledged the suggestion to consider a wider range of conditions and advised that existing criteria already include automatic eligibility in certain cases, such as end-of-life care.

   b) Ms Hammond explained that Blue Badge eligibility criteria was set nationally, limiting local flexibility to expand access. She highlighted the financial pressures of administering the scheme, advising that the current fee did not cover costs and emphasising the need to balance affordability, statutory requirements, and support for residents. She also added that any changes impacting affordability would be a matter for the administration, given the potential for increased applications and associated costs.

   c) A Member raised concerns that Blue Badge spaces were sometimes used by individuals with less severe mobility issues, which could limit access for those with greater needs.

3. RESOLVED that the Adult Social Care and Public Health Cabinet Committee note the contents of the report.

77. Update on Adult Social Care Campaigns
(Item. 11)

1. The item was introduced by Lisa Clinton, Strategic Involvement and Information Lead, who gave a short PowerPoint presentation, the slides of which can be found HERE.

2. In response to questions and comments from Members, discussion covered the following:

   a) Mr Thomas- Sam confirmed that data surrounding the Carer's Allowance was available and work was ongoing with the Department of Work and Pensions to promote awareness and uptake. He agreed to provide Kent specific figures outside of the Committee.

   b) A Member praised the online resources, highlighting its ease of use and value for quickly signposting residents to information.

3. RESOLVED that the Adult Social Care and Public Health Cabinet Committee note the contents of the presentation.

78. Work Programme
(Item. 12)

RESOLVED to note the Work Programme.

From:	Jamie Henderson, Cabinet Member for Environment, Coastal Regeneration and Public Health Dr Anjan Ghosh, Director of Public Health
To:	Adult Social Care and Public Health Cabinet Committee – 08 July 2026
Subject:	**Performance of Public Health Commissioned Services (Quarter 4 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, January to March 2026, of 14 Red-Amber-Green (RAG) related quarterly Key Performance Indicators, four were Green (met or exceeded target), six were Amber (below target but above the floor threshold), and one was Red (below the target and below the floor threshold). This is detailed below:

- Number (%) of clients currently active within One You Kent services being from the most deprived areas in Kent

Three Key Performance Indicators were not available at the time of writing this report. This is detailed below:

- Number (%) of pregnant women receiving an antenatal contact (face-to-face, online, telephone) by the health visiting service or an antenatal information letter
- Number (%) of pregnant women receiving an antenatal contact (face-to-face, online, telephone) by the health visiting service
- Percentage of families who attend at least 80% of Family Partnership Programme (FPP) contacts

Recommendation(s): The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Quarter 4 (Q4) 2025/2026.

1. Introduction

1.1. A core function of the Adult Social Care and Public Health Cabinet Committee is to review the performance of services that fall within its remit. This paper provides an overview of the Key Performance Indicators (KPI) for the Public Health services commissioned by Kent County Council (KCC) and includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR).

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

2. Overview of Performance

2.1. Four of the 14 quarterly KPIs remain above target and were RAG rated Green, six were below target although did achieve the floor standard (Amber) and one was below target and did not achieve the floor standard (Red). Regarding the KPIs RAG rated Amber and Red, commissioners will continue to work with providers to improve performance. The Red KPI is detailed below:

- Number (%) of clients currently active within One You Kent services being from the most deprived areas in Kent

Three KPIs were not available at the time of writing this report. These are detailed below:

- Number (%) of pregnant women receiving an antenatal contact (face-to-face, online, telephone) by the health visiting service or an antenatal information letter

- Number (%) of pregnant women receiving an antenatal contact (face-to-face, online, telephone) by the health visiting service

- Percentage of families who attend at least 80% of Family Partnership Programme (FPP) contacts

3. Health Visiting

3.1. Kent Community Health NHS Foundation Trust (KCHFT) were awarded a new contract for the Health Visiting Service, Specialist Infant Feeding Service, and Family Partnership Programme with effect from 01 January 2026. The service is continuing to mobilise against the new contract requirements.

3.2. The Health Visiting Service delivers the statutory requirements of the Healthy Child Programme on behalf of KCC, including the five mandated health and development reviews which take place at key developmental stages in a child's life: antenatal (after 28 weeks of pregnancy); new birth; 6–8 weeks; 9–12 months; and 2–2½ years.

3.3. In Quarter 4 2025/2026, the Health Visiting Service completed 16,995 mandated health and development reviews. This means that 67,620 out of 75,827 (89%) were completed on a 12-month rolling basis, which exceeds 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 development reviews.

3.4. The new contract introduces a range of updated KPIs, including measures for the antenatal health and development reviews and the Family Partnership Programme. However, due to system changes associated with contract mobilisation, data for antenatal-related and Family Partnership Programme KPIs (see Section 2.1) were not available at the time of writing this report and have not therefore been included.

3.5. The proportion of new birth visits delivered within 10–14 days at 93.4%, was slightly below the 95% target. Importantly, performance remains considerably above national, regional, and nearest neighbour benchmarks in the latest available data (Quarter 2 2025/2026) from the Office for Health Improvement and Disparities (OHID). Delivery within the 10–14 day timeframe can be influenced by cases where families remain under the care of maternity services for longer than 14 days after birth, including where babies require neonatal care. Despite this, 98.5% of new birth visits were delivered within 30 days of birth, demonstrating that the vast majority of families receive timely reviews.

4. Adult Health Improvement

4.1. In Quarter 4 2025/2026, there were 5,831 NHS Health Checks delivered to the eligible population in Kent. This represents a decrease of 6% (348) from the 6,179 checks delivered in the previous quarter, meaning that 26,877 NHS Health Checks were delivered in 2025/2026, which is below the target (31,000).

4.2. In the current quarter, 18,652 first invitations were sent out, compared with 25,719 in the corresponding period of the previous year. Overall, 85,486 people – 92% of the eligible population – were invited to an NHS Health Check in 2025/2026.

4.3. Service delivery during the current quarter was impacted by reduced staffing capacity in the previous supplier and the ending of delivery on behalf of GP practices. GP practices are required to transition to KCC direct contracts from April 2026 and performance of invites is expected to pick up once new arrangements embed.

4.4. NHS Health Check uptake continues to be affected by the switch from letter-based invitations to SMS text-message invitations. The decision to change the invitation route was made to better align the service with other GP service invitation routes, and deliver a more cost-effective and environmentally friendly model. KCC continues to monitor delivery and the impact of SMS invitations on uptake, and is planning a communications campaign to improve awareness of the invitation route.

4.5. In Quarter 4 2025/2026, the Stop Smoking Service supported 983 of 1,801 people setting a quit date to successfully quit smoking, achieving a quit rate of

54.6% (Amber). This compares to 955 of 1,659 (58%) people setting a quit date successfully quitting smoking in the previous quarter. The change was predominantly driven by performance within the core (KCHFT) element of the contract, which reduced from 743 of 1,246 (60%) people setting a quit date successfully quitting smoking in Quarter 3 2025/2026 to 594 of 1,187 (50%) in Quarter 4 2025/2026. This reflects the previous provider (KCHFT) managing their service delivery to prepare for transition and exit to the new provider, ABL Health Limited, from 01 April 2026. It is anticipated that performance will improve over the next two quarters as the service becomes fully embedded.

4.6. The additional stop smoking service in Kent, delivered by Allen Carr Easyway continues to provide an expanded range of options for those wishing to quit smoking, including seminar-based behavioural support, complementing existing provision.

4.7. Mobilisation of the One You Kent Smoke Free Service commenced in January 2026 with service delivery beginning from Quarter 1 2026/2027. The existing provider for the initial A&E pilot programme will continue to provide this service until the end of June 2026 in order to enable ABL Health Limited to focus on fully embedding the core service. It is planned for the new provider to take on the A&E smoking work alongside further service additions during 2026/2027.

4.8. In Quarter 4 2025/2026, the One You Kent (OYK) Lifestyle Service engaged with 1,043 (45%) people from Quintiles 1 & 2, below the 55% target and performing below the corresponding period of the previous year (52%). Lower referral numbers, particularly in East Kent, were anticipated for the current quarter reflecting the management of the transition between providers as a result of the re-procurement of the One You Kent Service. Providers are continuing to explore innovative ways to engage people in Quintiles 1 and 2, including working in partnership with primary health care settings and Family Hubs.

4.9. 58% of individuals on the weight management programme completed the programme in Quarter 3 2025/2026 (reported with a one-quarter lag), below the 60% target. Of those completing the programme (i.e., attending at least 75% [8 of 12] of all active sessions), 92% achieved weight loss.

5. Sexual Health

5.1. In Quarter 4 2025/2026, 15,808 face-to-face and virtual sexual health appointments were attended, an increase of 5% (+769) compared to the corresponding period of the previous year, demonstrating sustained demand for services. Furthermore, clinic Did Not Attend (DNA) rates remain low at 9.6%, consistent with the lower range of quarterly rates recorded since 2021/2022 and further demonstrating sustained demand and consistent engagement with the service. Of the 6,219 first-time patients attending clinics, 63% accepted a full sexually transmitted infection (STI) screen. This remains below the 72% target, resulting in an Amber RAG rating for this indicator. Performance continues to be influenced by patient choice, with some people opting for targeted testing rather than a full STI screen. A revised service specification, effective from 01 April

2026, includes an updated screening uptake indicator, which will provide a more appropriate measure of performance in future reporting periods.

5.2. In the current quarter, 10,373 home testing kits were ordered through the online STI testing service, and 2,812 Long-Acting Reversible Contraception (LARC) procedures were reported within General Practice. In addition, 99 people completed a course of psychosexual therapy, of whom 100% were identified as having an improvement in their presenting problem. This demonstrates the strong and sustained level of demand that providers continue to meet.

5.3. During the quarter, the new Dover Discovery Centre sexual health clinic opened, expanding access for the local population. Work is also underway within the West Kent service to secure a mobile sexual health clinic to support access for underserved communities.

6. Drug and Alcohol Services

6.1. In Quarter 4 2025/2026, Adult Community Drug and Alcohol Services data shows that 27% of people (1,642 of 6,015) successfully completed treatment in the 12-month rolling period to March 2026, slightly below the 28% target. This compares to 1,690 of 5,853 (29%) people successfully completing treatment in the previous quarter. Notably, the performance remains above the national (22%) and regional (24%) benchmarks.

6.2. Whilst the number of people successfully completing treatment has remained relatively consistent, the number of people supported by the service has increased by 8.5% (+472) from 5,543 in the corresponding period of the previous year. As a result, the reduction in planned exits (%) compared to recent quarters is primarily attributable to an increase in the number of people accessing the service across all substance groups, with the exception of opiates.

6.3. In the current quarter, the number of people accessing structured treatment across all substance groups has met target, with the exception of the opiate pathway. The decrease in opiate users presenting for structured treatment reflects the national trend, and the Office for Health Improvement and Disparity (OHID) have agreed to lower the target for the next financial year.

6.4. The service continues to have a focus on providing bespoke interventions for those clients who have experienced domestic abuse. Two specialist embedded domestic abuse workers have recently been added to the service and will ensure staff are upskilled to work with these clients and are supported to make referrals to domestic abuse services.

6.5. In Quarter 4 2025/2026, 87% of young people exited treatment in a planned way, exceeding the 85% target. This represents 61 planned exits, 7 unplanned exits, and 2 transfers.

6.6. In the current financial year, the service supported 444 young people in structured treatment – 253 aged under 18 and 191 aged 18 and over – exceeding the respective targets. During this period, 60 young people provided

feedback on the structured treatment programme, with 97% rating the programme as ‘good’ (target = 90%). Additionally, during Quarter 4 2025/2026, the service supported 659 young people through group early intervention. Of these, 64 provided feedback, with 92% rating the programme as ‘good’ (target = 90%).

6.7. All unplanned closures are reviewed by a manager to ensure that all reasonable attempts have been made to re-engage the young person. This includes contact via phone calls, text messages, letters, and, where appropriate, liaison with the referrer. In Quarter 4 2025/2026, there were three re-presentations (two aged under 18 and one aged 18 and over), arising from a parent referral, a youth justice referral, and a self-referral transferred from Change Grow Live (CGL).

6.8. In the current quarter, the proportion of planned exits overall improved; however, performance varied by cohort, with those aged under 18 decreasing by 9 percentage points (from 91% to 82%) and those aged 18 and over increasing by 20 percentage points (from 70% to 90%). The improvement in the older cohort reflects additional staffing and an increased focus on assessment, waiting times, and timely case closure. Performance continues to be influenced by referral suitability and young people’s ability to sustain engagement, with externally driven referrals sometimes leading to unplanned exits. Of those young people exiting in a planned way, 25% reported abstinence; while no longer a KPI, this remains relevant alongside the service’s focus on harm reduction and ongoing monitoring of young people’s feedback.

7. Mental Health and Wellbeing Service

7.1. In Quarter 4 2025/2026, Live Well Kent and Medway received 2,191 referrals countywide, an increase of 12% (+242) 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 97% of respondents reported improvements with regard to their personal goals, demonstrating strong engagement with the service. Wellbeing outcomes remained high, with 87% of people showing improved or maintained wellbeing scores using the DIALOG Scale.

8. Conclusion

8.1. Four of the 14 KPIs remain above target and were RAG rated Green, six were below target although did achieve the floor standard (Amber), and one was below target and did not achieve the floor threshold (Red).

8.2. Regarding the KPIs RAG rated Amber and Red, commissioners will continue to work with providers to improve performance. It is important to note that a key driver of the recent decline in performance is linked to the changes resulting from re-procurement activity. A temporary drop in performance is typical during periods of mobilisation and change, and it is anticipated that performance, outcomes and value for money will improve as new providers embed and fully establish service delivery.

9. Recommendation

9.1. **Recommendation(s):** The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Quarter 4 2025/2026.

10. Background Documents

10.1. None

11. Appendices

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

12. Report Author(s)

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

	Indicator Description	Target 24/25	Target 25/26	Q4 24-25	Q1 25-26	Q2 25-26	Q3 25-26	Q4 25-26	DoT	Benchmarking* England	Region	Neighbour
► Health Visiting												
PH29	No. (%) of mandated health and development reviews delivered by the health visiting service (12 month rolling)	86%	86%	66,696 87%	66,831 88%(G)	66,846 88%(G)	66,900 88%(G)	67,620 89%(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%	2,998 97%	3,325 98%(G)	3,492 97%(G)	3,072 95%(A)	NCA	↓	-	-	-
PH14	No. (%) of pregnant women receiving an antenatal contact (face-to-face, online, telephone) by the health visiting service	50%	50%	1,459 47%(A)	1,588 47%(A)	1,670 47%(A)	1,514 47%(A)	NCA	↔	-	-	-
PH15	No. (%) of new birth visits delivered by the health visitor service within 10–14 days of birth	95%	95%	3,489 94%(A)	3,663 94%(A)	3,840 95%(G)	3,798 96%(G)	3,327 93%(A)	↓	87%	86%	88%
PH31	Proportion (%) of families who attended at least 80% of Family Partnership Programme (FPP) contacts	75%	75%	70% -	78% (G)	62% (A)	67% (A)	NCA	↑	-	-	-
► Substance Misuse Treatment												
PH13	No. (%) of young people exiting specialist substance misuse services with a planned exit	85%	85%	56 74%(R)	89 83%(A)	61 74%(R)	70 81%(A)	61 87%(G)	↑	-	-	-
PH06	No. of adults accessing structured treatment substance misuse services (12 month rolling)	5,998	5,770	5,543 (A)	5,656 (A)	5,774 (G)	5,853 (G)	6,015 (G)	↑	-	-	-
PH03	No. (%) of people successfully completing drug and/or alcohol treatment of all those in treatment (12 month rolling)	25%	28%	1,573 28%(G)	1,608 28%(G)	1,673 29%(G)	1,690 29%(G)	1,642 27%(A)	↓	22%	24%	24%
► 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	33,487 (G)	32,840 (G)	31,376 (G)	29,877 (A)	26,877 (A)	↓	-	-	-
PH26	No. of people setting a quit date with smoking cessation services (cumulative)	-	-	6,499	1,941	3,619	5,278	7,079	-	-	-	-
PH11	No. (%) of clients quitting at 4 weeks, having set a quit date with smoking cessation services	55%	55%	1,383 59%(G)	1,023 53%(A)	935 56%(G)	955 58%(G)	983 54.6%(A)	↓	52%	52%	53%
PH25	No. (%) of clients currently active within One You Kent services being from the most deprived areas in Kent	55%	55%	1,967 52%(A)	1,733 53%(A)	1,769 51%(R)	1,579 57%(G)	1,043 45%(R)	↓	-	-	-
PH27	No. (%) of clients that complete the Weight Loss Programme	60%	60%	505 61%(G)	428 59%(A)	328 61%(G)	216 58%(A)	NCA	↓	-	-	-
► Sexual Health												
PH28	No. (%) of all new first-time patients receiving a full sexual health screen (excluding online referrals)	72%	72%	4,035 67%(A)	3,635 63%(A)	3,891 63%(A)	3,829 65%(A)	3,889 63%(A)	↓	-	-	-
► Mental Wellbeing												
PH22	No. (%) of Live Well Kent and Medway clients who would recommend the service to family, friends, or someone in a similar situation	98%	98%	809 99.5%(G)	603 99%(G)	713 99.4%(G)	941 99.7%(G)	942 99%(G)	↔	-	-	-

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

Commissioned Services Annual Activity

Indicator Description		2020/21**	2021/22	2022/23	2023/24	2024/25	2025/26	DoT	Benchmarking England	Region	Neighbour
PH09	Participation rate of Year R (aged 4–5 years) pupils in the National Child Measurement Programme	85% (G)	88% (A)	93% (G)	96% (G)	95% (G)	NCA	↓	95%	95%	-
PH10	Participation rate of Year 6 (aged 10–11 years) pupils in the National Child Measurement Programme	9.8% (A)	87% (A)	90% (G)	95% (G)	94% (G)	NCA	↓	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)***	79,583	96,323	121,437	31,379	64,866	91,743	-	-	-	-
PH07	No. accessing KCC-commissioned sexual health service clinics	58,457	65,166	58,012	61,508	61,360	62,810	↑	-	-	-

**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:	Jamie Henderson, Cabinet Member for Environment, Coastal Regeneration and Public Health Dr Anjan Ghosh, Director of Public Health
To:	Adult Social Care and Public Health Cabinet Committee – 8 July 2026
Subject:	**Public Health Communications and Campaigns Update**
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	None
Electoral Division:	All

Summary: This paper is a review of the performance of the campaigns and communications activity which supported the delivery of public health priorities in 2025/2026 based on activity between 1st April 2025 until 31st March 2026, when the new campaign cycle started.

The report notes an overview of the campaign and communications activity agreed by Public Health Consultants, activity that was carried out in support of public health objectives, and where possible the impact on behaviour change or service uptake.

Recommendation: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the public health campaigns that were delivered in 2025/26 and the need to continue to deliver.

1. Introduction

1.1 Marketing and communications activity continued to play a critical role in supporting our residents and providing trusted and timely information about public health priorities throughout the year

1.2 2025-2026 was a period of change with One You Kent services (Smoking cessation, healthy weight and lifestyle) and NHS Health Checks going through transformation programmes. MRX has supported public health commissioning with communicating these changes and ensuring access to key services during the transition/onboarding periods.

1.3 For the planning cycle 2025/26 the following public health priorities were identified with clear, measurable objectives set, against which a campaign was planned, developed and delivered:

- Mental Health & Suicide Prevention
- Smoking Cessation
- Drugs & Alcohol
- Best Start in Life
- Healthy Lifestyle
- Sexual Health
- Health Protection (including seasonal health)
- NHS Health Checks

1.4 Marketing and communication campaign activity continued to focus on three main drivers:

- Promoting healthier behaviours and self help
- Giving information and advice
- Promoting local services where available and highlighting online and digital support.

1.5 Campaign objectives are aligned to core public health outcomes and often operate to build long-term resident **capability, motivation, and opportunity** to change. They are not the same as the service objectives.

Shifting deep-seated behaviours and cultural norms takes time, and marketing activity does not always result in an immediate spike in service uptake/referrals or evidential behaviour change. Highly effective preventative marketing ultimately aims

to reduce long-term dependency on services to improve health outcomes and reduce costs.

Campaigns and communications activity amplifies public health messages and services to reach larger audiences and motivate change, alongside partnership working to reach underserved groups and communities.

Performance metrics vary by tactic/channel. Key metrics used for campaigns and communications are:

- **Impressions:** The total number of times campaign content has been displayed on a screen
- **Reach:** The number of unique, individual users who have actively been served targeted campaign content
- **Engagements:** Combination of clicks, link clicks, video plays or shares
- **Opportunities to See (OTS):** The standard industry metric estimating how many people were exposed to TV, radio, and out-of-home (billboard) advertising content
- **Audience Size:** The total number of unique users who follow or subscribe to KCC's owned digital channels
- **Website Visits:** The total volume of traffic to KCC and/or partner web pages

2. Overview of Public Health Campaigns and Communications 2025/2026

Below is a breakdown of the main campaign and marketing activity that was delivered in 2025/26 across each priority area.

2.1 Mental Health & Suicide Prevention

- Signposting and promotion of local services and support through social media, newsletter and media features:
    - Mental Health and Wellbeing Information Hub
    - Mind Training (specifically Suicide Prevention & Everyday Mental Health)
    - Live Well Kent Services
    - Safe Havens

- Release the Pressure campaign promotion
    - ‘Always on’ google ads to promote Release the Pressure helpline to Kent residents who are searching for related key terms
- Media features and social media content around pre-agreed key awareness dates and times of year:
        - Baton of Hope event
        - Mental Health Awareness Week
        - World Suicide Prevention Day
        - World Mental Health Day
- Awareness raising promotion using targeted advertising in key locations and times of year:
    - Football stadium advertising (Dover FC, Dartford FC and Folkestone Invicta FC)
    - Pharmacy bag advertising
    - Petrol pump advertising
    - Radio and digital audio ads
    - Social media advertising
- Sharing national toolkit assets and key messages including Every Mind Matters and Kooth across social media channels

- **Advertising Impact (of the above activity)**
    - **Impressions –** 9,369,958
    - **Reach –** 2,469,392
    - **Engagements –** 9,723
    - **Website views –** 29,513 (Release the Pressure)

2.1.1 Key campaign priorities for 2026-27

- Promoting the Release the Pressure helpline including the updated text support line ‘STAND’. Advertising through a variety of out of home and digital channels in key areas to raise awareness of the updated services.
- Rebranding the ‘6 Ways to Wellbeing’ preventative campaign using digital channels to support Kent residents with a toolkit to support their mental

wellbeing. Using advertising channels to boost awareness and reach to key audiences

- Communications and PR support for the launch of the New Suicide and Self-Harm Strategy 2026-2030.

2.2 Smoking Cessation

- Signposting and promotion of local services and support through social media, media features and advertising:
    - Smokefree Kent webpage and services
    - One You Kent
    - Allen Carr's Easyway programme
- Supported the launch of the South East Smokefree Alliance regional smoking and mental health campaign through KCC channels, including the Kent leg of the roadshow (Folkestone Invicta FC matchday). Attended alliance calls throughout the year.
- Media features and social media content around pre-agreed key awareness dates and times of year
    - Stoptober
    - New year
    - National No Smoking Day
- Awareness raising promotion using targeted advertising in key locations and times of year:
    - Football stadium advertising (Dover FC, Dartford FC and Folkestone Invicta FC)
    - Pharmacy bag advertising
    - Petrol pump advertising
    - Radio and digital audio ads
    - Social media advertising
- Sharing national tools and key messages across Kent including NHS stop smoking services through social media channels

2.2.1 Key campaign priorities for 2026-27

- Work closely with the South East Stop Smoking Alliance to amplify regional campaigns

- Awareness raising campaign to support the benefits of quitting smoking and the local stop smoking support (including One You and Allen Carr), with specific campaign activity targeted towards key areas/audiences
- Campaign advertising and communications support (PR) to amplify key awareness days (Stoptober, Stop Smoking Day and the new year)
- Promotion of the vaping survey for 16-18 year olds using targeted advertising

2.3 Drugs & Alcohol

- Awareness raising promotion of the Drug and Alcohol brand campaign and Know Your Score quiz, using targeted advertising in key locations and times of year:
    - Football stadium advertising (Dover FC, Dartford FC and Folkestone Invicta FC)
    - Pharmacy bag advertising
    - Petrol pump advertising
    - Internal bus ads
    - 6 sheet ads – convenience stores
    - Radio and digital audio ads
    - Google / digital ads
    - Social media advertising
- Signposting and promotion of local services and support through social media, media features and advertising:
    - Preventative Know Your Score campaign
        - Know Your Score online quiz
        - Lower my drinking webpage
        - One You Kent referral form
    - Drug and Alcohol support
        - Advice and information
        - Referral services in Kent
- Media features and social media content around pre-agreed key awareness dates and times of year
    - Alcohol Awareness Week/Summer
    - Winter/Dry January

- Sharing national tools and key messages across Kent including NHS alcohol advice and tools and Alcohol Change UK unit calculator using social media channels

- **Advertising Impact**

○ **Impressions –** 11,300,939 ○ **Reach –** 3,782,822 ○ **Engagements –** 185,052 ○ **Website views –** 11,290

2.3.1 Key campaign priorities for 2026-27

- Promotion of the Know Your Score quiz and Drug and Alcohol Service so residents are aware of units and support options available in Kent. Upweighted for key areas/audiences
- Campaign advertising and communications support (PR) to amplify key awareness days and periods (Alcohol Awareness Week/Summer and Dry January/new year).
- Use of case studies where possible using 'Alcohol and me' branding.
- Content toolkit creation to raise awareness of Naloxone for target audiences

2.4 Best Start in Life

- Sharing national tools and key messages across Kent including Best Start in Life information and resources, NHS Healthy Start and National Breastfeeding Helpline using social media channels
- Media features and social media content around pre-agreed key awareness dates and times of year:
    - World Breastfeeding Awareness Month
    - Infant feeding campaign
- Branding and creative support for the supervised toothbrushing programme in key settings/areas of Kent

- Signposting and promotion of local services and support through social media, media features and advertising:
    - Best Start in Life local and Kent Family Hub information and services
    - Infant feeding webpage and partner services such as Beside You & local Breastfeeding support
    - NHS Healthy Start and free vitamins in Kent
- Infant Feeding campaign promotion and advertising in Jan-March 2026
    - Creation of new infant feeding animations to support new parents
    - Promotion of key information and signposting to support services (Beside You, NCT, mental health helpline, healthy start and breast pump hire)
    - Advertising included:
        - Printed items (posters/coffee cup sleeves in country parks/cafes)
        - Internal bus advertising
        - Advertising at soft play/leisure centres
        - Digital advertising including Mumsnet, KM 'My Kent Family', Meta and Google ads
        - Digital radio/spotify
- **Advertising Impact**

○ **Impressions –** 7,062,995
○ **Reach –** 1,404,244
○ **Engagements –** 23,515
○ **Website views –** 11,820
○ **Video views –** 31,993

2.4.1 Key campaign priorities for 2026-27

- Promotion of national Best Start in Life information and advice.
- Campaign advertising to promote infant feeding advice and support in for expectant and new parents. Using new animations and upweighted for key areas/audiences
- Campaign advertising and communications support (PR) to amplify key awareness days (World Breastfeeding Awareness Week)

2.5 Healthy Lifestyle

- Sharing national tools and key messages across Kent including NHS Better Health and Healthy Choices quiz through social media channels
- Signposting and promotion of local services and support through social media, partnerships, media features and advertising:
    - One You Kent (Healthy weight and get moving pages) – promoting walking groups and referrals
    - KCC content (Dinspration and Healthy eating on a budget pages)
    - Kent Connected & WeRoam tools
      Everyday Active and Explore Kent
- Media features and social media content around pre-agreed key awareness dates and times of year:
    - National Walking Month
    - January - March
- Promotion using targeted advertising in key locations:
    - Creation of short recipe animations for 'Dinspiration' campaign
    - Printed ads in the community ads local magazines
    - Digital screens at play centres, cinemas and leisure centres
    - KM ads
    - Spotify ads
    - Social media advertising
- Attended and contributed to the Countryside comms partnership meetings to collaborate and amplify partner projects
- Supported with the communications for the change of commissioned service provider for One You Kent
- **Advertising Impact**

    - **Impressions –** 12,532,485
    - **Reach –** 2,012,702
    - **Engagements –** 24,781
    - **Website views –** 11,552
    - **Healthy Choices** - Kent data - 24,200 quiz completions and 3,443 email registrations

2.5.1 Key campaign priorities for 2026-27

- Promotion of NHS tools and information to Kent residents to live a healthy lifestyle. Promotion of the NHS healthy choices quiz in Kent
- Support the new provider of One You services in Kent, to provide guidance and amplify communications and content through the One You Kent social media channels
- Promote the One You website pages around healthy weight and being active to increase referrals and signposting to local and national tools
- Campaign advertising and communications support (PR) to amplify key awareness days (National Walking Month, New year/healthy recipes and spring/ being active)
- Attend partnership calls to work collaboratively and amplify partner campaigns

2.6 Sexual Health

- Signposting and promotion of local services and information through social media, newsletter and media features:
    - KCC Sexual health webpages
        - STI information and access to home and clinic based STI testing
        - Contraception choices (including free condoms for under 25 year olds)
        - Healthy relationships
- Media features and social media content around pre-agreed key awareness dates and times of year:
        - Sexual Health Week
        - World Contraception Day
        - National HIV Testing Week

- Awareness raising promotion using targeted advertising for STI testing and Contraception choices in Kent
    - Internal bus panel advertising
    - Digital boards (leisure centres/cinemas)
    - Printed posters and merchandise (Colleges and organisations)
    - Pharmacy bag advertising
    - DAX and Spotify advertising
    - Search advertising (Google)
    - Social media advertising

- **Advertising Impact**

○ **Impressions** – 11,762,800
○ **Reach** – 3,433,563
○ **Engagements** – 96,311
○ **Website views** – 42,585

2.6.1 Key campaign priorities for 2026-27

- Promotion of the sexual health information and support options available in Kent. Upweighted for key areas/audiences
- Social media and communications support (PR) to amplify key awareness days and periods
- Campaign advertising to raise awareness of the 'Free Condom programme for under 25 years and STI testing and contraception choices.

2.7 Health Protection (including seasonal health)

- Promotion of NHS information to Kent residents around immunisations and vaccinations to eligible groups
- Media feature, website and social media content to raise awareness of the UK HSA Heat-health and Cold-health alerts in winter on the health of vulnerable residents in Kent (All residents if red alert)
- Signposting and promotion of local services and information through social media, newsletter and media features:

    - Seasonal health (This Winter and Heatwave content)
    - Seasonal flu vaccinations and Covid boosters
    - Childhood vaccines
    - MMR uptake
    - Kent Air alerts
    - Ticks
    - Infection prevention
- Media features and social media content around pre-agreed key awareness dates and times of year.
- Budget contribution to NHS Kent & Medway in the targeted promotion of the seasonal flu and covid booster campaign to key audiences.
    - Social media advertising (Meta and LinkedIn)
- Attend partnership calls to work collaboratively and amplify partner campaigns/priorities

2.7.1 Key campaign priorities for 2026-27

- Promotion of seasonal flu vaccination and Covid booster campaign supporting NH Kent & Medway. Joint funding opportunity to increase advertising reach to key audiences
- Promotion of childhood immunisation at key periods (children under 5)
- Promotion of MMR uptake to college and university students
- Social media and communications support (PR) to amplify key awareness days and periods
- Targeted advertising linked to temperatures (high and low) of key messages to key audiences

2.7.2 NHS Health Checks

- Supported communications via GPs due to changes to the way people have been invited to their NHS health Check (via text through GPs).
- Due to changes in the commissioning and NHS Health Checks no paid for promotion has been completed in 2025-26.

2.7.3 Key campaign priorities for 2026-27

- Awareness raising promotion of the way you are invited to an NHS Health Check and to promote booking your check will be planned for 2026-27 to raise uptake of the checks.
- New creative will be developed and targeted advertising will be used.

Total MRX public health campaign spend for 2025-26 - £249,174

4. Conclusion and Next Steps

4.1 We continue to develop the public health communications plan in line with priorities agreed by the Director of Public Health. These include:

- Mental Health & Suicide Prevention
- Smoking Cessation
- Drugs & Alcohol
- Marmot
- Best Start in Life
- Healthy Lifestyle
- Sexual Health
- Health Protection (including seasonal health)
- NHS Health Checks

4.2 Previous successes and learning continues to be integrated into future campaigns, developing effective communication methods and channels to target key groups and issue areas, across all platforms.

4.3 It has long been recognised that for long-term change requires long-term, consistent messaging, and it is important to continue working with local partners and nationally with the UKHSA to create and deliver consistent public health campaigns and marketing activity.

5. Recommendation

5.1 Recommendation: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the review of the public health communications and campaigns in 2025/26 and the need to continue to deliver throughout 2026/27.

6. Background Documents

None

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From: Jamie Henderson, Cabinet Member for Environment, Coastal Regeneration and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Adult Social Care and Public Health Cabinet Committee – 8 July 2026

Subject: Suicide Prevention Services

Decision no: 26/00037

Key Decision: Yes - Affects more than 2 Electoral Divisions

Classification: Unrestricted

Past Pathway of report: N/A

Future Pathway of report: Cabinet Member Decision

Electoral Division: All

Is the decision eligible for call-in? Yes

Summary:
Existing Suicide Prevention Services are due to end on 31 March 2027. Approval is sought to procure and award new contracts to ensure the continued delivery of high-quality suicide prevention and bereavement support services across Kent and Medway from 1 April 2027. Competitive procurement processes are proposed to secure the most suitable providers, ensure continuity of provision, and maintain alignment with national and local strategic priorities.

While formal ICB budget confirmation is pending, funding is anticipated and will be formalised prior to procurement commencing. Contract award and mobilisation will not proceed until funding is confirmed. Early approval is required to allow sufficient time for procurement and mobilisation, avoiding delays that could risk service disruption.

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 Environment, Coastal Regeneration and Public Health in relation to the proposed decision as detailed in the attached Proposed Record of Decision document (Appendix A).

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1. Introduction

1.1 In 2019, the NHS committed £36 million over a period of 10 years to support the roll-out of suicide bereavement support services across England. This funding is received by Kent and Medway Integrated Care Board (ICB) to deliver the core Kent and Medway Suicide Prevention Programme. A Memorandum of Understanding (MoU) sets out the financial relationship between KCC and the ICB for this programme, which is hosted by KCC. This means that the outputs of the Programme, including commissioned services must align not only with the priorities and requirements of KCC, but also with those of the NHS and deliver against the multi-agency Suicide Prevention Strategy.

1.2 Between 2022-2024, there was an average of 144 suspected suicides in Kent and Medway, according to the Real Time Suicide Surveillance System (RTSS) with Kent Police.

1.3 Evidence suggests that up to 135 people can be impacted by an individual case of suicide (Cerel et al, 2018). People bereaved by the sudden death of a friend or family member are also 65% more likely to attempt suicide if the deceased died by suicide than if they died by natural or accidental causes (Pitman et al, 2016).

2. Key Considerations

2.1 The Suicide & Self-Harm Prevention Strategy for 2026-2030 was approved and published in January 2026 (25/00105). The strategy was developed in conjunction with the Suicide Prevention Networks, which are well-established partnerships made up of over 250 agencies, including statutory and voluntary / community sector organisations as well as individuals living with experience of suicidal thoughts, self-harm or being bereaved by suicide.

2.2 To support delivery of the strategy, the council commissions suicide prevention services across Kent and Medway including:

- Amparo (Contract SC20060), delivering specialist support to individuals who have been bereaved by suicide.
- Mid Kent MIND (Contract SC21041), delivering Suicide Prevention Training.

2.3 Both of these services have an end date of 31 March 2027.

2.4 National Suicide Prevention Strategy for England (2023–2028) specifies that Local Authorities, through their Public Health teams, are expected to lead multi-agency suicide prevention partnerships, develop local suicide prevention strategies, and coordinate delivery across the system. Therefore, KCC leads the suicide prevention programme, including commissioning services, even though the funding originates from NHS budgets. KCC's established relationships with voluntary and community sector providers enable a collaborative approach that avoids duplication and ensures alignment with the Kent and Medway Suicide Prevention Strategy.

2.5 Maintaining continuity and stability of provision is critical, and Commissioners have been undertaking recommissioning activity since July 2025 to inform the next iteration of services, required to commence 1 April 2027.

3. Options considered

3.1 Four options have been considered for the future of suicide prevention services in Kent and Medway as the current contracts approach expiry, with Option 3identified as the option to be progressed;

Option	Summary
Option 1: Do nothing - allow the existing suicide prevention services in Kent and Medway to come to an end 31 March 2027.	Not recommended, as it would leave bereaved individuals without access to essential support, risk higher long-term costs and contradict national and local strategic priorities including: • National Suicide Prevention Strategy for England (2023–2028) • NHS Long Term Plan • NICE Quality Standard QS189 • Kent & Medway Suicide and Self-Harm Prevention Strategy 2026–2030 • Kent County Council Reforming Kent Priorities
Option 2: Extend current suicide prevention services in Kent and Medway.	Not preferred at this time. While this would maintain continuity, it may limit opportunities for innovation, market testing, and securing longer-term value for money.
Option 3: Recommission suicide prevention services in Kent and Medway via open procurement.	Preferred option. Recommissioning the services through a competitive procurement process will ensure transparency, allow for market engagement, and support the identification of the most suitable provider. This approach enables service improvement, innovation, and alignment with the NHS Long Term Plan and the Kent & Medway Suicide and Self-Harm Prevention Strategy 2026–2030, while supporting continuity and minimising disruption through robust mobilisation and transition arrangements.
Option 4: Bring suicide prevention services in Kent and Medway service in-house.	Not preferred due to potential service disruption and lack of specialist expertise; may be revisited in future commissioning cycles.

3.2 The recommended approach is to recommission suicide prevention services via open procurement, ensuring continuity and stability for service users and partners, and supporting alignment with strategic priorities and partnership commitments.

3.3 At an early stage, consideration was given to commissioning a single contract encompassing both the Specialist Bereavement Support Service and separate Suicide Prevention Training Workshops, recognising that both services sit within the wider Suicide Prevention Programme funded by the Integrated Care Board (ICB). However, following further consideration, this approach has been deemed not feasible due to differing regulatory requirements governing each service.

3.4 The Specialist Bereavement Support Service must be commissioned in accordance with the Provider Selection Regime (PSR), whereas the Suicide Prevention Training Workshop service falls under the Procurement Act (PA). As a result, the two services will be commissioned separately to ensure compliance with the relevant legislation.

4. Kent & Medway Suicide and Self-Harm Prevention Strategy 2026–2030

4.1 Key aims of the Kent & Medway Suicide and Self-Harm Prevention Strategy 2026–2030 are to:

- Significantly reduce suicide rates across Kent & Medway by 2030
- Support children and young people to become resilient enough to cope with life's challenges, and confident to seek help when needed.
- Help adults to understand and manage their own emotional wellbeing and feel comfortable accessing support.
- Foster a system-wide collaborative approach, with statutory, voluntary and community agencies working collectively to ensure support is available and effective.
- Promote mutual learning across organisations so that the system can identify and implement what works in helping individuals access support.

4.2 To maintain services and support delivery of the strategy it is proposed that the following services are procured and awarded to replace existing contracts:

- Specialist Suicide Bereavement Support Service (Contract Number CN260672)
- Suicide Prevention Training Workshops (Contract Number CN260673)

5. Service Development

5.1 A comprehensive programme of activity has underpinned the development of the new Suicide Prevention Services.
This includes:

- A full review of both existing services, incorporating analysis of referral patterns, outcomes, and user feedback.
- Reviewing national best practice, including the Support After Suicide Partnership (SASP) Core Standards.
- Analysis of feedback received as part of a public consultation for the development of the Kent and Medway Suicide and Self-Harm Prevention Strategy (2026–2030).
- Facilitating stakeholder engagement including workshops attended by over 50 participants from across the system, including professionals, lived experience representatives, and partners.
- Delivering market engagement session with nine organisations to further inform the service specifications.
- Consideration of feedback from those with lived experience, collected through regular surveys and evaluation activity.

5.2 This collaborative approach ensures the recommissioned services are evidence-based, locally responsive, and aligned with both national standards and the needs of those they are designed to support.

6. Contract Lengths

6.1 It is proposed that the contracts for both new services will be awarded for an initial fixed term of three years, commencing on 1 April 2027 and concluding on 31 March 2030. The proposed contracts will include the option to extend for up to an additional two years, in one-year increments, subject to satisfactory performance and the continued availability of funding.

6.2 Break clauses will be incorporated to ensure appropriate flexibility in the event of changes to funding arrangements, service demand, or wider system priorities. The contract will be managed in accordance with Kent County Council's standard terms and conditions, with minimum service levels, performance expectations and Key Performance Indicators (KPIs) clearly defined within service specifications.

6.3 The proposed contract durations align with the lifecycle of the Kent and Medway Suicide and Self-Harm Prevention Strategy (2026–2030), ensuring that the service is commissioned to support delivery of the Strategy over its full implementation period. This provides a clear line of sight between commissioning intentions, service delivery, and strategic outcomes.

7. Specialist Suicide Bereavement Support Service (CN260672)

7.1 The proposal is to procure a single provider to deliver a Specialist Suicide Bereavement Support Service for people living in Kent and Medway, with the new contract commencing delivery on 1 April 2027 for an initial term of three years, with the option to extend for up to two further one-year periods (3+1+1).

7.2 The Specialist Suicide Bereavement Support Service will continue to ensure timely, accessible, and high-quality support is available to those affected by suicide, helping to mitigate the longer-term emotional, social and health impacts of bereavement, and contributing to wider suicide prevention priorities.

7.3 Key principles of the service are to:

- Be available countywide in Kent and Medway
- Be free at the point of access.
- Be accessible and inclusive to all who may benefit.
- Be delivered in a trauma-informed way at all times.

7.4 The service will support:

- Close family members of the individual who died.
- Friends, colleagues, witnesses, and other people affected by a suicide.
- Professionals or individuals who are supporting, or in contact with, people bereaved by suicide.

7.5 The service will:

- Provide support to up to 250 people per year.
- Deliver tailored emotional support.
- Provide practical guidance, including support to navigate processes such as engagement with police and coronial services.
- Enable access to wider support services through effective signposting and referral.

7.6 The service will support the following key outcomes:

- Improved resilience and capacity to cope with the impact of suicide bereavement.
- Improved mental wellbeing.
- Reduction in stigma associated with suicide bereavement and increased confidence in seeking support.

7.7 The procurement of the Specialist Bereavement Support Service will be in accordance with the Provider Selection Regime (PSR). Key milestones are as follows:

Milestone	**Date**
Invitation to Tender (ITT) issued	August 2026
Tender Evaluation Period	October 2026
Contract Award	October 2026
Mobilisation	December 2026 – March 2027
Service start date	1 April 2027

8. Suicide Prevention Training Workshops (CN260673)

8.1 The proposal is to procure a single provider to deliver a programme of Suicide Prevention Training Workshops for people living in Kent and Medway, with the new contract commencing on 1 April 2027 for an initial term of three years, with the option to extend for up to two further one-year periods (3+1+1).

8.2 Suicide prevention training is a life-saving intervention that empowers individuals with the confidence, knowledge, and skills to recognise warning signs, intervene effectively, and signpost individuals to appropriate local support. The ultimate goal of suicide prevention training is to reduce lives lost by suicide.

8.3 Key principles of the service are to:

- Be available countywide in Kent and Medway
- Be free at the point of access.
- Be accessible and inclusive to all who may benefit.

8.4 The service will provide training to a minimum of 1700 people per year delivered both face to face and virtually.

8.5 Key outcomes and objectives for the service are for delegates who participate in training to have increased;

- Awareness of suicide prevention issues and techniques
- Confidence and knowledge of how to speak to someone who may be at risk of suicide and signpost appropriately
- Awareness of the available services within Kent and Medway

8.6 The procurement of the Suicide Prevention Training Workshop Service will be in accordance with the Procurement Act (PA). Key milestones are as follows:

Milestone	**Date**
Invitation to Tender (ITT) issued	November 2026
Tender Evaluation Period	December 2026

Contract Award	February 2027
Mobilisation	March 2027
Service start date	1 April 2027

9. How the proposed decision supports the Council's Strategic Statement

9.1 The recommissioning of Suicide Prevention Services supports delivery of Kent County Council's Reforming Kent strategic priorities by contributing to improved health outcomes, reducing inequalities, and strengthening preventative approaches across the system.

9.2 The proposed decision enables the continuation of preventative, person-centred, and integrated services, which align with the council's ambition to intervene early and reduce demand on higher-cost services. By providing timely support to individuals affected by suicide, the service helps mitigate longer-term mental health and social impacts, contributing to improved population wellbeing.

9.3 The recommissioning approach supports key priorities by:

- Improving health and wellbeing: ensuring continued access to high-quality, specialist support for individuals affected by suicide
- Focusing on prevention and early intervention: reducing the risk of escalation into crisis or further harm through timely bereavement support
- Reducing inequalities: delivering an inclusive, accessible service that reaches individuals across all communities, including underserved groups.
- Supporting independence and resilience: enabling individuals to manage grief, build coping strategies and access wider support where needed.
- Strengthening partnership working maintaining a coordinated, system-wide response across health, local authority, and voluntary sector partners
- Delivering value for money: commissioning a targeted service that reduces demand on acute health and crisis services.

10. Local Government Reorganisation (LGR)

10.1 Given the proximity of Local Government Reorganisation (LGR), with a decision from the Secretary of State anticipated in July 2026 at the time of writing, consideration was given to a 'do nothing' option. This option is not recommended, as it would place the continuity of critical suicide prevention and bereavement support services at risk, potentially leaving vulnerable individuals without access to timely support and undermining delivery of local and national suicide prevention priorities.

10.2 Based on the current national timetable, it is anticipated that the council will continue to operate in its existing form until at least April 2028. This provides a defined transition period during which the council must continue to deliver essential public health functions, including suicide prevention activity, while preparing for future structural change.

10.3 Recommissioning suicide prevention services through new contracts commencing 1 April 2027 represents a stable and proportionate response within this context. This approach:

- Ensures continuity of critical suicide prevention and bereavement support services throughout the LGR transition period.

- Avoids the risks associated with short-term or fragmented commissioning decisions immediately prior to reorganisation.
- Enables a planned and structured recommissioning process aligned to future governance and system arrangements.
- Supports market stability and workforce retention during a period of organisational uncertainty.

10.4 Wider system pressures, including financial constraints and uncertainty regarding future organisational structures, further reinforce the need for stability in frontline service delivery. Establishing clear and sustainable contractual arrangements reduces the risk of disruption, supports continuity of care for service users, and ensures that suicide prevention activity remains aligned with both current and emerging system priorities during the transition period.

11. Financial Implications

11.1 A Memorandum of Understanding (MoU) is currently in place between KCC and the ICB for the Suicide Prevention Programme, outlining ongoing arrangements including financial contributions from the ICB.

11.2 The total value of the new services, including all extension options, is £940,000.00 over a maximum five-year period, broken down as follows:

- **Bereavement Support Service (CN260672):** £130,000.00 per annum, equating to a maximum of £650,000.00 over five years (including all potential extensions)
- **Suicide Prevention Training (CN260673):** £58,000.00 per annum, equating to a maximum of £290,000.00 over five years (including all potential extensions)

11.3 The figures presented above represent the maximum anticipated spend. Actual contract values will be confirmed following completion of the procurement process and may vary depending on the outcome of competitive tendering and final agreed service delivery requirements.

11.4 While formal budget confirmation is pending due to ongoing organisational redesign within the ICB, funding for the procurement of Suicide Prevention services is anticipated and the MoU will be refreshed prior to procurement activity commencing. Procurement activity will not commence until funding is secured.

11.5 It is essential that the Key Decision and governance processes are undertaken now. Delaying the Key Decision until ICB funding is confirmed would mean the next available opportunity to bring this to Cabinet Committee is 22 September 2026, due to the summer recess. This would not allow sufficient time to undertake procurement, contract award, and the required mobilisation period (approximately four months) ahead of the planned go-live date for services of 1 April 2027. Such delays would risk service disruption and loss of continuity for service users.

11.6 By progressing governance and procurement activity in parallel with funding confirmation, the council can ensure timely recommissioning and a smooth

transition to new contracts, while maintaining robust financial assurance by only proceeding to contract award and mobilisation once funding is formally secured.

12. Legal implications

12.1 Commissioners will follow the relevant regulatory frameworks (PSR and PA and Spending the Council's Money guidance) in relation to the procurement undertaken.

13. Equalities implications

13.1 An Equalities Impact Assessment (EqIA) has been undertaken for this activity and indicates that the recommissioning of Suicide Prevention Services is unlikely to have any negative impact on staff or service users. The services are designed to be inclusive, accessible, and free at the point of use, supporting equitable access across all communities. Delivery models incorporate reasonable adjustments and a flexible approach to ensure the needs of individuals with protected characteristics are met.

14. Data Protection Implications

14.1 Data Protection Impact Assessment (DPIA) are in place for the existing services and will be refreshed prior to the new services going live.

15. Other corporate implications

15.1 Maintaining a support offer for individuals bereaved by suicide supports KCC's Reforming Kent 2025-28 commitments through the delivery of preventative well-being support. This can avoid escalation into more intensive, expensive care and foster stronger, more resilient communities.

15.2 The management and implementation of the proposed contract extension will be delivered by KCC Public Health and Public Health Commissioning teams with input from other internal business partners such as Legal and Commercial and Procurement. Progress will be monitored through internal governance arrangements.

16. Governance

16.1 Accountability for these services and contracts sits with the Director of Public Health. The Suicide Prevention Steering group which includes the ICB, who fund this service, are fully supportive of this proposal.

16.2 Delegated authority will be granted to the Director of Public Health to take all necessary steps to enter into any required contracts and legal agreements to give effect to the decision, including entering into a refreshed Memorandum of Understanding (MoU) with the Kent and Medway Integrated Care Board.

17. Conclusions

17.1 Suicide prevention and bereavement support services in Kent and Medway are a critical component of the wider public health system, contributing directly to

improved mental wellbeing, reduced inequalities, and prevention of further harm. Evidence demonstrates a clear and ongoing need for these services, alongside the positive impact of current provision.

17.2 Contracts for existing services are due to expire on 31 March 2027. Without timely recommissioning, there is a significant risk of disruption to these essential services supporting individuals and communities affected by suicide.

17.3 A comprehensive programme of review, engagement and co-design has been undertaken to inform the future service models, ensuring they are evidence-based, aligned with national best practice, and responsive to local needs. The proposed recommissioning approaches will build on the strengths of existing services while enabling innovation, improved accessibility, and enhanced outcomes.

17.4 The recommended option to recommission services through competitive procurement processes provides a compliant, transparent, and value-for-money approach. It enables the identification of the most suitable providers while ensuring continuity of provision through robust mobilisation and transition arrangements.

17.5 Although formal funding confirmation from the ICB is pending, this is anticipated and appropriate assurances are in place. Early KCC approval is required to enable procurement and mobilisation activity to proceed in a timely manner, reducing the risk of service disruption and ensuring seamless transition to new contracts commencing from 1 April 2027. Procurement activity will not commence until funding is secured.

17.6 The recommissioning of Suicide Prevention Services supports delivery of both national policy and local strategic priorities, including the Kent and Medway Suicide and Self-Harm Prevention Strategy (2026–2030) and KCC's Reforming Kent agenda, ensuring continued provision of high-quality, accessible, and effective support for those affected by suicide.

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18. Recommendation(s):

18.1 The Adult Social Care and Public Health Cabinet Committee is asked to CONSIDER and ENDORSE or MAKE RECOMMENDATIONS to the Cabinet Member for Environment, Coastal Regeneration and Public Health in relation to the proposed decision as detailed in the attached Proposed Record of Decision document (Appendix A).

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19. Appendices

- Appendix A – Proposed Record of Decision
- Appendix B – Equality Impact Assessment

20. Contact details

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Rachel.westlake@kent.gov.uk **Name:** Vicky Tovey **Job title:** Assistant Director Public Health Commissioning **Telephone number:** 03000 416779 **Email address:** victoria.tovey@kent.gov.uk **Name:** Jess Mookherjee **Job title:** Consultant in Public Health **Telephone number:** 03000 416493 **Email address :** jessica.mookherjee@kent.gov.uk	anjan.ghosh@kent.gov.uk

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NUMBER:
Cabinet Member for Environment, Coastal Regeneration and Public Health	26/00037

Executive Decision – Key Decision

26/00037 - Suicide Prevention Services

Decision:

As Cabinet Member for Environment, Coastal Regeneration and Public Health, I agree to:

a. APPROVE the procurement of Suicide Prevention Services from 1 April 2027:

- Specialist Suicide Bereavement Support Service, CN260672 - Three-year contract (1 April 2027 – 31 March 2030) with an optional extension, up to 24 months.
- Suicide Prevention Training Workshops (CN260673) - Three-year contract (1 April 2027 – 31 March 2030) with an optional extension, up to 24 months.

b. APPROVE the continuation of partnership working arrangements with the Integrated Care Board (ICB), including the review and refresh of the Memorandum of Understanding (MoU) to support the delivery of the Suicide Prevention Programme;

c. DELEGATE authority to the Director of Public Health to commission the relevant services and enter into contracts or other legal agreements, including a refreshed Memorandum of Understanding (MoU) with relevant partners, to deliver Suicide Prevention Services;

d. DELEGATE authority to the Director of Public Health, to exercise relevant contract extensions

e. DELEGATE authority to the Director of Public Health, to take all other relevant actions, including but not limited to, negotiating, finalising the terms of, and entering into the required contracts or other legal agreements, as necessary, to implement the decision

Reasons for decision:

National Suicide Prevention Strategy for England (2023–2028) specifies that Local Authorities, through their Public Health teams, are expected to lead multi-agency suicide prevention partnerships, develop local suicide prevention strategies, and coordinate delivery across the system. Therefore, Kent County Council (KCC) leads the suicide prevention programme, including commissioning services, even though the funding originates from NHS budgets.

Existing Suicide Prevention Services are due to end on 31 March 2027. New contracts are required to be competitively procured to ensure the continued delivery of high-quality suicide prevention and bereavement support services from 1 April 2027. This is an Executive Member Key Decision as services are delivered across Kent and Medway (more than 2 electoral divisions) and it supports the delivery of aims within the Kent and Medway Suicide & Self-Harm Prevention Strategy 2026-2030.

How the proposed decision supports the Council's Strategic Statement:
The recommissioning of Suicide Prevention Services supports delivery of Kent County Council's Reforming Kent strategic priorities by contributing to improved health outcomes, reducing inequalities, and strengthening preventative approaches across the system.

Financial implications:
The total value of the new services, including all extension options, is £940,000 over a maximum five-year period, comprising:

- Specialist Suicide Bereavement Support Service (CN260672): £130,000 per annum (up to £650,000 over five years)
- Suicide Prevention Training Workshops (CN260673): £58,000 per annum (up to £290,000 over five years)

KCC leads the suicide prevention programme as the Public Health authority, with funding provided by the Integrated Care Board (ICB) under an existing Memorandum of Understanding. While formal funding confirmation from the Integrated Care Board (ICB) is pending, it is anticipated that this will be in place by the end of Summer 2026. Procurement activity will not commence until funding is secured.

It is important to note that delaying the Key Decision until ICB funding is confirmed would mean the next available opportunity to bring this to Cabinet Committee is 22 September 2026, due to the summer recess. This would not allow sufficient time to undertake procurement, contract award, and the required mobilisation period (approximately four months) ahead of the planned go-live date for services of 1 April 2027. Such delays would risk service disruption and loss of continuity for service users. By progressing governance and decision-making now, the council can ensure timely recommissioning and a smooth transition to new contracts, while maintaining robust financial assurance by only proceeding to contract award and mobilisation once funding is formally secured.

Legal implications:
Commissioners will follow the relevant regulatory frameworks (Provider Selection Regime, Procurement Act and Spending the Council's Money guidance) in relation to the procurement undertaken.

Equalities implications:
An Equalities Impact Assessment (EqIA) has been undertaken for this activity and indicates that the recommissioning of Suicide Prevention Services is unlikely to have any negative impact on staff or service users. The services are designed to be inclusive, accessible, and free at the point of use, supporting equitable access across all communities. Delivery models incorporate reasonable adjustments and a

flexible approach to ensure the needs of individuals with protected characteristics are met.

Data Protection implications:
Data Protection Impact Assessment (DPIA) are in place for the existing services and will be refreshed prior to the new services going live.

Cabinet Committee recommendations and other consultation:

The proposed decision will be considered by the Adult Social Care Cabinet Committee on 8 July 2026.

This version of the PROD is included in the agenda pack for committee members to review ahead of the meeting.

Any alternatives considered and rejected:
Four options have been considered for the future of Suicide Prevention Services in Kent and Medway as the current contracts approach expiry on 31 March 2027, with Option 3 being identified as the option to be progressed;

- **Option 1: Do nothing -** allow the existing suicide prevention services in Kent and Medway to come to an end 31 March 2027. This option is not recommended, as it would leave bereaved individuals without access to essential support, risk higher long-term costs and contradict national and local strategic priorities.
- **Option 2: Extend current suicide prevention services in Kent and Medway.** This option is not preferred at this time. While this would maintain continuity, it may limit opportunities for innovation, market testing, and securing longer-term value for money.
- **Option 3: Recommission suicide prevention services in Kent and Medway via open procurement.** This is the preferred option. Recommissioning the services through a competitive procurement process will ensure transparency, allow for market engagement, and support the identification of the most suitable provider. This approach enables service improvement, innovation, and alignment with the NHS Long Term Plan and the Kent & Medway Suicide and Self-Harm Prevention Strategy 2026–2030, while supporting continuity and minimising disruption through robust mobilisation and transition arrangements.
- **Option 4: Bring suicide prevention services in Kent and Medway service in-house.** This option is not preferred due to potential service disruption and lack of specialist expertise; may be revisited in future commissioning cycles.

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 Suicide Prevention Services - Specialist Bereavement Support Service Suicide Prevention Training

Responsible Officer
Sam Spiller - AH AIC

Approved by (Note: approval of this EqIA must be completed within the EqIA App)
Victoria Tovey - AH AIC

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
Public Health
Responsible Head of Service
Victoria Tovey - AH AIC
Responsible Director
Anjan Ghosh - AH Public Health

Aims and Objectives

The aim of this recommissioning activity is to secure high quality, accessible and evidence based suicide prevention services across Kent and Medway. The new services go live date is 1 April 2027 for both services.

- A Support Service for People Bereaved by Suicide
- A Suicide Prevention Training Programme for the wider workforce

These services contribute to the strategic priorities within the Kent and Medway Suicide and Self-Harm Prevention Strategy, including improving early intervention, increasing awareness, and providing targeted support to those at increased risk.
Key objectives of the recommissioned services

- Reduce suicide risk and associated inequalities by ensuring timely access to support following a suicide and an depth training offer highlighting suicide prevention awareness and support pathways
- Provide trauma-informed, person-centred bereavement support to individuals affected by suicide, including family members, friends, professionals, and wider networks.
- Improve accessibility and inclusivity so that services are available countywide, free at the point of access, and accessible to all individuals regardless of background or protected characteristic.

- Strengthen early identification and response through training of professionals and community members to recognise and respond to suicide risk factors.
- Increase awareness and visibility of support services, responding to stakeholder feedback highlighting the need for improved communication and signposting.
- Ensure flexibility in delivery, offering a range of engagement methods (e.g. remote, face-to-face, group and individual support) to meet diverse needs.
- Embed co-production and lived experience, ensuring services are designed and delivered in partnership with those affected by suicide.

These objectives collectively aim to improve resilience, mental health outcomes, and coping capacity, and ultimately contribute to a reduction in suicide rates.

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Key equality recommendations

1. Improve equitable access to services
- Ensure multiple access routes (self-referral, professional referral, proactive outreach)
- Provide services in a range of formats (digital, telephone, face-to-face)
- Consider geographic access across urban and rural areas
- Ensure services remain free at the point of access

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2. Strengthen culturally competent and inclusive delivery
- Require providers to demonstrate culturally sensitive approaches
- Develop materials accessible for different literacy levels (e.g. easy-read)

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3. Target support to higher-risk and underrepresented groups
- Require providers to identify and proactively engage priority groups (e.g. men, middle-aged adults, people experiencing socio-economic disadvantage, people affected by domestic abuse, neurodivergent individuals)
- Use data and insight to monitor differential access and outcomes

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4. Embed trauma-informed and psychologically safe approaches
- Ensure all service elements are trauma-informed
- Provide safe, confidential and non-judgemental environments
- Tailor support to individual needs and circumstances

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5. Ensure accessible and inclusive training delivery
- Offer training in flexible formats (online, in-person)
- Adapt training to meet needs of different roles and learning styles
- Include content on equality, diversity, and intersectionality in suicide risk

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6. Embed co-production and lived experience
- Involve people with lived experience in service design, delivery and evaluatio_____

7. Monitor and report on equality outcomes
- Require providers to collect and report equalities data
- Use this data to identify gaps in access or outcomes

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?

Two stakeholder events took place on 24.03.26 and 26.03.26 with stakeholders and those with lived experience in attendance.

Key Findings:

- Service capacity is key to success and ensuring capacity can meet demand
- Ensure access and reasonable adjustments are in place for those accessing the service
- Peer support and post-service support must be considered
- Ensuring multi-agency awareness of the service will be key to referral numbers
- Breaking down barriers to access including those around stigma needs to be part of the service mobilisation
- Promotion and reach of the service throughout mobilisation needs to be widespread

Market Engagement took place on 11.03.26 for both services.

Key Findings:

- Hybrid delivery model is the preferred model
- KPIs must be proportionate and able to be evidenced
- Simple and effective referral routes must be established
- Ensure data reporting requirements are proportionate
- Consider inclusion of peer support groups and post intervention support and signposting

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

1. Service Users (including those bereaved by suicide and individuals at risk)

- Improved access to support
  - Continued provision of a free, countywide service, reducing financial and geographic barriers
  - More flexible delivery options (e.g. face-to-face, digital, outreach)
- More inclusive and equitable services
  - Greater focus on reaching underrepresented and higher-risk groups
  - Improved accessibility (e.g. language support, tailored approaches, trauma-informed delivery)
- Enhanced quality of support
  - Opportunity to refresh the specification in line with latest evidence, policy, and stakeholder feedback

o Stronger emphasis on person-centred and trauma-informed care
• Earlier intervention and prevention
o Increased awareness and improved referral pathways enable earlier identification of need
o Reduced risk of escalation to crisis
• Better outcomes and recovery
o Improved emotional wellbeing, resilience, and coping skills
o Support for individuals to achieve personal goals and stabilise following bereavement or crisis
• Stronger voice in service design
o Co-production ensures that people with lived experience shape how services are delivered, increasing relevance and effectiveness

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2. The Community (including wider population and partner system)
• Contribution to reduced suicide rates
o Strengthened preventative approach aligned with local and national strategies
o Better coordination across the system to mitigate known risk factors
• Increased awareness and reduced stigma
o Training and engagement activity improves understanding of suicide and mental health
o Promotes open conversations and help-seeking behaviours across communities
• Stronger community resilience
o Communities better equipped to recognise and respond to distress
o Increased confidence in supporting others affected by suicide including knowledge of pathways
• More equitable outcomes across populations
o Targeted interventions help address inequalities in suicide risk and access to support
o Data-led services support improved reach across protected groups
• Economic and social value
o Preventative investment reduces longer-term demand on health, social care, and emergency services
o Supports wider public health outcomes and community wellbeing

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3. Staff and Workforce (including providers and frontline professionals)
• Improved knowledge, confidence, and skills
o Access to high-quality suicide prevention training enhances ability to:
 Recognise risk factors
 Respond appropriately
 Support individuals safely
• Increased workforce capacity to prevent suicide
o Broader range of professionals (e.g. social care, housing, police, VCS) are trained
o Suicide prevention becomes embedded as “everybody’s business”
• Enhanced professional practice
o Clearer referral pathways and better understanding of available services
o Access to specialist support services to complement frontline roles
• Better support for staff wellbeing
o Training includes better every day mental health supporting wider mental health goals
o Access to specialist services provides reassurance when managing complex cases
• Consistency and clarity in service delivery
o Updated specifications and contract management improve governance and accountability
o Staff benefit from clearer expectations, processes, and partnership arrangements

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

From:	Georgia Foster, Cabinet Member for Adult Social Care Helen Woodland, Corporate Director, Adult Social Care and Health
To:	Adult Social Care and Public Health Cabinet Committee – 8 July 2026
Subject:	**Every Day Life Activities Contract Extension**
Decision number:	**26/00041**
Key decision:	Yes
Classification:	Unrestricted Report – Exempt Appendix (Exempt from publication by S12A Paragraph 3 of the Local Government Act 1972 as it contains commercially sensitive information)
Past Pathway of report:	N/A
Future Pathway of report:	Cabinet Member decision
Electoral Division:	All

Is the decision eligible for call-in? Yes

Summary The Every Day Life Activities (EDLA) contract commenced on 1 October 2022. It will expire on 30 September 2026. The contract has two permitted 2-year extensions available. There are 24 providers on the EDLA Framework.

The proposed decision seeks to extend the existing contract from 1 October 2026 to 30 September 2028, using a permissible up to 2-year extension to maintain service continuity while the Council prepares for recommissioning of the service. The are 24 providers on the EDLA Framework. The EDLA contract currently supports 1,089 people aged 18 and over with assessed eligible Care Act needs and these services form part of their agreed support arrangements to meet those needs, supporting people with independent living skills, employment and training opportunities, reduce reliance on higher-cost services and support for family carers

The decision not to extend the contract presents significant risks including service disruption, increased costs, and inability to meet statutory Care Act duties. The extension will provide stability while enabling strengthened contract and demand management, improved value for money and a planned transition to a more sustainable, outcomes-focused model.

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 in relation to the proposed decision as detailed in the attached Proposed Record of Decision document. (Appendix A).

1 Introduction

1.1 The Every Day Life Activities (EDLA) contract commenced on 1 October 2022 and is due to end on 30 September 2026.

1.2 This proposed decision seeks to extend the EDLA contract using the permissible contract extensions.

1.3 The extension will maintain service continuity for people aged 18 and over with learning disabilities, physical disabilities and mental health needs. During this period, the Council will undertake recommissioning to implement a more sustainable and responsive service model for the future.

1.4 These services support people to develop skills, build independence, access their communities, and maintain wellbeing. For individuals, they form part of their agreed Care Act support plan to meet assessed eligible needs. Services offer a range of activities and skill development opportunities within the community. There is a mixture ranging from traditional day services on the outskirts of towns, to community cafés and retail outlets providing training opportunities. Appendix 1 provides case examples and Appendix 2 provides a list of the providers and their offer.

2 Background

2.1 The Care Act 2014 provided local authorities in England, the NHS and the Care Quality Commission (CQC) clear legal responsibilities for managing different elements of the adult social care market that include considering need, provider sustainability, value for money and integration.

2.2 In addition to the EDLA framework, a proportion of individuals access day opportunity services through non-framework providers, including via Direct Payments. This reflects a combination of individual choice, availability of provision, and specific needs that may not always be met within the framework.

2.3 However, the use of non-framework provision presents challenges for the Council, including reduced ability to manage costs and ensure consistency in pricing and service delivery. At present, approximately 75% of all day service provision is through the EDLA contract, with 25% being purchased from non-framework providers. The extension of the EDLA contract provides an opportunity to strengthen oversight of the whole market, improve alignment between framework and non-framework provision, and ensure future

arrangements are more consistent, sustainable, and deliver better value for money.

2.4 Reforming Kent 2025–2028 Strategic Statement sets out the Council's approach to becoming a financially sustainable, outcome-focused authority that delivers effective support to residents while making best use of limited resources. The service supports independence and prevention. This proposed decision supports that ambition by maintaining continuity of essential services for residents, while a redesign and recommissioning of day opportunities is undertaken to better meet changing needs.

2.5 Through strengthened contract and demand management, the extension also supports the Council's financial recovery by improving value for money and manage cost and demand pressures within the system. Further information on this approach is included in Exempt Appendix 1 (Exempt from publication by S12A Paragraph 3 of the Local Government Act 1972 as it contains commercially sensitive information) .

2.6 The extension provides a platform for timely coproduction with residents, carers, and providers to shape a more sustainable and responsive service model for the future, aligned with the Council's commitment to prevention, independence, and partnership working.

2.7 The EDLA contract replaced the previous framework contract that commissioned day service placements on a half or full day rate. Under the EDLA contract, placements are commissioned based on hours to provide a flexible approach, allowing people to choose the hours of attendance.

2.8 The Framework provides services as follows:

Service Type	Description	Approx. Number of Sessions	% of Total Sessions
1:1 Support	Individual support for people requiring dedicated assistance with activities	300	10%
Small Group	Up to 3 people supported by 1 member of staff	490	17%
Large Group	4 or more people supported by 1 member of staff	2,150	73%
Total		**2,940**	**100%**

2.9 There are currently 1,089 people utilising the EDLA contract each week, of whom 160 live in Residential Care services, 485 live in Supported Living

services and 444 live in their own homes. For individuals in residential and supported living, EDLA provide structured daytime activity, community inclusion and skill development that is not always deliverable within core care provision. This supports progression, reduces social isolation, and can contribute to reduced long-term dependency. For those living at home, it also avoids or reduces reliance on higher-cost services and provides a respite support for family carers.

3 Options considered and dismissed, and associated risk

3.1 There are three possible options available:

Option	Overall Risk Rating	Strategic Assessment
Option 1 Extend the contract without a structured programme of redesign for when the contract extension ends	□ Medium Risk	Maintains service continuity, financial control and statutory compliance. This option does not seek opportunities to strengthen contract and demand management during the extension. This option does not plan to redesign and recommission day opportunities, which could mean the 2nd permissible two-year extension would be needed.
Option 2 Extend the contract alongside strengthened contract and demand management, and a programme to redesign and recommission day opportunities **(Recommended)**	□ Lowest Risk	Provides the best balance of statutory compliance, financial control and service continuity. This option will put in place strengthened contract and demand management arrangements to improve value for money and outcomes during the contract extension. And redesign and recommission day opportunities.
Option 3 – End Contract	● High Risk	Creates significant statutory, operational, financial and market risks, including potential service disruption, increased costs and reputational impact for the Council.

4 Financial Implications

4.1 The contract is funded via the Adult Social Care and Health budget.

4.2 The estimated whole life contract value, detailed in the Award Report and based on a four-year contract with two x two-year available extensions was £76,378,568.

4.3 Based on the 2025/2026 service cost of £10,935,300, the total cost of the two-year extension is expected to be £21,870,600.

4.4 The average cost per person of EDLA is £10,042 per year, or £192 per week.

4.5 The spend on non-framework providers in 2025/2026 was £4,427,000 and average cost per person is £10,343.

5 Legal Implications

5.1 The Council commissions services from the independent sector to meet the needs of individuals deemed to be eligible in accordance with and following a Care Act assessment. If the contract ends the Council will still be required to fully meet its statutory obligation under the Care Act with regards to providing a high quality, safe service at an affordable price.

6 Equalities Implications

6.1 An Equality Impact Assessment (EQIA) was completed as part of the original tender exercise. The EQIA (attached as Appendix 3) has been reviewed and is still relevant with no negative impacts identified.

7 Data Protection Implications

7.1 A Data Protection Impact Assessment (DPIA) was completed at the time of tender and there are no new data protection implications to be considered.

8 Governance

8.1 The Corporate Director for Adult Social and Health will inherit delegated authority to take relevant actions to finalise the required contractual and legal agreements necessary to implement the decision.

9 Conclusions

9.1 The EDLA contract, which commenced on 1 October 2022, is due to expire on 30 September 2026 and currently supports 1,089 people with learning disabilities, physical disabilities and mental health needs to access day opportunities that form a key part of their Care Act support arrangements.

9.2 Extending the contract through the available extension provisions provides a proportionate and low-risk approach to maintaining continuity of these services, ensuring that individuals continue to receive consistent support while the Council undertakes a planned and structured redesign of day opportunities.

9.3 The proposed extension is not solely a continuation of existing arrangements. It provides a clear opportunity to strengthen contract and demand management, improve value for money and strengthen financial sustainability over the medium term.

9.4 During the extension period, the Council will also undertake a comprehensive programme of recommissioning, informed by co-production with residents, carers and providers. This will support the development of a more sustainable, flexible and outcomes-focused model of day opportunities, aligned with the Council's wider strategic priorities.

9.5 Not extending the contract would expose the Council to significant operational, financial and statutory risks, including disruption to care, loss of market stability, increased costs and potential failure to meet Care Act duties.

10 Recommendations

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 in relation to the proposed decision as detailed in the attached Proposed Record of Decision document. (Appendix A).

11 Background Documents

Adult Social Care Cabinet Committee, 13 July 2022 - **THE REPORT**

12 Appendices

Appendix 1 – Case Studies
Appendix 2 – EDLA Provider List
Appendix 3 - Equality Impact Assessment
Exempt Appendix 1 – EDLA Contract Management Approach

13 Contact Details

Report Author Georgina Walton Assistant Director Adults Commissioning and Partnerships 03000 415535 Georgina.Walton@kent.gov.uk	Director Helen Gillivan Director, Adults and Integrated Commissioning 03000 410180 Helen.Gillivan@kent.gov.uk

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NUMBER:
Georgia Foster, Cabinet Member for Adult Social Care	26/00041

Executive Decision – Key

26/00041 Every Day Life Activities Contract Extension

Decision: As Cabinet Member for Adult Social Care, I propose to:
a) **EXTEND** the Every Day Life Activities contract for up to two years from 1 October 2026 to 30 September 2028; and

b) **DELEGATE** authority to the Corporate Director, Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

Reasons for decision: The Every Day Life Activities (EDLA) contract commenced on 1 October 2022. It will expire on 30 September 2026. The contract has two permitted 2-year extensions available. There are 24 providers on the EDLA Framework.

The proposed decision seeks to extend the existing contract from 1 October 2026 to 30 September 2028, using a permissible up to 2-year extension to maintain service continuity while the Council prepares for recommissioning of the service. The are 24 providers on the EDLA Framework. The EDLA contract currently supports 1,089 people aged 18 and over with assessed eligible Care Act needs and these services form part of their agreed support arrangements to meet those needs, supporting people with independent living skills, employment and training opportunities, reduce reliance on higher-cost services and support for family carers

The decision not to extend the contract presents significant risks including service disruption, increased costs, and inability to meet statutory Care Act duties. The extension will provide stability while enabling strengthened contract and demand management, improved value for money and a planned transition to a more sustainable, outcomes-focused model.

How the proposed decision supports the Council's Strategic Statement:
Reforming Kent 2025–2028 Strategic Statement sets out the Council's approach to becoming a financially sustainable, outcome-focused authority that delivers effective support to residents while making best use of limited resources. The service supports independence and prevention. This proposed decision supports that ambition by maintaining continuity of essential services for residents, while a

redesign and recommissioning of day opportunities is undertaken to better meet changing needs.

Financial implications: The contract is funded via the Adult Social Care and Health budget. The estimated whole life contract value, detailed in the Award Report and based on a four-year contract with two x two-year available extensions was £76,378,568.

Based on the 2025/2026 service cost of £10,935,300, the total cost of the two-year extension is expected to be £21,870,600.

The average cost per person of EDLA is £10,042 per year, or £192 per week.The spend on non-framework providers in 2025/2026 was £4,427,000 and average cost per person is £10,343.

Legal implications: The Council commissions services from the independent sector to meet the needs of individuals deemed to be eligible in accordance with and following a Care Act assessment. If the contract ends the Council will still be required to fully meet its statutory obligation under the Care Act with regards to providing a high quality, safe service at an affordable price.

Equalities implications: An Equality Impact Assessment (EQIA) was completed as part of the original tender exercise. The EQIA has been reviewed and is still relevant with no negative impacts identified.

Data Protection implications: A Data Protection Impact Assessment (DPIA) was completed at the time of tender and there are no new data protection implications to be considered.

Cabinet Committee recommendations and other consultation: The proposed decision will be considered by the Adult Social Caren and Public Health Cabinet Committee on 8 July 2026 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

This version of the PROD is included in the agenda pack for committee members to review ahead of the meeting.

Any alternatives considered and rejected:
The following options were considered and rejected
Extend the contract without a structured programme of redesign for when the contract extension ends
Maintains service continuity, financial control and statutory compliance. This option does not seek opportunities to strengthen contract and demand management during the extension. This option does not plan to redesign and recommission day opportunities, which could mean the 2nd permissible two-year extension would be needed.

End the Contract
This creates significant statutory, operational, financial and market risks, including potential service disruption, increased costs and reputational impact for the Council.

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

……..	……
Signed	Date

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Appendix 1 – Case Study Examples

Case Study Example 1

Mary is in supported living with high levels of need. For Mary to access the community from the supported living service, she would need 1 to 1 support. However, Mary is able to attend an EDLA service which is helping with developing skills and relationships, this reduces the level of 1:1 support which is commissioned within her supported living service by approx. 6 hours and presents a reduction against her total care and support package.

Case Study Example 2

Michael lives at home with his family. He has high levels of need, and these are supported by his family. However, family members need to work. So, Michael attends EDLA services, which allow the family to work and have respite. This helps Michael stay at home instead of going into supported living.

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Appendix 2 EDLA Providers

Provider	Location(s)	Needs Supported	Description
Aartvark	Ashford	LD, PD	Ashford-based arts service delivering structured creative activities, building skills and enabling progression to exhibitions and micro-enterprise.
Active Lives Ltd	Canterbury	LD, PD, MH	Canterbury-based centre delivering group activities focused on inclusion, independence and skills, with integrated transport provision.
Aspens - Kent	Pembury (Tunbridge Wells)	LD, PD, MH	Site-based service supporting autism and complex needs through structured activities, linked to wider residential and supported living pathways.
Bemix	Canterbury; Sittingbourne; Dover	LD, PD	Multi-site service offering café, retail and woodwork settings to build employment skills and independence.
Caretech	Folkestone	LD, PD, MH	Centre and community-based day opportunities linked to wider residential and supported living provision.
Choice Support	Multiple	LD, PD	Large multi-site provider day centre, gardening and employment initiatives focused on independence and community engagement.
Compaid	Tonbridge	LD, PD	Tonbridge-based digital inclusion service delivering IT training, accessibility support and volunteering opportunities.
EK Mencap	East Kent	LD, PD, MH	Network of East Kent centres delivering structured activities supporting independence and social inclusion.
Headway EK	East Kent	PD, LD, MH	Specialist service for acquired brain injury delivering rehabilitation on-focused activities and structured cognitive support.
John Graham / Lucketts	Canterbury	LD, PD	Farm-based provision delivering horticulture and animal-based activities to build independence and practical skills.
Karoben	Ashford	LD, PD, MH	Care farm offering horticulture, equine and animal-based therapeutic activities to support wellbeing and development.
KASBAH	Gravesend	LD, PD, MH	Farm and centre-based services providing small group support, focusing on independence and skills development.

Lilys Kitchen	Multiple	LD, PD, MH	Café-based training environments supporting development of catering, hospitality and employment skills.
Mount Lodge Farm	Ashford	LD, PD	Rural farm-based service delivering horticulture and animal care activities to support routine and independence.
NAS - Kent	Gravesend	LD, PD	Specialist autism hub delivering structured small group and 1:1 support tailored to autistic individuals.
Riverside ALN	Gravesend	PD, LD, MH	Community centre provision supporting primarily people with physical disabilities with inclusive activities.
Scotts Project	Tonbridge	LD, PD	Structured high-support service linked to residential provision, supporting complex and higher-dependency needs.
Spadework	West Malling	LD, PD, MH	Centre delivering horticulture, retail, catering and workshop-based activities supporting skills development.
Symbol	Multiple	LD, PD	Multi-service provider delivering retail, theatre and centre-based opportunities focused on employment and creative skills.
The Fifth Trust	Barham (Canterbury)	LD, PD	Vineyard-based rural service offering farming, craft and vocational activities supporting independence.
The Freedom Centre	Sheerness	LD, PD	Community-based centre offering mixed activity programmes and transport provision.
The Life Skills Centre	Folkestone	LD	Centre and community-based service focused on building independence, daily living skills and social inclusion.
The Shed	Hythe	LD, PD, MH	Small community -based service offering flexible day opportunities for mixed needs.
Touchbase	Folkestone	LD, PD	Small-scale provider delivering community and therapeutic activities with personalised support.

EQIA Submission – ID Number
Section A

EQIA Title
EDLA contract extension

Responsible Officer
Troy Jones - AH AIC

Approved by (Note: approval of this EqIA must be completed within the EqIA App)
Georgina Walton - AH AIC

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
Adults Commissioning and Partnerships
Responsible Head of Service
Georgina Walton - AH AIC
Responsible Director
Helen Gillivan - AH CD

Aims and Objectives

The Everyday Life Activities (EDLA) contract commenced on 01 October 2022.

The contract was designed to offer a flexible and adaptable approach to day services, allowing people to choose different levels of attendance, moving away from the traditional models and times of delivery.

The objective of the project is to consider options that will allow decision makers to make an informed decision about extending the EDLA contract as it is due to end September 2026.

This EQIA is prepared to support the option to extend with some actions to refine.

Key data and facts of the project are:
- Contract Ends 30 September 2026
- Contract value £10.9m

1089 people are utilising the EDLA Contract per week

- 160 of these people are also in Residential Care

- 485 of these people are in Supported Living
- 444 of these people live in their own homes

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?

Engagement has taken place with the following stakeholders

- Inhouse Services
- Adult Social Care officers
- Assistant Director for Adult Social Care and Health
- Commercial and Procurement Division (CPD)
- Consultation team,
- Assistant Director for Adults Commissioning
- Commissioners

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

To improve the experience of the people supported through the current contract, their carers and families. People that we support include those from protected characteristics groups including:

- Age;
- Disability;
- Religion;
- Race; and
- Carers.

The extension will maintain service continuity for people aged 18 and over with learning disabilities, physical disabilities and mental health needs. During this period, the Council will undertake recommissioning to implement a more sustainable and responsive service model for the future.

Negative impacts and Mitigating Actions
19.Negative Impacts and Mitigating actions for Age
Are there negative impacts for age?
No. Note: If Question 19a is "No", Questions 19b,c,d will state "Not Applicable" when submission goes for approval
Details of negative impacts for Age
Not Completed
Mitigating Actions for Age
Not Completed
Responsible Officer for Mitigating Actions – Age
Not Completed
20. Negative impacts and Mitigating actions for Disability
Are there negative impacts for Disability?
No. Note: If Question 20a is "No", Questions 20b,c,d will state "Not Applicable" when submission goes for approval
Details of Negative Impacts for Disability
Not Completed
Mitigating actions for Disability
Not Completed
Responsible Officer for Disability
Not Completed
21. Negative Impacts and Mitigating actions for Sex
Are there negative impacts for Sex
No. Note: If Question 21a is "No", Questions 21b,c,d will state "Not Applicable" when submission goes for approval
Details of negative impacts for Sex
Not Completed
Mitigating actions for Sex
Not Completed
Responsible Officer for Sex
Not Completed
22. Negative Impacts and Mitigating actions for Gender identity/transgender
Are there negative impacts for Gender identity/transgender
No. Note: If Question 22a is "No", Questions 22b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Gender identity/transgender
Not Completed
Mitigating actions for Gender identity/transgender
Not Completed
Responsible Officer for mitigating actions for Gender identity/transgender
Not Completed
23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race
No. Note: If Question 23a is "No", Questions 23b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Race
Not Completed
Mitigating actions for Race
Not Completed

Responsible Officer for mitigating actions for Race
Not Completed
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No. Note: If Question 24a is "No", Questions 24b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Religion and belief
Not Completed
Mitigating actions for Religion and belief
Not Completed
Responsible Officer for mitigating actions for Religion and Belief
Not Completed
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
No. Note: If Question 25a is "No", Questions 25b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Sexual Orientation
Not Completed
Mitigating actions for Sexual Orientation
Not Completed
Responsible Officer for mitigating actions for Sexual Orientation
Not Completed
26. Negative impacts and Mitigating actions for Pregnancy and Maternity
Are there negative impacts for Pregnancy and Maternity
No. Note: If Question 26a is "No", Questions 26b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Pregnancy and Maternity
Not Completed
Mitigating actions for Pregnancy and Maternity
Not Completed
Responsible Officer for mitigating actions for Pregnancy and Maternity
Not Completed
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships
Are there negative impacts for Marriage and Civil Partnerships
No. Note: If Question 27a is "No", Questions 27b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Marriage and Civil Partnerships
Not Completed
Mitigating actions for Marriage and Civil Partnerships
Not Completed
Responsible Officer for Marriage and Civil Partnerships
Not Completed
28. Negative impacts and Mitigating actions for Carer's responsibilities
Are there negative impacts for Carer's responsibilities
No. Note: If Question 28a is "No", Questions 28b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Carer's responsibilities
Not Completed
Mitigating actions for Carer's responsibilities
Not Completed

Responsible Officer for Carer's responsibilities
Not Completed

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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From:	Georgia Foster, Cabinet Member for Adult Social Care Helen Woodland, Corporate Director, Adult Social Care and Health
To:	Adult Social Care and Public Health Cabinet Committee – 8 July 2026
Subject:	**Care Quality Commission Improvement Plan Update**
Classification:	Unrestricted

Summary: This report provides the Committee with an update on the progression of improvement activity following the findings of the Care Quality Commission assessment of Kent County Council's Adult Social Care function, in fulfilling their obligations under Part 1 of the Care Act 2014.

Recommendation(s): The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the improvements to date and future improvement activity.

1. Introduction

1.1 In April 2023, the Care Quality Commission (CQC) Local Authority Assessment Framework was introduced, designed to evaluate the quality and effectiveness of services provided by local authorities under the Care Act 2014.

1.2 Kent County Council's Adult Social Care CQC assessment took place in October 2024, with the final report on the 16 May 2025 with an overall rating of "Requires Improvement".

1.3 The Adult Socal Care and Public Health Cabinet Committee was last provided with a report in July 2025 which detailed the findings of the CQC assessment, and the improvement activity planned by the Adult Social Care and Health Directorate.

1.4 This report seeks to provide an update on the reporting mechanism to the Department of Health and Social Care (DHSC). It also sets out the revised priority areas following consultation with, and approval by, KCC senior management teams and approved by the Partners in Care and Health (PCH) acting on behalf of the DHSC (Appendix 1), and the actions being carried out and their impact. Finally, provides a summary of the future assessment processes by the CQC.

2. Background

2.1 The Health and Care Act 2022 gave the CQC new regulatory powers to undertake independent assessment of care at a local authority and integrated care system level. The Care Act 2014 sets out the legal framework for the provision of Adult Social Care in England.

2.2 In April 2024, the CQC launched a new single assessment framework for providers, local authorities and integrated care systems. For local authorities the assessment framework uses a subset of the quality statements from the overall assessment framework. This is because local authorities are being assessed against a different set of statutory duties (Care Act 2014) to registered providers.

2.3 The Assessment Framework for Local Authority Assurance comprises nine quality statements mapped across four overall themes. Each theme is also aligned to;

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

Table 1- Quality Statements

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

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

2.5 As part of their assessment of local authorities CQC uses a number of evidence categories and approaches, to inform their overall assessment which includes key documents, understanding people's experiences and feedback from staff, leaders and partners.

2.6 The CQC has now completed all 153 assessments, with final reports expected to be published over the coming months. Following their completion of the initial round of assessments, the CQC have updated their approach and guidance for future assessments, based on stakeholder feedback and learning. This is described later in this report.

3. Assessment of How Kent Adult Social Care Discharged the Local Authority Responsibilities

3.1 Adult social care's assessment commenced on the 18 March 2024 with a notification of assessment, with the on-site assessment taking place the week of 1 October 2024. Kent's Final report was published on the 16 May 2025 with an overall rating of "Requires Improvement".

3.2 The findings of the CQC assessment aligned with KCC's own self-assessment of its adult social care services, and CQC acknowledged the council's improvement successes and ongoing plans in line with its Making a Difference Every Day Adult Social Care Strategy.

3.3 We were aware of significant improvements to be made with the length of time people were waiting for an assessment, review of care and support and safeguarding enquiries. Due to the transition to new ways of working, some areas of practice varied, and actions were already underway to improve consistency in both our approach, and our practice. Significant commissioning activity was also in progress to ensure there is sufficient care and support available to meet future demand across our communities.

3.4 However, there were two areas in which we were rated as "Good" higher than we scored ourselves in our own self-assessment. These were:

- Equity in Experience – which evaluates how well a local authority identifies and addresses the needs of people, their experiences and outcomes of social care especially for people at risk of disadvantage; and
- Learning, Improvement and Innovation - recognising how we promote continuous learning and professional development amongst our workforce, encourage a culture of reflection and improvement across the organisation, supporting innovation and new ways of working to improve care and support need outcomes for people.

4. Monitoring and Reporting Progress

4.1 Following the final report the directorate aligned all current improvement activities into one plan which supported the findings of CQC. These were applied thematically to the CQC Assessment Framework and were the basis of monitoring our improvement journey. Our Improvement Plan was shared with the Department of Health and Social Care in August 2025.

4.2 Due to the "Requires Improvement" rating we have been required to provide quarterly assurance reports to the DHSC (via PCH consultant appointed by DHSC) on the progress of our improvement activity. Following our initial plan which was shared in August 2025, additional quarterly returns were submitted in November 2025, February 2026 and May 2026, with our next return due August 2026.

4.3 Following leadership changes the directorate sought to refine and revise the action plan to focus on core and priority areas of the local authority functions. Whilst we continue to pursue our ambitions as set out in our initial

improvement plan, we have refreshed our key measurements to ensure we are effectively tracking improvement , sustaining positive progress whilst paying particular attention to those areas which require further intervention. Our updated priority improvement activity and key measures can be found in Appendix 1.

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

4.5 Our improvement partners have recently undertaken a review of four key areas of improvement; Leadership and Governance, Commissioning, Care Management and Safeguarding. The review reported in May 2026 and set out a number of recommendations. These are now under review and will be reflected in a combined Delivery Plan for the Directorate covering our Business Plan 2026/2027 priorities, the CQC improvement actions and PCH recommendations.

5. Our Improvement Journey

5.1 The following section details a number of improvements which have been achieved following the CQC assessment and identifies areas where we continue to prioritise our efforts to seek improved quality, practice and performance.

5.2 Theme 1 How Kent County Council Works with People

5.2.1 Improving Waiting Times for Assessments

5.2.2 The number of care needs assessments completed in Q4 2025/26 was slightly lower than previous quarters as teams balanced assessment, review and safeguarding priorities. However, completions increased month by month during that quarter, peaking at 1,478 in March, with just over 1,200 completed in April 2026.

Table 2: Care Needs Assessments:

	Q2 2025/26	Q3 2025/26	Q4 2025/26
The number of incomplete Care Needs Assessments (on last day of quarter, not started)	2,070	2,031	1,928
The percentage of completed Care Needs Assessments being eligible	65%	67%	66%
Median waiting time of completed Care Needs Assessments	24 days	23 days	27 days

5.2.3 The number of care needs assessments not started has been decreasing, and whilst there has been targeted work at completing those care needs assessments in progress for the longest time, the median time for completion increased in Q4 2025/26, this is now expected to reduce. Levels of eligibility

for care and support with adult social care has remained consistently around 66%, the aim is for this percentage to increase.

5.3 Improving the Timeliness of Reviews of the Care and Support Plan

5.3.1 Review completion has increased across the County since December when compared to the previous year, with a focus on oldest and first reviews. In Q4 2025/26, 13% more reviews were completed than in the same quarter last year.

5.3.2 Whilst there have been increases in the number of completed reviews, there have also been increasing numbers of reviews scheduled to be completed, leading to more recent increases in those overdue, however these numbers are considerably less than when we had the CQC assessment.

Table 3: Reviews of the care and support plan:

	Q2 2025/26	Q3 2025/26	Q4 2025/26
The number of overdue first reviews (on last day of quarter, not started)	1,238	1,309	1,392
Median waiting time of completed first reviews	35 days	43 days	56 days
The number of overdue ongoing reviews (on last day of quarter, not started)	5,387	5.327	5,499
Median waiting time of completed ongoing reviews	140 days	173 days	167 days

5.3.3 The focused review team, established in November 2025, increased productivity in March 2026, supporting overdue reviews for people with learning disabilities and mental health needs in residential or supported living settings.

5.4 Improving Support for Carers

5.4.1 The carers service is jointly commissioned by KCC and the NHS Kent and Medway Integrated Care Board (ICB), with co-production from carers throughout the commissioning process. The service has been redesigned and recommissioned, now moving into contract mobilisation the service will

- introduce a single point of access for carers support services which is well promoted and marketed.
- increase the focus on the benefits of completing a carers assessment
- ensure a more local community-based approach.

5.4.2 The Carers Health Needs Assessment has reviewed quantitative and qualitative data from the Kent and Medway Care Record, voluntary sector providers, social care teams and carers, with 960 responses received. Initial findings are now being shared with partners and people with experience groups to co-produce recommendations which will inform priorities, resource allocation and service planning for carers in Kent.

5.4.3 A new Carers' Voice Group has been established, which is co-chaired by an Assistant Director and Carer with understanding people's experience. The group is attended by carers and will oversee delivery of the Kent Adult Carers' Strategy 2022–2027, shape the delivery plan for the Carers Health Needs Assessment and mobilisation of the new contract.

5.5 Improving Occupational Therapy to Support Enablement and Independence

5.5.1 A short term Occupational Therapy Managed Service was put in place which increased access to Occupational Therapy Assessments, helping people's care and support needs to be met more quickly. The service ended in March 2026 after assessing 168 people and enabling people across West and North Kent to be seen one month earlier. Referrals to District Councils for Disabled Facilities Grants (DFG) increased, helping more people access essential housing adaptations. Occupational Therapy capacity has also increased in short-term bed units, strengthening enablement support. Around 70% of people return home, including 11% independently.

5.6 Improving Waiting Times for Equipment and Aids

5.6.1 The County Technician Service continues to support independence through minor adaptations and trusted assessor functions for bathing and small equipment. Work is underway to improve online access, expand self-assessment and direct provision, and offer trusted assessor training to social care practitioners and voluntary providers with Medequip's clinical team. Medequip is a community equipment service jointly commissioned by KCC and the ICB. The contract went live August 2025 following the closure of equipment provider NRS Healthcare. The service is performing strongly and relationships with the ICB and Medequip remain positive.

5.6.2 Community presence is increasing through regular library sessions for the Technology Enhanced Lives service, raising awareness of prevention-focused technology and building local partnerships. Teams have also worked with a supported living provider to reduce waking night staff from three to two through technology. These activities form part of Developing Preventative Support and Pathways being progressed under the Adult Social Care Prevention Framework 2025/2035.

5.7 Direct Payments

5.7.1 The number of people receiving care and support through a Direct Payment in Kent increased from 2,992 in April 2025 to 3,273 in March 2026, with 3,276 recorded in April 2026. This reflects the transfer of the Young People's service into adult social care in September 2025, alongside continued emphasis on Direct Payments to support choice, control and independence.

5.7.2 Direct Payments provided directly to carers increased from 658 in April 2025 to 678 in March 2026, with 673 recorded in April 2026. Q4 2025/26 saw the highest level in over two years, at 724. This reflects wider work to improve

carers' awareness of their rights and entitlements, strengthen assessment routes and promote flexible support options. The recommissioned carers assessment and support service, due to go live in August 2026, will place greater emphasis on outcomes, independence and personalised support, creating stronger conditions for carers to use Direct Payments.

6. Theme 2- Providing Support

6.1 Commissioning Leadership

6.1.2 The Adults Commissioning structure has been redesigned to establish clear portfolios of work and strengthen leadership capacity. This revised structure provides a stronger foundation for delivery and accountability.

6.1.3 There is clear alignment with our Commissioning Intentions (2025–2027), which set out our core priorities: improving sustainability and quality oversight, aligning supply with population need, and ensuring services reflect current demand, market conditions, and evolving delivery models. Our approach to Market Shaping is now explicitly articulated within the Commissioning Intentions. This includes a commitment to regular provider forums to strengthen collaboration, a shift towards proactive engagement rather than reactive responses, and ongoing dialogue with the market to anticipate challenges and co-design solutions. Across all commissioning activity, we ensure people with experience are actively involved.

6.2 Improving Relationships and Communication with Providers –

6.2.1 Provider engagement continues across major recommissioning programmes to help shape future tender specifications. Members of the Commissioning Senior Leadership Team attended the Kent Integrated Care Alliance (KICA) Conference on 14 May 2026 to share progress and strengthen market relationships. Provider forums have been reviewed and refreshed, with the first session on 24 June 2026 which was attended by over 100 providers; further local sessions are planned across districts. KCC has also committed funding to support the next Kent Registered Managers Conference which is being held in September 2026.

6.3 Partnership Working

6.3.1 The collaborative approach with the Voluntary Community Sector Enterprise (VCSE) to design future wellbeing services has been praised, and the VCSE has felt more of a partner. People with experience working groups are in place to help with recommissioning of the Supported Living Service, ensuring their feedback informs our future actions. The Kent and Medway VCSE Steering Group has set up a subgroup for commissioning focused discussions, these take place on a quarterly basis and have been established since December 2025.

6.3.2 We have worked in partnership with ICB Commissioning colleagues to agree the Better Care Fund for 2026/207 creating new opportunities for the future.

Workshops have been set up to review the current schemes, and the current Section 75 legal arrangement is being revised.

6.3.3 A new Joint Brokerage Team is in place to facilitate placements on discharge, feedback from providers is showing benefits of less fragmentation, on who and when to talk to system owners to support discharge planning.

6.4 Ensuring the Quality of Local Services

6.4.1 Leadership governance has been strengthened to bring commissioning and operations together in a collective approach to quality assurance. Six-weekly meetings between the CQC and the Commissioning Leadership Team also began in April 2026, using provider data to inform oversight and action.

6.4.2 Quality assurance and compliance requirements are being strengthened in new contracts, including Homecare and Older People Residential and Nursing, reflecting learning from the CQC assessment.

6.5 Sustainability of the Care Market

6.5.1 An audit review has been undertaken on provider failure risk. The purpose of the review was to improve early detection of quality, operational, or financial issues to support early intervention to resolve them. The areas for development will be followed up over the next reporting period. A lessons learnt exercise has been completed for the failure of the contracted community equipment service provider so learning and appropriate contingency arrangements are put in place for the future.

6.6 Use of Insight and Co-production

6.6.1 As part of the Commissioning realignment a new Commissioning Insight and Intelligence Manager role has been created. This role will ensure better use of data and insight to inform commissioning decisions, a stronger voice for providers through structured engagement and increased co-production. Under this post there is a team of six Social Care Involvement Officers to obtain feedback from providers, communities and those drawing on care and support to provide feedback to shape service design.

6.7 Hospital Discharge Pathways

6.7.1 Work is underway to develop a whole-system approach to hospital discharge and admission avoidance in Kent. This includes reviewing discharge pathways and services, including Better Care Fund provision, to identify gaps, inconsistency and duplication across localities. The aim is to improve discharge so it is timely, less reactive and more person-centred, reduces avoidable admissions through prevention and community alternatives, and aligns health and social care through integrated planning, governance and data-led decision-making. A proposed Hospital to Home model has been developed in line with the Neighbourhood Health Model. The model would move adult social care from a reactive end-of-stay role to a more active

presence throughout the hospital journey, with earlier planning, consistent ward-based decisions, standardised pathway allocation, and structured community recovery support.

6.8 Mental Health Pathways

6.8.1 A diagnostic review is underway to assess Mental Health Pathways and identify gaps across Adult Social Care and the wider system commissioning. It is due to complete in August 2026.

6.8.2 A workshop took place on 3 June 2026 with the Kent and Medway Mental Health System's Clinically Ready for Discharge Working Group and focused on clarifying roles, responsibilities and pathways, strengthening collaboration, and agreeing practical actions to reduce delays and improve flow from acute inpatient beds. Next steps include developing a shared language which will be agreed through upcoming meetings, alongside further work to map system pathways and confirm priorities for action.

6.8.3 KCC and the ICB are also reviewing jointly commissioned high-cost care packages and developing a business case for a step-down facility to support discharge, rehabilitation and reablement following acute mental health admission.

7. Theme 3 – How the County Council Ensures Safety in the System

7.1 Safeguarding Practice and Decision Making

7.1.2 Work is underway to improve decision making on safeguarding thresholds and reduce inappropriate referrals. Analysis shows 2,899 referrals received between April 2025 and March 2026 were lower-level incidents (which do not meet the Care Act Section 42 statutory criteria), and a notification process is being developed to record these outside the safeguarding route while still capturing system intelligence.

7.1.3 Alongside this, improvement support is being provided through partnership with a local authority acting as a critical friend focusing on understanding the impact of inappropriate safeguarding referrals on resources, developing alternative pathways where Section 42 is not indicated, and strengthening the quality assurance framework for safeguarding practice.

7.1.4 Other improvements include strengthened Power BI (reporting application) triggers highlighting where a person may have had a previous experience of safeguarding Recording of Making Safeguarding Personal outcomes is now mandatory and performance remains strong, with over 90% of desired outcomes recorded as achieved or partly achieved.

7.2 Delays in Safeguarding Processes and Waiting Times –

7.2.1 Safeguarding activity remained high across 2025/2026, although concerns reduced overall before a March increase, particularly in Ashford, Canterbury and West Kent. Teams are focused on reducing enquiries open over nine months and concerns open over three months, and the volume of long-open work has been decreasing since October 2025. Further work is needed to reduce duplication, improve resilience and support timelier practice.

7.2.2 Deprivation of Liberty Safeguards (DoLS) demand also remained high in 2025/26. All applications received before April 2021 have now been assessed, with work continuing to prioritise 2021/2022 cases. Ongoing data validation has strengthened waiting list management and statutory returns, with validation errors significantly reducing year on year. A PCH improvement report will inform the next phase of the DoLS improvement work.

7.2.3 The Supreme Court reversed the 2014 Cheshire West judgment, overruling existing DoLS guidance. The court has ruled that a person who lacks capacity can still give valid consent to their confinement. The numbers of people who are considered deprived of liberty will be reduced significantly. Many people currently subject to deprivation of liberty orders or authorisations who are not in fact being deprived of their liberty will need their cases reviewed In brief, this judgment represents a fundamental shift in the legal understanding of deprivation of liberty, moving away from a clear threshold-based test to a more nuanced and context-dependent assessment. Strong senior oversight will be required to ensure local practice remains legally robust, operationally consistent and aligned with safeguarding responsibilities while the wider implications of the judgment are worked through.

7.3 Communication and Feedback with Partners –

7.3.1 Communication and feedback with partners is being strengthened through improved provider feedback, engagement and shared learning. Template letters introduced in April 2026 now provide more consistent feedback to referrers on safeguarding outcomes. Provider sessions on what makes a good safeguarding referral, supported by a one-page resource, are helping improve referral quality and understanding of thresholds. Engagement has also taken place with the Kent and Medway Mental Health Trust, with further partner sessions planned.

7.3.2 The Strategic Safeguarding Unit continues to share learning through newsletters, countywide meetings and regular reporting, including findings from the Kent and Medway Safeguarding Adults Board(KMSAB) Homelessness Audit and wider safeguarding assurance work.

7.4 Multi Agency Working-

7.4.1 Multi-agency working is being strengthened through audit, shared learning and partner engagement. The Strategic Safeguarding Unit has worked with KCC Analytics to develop a Safeguarding Adult Review (SAR) and Domestic Homicide Review (DHR) dashboard, improving oversight of referral patterns and protected characteristics. Learning from the KMSAB Homelessness Audit, the Healthy Homes, Safer Lives workshop and a KMSAB safeguarding referral audit has informed changes to practice, including stronger housing engagement and improvements in Mosaic relating to Children's Services and transitions

7.4.2 Work with the Kent and Medway Mental Health NHS Trust has also led to improvements in safeguarding triggers and referral processes for people in mental health crisis. Across the wider programme, there remains a strong focus on shared accountability, appropriate pathways and improving consistency across the safeguarding system. More details of the completed on ongoing work can be found in the report provided to this Committee on 6 May 2026.

7.5 Transition for Young People

7.5.1 Since October 2024, transition practice has been strengthened across adult social care. In April 2025, the former Strengthening Independence Service (18-25) transferred from Children Young People and Education (CYPE) to Adult Social Care and Health (ASCH) as the Young People's Team, with the four locality teams brought under a new County Transitions Manager role to provide both operational leadership and strategic oversight of transition practice.

7.5.2 In September 2025, case recording and payments moved into Mosaic, reducing the number of systems used in the transition process from three to two. Initial changes have also been made to support Keeping in Touch requirements for Care Leavers, with further development planned.

7.5.3 A jointly developed Community of Practice has also been introduced across CYPE and ASCH to support more seamless transitions between children's and adults' services. We continue to support established transition pathways through Children's Transition Panels, joint working with Disabled Children's Teams. Partnership work with Special Educational Needs and Disabilities (SEND) is helping identify issues affecting young people with Education, Health and Care Plans, with the aim of strengthening earlier joint planning and decision-making.

8. Theme 4- Leadership

8.1 Leadership and Oversight

8.1.2 The Adult Social Care Senior Leadership has seen a number of personnel changes over the last 18 months. Stability and prioritisation have been provided by the Interim Director of Adult Social Services (DASS) with an improved and enhanced focus on performance improvement. This includes weekly review at a Directorate Management Team (DMT) level using a consistent visual tool demonstrating where targets have been met, as well as a risk-based approach with early warning indicators to enable corrective action to continue to improve and sustain performance. We have recently established our joint Senior Leadership Team meetings, bringing together members of both operational and commissioning teams to ensure we are working as one Adult Social Care, with a clear outline of priorities for our workforce to ensure absolute clarity of objectives for the Directorate. A new permanent Corporate Director for Adult Social Care and Health (DASS) is in post leading the DMT.

8.2 Improved Communication and Connection with the Workforce

8.2.1 An internal communications plan was agreed by our DMT and is now embedded. This includes weekly all-staff communication to increase frequency of workforce communication and business updates with introductions from each Director to encourage visibility and connection. Weekly leadership meetings are also now all held in person, with leadership remaining on site to ensure visibility to the workforce. Positive engagement and feedback has been received from managers on the leadership approach

8.3 Strategic Planning

8.3.1 The Kent Adult Social Care Strategy and Kent Adult Carers' Strategy (2022-2027) are being refreshed for 2026/2028 to ensure our Making a difference every day vision and core principles are contextualised within the changing landscape. This has already included engagement with around 70 managers through our Senior Leadership Team and Extended Senior Leadership Team workshop sessions. Work on refreshing the strategy is in progress and now references the Council's Strategic Statement, KCC and Adult Social Care Business Plans and the need to manage affordability and demand whilst putting the person first, improving all the time and measuring what matters.

8.4 Workforce Planning

8.4.1 Thorough staff engagement and analytical review was undertaken in 2025 to develop a Strategic Workforce plan for 2026/2028. Our Strategic Workforce Plan is based on ensuring we have an appropriately resourced, skilled, supported and motivated workforce in place to support the people we serve. Our workforce plan will focus on ensuring we address skills gaps, recruitment and retention challenges, development opportunities and wellbeing concerns. We continue to grow our own workforce through Apprenticeship with an

ongoing commitment for 10 Social Work and 5 Occupational Therapy Apprenticeships onboarding this year.

8.5 Quality Assurance

8.5.1 Practice and thematic audits have increased across operational teams and the Practice, Policy and Quality Assurance service, reinforcing the focus on learning and practice improvement. Learning from previous audits has also been embedded through development sessions including trauma-informed supervision, stronger use of the Risk Prioritisation Tool, and Disability Related Expenditure Assessment (DREA) training and drop-ins for managers and practitioners.

8.6 Using Innovation and Improving Productivity -

8.6.1 All staff now have access to 'Beam Notes', a digital Artificial Intelligence (AI) tool designed to reduce the administrative time spent on the writing up of assessment for care and support. Use of AI tools means practitioners can devote a greater proportion of their time to direct work with people, including having meaningful, person-centred conversations about their needs, outcomes and wellbeing

9. Future CQC Assessment Process

9.1 Now the CQC has completed the first round of local authority assessments, it has updated its future approach based on learning and stakeholder feedback.

9.2 A comprehensive assessment covers the full framework, including information return, stakeholder and user feedback, and usually an on-site visit. It results in a published report and can change the local authority's rating. For Kent, the usual maximum period between assessments is three years from publication of the last report, although this may vary depending on risk, assurance meetings, self-evaluation and local government reorganisation. The CQC intends to provide 6–8 weeks' notice before assessment and follow a similar process to the October 2024 assessment.

9.3 Focused assessments take place between comprehensive assessments, usually not in the same year, and may respond to specific risks or national priorities. They examine particular themes or quality statements in more depth and result in a published report, but do not change a local authority's rating. The CQC will confirm the focus when announcing the assessment and may widen this if additional risks emerge.

9.4 The CQC assurance meetings mean each local authority will have a named lead contact and regular scheduled discussions. These meetings will help the CQC understand local context, improvement progress and emerging risks, informed by self-assessment and other data. They will not result in a published report, but the frequency may vary depending on risk.

10. Preparation for Future Assessments

10.1 To ensure adult social care is prepared for future assessments , a small task group will be established to look at preparatory activity to support both focused and comprehensive assessments. This task group will ensure review and refresh of key materials such as the self-assessment, evidence for information returns and workforce support and communication.

10.2 As part of the preparatory work, adult social care will also undertake their own “Mock” assessment on a few focussed areas to review the ongoing improvements, the CQC requirements and staff support requirements as part of the refreshed guidance.

10.3 The CQC will consider the impacts and risks from local government reorganisation for individual local authorities, and they may adjust their schedule of assessments in response. This could include adjusting the maximum timeframe for assessment, prioritising assessments or considering if other means of assurance is required for example additional assurance meetings.

11. Conclusions

11.1 Adult Social Care has made some progress since the CQC assessment, with improvement activity now more focused, better aligned to priority areas and supported by stronger performance oversight. Progress is evident across practice, safeguarding, partnership working and leadership, although some areas still require sustained improvement, particularly timeliness and consistency. The next phase will focus on embedding change, responding to external review feedback, and strengthening readiness for future CQC assurance.

12. Recommendations

12.1 Recommendations: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the improvements to date and future improvement activity.

13. Background Documents

Kent County Council Local Authority Assessment
Kent County Council: local authority assessment - Care Quality Commission

Adult Social Care and Public Health Cabinet Committee – 8 July 2025
Improvement Plan.pdf

Care Quality Commissiong Assessment Framework for Local Authority Assurance
Assessment framework for local authority assurance - Care Quality Commission

Think Local Act Personal – Making It Real
Explore Making It Real - Making It Real

Making a Difference Every Day Adult Social Care Strategy.
Kent Adult Social Care Strategy 2022 - 2027

Adult Social Care Prevention Framework
The Adult Social Care Prevention Framework 2025-2035 .

Commissioning Intentions
Commissioning Intentions 2025 to 2027 - Kent County Council

14. Appendices

Appendix 1 - KCC CQC Updated Improvement Plan, July 2026

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KENT COUNTY COUNCIL
ADULT SOCIAL CARE AND HEALTH
CQC IMPROVEMENT UPDATED PLAN

Improving all the time

Directors of Kent County Council Adult Social Care and Health (ASCH) with the support of Jade Shepherd, Business Improvement Manager and Helen Groombridge, ASCH Performance Manager

Adult Social Care and Health Updated Improvement Plan

This Kent County Council (KCC) Adult Social Care CQC Updated Improvement Plan is an integral part of the Council's overarching improvement programme, improving our every day business which focuses on improving outcomes for individuals, carers, and the Adult Social Care workforce. The Care Quality Commission (CQC) assurance assessment published on 16th May 2025, affirmed KCC's own evaluation of its services, recognising significant progress made and acknowledging the council's sustained improvement efforts.

This updated Improvement Plan has been revised to focus on the key areas of improvement for Adult Social Care and Health reflected in the published assessment report findings by the CQC.

The activities are firmly grounded in KCC's Adult Social Care Strategy, Making a Difference Every Day (Refreshed), ensuring that every step taken contributes meaningfully to the quality, consistency, and impact of care across the county.

The improvement plan is overseen by the Adult Social Care Directorate Management Team and the Strategic Priorities Board on a regular basis to ensure there is progress of activities, alignment to our strategic goals, prioritisation of activities and resource and support any required action in unblocking barriers and risk escalation.

Quarterly reporting of progress are submitted to the Department of Health and Social Care via Partners in Care and Health to provide assurance of improvement implementation and progress. This Improvement Plan has been updated following consultation with, and approval by, the relevant KCC senior management teams and the approval of the Partners in Care and Health acting on behalf of the Department of Health and Social Care.

Version Control			
Version	**Date**	**Amendments by**	**Summary of Changes**
V.01 DRAFT	18/07/25	Jade Shepherd	Draft Template and population of existing activities from development discussions
V.02	18/07/25	Tricia Pereira	Additional updates made, safeguarding, workforce plan, mental health support,
V.03	28/07/25	Tricia Pereira	Deletion of duplicate areas and refining wording
V.04	30/07/25	Jade Shepherd	Performance Improvement KPI's added
V.04	01/08/25	Tricia Pereira	Addition of Leadership development and shading of CQC priority areas
V.05	19/06/2026	Michael Thomas-Sam	Following the updated priority areas agreed by the Directorate Management Team and approved by Partners in Care and Health on behalf of the Department of Health and Social Care

Key for Current Performance:

Symbol	**Description**
⇩	Decreasing value, right direction
⇧	Increasing value, right direction
⇩	Decreasing value, wrong direction
⇧	Increasing value, wrong direction
-	No Quarterly figures available

Theme 1: How the Local Authority works with People

No.	CQC Recommendation	Improvement Action	Accountable Officer	Responsible Officer	Short /Medium/Long Term	Reporting Date	Direction of Travel and Intention	Current Q1 Performance
Care Needs Assessments								
1	**Priority Area 1:** Addressing Care Needs Assessment	We will continue to improve the number of Care Needs Assessments completed by reducing the number of incoming Care Needs Assessments..	Sydney Hill	Assistant Directors	Short - Medium Term	September 2026	Decreasing / Low	⇩
2	**Priority Area 2:** Addressing the number of incomplete Care Needs Assessments	We will continue to reduce the number of incomplete Care Needs Assessment	Sydney Hill	Assistant Directors	Short- Medium Term	September 2026	Decreasing / Low	⇩
3	**Priority Area 3:** Addressing the percentage of completed Care Needs Assessments being eligible	We will continue to improve on the percentage of completed Care Needs Assessment resulting in people being determined to be eligible	Sydney Hill	Assistant Directors	Short- Medium Term	September 2026	Increasing / High	⇩
4	**Priority Area 4:** Addressing the Median waiting time of completed Care Needs Assessments	We will continue to reduce the current Median waiting time for completing Care Needs Assessment to ensure people receive a timely Care and Support	Sydney Hill	Assistant Directors	Short- Medium Term	September 2026	Decreasing / Low	⇩
Reviews of the Care and Support Plan								
5	**Priority Area 5:** Addressing the Timeliness of First Reviews	We will continue to reduce the number of overdue First Reviews (not started) to ensure people receive a timely review of their Care and Support Plan.	Sydney Hill	Assistant Directors	Short- Medium Term	September 2026	Decreasing / Low	⇩
6	**Priority Area 6:** Addressing the Timeliness of 6-8 weeks First Reviews	We will continue to increase the number of first reviews completed at 6 -8 weeks first reviews period to ensure people receive a timely review of their Care and Support Plan	Sydney Hill	Assistant Directors	Short- Medium Term	September 2026	Increasing / High	⇧
7	**Priority Area 7:** Addressing Timeliness of Reviews	We will continue to reduce the current Median waiting time of completed First Reviews to ensure people receive a timely review of their Care and Support Plan	Sydney Hill	Assistant Directors	Short- Medium Term	September 2026	Decreasing / Low	⇧
8	**Priority Area 8:** Addressing Timeliness of Reviews	We will continue to reduce the current the number of overdue ongoing Review (not started) to ensure people receive a timely review of their Care and Support Plan	Sydney Hill	Assistant Directors	Short- Medium Term	September 2026	Decreasing / Low	⇧

9	**Priority Area 9:** Addressing Timeliness of Reviews	We will continue to reduce the current Median waiting time of completed ongoing Reviews to ensure people receive a timely review of their Care and Support	Sydney Hill	Assistant Directors	Short- Medium Term	September 2026	Decreasing / Low	⇧
Direct Payments								
10	**Priority Area 10:** Supporting more people to take up Direct Payments	We will continue to promote and offer Direct Payments to enable people to exercise greater choice and control about their care and support for those people who would like to choose this option	Sydney Hill	Assistant Directors	Short Term	September 2026	Increasing / High	⇩
Occupational Therapy								
16	**Priority Area 16:** Addressing the number of Occupational Therapy Assessment	We will continue to reduce the current number on the waiting list and assessment to be completed to ensure people receive timely provision of support	Michael Thomas-Sam	Principal Occupational Therapist	Short - Medium Term	September 2026	Decreasing / Low	⇧
17	**Priority Area 17:** Addressing the number of Occupational Therapy Assessment	We will continue to increase the number of people with completed OT Assessment to ensure people receive timely provision of assessed support to help with living independently according to their circumstances	Michael Thomas-Sam	Principal Occupational Therapist	Short - Medium Term	September 2026	Increasing / High	⇧
18	**Priority Area 18:** Addressing the Median wait time for Occupational Therapy Assessment	We will continue to reduce the current Median wait time for OT Assessments to be completed to ensure people receive timely provision of assessed support to help with living independently according to their circumstances	Michael Thomas-Sam	Principal Occupational Therapist	Short - Medium Term	September 2026	Decreasing / Low	⇧
Equipment/ County Technician Service								
19	**Priority Area 19:** Addressing the number of people on the waiting list	We will continue to reduce the current number people on the waiting list for support from the Equipment and/or County Technician Service to ensure people receive timely provision of support to help with living independently according to their circumstances	Michael Thomas-Sam	Principal Occupational Therapist	Short - Medium Term	September 2026	Decreasing / Low	⇧
20	**Priority Area 20:** Addressing the Median wait time	We will continue to reduce the current number of Median wait time on the wait list at removal	Michael Thomas-Sam	Principal Occupational Therapist	Short - Medium Term	September 2026	Decreasing / Low	⇧

Theme 2: Providing Support

No.	CQC Recommendation	Improvement Action	Accountable Officer	Responsible Officer	Short /Medium/Long Term	Reporting Date	Direction of Travel and Intention	Current Q1 Performance
		Partnership						
25	**Priority Area 25:** Addressing partnership relationships	We will continue to strengthen partnership relationships and improving how we address concerns raise by partners (qualitative)	Helen Gillivan	Assistant Directors	Short - Medium Term	September 2026	Increasing	—

Theme 3 : How the Local Authority ensures safety within the system

No.	CQC Recommendation	Improvement Action	Accountable Officer	Responsible Officer	Short /Medium/Long Term	Reporting Date	Direction of Travel and Intention	Current Q1 Performance
		Safeguarding						
11	**Priority Area 11:** Addressing the number of open Safeguarding Concerns	We will continue to reduce the number of Safeguarding concerns unnecessarily open by ensuring timely response and improve people's experiences.	Sydney Hill	Assistant Directors	Short - Medium Term	September 2026	Decreasing / Low	⇩
12	**Priority Area 12:** Addressing Median wait time for concerns (closed)	We will continue to reduce the current Median wait time for Safeguarding Concerns that must be closed after the necessary investigations which ensure people are safe kept and protected wherever they are .	Sydney Hill	Assistant Directors	Short - Medium Term	September 2026	Decreasing / Low	⇩
13	**Priority Area 13:** Addressing the low number of Safeguarding Concerns relative to Enquiries	We will continue to increase the proportion of Safeguarding Concerns that convert to Safeguarding Enquiries because they meet the statutory criteria for Safeguarding Enquiries	Sydney Hill	Assistant Directors	Short - Medium Term	September 2026	Increasing / High	⇧
14	**Priority Area 14:** Addressing the number of open Safeguarding Enquiries	We will continue to improve on the number of open Safeguarding Enquiries the necessary investigations which ensure people are kept safe, protected and their outcomes met	Sydney Hill	Assistant Directors	Short - Medium Term	September 2026	Decreasing / Low	⇩

15	**Priority Area 15:** Addressing the Median wait time for Safeguarding Enquiries (closed)	We will continue to reduce the current Median wait time for Safeguarding Enquiries that must be closed after the appropriate investigations which ensure people are safe kept, protected and their outcomes met	Sydney Hill	Assistant Directors	Short - Medium Term	September 2026	Decreasing / Low	⇩
Deprivation of Liberty Safeguards								
21	**Priority Area 21:** Addressing the number of applications pending	We will continue to reduce the current number of applications pending informed by a risk-based approach to ensure those with the greatest deprivation issues are prioritised whilst working with providers to report significant changes of circumstances	Michael Thomas-Sam	Head of Service	Short - Medium Term	September 2026	Decreasing / Low	⇧
22	**Priority Area 22:** Addressing the Median wait time pending authorisation	We will continue to reduce the current Median wait time on the pending list at removal informed by a risk-based approach to ensure those with the greatest deprivation issues are prioritised whilst working with providers to report significant changes of circumstances	Michael Thomas-Sam	Head of Service	Short - Medium Term	September 2026	Decreasing / Low	⇧

Theme 4: Leadership

No.	CQC Recommendation	Improvement Action	Accountable Officer	Responsible Officer	Short /Medium/Long Term	Reporting Date	Direction of Travel and Intention	Current Q1 Performance
Leadership								
23	**Priority Area 23:** Addressing senior managers enabling teams to deliver services	We will continue to give consistent direction and support to teams to enable them to deliver appropriate and responsive services that meet people's outcomes in line with the statutory duties and best value considerations within the standing policy and procedures of the council	Helen Woodland	Directors	Short - Medium Term	September 2026	Increasing / High	—
24	**Priority Area 24:** Addressing senior leadership communication	We will continue to provide clear and effective communication with services and/or teams as core business approach driven by the intent of delivery appropriate services based on the optimum use of resources	Helen Woodland	Directors	Short - Medium Term	September 2026	Increasing / High	—

Adult Social Care and Public Health Cabinet Committee Work Programme

Category	Meeting date	Item	Work Type
Future	24 September 2026	Cabinet Members, Corporate Director and Director of Public Health Verbal Updates	Standing Item
Future	24 September 2026	Adult Social Care Performance Dashboard	Report
Future	24 September 2026	Public Health Performance Dashboard	Report
Future	24 September 2026	Work Programme	Standing Item
Future	18 November 2026	Cabinet Members, Corporate Director and Director of Public Health Verbal Updates	Standing Item
Future	18 November 2026	Adult Social Care Performance Dashboard	Report
Future	18 November 2026	Draft Revenue and Capital Budget and MTFP	Annual item
Future	18 November 2026	Annual Report on Quality in Public Health, including Annual Complaints Report	Annual item
Future	18 November 2026	Annual Complaints	Annual item
Future	18 November 2026	Work Programme	Standing Item
Future	20 January 2027	Cabinet Members, Corporate Director and Director of Public Health Verbal Updates	Standing Item
Future	20 January 2027	Public Health Performance Dashboard	Report
Future	20 January 2027	Draft Revenue and Capital Budget and MTFP	Annual item
Future	20 January 2027	Update on Public Health Campaigns/ Communications	Update report
Future	20 January 2027	Work Programme	Standing Item
Future	11 March 2027	Cabinet Members, Corporate Director and Director of Public Health Verbal Updates	Standing Item
Future	11 March 2027	Adult Social Care Performance Dashboard	Report
Future	11 March 2027	Public Health Performance Dashboard	Report
Future	11 March 2027	Risk Management	Report
Future	11 March 2027	Work Programme	Standing Item
Future	12 May 2027	Cabinet Members, Corporate Director and Director of Public Health Verbal Updates	Standing Item

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Future	12 May 2027	Adult Social Care Performance Dashboard	Report
Future	12 May 2027	Work Programme	Standing Item
Future	07 July 2027	Cabinet Members, Corporate Director and Director of Public Health Verbal Updates	Standing Item
Future	07 July 2027	Public Health Performance Dashboard	Report
Future	07 July 2027	Update on Public Health Campaigns/ Communications	Report
Future	07 July 2027	Work Programme	Standing Item