SCRUTINY COMMITTEE

Wednesday, 17th September, 2025

2.00 pm

Council Chamber, Sessions House, County Hall, Maidstone

Kent
County
Council
kent.gov.uk

AGENDA

SCRUTINY COMMITTEE

Wednesday, 17th September, 2025, at 2.00 pm
Council Chamber, Sessions House, County Hall, Maidstone

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

Membership

Reform UK (8)	Mr W Chapman, Mr J Eustace, Ms I Kemp, Mr T Mole, Dr G Sturley and 3 X Vacancy
Liberal Democrat (2):	Mr R G Streatfeild, MBE (Chair) and Mr A J Hook
Conservative (1):	Mrs S Hudson
Labour (1):	Mr A Brady (Vice-Chair)
Green (1):	Rich Lehmann
Church Representatives (3):	Mr J Constanti, Mr M Reidy and Mr Q Roper
Parent Governor (2):	Ms R Ainslie-Malik and Ms H Carter

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

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UNRESTRICTED ITEMS

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

A - Committee Business

A1   Apologies and Substitutes

A2   Declarations of Interests by Members in items on the Agenda for this Meeting

A3   Minutes of the meeting held on 16 July 2025 (Pages 1 - 6)

B - Any items called-in

None for this meeting.

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

C1   25/00042 - Older Persons Residential and Nursing Care Service (Pages 7 - 104)

C2   Kent County Council's Asset Disposal Strategy (Pages 105 - 128)

D - To Note

D1   Work Programme (Pages 129 - 132)

RESTRICTED ITEMS

(During these items the meeting is likely NOT to be open to the public)

Appendix B to item C2 is exempt and not for publication under Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 - Information relating to the financial or business affairs of any particular person (including the authority holding that information).

E1   Exempt Minute of the meeting held on 16 July 2025 (Pages 133 - 136)

Benjamin Watts
General Counsel
03000 416814

Tuesday, 9 September 2025

KENT COUNTY COUNCIL

SCRUTINY COMMITTEE

MINUTES of a meeting of the Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 16 July 2025.

PRESENT: Mr R G Streatfeild, MBE (Chair), Mr A Brady (Vice-Chair), Mr W Chapman, Mr J Eustace, Mrs G Foster, Mr M A J Hood (Substitute for Rich Lehmann), Mr A J Hook, Mr T Mole, Ms A Randall (Substitute for Mr S Dixon), Mr H Rayner (Substitute for Mrs S Hudson), Mrs S Roots (Substitute for Dr G Sturley) and Mr D Sian (Substitute for Ms I Kemp)

ALSO PRESENT: Mrs B Fordham, Mr M Fraser Moat, Mr C Hespe and Miss D Morton

IN ATTENDANCE: Mrs A Beer (Chief Executive), Mrs S Hammond (Corporate Director Children, Young People and Education), Mr R Smith (Corporate Director Adult Social Care and Health), Mr B Watts (General Counsel), Ms C McInnes (Director of Education & SEND), Mr D Shipton (Head of Finance Policy, Planning and Strategy), Mr M Albiston (Director of Adult Social Care (Operations) Kent), Mr C Chapman (Assistant Director - Fair Access and (Interim) SEN Processes), Ms H Gillivan (Interim Director Adults and Integrated Commissioning.), Ms A Gleave (Interim Assistant Director for SEND Operations), Miss M Goldsmith (Finance Business Partner - Adult Social Care and Health), Ms S Hill (Director Adult Social Care), Ms T Pereira (Head of Service Improvement) and Mrs A Taylor (Assistant Democratic Services Manager (Scrutiny))

UNRESTRICTED ITEMS

1.   Election of Vice-Chair
(Item A2)

1. Mr Hook proposed, and Mr Rayner seconded that Mr Alister Brady be elected as Vice-Chair of the Scrutiny Committee.
2. As there were no further nominations, the Chairman declared Mr Alister Brady as Vice-Chair of the Committee.

RESOLVED that Mr Alister Brady be elected as Vice-Chair of the Scrutiny Committee.

2.   Apologies and Substitutes
(Item A3)

Apologies were received by Mr Lehmann, Mrs Hudson, Mr Sturley and Mrs Kemp.

Mr Hood, Mr Rayner, Mrs Roots and Mr Sian were all present as substitutes.

Membership update: Since the publication of the agenda, Ms Randall had joined the Committee as a permanent member and Mr Dixon had ceased his membership of the Committee in view of his deputy Cabinet Member responsibilities.

3.   Declarations of Interests by Members in items on the Agenda for this Meeting
(Item A4)

There were no declarations of interest.

4.   Minutes of the meeting held on 18 March, 10 April and 22 May 2025
(Item A5)

RESOLVED that the minutes of the meeting held on 18 March, 10 April, 22 May 2025 be approved as a correct record.

5.   Kent's Adult Social Care Services - Local Authority Assessment Improvement Plan
(Item C1)

1. The report was introduced by Diane Morton, Cabinet Member for Adult Social Care and Public Health, who provided an overview and context surrounding the Care Quality Commission (CQC) assessment of Kent County Council's Adult Social Care function.
2. Mr Richard Smith, Director of Adult Social Care, outlined the strategic timeline post-Covid, the 'requires improvement' outcome of the assessment and the steps taken since March 2024 to achieve improvement.
3. It was confirmed that there was a £45 million overspend rolled over from the previous year within the Adult Social Care Directorate that was offset by savings in other areas of the Council.
4. In response to comments and questions from guests and Members the discussion covered the following:
    *   Regarding Appendix 2, Mr Smith outlined the areas of success within the improvement plan which included moving staff into community teams and the approach to innovation and transitions between children's and adult services. Safeguarding referrals were identified as an area requiring further monitoring as well as strategic partnerships in which Miss Morton detailed future plans for a Partnership Communication Board.
    *   Concerns on the net overspend of £35.5 million were contextualised by the national issue of demand outstripping resources with a 4% gap in demand and funding within Kent also being reflected in the national overspend. Emphasis was placed on the complexity of balancing savings programmes and the statutory obligation to meet assessed care needs as well as an overview on preventatives measures to reduce demand for social care. The financial relationship with the NHS was also addressed, with various degrees of satisfaction existing across different areas of care.
    *   The key area of the improvement plan that posed the greatest challenge was ensuring consistency across the service. Tricia Pereira, Head of Service Improvement, also identified remaining key areas, including raising awareness towards accurate safeguarding referrals, investment in workforce, improving workflow, and utilising technology.
    *   An unpaid carers online assessment tool had been launched, for which work to raise awareness and accessibility was being reviewed.
    *   It was confirmed that there were no cost efficiencies or savings set against the Ring-Fenced Grant for domestic violence.

- Steps had been taken to improve staff survey results, including the incorporation of feedback from 24 community teams across Kent into future planning. A summary of improvements to the review and reassessment process was also provided by Mark Albiston, Director of Adult Social Care (Operations), with sustainable improvements made across several targets, despite further overall progress still being required. Details were shared on the forward-looking approach to transition services into Adult Social Care including moving the 18–25 year-old strengthening independence services back to the Adult Social Care directorate.

5. Following the questions, the Chair welcomed comments and views from the Committee about the report. These included:
   - Concern was raised regarding the ongoing overspend in the Adult Social Care budget, and the effectiveness of current arrangements in ensuring future savings.
   - Support for the Plan was expressed alongside scepticism on whether Local Government Reform would hinder the development of important new strategies.
   - A Member queried the impact of central government changes to National Insurance on the Adult Social Care budget, and whether additional budgetary provisions would be made as a result.
   - Structural changes to induce savings such as a reduction in the overreliance on the private sector and a focus on domiciliary care to reduce the need for complex care interventions were posed by a Member.
   - Clarification was required about the specific impacts and decisions that were taken as the result of the CQC report and whether this would be signposted in future reports.
   - A Member posed a question on the budgetary impact of the removal of overseas care workers visas.

6. The Chairman called on the Cabinet Member to provide comments and clarifications on the Member's points of debates:
   - Miss Morton acknowledged the comments made by Members and highlighted the upcoming Casey Review, National Insurance contributions and Employment Bill as having potential future impacts on the Adult Social Care provision.
   - In response to questions regarding increasing the Adult Social Care budget, Mr Smith highlighted the financial constraints imposed by central government and the Council's statutory duty to deliver services within these limitations.

7. The Chairman proposed to note the report and request that the Adult Social Care and Public Health Cabinet Committee adds to its work programme a further review of the Improvement Plan, specifically in relation to the eight bullet points on page 23 of the Scrutiny Committee report, giving regard to the budget position of the Adult Social Care & Health Directorate. This was seconded by Mr Eustace and agreed by the Committee.

RESOLVED that the Scrutiny Committee note the report and requests that the Adult Social Care and Public Health Cabinet Committee adds to its work programme a further review of the Improvement Plan, specifically in relation to the eight bullet points on page 23 of the Scrutiny Committee report, giving regard to the budget position of the Adult Social Care & Health Directorate.

6.   Special Educational Needs and Disability - Quarterly Update
(Item C2)

1. The report was introduced by Mrs Beverley Fordham, Cabinet Member for Education and Skills, who outlined the challenges currently facing Educational and Special Educational Needs and Disability (SEND) Services. She also set out her strategy to ensure assessment and support systems were available early in children's development.

2. Mrs Christine McInnes, Director of Education and SEND, provided details of the Key Performance Indicators (KPIs) of the report and established the status of the referrals backlog and the Education, Health and Care Plans (EHCPs).

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

   - Mrs McInnes outlined the stages of the Specialist Resource Provisions (SRPs) and the resulting net increase of 55 new SRPs in the report. She stated the progress was dependent on capital funding, allocated annually with a prioritisation process.

   - Mr Craig Chapman, Assistant Director - Fair Access and (Interim) SEN Processes, explained that the KPI target for EHCP waiting times of 20 weeks, was approximately 60% based on the average from the previous calendar year. As this target was being achieved, it was being reviewed and expected to increase.

   - Ongoing research was taking place on the reasons for higher EHCPs throughout Kent, however a shift to make support available throughout a child's development was emphasised by Mrs Fordham to reduce the overreliance on EHCPs to obtain support.

   - Bureaucratic reforms in favour of streamlining processes, rather than reducing funding or staff numbers, were ongoing. A successful pilot was underway to minimise disruption during the transition of SEN children into SEN schools that was set to roll out in September.

   - Ms Alice Gleave, Interim Assistant Director for SEND Operations, stated reports containing further data could be compiled and emphasised the ongoing systematic inquiries into the quality of EHCPs. Following a low-quality assessment of plans in 2022, development in quality assurance had occurred.

   - Mr Chapman provided an overview of the reasons behind higher numbers of EHCP applications, highlighting the increased presence of SEN in the public consciousness. He discussed the monitoring of elective home education and the legal limitations that restricted access to home spaces. He also referenced the ceasing of EHCPs as a mutual agreement with parents, typically taking place during transition points.

   - Regarding early years intervention, Mrs Sarah Hammond, Corporate Director Children, Young People and Education, established the timeline and research behind the development of the family hub. The importance of early development was also highlighted, specifically on investment in toilet training and hearing assessments.

   - Concerning the Safety Valve on page 131 of the report, Mrs Fordham acknowledged the anticipated £10 million off the accumulated deficit position at March 2025. She addressed this issue of overspend, outlining measures to control provision and reduce outsourcing. Delays were also recognised in the funding of two new schools by the Department of Education (DfE), contributing to high costs.

   - At the point of an EHCP needs assessment, schools were requested to provide necessary information and the response rates to this were high.

- Mrs McInnes provided context to the progression of reports and delays to discussions to ensure alignment with the forthcoming government White Paper.

4. Following the questions, the Chair welcomed comments and views from the Committee about the report. These included:
   - Several Members requested that future reports include additional data regarding ensuring quality of EHCPs, rationale behind EHCP application decisions, specifics of SEND and NHS partnerships.
   - The importance of early intervention and building trust was emphasised, alongside development of technology to streamline administrative processes and ensure improved outcomes for children.
   - Factors were explored to explain the disparity between numbers of children requiring SEN and numbers of EHCP referrals within Kent such as genetic factors.

5. The Chairman proposed that the report be noted and requested that the quarterly SEND reporting be added to the work programme for the Children, Young People and Education (CYPE) Cabinet Committee. The Scrutiny Committee would focus on the strategic issues regarding SEND provision in Kent and requested a report, at an appropriate time, considering why Kent had a disproportionately high number of EHCPs, what systemic factors were driving this and how it could be addressed. The proposal was seconded by Mr Hood and agreed by the Committee.

RESOLVED that the Scrutiny Committee note the report and requests that quarterly SEND reporting be added to the work programme for the Children, Young People and Education Cabinet Committee.

The Scrutiny Committee will focus on the strategic issues regarding SEND provision in Kent and requests a report, at an appropriate time, considering why Kent has a disproportionately high number of EHCPs, what systemic factors are driving this and how it can be addressed.

7.   Progress of the Kent Department of Local Government Efficiency
(Item C3)

1. The report was introduced by Matthew Fraser Moat, Cabinet Member for Local Government Efficiency, who provided an overview of the work of the Kent Department of Local Government Efficiency (DOLGE) and the priorities of the administration to seek long-term efficiencies and improvements for Kent residents.

2. In response to comments and questions from guests and Members the discussion covered the following:
   - Mr Fraser Moat emphasised his financial approach to the DOLGE process, informed by his accountancy background and assured Members that all DOLGE work would go through officers and the relevant Committees.
   - Details building upon this report would be delivered at the September Full Council meeting via Cabinet Member proposals.
   - Mr Christopher Hespe, Deputy Cabinet Member for Finance and Cross-party activity, provided context of the financial situation inherited by the new administration and set the scope of DOLGE work. A new approach to shift focus towards statutory rather than discretionary services was detailed

alongside contracting and outsourcing arrangements to be re-examined. Work to identify future areas for savings was ongoing.

- Concerns were raised of the 12 unanswered questions on DOGE within the report and how interlinked DOGE and DOLGE public output was. Mr Fraser Moat encouraged that he be assessed upon his own record.
- Members expressed their frustrations concerning certain social media posts that required clarifications on accuracy. This clarification was provided by Mrs Amanda Beer, Chief Executive Officer. The timeline by which KCC was able to respond to certain media interest was also established by Mrs Beer.
- To ensure public confidence in KCC, it was acknowledged that greater granularity regarding the financial backing of specific items was necessary.
- Mr Ben Watts, General Counsel, outlined how the DOLGE fell into individual Cabinet Member's portfolios, hence their inclusion in delivering updates. Specifically, the Policy and Resources Cabinet Committee would receive various outcomes on the work of DOLGE, unless the item fell within another Cabinet portfolio.
- Mr Hespe paid tribute to the KCC officers in relation to their work on DOLGE.

3. The Chairman proposed, and Mr Eustace seconded, that under section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 5 of part 1 of Schedule 12A of the Act.
4. This was agreed unanimously and Mr Watts, General Counsel updated Members on the legal advice given in relation to DOLGE and DOGE.
5. As the Committee resumed its public session the Chair noted that the information contained within the public documents submitted to the committee was reflected in the exempt discussion had and that the public could be reassured with regards to the handling of their personal data, the County Council would continue to comply with the law in all respects.
6. The Chair proposed to note the report and look forward to the Strategic Statement and detailed report on the Kent DOLGE. This was seconded by Mr Eustace and received assent from the Committee.

RESOLVED that the Scrutiny Committee note the report and look forward to the Strategic Statement and detailed report on the Kent DOLGE.

8. Work Programme
(Item D1)

RESOLVED to NOTE the Work Programme.

By: Anna Taylor, Assistant Democratic Services Manager (Scrutiny)

To: Scrutiny Committee, 17 September 2025

Subject: 25/00042 – Older Persons Residential and Nursing Care Service

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Summary: As requested by the Chair and Spokespeople of the Scrutiny Committee, Members are invited to discuss decision 25/00042 relating to the Older Persons Residential and Nursing Care Service.

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1.   Introduction

a) On 8 July 2025 the Adult Social Care and Public Health Cabinet Committee endorsed the proposed decision - Decision - 25/00042 - Older Persons Residential and Nursing Care Service, which was subsequently taken by the Cabinet Member, on 25 July 2025, to:

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

b) Following a request from the Chair and Spokespeople, this decision has been placed on the Scrutiny Committee agenda for further exploration and discussion. This is in line with paragraph 17.56 of the Constitution which states the following:

   "17.56 Any Member of the Scrutiny Committee or Sub-Committee thereof is entitled to give notice to the proper Officer that they wish an item relevant to the functions of the Committee or Sub-Committee to be included on the agenda for the next available meeting. On receipt of such a request the proper Officer will ensure that it is included for discussion at the next available agenda setting meeting to determine the most appropriate meeting for the matter's inclusion."

c) Concerns raised by Members in relation to this decision include both the financial and commercial risks associated with this decision. During the discussion, Members may wish to explore the following areas:

    a. The demographic risk to the budget and the continued cost growth and pressure on the MTFP.
    b. What mechanisms are in place to ensure robust financial control and cost avoidance? – how will this be monitored - KPIs?
    c. What lessons from previous commissioning exercises have been applied to the new model?
    d. The commercial risks of transitioning to open framework delivery.
    e. What engagement has taken place with providers?
    f. How will the new service categories improve placement accuracy and outcomes?
    g. What quality assurance mechanisms will be embedded in the new framework to ensure consistent standards across providers?

d) The Cabinet Member and relevant officers will be in attendance at the Scrutiny Committee meeting to respond to Members' questions.

2. Recommendation

The Scrutiny Committee is asked to discuss and comment on or note the decision taken in relation to the Older Persons Residential and Nursing Care Service.

3. Attached documents

a)   25/00042 - Record of Decision

b)   25/00042 - Decision Report

c)   25/00042 - Appendix 1 Business Case

d)   25/00042 - Appendix 2 (EQIA)

e)   25/00042 - Appendix 3 DPIA

4. Background documents

a)   Agenda for Adult Social Care and Public Health Cabinet Committee on Tuesday, 8th July, 2025, 2.00 pm

b)   Decision - 25/00042 - Older Persons Residential and Nursing Care Service

Contact Details
Anna Taylor, Assistant Democratic Services Manager (Scrutiny)
anna.taylor@kent.gov.uk 03000 416478

KENT COUNTY COUNCIL – RECORD OF DECISION

DECISION TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care and Public Health	25/00042

For publication

Key decision: YES

Title of Decision: Older Persons Residential and Nursing Care Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Cabinet Committee recommendations and other consultation: The proposed decision was discussed at the Adult Social Care and Public Health Cabinet Committee on 8 July 2025 and the recommendations were endorsed.

Any alternatives considered and rejected:
Option 1: Do Minimum

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

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

Option 2: Less Ambitious

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

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

D. Morton

....
signed

25 July 2025
....
date

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From:	Richard Smith, Corporate Director Adult Social Care and Health
To:	Diane Morton, Cabinet Member for Adult Social Care and Public Health
Subject:	Older Persons Residential and Nursing Care Service
Key Decision :	It affects more than 2 Electoral Divisions It involves expenditure or savings of maximum £1m – including if over several phases
Decision no:	**25/00042**
Classification:	Unrestricted
Past Pathway of report:	Adult Social Care and Public Health Cabinet Committee – 8 July 2025
Future Pathway of report:	Cabinet Member decision
Electoral Division:	All

Is the decision eligible for call-in? *Yes*

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

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

1. **Introduction**

1.1 The current contract, introduced in 2016 and extended via a 24-month direct award to March 2026, operates under a Dynamic Purchasing System (DPS). A DPS is a list of qualified suppliers who are eligible to participate in future procurements. While the DPS has offered flexibility, it has led to growing price variation, limited market control, and challenges in monitoring quality and performance.

1.2 Significant changes in care needs, regulatory requirements, and service costs now require a more sustainable and structured model. The proposed solution is a new Open Framework, which is a contract between a contracting authority and one or more suppliers that provides for the future award of contracts by a contracting authority to the supplier or suppliers (potentially with a supplementary Dynamic Market). This will be aligned with KCC's strategic priorities and key policies such as Framing Kent's Future, Making a Difference Every Day, and the Accommodation Market Position Statement.

1.3 The Open Framework will introduce five service categories to better reflect current need and improve placement accuracy: Residential, Residential High, Nursing, Nursing High, and Highly Specialised and Complex Care, more information can be found in appendix 1. It will also improve cost control by limiting price changes to once annually and expanding access to Providers through regular framework openings.

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

2. **Background**

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

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

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

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

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

2.6   The new service will respond to Framing Kent's Future, 2022-2026, by considering the Council's priority of New Models of Care and Support by recognising the importance of health and social care integration, building effective strategic partnerships with our providers through co-production whilst being innovative in the way we look to redesign services to improve quality and respond to budget constraints. The full business case for the recommissioning of the OPRN Care Service is attached as Appendix 1.

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

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

3.   Options considered and dismissed, and associated risk

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

Option 1: **Do Minimum**

Scope	**OPRN Care Homes – contracted, non-contracted and future requirements**
Description	Continue as we are (DPS): **Maintain the existing Dynamic Purchasing System (DPS) for OPRN placements. Providers submit updated prices twice a year and placements continue under legacy arrangements.**
Pros	**No major system changes needed- Administrative continuity- Existing provider familiarity**
Cons	**Loss of market control- Prices continue to escalate beyond affordability** **Variance in pricing between legacy and new placements is unsustainable** **Quality assurance and contract performance are harder to manage under current terms** **Exploitation of loopholes (e.g., notice**

	periods) • **No formal mechanism for controlling market behaviour or incentivising quality improvement**
Recommendation	**Not recommended due to high-cost pressure, poor market control, and fragmented oversight**

Option 2: **Less Ambitious**

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

4. Financial Implications

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

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

5. Legal implications

5.1 Under Regulation 34 (Dynamic Purchasing Systems), Contracting Authorities, are permitted to extend the period of validity of Dynamic Purchasing Systems (DPS). Regulation 72 (Modification of Contracts during their term) permits

Contracting Authorities to modify contracts and framework agreements, without a new procurement procedure.

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

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

6. Equalities implications

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

7. Data Protection Implications

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

8. Conclusions

8.1 The existing OPRN contract, initiated in 2016 and was extended until March 2026, operates under a Dynamic Purchasing System (DPS). While the DPS has offered flexibility, it has led to growing price variation, limited market control, and challenges in monitoring quality and performance.

8.2 The proposed solution is a new Open Framework, potentially supplemented by a Dynamic Market, aligned with Kent County Council's strategic priorities and key policies such as Framing Kent's Future, Making a Difference Every Day, and the Accommodation Market Position Statement.

8.3 Various options were evaluated, including maintaining the status quo and expanding in-house services. However, both were deemed insufficient due to high costs or limited scalability.

8.4 The projected budget for the OPRN service shows significant variances if the current model continues. Implementing a new framework is projected to mitigate these financial risks substantially.

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

10   Background Documents

None

11.   Appendices

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

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

Business Case

Senior Responsible Owner: Paula Parker

Project Manager: Louise White

Portfolio: Adult Social Care

Version Number: 1.0

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

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

Table 1 - Version Control

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A. EXECUTIVE SUMMARY

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

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

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

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

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

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

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

B. STRATEGIC CASE

1   Project Description

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

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

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

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

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

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

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

2   Strategic Context

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

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

2.2   Residential homes and residential with nursing care homes are regulated by the Care Quality Commission. The Care Act 2014 established clear legal responsibilities for local authorities in England, the NHS, and the Care Quality Commission (CQC) to manage various aspects of the adult social care market, including need, sustainability, value for money, and integration. The recommissioning of the Older Persons Residential Network (OPRN) provision will align with Kent County Council's (KCC) four strategic priorities outlined in the Strategic Statement 2022. This process will consider the challenging post-pandemic operating environment and ensure alignment with KCC's response to government agendas impacting the county.

2.3   The recommissioning process will adhere to the principles and priorities of "Making a Difference Every Day: Our Strategy for Adult Social Care 2022 to 2027," which aims to support individuals in living safe and independent lives while engaging with their communities. The goal is to create a future adult social care market that prioritises successful outcomes through meaningful measures and innovative approaches that support strength-based, place-based practices.

2.4   The recommissioning of the Older Peoples Residential and Nursing (OPRN) provision will align with KCC's four strategic priorities outlined in Framing Kent's Future: Our Council Strategy 2022-2026, which include: -

a) Levelling Up Kent: Addressing disparities to ensure all People have access to quality services.
b) Infrastructure for Communities: Investing in infrastructure that supports community needs.
c) Environmental Step Change: Promoting sustainable practices across services.
d) New Models of Care and Support: Innovating care delivery to meet evolving needs.

2.5   Additionally, the recommissioning process will align with Kent's Accommodation Strategy to ensure older adults in Kent have access to appropriate accommodation, thereby reducing the need for residential care placements. Commissioners will adopt a collaborative approach, considering alternative pathways to minimise the reliance on residential care.

2.6   The commissioning of new services will be guided by the priorities of the Commissioning Strategic Business Plan and the Adults Commissioning Strategy, ensuring a value-for-money approach to better manage the Council's spend.

2.7   Under the government's proposals, should new authorities be established, they will require time to determine their strategic priorities. Consequently, contracts such as the Older People Residential and Nursing (OPRN) service, which deliver essential services, should be structured to continue several years into any potential new administration. However, to ensure future flexibility, the contract should include a break clause, allowing for early termination, if necessary, rather than binding the authority to the full contract term as originally intended.

3   Existing and Future Arrangements

3.1   Existing Arrangements

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

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

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

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

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

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

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

3.2 Future Arrangements

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

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

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

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

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

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

Highly Specialised and Complex Care: - For individuals whose needs exceed the above categories and who require tailored care environments due to:
- Severe cognitive impairment, including advanced dementia
- Complex mental health conditions
- Bariatric care requirements
- Behaviours that challenge, beyond what can be supported in standard residential or nursing high settings

4   Business Needs – Current and Future

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

a) Budgetary Pressures: In the fiscal year 2023/24, KCC experienced an overspend of £34.8 million on gross external OPRN commissioned services. Projections for 2024/25, based on November 2024 forecasts used for Q3 reporting, indicate an anticipated overspend of £19.7 million. Contributing factors include providers quoting higher prices for new placements to offset underpriced legacy placements, the flexibility afforded by the Dynamic Purchasing System (DPS) allowing providers to adjust indicative prices biannually, and inflationary pressures affecting financial sustainability across Kent and nationally.

b) Rising Demand and Complexity: According to the August 2024 "ASCH Future Demand Modelling" by Kent Analytics, the demand for Older People Long-Term Residential care is projected to rise from 2,537 individuals in April 2024 to 3,388 by April 2030. Similarly, Long-Term Nursing care demand is expected to increase from 1,163 to 1,830 individuals over the same period. This surge reflects not only an aging population but also an increase in the complexity of care needs.

c) Workforce Challenges: Providers face significant difficulties in recruiting and retaining high-quality staff, in some parts of the County, particularly in rural areas. This emphasises the need to get the pricing right to enable Providers attract and recruit staff in hard-to-reach areas.

d) Contractual Loopholes: The current Terms and Conditions lack precision, allowing providers to exploit loopholes. For instance, while providers are required to give a shorter notice for a single placement and a longer notice for multiple placements, some circumvent this by issuing multiple single placement notices, thereby avoiding the extended notice period.

e) Lack of Early Notification for Self-Funders: Presently, providers are not mandated to inform the Council when self-funding individuals are nearing depletion of their funds. This lack of early notification hampers the Council's ability to plan and ensure a smooth transition to Council-funded care arrangements.

f) The current process for conducting hospital discharge assessments and annual reviews is fragmented and often delayed, leading to extended hospital stays and inconsistent monitoring of individuals' care needs.

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

a) Implementing Fixed Price Banding: Introduce a pricing mechanism where providers submit prices within defined bands, binding for the contract's duration. Revisions would only occur during the Council's annual uplifts or when the framework is reopened, ensuring price stability and mitigating arbitrary cost escalations.

b) Expanding Framework Participation: Aim to increase the proportion of providers on the Council's framework from approximately 70% to 80%. This expansion will enhance quality control, ensure consistent service standards, and improve market oversight.

c) Enhancing Service Coverage: Ensure a sufficient supply of care homes within the new framework across all areas, addressing existing service provision gaps and reducing reliance on out-of-area placements.

d) Establishing Joint Brokerage with the ICB: Forge collaborative arrangements with the Integrated Care Board (ICB), enabling the Council's

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

e) Mandating Early Notification for Self-Funders: Under the new framework, Providers will be required to notify the Council at least six months in advance when a self-funder's resources are projected to deplete. This advance notice will facilitate timely assessments and funding arrangements, ensuring continuity of care.

f) Strengthening Contractual Terms: Revise Terms and Conditions to close existing loopholes, particularly concerning notice periods for multiple placements, thereby promoting fairness and operational efficiency.

g) Empowering Providers and Streamlining Assessments: Moving forward, providers will be entrusted to conduct annual reviews on behalf of the Council, ensuring timely and consistent monitoring of individuals' care needs. Additionally, providers will be expected to accept trusted assessments undertaken by the Council via Integrated Care Hubs located in each hospital or intermediate care setting. This approach aims to reduce hospital discharge delays and enhance responsiveness to individuals' changing needs, fostering a more integrated and efficient care system.

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

a) Financial Sustainability: Achieving balanced budgets through controlled pricing mechanisms and efficient resource allocation.

b) Responsive Service Delivery: Meeting the growing and complex needs of the aging population with high-quality, accessible care services.

c) Robust Workforce: Attracting and retaining skilled care professionals through competitive compensation and career development opportunities.

d) Enhanced Collaboration: Fostering partnerships with health sector entities like the ICB to ensure integrated care pathways and optimized resource utilisation.

e) Proactive Planning: Implementing systems for early identification of funding transitions, ensuring seamless care continuity for individuals.

f) Transparent and Fair Contracting: Establishing clear, enforceable contractual terms that promote equity and discourage exploitative practices.

g) Integrated Assessment Processes: Empowering providers to conduct annual reviews and mandating the acceptance of trusted assessments from Integrated Care Hubs to expedite hospital discharges and adapt swiftly to individuals' evolving care needs.

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

5   SMART Objective

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Project Outputs & Benefits

6 Project Outputs (Deliverables)

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

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

Table 2 - Project Outputs

7 Main Benefits

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

Type of Benefit	Benefit

Financial Benefits (Economic Appraisal)	
Cash Releasing (£s) A benefit that produces a budget saving or generates income.	None identified: There is no anticipated reduction in the budget.
Non-Cash Releasing (£s) A benefit that produces efficiencies that can be equated to a monetary value.	- Manage anticipated growth in budget spend (cost avoidance). By implementing the new framework, the Council can avoid significant future costs. - Reduce off-contract spend by 10% Further - Contract compliance - Increase capacity across Kent - Renewed focus on outcomes to make service more person-centred by aligning with 'I' statements - Trusted Assessor model to a) reduce delayed discharges and deliver system savings b) reduce delayed reviews - Streamlined pricing for predictability, affordability, viability - Refocus KPIs on what matters - Encourage greater use of technology
Non-Financial Benefits (Benefits Appraisal)	
Quantitative A benefit that can be quantified but is not monetised.	Improved Budget Management: The new framework provides a more predictable and controlled financial environment, aiding in better budget management. Enhanced Provider Participation: By increasing the proportion of providers on the Council's framework, service quality and oversight can be quantitatively improved.
Qualitative A benefit that is hard or not possible to measure.	- Improved Quality of Care: The new framework emphasizes high-quality care and positive outcomes for individuals, enhancing their overall well-being. - Strengthened Partnerships: Fostering strong, trust-based relationships between the Council and providers supports collaborative working and shared goals. - Innovation and Modernization: Encouraging innovation, particularly around technology and modern care

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

Table 3 - Main Benefits

8   Main Risks

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

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

Table 4 - Main Risks

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9 Main Constraints

E.g., Budget Constraints	Potential total budget for Residential Standard, Residential High, Nursing Standard and Nursing High is as follows: -

Year 1: £215,789,912
Year 2: £221,881,812
Year 3: £228,145,692
Year 4: £234,586,404

Projected expenditure for Residential Standard, Residential High, Nursing Standard and Nursing High is as follows: -

Year 1: £223,393,502
Year 2: £230,333,132
Year 3: £236,809,450
Year 4: £243,066,884

Projected variances to the budget under the framework are:-

Year 1: - £7,603,591
Year 2: - £8,451,320
Year 3: - £8,663,758
Year 4: - £8,480,480

Estimated cost (2024/25) for Complex cases is £29,379,883 per annum.

As demonstrated above, there is no anticipated reduction in the overall budget, the project aims to achieve cost avoidance. Failure to implement the new framework could result in significant budget variances escalating from £15.8 million in Year 1 to £50.3 million by Year 4. Implementing the new framework is projected to reduce these variances substantially, highlighting the importance of financial planning and control. |
| **E.g., Quality or Performance Constraints** | Planned joint brokerage arrangements are critical to ensure control of service quality and minimise price distortion. |

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

Table 5 - Main Constraints

10 Dependencies

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

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

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

11 Lessons Applied

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

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

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

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

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

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

12 Wider Impact Assessments

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

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

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

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

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

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

OPRN Proposed Pricing Model

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

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

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

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

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

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

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

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

2. Structure of the Proposed Pricing Model

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

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

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

Banding Methodology

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

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

3. Comparison With Other Local Authorities

Essex Pricing Model

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

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

Hampshire Pricing Model

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

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

How Our Model Compares

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

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

4. Financial Impact Assessment

Option 1: No Change (Existing Arrangements Continue)

Assumption

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

Costs include both framework and non-framework placements.

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

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

Option 2: Implementing the Proposed Pricing Model

Assumptions

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

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

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Comparison between Option 1 and Option 2

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

5. Risks & Challenges

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

13 Critical Success Factors

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

CSF1: Supply
- Sufficient homes on the framework in every area
- Filling gaps in provision
- A framework attractive for Providers to join, which also supports the development of new provision

CSF2: Quality
- Improving quality and reducing CQC interventions
- Training and new quality team

CSF3: Sustainability and savings
- Reducing off-framework placements
- Fixed core price per area – removing ability to resubmit new prices

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

CSF4: Former self funders
- A simpler more transparent process for on-boarding

How will this be achieved

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

14 Long-Listed Options

14.1 Continue as we are (DPS)
Expand in-house provision/enter a series of block arrangements
Introduce an Open Framework or Dynamic Market (or a hybrid of both)

15 Short-Listed Options

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

Option 1: Do Minimum

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

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

Table 6 - Option 1

Option 2: Less Ambitious

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

Table 7 - Option 2

Option 3: Preferred Way Forward

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

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

Table 8 - Option 3

16 Overall Rankings

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

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

17 Preferred Option

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

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D. COMMERCIAL CASE

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

18 Procurement Strategy

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

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19 Project Governance

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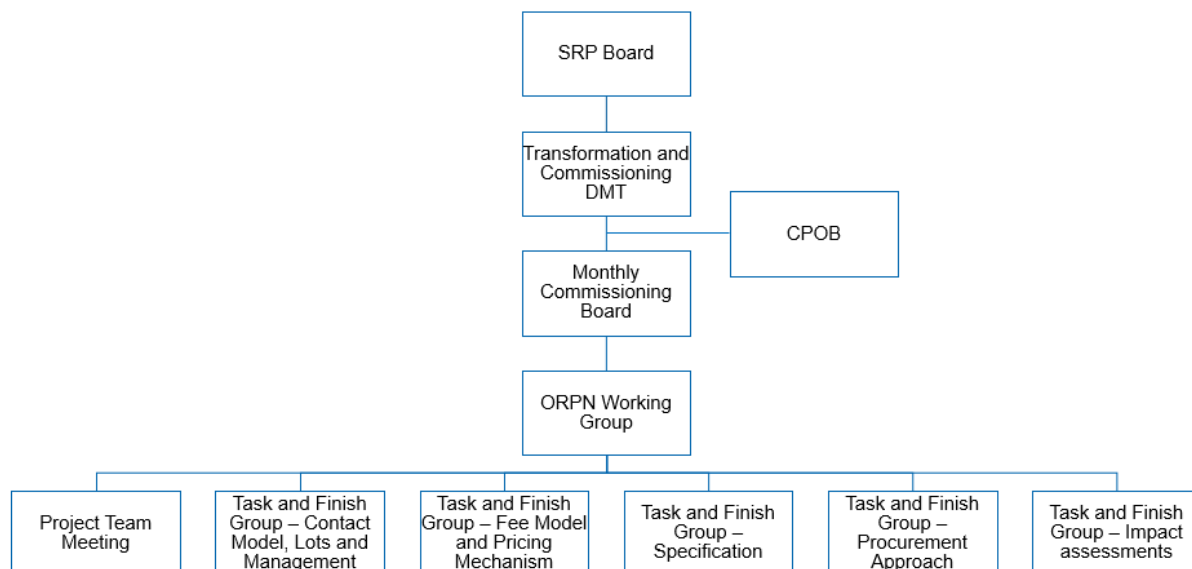
20 Project Roles and Responsibilities

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

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

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

Table 10 - Roles and Responsibilities

21 Project Costs Internal / External

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

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

22 Project Assurance

22.1 The project has the following assurance mechanisms in place:

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

Table 11 - Project Assurance

23 Project Plan

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

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

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

Table 12 - Key Milestones

24 Risk Management

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

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

25 Lessons Learned

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

26 Mobilisation of OPRN Framework

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

26.2 Governance and Oversight

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

Key Mobilisation Activities and Timeline

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

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

26.3 Business as Usual Transition (Post-April 2026)

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

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

G. APPENDIX

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

Appendix Reference	Appendix Title	Embedded Document
Appendix A	Older Persons Residential and Nursing Care Homes Governance Structure	Governance.pptx
Appendix B	DPIA	OPRN%20DPIA%204 53.docx
Appendix C	EQIA	EqIA%2005.07.24%2 0Recommissioning%

Table 13 - List of Embedded Appendices

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EQIA Submission – ID Number
Section A

EQIA Title	Recommissioning of the Older Persons Residential and Nursing Contract (OPRN)
Responsible Officer	Heidi Ward

Type of Activity

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

Accountability and Responsibility

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

Aims and Objectives

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

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

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

The objective is to ensure a smooth service transition that priorities people being able to remain living in the place they call home and continue to receive a high quality service that best meets their needs. Mitigations include
1. Engage with people of Kent about our commissioning intentions and ensure their feedback is considered as part of the service redesign
2. Engage with providers to ensure a collaborative approach to service design
2. Ensuring a contracting model such as a open Dynamic Purchasing System (DPS) model that encourages and facilitates current providers to retender for the contract thereby minimising disruption and ensures new providers entering the market can join the contract at any time.
2. Ensuring an attractive fee setting mechanism that works for KCC and providers to ensure providers retender for the contract rather than focus on the private market
4. A collaborative approach to communicating to care home residents and their families and carers regarding the service changes to alleviate any anxieties and concerns

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?	Yes
It is possible to get the data in a timely and cost effective way?	Yes
Is there national evidence/data that you can use?	Yes
Have you consulted with stakeholders?	Yes

Who have you involved, consulted and engaged with?

Initial internal and external Adult Social Care and Health colleagues (ICB) and Medway Council. Internal stakeholders have included short term pathways, the placements team, policy and client financial services, however, further engagement will be undertaken with a wider set of stakeholders including the community and voluntary sector to determine a collaborative and joined up recommissioning approach

Work is ongoing to determine how best to engage with service users and their families and carers. Surveys have been designed and conversations have taken place with Healthwatch Kent to seek their support in engaging with people.

Has there been a previous Equality Analysis (EQIA) in the last 3 years?	Yes June 2023
Do you have evidence that can help you understand the potential impact of your activity?	Yes

Section C – Impact

Who may be impacted by the activity?

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

Details of Positive Impacts

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

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

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

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

meet their care needs.

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

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

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

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

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?	Yes

Details of negative impacts for Age

A risk that some providers choose not to tender for the opportunity or may not be successful with their application to join the DPS. This could result in a lack of contracted provision and the repurchasing and renegotiation of placement cost that could result in people's financial contribution increasing or the provider giving notice on their placement.
If people are not constructively communicated and informed of the recommissioning older people may experience anxiety and stress related to the potential change.

Mitigating Actions for Age

An open DPS contracting model that supports the development of the market to meet need and demand, attracts new business and ensures those providers can join the KCC contract quickly and efficiently. Commissioners will have constructive and transparent relationship engagement with current and potential new providers to encourage them to join the new contract
Finalise a comprehensive engagement and communication plan to ensure coproduction at all levels of the recommissioning activity
Agree continuity plans with any current providers who are unsuccessful/choose not to apply to join the DPS to keep current placements on individual contracts and mitigate against increase costs to people using the service.
Ensure a robust specification and contract management processes are adopted to ensure a high quality and safe service.
The design of a robust fee mechanism that ensures value for money for self funders and people contributing to their own care but addresses provider financial sustainability to avoid providers exiting the market

Responsible Officer for Mitigating Actions – Age	Heidi Ward

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?	Yes

Details of Negative Impacts for Disability

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

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

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

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

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

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

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

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

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

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

Responsible Officer for Disability	Heidi Ward

21. Negative Impacts and Mitigating actions for Sex	
Are there negative impacts for Sex	No. Note: If Question 21a is "No", Questions 21b,c,d will state "Not Applicable" when submission goes for approval
Details of negative impacts for Sex	
Not Completed	
Mitigating actions for Sex	
Not Completed	
Responsible Officer for Sex	Not Completed

22. Negative Impacts and Mitigating actions for Gender identity/transgender	
Are there negative impacts for Gender identity/transgender	No. Note: If Question 22a is "No", Questions 22b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Gender identity/transgender	
Not Completed	
Mitigating actions for Gender identity/transgender	
Not Completed	
Responsible Officer for mitigating actions for Gender identity/transgender	Not Completed

23. Negative impacts and Mitigating actions for Race	
Are there negative impacts for Race	Yes
Negative impacts for Race	
Service does not value or respect a person's race causing stress and anxiety	
Mitigating actions for Race	
Ensuring service specifications meet all guidance around racial discrimination that mitigates against anxiety	

stress that the person may experience. Ensure that people and staff are respected at all times and providers to have a robust policy to ensure they meet equality laws.

Responsible Officer for mitigating actions for Race	Heidi Ward

24. Negative impacts and Mitigating actions for Religion and belief

Are there negative impacts for Religion and belief	Yes

Negative impacts for Religion and belief

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

Mitigating actions for Religion and belief

Ensuring service specifications meet all guidance around religion and beliefs. Ensure any change to an individual's religion/belief are added to care plan and ensure service values and respects peoples wishes and mitigates against anxiety stress that the person may experience. Ensuring that an individuals including staff are respected at all times and robust data protection protocols in place (DPIA). Providers to have a robust policy to ensure they meet equality laws.

Responsible Officer for mitigating actions for Religion and Belief	Heidi Ward

25. Negative impacts and Mitigating actions for Sexual Orientation

Are there negative impacts for Sexual Orientation	Yes

Negative impacts for Sexual Orientation

Service does not value or respect sexual orientation that results in people suffering from anxiety or stress

Mitigating actions for Sexual Orientation

Ensuring service specifications meet all guidance around sexual orientation including any change to an individual's sexual orientation and ensure changes to care plan or service values and respects peoples wishes and mitigates against anxiety stress that the person may experience. Ensuring that an individuals privacy is respected at all times and robust data protection protocols in place (DPIA). Providers to have a robust policy to ensure they meet equality laws.

Responsible Officer for mitigating actions for Sexual Orientation	Heidi Ward

26. Negative impacts and Mitigating actions for Pregnancy and Maternity

Are there negative impacts for Pregnancy and Maternity	No. Note: If Question 26a is "No", Questions 26b,c,d will state "Not Applicable" when submission goes for approval

Negative impacts for Pregnancy and Maternity

N/A

Mitigating actions for Pregnancy and Maternity

N/A

Responsible Officer for mitigating actions for Pregnancy and Maternity	Not Completed

27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships

Are there negative impacts for Marriage and Civil Partnerships	Potential

Negative impacts for Marriage and Civil Partnerships

People who are married and entering the care system are not considered as a couple and care homes being unable to meet the needs together to ensure people in relationships are able to remain together.

Mitigating actions for Marriage and Civil Partnerships

To ensure engagement plans and specification development address the negative impact of services to relationships and develop the market to support keeping older people in a relationship together. Also ensuring a joined up commissioning approach to see where service design can work to best accommodating people in partnerships. E.g., extra care facilities on the same site as care homes.

Responsible Officer for Marriage and	Heidi Ward

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

DPIA Project Information

Title:

Older Persons Residential and Nursing Care Home Services

Project ID:

453

Project Timeframe for Data Collection:

Personal data is already being processed

DPIA Screening Questions

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

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

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

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

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

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

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

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

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

DPIA Core Questions

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

| | | social care paperwork with them e.g. sharing of their support plan.

When the Commissioning team uses data from KCC systems, for example, Power BI, this provides the current information. Such data is taken to be accurate, unless there is a clear error or issue, although this is more likely to relate to areas such as an incorrect contract being used to purchase the placement. Where such issues are identified, these are questioned and corrected by the appropriate team, if needed.

Where any analysis of such data is completed within the team, this will be anonymised and only the data that is required will be included in analysis. |
|---|---|---|
| 4 | What is the nature of the relationship with the individual? | As a local authority, KCC is in a position of power compared to data subjects |
| 3 | What are the categories of data subjects whose data will be processed? | Data relating to members of the public will be processed, primarily older people, aged 65 and over. Some people will have additional social care and health care needs.

The data of vulnerable data subjects will also be processed. Vulnerable data subjects could include any resident placed in a care home. |
| 5 | Are there any other organisations other than KCC who will be involved in this project? | Controller

Processor |
| 12 | Does the privacy notice state that data will be shared with your team for the purpose you will be using it for? | Yes |
| 18 | How will the security of the data be ensured when it is transferred outside of the UK? | Not applicable, the data will only be stored on servers (including back-up servers) in the UK

Not applicable, the data will only be stored in physical files in the UK |
| 19 | How will the security of the data be ensured in transit and at rest? | Users will have different levels of access to ensure only people who need to access the data have access to it

Other |

		ICT Compliance and Risk have carried out a technical risk assessment
		KCC standard equipment and software is used by KCC teams.
		Arranging Support Placements Team will send information to care homes by secure email.
		The care home provider will be required to have secure email and computer systems that are backed up and secure . The provider will consider systems with end-to-end encryption and encryption in transit measures, etc. for robust security.
15	In what system(s) will the data be stored?	Outlook
		Teams
		OneDrive
		Mosaic
		Other
		Physical file storage
		Care home providers will also store information - this will be either electronic or paper copies, kept in lockable storage. Some providers have a combination of both systems.
11	Do you have a copy of the privacy notice that data subjects will be provided with at the point their data is collected?	Yes
16	Where are the servers for the system(s) located?	UK
2	Are all of the categories of personal data identified in the data question necessary for you to achieve this aim?	The data processing is to support individuals in need of a care home to access the care and support to which they are entitled within an appropriate setting.

Data is collected as part of statutory obligations under the Care Act 2014. In order to fulfil this obligation, KCC has to collect the following types of data - name, residential home address, MOSAIC number, health data linked to primary disability, additional health and social needs (linked to the individual's person-centred plan), care package details, social care needs, race and gender. The information is collected as part of the Care Act Assessment and needs to be shared to enable providers to determine whether |

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

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

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

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

| | | KCC has a statutory obligation under the Care Act 2014 to assess individuals and meet their needs if they meet prescribed eligibility criteria.

Social Workers carry out assessments, usually in-person, to determine if a person requires a residential or nursing home. As part of the assessment, information and personal identifiable data is collected and recorded on Mosaic and then shared with the Arranging Support Placements Team to source a care home placement. The data is shared with a range of providers via secure mail.

The information is gathered from the data subject, family members, carers and other health professionals where appropriate and saved on Mosaic. |
|---|---|---|
| 30 | Is there an easy read privacy notice for this use of personal data? | There is a published easy read privacy notice for this use of personal data |
| 13 | How will the data be shared with your team securely? | When data is shared with the Commissioning Team by providers, this will be sent by secure email, which ensures the information is safeguarded and reduces risk if sent to the wrong person. If it is not possible to use secure email, any documents which are to be shared will be password protected.

The draft specification states the following: 'The Provider will ensure its information sharing with other organisations complies with all data protection and GDPR guidelines. When transferring personal or confidential information/ data, the Provider will ensure they use secure or encrypted email systems or that passwords are sent separately from the main body of the message in accordance with General Data Protection Regulation 2016'.

If Microsoft Teams sites are set up to share information between KCC teams, one person approves the members of the site and approves/ declines any requests for access as appropriate. This ensures that access is only given to those that require it.

Where data is shared between KCC teams, this will be done using KCC's email system and data will be pseudonymised. |
| 22 | Describe how the personal data will be used to achieve your project aim | KCC has a statutory obligation under the Care Act 2014 to assess individuals and meet their needs if they meet prescribed eligibility criteria.

In order to fulfil this obligation, KCC has to collect these types of data - name, residential home address, Mosaic number, health data linked to primary disability, additional health and social needs (linked to the individual's person-centred plan), care package details, social care needs, race and gender. The information is collected as part of the Care Act Assessment and |

| | | needs to be shared to enable providers to determine whether they are able to meet a person's assessed needs.

Practitioners carry out assessments, usually in-person, to determine if a person requires a residential or nursing home. As part of the assessment, information and personal identifiable data (those listed above) is collected and recorded on Mosaic and then shared with the Arranging Support Placements Team to source a care home placement. The data is shared with a range of providers via secure mail, who will use the information to inform their own assessment. |
|---|---|---|

The information is gathered from the data subject, family members, carers and other health professionals where appropriate and saved on Mosaic.

| **6** | Please name the organisations and their roles. | The processing enables KCC to refer people in need of a residential or nursing home to a service that can meet their needs. The referral process also allows providers to determine whether they can meet the needs of the person(s) referred. Private care home providers - will act as data processor and controller. There are approximately 270 older persons care homes in Kent, 203 (including 19 care homes outside of Kent) are part of the current contract.

Information gathered by Practitioners and recorded on Mosaic as part of initial assessments and/ or case management notes will be shared with care home providers on a regular basis to enable placements and reviews.

As part of managing quality in care homes, there may be a need to confidentially share information with the Care Quality Commission, Kent Police, Kent Fire and Rescue Service and the ICB. Data sharing agreements are in place with these organisations. |
|---|---|---|
| **10** | Will the data be shared with: | Your KCC team

A contracted service provider

A different KCC team

Other

Non-contracted service providers. |

Data Collection

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

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

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

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

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

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

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

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

	Email address
	Telephone/mobile number
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Criminal Offence Data (DPA Part 3)	No data is being collected under this category
Surveillance Camera	No data is being collected under this category

Data Collection Questions

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

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

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

From: Brian Collins, Deputy Leader

                Rebecca Spore, Director of Infrastructure

To: Scrutiny Committee, 17 September 2025

Subject: Kent County Council's Asset Disposal Strategy

Classification: Unrestricted report with Exempt Appendix 2, *not for publication under Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 - Information relating to the financial or business affairs of any particular person (including the authority holding that information).*

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Summary: This report outlines the statutory and fiduciary framework for disposing of Kent County Council (KCC) surplus freehold assets to generate capital receipts. It then considers the current programme and particularly its direction of travel.

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

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1.   Background

1.1   KCC runs an Assets Disposal Programme where it seeks to dispose of its surplus assets i.e. assets that it no longer needs or can derive some benefit from.

1.2   The receipts raised through this programme are used to reinvest in KCC's key priorities as determined by Full Council, which includes details of any capital receipts that the Council needs to deliver its capital programme. The use of capital receipts can be an alternative to borrowing for those areas that are identified as priorities for the Council but are not funded via grants. For example, maintenance/ capital works across the estate or education where the grant is insufficient. In recent years following a government directive KCC has also used capital receipts to fund transformation activity in the revenue budget.

1.3   In relation to Freehold disposals there are two broad essential elements to consider:

- Assets surplus to KCC's requirements should be disposed of.
- The disposal should be in accordance with a Local Authority's statutory duties.

1.4   **Surplus Declaration**: Councils are expected to manage their assets efficiently under principles of value for money and financial sustainability. Holding unused assets can incur costs (e.g. maintenance, security, business rates), so declaring them surplus is often a practical necessity to reduce financial pressure and reutilising the value of the asset for reinvestment thus mitigating the need to

borrow or commit more budget than would otherwise be necessary. Similarly, vacant held property presents "holding risk" which can expose the Council to legal, financial and reputational possibilities, particularly when budgets are stretched.

1.5 **Legal Duties:** The key statute regarding property asset disposals is s123 Local Government Act 1972, where a Council has a duty to obtain "Best Consideration" for its assets. There are several other statutes and legal instruments that impact on disposals such as The Localism Act, some Educationally focused legislation, planning acts etc.

1.6 **Key Legal Instrument:** However, the other real key instrument is the General Disposal Consent Order 2003, which provides a degree of flexibility by allowing local authorities to dispose of land at less than best consideration without needing specific consent from the Secretary of State, provided the undervalue is £2 million or less and the disposal promotes economic, social, or environmental well-being for the area.

1.7 The current Assets Disposals Programme for 2025/26 is identified in KCC's Medium Term Financial Plan (MTFP) and is currently targeted to deliver (depending on market conditions, identification of surplus assets and their value etc.) £14m to £22m in the financial year.

2. Holding Assets and their Disposal

2.1 Under Section 123 of the Local Government Act 1972, a disposal refers to any transaction involving the transfer of an interest in land. This includes:

- Selling the land/Property outright (i.e. Freehold);
- Leasing it for a term exceeding seven years (Whether that is on a commercial rent basis or a longer lease where a "premium" is usually accepted in lieu of a rent);
- Exchanging it for another asset;
- Granting easements or rights over the land.

2.2 It is also important to consider the broad reasons for holding assets, which are detailed below – in all instances the reason for holding a property is supported by KCC statutory duties and its policies.

- **Operations / Service Delivery** e.g. school, library, office or depot (and these may be occupied by KCC directly or leased in conjunction with a commissioning contract).
- **Community Benefit** e.g. Country Park facilities which are directly occupied for management by KCC or nurseries, preschools, community interest organisation where they lease an asset to deliver some service that benefits the community (KCC refers to this as "policy return" assets relating them directly to KCC's statutory and policy objectives.)

- **Economic Development** e.g. Real Estate that's held to facilitate, enable or support the economy or local regeneration e.g. land held for specific development requirements or stimulate regeneration like Thanet Parkway, Turner Contemporary, Kings Hill and Manston.
- **Strategic Control or Future Use** e.g. land held for Infrastructure schemes or where it is considered that service provision may need to grow.
- **Investment and Financial Purposes** e.g. Property held because it can produce an income, capital growth etc. to support KCC's budgets. It is this area too where surplus assets are held and sold to raise capital for reinvestment purposes.

2.3 KCC policy and responsibilities evolve and as a result the nature of KCC's asset holdings also changes to align itself with Council priorities and requirements. The Council's Asset Disposal Strategy is attached in Appendix C along with the specific questions that have been raised (in appendix A). Given the nature of questions this paper is focused on KCC's Freehold Disposals Programme. The paper will also not consider freehold disposals required for statutory reasons (such as freehold transfers for qualifying schools).

3. Kent County Council's Freehold Disposals Policy

3.1 The sale of freehold assets over a value of £10,000 generates a "capital receipt". These receipts minus the associated disposal costs are used to fund the Council's Capital Programme instead of borrowing, or can be used to pay down capital debt, or in recent years following government directive funds have been used to fund transformation activity in the Council. The capital programme financial requirement has, over the years, been considerably more than the disposal receipts generated through the Disposal Programme, resulting in KCC funding the gap via alternative sources, such as prudential borrowing, planning s106 monies etc.

3.2 On the 30 July 2022, KCC's Freehold Disposals Policy was implemented to provide clarity on KCC's approach when disposing of its freehold assets. This not only considered the statutory and fiduciary framework that KCC must follow as a Local Authority, but also gave definition to how, given its budget pressures, KCC will execute the process.

3.3 In particular KCC was keen to give clarity on how it considered disposals and their evaluation. Local Authorities are often placed under pressure to consider alternatives for its land and property assets, mainly in respect of social value / policy return. The policy derived an approach in terms of opportunity cost, specifically relating it back to KCC's financial position where difficult decisions were being taken regarding its services and necessity to remain compliant in terms of its duties in relation to the budget.

3.4 The Policy is based upon a transparent approach to KCC's statutory and fiduciary requirements, property disposal management and best practice ensuring a fair even-handed approach.

3.5 The full report and policy (Decision No. 22.00053) is in appendix C. The policy was considered to have a 5-year life expectancy whereupon circumstances were to have been reconsidered, and the policy adjusted accordingly.

4. The process of Disposal

4.1 The process is described as follows:

- o Disposals will comply with KCC's statutory and fiduciary duties and consider the use of powers it has under various instruments.

- o Management and decisions relating to a disposal asset will be conducted in accordance with KCC's constitution and more specifically (but not limited to) its Property Management Protocol as set out in the Councils Constitution.

- o Assets for disposal must first be declared surplus. Before an asset can be declared surplus, a process that examines whether there is a purpose to continue holding the asset must be completed. This process is described in answer 4 of appendix A.

- o All disposal assets will be properly assessed to understand potential and the most appropriate action necessary to meet it.

- o Depending on the asset type, 5 main routes to disposal are identified with slightly differing approaches. These are assets to be:

  - openly marketed
  - sold to a special purchaser
  - sold because a third party has requested it and the value is considered De Minimis
  - transferred/sold under statutory requirements
  - transferred to rectify matters arising from historical reasons.

- o All routes must satisfy minimum consultation, transparency, advertising and due diligence requirements and in all instances in compliance with KCC's constitution and legal requirements

4.2   Criteria Considered at Evaluation:

- Time, cost and risk of continuing to hold the asset.
- Confirmation / demonstration that all statutory requirements have been satisfied.
- The financial consideration being offered.
- The conditions precedent, if any, of the offers being held.
- The estimated time until conditions being satisfied.
- Ability and likelihood of applicant to complete.
- Additional non-monetary returns.
- Assessment against other due diligence as required.
- Where it is to be transferred to a special purchaser, that the transparency conditions have been met.
- Any comments following on from consultation activity.

4.3   Evaluation Criteria:

- Ability to complete the transaction within accepted timescales – ensuring KCC does not hold surplus assets with their associated costs and risks longer than necessary or have to remarket and sell incurring additional costs.

- Financial Case – KCC will prioritise best financial consideration - ensuring that resources generated and saved can be redirected to KCC's statutory service and policy priorities as much as possible. All disposals are undertaken to comply with KCC's statutory and fiduciary duties where valuations and/or a compliant marketing process is undertaken for s123 assurance.

- Social / Community Value Considerations – will be considered as an "Opportunity cost" where there is a proven case that there is an opportunity for KCC to save or reallocate its budget to deliver its statutory services.

    This is assessed as follows:

    (Highest Acceptable Offer) – (Social Value Offer) = (Benefit Cost)

    Where (Benefit Cost) must be at least equal to a sustainable service saving or budget reallocation plus demonstratable additional Social / Community benefit.

4.4   This was to ensure that investment is prioritised towards KCC's statutory and policy requirements in the first instance, but that where Social / Community return can demonstrate added value to KCC service delivery over and above this, that it is considered.

4.5   The policy was designed with flexibility in terms of its implementation, though with a framework of requirements to ensure best financial consideration and opportunity cost.

4.6   Other approaches were considered, such as preference or increased weighting during evaluation to be given to community or other policy objectives, such as affordable housing but these approaches were rejected because:

4.6.1   Social Return might be valid it can be used to define a wide range of activities which do not align with KCC's delivery requirements, as the outcomes benefit other public organisations, such as social housing, leisure, or health services, which are not KCC's responsibility. Recognising this may discourage those organisations who do have responsibility and funding for these services from contributing fairly and at a time when KCC is making difficult decisions about how its services are delivered.

4.6.2   If KCC's capital receipts are reduced there is less to reinvest in its own services, increasing risk of falling short of statutory delivery. Proceeds from the disposal of assets are re-invested into its executive priorities, such as School Places and/ or to reduce the need for borrowing and associated revenue costs.

4.6.3   Given KCC's budgetary position and need to prioritise its statutory provision, plus the resource implications for running such a programme, the alternative "opportunity cost benchmarking evaluation" was considered more practical than the council supporting Community Asset Transfer (CAT), a process whereby the community are enabled to own or manage assets that support local services, social enterprise, or regeneration. The enabler for this is the General Disposal Consent Order 2003. CAT is a voluntary arrangement involving value transfer and the process often includes evaluation of business cases involving considerable resource and expert due diligence.

5.   Local Government Reorganisation

5.1   One particular area that may need consideration in the future is Local Government Reorganisation (LGR), aiming to abolish two-tier government by 2028. At present, KCC has not received specific guidance from Central Government about how LGR will be implemented in Kent and Medway; further details are expected between May and August 2026. It is expected that based on the current timetable that as the LGR deadline of 2028 approaches that directions will be given by Central Government in respect of disposal activity along with other expenditure including capital commitments. These directions   will apply to all Local Authorities who are part of LGR in Kent and Medway. Until directed otherwise, KCC remains

responsible for making decisions in the best interests of Kent taxpayers and
disposing of assets it no longer requires.

5.2   As part of the scheme of delegation, the Director will consider all relevant factors
including financial considerations, any pending LGR decisions, and applicable
legislation before finalising any contract agreements.

6.   2025 / 2026 Programme

6.1   The programme comprises 7 assets actively being marketed, a pipeline of 22
assets that are expected to be sold this year yielding between £14m and £22m of
value. The wide range estimate is because disposals are based upon several
assumptions including conditions precedent and timing to completion along with
market conditions. To contextualise the size of the programme, in 2024/25 the final
receipt outturn was £21m from 16 surplus assets sold.

6.2   The number of assets required to deliver capital receipts vary depending on the
development/re-use potential, perception of liability etc. and will often come down
to location, size, condition and encumbrance factors.

6.3   Over the last 10 to 15 years, many of the larger and more attractive development
sites have been sold. Presently the Disposal Programme is based upon a steady
flow of disposal assets coming through the pipeline following service realignments
and changes. Presently there has been no consideration given to Local
Government Reorganisation with either a requirement to accelerate or slow down
the programme.

6.4   Attached at exempt appendix B is a table of disposals achieved in each financial
year which places the Disposals Programme into context. It should be noted that
the number and financial return from disposals will vary from year.

7.   Recommendation(s)

7.1 The Scrutiny Committee is asked to note the report.

8.   Appendices

8.1   Appendix A - KCC Asset Disposal Policy Questions 17.09
8.2   Exempt Appendix B – Completed Disposals
8.3   Appendix C Decision (No. 22.00053) - Freehold Disposal Policy

9. Contact Details

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Appendix A

Scrutiny Committee - 17 September, 2pm

KCC Asset Disposal Policy Questions received from Scrutiny committee

	Questions	Answers
1.	How many assets are currently being evaluated for disposal	So far, this current year 20 assets have been evaluated, with 14 considered for disposal. This includes 8 freehold assets and 3 leasehold disposals being approved. It is important to distinguish between the two: while both types are considered within the disposal programme, only freehold disposals generate capital receipts. There are currently a further 20 assets being considered although only 12 of those are freehold. During 2024 a total of 62 assets were reviewed, with 35 of these being considered for disposal. Of these 35, 18 were identified as being suitable for freehold disposals and 11 were leasehold exits. It should also be noted that there is often a lag between a property being identified for disposal and a capital receipt being realised.
2.	How many assets have been evaluated and are now being proposed for disposal	There are 71 assets currently on the disposal programme. 31 are actively being marketed or in negotiation and the remainder are preparing to go to market.
3.	On average how many properties were disposed of per year pre LGR agreement vs proposed to be disposed of post LGR agreement	No decisions have yet been made regarding LGR in Kent and Medway at this point in time. The current disposal programme and its timing is based on the requirements of the Council. <table><tr><th>Financial Year</th><th>No. of Properties Disposed of:</th><th>Capital Value £M</th></tr><tr><td>22/23</td><td>18</td><td>£12,329,250</td></tr><tr><td>23/24</td><td>14</td><td>£12,519,980</td></tr><tr><td>24/25*</td><td>16*</td><td>£21,965,875</td></tr><tr><td>April 25-Sep 25</td><td>4</td><td>£2,421,000</td></tr></table> *Apr24-Dec24 = 5 LGR announcement 10 Jan25, Jan25-Mar25 = 11 Total in 24/25 Financial Year = 16. It should be noted that the MTFP has £16m requirements in the current financial year. *It should be noted that there is a minor difference in the number of assets or total value due to timing and classification of assets

4.	What is the process used within a directorate to declare an asset surplus	The Options Appraisal (OA) process is a core mechanism within KCC Asset Management Strategy (AMS). It is designed to ensure property decisions are evidence-based, strategically aligned, and deliver long-term value.
		When a service identifies an asset that they no longer require, due to service transformation, lease expiry, or strategic realignment, the service will undertake the service changes in accordance with the Councils governance processes.
		The Infrastructure team will initiate an OA to assess any future options for the asset. The options explored always starts with considering if there is another need or use by KCC services. This involves considering other buildings nearby to see if there is a consolidation / rationalisation opportunity and where it is known there is additional space required by a service. If there are any potential alternative uses, this is discussed with the relevant service and explored further to see if it is a viable option.
		Each appraisal is framed by the AMS's five key objectives including optimising the estate, supporting service outcomes, and ensuring financial sustainability. Legal tenure, operational risks, and financial implications; including potential capital receipts and avoided liabilities, are evaluated. A range of options are considered, including retention, refurbishment, relocation, or disposal (leasehold and freehold), with each assessed against critical success factors such as service continuity, environmental performance, and value for money. The AMS emphasises cross-functional collaboration, and the OA reflects this through engagement with service directorates, finance, legal, planning, and estates teams. This ensures that decisions are informed by operational needs and strategic priorities. The OA culminates in a clear recommendation, supported by feasibility studies and cost analysis. The OA is then reviewed to ensure that proposals align with AMS objectives and authorises next steps, whether that be disposal, reinvestment, or further design development. By embedding the OA process within the AMS framework, KCC ensures that any decision to confirm an asset is surplus is robust, transparent, and contribute to a well-managed, efficient, and sustainable public estate.
5.	Detail the process to evaluate a no further use determination following an asset being declared surplus. What does cross directory engagement look like?	No further use is determined as part of the Options Appraisal process: see the comments above in question 4. On a case-by-case basis engagement is carried out with all relevant stakeholders; service directorates, finance, legal, environmental teams, and if appropriate external partners, making the process transparent and collaborative. Final recommendations are presented as part of any final decision-making process as required by KCC governance processes.
6.	Give recent examples where directorates have put forward business cases to utilise an asset for alternative service	As part of the options appraisal process set out in question 4, we always consider service needs before determining a site as surplus for disposal. This is either where we know there are additional asset needs (mainly Education) or where the available building may be suitable for a relocation from an existing asset.

	delivery instead of disposal. What does this level of engagement look like?	There are some sites that have been on the disposals list for a number of years (due to the complex nature of the site or where the disposal strategy is to advance the site further to increase the return). This has meant there are examples of where the service needs have changed since the site was originally declared surplus, so the site has been brought back into use. Recent examples of where disposals sites were put back into use for Unaccompanied Asylum-Seeking Children (UASC). Sometimes changing educational requirements has meant that disposal sites have been reconsidered for educational use. Currently the disposal of the Former Astor of Hever site in Maidstone is on hold while this site is considered for potential educational use.
7.	Once an asset has been listed as surplus, what does engagement look like with the current building service provider (if applicable), the community, interest party's	Once an asset is declared surplus, KCC engages with service providers, tenants, communities, and interested parties to ensure transparency and informed decision-making. For tenanted properties, lease terms are reviewed, and tenants are formally consulted about future intentions, with support provided for relocation or lease negotiations where appropriate. If the asset is held as a freehold investment, KCC assesses its long-term financial viability and may prioritise disposal where there is limited prospect for growth or strategic benefit. Community engagement includes public notices and opportunities to bid, particularly under the Assets of Community Value framework, with proposals evaluated for social value. Assets are marketed openly, and all offers are assessed against financial, strategic, and social value criteria. This process is documented and informs final decisions under KCC's governance framework.
8.	In the policy document it states that 'Whilst KCC has a main statutory duty to transfer at best consideration (s123 Local Government Act 1972), there are other considerations and a degree of discretion as to the operation of a disposal'. Give examples where discretion has been used.	There are no examples of where this has happened since the policy was put in place. Some sites were discussed with interested parties about potential considerations, but none followed this through to bidding for the sites.
9.	Paragraph (i) of the 'Requirements of the Policy' section states: Sets out KCC's position ensuring an even-handed and transparent approach and meeting all its statutory and fiduciary requirements. Detail how the process is transparent.	Transparency is ensured via multiple mechanisms. Governance involves Cabinet Members and Directors, with decisions made under the Property Management Protocol, which is part of the KCC Constitution. Disposal routes (e.g. open market, statutory transfer) have clear criteria. Assets are marketed openly. Each asset undergoes legal, planning, and valuation assessments. Public notices and consultations are conducted, especially for community interest cases. Offers are evaluated against published criteria, including financial and social value. Community bids are welcomed and assessed using an opportunity cost model. All decisions are documented and reviewed periodically to ensure accountability and continuous improvement.

10.	Paragraph (ii) of the 'Requirement of the Policy' section states: Recognise that opportunity cost may exist within offers that support wider community and social outcomes and consider them where they do not conflict with point ii. Give the latest examples where this has occurred.	There is a current case that is still being considered and a number of others where KCC is expecting cases to come forward. There are no previous examples of this.
11.	Paragraph 5 of the 'Impact' section states: Become a basis for measuring the success of KCC's disposals programme and identify any areas where further improvement is necessary. Have improvement areas been identified?	Improvements include better alignment with the Asset Management Strategy, along with the establishment of the Future Asset board where emerging change activity from Directorates is discussed.
12.	EQIA section states: Disposal of assets do not have any negative impact on any group screened under the EQIA. On transfer, a purchaser may reuse a property that may have positive impacts on groups screened under the EQIA. Why is there a base assumption of no negative impact?	The disposal of an asset can have both positive and negative impacts on groups screened under the EQIA. Once a property is vacant or presumed to be vacant following a KCC decision (for example, when a commissioned service contract ends, the property is no longer required for service, and that decision has already considered an EQIA), the next use of that building is unknown at marketing. It is presumed that the surplus asset will be disposed of in terms of KCC's statutory duty of obtaining "best consideration." A buyer is not obligated to reveal its intended use, and the process is blind in this respect. KCC's responsibility under s123 does not extend to screening the future use of any assets it owns for equality impacts. The assumption of no negative impact is based on the nature of disposals; assets are no longer needed for services, so their sale doesn't affect access to or delivery of KCC services. Before disposal, assessments confirm no current or future service need. The transaction itself doesn't change service provision, making it neutral in equality terms. Moreover, future use by purchasers (e.g., for community services or housing) may positively impact protected groups. The policy complies with the Equality Act 2010, ensuring no discrimination and promoting equality.

| 13. | Is there a target figure which the council would like to reach through capital receipts. | Current MTFP requirements below. It should be noted the any capital receipt requirement is set as part of the MTFP process and the budget that is approved at full council. |

APPENDIX A - CAPITAL INVESTMENT SUMMARY 2025-26 TO 2034-35

ROW REF	Directorate	Dir	Total Cost	Prior Years Spend	2025-26	2026-27	2027-28	2028-29
					Year 1	Year 2	Year 3	Year 4
			£000s	£000s	£000s	£000s	£000s	£000s
1	Adult Social Care & Health	ASCH	7,003	3,939	549	515	250	250
2	Children, Young People & Education	CYPE	565,619	162,244	97,113	105,761	53,338	27,325
3	Growth, Environment & Transport	GET	1,283,493	371,346	159,098	144,489	113,757	81,163
4	Chief Executive's Department	CED	3,973	1,634	-1,655	3,994	0	0
5	Deputy Chief Executive's Department	DCED	142,475	44,419	27,746	17,932	11,533	3,945
6	**Total Cash Limit**		2,002,563	583,582	282,851	272,691	178,878	112,683
	Funded By:							
7	Borrowing		441,101	74,486	45,168	82,907	50,375	23,165
8	Property Enterprise Fund (PEF) 2		369	369				
9	Grants		1,115,772	349,752	153,413	110,971	77,192	65,353
10	Developer Contributions		183,149	44,695	34,144	56,608	33,685	10,521
11	Other External Funding e.g. Arts Council, District Contributions etc.		27,182	12,969	11,124	3,089		
12	Revenue Contributions to Capital		82,418	13,453	13,469	6,061	6,528	6,333
13	Capital Receipts		42,314	16,710	16,124	4,446	484	650
14	Recycled Loan Repayments		110,258	71,148	9,409	8,589	10,614	6,661
15	**Total Finance**		2,002,563	583,582	282,851	272,691	178,878	112,683

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Kent County Council Freehold Property Assets Disposal Policy
Appendix B

KENT COUNTY COUNCIL DISPOSAL POLICY

Policy	Kent County Council Freehold Property Assets Disposal Policy
Description	Kent County Council (KCC) holds building and land assets for the purposes of delivering and supporting service delivery and deriving a financial return (capital and/or revenue) to support KCC's financial position. Where KCC has no further use or redeployment of these assets they are declared surplus. Surplus assets should be disposed of, which means sell or transfer them on to a new owner. Whilst KCC has a main statutory duty to transfer at best consideration (s123 Local Government Act 1972), there are other considerations and a degree of discretion as to the operation of a disposal. Any receipt arising from the disposal of KCC's asset is used to support KCC's capital investment priorities. This policy is devised to ensure that treatment of disposals is consistent, even-handed and aligned to KCC's duties, service requirements and wider objectives.
Requirements of the Policy	i. Sets out KCC's position ensuring an even-handed and transparent approach and meeting all its statutory and fiduciary requirements. ii. Prioritise a receipt to support KCC's Capital Programme and Service Investment requirements in line with the executives' priorities. iii. Recognise that opportunity cost may exist within offers that support wider community and social outcomes and consider them where they do not conflict with point ii. iv. Ensure there are clearly defined routes for KCC's disposal types and that statutory disposals (e.g. property required under a CPO or under Education or Academies Acts) may not be subject to the same evaluation criteria identified in the policy but will be treated in accordance with the statutory requirements. v. Able to effectively respond to KCC's Future Assets Strategy.
Impact	• Supports and demonstrates KCC's transparency and an even-handed approach to disposals. • Prioritises clearly KCC's requirement to use capital raised through the disposals programme for its re-investment requirements. • In the absence of a community asset transfer process, ensures that community and social outcomes can be considered in terms of "opportunity cost" to the Council if it is clearly demonstrated. • Improves the speed in responding to disposal challenges. • Become a basis for measuring the success of KCC's disposals programme and identify any areas where further improvement is necessary.

EQIA	Disposal of assets do not have any negative impact on any group screened under the EQIA. On transfer, a purchaser may reuse a property that may have positive impacts on groups screened under the EQIA.

Policy Operating Principles	**The process up to Evaluation of Disposal**
	1. Disposals will comply with KCC's statutory and fiduciary duties and consider the use of powers it has under various instruments.
	2. Management and decisions relating to a disposal asset will be conducted in accordance with KCC's constitution and more specifically (but not limited to) its Property Management Protocol.
	3. Assets for disposal must first be declared surplus. Before an asset can be declared surplus, a process that examines whether there is a purpose to continue holding the asset must be completed.
	4. All disposal assets will be properly assessed to understand potential and the most appropriate action necessary to meet it.
	5. Depending on the asset type, 5 main routes to disposal are identified with slightly differing approaches. These are assets to be:
	    • openly marketed
	    • sold to a special purchaser
	    • sold because a third party has requested it and the value is considered De Minimis
	    • transferred/sold under statutory requirements
	    • transferred to rectify matters arising from historical reasons.
	6. All routes must satisfy minimum consultation, transparency, advertising and due diligence requirements.
	
	Criteria Considered at Evaluation
	
	1. Time, cost and risk of continuing to hold the asset.
	2. Confirmation / demonstration that all statutory requirements have been satisfied.
	3. The financial consideration being offered.
	4. The conditions precedent, if any, of the offers being held.
	5. The estimated time until conditions being satisfied.
	6. Ability and likelihood of applicant to complete.
	7. Additional non-monetary returns.
	8. Assessment against other due diligence as required.
	9. Where it is to be transferred to a special purchaser, that the transparency conditions have been met.
	10. Any comments following on from consultation activity.
	
	Evaluation Criteria
	
	1. Ability to Complete the transaction within accepted timescales – ensuring KCC does not hold surplus assets with their associated costs and risks longer than necessary or have to remarket and sell incurring additional costs.
	2. Financial Case – KCC will prioritise best financial consideration - ensuring that resources generated and saved can be redirected to KCC's statutory service and policy priorities as much as possible.
	3. Social / Community Value Considerations – will be considered as an "opportunity cost" where there is a proven case that there is an opportunity for KCC to save or reallocate its budget to deliver its statutory services. This is assessed as follows:

	(Highest Acceptable Offer) – (Social Value Offer) = (Benefit Cost)

Where (Benefit Cost) must be at least equal to a sustainable service saving or budget reallocation plus demonstratable additional Social / Community benefit.

This is to ensure that investment is prioritised towards KCC's statutory and policy requirements as a first call, but that where Social / Community return can demonstrate added value over and above this, that it will be considered. |
| **Period of Operation** | 5 years from date of policy implementation, whereupon it will be reviewed and renewed, or sooner where instructed by the Leader or Cabinet Member responsible for KCC's Property Estate. |
| **Review** | The policy will also be reviewed at year 1 and 3 to determine any impact on KCC's wider objectives and statutory requirements and to consider whether the policy should be amended to take account of changing circumstances and/or consider improvement opportunities. |
| **Policy Ownership** | Peter Oakford, Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services.

Rebecca Spore, Director of Infrastructure

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By: Anna Taylor, Assistant Democratic Services Manager (Scrutiny)

To: Scrutiny Committee

Subject: Work Programme

_____

Summary: This report gives details of the proposed work programme for the Scrutiny Committee.

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1.   Introduction

a)   Any Member of the Council is entitled to give notice that they wish an item relevant to the functions of the Committee (which is not an excluded matter) to be included on the agenda for the next available meeting. On receipt of such a request the item will be included for discussion at the next available agenda setting meeting.

b)   The definition of an excluded matter referenced above is:

   a. Any matter relating to a planning or licensing decision,
   b. Any matter relating to a person in respect of which that person has a right of recourse to a review of right of appeal conferred by or under any enactment,
   c. Any matter which is vexatious, discriminatory or not reasonable to be included in the agenda or discussion at a meeting of the Scrutiny Committee.

c)   The Scrutiny Committee has the ability to 'call-in' decisions made by the Cabinet or individual Cabinet Members. Any two Members from more than one Political Group may give notice within five clear working days from the publication of a decision taken of their wish to call-in the decision.

d)   At the meeting held on 16 July 2025 the Committee resolved to request that the routine monitoring of SEND be added to the work programme of the CYPE Cabinet Committee to allow the Scrutiny Committee to focus on the key strategic issues affecting SEND at KCC. The information appended to this report provides up to date background information for Scrutiny Members' awareness.

2. Recommendation

The Scrutiny Committee is asked to consider and note the report.

Contact Details

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Work Programme - Scrutiny Committee September 2025

Items identified for upcoming meetings

Date requested	Item
06.12.23	Decision 23/00083 – Supported Accommodation Service 16-19 and transitional arrangements. For prioritisation at agenda setting meeting.
24.01.24	Request at Scrutiny Committee for: a. a deep dive into the mainstream home to school transport budget; and b. cross examination of the Council's school admissions, home to school transport and public transport policies. For prioritisation at agenda setting meeting.
28.02.24	Discussion with ASCH Chairman, Scrutiny Ch & Spokespeople in relation to further scrutiny of ASCH contracts – potentially 6 month on review. Ensure minimal duplication in Committee. Contracts & In year savings. Impact on savings. For prioritisation at agenda setting meeting.
April 2024	European Union Entry Exit System – further monitoring For prioritisation at agenda setting meeting.

Work Programme

2 October 2025	
Item	**Item background**
Crime and Disorder Committee	Statutory Requirement for the Scrutiny Committee to meet as the Crime and Disorder Committee Annually

19 November 2025	
Item	**Item background**
Kent Flood Risk Management Committee Annual Report	Constitutional requirement
Budget Monitoring Report	
Draft Budget and MTFP	

22 January 2026	
Item	**Item background**
Final Draft Budget and MTFP	

<u>Provisional Future Items</u>
November – Draft Budget
January 2026 – Budget Monitoring half yearly
June 2026 – Budget Monitoring year end
July 2026 – Scrutiny Committee meeting as Crime and Disorder Committee
November 2026 – Kent Flood Risk Management Committee Annual Report

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