From: Simon Jones, Corporate Director for Growth, Environment and

Transport

To: Clair Bell, KCC Cabinet Member for Community and Regulatory

Services

Subject: Review of the Kent Community Warden Service

Key decision 23/00122

Classification: Unrestricted

**Electoral Division:** All

**Summary**: As part of the Securing Kent's Future strategy and the Council's commitment to delivering the Medium-Term Financial Plan (MTFP), the Kent Community Warden Service (KCWS) is delivering a planned reduction in base budget of £1m over 2023-24 and 2024-25. A proposed model for the service to achieve the savings, and an Equality Impact Assessment (EqIA) were subject to public consultation from 12 July to 3 October 2023. The responses have been analysed and incorporated into the proposed model to provide recommendations for a key decision. Following any decision, an internal staff consultation will then be required before any new model and associated staff reductions can be implemented to achieve the savings.

# Recommendation(s)

The Cabinet Member is asked to:

- (i) AGREE a new Geographical Allocation Policy for the Community Warden's service;
- (ii) AGREE to implement a new model of operation for the Community Warden's service; and
- (iii) DELEGATE authority to the Director Growth and Communities to take any necessary actions including but not limited to entering into contracts or legal agreement as required to implement the decision as shown in Appendix A.

#### 1. Background

- 1.1 On the 9 February 2023, Members of KCC approved the Council's planned budget for 2023-24. In order to achieve a balanced budget the Community Wardens Service budget has been reduced by £1m to be delivered over two years.
- 1.2 A public consultation on the proposed option to achieve these savings was held and responses have been considered.
- 1.3 Securing Kent's Future was approved during the public consultation period and the redesigned service will need to take the updated priorities into account.

- 1.4 The service has achieved the required £500k savings for 2023-24 through various management actions, including the holding of vacancies following several staff departures around the time of the public consultation. The full year effect of the £1m saving cannot be achieved without progressing a new operating model for the KCWS.
- 1.5 KCWS is a countywide service with wardens based in communities to proactively deliver their work in response to community need, but also able to respond to the wider district's need, enabling whole county coverage.
- 1.6 Prior to the planned savings, KCWS was due an update to its geographical allocation policy. This is now even more critical as the planned budget reductions for KCWS will reduce service size, reduce coverage across the county and therefore require the service to become more targeted.
- 1.7 Staff and partner feedback from pre-consultation engagement helped develop a proposed option to take forward for formal public consultation. The proposed option was made up of the following:
  - Retain the service's wide remit (variety of ways it supports residents and communities).
  - Retain its community-based proactive approach.
  - Retain a presence in all 12 districts that:
    - Reduces the number of uniformed wardens (70 to 38) and management posts (3 to 1) and retains the Business Coordinator<sup>1</sup>.
    - Sets a minimum team size for each of six teams, which will each cover two districts.
    - Enhances team size and thereby district coverage for districts with higher evidenced need, compared to other districts under and within the new model.
    - Allocates wardens to specific wards in each district where they will focus/target their work (i.e. coverage of a whole district will no longer be possible.)
  - Adopt a Geographical Allocation Policy which will use data and indicators of need to identify:
    - Districts with higher need, informing which teams will be enhanced beyond the minimum of 1 Team Leader and 3 wardens.
    - Then, along with partner information, identify wards with highest need in each district to be prioritised for warden allocation.

### 2. Public Consultation and Feedback

- 2.1 The public consultation ran from 12 July to 3 October 2023, collecting a total of 1,357 completed questionnaires. There were 1,235 main questionnaires completed (831 online and 404 hard copy responses), 122 easy read responses and a small number of emails and letters, and one petition. A full and detailed consultation report is available (Appendix 1).
- 2.2 Summary of the profile of consultees responding:

<sup>&</sup>lt;sup>1</sup> Retaining the Business Coordinator post allows efficient centralisation of administrative tasks, provides consistency, removes risk of duplication of efforts, and reduces administrative burdens upon operational workers.

- 74% were individuals responding as themselves. (A further 4% on behalf of a service user. 14% were responding on behalf of partner organisations, community groups and local councils.)
- 52% of the individuals/service users responding were female.
- 50% were aged 65 and over.
- 23% had a disability.
- The distribution of responses across the Kent districts ranged from 2% in Tunbridge Wells to 14% in Maidstone.
- 68% had received support from KCWS.

# 2.3 Summary of findings:

Proposal	Consultation	Our recommendation
Retaining the range and variety of ways a warden can support an individual or community.	87% agree (76% strongly agree)	The Community Wardens will retain their broad remit, but the service acknowledges that the Securing Kent's Future strategy has been introduced since the proposals were developed and New Models of Care and Support has been prioritised. As such Community Wardens will continue to take referrals from ASCH in the designated wards and where capacity and time allow, beyond those areas. KCWS's broad remit is valued by ASCH partners and the KCWS is effective in responding to ASCH referrals due to the local community knowledge, trust and rapport they have built through their wider role – something that was evident in the 'Build and Test' pilots of the ASCH Locality model. <b>No change to this proposal</b> but assurance that support to ASCH where possible continues.
Retaining the wardens proactive, community-based approach.	93% agree (86% strongly agree)	Similar to the rationale above in relation to the Securing Kent's Future strategy and priority, the proactive community-based approach is something that ASCH leverages when they make referrals into KCWS, but which also means KCWS supports ASCH/KCC to meet duties under the Care Act such as promoting wellbeing and identifying and preventing needs for care (see paragraph 8.2 and 10.2). <b>No change to this proposal.</b>
Retaining six teams covering two districts each, which have a minimum of one team leader, three wardens, and a further 14 wardens distributed across teams according to need.	49% disagree (33% strongly disagree)  Reasons given for these views were mainly objections to the reduction in the service, and feeling these team sizes would be insufficient.	Further clarification needed – i.e. that these smaller team sizes will only be expected to cover named wards in the 12 districts. Coverage across the entirety of a district will no longer be possible but Community Wardens will undertake referrals outside the named wards where capacity allows, and distance is not prohibitive. <b>No change to the structure proposal</b> but clarification over the expected coverage.

Reducing the service by 32 warden posts and two management posts.	78% disagree (63% strongly disagree)  Reasons given for these views were largely due to consultees not wanting to see the service reduced.	Disagreement centres around not wanting to see the service reduced. Unfortunately, as the budget is predominantly staffing, and no viable alternatives were identified to fully offset the savings this proposal cannot be changed (see section 4 for alternative funding exploration). Management posts have been reduced to a minimum, thus preserving as much operational capacity as possible.
Wardens being allocated to wards.	A mixed response (35% agree, 32% disagree)  Reasons given for these views were that some wards may have higher needs than others, concerns that some wards may be far apart, and that elderly, vulnerable and rural areas will be missed.	Wards were chosen as there is a lot of data available at ward level that can help identify areas of need. The KCWS will be able to prioritise wards for warden allocation as there is data at ward level around needs such as elderly, vulnerable <sup>2</sup> and rurality. <b>The GAP will be adjusted to have a greater emphasis on these areas.</b> Ward groupings will need to take distances into consideration.
Allocation of wards whilst seeking a ratio of	50% disagree (32% strongly disagree. 28%	Currently, each warden primarily covers a named area as shown on the service's webpage. The areas include villages, civil parishes, towns and suburbs. Examples include the village of Greenhill in Canterbury with a population around 6000, and

<sup>2</sup> For the purposes of this work, vulnerable includes people with a disability or long-term impairment, those who are elderly and living alone, being socially and/or digitally isolated, be more at risk of being targeted or becoming victims of scams/rogue traders or experience financial challenges, all of which can negatively impact health and mental wellbeing,

6000-12000 population to one warden.	neither agreed or disagreed, or did not know)  Reasons given for these views were feeling that this ratio was unworkable; too much for one warden.	Sheerness on the Isle of Sheppey with a population around 12000. There are also some current areas that have populations both smaller and larger than this range.  The above shows the proposed range is manageable. It will also improve consistency for the service. Therefore, <b>this proposal is not changed,</b> however the demand upon wardens will be monitored.
The proposed geographical allocation policy (GAP); data sets, considerations, and steps to take to identify the wards to which wardens would be allocated.	A balanced response (31% agree, 40% neither agree or disagree or don't know, 29% disagree)  Reasons given for these views were that: data should be used; needs must be determined (particularly elderly and vulnerable); consideration of rural areas.	The proposed GAP includes indicators around vulnerability and elderly populations. <b>We will adjust the original proposed GAP by</b> giving greater weighting and consideration to those indicators for vulnerability and elderly populations, adjusting the indicator for those 55 and over to 65 and over, and include a rurality scoring (using the <u>Rural Urban classification</u> ). The KCWS will then be focussed in specific areas within each district which have greatest need, particularly with regard to elderly and vulnerable. This ensures that the service aligns with the Securing Kent's Future strategy which has identified a significant budget pressure in ASCH care and support spend for older persons, learning disability, mental health and physical disability.

# 2.4 Summary of other key points made not covered elsewhere:

Theme	Consultation	Our recommendation	
	response		
Make savings elsewhere (high earners / management / bonuses) / do not cut the service / cuts will be detrimental	This was a frequent response to have a smaller service/fewer warden in teams. This was reiterated in the additional feedback section.	KCC must operate within its financial means. This saving is one of many savings across the authority as a whole, brought about by unprecedented pressures on local authority funding. The saving itself reduces managers by two posts. Whilst the KCWS delivers against several KCC responsibilities, provision of it is not required by law.	
Raise funds from elsewhere (residents pay small charge / offer services charge) / Community Warden service (part time hours, sourcing grants, charge agencies for work conducted)	This was raised by consultees (~50) in the additional feedback section.	Various potential opportunities for alternative funding are being explored. (See section 4.)	
Make use of / more engagement / help from volunteers / volunteer groups.	A small number (~30) of responses suggested or queried KCWS's use of volunteers to reduce the impacts of the savings.	It was proposed, and now recommended, that the Team Leader role fosters and develops informal, local volunteering relationships. KCWS will continue to work closely with volunteer groups, but no longer formally recruit and manage volunteers which is resource intensive and under the proposed new model, no longer deliverable.	

- 2.5 **Securing Kent's Future -** On 5 October 2023, Cabinet considered 'Securing Kent's Future Budget Recovery Strategy'<sup>3</sup>. This report set out the Council's strategy for achieving both in-year and future year savings to assure a more sustainable financial position for the Authority and set out new strategic objectives focused on putting the Council on a financially sustainable footing. Securing Kent's Future represents a fundamental shift in the strategic priorities of the Council since the inception of the review of KCWS to achieve the £1m saving. As set out in the Budget Recovery Plan the financial challenge cannot be understated. Although not considered as part of the consultation, the subsequent publication and adoption by the County Council of Securing Kent's Future (SFK), required cessation of the service to be considered as an option of the Review.
- 2.6 Reducing KCWS's budget to support efforts to meet the financial challenge needs to be balanced with Objective 2 of the Securing Kent's Future strategy which includes opportunity areas to reduce future costs which are relevant to KCWS work. One of these is ASCH social care prevention; KCWS takes referrals from ASCH and is also placed in communities to enable early identification of needs. The second relevant opportunity area identified to help reduce future costs is hospital discharge pathway; KCWS receives referrals to support those recently discharged from hospital. These are predominantly from ASCH and Health services, but other partners also make such referrals. A senior representative of West Kent's Health and Care Partnership recently spoke positively of the work KCWS does which overlaps with their priority areas including falls, frailty, dementia, and social prescribing.
- 2.7 The KCWS undertakes front-line activity focused on both the prevention and hospital discharge aspects of Objective 2 within Securing Kent's Future as well as supporting other council duties (emergencies, severe weather etc) and council services as outlined in section 10. The recommended option therefore seeks to strike a balance between providing savings to the base budget, but continuing the service, albeit on a smaller scale, targeting areas of greatest need in order to reduce future costs relevant to Objective 2 of Securing Kent's Future. This also enables the council to build upon the service with potential income or sponsorship in the future.

# 3. Alternative funding

- 3.1 At GEDCCC in June 2022, a strong view was made by Members that they would not wish for the service to be reduced. The committee recognised the value of KCWS alongside the financial challenges. It was asked if alternative funding could be found.
- 3.2 Alternative funding for the service has been considered in past years but found to be difficult to secure. This has included Kent Police, and though the Police and Crime Commissioner at that time appreciated the role of KCWS, they did not have available funding.
- 3.3 Various avenues are currently being pursued (see Appendix 2). So far there have been no viable options that would significantly offset the savings required

<sup>&</sup>lt;sup>3</sup> Securing Kents Future - Budget Recovery Strategy.pdf

within the timescales required. However, work will continue and the new model for the service has been designed to be scalable so that, if resources become available, the council could look again at its provision.

- 3.4 Evidence of impact and the value of KCWS To support current and future discussions on the funding of KCWS, evidencing impact is required. Due to the preventative nature of the service, attaching a monetary value of KCWS for various partners is not a simple task but has been rigorously explored over recent years, including with the University of Kent and the Positive Wellbeing Evaluation undertaken by the University of Essex. The Social Care Institute for Excellence (SCIE) discuss prevention in social care, recognising the challenges in providing evidence<sup>4</sup>.
- 3.5 An aspect of KCWS was evaluated as part of the Interreg funded Connected Communities project which piloted the Positive Wellbeing intervention, a social prescribing 'plus' service, delivered by Community Wardens. This was presented to GEDCCC in November 2023<sup>5</sup> and showed a statistically significant reduction in loneliness and isolation which can negatively impacts health, life expectancy and increase demand on health services and residential care. The project recognised KCWS's particular success in delivering Positive Wellbeing due to the community knowledge and trust they have built through their broader role.
- 3.6 Savings and cost avoidance (e.g. preventative) that KCWS creates can be inferred. Older people who are socially isolated are 3.5 times more likely to enter local authority funded residential care,<sup>6</sup> and elderly people "that have been defrauded in their own homes are 2.5 times more likely to die or go into care within a year." The average cost to KCC to provide home care for one person is £8,875 per year. The average cost to KCC to look after one person in residential care is £37,403 per year. Through KCWS' work tackling loneliness, social isolation, preventing or delaying care needs and supporting residents to prevent and recover being victims to scams, it could be argued that KCWS is saving KCC home care and residential care costs.
- 3.7 Work has been undertaken with KCC Service Kent Analytics to develop further evaluation options in pursuit of defining a monetary impact of KCWS. With the Securing Kent's Future focus on adult social care prevention cost savings, strengthening the understanding of the link between KCWS prevention work and savings in care costs will be a priority. Focus on this narrow area of the service also allows the evaluation to be manageable, however, this will overlook the broad and interdependent nature of the warden role (variety of ways they support residents and communities) which is difficult to measure.

### 4. Recommendations summary

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<sup>&</sup>lt;sup>4</sup> https://www.scie.org.uk/prevention/social-care#evidence

<sup>&</sup>lt;sup>5</sup> Positive Wellbeing Pilot Service - Evaluation Report

<sup>&</sup>lt;sup>6</sup> Social Finance (2015) Investing to Tackle Loneliness: A Discussion Paper 21

<sup>&</sup>lt;sup>7</sup> https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/safe-at-home/rb\_oct17\_scams\_party\_conference\_paper\_nocrops.pdf

<sup>&</sup>lt;sup>8</sup> KCC Adult Social Care & Health Performance

- 4.1 **Model –** The KCWS will be reduced from 70 wardens (CW) to 38 (including six operational team leaders (TL)); from three managers to one (an Operational Manager); and retain its one Business Coordinator. Wardens will continue to be community-based and proactive, supporting residents and communities in the variety of ways they currently do, but they will be allocated to specific wards in each district where they will focus their work (i.e. coverage of a whole district will no longer be provided.)
- 4.2 **Team sizes –** There will be six teams, each team will operate in two districts. Each team will have a minimum of one TL and three CWs. (TLs are uniformed, operational and additionally provide a supervisory role.) A further 14 CWs will be allocated to teams where there are districts of higher need. Need will be determined using the indicators from the updated GAP.

Teams	Current staffing Filled positions (total posts)	Recommended future staffing (CW FTE split between districts)
Ashford and Swale	1 TL, 6 CW* (12 CW)	1 Operational TL**, 6 CW (2.5 Ashford, 3.5 Swale)
Canterbury and Thanet	1 TL, 7 CW* (12 CW)	1 Operational TL**, 7 CW (3.5 Canterbury, 3.5 Thanet)
Dartford and Gravesham	1 TL, 3 CW* (8 CW)	1 Operational TL**, 3 CW (1.5 Dartford, 1.5 Gravesham)
Dover and Folkestone & Hythe	1 TL, 10 CW* (12 CW)	1 Operational TL**, 8 CW (4 Dover, 4 Folkestone & Hythe)
Maidstone and Tonbridge & Malling	1 TL, 9 CW* (12 CW)	1 Operational TL**, 5 CW (3.5 Maidstone, 1.5 Tonbridge & Malling)
Sevenoaks and Tunbridge Wells	1 TL, 5 CW* (8 CW)	1 Operational TL**, 3 CW (1.5 Sevenoaks, 1.5 Tunbridge Wells)
Total	46 (70)	38

<sup>\*</sup>Teams with vacant posts at time of this paper

4.3 Adoption of GAP – The GAP, with its indicators and information to be used to finalise team sizes and ward allocations, has been adjusted based on the public consultation feedback. Greater emphasis is placed on the indicators relating to the vulnerable and elderly, and rurality is now included. This has been utilised to determine the indicative team sizes as shown above. Final ward allocations will need to be developed through partner liaison after a key decision has been taken (see Appendix 3 for the updated GAP and the considerations to be taken due to partnership working following the data modelling). It should be noted that

<sup>\*\*</sup>TLs and wardens are on the same tier within KCC's reporting structure. All 38 will formally report to the new, single Operational Service Manager post, with TLs having delegated duties to enable them to provide support and guidance to these remote teams and be a knowledgeable SPoC (single point of contact) for two districts.

due to the significant reductions, some wardens will be withdrawn from their current placements within Kent, and the adoption of the GAP will mean some of the remaining wardens will need to move out of existing communities they support and into new ward allocations.

## 5. Next steps

- 5.1 To implement the changes to the service and achieve the full savings; a key decision needs to be taken, and a staff consultation held.
- 5.2 Key timings and milestones:

Activity	Date
Cabinet Member key decision	January 2024
Trade Union briefing on staff consultation	23 Jan '24 -tbc
Staff consultation launched	End of Jan '24
(30-day consultation is recommended by HR. Numbers	(assuming no call-in of
of staff at risk of redundancy now less than 20.)	decision)
Implementation of the new model (new team sizes).	March to June 2024
(Varying redundancy notice periods.)	
Implementation of the GAP (Ward allocations)	June – Dec 2024
A significant period of time in which to allow partner	
liaison and handover arrangements to be made	
gradually where KCWS is withdrawing from existing	
service users.	

## 6. Financial Implications

- 6.1 The KCWS budget is currently a total of £2.08m (2023/24). The £1m saving was originally agreed as part of the 2023-24 budget in February 2023 and saw the base budget reduced by £500k in 2023/24 and with a further £500k required in 2024-25. The reduced and updated base budget for 2024-25 has been calculated to be £1.58m. The decision being implemented now will result in a service redesign with reduced staffing capacity to meet the reduced budget. Given the Council's financial position, the priority in Securing Kent's Future is to ensure the Council's budget is sustainable going forward.
- 6.2 In order to achieve the net £1m saving asked of KCWS, a recommended option has been set out (see section 4).
- 6.3 Under the recommended option, there would be redundancy and potentially pension costs which will need to be considered to ensure the full planned savings target is achieved.
- 6.4 The recommended option delivers £1.06m of gross savings in a timescale which accounts for consultation and governance requirements. This timescale assumes the gross £1.06m saving will commence at the start of 24/25.
- 6.5 The £1.06m gross saving from 24/25 will be offset, in the short term, and in part by both pension obligations and varying notice periods for those leaving the service. These are not known at this current time as the staff consultation

process has not yet been undertaken. Due to the age/length of service profile of this staffing cohort, these costs could result in a shortfall of the savings target for 24/25. Such a shortfall would be managed within the directorate as they relate to pension obligations. It is anticipated that redundancy costs will be met centrally by KCC.

# 7. Legal Implications

- 7.1 KCWS was set up as part of the County Council's response to the statutory responsibilities under the **Crime and Disorder Act 1998** (amended by the Police and Justice Act 2006). Section 6 of the 1998 Act requires the responsible authorities (commonly referred to collectively as a Community Safety Partnership (CSP)) in a local government area to work together in formulating and implementing strategies to tackle local crime and disorder in the area. Additionally, Section 17 places a duty on local authorities to consider crime and disorder implications for all their functions and decisions. To achieve all that can be reasonably expected with a reduced KCWS we plan to work with policing partners, particularly through consideration of the new Neighbourhood Policing model within the KCWS GAP. This is to support making the best use of our resources and continuous improvement in terms of partnership working.
- 7.2 Under the Care Act 2014 KCWS's broader role in communities contributes to delivering KCC's duties under <u>Section 1 Promoting individual well-being</u> (which places the general duty on a local authority to promote individual well-being), and <u>Section 2 Preventing needs for care and support</u> which states that a local authority must have regard to;
  - 2 a the importance of identifying services, facilities and resources already available in the authority's area and the extent to which the authority could involve or make use of them in performing that duty.
  - 2 b the importance of identifying adults in the authority's area with needs for care and support which are not being met (by the authority or otherwise).

To achieve all that can be reasonably expected with a reduced KCWS we plan to work with KCC partners, particularly through consideration of the new ASCH locality model within the KCWS GAP, and use of indicators relating to the elderly and vulnerable to focus KCWS support where needs for care and support may be higher.

7.3 Legal advice was sought leading up to the public consultation. The consultation document and consultation stage EqIA were also reviewed, and advice raised has been taken into consideration when developing the final recommendation and accompanying EqIA.

### 8. Equality Implications

8.1 Four groups; the elderly; females; people with a disability or long-term impairment; and those with carer's responsibilities have been identified as being more adversely impacted by these changes as they represent the majority of the wardens' current service users.

- 8.2 Our plans to take into account information from key partners as part of the GAP will contribute to mitigating cumulative adverse impacts.
- 8.3 The equality implications for the proposals taken to public consultation were assessed as moderate to significant due to differing levels of change to current geographical allocations but also significant reductions in staffing. Only 20% of consultees provided comment on the equality impact assessment. Themes from those comments (also reflected elsewhere in consultation responses) were focused on concerns of impact for elderly and vulnerable, those with a disability, with physical or mental health concerns, those in rural areas, areas of deprivation, carers and young people/children. Digital exclusion was also considered; KCWS often work with those that struggle to use online or telephone services. Previous work by Kent Analytics shows digital exclusion correlating with older age and deprivation.
- 8.4 Mitigations are described in the EqIA (Appendix 4). Whilst the service will seek to minimise the adverse impacts of the changes, they cannot be eliminated.

# 9. Other corporate implications

- 9.1 KCWS proactively supports the work of:
  - Trading Standards by engaging with and supporting scam victims on the service's behalf.
  - Adult Social Care and Health through welfare visits, engagement with hard-to-reach residents and supporting residents to live safely and independently.
  - Public Health by delivering the Positive Wellbeing model which addresses wider determinants of health i.e. loneliness and social isolation.
  - Emergency Planning; as part of the Council's response to emergency situations such as flooding and especially during the Covid 19 pandemic.
  - Children, Young People and Education through work with schools, colleges, youth groups and the younger residents in the communities served. Wardens deter anti-social behaviour and provide prosocial modelling for adolescents<sup>9</sup>.

#### 10. Governance

10.1 The Director of Growth and Communities will inherit the main delegations via the Officer Scheme of Delegation. This will include the implementation of the decision by reducing the size of the service; establishing the new team sizes; and undertaking the GAP data modelling and partner discussions to determine the areas of Kent with the highest need to be prioritised and targeted for KCWS coverage.

# 11. Conclusions

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<sup>&</sup>lt;sup>9</sup> https://www.scie-socialcareonline.org.uk/transforming-behaviour-pro-social-modelling-in-practice/r/a11G00000017zZ5IAI

- 11.1 KCC's financial circumstances have resulted in planned budget reductions to KCWS. These can only be implemented following public and staff consultations on the proposed changes and full equality impact analysis.
- 11.2 The recommended option based on the proposals taken to public consultation; the financial restraints to work within; the consultation feedback; and the priorities set within the recent Securing Kent's Future strategy, is to:
  - Retain the service's wide remit (variety of ways it supports residents and communities).
  - Retain its community-based proactive approach.
  - Retain a presence in all 12 districts that:
    - Reduces the number of wardens (70 to 38) and management posts (3 to 1) and retains the Business Coordinator.
    - Sets a minimum team size for each of six teams, which will each cover two districts.
    - Enhances team size (within the limit of 38 wardens overall) and thereby district coverage for districts with higher evidenced need, compared to other districts under and within the new model.
    - Allocates wardens to specific wards (ratio of 1 warden to 6000-12000 population) in each district where they will focus/target their work. Coverage of a whole district will no longer be possible.
  - Adopt a Geographical Allocation Policy (GAP see Appendix 3) which will use data and indicators of need to identify:
    - Districts with higher need, informing which teams will be enhanced beyond the minimum of 1 Team Leader and 3 wardens.
    - Then, along with partner information (see Appendix 3), identify wards with highest need in each district to be prioritised for warden allocation.
- 11.3 The above recommendations require GEDCCC consideration so that a key decision can be taken, and the changes can begin to be implemented.

#### 12. Recommendation(s):

- 12.1 The Cabinet Member is asked to:
- (i) AGREE a new Geographical Allocation Policy for the Community Warden's service;
- (ii) AGREE to implement a new model of operation for the Community Warden's service; and
- (iii) DELEGATE authority to the Director Growth and Communities to take any necessary actions including but not limited to entering into contracts or legal agreement as required to implement the decision as shown in Appendix A.

### 13. Appendices

• Appendix A – Record of Decision

- Appendix 1 Consultation Report
- Appendix 2 Alternative Funding Explored
- Appendix 3 Geographical Allocation Policy
- Appendix 4 Equality Impact Assessment

## 14. Contact details

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