



AGENDA

CABINET

Thursday, 4th January, 2024, at 10.00 am
Council Chamber

Ask for:
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UNRESTRICTED ITEMS

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

1. Apologies
2. Declarations of Interest
3. Minutes of the Meeting held on 30 November 2023 (Pages 1 - 10)
4. Cabinet Member Updates
5. Revenue and Capital Budget Monitoring Report - October 2023-24 (Pages 11 - 42)
6. Quarterly Performance Report, Quarter 2, 2023/24 (Pages 43 - 112)
7. Provisional Local Government Finance Settlement - Presentation
8. Corporate Risk Register (Pages 113 - 200)
9. 23/00091 - Kent and Medway Integrated Care Strategy (Pages 201 - 268)

EXEMPT ITEMS

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

Benjamin Watts
General Counsel
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Friday, 22 December 2023

KENT COUNTY COUNCIL

CABINET

MINUTES of a meeting of the Cabinet held in the Council Chamber on Thursday, 30 November 2023.

PRESENT: Mr R W Gough (Chairman), Mr N Baker, Mrs C Bell, Mrs S Chandler, Mr D Jeffrey, Mr R C Love, OBE, Mr D Murphy and Mr P J Oakford

UNRESTRICTED ITEMS

13. Apologies

(Item 1)

Apologies were received from Mr Watkins. Mr Kennedy was present and Mr Hills was in attendance virtually.

14. Declarations of interest

(Item 2)

There were no declarations of interest.

15. Minutes of the Meeting held on 5 October 2023

(Item 3)

RESOLVED that the minutes of the meeting on 5 October 2023 were a correct record and that they be signed by the Chair.

16. Cabinet Member Updates

(Item 4)

1. Mr Kennedy (Deputy Cabinet Member for Adult Social Care and Public Health) provided an update on the work that continued to be undertaken across Adult Social Care to identify areas of savings, including but not limited to the renegotiation and renewing of contracts, along with cost sharing measures with the NHS.

Kent County Council had also celebrated Carers Rights Day on Thursday 23 November which acknowledged the incredible and selfless contribution that the county's unpaid carers make to the health and wellbeing of others. The event also highlighted the support services available.

Kent County Council's Public Health Team continued to promote the nationwide winter vaccine campaign which launched in September, encouraging all those who were eligible to come forward for their seasonal flu and COVID-19 vaccines. The 2023 rollout had already delivered 11.7 million

flu jabs and over 8.6 million Covid vaccinations, making it the fastest NHS flu vaccine roll out on record.

Mr Watkins had recently recorded a BBC podcast on the pressures facing Adult Social Care and was joined by the BBC on a visit to a hospital-based technology facilitator service, which enabled independent living of those who were discharged from hospital. Mr Watkins had also recently presented at the All-Party Group on empowering UK health care through digital innovation.

On 10th October, the Kent and Medway Suicide Prevention Team marked World Mental Health Day by announcing 11 projects dedicated to preventing suicide, saving lives and reducing self-harm that have secured funding to support their communities. Mr Kennedy recently had the privilege of attending the Mental Health and Wellbeing ceremony and presented a number of awards, several of which went to staff from Kent County Council.

To conclude, Kent County Council had welcomed the NHS Healthy Starts scheme, which assisted low-income parents in purchasing healthy essentials. Eligible parents would receive a healthy start card containing money which could be used to purchase healthy goods and vitamins, worth £1230 per child. The Healthy Start scheme was available to all those in receipt of benefits and at 10 weeks of pregnancy or had a child under the age of 4.

2. Mrs Chandler (Cabinet Member for Integrated Children's Services) provided an update on the litigation brought by Kent County Council against the Home Office in relation to the National Transfer Scheme (NTS). Kent County Council's claim on the reasonableness and rationality of the Home Office's approach to the NTS went to court on 10th October 2023 and the judgement confirmed that the Home Secretary had acted unlawfully and that Kent County Council's criticisms of the pace and urgency of the Home Secretary's decision-making process in relation to the NTS were well founded. The judge found that the NTS and the slow-paced management of the scheme was inadequate and for large periods was unlawful. The Home Office was instructed to resolve the issues and ensure the NTS worked in a fair and sustainable manner in the future. The primary purpose of the claim brought against the Home Office was to prevent Kent's children's services from being overwhelmed and ensure that the care of those children coming to the UK was equitable across the entire country. In his judgement, Mr Justice Chamberlain acknowledged that the Home Office failed to develop a sound plan for a sustainable NTS model, having only made a number of minor modifications over the years, thus formulating an approach that was unlawful in the period from December 2021 to 7th July 2023. In conclusion, the Home Office had received explicit instruction to recognise and remedy their failings and create a sustainable NTS. Mrs Chandler advised that this would need to be done as a matter of urgency for the benefit of all children and Unaccompanied Asylum Seeking Children (UASC) arriving, to ensure that Kent County Council could continue to meet its statutory duties. The Council had been in discussion with the Home Office regarding the funding required to ensure sufficient temporary accommodation for all new UASC arrivals and ensure reception centres were

in place prior to the anticipated escalation of arrivals in the New Year. The total number of UASC arrivals for 2023 stood at 2067.

Furthermore, new legislation came into force in October requiring all providers of accommodation for children in care or care leavers up to the age 18 to be regulated by Ofsted. Mrs Chandler welcomed the change and hoped it would lead to improved standards and outcomes for children and young people.

3. Mr Love (Cabinet Member for Education and Skills) confirmed that families had received their Kent Test results on Wednesday 18th October. This year a total of 17,037 children sat the Kent Test, 11,170 who lived in the county and the remainder from other local authority areas. Of the Kent children who sat the Test, 5,050 were assessed as being suitable for a grammar school place. Mr Love advised that passing the Kent Test was not a guarantee of a grammar school place. However, Kent County Council anticipated that the Kent children who had been assessed as suitable for grammar would, in most cases, enjoy priority of the 5,801 places available in the county over pupils from other authorities. Secondary school place applications closed on Tuesday 31 October and the results were being processed. Offer day for September 2024 school places will be on Friday 1 March 2024.

Furthermore, the SEND Information Hub Advice and Guidance roadshows were continuing to take place across the county as part of Kent County Council's commitment to improving SEND services for Kent families. The next session was scheduled to take place on Friday 8th December at Poppy Children's Centre in Herne Bay.

Mr Love congratulated the Elective Home Education Team who had received the Silver Kit Award by the home education charity, Education Otherwise. This was awarded in recognition of the excellent practice across the department for the way in which it continued to support families who had opted to home educate. The award was based on nominations made by families and was a fantastic accolade to receive.

On 10th November Mr Love, along with the local MP, Helen Whately, attended an exhibition organised by Roseacre Junior School in Bearsted which focused on climate action. The school's Eco Council exhibited a range of impressive eco themed art work and students asked a range of probing questions in relation to the environment.

In conclusion, the Department for Education (DfE) and NHS has carried out the first 6 monthly review of the SEND accelerated progress plan and the outcome of the findings was anticipated in due course.

4. Mr Baker (Cabinet Member for Highways and Transport) confirmed that the winter service was underway and that gritters had been deployed.

Furthermore, The Department for Transport (DfT) had allocated £134.5m funding over the next 10 years for road maintenance work. Kent County

Council was waiting on official confirmation from the DfT and an update would be presented to Members in due course on how that funding would be deployed.

Mr Baker provided an update in relation to road closures as a result of works being carried out by utility companies and confirmed that a deep dive had been initiated. Mr Baker advised that utility companies had a significant degree of control over the work carried out on the highways network under emergency provision which can cause major disruption. Investigations were underway to look at Kent County Council's existing powers and how best to secure additional powers to regain control over Kent's highways and ensure the steady flow of traffic.

5. Mr Hills (Deputy Cabinet member for Environment) provided an update on the following:

- A consultation on windmills began on 21st November and was scheduled to run over a period of 9 weeks.
- A change in government legislation on stopping charging for DIY waste from residents was due to come into force on 31st December 2023
- The Environment Improvement Plan was due to be presented to Members in the New Year
- The Local Flood Risk Management Plan was out for consultation until 30th January and an updated plan was due to be presented to Members in the New Year.
- The Net Zero Plan was due to be presented to Members in the New Year.
- The Climate Change Adaption Plan would also be presented to Members in the new year.

6. Mr Murphy (Cabinet Member for Economic Development) provided an update in relation to the future of Discovery Park after pharmaceutical company, Pfizer, announced proposals to consolidate parts of the business. Kent County Council continued to seek support from Government over the future of the site and were awaiting a consultation from Pfizer in the coming months which would be critical to the economy of East Kent.

On 10th November Mr Murphy visited the new £8m route linking Station Road and Bellingham Way. The new road was delivered by Panattoni as part of its £180m redevelopment of the 90-acre former Aylesford Newsprint site.

Furthermore, on the No Use Empty (NUE) initiative, Mr Murphy confirmed that 6 contained flats were being built on the former derelict site of the dance studio in Folkestone through the NUE loan of £820k. The construction of 24

business sites had also been completed at Hollywood Place in Dover through the NUE allocation of £1.7m, which Kent County Council was due to repay in full by December 2023.

On 21st November the Kent and Medway Business Fund re-opened and since its launch, had received 47 applications to the total of £5m.

To conclude, Mr Murphy confirmed that fourteen S106 legal agreements had been completed securing a total of £47.9m in s106 contributions with a 99.6% success rate against the amounts that have been requested, the single largest amount for any quarter previously reported.

7. Mrs Bell (Cabinet Member for Community and Regulatory Services) provided an update on the National Safeguarding Adults Board Excellence Awards which were held as part of Adult Safeguarding Week. The Maidstone and Tonbridge and Malling Community Warden Team won both the Empowerment Team Award and the Protection Team Award for their work with adults at risk within their communities and through their work identifying, supporting and empowering those vulnerable individuals. There were a number of other nominees in the categories for many of the Wardens and the Dartford & Gravesham team were also nominated. Mrs Bell congratulated all those involved.

The Customer Service Excellence (CSE) Award had been held by the Libraries, Registration and Archives (LRA) service continuously since 2010 and having completed the annual assessment for 2023, the LRA service once again received successfully achieved the award in recognition of their best practice. Mrs Bell congratulated the service for their accomplishments.

The library at Herne Bay reopened on 4th October following essential works including a new library layout and furniture. Customer feedback to date has been very positive.

The Winter Mini Challenge was due to run from 1st December until 19th February and continued under the Ready, Set, Read! theme. Kent libraries continued to promote the challenge and encourage children to keep up their reading habits over the winter break.

To conclude, the John Downton Awards art exhibition was scheduled to take place at Sessions House on 7th December in the Stone Hall. The John Downton exhibition was inspired by Miss Hilda Downton who approached Kent County Council in 2000 with a request to help host an annual award in memory of her brother John Downton. The exhibition commemorates the life and work of the Kent artist, celebrating the creativity and diversity of the county's young artists.

8. Mr Jeffrey (Cabinet Member for Communications and Democratic Services) advised that the service continued to respond to the needs of delivering informed choices about reviewing, improving, adapting and modernising the

services that the Council offers, including policy direction, through the use of consultations and raising awareness through campaigns.

Local Governance week ran from 27th November to 1st December which was established as part of the Annual Governance Statement. Mr Jeffrey expressed thanks to Democratic Services and the Member Hub for delivering the workshops, with attendance between 80 to 100 people at each of the events. There was ongoing work around member development and reviewing internal processes to identify ways in which the Council could utilise technology to deliver transformational and positive change in governance. These proposed changes would be presented to the Selection and Member Services Committee and would continue to be reported to Governance and Audit as work progresses.

17. Securing Kent's Future - Scrutiny Arrangements (Verbal Update)
(Item 5)

Ben Watts (General Counsel) was in attendance for this item.

1. Mr Watts provided an update to Members in relation to the role of the Scrutiny Committee and Securing Kent's Future. An initial scoping meeting was held with Members of the Committee to highlight the importance of Members' roles in mitigating the risk of duplication or effort or resource, and as a result Members of Scrutiny would be receiving a range of information that the Cabinet were also in receipt of. A number of informal briefings had taken place, supporting Scrutiny members in understanding the challenges faced. To minimise duplication and the impact on officer time, the intention would be to deep dive into areas of focus which coincided with agenda items. On 6th December, a deep dive into Home to School Transport (HTS) was scheduled to take place. Mr Watts noted that whilst Cabinet was required to attend for budget items, for any items specifically in relation to focus areas around Securing Kent's Future (SFK), it would only be the Cabinet member and officer required to attend for that specific item. Scrutiny was to be managed in an efficient and proportionate way.

18. 23/00109 - Revenue and Capital Monitoring Report, Q2, 2023-2024
(Item 6)

Zena Cooke (Corporate Director of Finance) was in attendance for this item.

1. Mr Oakford (Deputy Leader and Cabinet member for Finance, Corporate and Traded Services) introduced the report that set out the revenue and capital budget monitoring position as at September 2023-24. The latest revenue forecast outturn position for 2023-24 before further management action was an overspend of £36.0m (excluding schools). The forecast overspend represented 2.7% of the revenue budget and presented a serious and significant risk to the Council's financial sustainability if not addressed as a matter of urgency. Within the overall outturn position there

continued to be a significant forecast overspend in Adult Social Care & Health, totalling £30.4m and in Children's, Young People and Education totalling £28.1m, before management action. Work continued to identify and implement further management action that could be taken immediately in the current year, and over the medium term and was included in the report and in the "Securing Kent's Future" budget recovery plan.

Mr Oakford said that it was essential that the remaining management action was delivered to reduce the 2023-24 outturn to a balanced position and prevent the need for a drawdown of reserves which would further weaken the council's financial resilience and increase the requirement to replenish reserves in succeeding years. The majority of the management actions were related to one off measures, meaning those spending reductions would not flow through to the 2024-25 budget. Furthermore, the full year recurring impact variance against the budget of 2023-24 would need to be reflected as spending requirements in the 2023-24 budget.

The initial draft revenue budget for 2024-25 and the Medium Term Financial Plan for 2024-2027 had been published and showed gaps in each one of the financial years. The gap for 2024-25 was the most significant and needed to be closed through further savings, increased outcome and future cost increase avoidance. A detailed analysis of the overspend continued to be undertaken to identify underlying causes. The council implemented spending controls across all budget managers to avoid spending for the remainder of the year wherever possible, based on specific criteria to focus on the most essential activities and priorities until the financial position was brought under control and stabilised. The outcome of the analysis, the actions and progress to date in reducing the forecast overspend was presented further within the report.

The Recovery Plan to reduce the forecast for 2023-24 and the budget gap for 2024-25 continued to be monitored weekly. If significant spending reductions were not achieved within the next reporting period and the direction of travel was not positive, then more stringent spending controls would be implemented.

2. Mrs Cooke confirmed that weekly monitoring took place at the Corporate Management Team Meeting (CMT) where officers would discuss in detail elements of spending for review that concurred with the seriousness and action that needed to be taken.
3. Mr Oakford advised that the report contained underspends in Member Grants, however, a majority of this money had already been committed for a number of member projects. Mr Oakford acknowledged Members' comments regarding the change in reporting methods which would represent a clearer reflection of the money allocated but not spent.
4. RESOLVED to agree the recommendations as outlined in the report.

19. 23/00092 - Kent Family Hub Model

(Item 7)

Sarah Hammond (Corporate Director of Children, Young People and Education), Carolann James (Director of Operational Integrated Children's Services) Hema Birdi (Assistant Director Open Access and Adolescent Services) and Wendy Jeffreys (Consultant in Public Health) were in attendance for this item.

1. Mrs Chandler (Cabinet Member for Integrated Children's Services) introduced the report that set out the implementation of the Family Hub model in Kent. The Family Hub model provided £11m of transformational funding over 3 years to bring additionality and greater integration of services, including outreach and digital offer. Through the integration of Public Health, health services and family support services, the Family Hub sites would provide a one-stop-shop for children, young people and families, with the additionality of community outreach helping to deliver this. Mrs Chandler confirmed that the digital and online offer was a complementary and additional offer and did not constitute a replacement. Mrs Chandler advised that whilst a great proportion of services delivered were prescribed within the criteria, there was the potential for a significant element of discretionary delivery. Option 4 (as outlined in the report) set out the integrated and innovative ways in which the Family Hub model could deliver that range of support. Mrs Chandler paid tribute to all staff who had contributed to the delivery of the Family Hub programme.
2. Mr Kennedy (Deputy Cabinet member for Adult Social Care and Public Health) confirmed that a critical aspect of the Family Hub programme, which was mandated, was the Public Health component, Start for Life. This programme was led by the Council's Public Health team and had the potential to transform services and how they were delivered across Kent. It encompassed the first 1,001 days from conception to the age of 2 and included parent/carer support with Infant Feeding, Perinatal Mental Health (parents' mental health during pregnancy and the first 12 months after birth) and parent/carer– infant relationships. For children aged 5 to 19 (or 25 with Special Educational Needs and Disabilities), there was scope for innovation through integration of services across public health, children, young people and education and the NHS. An example of this was the Umbrella model which provided an opportunity to co-locate services and integrate them thus ensuring a seamless offer covering youth provision, public health, sexual health, drug and alcohol abuse, mental health, weight management, smoking management, healthy diet and other such promotions. Further support services included help on issues such as sexual bullying, social media bullying, cyber bullying and much more. The Integrated hubs would also offer help and advice on crime and community safety, advice on gangs and serious violence or police related matters and other associated services such as information on education apprenticeship, training and volunteering. Mr Kennedy acknowledged that this may not be a possibility from early on in its launch but hoped it would provide

Members and residents with a sense of the scope and aspiration which the Council were aiming for as part of Family Hub model.

3. RESOLVED to agree the recommendations as outlined in the report.

20. 23/00100 - Commissioned Youth Service Contracts
(Item 8)

Sarah Hammond (Corporate Director of Children, Young People and Education), Carolann James (Director of Operational Integrated Children's Services) Hema Birdi (Assistant Director Open Access and Adolescent Services) and Wendy Jeffreys (Consultant in Public Health) were in attendance for this item.

1. Mrs Chandler (Cabinet Member for Integrated Children's Services) introduced the report which set out the proposal to cease the discretionary commissioned Youth Services contracts due to expire in March 2024 and instead deliver these within the Family Hub model, which would provide youth provision for children and support for their families where it is most needed. Mrs Chandler advised that cessation of commissioned Youth Services delivering discretionary services would bring Kent in line with the national picture and was the recommended option as it addressed the current requirements of the Council's financial recovery strategy.
2. Further to questions and comments from Members, it was noted that:
 - There was a wide range of youth activities available and flourishing in our communities e.g., local sports clubs, faith groups, uniformed services and community-based youth work.
 - A number of proposals were put forward as part of the consultation. Those proposals were now due to be reviewed and further engagement would be had with those services across the county in view of better integrated delivery of provision.
 - In response to whether further options had been considered and the reasoning as to why these were not recommended, it was advised that the Youth Service contracts had been in place for variations of time over a number of demographics, however the needs of those receiving the service had changed since originally developed. This recommended change was not about delivering the same service, but ensuring an equality of service according to need and it was proposed to deliver this through the implementation of the Family Hub model.

3. RESOLVED to agree the recommendations as outlined in the report.

21. 23/00101 - Kent Communities Programme
(Item 9)

Rebecca Spore (Director of Infrastructure) and Ben Sherreard (Programme Manager Kent Communities Programme) were in attendance for this item.

1. Mr Oakford (Deputy Leader and Cabinet member for Finance, Corporate and Traded Services) introduced the report setting out the Kent Communities Programme which sought to rationalise Kent County Council's physical estate and proposed a greater mix of alternative methods of service delivery across the county, informed by a clear and data-driven understanding of service need. Mr Oakford informed members that delivery of this programme had become more important in the light of the increased financial pressures faced by the Council.
2. Mr Sherreard outlined the rationale for the programme and presented the 5 options to Members (as detailed in the report), seeking agreement on the confirmed option.
3. Mr Oakford responded to comments concerning the financial risks related to option 4 and confirmed that this would have a significant impact on the Council's financial savings as the maintenance cost was over £1m. The table as set out in the report identified the savings across all proposed options with option 3 being the recommended choice. Option 3 took into consideration the feedback from the consultation on transport accessibility and ruled out the closure of two buildings, without substantial financial implications.
4. Mr Love commented on the financial impact of the recommended option 3 in response to the Council's revenue overspend of £36m and the recently issued S114 of Birmingham City Council as a result of the poor financial decisions made by local authority officials. It was not viable to continue to seek additional income from the Tax payer who in current times, faced financial pressures and difficulties of their own. Mr Love recognised the minor amendment that would need to be made within the Medium Term Financial Plan and the requirement to meet the savings elsewhere; however, he reiterated to Members that whilst option 3 was the most feasible option, activity in other areas of the Council would need to be deprioritised to ensure the Council could meet its savings.
5. Mr Oakford moved and Mrs Chandler seconded that option 3 be progressed as the preferred model for implementation.
6. RESOLVED to agree the recommendations as outlined in the report and progress with option 3.

From: Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services, Peter Oakford
Corporate Director Finance, Zena Cooke

To: Cabinet, 4 January 2024

Subject: Revenue and Capital Budget Monitoring Report – October 2023-24

Classification: Unrestricted

Summary:

The attached report sets out the revenue and capital budget monitoring position as at October 2023-24.

Recommendation(s):

Cabinet is asked to:

- a) NOTE the forecast Revenue position.
- b) NOTE the management action of £35.6m identified to bring the Council to a balanced position.
- c) NOTE the projected Schools' monitoring position of £15.9m overspend
- d) NOTE the progress on the delivery of £65.3m savings

1. Introduction

- 1.1 The October 2023-24 budget monitoring report being presented sets out the revenue and capital forecast position.

2 Revenue and Capital Budget Monitoring Report – September 2023-24

- 2.1 The attached report sets out the overall forecast position as at 31 October 2023-24, which is a revenue overspend of +£35.6m before management action.
- 2.2 2023-24 continues to be an extremely challenging time for local government and KCC is no exception. The latest revenue forecast outturn position for 2023-24 before further management action is an overspend of £35.6m (excluding schools). The forecast overspend represents 2.7% of the revenue budget and continues to present a serious and significant risk to the Council's financial sustainability. Within the overall outturn position there are still significant forecast overspends in Adult Social Care & Health totalling £31.3m, and in Children's, Young People and Education totalling £28.9m before management action. Planned management action has been identified to bring the forecast outturn to within budget by the end of the financial year.
- 2.3 The Schools' Delegated budgets are reporting an overspend of +£15.9m. This reflects the impact of high demand for additional SEN support and greater demand for specialist provision. In 2022-23 the Council entered into a "Safety Valve" agreement with the Department for Education (DfE) and the accumulated DSG deficit will reduce from an estimated £174m to £73m as at 31st March 2024 as a result of contributions from the Council and DfE.

3. Recommendation(s)

Cabinet is asked to:

- a) NOTE the forecast Revenue position.
- b) NOTE the management action of £35.6m identified to bring the Council to a balanced position.
- c) NOTE the projected Schools' monitoring position of £15.9m overspend
- d) NOTE the progress on the delivery of £65.3m savings

4. Contact details

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Finance Monitoring Report

As at October 2023-24

By Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services,
Peter Oakford
Corporate Director Finance, Zena Cooke
Corporate Directors

To Cabinet – 4 January 2024

Unrestricted

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Contact Details

Corporate Director Finance – Zena Cooke
Head of Finance Operations – Cath Head
Chief Accountant – Emma Feakins
Acting Chief Accountant – Joe McKay

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1 Introduction

This summary report sets out an update of the Council's financial position as at the end October 2023. The latest revenue forecast outturn position for 2023-24 before further management action is an overspend of £35.6m (excluding schools), a small reduction of £0.4m since the last reported position as at the end of September presented to Cabinet in November 2023. The forecast overspend represents 2.7% of the revenue budget and continues to present a serious and significant risk to the Council's financial sustainability. Within the overall outturn position there are still significant forecast overspends in Adult Social Care & Health totalling £31.3m, and in Children's, Young People and Education totalling £28.9m before management action. Planned management action has been identified to bring the forecast outturn to within budget by the end of the financial year.

It is essential that the identified management action is delivered as planned to prevent the need to use reserves to balance the budget at year end as this will further weaken the council's financial resilience and increase the requirement to replenish reserves in the succeeding years. The majority of the management action is related to one-off measures, which means those spending reductions will not flow through into the 2024-25 budget position. The full year recurring impact of the variances against the budget in 2023-24 need to be reflected in the 2024-25 budget and Medium Term Financial Plan.

The need to restrict spending wherever possible has been communicated across the Council with clear guidance for all staff.

The spending controls in place to reduce the forecast for 2023-24 are being monitored weekly. Spending trends are reviewed and reported to the Corporate Management Team and the Member Finance oversight meeting on a weekly basis. Whilst spend is reducing, it is not reducing at the rate required to balance the budget and is not resulting in a corresponding reduction in the forecast. It is therefore likely that more stringent spending controls will need to be implemented. The latest forecast projections which are currently being validated also indicate that the out-turn position is worsening. The summary position as at the end of November will take account of the latest projections and will be presented to Cabinet on 25 January 2024.

The draft revenue budget for 2024-25 and medium-term financial plan for 2024-27 was published on 3 January 2024. It is essential that the budget position is not worsened by further overspends in the current year which would need to be factored into the final draft budget or from the need to replenish further drawdowns from reserves.

1.1 The overall Revenue forecast before management action is +£35.6m overspend. The Revenue General Fund projected year end position is a net overspend of +£35.6m.

Overspends are forecast in CYPE and ASCH with underspends in DCED, CED and NAC, and breakeven in GET. The largest overspends are +£31.3m (5.9%) in ASCH and +£28.9m (8.0%) in CYPE. NAC including Corporately Held Budgets is forecasting an underspend of -£17.5m, DCED is forecasting an underspend of -£6.0m, CED is forecasting an underspend of -£1.7m and GET is forecasting to breakeven. The recurring full year impacts of over and underspends will be reflected in the 2024-25 budget.

1.2 There is £35.6m of planned management action. Planned management action totalling £35.6m has been identified to reduce the forecast out-turn to within budget by the end of the financial year. Until this action has been implemented and delivered there will continue to be a reported overspend before planned management action.

£11.1m management action has been identified by ASCH, £2.0m in CYPE and £0.9m in CED. All identified management actions in GET & DCED are now included in the forecast. £21.6m management action is to be met from

1 Introduction

limiting spend across the council using strict spending criteria and will be removed across all directorates. Details of the management action can be found in section 5.

- 1.3 There is £15.9m variance on the Schools' Delegated Budgets
- The overspend position is +£15.9m. This reflects the impact of high demand for additional SEN support and greater demand for specialist provision. In 2022-23 the Council entered into a "Safety Valve" agreement with the Department for Education (DfE) and the accumulated DSG deficit will reduce from an estimated £174m to £73m as at 31st March 2024 as a result of contributions from the Council and DfE. The Council's contributions for 2023-24 will have to be met through a transfer from other reserves which will reduce usable revenue reserves and means the Council is less resilient to withstand unexpected circumstances and costs.
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2 Recommendations

Cabinet is asked to:

- | | | |
|-----|-----------------------------------------------------------------------------------------------|---------------------------|
| 2.1 | Note the forecast revenue monitoring position of £35.6m overspend before management action | Refer to section 3 |
| 2.2 | Note the projected Schools' monitoring position of £15.9m overspend | Refer to section 3 |
| 2.3 | Note the latest position on delivering agreed savings | Refer to section 4 |
| 2.4 | Note the management action of £35.6m identified to reduce the out-turn to a balanced position | Refer to sections 3 and 5 |
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3 Revenue

General Fund projected +£35.6m overspend
Dedicated Schools Grant (DSG) +£15.9m overspend

General Fund as at end of October		Forecast position as overspend/(underspend)			
Directorate	Revenue Budget	Revenue Forecast Outturn	Net Revenue Forecast Variance	Last reported position	Movement (+/-)
	£m	£m	£m	£m	£m
Adult Social Care & Health	527.5	558.8	31.3	30.4	0.9
Children, Young People & Education	360.9	389.9	28.9	28.1	0.8
Growth, Environment & Transport	195.5	195.6	0.0	(0.2)	0.2
Deputy Chief Executive Department	84.6	78.7	(6.0)	(5.5)	(0.5)
Chief Executive Department	34.1	32.4	(1.7)	(1.4)	(0.3)
Non Attributable Costs	115.9	98.5	(17.5)	(15.8)	(1.7)
Corporately Held Budgets	(0.3)	0.1	0.4	0.3	0.1
General Fund	1,318.3	1,353.9	35.6	36.0	(0.4)
Ringfenced Items					
Schools' Delegated Budgets	0.0	15.9	15.9	15.7	0.2
Overall Position	1,318.3	1,369.8	51.5	51.6	(0.1)

Position after management action:

General Fund

Directorate	Revenue Budget	Revenue Forecast Outturn	Net Revenue Forecast Variance	Management Action	Updated Net Revenue Variance
	£m	£m	£m	£m	£m
Adult Social Care & Health	527.5	557.9	31.3	(11.1)	19.5
Children, Young People & Education	360.9	389.0	28.9	(2.0)	26.9
Growth, Environment & Transport	195.5	195.3	0.0	0.0	0.0
Deputy Chief Executive Department	84.6	79.1	(6.0)	0.0	(6.0)
Chief Executive Department	34.1	32.7	(1.7)	(0.9)	(2.6)
Non Attributable Costs	115.9	100.2	(17.5)		(17.5)
Corporately Held Budgets	(0.3)	0.0	0.4	(21.6)	(20.9)
General Fund	1,318.3	1,354.2	35.6	(35.6)	0.0
Ringfenced Items					
Schools' Delegated Budgets	0.0	15.7	15.7		15.9
Overall Position	1,318.3	1,369.9	51.6	(35.6)	15.9

The revenue forecast outturn position by Key Service is in Appendix 1.

4 Savings

Target for year £69.7m
£59.1m savings to be delivered

The budget agreed at County Council included the requirement to deliver savings and increased income totalling £65.3m during 2023-24. A further £4.4m of undelivered savings from the previous year are included in the overall 2023-24 savings requirement of £69.7m. This section does not include changes to Grant Income of £34.7m, savings of less than £50k totalling £0.2m and £10.7m for the removal of one-off or undelivered savings from 2022-23. The breakdown of the position is as follows:

- £42.9m of the overall total £65.3m agreed savings are on track to be delivered as planned
- £4.4m of savings brought forward from the previous year are not now forecast to be delivered in year.
- The Public Health, CED and DCED savings for 2023-24 are £3.4m and are on track to be delivered
- The NAC overachieved saving of £7.0m relating to investment income saving is due to increases in the base interest rate.
- A net position of £22.4m is forecast for ASCH, CYPE and GET as not achieved in 2023-24 and will slip into future years
- £4.1m has been identified by ASCH, CYPE & CHB as undeliverable
- £9.0m of alternative one-off savings have been identified.

Directorate	Previous year saving delivered in 2023-24 £m	2023-24 Target £m	Not achieved in 2023-24 £m	Alternative Saving (ongoing) £m	Alternative Saving (one-off) £m	Saving no longer required £m	Saving not Deliverable £m	Over Recovery of Saving £m	Forecast Savings 2023-24 £m
Adult Social Care & Health	(4.4)	(30.0)	11.6		(2.0)		3.4		(21.4)
Public Health		(2.2)							(2.2)
Children, Young People & Education		(14.5)	6.4		(2.6)		0.2		(10.4)
Growth, Environment & Transport		(11.0)	4.4		(4.4)				(11.0)
Deputy Chief Executive's Department		(0.1)							(0.1)
Chief Executive's Department		(1.0)							(1.0)
Non Attributable Costs		(5.9)						(7.0)	(12.9)
Corporately Held Budget		(0.5)					0.5		0.0
Total	(4.4)	(65.3)	22.4	0.0	(9.0)	0.0	4.1	(7.0)	(59.1)

Directorate	Previous year saving delivered in 2023-24 £m	2023-24 Target £m	Not achieved in 2023-24 £m	Alternative Saving (ongoing) £m	Alternative Saving (one-off) £m	Saving no longer required £m	Saving not Deliverable £m	Over Recovery of Saving £m	Forecast Savings 2023-24 £m
Adult Social Care & Health	(4.4)	(30.0)	11.6	0.0	(2.0)	0.0	3.4	0.0	(21.4)
Commissioning - 2022-23 Slipped Savings - review of all contracts	(4.4)	0.0	4.4						0.0
Efficiency: Adult Social Care - Consistently adhere to our policy framework in relation to areas such as: Third Party Top Ups; arranging support and debt for self-funders; transport and maximisation of relevant benefits; use of in-house provision and occupancy to reduce reliance on external purchasing of short term beds; people in residential care in receipt of other services; timely reviews of Section 117 status with regard to charging		(1.3)	0.6						(0.7)
Income: Adult Social Care -Estimated annual inflationary increase in Better Care Fund		(2.3)							(2.3)
Income: Review of Charges for Service Users - existing service income streams & inflationary increases		(8.5)							(8.5)
Policy: Adult Social Care contracts with Voluntary Sector		(4.3)	3.2		(2.0)				(3.1)
Policy: Adult Social Care PFI		(0.2)	0.2						0.0
Policy: Housing Related Support - Homelessness		(2.3)							(2.3)
Policy: Redesign of In House Adult Social Care Services		(3.6)	0.3						(3.3)
Transformation: Adult Social Care service redesign - Redefine our Adult Social Care operating model to align to our strategic direction of travel and ambitions		(7.5)	2.9				3.4		(1.2)

Directorate	Previous year saving delivered in 2023-24 £m	2023-24 Target £m	Not achieved in 2023-24 £m	Alternative Saving (ongoing) £m	Alternative Saving (one-off) £m	Saving no longer required £m	Saving not Deliverable £m	Over Recovery of Saving £m	Forecast Savings 2023-24 £m
Public Health	0.0	(2.2)	0.0	0.0	0.0	0.0	0.0	0.0	(2.2)
Efficiency: Public Health - Estimated efficiency savings from Public Health Partnership working with Health		(1.0)							(1.0)
Efficiency: Public Health - Healthy Lifestyles		(0.1)							(0.1)
Efficiency: Public Health - Sexual Health		(0.2)							(0.2)
Efficiency: Public Health - Substance Misuse		(0.1)							(0.1)
Income: Public Health - Increase in external income to cover annual pay increases and new expenditure funded by external income		(0.1)							(0.1)
Policy: Public Health - Review of Public Health Services principally related to Healthy Lifestyles to ensure spending is contained within ringfenced grant		(0.4)							(0.4)
Policy: Public Health - Family Drug & Alcohol Court		(0.2)							(0.2)
Children, Young People & Education	0.0	(14.5)	6.2	0.0	(2.6)	0.0	0.2	0.0	(10.4)
Efficiency: Adult Social Care – Consistently adhere to our policy framework in relation to areas such as: Third Party Top Ups; arranging support and debt for self-funders; transport and maximisation of relevant benefits; use of in-house provision and occupancy to reduce reliance on external purchasing of short term beds; people in residential care in receipt of other services; timely reviews of Section 117 status with regard to charging		(0.3)	0.3						0.0

4 Savings

Target for year £69.7m
£59.1m savings to be delivered

Directorate	Previous year saving delivered in 2023-24 £m	2023-24 Target £m	Not achieved in 2023-24 £m	Alternative Saving (ongoing) £m	Alternative Saving (one-off) £m	Saving no longer required £m	Saving not Deliverable £m	Over Recovery of Saving £m	Forecast Savings 2023-24 £m
Efficiency: Children's Services – Review of the Practice Development Service		(0.4)							(0.4)
Efficiency: Children's Services – Reconfigure the Family Drug & Alcohol Court Services into the main Children's Social Work Teams		(0.2)							(0.2)
Efficiency: Children's Social Care – Review of Legal Services Spend through cost efficiencies by Invicta Law and review of the use of legal services by social workers		(1.0)	1.0						0.0
Efficiency: Community Learning & Skills – Development of income earning activities within the CLS service and engage in efficiency measures to reduce costs		(0.2)							(0.2)
Efficiency: 18-25 Adult Social Care Supporting Independence Service – Review of 18-25 community-based services: ensuring strict adherence to policy, review of packages with high levels of support and enhanced contributions from health		(1.8)	1.0		(0.8)				(1.6)
Efficiency: Early Help & Preventative Services – Expanding the reach of case holding Early Help services		(0.5)							(0.5)
Efficiency: Early retirements – Reduction in the number of Historic Pension Arrangements		(0.3)							(0.3)
Efficiency: Open Access – Youth & Children's Centres – Continue to implement vacancy management and avoid all non-essential spend across open access		(0.6)							(0.6)
Income: Kent 16+ Travel Saver		(0.3)	0.3		(0.2)				(0.2)

Directorate	Previous year saving delivered in 2023-24 £m	2023-24 Target £m	Not achieved in 2023-24 £m	Alternative Saving (ongoing) £m	Alternative Saving (one-off) £m	Saving no longer required £m	Saving not Deliverable £m	Over Recovery of Saving £m	Forecast Savings 2023-24 £m
Income: Review of Charges for Service Users – existing service income streams & inflationary increases		(0.2)							(0.2)
Policy: Care Leavers – Pursue a policy where independence is reached by a Young Person’s 19 th birthday.		(0.7)	0.7		(0.7)				(0.7)
Policy: Integrated Children’s Placements – Review of Integrated Looked After Children’s Placements: Reduce dependence on high levels of additional support and seek enhanced contributions from health		(1.0)							(1.0)
Policy: Children’s Services – Review Section 17 payments and only provide where the Council has a statutory responsibility or to avoid children coming into care		(0.2)					0.2		0.0
Policy: Disabled Children’s Placements – Review of children with disability packages ensuring strict adherence to policy, review packages with high levels of support and enhanced contributions from health		(1.5)	0.8						(0.8)
Policy: Early Help & Preventative Services – Reconfigure the Positive Behaviour Service into the main Early Help Teams		(0.8)							(0.8)
Policy: Home to School Transport – Kent 16+ Travel Saver – Review the Kent 16+ Travel Saver scheme		(0.3)	0.3		(0.2)				(0.2)
Policy: Review of Open Access – Youth Services & Children’s Centres -Ceasing of the Local Children’s Services Partnership Grants		(0.6)							(0.6)

4

Savings

Target for year £69.7m
£59.1m savings to be delivered

Directorate	Previous year saving delivered in 2023-24 £m	2023-24 Target £m	Not achieved in 2023-24 £m	Alternative Saving (ongoing) £m	Alternative Saving (one-off) £m	Saving no longer required £m	Saving not Deliverable £m	Over Recovery of Saving £m	Forecast Savings 2023-24 £m
Policy: Review of Open Access – Youth Services & Children’s Centres – review of open access services in light of implementing the Family Hub model		(0.2)	0.2		(0.2)				(0.2)
Policy: Review of Open Access Estate – Youth Provision & Children’s Centres		(0.1)	0.1		(0.1)				(0.1)
Policy: Review Services Charged to Schools		(0.1)							(0.1)
Policy: Services to Schools – Review our offer to schools in light of the latest DFE funding changes and guidance including exploring alternative funding arrangements and engaging in efficiency measure to reduce costs		(0.8)	0.4		(0.4)				(0.8)
Transformation: Children’s Social Care – Explore strategies, including statutory guidance, to reduce dependency on social work agency staff		(1.0)							(1.0)
Transformation: Looked After Children – Reduce the recent increase in the number of Looked After Children placements through practice reviews & improved court proceedings		(1.5)	1.5						0.0
Growth, Environment & Transport	0.0	(11.0)	4.4	0.0	(4.4)	0.0	0.0	0.0	(11.0)
Efficiency: Environment – Planned phasing of the new structure in the Environment Team		(0.3)							(0.3)
Efficiency: Highways – Renegotiate income levels to include inflationary uplift for permit scheme, lane rental scheme & National Driver Offender Retraining Scheme		(0.1)							(0.1)

4

Savings

Target for year £69.7m
£59.1m savings to be delivered

Directorate	Previous year saving delivered in 2023-24 £m	2023-24 Target £m	Not achieved in 2023-24 £m	Alternative Saving (ongoing) £m	Alternative Saving (one-off) £m	Saving no longer required £m	Saving not Deliverable £m	Over Recovery of Saving £m	Forecast Savings 2023-24 £m
Efficiency: Libraries, Registration & Archives (LRA) – One-off reduction in Libraries Materials Fund and a one year contribution holiday for the Mobile Libraries renewals reserve		(0.2)							(0.2)
Efficiency: Transportation -Use developer agreement income to maintain current level of transportation services		(0.3)							(0.3)
Efficiency: Waste -Increased waste material segregation, increased re-use, black-bag splitting and trade waste recycling with a view to generating income or reducing cost		(0.6)	0.4		(0.4)				(0.6)
Efficiency: Waste – New waste contract efficiencies including reduction in payments to Kent Resource Partnership; new contract enabling separate disposal of currently co-mingled food waste; segregation of other waste materials		(0.2)							(0.2)
Income: Highways – Increase in net income budgets for streetworks and permit scheme		(0.6)							(0.6)
Income: Kent Travel Saver – Kent Travel Saver price realignment to offset an increase in bus operator inflationary fare increases in 2022-23 above the budgeted amount		(1.0)	1.0		(1.0)				(1.0)
Income: Kent Travel Saver (formerly Young Person’s Travel Pass) – Kent Travel Saver price realignment to offset bus operator inflationary fare increases		(1.5)	1.5		(1.5)				(1.5)

Directorate	Previous year saving delivered in 2023-24 £m	2023-24 Target £m	Not achieved in 2023-24 £m	Alternative Saving (ongoing) £m	Alternative Saving (one-off) £m	Saving no longer required £m	Saving not Deliverable £m	Over Recovery of Saving £m	Forecast Savings 2023-24 £m
Income: Review of Charges for Service Users – existing service income streams & inflationary increases – Uplift in social care client contributions in line with estimated benefit and other personal income uplifts, together with inflationary increases and a review of fees and charges across all KCC services, in relation to existing service income streams		(0.2)							(0.2)
Income: Waste – Review of fees and charges at Household Waste Recycling Centres		(0.1)							(0.1)
Policy: Arts – Review of support to the Arts		(0.2)							(0.2)
Policy: Discretionary Grants – Savings to be identified from a review of all discretionary grants		(0.1)							(0.1)
Policy: Economic Development – Review of grants and contracts with Kent Foundation and Locate in Kent		(0.1)							(0.1)
Policy: Highways – To reverse the prior decision to increase the number of swathe cuts		(0.3)							(0.3)
Policy: Highways Capital works – Removal of revenue contribution towards highways capital works		(3.0)							(3.0)
Policy: Highways Drainage – Review of highways drainage policy and level of works		(1.0)							(1.0)

4 Savings

Target for year £69.7m
£59.1m savings to be delivered

Directorate	Previous year saving delivered in 2023-24 £m	2023-24 Target £m	Not achieved in 2023-24 £m	Alternative Saving (ongoing) £m	Alternative Saving (one-off) £m	Saving no longer required £m	Saving not Deliverable £m	Over Recovery of Saving £m	Forecast Savings 2023-24 £m
Policy: Highways Winter Service – Review of highways winter service policy including service levels, salting runs and network, resulting in reduced network coverage and detrimental impact on Keeping Kent Moving policy		(0.5)	0.5		(0.5)				(0.5)
Policy: Household Waste Recycling Centres (HWRC) – Review of the number and operation of HWRC sites		(0.5)	0.5		(0.5)				(0.5)
Policy: Review of Community Wardens		(0.5)	0.5		(0.5)				(0.5)
Deputy Chief Executive’s Department	0.0	(0.1)	0.0	0.0	0.0	0.0	0.0	0.0	(0.1)
Income: Resilience and Emergency Planning - Additional income from reservoir work		(0.1)							(0.1)
Policy: Marketing & Resident Engagement – Review KCC’s presence at external events		(0.1)							(0.1)
Chief Executive’s Department	0.0	(1.0)	0.0	0.0	0.0	0.0	0.0	0.0	(1.0)
Efficiency: Early retirements – Reduction in the number of Historic Pension Arrangements		(0.5)							(0.5)
Policy: Member Community Grants – Reduce Member Community Grants from £10k to £3.6k per Member		(0.5)							(0.5)
Non Attributable Costs	0.0	(5.9)	0.0	0.0	0.0	0.0	0.0	(7.0)	(12.9)
Financing: Debt repayment		(1.0)							(1.0)

4

Savings

Target for year £69.7m
£59.1m savings to be delivered

Financing: Investment Income	(2.9)	(7.0)	(9.4)
Income: Income return from our companies	(2.0)		(2.0)

Directorate	Previous year saving delivered in 2023-24 £m	2023-24 Target £m	Not achieved in 2023-24 £m	Alternative Saving (ongoing) £m	Alternative Saving (one-off) £m	Saving no longer required £m	Saving not Deliverable £m	Over Recovery of Saving £m	Forecast Savings 2023-24 £m
Corporately Held Budgets	0.0	(0.5)	0.0	0.0	0.0	0.0	0.5	0.0	0.0
Income: Review of fees & charges		(0.5)					0.5		0.0
Total	(4.4)	(65.3)	18.7	0.0	(7.2)	0.0	4.1	(7.0)	(59.1)

5 Management Action

This section sets out the significant planned management action being taken to reduce the Council’s forecast overspend of £35.6m, which has not yet been delivered and is therefore shown separately in this report. The actions identified to date are expected to deliver a reduction in spending, bringing the Council to a balanced position by the end of the financial year. £29.6m are one-off reductions only affecting the 2023-24 position with £6.1m that would have an on-going positive impact into 2024-25 and are reflected in the initial draft 2024-25 budget. The £21.6m management action shown against Corporately Held Budgets relates to cross cutting reductions to non committed spend and is removed across all directorates. To deliver this will require a relentless focus across the whole Council and further spending controls have been introduced to avoid or minimise spending wherever possible based on specific criteria to focus spending on the most essential activities and priorities until the financial position is brought under control and established.

The spending controls in place as part of the cross council management action to reduce the forecast for 2023-24 are being monitored weekly. Spending trends are reviewed and reported to the Corporate Management Team and the Member Finance oversight meeting on a weekly basis. Whilst spend is reducing, it is not reducing at the rate required to balance the budget and is not resulting in a corresponding reduction in the forecast. It is therefore likely that more stringent spending controls will need to be implemented. The latest forecast projections which are currently being validated also indicate that the out-turn position is worsening. The position as at the end of November will take account of the latest projections and will be presented to Cabinet on 25 January 2024.

If the management action even after the introduction of spending controls is not delivered in full, any remaining overspend at the end of the financial year would need to be met from general or earmarked reserves, further weakening the Council’s financial sustainability and resilience and increasing the budget gap in succeeding years through the need to replenish reserves.

Directorate	23-24 one-off £k	23-24 recurring £k	Total 2023-24 £k
Adult Social Care & Health	-5,451.8	-5,700.0	-11,151.8
Children, Young People & Education	-1,700.0	-350.0	-2,050.0
Growth, Environment & Transport	0.0	0.0	0.0
Deputy Chief Executive Department	0.0	0.0	0.0
Chief Executive Department	-850.0	0.0	-850.0
Corporate Management Actions	-21,600.0	0.0	-21,600.0
TOTAL	-29,601.8	-6,050.0	-35,651.8

5 Management Action

Directorate	Details of Actions being taken	23-24 one-off	23-24 recurring	24-25
		£k	£k	£k
ASCH	Working collaboratively with NHS Colleagues to ensure the most appropriate and cost-effective pathways are in place for those people being discharged from hospital settings and ensuring that the necessary joint funding arrangements are in place, which makes clear who the lead commissioner of care and support is.		-5,350.0	-4,278.6
ASCH	Working collaboratively with NHS Colleagues to ensure the most appropriate and cost-effective pathways are in place for those people being discharged from hospital settings and ensuring that the necessary joint funding arrangements are in place, which makes clear who the lead commissioner of care and support is. Initial focus will be on those individuals who have been discharged through the Transforming Care Programme.		-350.0	-250.0
ASCH	Maximise the use of framework providers which will reduce new support being commissioned from non-framework providers. This will help reduce the administrative burden on front line social care staff and reduce overall unit costs of care and support. Harmonise processes to create capacity within framework providers to pick up support required for people who draw on care and support.	-2,400.0		
ASCH	Data Quality: resolving data quality issues on records and files. This will significantly improve accuracy of information available for reporting.	-81.0		
ASCH	Social Care Debt: - External support being commissioned to assist with Court of Protection deputyship applications, meaning that those debts relating to non-discretionary funding' can be settled more quickly	-500.0		
ASCH	Use of Rolled Forward and uncommitted Disabled Facilities Grant to support funding of new Technology Enabled Lives Programme	Delivered		
ASCH	Explore alternatives for those people requiring low level of support	-200.0		
ASCH	Review payments for community based services to ensure that invoices represent delivered hours of support	-1,600.0		
ASCH	Ensure all people are assessed promptly in assessment (non chargeable) beds, to allow charging for residential care	-670.8		
		-5,451.8	-5,700.0	-4,528.6

5 Management Action

Directorate	Details of Actions being taken	23-24 one-off	23-24 recurring	24-25
		£k	£k	£k
CYPE	Work is continuing with the NHS to explore joint commissioning opportunities (including tier 4 admissions) and joint funding agreements for eligible young people (further review of existing savings profiles)		-250.0	
CYPE	Panels have been established in every district across both Integrated Children Services and Disability Services to review suitability and level of support for all looked after children's placements. This is in addition to a further peer review focused on high cost placements. (further review of existing savings profiles)		Delivered	
CYPE	Development of a Placement Framework to explore alternative ways to support children at risk of coming into care including increasing the role of family members.		-50.0	
CYPE	Signposting of families to community services where it is available and appropriate (further review of existing savings profiles).		Delivered	
CYPE	Review of 18-25 community-based services (i.e. direct payments, supporting living, daycare and transport): Reduction in expenditure on non-framework packages of care for 18-25 year olds and ensuring strict adherence to policy (further review of existing savings profiles)		Delivered	
CYPE	Use of grant to meet statutory responsibilities	-1,700.0		
CYPE	Increase in use of personal transport budgets		-50.0	TBC
		-1,700.0	-350.0	0.0

5 Management Action

Directorate	Details of Actions being taken	23-24 one-off	23-24 recurring	24-25
		£k	£k	£k
GET	Holding vacancies across all divisions	Delivered		-98.0
GET	Review demand and operational expenditure (public transport and highways)	Delivered		0.0
GET	Increased income from fees, charges and income raising activities (eg LRA)	Delivered		-550.0
GET	Proactive management of operational expenses, projects and backlog (LRA, Environment, Highways)	Delivered		0.0
GET	Use of available grants	Delivered		0.0
GET	Contract renegotiation and rescopeing with focus on waste and highways	TBD		-621.0
		0.0	0.0	-1,629.0

5 Management Action

Directorate	Details of Actions being taken	23-24 one-off	23-24 recurring	24-25
		£k	£k	£k
DCED	SRP Option 1: Delete the vacant KR13 Programme Manager role (£81,039 p/a with on costs)	Delivered		
DCED	SRP Option 2: Delete the second KR12 Dependency Manager role (£70,752 p/a with on costs) when the postholder leaves and becomes a vacancy in November.	Delivered		
DCED	Hold vacancies within Infrastructure for the remainder of the year.	Delivered		
		0.0	0.0	0.0

5 Management Action

Directorate	Details of Actions being taken	23-24 one-off	23-24 recurring	24-25
		£k	£k	£k
CED	Cease the allocation of any more Member Grants in the current year and take the current underspend of c.£600k ie do not roll forward to 2024/25.	Not Approved		
CED	Re-phase the appointments to vacant posts within SPRCA	Delivered		
CED	Re-phase the appointments to vacant posts within the newly structured Commercial and Procurement Division	-250.0		
CED	Release of Early retirement budget		Delivered	-100.0
		-850.0	0.0	-100.0

5 Management Action

Directorate & Division	Details of Actions being taken on Non-Committed Spend	23-24 one-off	23-24 recurring	24-25
		£k	£k	£k
Page 34 Cross Cutting Review	<p><u>Subjective spend analysis</u></p> <p>The current budget on specific cost codes (excluding the main demand led budgets) is £447.5m, with forecast spend of £474.9m and actuals of £272.7m up to the end of October 2023. This includes permanent staffing and agency costs to provide the overall staffing position. All non-committed expenditure is being reviewed as part of the management action to avoid spend and bring the budget back into balance.</p> <p>Finance have been working with budget managers to review the spend and forecasts on all codes to reduce the forecast wherever possible and Finance will undertake deep dives into specific areas to provide further options for savings considerations.</p> <p>It is recognised that some of the spend within these codes is essential, preventative and/or specific grant funded and we will need to ensure these do not duplicate actions already taken. Detailed, regular monitoring and reporting will ensure the reductions in spend are happening in practice. Once the areas of spend reductions have been agreed the corresponding budgets will be reduced.</p>	-21,600		
	<p><u>Capital Projects</u></p> <p>The capital officer group are identifying invest to save capital projects to put forward for consideration to reduce revenue costs, e.g. in the care and children's sectors</p>	0	0	TBC
	<p><u>"Balance Sheet" Review</u></p> <p>A review of specific areas on the balance sheet and other Council assets are being reviewed to determine whether there is scope to release funds, e.g. assets and provisions. Whilst the impact on the 2023-24 position is likely to be limited, there may be opportunities to review policies going forward.</p>	0	0	TBC
	<p><u>Contractual savings</u></p> <p>A review of all contracts due to expire within the next 12 months has been undertaken with further deep dive into some specific contracts where there is potential scope to reduce specification. Whilst it is considered unlikely that savings can be made in 2023-24, any reduction in activity related to contract re-procurement will contribute towards the delivery of a balanced budget in 2024-25.</p>	TBC		

5 Management Action

<p>Cross Cutting Review</p>	<p><u>Review Of Early Payments</u></p> <p>Using Oxygen Finance Ltd for the supply of Early Payment Services under the NEPO 521 Framework Agreement (established in May 2020 by South Tyneside Council on behalf of NEPO (North East Procurement Organisation) in accordance with the contract award criteria and subject to final Legal sign off. The contract is due to be signed early in the new year, with mobilisation shortly thereafter.</p>		<p>TBC</p>	<p>TBC</p>
		<p>-21,600.0</p>	<p>0.0</p>	<p>0.0</p>

2022-23			Appendix 1 - Key Service Summary	2023-24			Last Reported Position (Sep)	Movement +/-
Revenue Budget	Outturn	Variance		Revenue Budget	Forecast	Variance		
£m	£m	£m		£m	£m	£m		
1.2	1.6	0.3	Provision for Demographic Growth - Community Based Services	10.7	1.7	-9.0	-8.2	-0.8
10.2	0.0	-10.2	Strategic Management & Directorate Support (ASCH)	5.4	3.7	-1.7	-1.5	-0.2
39.3	23.6	-15.6	Strategic Management & Directorate Budgets	16.1	5.4	-10.6	-9.7	-1.0
13.3	11.8	-1.6	Community Based Preventative Services	8.5	10.2	1.6	+1.6	+0.0
4.5	3.6	-0.9	Housing Related Support	1.5	1.4	-0.1	-0.1	-0.0
6.8	3.9	-2.9	Social Support for Carers	3.0	2.8	-0.3	-0.3	+0.0
3.2	2.7	-0.5	Partnership Support Services	0.0	0.0	0.0	-0.0	-0.0
0.0	0.0	0.0	Strategic Commissioning (Integrated and Adults)	0.0	0.0	0.0	+0.0	-0.0
0.0	0.0	0.0	Strategic Commissioning (Integrated and Adults)	13.1	14.3	1.2	1.3	-0.0
0.0	-0.1	-0.1	Public Health - Advice and Other Staffing	0.0	0.0	0.0	+0.0	+0.0
0.0	0.0	0.0	Public Health - Children's Programme	0.0	0.0	0.0	+0.0	+0.0
0.0	0.0	0.0	Public Health - Healthy Lifestyles	0.0	0.0	0.0	+0.0	+0.0
0.0	0.0	0.0	Public Health - Mental Health, Substance Misuse & Community Safety	0.0	0.0	0.0	+0.0	+0.0
0.0	0.0	0.0	Public Health - Sexual Health	0.0	0.0	0.0	+0.0	+0.0
0.0	-0.1	-0.1	Public Health	0.0	0.0	0.0	0.0	0.0

2022-23			Appendix 1 - Key Service Summary	2023-24			Last Reported Position (Sep)	Movement +/-
Revenue Budget	Outturn	Variance		Revenue Budget	Forecast	Variance		
£m	£m	£m	£m	£m	£m	£m	£m	
0.0	0.0	0.0	Adult In House Carer Services	2.4	2.6	0.3	+0.3	-0.0
2.4	2.6	0.2	Adult In House Community Services	5.8	5.8	0.0	+0.1	-0.1
5.9	5.6	-0.4	Adult In House Enablement Services	6.4	6.5	0.1	+0.2	-0.1
2.8	1.7	-1.1	Adult Case Management & Assessment Services	25.6	24.5	-1.1	-1.1	-0.0
5.7	5.5	-0.2	Adult Learning Disability - Case Management & Assessment Service	0.5	0.6	0.0	+0.0	-0.0
101.7	105.3	3.7	Adult Learning Disability - Community Based Services & Support for Carers	116.3	124.2	7.9	+8.0	-0.2
72.3	72.5	0.2	Adult Learning Disability - Residential Care Services & Support for Carers	76.6	78.4	1.8	+1.8	-0.0
10.0	9.8	-0.2	Adult Mental Health - Case Management & Assessment Services	3.0	3.7	0.7	+0.6	+0.1
11.4	17.8	6.4	Adult Mental Health - Community Based Services	17.9	23.5	5.6	+5.6	-0.0
15.6	18.0	2.3	Adult Mental Health - Residential Care Services	18.5	21.5	3.0	+2.6	+0.4
21.0	21.8	0.9	Adult Physical Disability - Community Based Services	31.3	33.9	2.6	+7.8	-5.2
17.9	20.8	3.0	Adult Physical Disability - Residential Care Services	21.3	23.3	2.0	+3.0	-1.0
6.9	6.3	-0.6	ASCH Operations - Divisional Management & Support	5.7	5.8	0.1	+0.0	+0.1
38.7	36.9	-1.8	Independent Living Support	1.0	1.0	0.0	-0.0	+0.0
9.4	9.8	0.4	Older People - Community Based Services	42.7	46.3	3.6	+3.6	+0.0
49.0	79.5	30.5	Older People - In House Provision	16.1	16.6	0.5	+0.3	+0.2
21.8	21.9	0.1	Older People - Residential Care Services	78.0	92.2	14.2	+13.1	+1.1
0.0	0.0	0.0	Older People & Physical Disability - Assessment and Deprivation of Liberty Safeguards Services	10.9	11.3	0.4	+0.4	-0.0
1.2	1.9	0.7	Older People & Physical Disability Carer Support - Commissioned	1.6	1.7	0.0	+0.6	-0.6
5.9	6.0	0.0	Physical Disability 26+ Lifespan Pathway & Sensory and Autism 18+ - Community Based Services	1.6	1.4	-0.3	-6.0	+5.7
1.1	1.3	0.2	Physical Disability 26+ Lifespan Pathway & Sensory and Autism 18+ - Residential Care Services	0.2	0.2	0.0	-1.1	+1.1
0.0	0.0	0.0	Sensory & Autism - Assessment Service	0.7	0.7	0.0	+0.0	+0.0
0.7	0.7	0.0	Statutory and Policy Support	1.7	2.1	0.4	+0.5	-0.0
0.6	0.4	-0.2	Strategic Safeguarding	0.8	0.7	-0.1	-0.1	-0.0
5.1	1.6	-3.4	Adaptive & Assistive Technology	1.7	1.8	0.1	-0.2	+0.3
407.2	447.8	40.6	Adult Social Care & Health Operations	488.4	530.2	41.8	40.0	+1.8
8.6	8.1	-0.5	Business Delivery	10.0	8.9	-1.0	-1.2	+0.1
8.6	8.1	-0.5	Business Delivery Unit	10.0	8.9	-1.0	-1.2	+0.1
455.8	480.2	24.4	Adult Social Care & Health	527.5	558.8	31.3	30.4	0.9
0.0	0.0	0.0	Earmarked Budgets Held Corporately	0.0	0.0	0.0	0.0	

Appendix 1 - Key Service Summary

2022-23			2023-24			Last Reported Position (Sep)	Movement +/-			
Revenue Budget	Outturn	Variance	Revenue Budget	Forecast	Variance					
£m	£m	£m	£m	£m	£m					
2.3	1.9	-0.3	Strategic Management & Directorate Budgets			1.9	1.8	-0.1	-0.1	-0.0
15.5	15.1	-0.4	Adoption & Special Guardianship Arrangements & Service			17.1	16.8	-0.3	-0.3	+0.0
32.9	37.3	4.4	Adult Learning & Physical Disability Pathway - Community Based Services			40.1	42.2	2.1	+2.9	-0.8
9.3	9.3	0.1	Adult Learning & Physical Disability Pathway - Residential Care Services & Support for Carers			9.2	8.1	-1.0	-1.3	+0.2
-0.1	-0.1	0.0	Asylum			-0.1	-0.1	0.0	-0.0	+0.0
6.0	5.2	-0.8	Care Leavers Service			5.1	5.2	0.1	+0.1	+0.0
3.3	3.2	0.0	Children in Need - Care & Support			3.1	3.5	0.4	+0.3	+0.1
5.5	6.7	1.1	Children in Need (Disability) - Care & Support			5.9	8.4	2.5	+2.2	+0.3
4.6	3.6	-1.0	Children's Centres			4.6	3.2	-1.4	-1.3	-0.1
1.7	1.1	-0.6	Childrens Disability 0-18 Commissioning			1.7	1.8	0.0	+0.0	-0.0
51.2	51.9	0.7	Children's Social Work Services - Assessment & Safeguarding Service			53.4	52.7	-0.7	-0.9	+0.3
9.0	9.3	0.2	Disabled Children & Young People Service (0-25 LD & Complex PD) - Assessment Service			9.7	9.4	-0.3	-0.1	-0.2
6.9	6.1	-0.8	Early Help & Preventative Services			5.2	5.2	-0.1	+0.0	-0.1
5.7	4.9	-0.8	Integrated Services (Children's) Management & Directorate Support			5.8	5.4	-0.5	-0.4	-0.1
66.8	76.7	9.9	Looked After Children - Care & Support			76.5	87.3	10.8	+10.9	-0.1
16.4	17.7	1.3	Looked After Children (with Disability) - Care & Support			18.9	19.6	0.7	+0.5	+0.2
3.6	4.0	0.4	Looked After Children (with Disability) - In House Provision			3.8	4.0	0.3	+0.2	+0.1
5.7	4.2	-1.5	Youth Services			4.5	4.6	0.1	+0.2	-0.1
244.2	256.5	12.3	Integrated Children's Services (Operations and County Wide)			264.6	277.4	12.8	+13.1	-0.3

2022-23			Appendix 1 - Key Service Summary	2023-24			Last Reported Position (Sep)	Movement +/-
Revenue Budget	Outturn	Variance		Revenue Budget	Forecast	Variance		
£m	£m	£m		£m	£m	£m		
-0.4	-0.1	0.4	Community Learning & Skills (CLS)	-0.2	-0.2	0.0	+0.0	+0.0
0.0	0.0	0.0	Early Years Education	0.0	0.0	0.0	-0.0	-0.0
1.4	1.3	-0.2	Education Management & Division Support	1.2	1.1	-0.2	-0.2	+0.0
6.2	6.5	0.3	Education Services provided by The Education People	4.0	4.1	0.1	+0.1	+0.0
0.3	0.3	0.1	Fair Access & Planning Services	0.4	0.6	0.1	+0.1	+0.0
49.7	65.8	16.1	Home to School & College Transport	68.8	81.0	12.2	+11.4	+0.8
-11.6	-8.5	3.1	Other School Services	5.1	7.1	2.0	+1.9	+0.1
0.1	0.1	0.0	Pupil Referral Units & Inclusion	0.1	0.1	0.0	+0.0	+0.0
13.2	14.3	1.1	Special Educational Needs & Psychology Services	14.9	17.0	2.1	+1.9	+0.2
0.2	0.2	-0.1	Special Educational Needs & Disability Management & Divisional Support	0.0	0.0	0.0	+0.0	+0.0
59.1	79.8	20.8	Education & Special Educational Needs	94.4	110.7	16.3	+15.2	+1.2
305.6	338.3	32.7	Children, Young People & Education	360.9	389.9	28.9	28.1	0.8
0.0	0.0	0.0	Earmarked Budgets Held Corporately	-0.2	0.0	0.2	0.2	0.0

2022-23			Appendix 1 - Key Service Summary	2023-24			Last Reported Position (Sep)	Movement +/-
Revenue Budget	Outturn	Variance		Revenue Budget	Forecast	Variance		
£m	£m	£m		£m	£m	£m		
1.4	1.3	-0.1	Strategic Management & Directorate Budgets	1.4	1.3	-0.1	-0.1	-0.0
4.7	5.1	0.4	Growth and Support to Businesses	6.2	5.7	-0.5	-0.3	-0.2
2.8	2.9	0.1	Community (Assets & Services)	2.2	2.1	0.0	-0.0	-0.0
11.4	11.0	-0.4	Public Protection	11.8	11.7	-0.2	-0.1	-0.1
9.5	8.6	-0.9	Libraries, Registration & Archives	10.5	10.1	-0.5	-0.3	-0.1
0.8	0.8	0.0	Growth and Communities Divisional management costs	0.4	0.5	0.0	+0.0	+0.0
29.1	28.4	-0.8	Growth & Communities	31.1	30.0	-1.1	-0.7	-0.4
33.0	33.8	0.7	Highway Assets Management	37.1	37.2	0.1	-0.4	+0.5
6.6	6.0	-0.6	Transportation	6.6	6.0	-0.6	-0.5	-0.1
4.7	6.2	1.5	Supported Bus Services	5.3	5.3	0.0	+0.0	-0.0
13.8	11.8	-2.0	English National Concessionary Travel Scheme (ENCTS)	13.0	12.3	-0.7	-0.6	-0.0
4.8	6.2	1.4	Kent Travel Saver (KTS)	5.1	5.1	0.0	-0.1	+0.1
3.6	3.2	-0.4	Highways & Transportation divisional management costs	3.7	3.5	-0.2	-0.3	+0.1
66.6	67.1	0.6	Highways & Transportation	70.8	69.4	-1.3	-1.8	0.5
2.4	2.3	-0.1	Environment	3.3	3.3	0.0	+0.0	-0.0
45.8	45.9	0.2	Residual Waste	50.5	50.6	0.1	+0.1	+0.0
31.6	32.9	1.2	Waste Facilities & Recycling Centres	36.4	38.8	2.4	+2.2	+0.2
1.8	1.8	0.0	Environment and Circular Economy Divisional management costs	2.1	2.1	0.0	+0.0	+0.0
81.6	82.8	1.2	Environment & Circular Economy	92.2	94.8	2.6	+2.4	0.2
178.6	179.6	0.9	Growth, Environment & Transport	195.5	195.6	0.0	-0.2	0.3
0.0	0.0	0.0	Earmarked Budgets Held Corporately	-0.3	0.0	0.3	0.3	0.0

2022-23			Appendix 1 - Key Service Summary	2023-24			Last Reported Position (Sep)	Movement +/-
Revenue Budget	Outturn	Variance		Revenue Budget	Forecast	Variance		
£m	£m	£m		£m	£m	£m		
0.0	0.0	0.0	Strategic Reset Programme	1.6	1.5	-0.1	-0.1	+0.0
0.5	0.5	0.0	Strategic Management & Departmental Support	1.1	1.0	-0.1	-0.2	+0.0
0.4	0.4	0.0	Health & Safety	0.4	0.4	0.0	-0.0	-0.0
2.1	2.0	0.0	Business & Client Relationships	2.3	2.3	0.0	-0.0	-0.0
2.9	2.9	0.0	Strategic Management & Departmental Budgets (DCED)	5.4	5.2	-0.2	-0.3	0.0
5.1	4.8	-0.3	Human Resources & Organisational Development	5.3	5.0	-0.2	-0.2	-0.0
			Marketing & Digital Services	1.9	2.0	0.1	+0.1	-0.0
			Resident Experience - Contact Centre; Gateways; Customer care & Complaints	4.8	4.8	0.0	-0.0	+0.0
6.0	5.8	-0.2	Marketing & Resident Experience	6.8	6.9	0.1	0.1	-0.0
5.9	5.6	-0.4	Property related services	8.2	7.3	-0.9	-0.9	+0.0
0.0	0.0	0.0	Kent Resilience	0.3	0.2	0.0	-0.0	-0.0
0.2	0.2	-0.1	Emergency Planning	0.2	0.2	0.0	+0.0	+0.0
6.2	5.8	-0.4	Infrastructure	8.6	7.7	-0.9	-1.0	0.0
23.5	23.5	0.0	Technology	25.5	25.2	-0.3	-0.3	-0.0
0.0	0.0	0.0	Business Services Centre	0.0	0.0	0.0	+0.0	+0.0
26.5	29.0	2.5	Corporate Landlord	33.1	28.8	-4.3	-3.8	-0.5
70.1	71.7	1.6	Total - Deputy Chief Executive Department	84.6	78.7	-6.0	-5.5	-0.5
			Earmarked Budgets Held Corporately	-0.1	0.0	0.1	0.1	0.0

2022-23			Appendix 1 - Key Service Summary	2023-24			Last Reported Position (Sep)	Movement +/-
Revenue Budget	Outturn	Variance		Revenue Budget	Forecast	Variance		
£m	£m	£m		£m	£m	£m		
0.0	-0.7	-0.7	Strategic Management & Departmental Budgets	-0.5	-0.8	-0.3	-0.3	-0.0
3.2	3.1	0.0	Grants to Kent District Councils to maximise Council Tax collection	3.2	3.2	0.0	-0.0	+0.0
21.6	21.3	-0.3	Finance	10.0	9.7	-0.3	-0.1	-0.1
12.4	12.2	-0.2	Finance	13.2	12.9	-0.3	-0.1	-0.1
6.9	6.4	-0.5	Governance & Law	7.3	7.0	-0.3	-0.3	-0.0
1.4	0.7	-0.8	Local Member Grants	1.0	1.0	0.0	+0.0	-0.0
8.3	7.1	-1.2	Governance, Law & Democracy	8.3	8.0	-0.3	-0.3	0.0
8.1	7.2	-0.9	Strategic Commissioning	7.6	7.7	0.0	+0.0	-0.0
0.0	0.0	0.0	Childrens and Adults Safeguarding Services	0.4	0.4	0.0	+0.0	-0.0
0.0	0.0	0.0	Resettlement Schemes, Domestic Abuse and Civil Society Strategy	0.4	0.4	0.0	-0.0	-0.0
9.0	8.1	-1.0	Strategy, Policy, Relationships & Corporate Assurance	4.6	3.8	-0.8	-0.6	-0.2
4.5	4.0	-0.5	Strategy, Policy, Relationships & Corporate Assurance	5.4	4.6	-0.8	-0.7	-0.2
33.4	29.9	-3.5	Total - Chief Executive Department	34.1	32.4	-1.7	-1.4	-0.3
156.7	144.7	-12.0	Non Attributable Costs	115.9	98.5	-17.5	-15.8	-1.7
-0.3	0.0	0.3	Corporately Held Budgets (to be allocated)	0.2	0.1	-0.1	-0.2	0.1
1,199.8	1,244.4	+44.4	Total excluding Schools' Delegated Budgets	1,318.3	1,353.9	+35.6	36.0	-0.4

From: Roger Gough – Leader of the Council
Amanda Beer – Chief Executive Officer

To: Cabinet – 4 January 2024

Decision No: n/a

Subject: **Quarterly Performance Report, Quarter 2, 2023/24**

Classification: Unrestricted

Summary: The purpose of the Quarterly Performance Report (QPR) is to inform CMT and Cabinet about key areas of performance for the authority. This report presents performance to the end of September 2023 (Quarter 2, 2023/24).

Of the 38 Key Performance Indicators (KPIs) contained within the QPR, 15 achieved target (Green), 15 achieved or exceeded the floor standard but did not meet target (Amber). 8 KPIs did not meet the floor standard (Red).

Recommendation(s): Cabinet is asked to NOTE the Quarter 2 Performance Report and the actions being taken to address areas where performance is not as targeted.

1. Introduction

- 1.1. The Quarterly Performance Report (QPR) is a key mechanism within the Performance Management Framework for the Council. The report summary for Quarter 2, 2023/24 is attached at Appendix 1, and includes data up to the end of September 2023.
- 1.2. The QPR includes 38 Key Performance Indicators (KPIs) where results are assessed against Targets set at the start of the financial year.

2. Quarter 2 Performance Report

- 2.1. Results for KPIs compared to Target are assessed using a Red/Amber/Green (RAG) status.
- 2.2. Of the 38 KPIs included in the report, the latest RAG status are as follows:
 - 15 are rated Green (one fewer than the previous Quarter) - the target was achieved or exceeded.
 - 15 are rated Amber (four more than the previous Quarter) – performance achieved or exceeded the expected floor standard but did not meet target.
 - 8 are rated Red (three fewer than the previous Quarter) – performance did not meet the expected floor standard.

2.3. The 8 indicators where the RAG rating is Red, are in:

- Customer Services
 - Percentage of complaints responded to within timescale
- Governance and Law
 - Percentage of Freedom of Information Act (Fol) requests completed within 20 working days
 - Percentage of Data Protection Act (DPA) Subject Access requests completed within statutory timescales
- Children, Young People and Education
 - Percentage of Education, Health Care Plans (EHCPs) issued within 20 weeks
 - Percentage of annual EHCP reviews waiting over 12 months
 - Percentage of pupils (with EHCP's) being placed in independent or out of county special schools
 - Percentage of case holding posts filled by permanent qualified social workers
- Adult Social Care
 - Percentage of new Care Needs Assessments delivered within 28 days

2.4. With regards to Direction of Travel, seven indicators show a positive trend (three more than the previous Quarter), 19 are stable or with no clear trend (five fewer than the previous Quarter), and 12 are showing a negative trend (two more than the previous Quarter).

3. Recommendation(s)

Cabinet is asked to NOTE the Quarter 2 Performance Report

4. Contact details

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Kent County Council

Quarterly Performance Report

Quarter 2

2023/24

Produced by: Kent Analytics
E-mail: performance@kent.gov.uk
Phone: 03000 416205



Key to KPI Ratings used

This report includes 38 Key Performance Indicators (KPIs), where progress is assessed against Targets which are set at the start of the financial year. Progress against Target is assessed by RAG (Red/Amber/Green) ratings. Progress is also assessed in terms of Direction of Travel (DoT) using arrows. Direction of Travel is based on regression analysis across the whole timeframe shown in the graphs.

GREEN	Target has been achieved or exceeded
AMBER	Floor Standard* achieved but Target has not been met
RED	Floor Standard* has not been achieved
↑	Performance is improving (positive trend)
↓	Performance is worsening (negative trend)
⇒	Performance has remained stable or shows no clear trend

*Floor Standards are the minimum performance expected and if not achieved must result in management action.

Key to Activity Indicator Graphs

Alongside the Key Performance Indicators, this report includes a number of Activity Indicators which present demand levels for services or other contextual information.

Graphs for activity indicators are shown either with national benchmarks or in many cases with Upper and Lower Thresholds which represent the range activity is expected to fall within. Thresholds are based on past trends and other benchmark information.

If activity falls outside of the Thresholds, this is an indication that demand has risen above or below expectations and this may have consequences for the council in terms of additional or reduced costs.

Activity is closely monitored as part of the overall management information to ensure the council reacts appropriately to changing levels of demand.

Executive Summary

15 of the 38 indicators are rated as Green, on or ahead of target (one fewer than last Quarter). 15 indicators reached or exceeded the floor standard and are rated Amber (four more than last quarter) with 8 indicators not achieving the floor standard and so RAG rated Red (three fewer than last Quarter). Seven indicators were showing an improving trend (three more than last Quarter), with twelve showing a worsening trend (two more than last Quarter).

	G	A	R	↑	⇒	↓
Customer Services	1	1	1		2	1
Governance and Law			2		1	1
Growth, Economic Development & Communities	1	1			2	
Environment and Transport	2	4		2	3	1
Children, Young People and Education	5	5	4	2	8	4
Adult Social Care	1	4	1	1	2	3
Public Health	5			2	1	2
TOTAL	15	15	8	7	19	12

Customer Services – Satisfaction with Contact Point advisors maintained above target performance. The percentage of phone calls answered declined, moving below target. The percentage of complaints responded to within timescale improved but remains below floor standard and so RAG rated Red. **An action plan has been put in place to reduce complaints backlogs within the Special Educational Need (SEN) service; these will take some time to reduce, and the impact on performance in this service specifically will continue throughout this year.**

<u>Customer Services KPIs</u>	RAG rating		DoT
	Latest	Previous	
% of callers to Contact Point who rated the advisor who dealt with their call as good	GREEN	GREEN	⇒
% of phone calls to Contact Point which were answered	AMBER	GREEN	⇒
% of complaints responded to within timescale	RED	RED	↓

Governance and Law - Freedom of Information (FOI) / Environmental Information Regulation (EIR) requests responded to in timescale and Data Protection Act Subject Access requests completed within timescale remain below floor standards.

<u>Governance and Law KPIs</u>	RAG rating		DoT
	Latest	Previous	
% of Freedom of Information Act (Fol) requests completed within 20 working days	RED	RED	⇒
% of Data Protection Act (DPA) Subject Access requests completed within statutory timescales	RED	RED	⇩

Growth, Economic Development & Communities – The number of properties brought back into active use through the No Use Empty programme improved slightly but remains below target this Quarter and is RAG rated Amber. The amount of Developer Contributions secured as a percentage of the amount sought remained close to 100% and was RAG rated Green. The total number of visits to and issues from libraries continues to be higher than for the same period last year.

<u>Growth, Economic Development & Communities KPIs</u>	RAG rating		DoT
	Latest	Previous	
Number of homes brought back to market through No Use Empty (NUE)	AMBER	AMBER	⇒
Developer contributions secured as a percentage of amount sought	GREEN	GREEN	⇒

Environment & Transport – For Quarter 2, all four of the Highways KPIs are RAG rated Amber, with the impacts of high demand earlier in the year still evident across services. Municipal Waste recycled or converted to energy, continues to be above target, and reduction in Greenhouse Gas emissions also remains ahead of target.

<u>Environment & Transport KPIs</u>	RAG rating		DoT
	Latest	Previous	
% of routine pothole repairs completed within 28 days	AMBER	RED	⇒
% of routine highway repairs reported by residents completed within 28 days	AMBER	RED	⇒
% of emergency highway incidents attended within 2 hours of notification	AMBER	RED	⇒
% of satisfied callers for Kent Highways & Transportation, 100 call back survey	AMBER	AMBER	⇩
% of municipal waste recycled or converted to energy and not taken to landfill – rolling 12 months	GREEN	GREEN	⇩
Greenhouse Gas emissions from KCC estate (excluding schools) in tonnes – rolling 12 months	GREEN	GREEN	⇩

Education & Wider Early Help – Schools continue to exceed the inspection target, but Early Years settings remain slightly below, although 97% are still rated good or outstanding. Completion of Education, Health and Care Plan (EHCP) assessments in timescale decreased further below the floor standard and is RAG rated red. The new KPI measuring annual EHCP reviews waiting over 12 months improved, but remains just below floor standard so is still RAG rated red. **The service has confidence that performance will improve due to new working practices; reporting that allows staff to more accurately identify priority cases; reduction in the overall backlog of historic cases already outside of 20 weeks; and further improvements to support this new way of working, allowing behaviours to fully embed.** Pupils with EHCPs who are placed in independent or out of county special schools increased slightly and so continues to miss floor standard. **The project on the phase transfer process this year is continuing with the aim to reduce the number of children transitioning into specialist settings, support more children with EHCPs in mainstream settings, and ensure maintained special school places are targeted at those children with the most complex needs. This strategy will contribute to reducing pupils placed in the independent sector over time.** Permanent pupil exclusions have not improved and remain Amber and on a negative trend. The number of first-time entrants to the youth justice system increased slightly and remains Amber rated.

<u>Education & Wider Early Help KPIs</u>	RAG rating		DoT
	Latest	Previous	
% of all schools with Good or Outstanding Ofsted inspection judgements	GREEN	GREEN	⇒
% of Early Years settings with Good or Outstanding Ofsted inspection judgements (childcare on non-domestic premises)	AMBER	AMBER	↑
% of Education, Health Care Plans (EHCPs) issued within 20 weeks – rolling 12 months	RED	RED	↓
Percentage of annual EHCP reviews waiting over 12 months	RED	RED	⇒
Percentage of pupils (with EHCP's) being placed in independent or out of county special schools	RED	RED	↓
% of pupils permanently excluded from school – rolling 12 months	AMBER	AMBER	↓
Number of first-time entrants to youth justice system – rolling 12 months	AMBER	AMBER	⇒

Children's Social Care & Early Help – Four of the seven indicators met target, the same as the previous Quarter. Percentage of case holding posts filled by permanent qualified social workers decreased slightly, moving below floor standard. **Management actions being taken regarding the recruitment and retention of Social Workers include: a focus on reducing caseloads and administrative burdens to assist with the retention of social workers; participation in the Frontline programme which has funded 12 Social Work Apprenticeships along with Kent's own Step-up to Social Work Apprenticeship programme** The percentage of foster care placements which are in-house or with relatives improved, and moved above floor standard giving an Amber RAG rating. The percentage of Care Leavers in education, employment remains below target.

<u>Children's Social Care & Early Help KPIs</u>	RAG rating		DoT
	Latest	Previous	
Percentage of Early Help cases closed with outcomes achieved that come back to Early Help / Social Work teams within 3 months	GREEN	GREEN	⇒
% of case holding posts filled by permanent qualified social workers	RED	AMBER	⇒
% of children social care referrals that were repeat referrals within 12 months	GREEN	GREEN	↓
% of child protection plans that were repeat plans	GREEN	GREEN	⇒
Average no. of days between becoming a child in care and moving in with an adoptive family – rolling 12 months	GREEN	GREEN	↑
% of foster care placements which are in-house or with relatives and friends (excluding UASC)	AMBER	RED	⇒
% of care leavers in education, employment or training (of those KCC is in touch with)	AMBER	AMBER	⇒

Adult Social Care – One KPI met target and is RAG rated Green. The proportion of new Care Needs Assessments delivered within 28 days decreased and remains below floor standard. **There continues to be a focus on ensuring people do receive their Care Needs Assessments in a timely manner, as part of the Performance Assurance Framework, with regular meetings to discuss the actions taken and need to address the demand in delivering these, within the Community Teams and at Senior Management Team meetings.** The proportion of clients receiving Direct Payments, has changed little over the last 18 months and remains below target. The proportion of older people still at home 91 days after discharge is unchanged and remains below target. Long Term support needs of older people met by admission to residential and nursing care homes, did not meet its new target and so is RAG rated Amber. Percentage of KCC supported people in residential or nursing care where the CQC rating is Good or Outstanding is little changed and remains Amber rated.

<u>Adult Social Care KPIs</u>	RAG rating		DoT
	Latest	Previous	
% of people who have their contact resolved by ASCH but then make contact again within 3 months	GREEN	GREEN	↑
% of new Care Needs Assessments delivered within 28 days	RED	RED	↓
% of people receiving a long-term community service who receive Direct Payments	AMBER	AMBER	⇒
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	AMBER	AMBER	↓
Long Term support needs of older people (65 and over) met by admission to residential and nursing care homes, per 100,000	AMBER	*	⇒
% of KCC supported people in residential or nursing care where the CQC rating is Good or Outstanding	AMBER	AMBER	↓

* A change in the KPI definition means this KPI is not comparable to the Quarter 1 result

Public Health – All five KPIs are meeting or exceeding target, and two of these are on an improving trend. However, the number of mandated checks delivered by the health visiting service, and successful completions of drug and alcohol treatment, are only just above target and remain on a declining trend.

Public Health KPIs	RAG rating		DoT
	Latest	Previous	
Number of eligible people receiving an NHS Health Check – rolling 12 months	GREEN	GREEN	↑
Number of mandated universal checks delivered by the health visiting service – rolling 12 months	GREEN	GREEN	↓
% of first-time patients (at any sexual health clinics or telephone triage) who are offered a full sexual health screen	GREEN	GREEN	↑
Successful completion of drug and alcohol treatment	GREEN	GREEN	↓
% of Live Well clients who would recommend the service to family, friends or someone in a similar situation	GREEN	GREEN	⇒

Customer Services						
Cabinet Member	Dylan Jeffrey					
Corporate Director	Amanda Beer					
KPI Summary	GREEN	AMBER	RED	↑	⇒	↓
	1	1	1		2	1

Customer contact through Contact Point (KCC's call centre) is provided via a strategic partnership, whilst Digital services are provided by KCC. The percentage of callers who rated their advisor as good was 98%, exceeding the target.

The call answer rate reduced to 88% this Quarter, dropping below target. Higher levels of sickness and staff unavailable due to essential training was a particular issue in July. September is one of the busiest months of the year for the contact centre and despite actions taken to ensure all available staff are available to answer calls it remains difficult to fully resource the service.

For the new activity indicators on average speed of answer, this remains quicker than expectations for all calls at 2 minutes 16 seconds. Priority calls at 53 seconds were answered within the expected range. Average call time reduced from the previous Quarter to 5 minutes 42 seconds, meeting target.

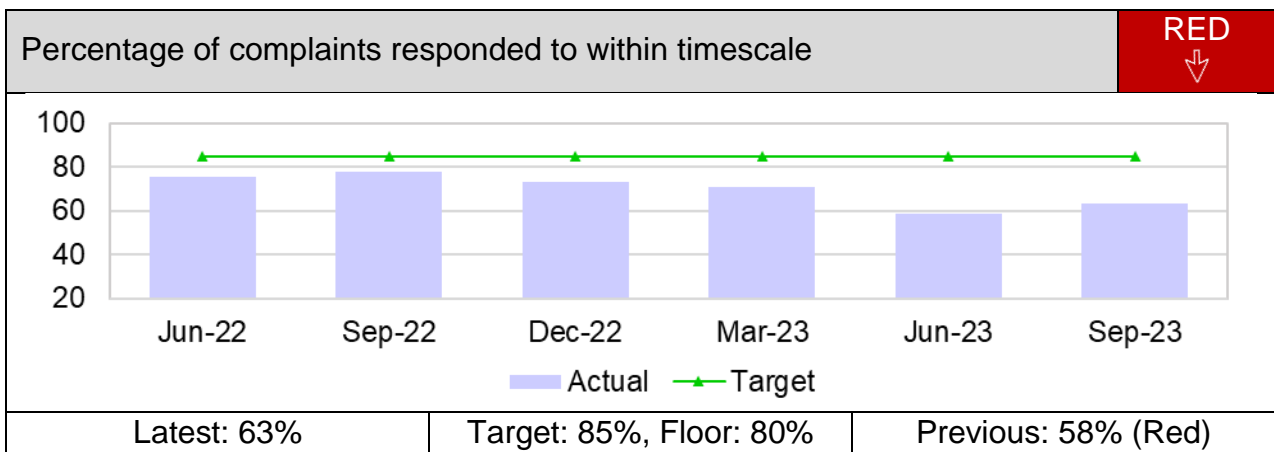
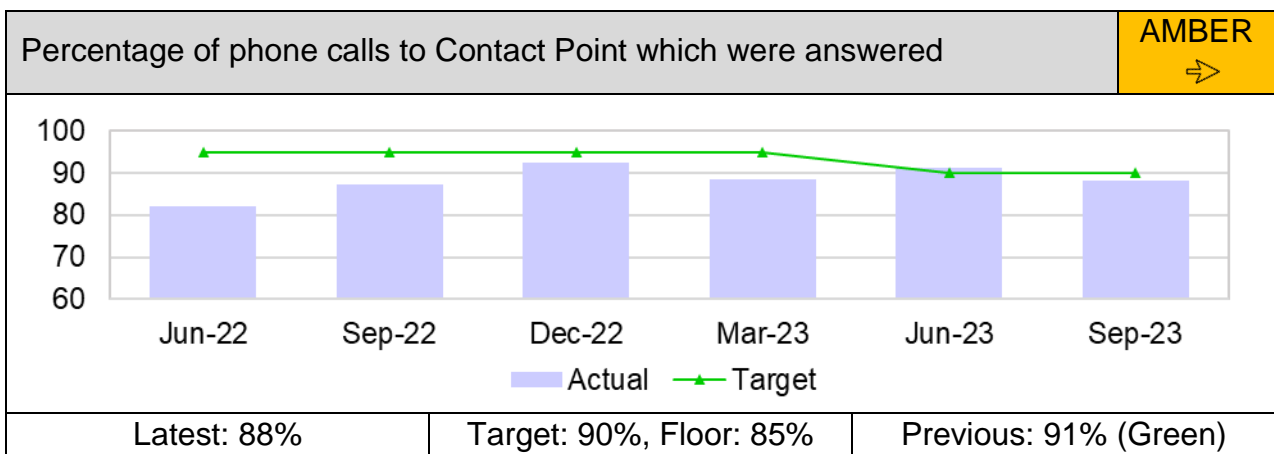
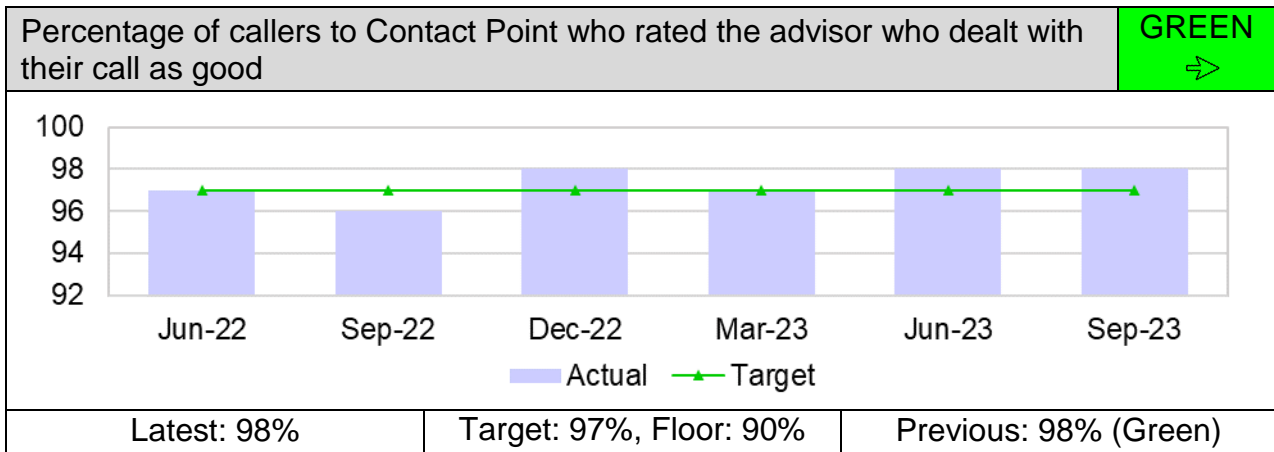
Contact Point received 10% more calls compared to the previous Quarter but 9% fewer calls than Quarter 2 last year. The 12 months to September 2023 saw a 7% decrease in calls compared to the 12 months to September 2023.

The number of visits (sessions) to the kent.gov website was similar to Quarter 1, but nearly 19% lower than the same Quarter the previous year. In December 2022, the Marketing and Residence Experience Team updated its cookie control mechanism following customer feedback and recent case law, to include a clear and obvious "Reject cookies" button on the cookie control mechanism. This makes it even easier for users to tell us that they don't want us to use cookies, which are needed to count website traffic. This is most likely to have caused the decrease from last year, rather than an actual reduction in website usage. Pages relating to Household Waste Recycling Centres continue to be the most visited, though in lower numbers than the previous two Quarters.

Quarter 2 saw a 3% decrease in the number of complaints received compared with the previous Quarter and a 14% decrease on the same Quarter last year. Between July and September, 63% of complaints were responded to within timescales. This is an improvement on last Quarter's performance as the backlog starts to reduce in some areas. The focus on older cases does have an impact on the closure of new cases in timescale however. **An action plan has been put in place to reduce backlogs within the Special Educational Need (SEN) service; these will take some time to reduce, and the impact on performance in this service specifically will continue throughout this year.**

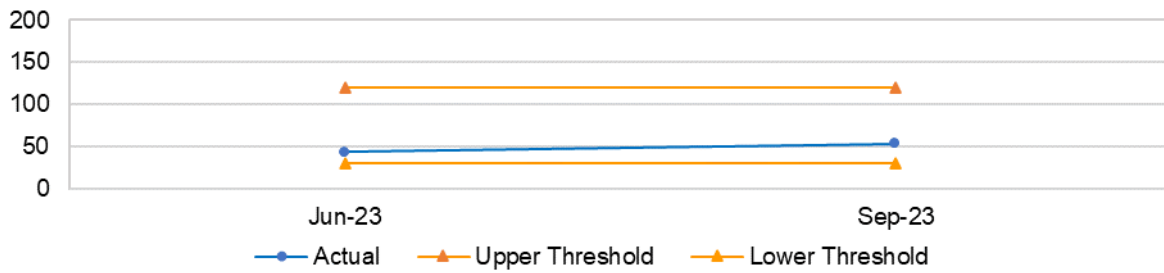
In terms of Directorate performance, the Chief Executive's Department and Deputy Chief Executive's Departments, together achieved 72% of responses within timescale; Growth, Environment and Transport, 65%; Adult Social Care and Health, 56%; and Children, Young People and Education, 51%.

Key Performance Indicators

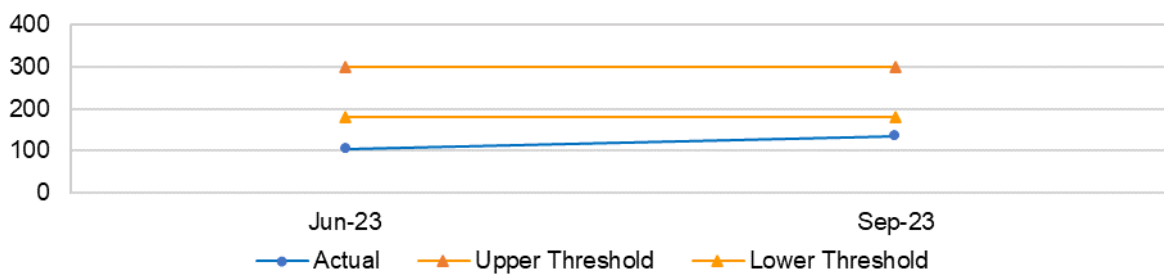


Activity indicators

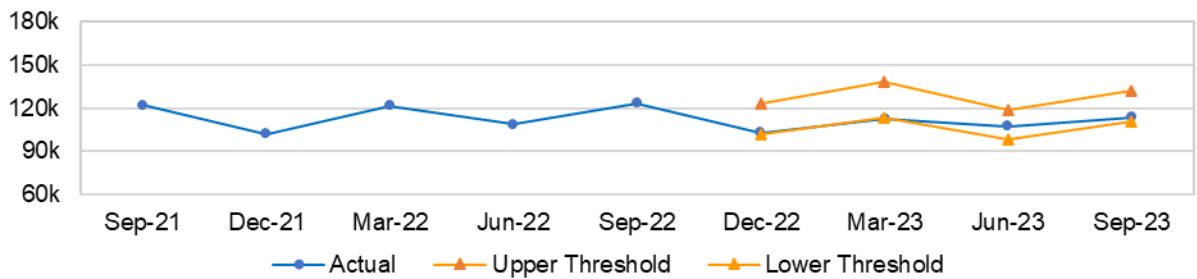
Average speed of answer (ASA) by Contact Point in seconds – priority services



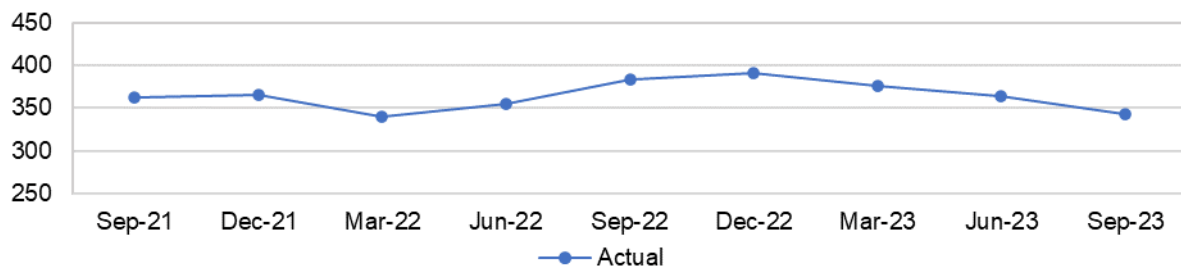
Average speed of answer (ASA) by Contact Point in seconds – all services

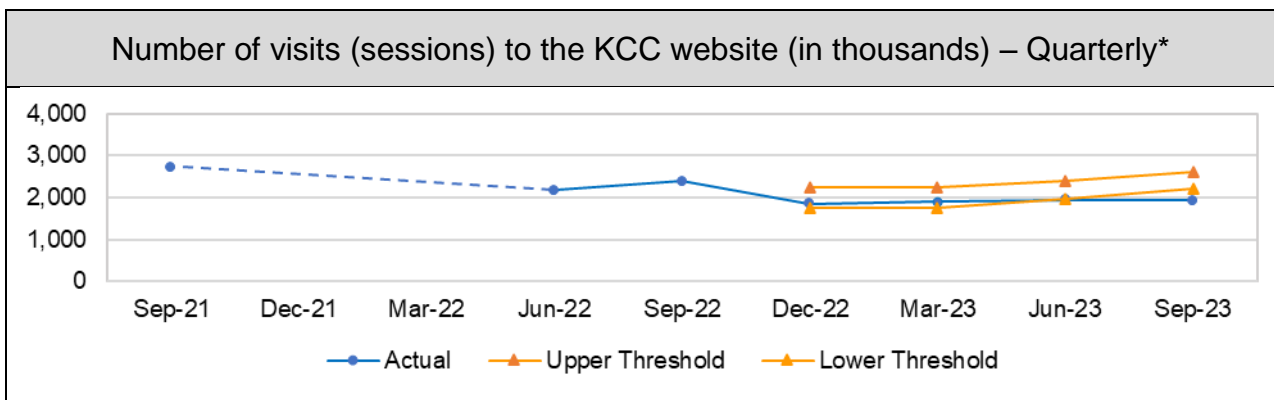
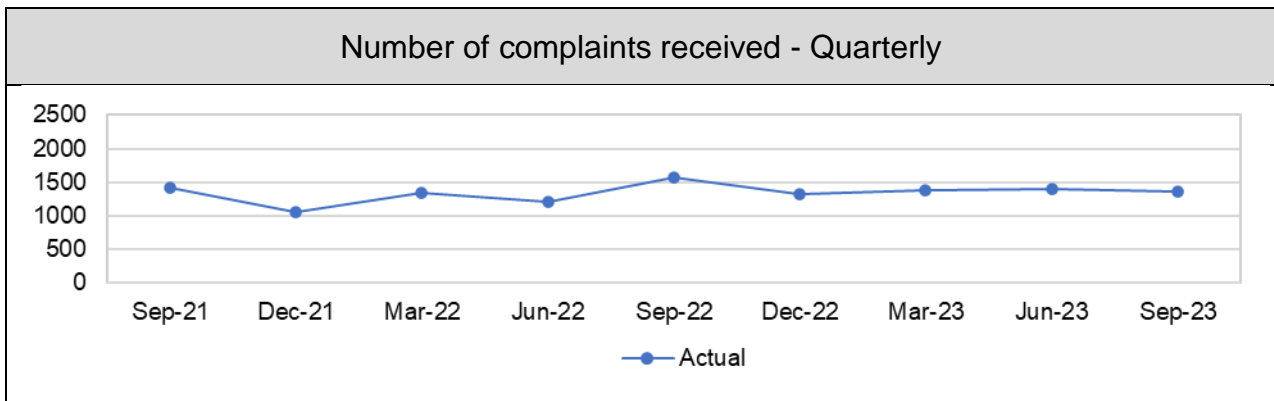


Number of phone calls responded to by Contact Point – Quarterly



Average Contact Point call handling time in seconds – Quarterly





* Due to a review of KCC’s use of cookies on kent.gov.uk no visitor data was available from October 2021 until February 2022. Reporting of this data recommenced from the June 2022 Quarter.

Customer Services – Call Activity

Number of phone calls to Contact Point (thousands)

Contact Point received 10% more calls compared to the previous Quarter but 9% fewer calls than Quarter 2 last year. The 12 months to September 2023 saw a 7% decrease in calls compared to the 12 months to September 2022.

Service area	Oct – Dec 22	Jan – Mar 23	Apr- Jun 23	Jul - Sep 23	12m to Sep 23	12m to Sep 22
Adult Social Care	24	27	25	26	102	108
Integrated Children's Services	16	18	19	20	72	75
Highways	15	17	14	15	60	52
Blue Badges	10	10	9	12	41	52
Transport Services	8	13	10	11	43	45
Schools and Early Years	5	6	7	9	26	20
Waste and Recycling	6	6	9	9	30	38
Adult Education	4	5	4	6	19	20
Libraries and Archives	6	7	5	6	24	28
Registrations	7	8	7	5	28	27
Main line	3	4	3	3	14	13
Other Services	1	1	2	3	8	10
Driver improvement	3	3	2	3	11	15
KSAS*	3	3	2	2	10	22
Total Calls (thousands)	112	128	118	130	488	526

Figures may not add up to totals due to rounding.

* Kent Support and Assistance Service

Customer Services – Complaints Monitoring

Quarter 2 saw the number of complaints received increase from the previous Quarter by 3% and by 14% on the same Quarter last year. Over the 12 months to September 2023 there has been an 8% increase in complaints received compared to the 12 months to September 2022.

In Quarter 2, frequently raised issues included SEN provision, potholes and changes to commercial bus services. The increase in integrated children's services is not due to a particular incident or reason, but have been generally case specific.

Service	12 mths to Sep 22	12 mths to Sep 23	Quarter to Jun 23	Quarter to Sep 23
Highways, Transportation and Waste Management	2,637	2,905	661	677
Adult Social Services	889	954	246	257
Integrated Children's Services	458	531	92	144
SEN	431	595	187	149
Education & Young People's Services	209	29	7	6
Libraries, Registrations and Archives	226	222	49	41
Chief Executive's Department and Deputy Chief Executive's Department	155	216	102	41
Environment, Planning and Enforcement & Economic Development	172	144	39	26
Adult Education	71	53	10	13
Total Complaints	5,248	5,649	1,393	1,354

Customer Services – Digital Take-up

The table below shows the digital/online or automated transaction completions for key service areas where there are ways to complete other than online.

The online booking system for birth registrations was unavailable for part of April 2023 due to the migration to a new system and caused a reduction in those completed online for that Quarter.

Transaction type	Online Oct 22 - Dec 22	Online Jan 23 - Mar 23	Online Apr 23 - Jun 23	Online Jul 23 - Sep 23	Total Transactions Last 12 Months
Renew a library book*	83%	83%	83%	83%	1,072,943
Report a Highways Fault	65%	73%	70%	63%	129,065
Book a Driver Improvement Course	84%	89%	89%	88%	39,413
Book a Birth Registration appointment	90%	89%	49%	70%	21,403
Apply for or renew a Blue Badge	85%	79%	81%	82%	21,282
Apply for a Concessionary Bus Pass	76%	77%	75%	78%	16,557
Report a Public Right of Way Fault	94%	89%	87%	87%	5,905
Apply for a HWRC recycling voucher	100%	99%	100%	99%	5,798

* Library issue renewals transaction data is based on individual loan items and not count of borrowers.

Governance, Law & Democracy

Cabinet Member	Dylan Jeffrey
Corporate Director	Amanda Beer

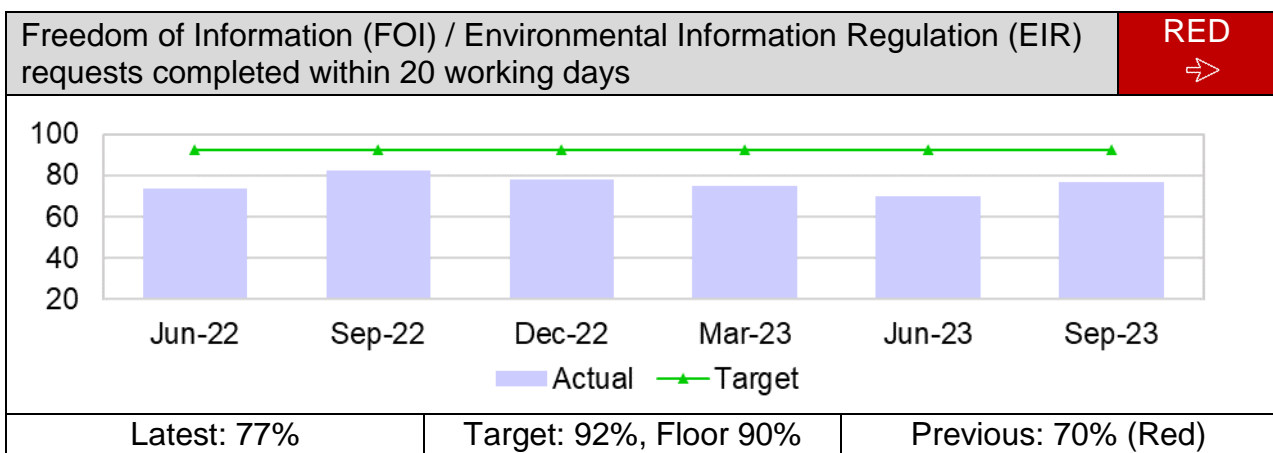
KPI Summary	GREEN	AMBER	RED			
			2		1	1

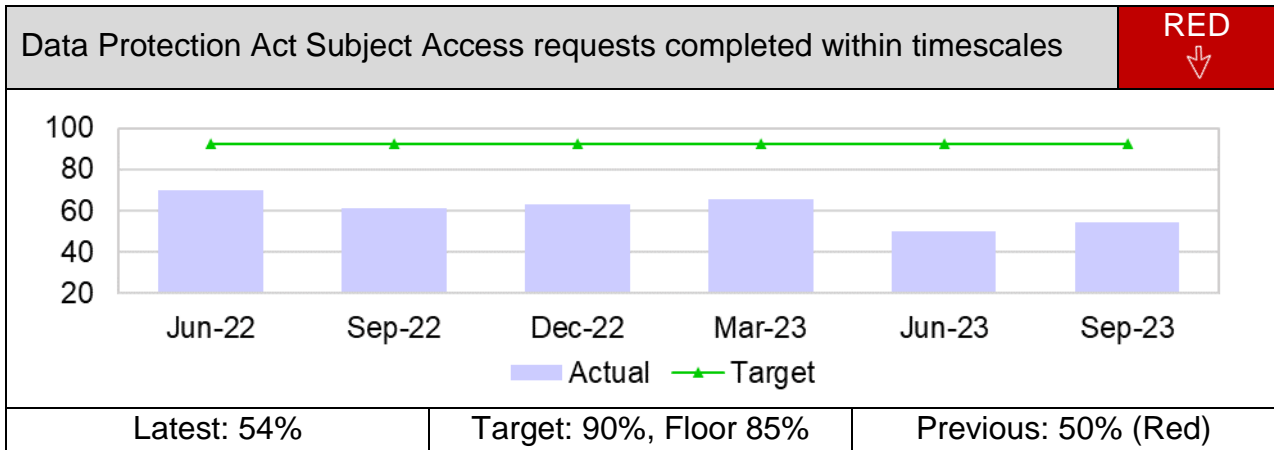
Both Freedom of Information (FOI) / Environmental Information Regulation (EIR) requests, and Data Protection Act Subject Access requests completed within timescales remain below floor standard.

The percentage of FOI / EIR requests completed has not met target for several years. With regards to performance between April and September, no Directorate achieved target, with the best performing being Children, Young People and Education with 78% completed in timescale, The highest number of requests continue to be received by Growth, Environment and Transportation (385 requests). Reasons for delays in dealing with requests include prioritisation of other work, and time taken to produce a thorough response to complex requests.

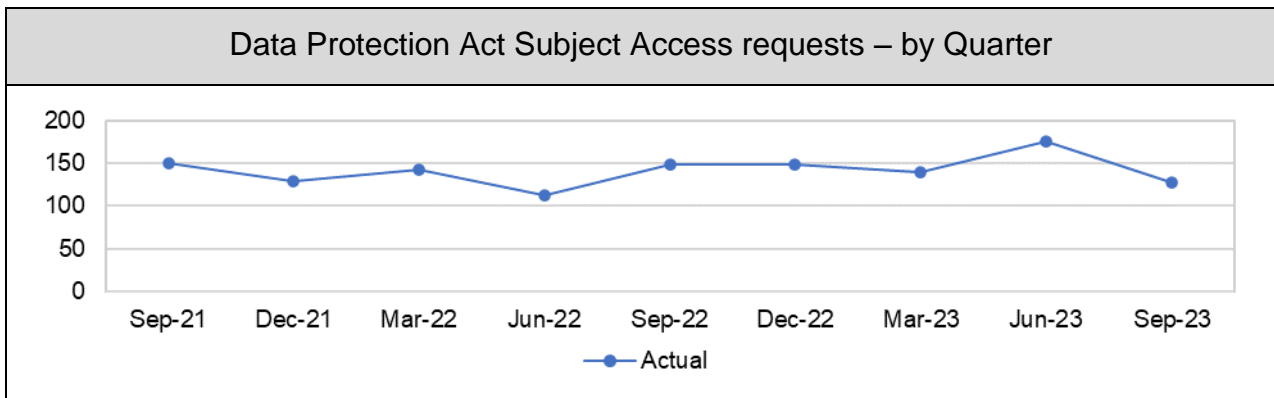
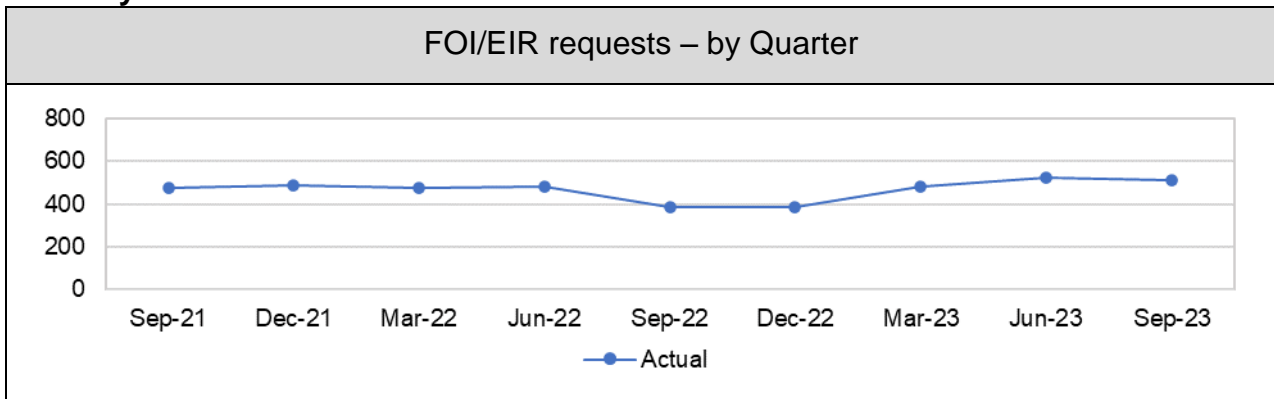
For Subject Access Requests (SARs) since April, over 80% of these came under the Children, Young People and Education Directorate. Reasons for delays in responding to requests include complexity of some requests, prioritising of other work, and the need for the acquisition and use of redacting tools for electronic records which can add significant time when responding.

Key Performance Indicators








Activity indicators



Growth, Economic Development & Communities

Cabinet Members	Derek Murphy, Clair Bell
Corporate Director	Simon Jones

KPI Summary	GREEN	AMBER	RED			
	1	1			2	

Support for Business

KCC continued to use funds from the Government's Regional Growth Fund (RGF) to create and sustain employment opportunities in Kent during Quarter 1 2023/24 which is the latest reporting period available.

Since 2017 the latest figures (to the end of Quarter 1, 2023/24), show the Kent and Medway Business Fund (KMBF) has provided finance of £18.5m to 131 Kent and Medway businesses, creating 526 new jobs and safeguarding a further 158 jobs in the Kent and Medway area.

The current economic climate has continued to have an adverse impact on those Kent's businesses which had previously received loans, with a continuation of requests being made to KCC to revise loan repayment terms. From the feedback provided by the companies, we believe that this is due to increases in costs, particularly energy bills and in raw material costs, particularly for those companies undertaking development projects.

This is seen in the fluctuations in net FTE job outputs created by the KMBF funded companies, with 2022/23 seeing small contractions in jobs created in two of the four Quarters, though still continuing to sustain job growth of 68.0 FTE over the year as a whole. Quarter 1, 2023/24 had an overall increase in job outputs of 57.0 FTE matching Quarter 4 2022/23, despite fewer new loans entering the cycle this Quarter.

KMBF loan schemes, including the Small Business Boost, continue to operate with the same level of interest as reported previously.

At the time of reporting, work had started to enable the Kent & Medway Business Fund to open to new pre-applications on 21st November 2023, with work on the guidance notes recently having been completed and development work regarding the application forms and systems underway.

There will be a physical launch event for the new KMBF schemes at the Orida Hotel, Maidstone on Tuesday 21st November 2023, with partner agencies and organisations with an economic interest in Kent & Medway being invited to attend.

The South-East Local Enterprise Partnership (SELEP) has, in addition, provided funding for the Innovation Investment Loan scheme which the KMBF team manages for applications from companies in Kent and Medway. Since 2017, over £6 million of loans have been made to 26 businesses creating 200 Full-time Equivalent (FTE) jobs and safeguarding 67 FTE jobs.

Economy

During Quarter 2, the Economy Team worked on early plans for the transfer of future accountable body responsibilities for 'Growing Places Fund' (GPF capital loans) in the context of the closure of the South East LEP in March 2024 and the transfer of responsibilities to Local Authorities. The change will see KCC being responsible for managing a future GPF programme for Kent from 2024/25.

The Economy team also launched a call for proposals, collated expressions of interest and business cases for a final round of Getting Building Fund applications coordinated by SELEP. From an initial 19 enquiries, the Kent & Medway Economic Partnership prioritised six projects which will be put forward for an independent technical evaluation and then onto SELEP for consideration in December. The projects will compete against bids from East Sussex and Essex. Four of the six Kent projects relate to the creation of new business space in town centres (Tunbridge Wells, Gravesend, Chatham and Maidstone) and the other two projects will contribute to planned highways improvements to the Bearsted Road (M20 Jct 7) and installing 5G infrastructure at the Port of Dover.

Developer Investment Team

For Quarter 2, a total of 60 planning applications were received and despite predictions of a slight downturn, the figure is the same as the number of applications received for the same quarter in 2022. Fourteen s106 legal agreements have been completed securing a total of £47.9m, a 99.6% success ratio against the amounts originally requested. Contributions are again particularly high due to the completion of an agreement for the 4,000-home site at Mountfield Park, Canterbury. The agreement includes a value of £34m towards Primary and Secondary education. The Mountfield Park application has been subject to a number of Judicial Reviews and this agreement relates to the latest attempt to secure approval of the application.

No Use Empty - Converting derelict buildings for new housing and commercial space

In Quarter 2, a total of 193 long term empty properties were made fit for occupation through the No Use Empty (NUE) Programme bringing the total to 8,008 since the programme began in 2005.

The total NUE investment in converting derelict properties has increased to £102.6m (£59.3m from KCC recycled loans and £43.3m from private sector leverage).

NUE were awarded £2.5m under the SELEP Growing Places Fund (GPF) to convert additional derelict properties. As at the end of Quarter 2, loans to the value of £2.1m had been approved, funding 77 new homes. GPF awarded a separate £2m for NUE Commercial Phase II. The target is to return 18 empty commercial units back into use and create 36 new homes. A total of 17 projects have been approved at the end of Quarter 2 and these will return 20 empty commercial units back into use and create 52 homes. There is £31k left to allocate (NUE C Phase II).

KCC Treasury have made available £24m for NUE to bring forward empty/derelict sites with planning permission for new builds. Following the recycling of £11.6m loan repayments, at the end of Quarter 2, the number of new homes funded is 224 across 8 Kent districts. There remains a strong pipeline of projects across all NUE schemes. However, funding for the current year is expected to be exhausted prior to Quarter 4.

Libraries, Registration and Archives (LRA)

The Summer months see high demand across LRA services. This includes the Summer Reading Challenge across all libraries encouraging children to maintain or improve their reading levels through the holiday, the Archive Search Room busy with visitors making the most of the academic summer break, and Ceremonies Teams delivering large numbers of ceremonies in what is its peak period.

This summer has been no exception, and libraries welcomed just under 831,000 visitors in Quarter 2, an increase of 11% with the same period last year, with physical issues increasing by 2% on the same period in 2022 and children's issues in particular increasing by 3%. Over 20,000 children took part in Ready Set Read, this year's games-themed Summer Reading Challenge by either joining online or in a library, representing an increase of 9.5% on last year. Over 9,500 children completed the Challenge, reading six books and collecting incentives along the way to win their certificate and medal. In addition, children enjoyed over 160 events and activities across the 99 libraries during the summer, including 12 Zoolab sessions, where Animal Rangers introduced children to exotic animals and insects.

Parallel to the increased physical use of libraries, digital usage also continues to grow, and e-issues have risen by 18% from Quarter 2, 2022/23, now forming 39% of total issues, with e-audiobooks increasing by 33%, e-magazines by 31%, e-newspapers by 16% and e-books by 9%.

Herne Bay Library was closed for refurbishment throughout the summer months, and the new-look library reopened on 4 October 2023 to much positive feedback from customers, particularly with regards to the children's library. Plans have been developing for the further temporary re-location of services from Folkestone Library to the nearby Youth Hub, which opened in November, offering public computers, access to the local history collection and a free library reservation pick-up point.

At their busiest time of the year, the Ceremonies Teams across the county delivered 2,898 ceremonies, with figures for August and September surpassing those of last year. This includes 64 citizenship ceremonies where 831 new citizens were welcomed to the United Kingdom.

Birth registrations remain steady with 4,220 appointments delivered during Quarter 2. Where death registrations during Quarter 2 last year were significantly higher than pandemic levels, they have now fallen by 8% on the same period in 2022/23 with 3,712 appointments delivered.

Over 800 researchers visited the Archive Search Room during the summer, making Quarter 2 the busiest since the pandemic, and representing growth of 17% on the same period last year. Parallel to this significant boost in physical usage, remote enquiries have also increased by 4% against the same period last year with the team responding to an average of 530 remote enquiries per month. The lunchtime talks continue to attract on average 33 people per talk, and Kent's Archive collections have further been promoted at the Heritage Open Day, with behind-the-scenes tours and a children's activity to make a Charter.

In September, the Assessor for the annual Customer Service Excellence Award visited 10 libraries, a mobile library, Kent Archives, Sevenoaks Museum, and Oakwood House. He spoke with front of house staff, managers, the Service Development and Information Services Teams, prison library staff and former Cabinet Member Mike Hill, as well as speaking with partners within and external to Kent County Council. LRA was again successful in achieving the award, being fully compliant in all criteria and retaining 27 Compliance Plus points which are a recognition of best practice in customer service which is a fabulous result and an external validation of the service LRA delivers to customers every day.

Active Kent and Medway

Quarter 2 saw Active Kent and Medway run a successful #SummerMoves campaign. Aimed at connecting residents to free and low-cost local opportunities. This tied in with the Government's launch of its new strategy for sport and physical activity – Get Active on the 30th August. The overarching aim of [Get Active](#) is to get 3.5 million adults and children physically active by 2030, and like our own local strategy for sport and physical activity – Move Together, the focus will be on supporting the least active and those facing the greatest inequalities.

To get more people, more active, more often, the team are also working hard to engage with teams across KCC and the District Councils. On 26th September, in partnership with Public Health and Planning colleagues, the team ran a Healthy Placemaking symposium with representation from every district as we explored the role that “place” can play in enabling and motivating us all to be more active.

Active Kent and Medway is also delighted to have been awarded £382,000 of funding for a three-year project to promote safe sport. The funding will enable the team to employ two Sports Welfare Officers to work with sports organisations and clubs across the county to promote good practice and safe sport for children, young people and adults at a local level. It is part of a wider national programme set up as a result of recommendations from the Whyte Review into allegations of abuse in gymnastics.

Community Safety

Focus areas during this period for the Kent Community Warden Service (KCWS) include the cost of living, with wardens assisting with food and pet food banks, and supporting residents to access grants and funds. Wardens are also assisting residents and communities in relation to a rise in homelessness, reports of environmental and financial crime (fraud and loan sharks), anti-social behaviour and scams, working closely with Kent Police whilst the new Neighbourhood policing model is implemented. Wardens continue to deliver the social prescribing model, ‘Positive Wellbeing’ across the service as part of their wider offer of support to residents and communities. The service has been involved in a number of Violence Against Women & Girls (VAWG) action days and are preparing for winter needs, such as warm hubs.

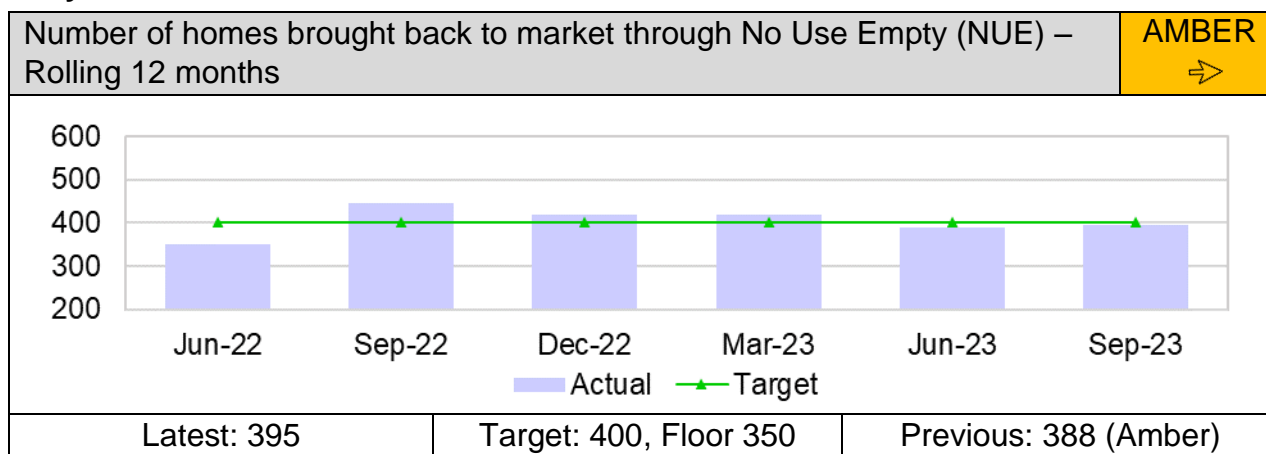
To help meet the financial challenges Kent County Council (KCC) is facing, the Community Warden Service has been asked to reduce its annual budget by £1 million. A consultation on proposed changes to the Community Warden Service to enable these savings to be achieved was run from 12 July to 3 October. Over 1,000 responses were received, with hard copy responses also recorded. Work will continue through to the end of 2023 to analyse and incorporate the feedback to the consultation into the final recommendations for the service.

The Kent Community Safety Team also delivered virtual Community Safety Information Sessions (CSIS) via MS Teams for community safety partners across the county. In previous years these were half-day events held approx. every 4-6months, however, in 2023/24 the team are trialling more frequent lunch-time sessions (max. 1hr) with a focus on one or two main topics each time. Two CSIS were held in July and September in its new format with a specific focus on Scams and Doorstep Crime including the Checked Traders Scheme, Dangerous Dogs, the Kent and Medway Domestic Abuse Strategy Consultation, and the Homeless Services Team from Maidstone Borough Council.

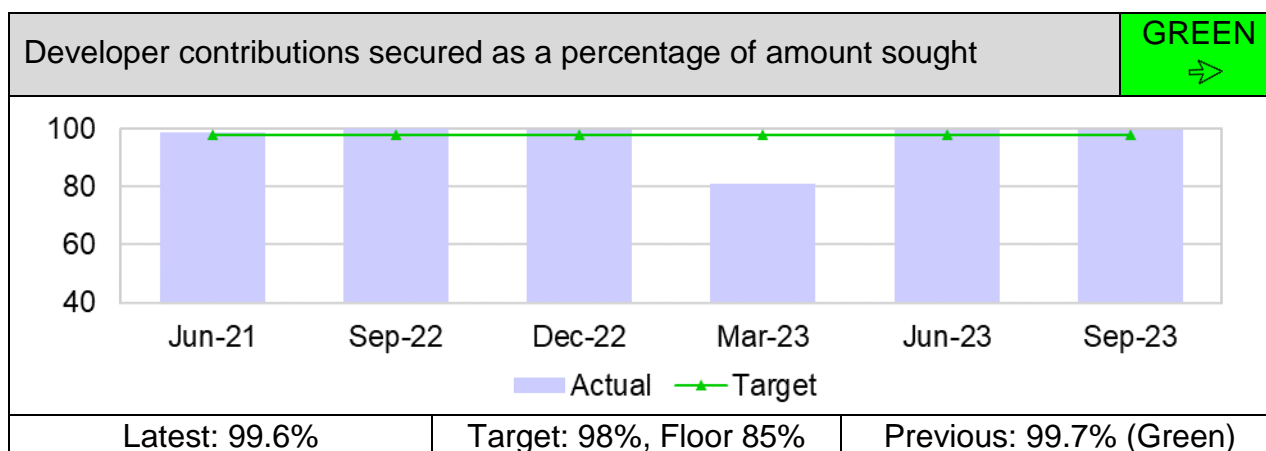
Gypsy Roma Traveller Team

Following successful contract award and a summer of onsite surveys and resident engagement activity, works have begun on the Gypsy Roma Traveller (GRT) Sites Improvement Project to create 63 more pitches, starting on the first 3 sites – Barnfield Park (Sevenoaks), Aylesham Caravan Park (Dover) and Windmill Lane (West Malling). The works have been programmed so 3 pitches are being completed at a time, on each of the 3 sites. The refurbishment works will provide residents with a high-quality utility block to support their cultural needs and will have a significant positive impact on the wellbeing of and relationships with residents. In addition, the works will also mean that a further 4 pitches will be available in the next 3 months, to provide much needed accommodation for members of GRT communities.

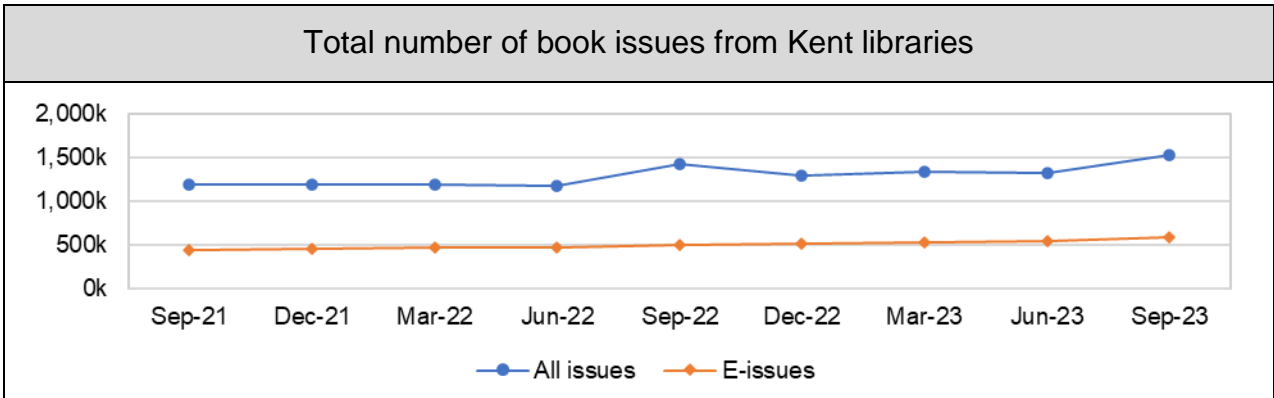
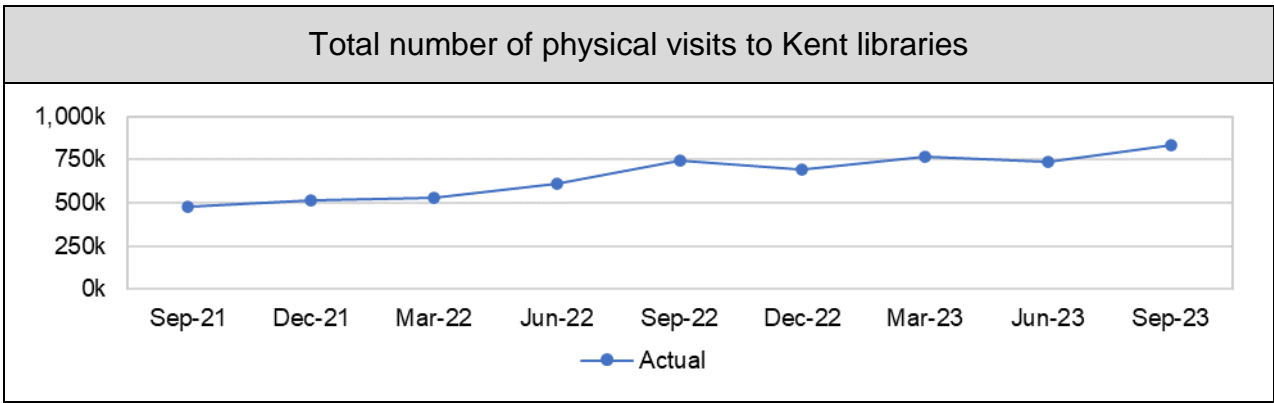
Key Performance Indicators



Actuals are totals for 12 months to end of Quarter shown.



Activity indicators



Environment and Transport

Cabinet Members	Neil Baker, Roger Gough
Corporate Director	Simon Jones

KPI Summary	GREEN	AMBER	RED	↑	→	↓
	2	4		2	3	1

Highways

For Quarter 2, all four of the Highways KPIs are RAG rated Amber. Highways teams and front-line staff continue to work at high capacity due to higher-than-expected numbers of enquiries earlier in the year.

Potholes repairs

The number of potholes requiring repairs remains higher than expected, with 2,714 repairs reported this Quarter, of which 2,236 faults were completed on time. Compared to the same period last year, there were 1,088 potholes reported for repair which is less than half the number reported this Quarter. Performance has improved above the floor standard at 82%, up from 77% in the first Quarter.

Amey our contractor, continue to bring in additional resources to attend to the demand. KCC and Amey have been working closely together to carry out a series of process reviews and workshops to ensure they are operating in the most effective and efficient way. We continue to critically monitor performance through the Contract Board and the Strategic Partnership Board to ensure improvement prior to the usual increased winter demand.

Emergency incidents

Attendance at Emergency Incidents within two hours of notification has narrowly missed the 98% target, with performance being at 97% (Amber RAG rating). The service attended 409 callouts with 14 failing the target attendance time but with all incidents made safe. **Our contractor, Amey, continues to review processes to drive improvements.**

Routine Faults

The total number of faults reported for repairs this Quarter is 15,021 (a third more than last year), of which 13,231 were completed on time (88%), missing target by two percentage points. This is a marked improvement on performance for the previous Quarter which was 78%.

Call back survey

The monthly call back survey, where we call 100 highways customers whose enquiries have been closed in the last month, fell further this Quarter to 85% and is on a downward trend. Feedback from customers suggests it is the time taken for repairs to be completed and quality of repairs that is causing dissatisfaction for some respondents. Managers are informed of this feedback so they can investigate the issues arising.

Contacts and enquiries

The total number of customer contacts regarding highway issues in Quarter 2 was 45,275 (compared to 46,056 for the same period last year), with just under 21,000 of these identified as faults requiring action by front line teams (compared to just under 17,500 for the same period last year) but is in line with expectations.

Use of the online reporting tool remains high with 63% of all enquiries in Quarter 2 coming directly from the public via the tool (compared to 57% for the same period last year). Work is continuing on a new reporting tool (My Kent Highways) with an initial roll out for Pothole reporting aimed at Quarter 3, with all other Highways services coming onboard over the next year.

At the end of Quarter 2, there were 7,681 open enquiries (work in progress), which compares to 4,951 at the same time last year, reflecting the increased workload in some parts of the business. This workload has been reducing since the start of this year after it reached an unprecedented high but remains above expected levels.

The Street works team remains busy with a high volume of immediate/urgent works which has an impact on the ability to coordinate the road network. The volume of emergency closures has caused particular pressures, but the team are now recruiting dedicated inspectors to deal with the on-site issues around emergency closures.

Road Safety

The casualty figures for Quarter 2, show an overall decrease of 65 casualties compared to the same Quarter the previous year, and a decrease of 216 compared with the same Quarter in 2019/20 (pre-pandemic). However, for people Killed or Seriously Injured (KSI), these are up by 12 compared to the previous year but are down by 32 compared to the same Quarter pre-pandemic.

Quarter 2											
2023/24				2022/23				2019/20			
Fatal	Serious	Slight	Total	Fatal	Serious	Slight	Total	Fatal	Serious	Slight	Total
22	224	1220	1466	11	223	1291	1531	13	265	1404	1682

The formation of working groups that underpin the aims of the Vision Zero Road Safety Strategy and the wider commitment of partners of the Kent & Medway Safer Roads Partnership has continued. All working groups, but one, have held at least one meeting, gap analysis and priority setting, and group/theme strategy development is underway.

In support of the Safe Behaviour theme, the Kent Driver Education (KDE) Team has continued to meet client demand for courses both in venues across Kent as well as with online course delivery; this is despite a substantial national increase in demand for courses. Client take-up of courses (instead of opting for fixed penalty or court) has increased nationally with approximately 86% of offenders now choosing to take a course; this trend is reflected in Kent.

As demand continues to grow, mainly for the National Speed Awareness Course (NSAC), our forecast for 2023/24 has increased to around 35,000 compared to 28,000 last year. This has resulted in us having no spare capacity for booking additional courses and a need to appoint more trainers to meet the demand and to meet the terms of our agreement with Kent Police. The cost of appointing new trainers is met by the extra course fees, so this activity will, therefore, be cost neutral.

Also, in support of the Safe Behaviour Theme, our Safer Road User Team have engaged with and delivered education interventions relating to Road Safety Club, to 3,750 Primary School Pupils across 38 different schools. Several secondary schools have received interventions, including a new Year 7 programme, and older road users have engaged with three Mature driver conferences.

Crash Remedial Measures & Local Transport Plan (LTP)

The 2023/24 Crash Remedial Measures (CRM) Cluster Site programme is now almost fully handed over to our contractor, with schemes being programmed for delivery before the end of the financial year. Not all schemes could be completed to programme this year due to competing demands for road space but regular communication with stakeholders is taking place. The schemes have been designed and delivered at specific locations around the County where engineering solutions have been assessed to be able to reduce risk of collisions occurring.

In addition to the Cluster Site programme, the Highway Improvements Team (HIT) are also carrying out analysis of routes and junctions that have been identified as 'high risk' by a series of factors that identify them as having a higher than 'normal' level of collisions compared with similar sites. Schemes will begin to go through the design and associated engagement process in the coming months for delivery next financial year. This cluster, junction and route review work forms a suite of CRM carried out by the authority in line with our Vision Zero approach.

The HIT is also working with elected officials, members and parishes to assist them in delivering items that have been prioritised within their local Highway Improvement Plans.

The team continue to support Speedwatch activity, school travel plans and business grants. The team have continued and regular dialogue to look at targeting their enforcement efforts based on representations received and also based on speed data we regularly collect.

The Active Travel team are continuing to work with the Member walking & cycling group and assist districts and boroughs with their walking and cycling plans and develop a Kent-wide Cycling and Walking Implementation Plan (KCWIP). The emerging KCWIP went out to public consultation on the 1st of November. The team are developing and delivering schemes funded under Tranches 2, 3 and 4 of the Active Travel Capital Grant Fund. Most notable in the Active Travel infrastructure team is the successful delivery of the Longport to Burgate cycle scheme in Canterbury.

Traffic Management

Work continues with preparations for undertaking enforcement of moving traffic offences. The procurement process has taken longer than expected and we hope to have a contract in place by the end of Quarter 3, with enforcement commencing by the start of 2024. The first of a newly proposed location for enforcement will be consulted on shortly and a consultation hub for future enforcement sites is currently being setup on the Let's Talk Kent consultation page.

The Network Innovation team are working on developing Kent's strategy for the delivery of on-street charging infrastructure and have submitted an Expression of Interest for the Local Electric Vehicle Infrastructure (LEVI) funding, from the Department for Transport, of up to £12m Capital funding and £700k revenue funding, aimed at providing Electric Vehicle chargers for those residents without access to off-street parking and driveways.

The team recently won the "Connected Parking" award for the Parkmap project at the 2023 British Parking Awards, against some very strong competitors including organisations such as Transport for London, RingGo and the Royal Mail. The team have been working with Buchanan Computing to digitise all our Traffic Regulation Orders (TROs), with Kent now a national leader in this area of digitisation. The project is on target to digitise all permanent and experimental TROs by April 2024.

Local Growth Fund (LGF) Transport Capital Projects

Through SELEP, KCC is managing £128m of Government funding from rounds 1 to 3 of the LGF. There are currently two schemes causing concern, Sturry Link Road and the Maidstone Integrated Transport Package.

For Sturry Link Road project, the Compulsory Purchase Order is being progressed, with a view to enacting this in November 2023 to ensure the scheme remains on programme. Approval to award the design and build contract has been given, and notification letters were issued in April 2023. A further update will be presented to SELEP Accountability Board in January 2023.

For the Maidstone Integrated Transport Package, the scheme has been downgraded to medium/high risk by SELEP. There is a risk that inflationary pressures will affect the remainder of the programme, which has been delayed to avoid conflict with the Bearsted Road (non-LGF) improvement scheme works. The scheme no longer needs to be reported separately to each Accountability Board meeting, however, progress on the programme delivery will continue to be closely monitored by SELEP.

Transport Strategy

The National Highways' Development Consent Order (DCO) application for the new Lower Thames Crossing has continued to progress through the Examination stage which commenced in the previous Quarter on 20th June. Open Floor, Compulsory Purchase, and Issue Specific Hearings on the project's design, traffic and transportation, tunnelling, mitigation, compensation and land requirements, and on the draft DCO took place in early September. Work funded by National Highways on the desktop study to develop local road mitigations for the wider network impacts continued, and this has helped inform KCC's Local Impact Report and Written Representation, which were submitted on 18th July. The Examination will last for six months until late December.

Work with National Highways on the business case development for Road Investment Strategy (RIS) pipeline (post 2030) schemes for Brenley Corner and A2 Lydden to Dover were paused pending review by the Department for Transport (DfT) as to whether these schemes move into the next stage of project development. However, the recent Government announcement as part of the Network North commits to improvements at A2 Brenley Corner.

Work to develop a new Local Transport Plan 5 (LTP5) for Kent has continued with the completion in September of a 12-week public consultation on a draft emerging plan. Information gained from the consultation will help inform the new full plan which will need to be compliant with new guidance from government on local transport plans which has been further delayed.

Thanet Parkway railway station and car park opened to passengers on 31st July and the official opening ceremony by the Rail Minister, Leader of KCC, Leader of Thanet District Council and Local MP took place on 8th September. Passengers average 200 per day and the station had welcomed over 10,000 total passenger trips by the end of September. Station patronage is on course to achieve the forecasts made in the business case. The car park is operated by KCC and initially offers free parking until an operator takes over management of the car park on KCC's behalf next Quarter, when parking charges will commence.

Gatwick Airport's Development Consent Order (DCO) application for routine use of its Northern Runway, in combination with its main runway to increase the airport's capacity, was accepted by the National Planning Inspectorate in August. This was despite concerns about the adequacy of consultation being raised by KCC and the other Gatwick Local Authorities. The six-month Examination is expected to start early next year and KCC as a neighbouring local authority will register as an Interested Party during the current pre-Examination stage.

Public Transport

Return to Schools (SEN, Mainstream and KTS)

The Summer represents the busiest period for the team as we prepare for the start of the new school year. Thousands of new children entitled to free transport to school need to have arrangements put in place, hundreds of contracts expire and are reviewed to ensure efficiency and best value, and 25,000 parents apply for a KCC Travel Saver. This is a complex and high-volume activity but our teams have worked across these areas with a focus on ensuring that things run smoothly for users and parents, and whilst there are always some issues to resolve across all areas, this year's transition to the new school year has gone very well thanks to the work of our teams.

Client Transport (SEN Transport)

Client Transport processed 100% of requests received from the CYPE directorate for SEND Home to School Transport by the internal deadline of 1st August in readiness for the start of the new academic year in September 2023. In many cases not only have the team completed all on-time requests, but further arrangements were also made for those received after the deadline with services again commencing for the start of the new term.

The team continues to experience significant challenges due to extensive growth in passenger numbers and where they are placed. The number of SEND children requiring home to school transport has increased from 3,912 in 2016/17 to 7,232 in 2023/24.

KCC Travel Saver

Following a couple of really difficult summer periods, caused by problems with the old application system, the decision was made to migrate our application process to a new platform. The new platform launched in July and offers benefits in respect of performance, timescales, and the ability for customers to self-serve, updating their own details, changing schools and photographs. Since July, 25,000 applications have been made with positive feedback and a 65% reduction in contact centre call volumes compared to the same period last year.

Bus Service Improvement Plan (BSIP)

Following the award and acceptance of £18.9m of Bus Service Improvement Plan (BSIP) funding in March 2023, the Public Transport Department has been continuing to roll out the committed BSIP Programme for 2023/24. A number of positive initiatives have already been delivered through the programme to date including:

- A price freeze for the popular Kent Travel Saver (KTS) scheme which has seen the cost of the pass held at £450 this academic year
- A number of fares' initiatives over the summer period including the Kent Free Bus Weekend over 24/25 June, a Bus About Kent offer which saw free bus travel across the summer holidays for families in receipt of free school meals and an extension to the popular ENCTS bus pass scheme which saw earlier travel permitted for older and disabled passholders throughout August. All schemes have proved extremely popular.
- The sustaining of 49 school bus services which otherwise would have faced withdrawal due to the current financial climate affecting the bus industry.
- The delivery of a network planning tool

In November 2023 a consultation will be launched for a new bus priority scheme at Pencester Road, Dover. Wider BSIP initiatives include new Real Time Information (RTI) screens, a new online information portal, two other new bus priority schemes, a range of highway interventions to support buses and a Mobility as a Service (MaaS) scheme. A community transport grant is also being run this year utilising BSIP funding.

Community Transport Grant 2023

In late October 2023, KCC launched the latest round of its Community Transport Grant scheme. KCC has for many years encouraged and supported communities to set up and maintain community transport schemes that are tailored to their local needs.

The DfT has made extra funding available this year to enable community-led groups or organisations to apply for a community transport grant to either set up a new scheme or support an existing one. The extra funding has been made possible due to the BSIP. The majority of funding that we have is for capital expenditure with a small amount set aside for revenue grants.

Resource Management & Circular Economy

The KPI target on diversion of waste from landfill continues to be met, with 99.9% of waste over the last 12 months being recycled, composted, or used for energy generation. The 0.1% going to landfill includes asbestos, with landfill being the only approved way to dispose of this material.

The total volume of waste collected over the previous 12 months increased for the second Quarter in a row following reductions since September 2021. Kerbside waste volumes are 8% above pre-pandemic levels and HWRC volumes down by a third, with total waste collected 1% below pre-pandemic levels.

Energy and Climate Change

Over 10,000 residents have registered for the third phase of the Solar Together collective buying scheme and the second registration window this year was open until the end of October. 2,500 homes have been installed with solar panels and/or batteries since the first phase opened in 2020 and the first 2 schemes leveraged over £15m of resident investment in renewable energy.

The greenhouse gas emission target for Quarter 1, 2023/24 has been met with a total of 12,637 tCO₂e of greenhouse gas emissions compared with the target of 14,227 tCO₂e. Electricity generated by KCC's Bowerhouse II solar farm has had a positive impact on offsetting KCC's emissions for the quarter. Emissions remain ahead of the target, placing us in a good position to deliver our emission target for 2023/24.

Natural Environment and Coast

Kent & Medway Local Nature Recovery Strategy

KCC was confirmed as Responsible Authority in June 2023, with grant funding for taking forward the development of the strategy confirmed in July 2023 (£381,784 between 2023-2025). Project inception work began in July, with recruitment of dedicated staff completed in August, the project website established and the project delivery framework and governance set up. The project team is now in place and the project was launched on 5th October in Lenham with over 150 people attending from a wide range of stakeholders from the public, private and voluntary sectors.

Over the next 3 months work will focus on pulling together the baseline information, evidence and data required to inform the strategy's development and engaging with stakeholders in the process. The first half of 2024 will be spent working with stakeholders to identify the priorities for nature recovery, with the second half of the year focussing on spatially mapping where those priorities would be best delivered in order to maximise benefits for both nature and the wider environment. The project is working towards publicly consulting on the draft strategy in early 2025.

Biodiversity Net Gain (BNG)

KCC continues to host the Kent BNG Officer, funded jointly by the county's planning authorities and Medway Council. On 29th September Defra announced that the implementation of mandatory BNG had been delayed to January 2024 (from November 2023) because of delays in publishing the regulations and statutory guidance – and committed to publishing all guidance and the regulations by the end of November. Although the delay to these regs and guidance has hampered the delivery of some of the preparation work for BNG, we have developed an interim strategic significance guide for Kent & Medway, worked with Kent Wildlife Trust to create an online register for BNG sites (confirmed and provisional) that can be used to meet BNG requirements and put in place training for Kent and Medway planners. We are also working on detailed guidance for the planners, and recruiting to expand the KCC Ecological Advice service (a paid for service for Kent and Medway planning authorities) to meet the increased demand anticipated as a result of BNG.

Plan Tree

We are now six months into the Woodland Creation Accelerator Fund (WCAF) project. Work in this Quarter has focussed on post planting claims and reporting for rounds 1 & 2 of the Local Authority Treescape Fund. KCC enabled a further 49,369 trees over the 2022/23 planting season, with a cumulative total of 162,857 trees.

The team surveyed a sample of tree planting sites back to 2021/22 and we have achieved an average survival rate of 89%. Preparation is underway for the 2023/24 planting season and the team ran an Invitation to Tender for the supply of tree planting stock.

Paul Hadaway (Kent Wildlife Trust) was elected Chair of the Kent and Medway Plan Tree Partnership (KMPTP) and the Steering Group met in July. The team completed an expression of interest (EOI) titled 'Elm Heritage Kent' for the Species Survival Fund (DEFRA and NL Heritage Fund). The bid was unsuccessful; however, it launched a KCC working group that will be taking a collaborative approach to restoring elm (*Ulmus*) tree habitats and the multitude of species that live in them. We want to accelerate recovery by transplanting elm cultivars that are resistant to Dutch Elm Disease (DED) to create steppingstones around the remaining colonies of the rare White-letter Hairstreak (WLH) butterfly.

In August, we were able to announce that our application to the 2023/24 Local Authorities Treescape Fund (round 3) was successful, with an offer of funding in principle for a total of just under £300k. To date, the Plan Tree project has been awarded £1m in grant funding. In terms of performance, the planting rate is accelerating above the required 50,000 trees pa. By the end of 2025, we predict KCC will have enabled the planting of approximately 300,000 trees. If we continue the current trajectory, we will achieve our 1.5m ambition by 2045.

Explore Kent

Explore Kent's digital channels saw strong engagement with over 22,400 followers on X (formerly Twitter). Over 6,300 followers on Instagram (391 new followers), and over 10,000 followers on Facebook (160 new followers). Our website [ExploreKent.org](https://www.explorekent.org) had a total of 219,546 page views and 18,560 of our route guides were downloaded.

In July, Explore Kent coordinated the Green Social Prescribing Network, drawing together partners from health, social prescribing and providers of green space, interested in developing green social prescribing initiatives across the county. Around 40 partners were represented at the network.

We have started working with Medway Council to create an 'Explore Medway' section to our website, promoting the benefits to being outdoors and to have access to green and blue spaces across Medway.

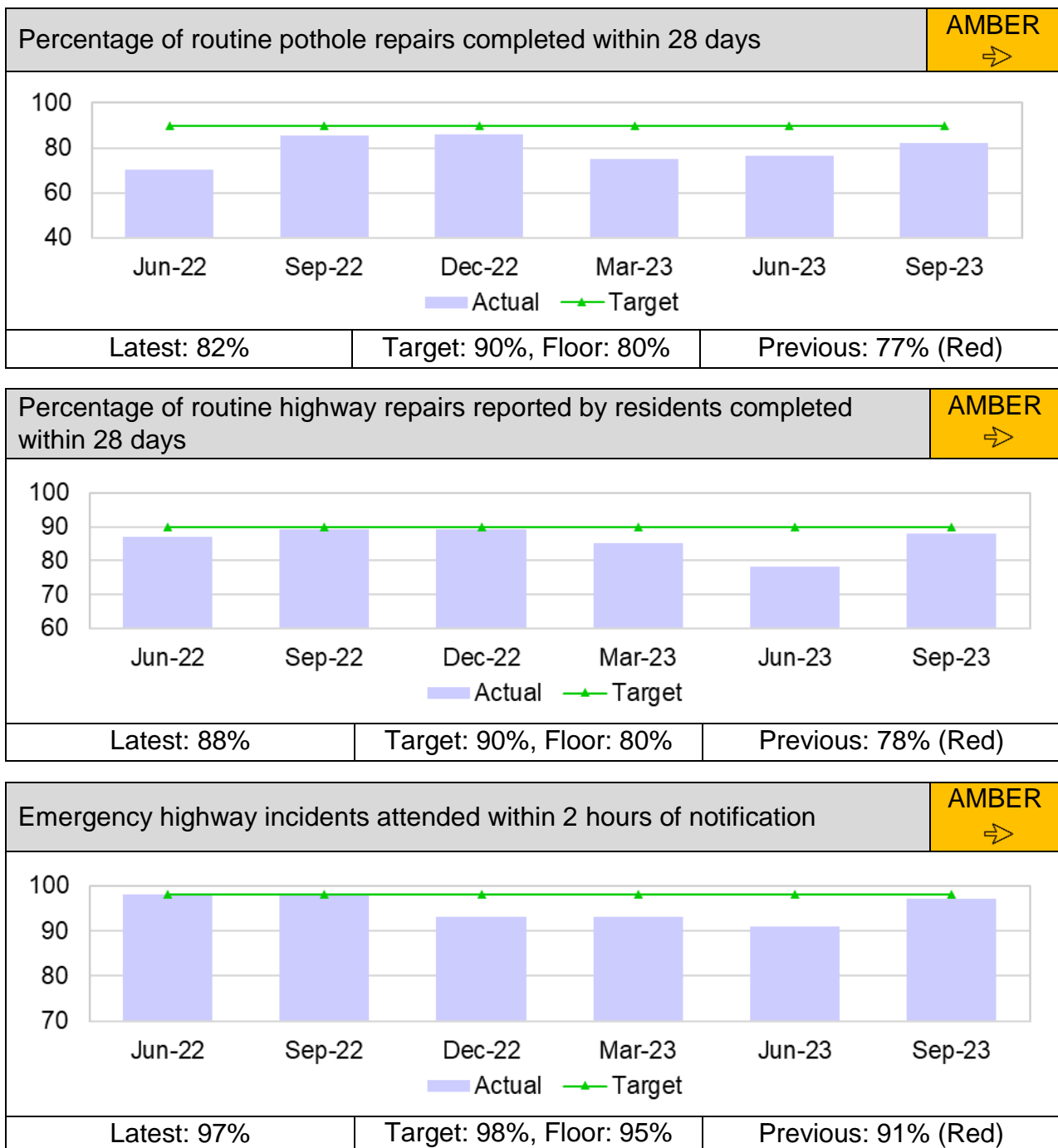
Kent Country Parks

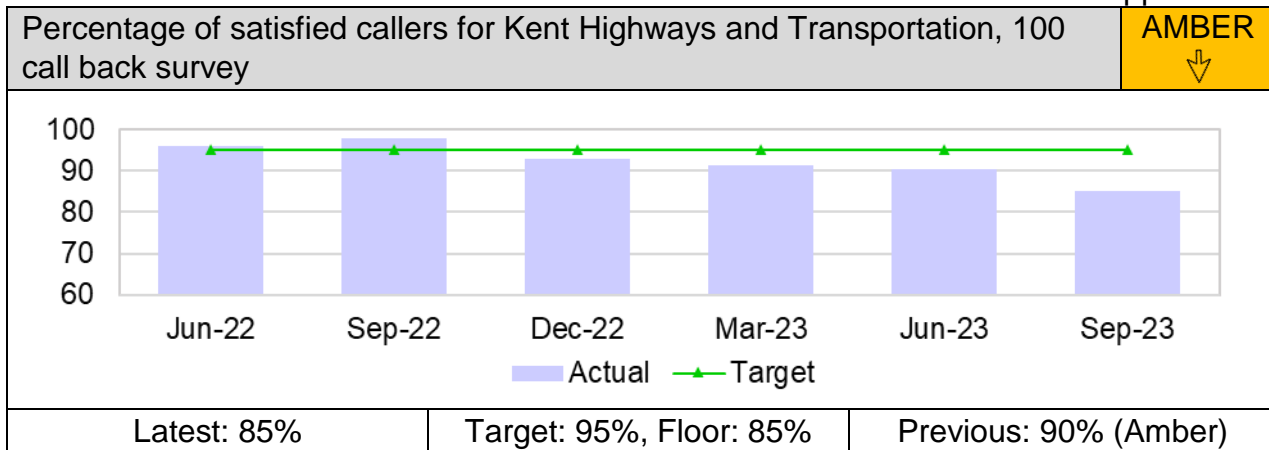
Kent Country Parks had a busy summer with over 4,400 visitors attending more than 45 events across Brockhill, Lullingstone, Manor Park, Shorne Woods, Teston and Trosley. Visitors were able to enjoy events such as 'Meet the Owls', 'Woodland Fairies and Elves', pond dipping, bat walks, campfire stories and much more.

Kent Countryside Management Partnerships (KCMP)

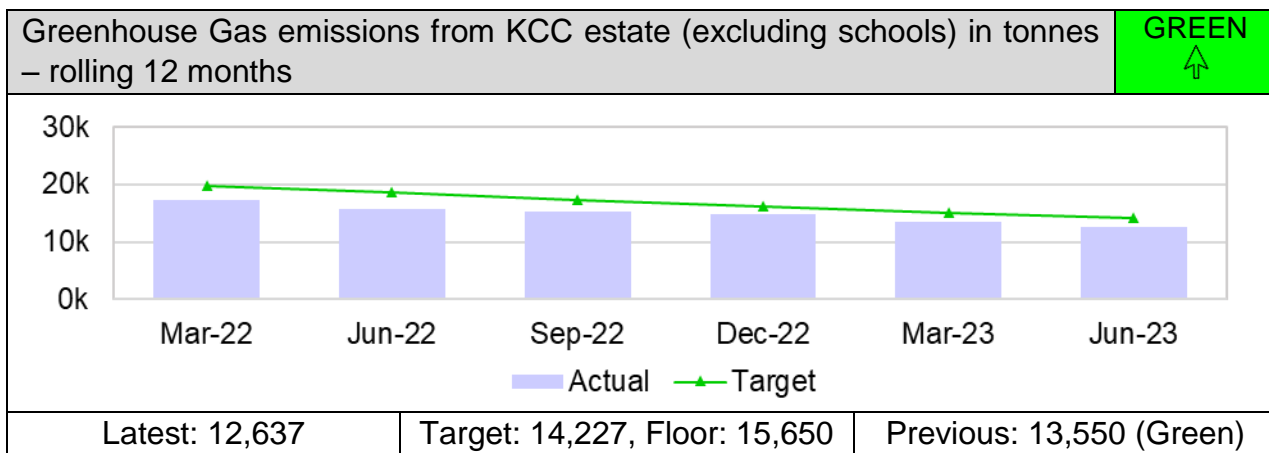
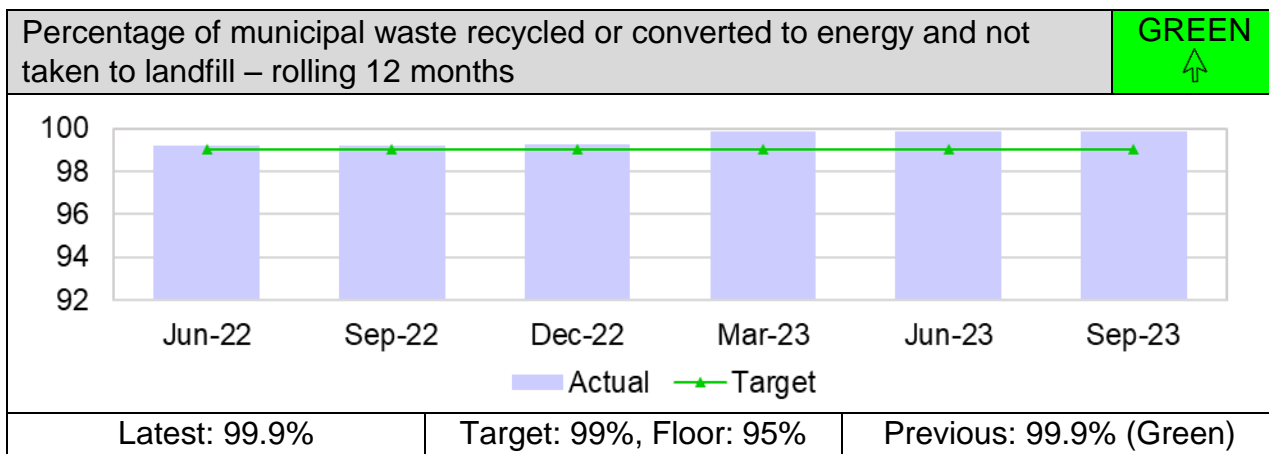
KCMP have been appointed by Natural England as the Habitat Delivery Body to create and restore ponds to boost Great Crested Newt (GCN) habitat and numbers as part of District Level Licensing in Kent. Since 2018 the Partnerships have been working with landowners in what is known as 'Strategic Opportunity Areas' – locations where GCNs have been found through surveys and/or are known to be moving around – using guidelines produced by Natural England. E-DNA surveys of the ponds this year have shown an impressive 58% occupancy rate.

Key Performance Indicators

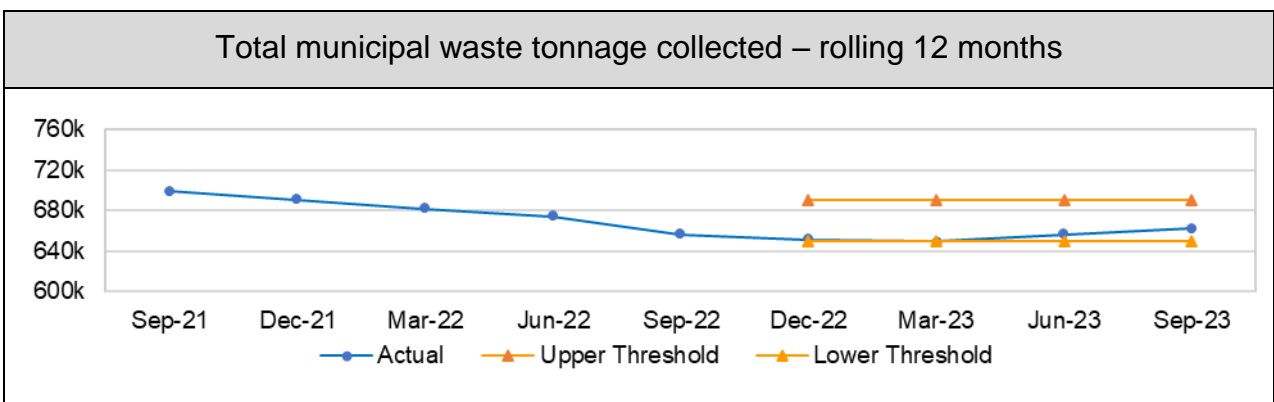
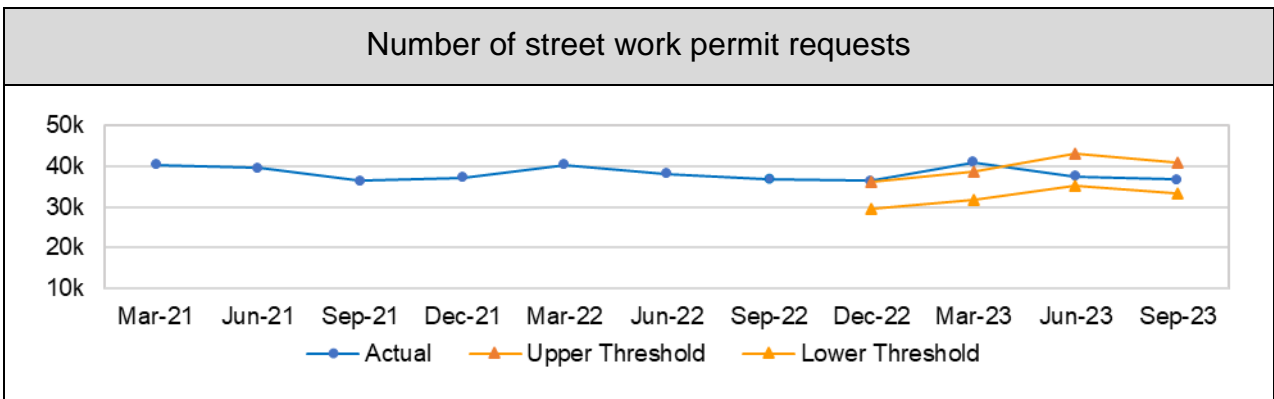
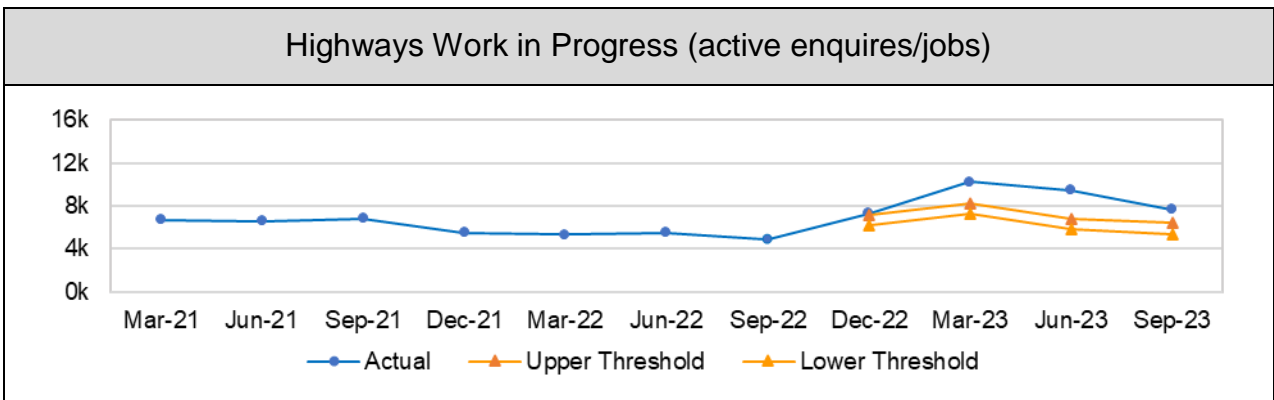
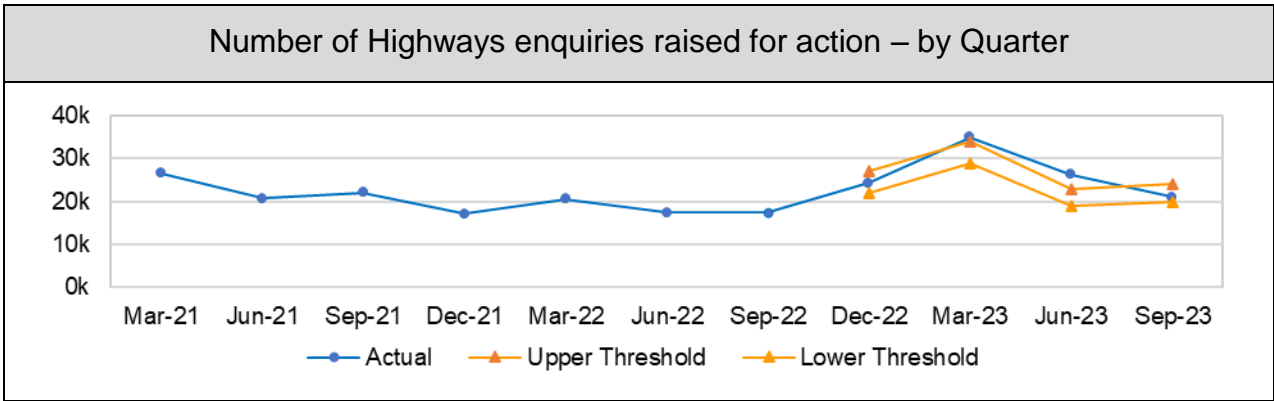




NB: The September 2022 Quarter includes results for July 2022 only; the September 2023 Quarter includes results from July and September only. The survey was paused in the other months so the Contact Centre could prioritise incoming calls. The survey is moving from monthly to bimonthly from the December 2023 Quarter onwards.



Activity indicators



Children, Young People and Education

Cabinet Member	Rory Love, Sue Chandler
Corporate Director	Sarah Hammond

KPI Summary	GREEN	AMBER	RED			
	5	5	4	2	8	4

Attainment

In Key Stage 2, the percentage of pupils who achieved the expected standard in Reading, Writing and Maths in Kent was 59% equalling the national performance. Key Stage 4 results saw grading standards return to those in 2019, the final year before exams were cancelled due to COVID. The average attainment 8 score in Kent was 46.9 compared to the national performance of 46.3.

The lower level of achievement at GCSE this year appears to have increased the number of young people not getting the grades for sixth form. This is creating a huge increase in demand for Further Education (FE). FE colleges are trying to accommodate the increase in demand but there is finite capacity. There remains, in parts of Kent, very limited level 2 and below provision particularly in the north and west of the county.

The greatest concern remains the lack of NEET provision in Kent. Several providers have recently withdrawn provision or ceased trading due to the ending of Education Skills Funding (ESF) and traineeship funding.

The Post 16 Lead is responding to this crisis in a number of ways:

- Holding discussions with a number of out of county providers regarding setting up in Kent and negotiating with the DfE/ Education Skills Funding Agency (ESFA) to finance the potential new provision.
- Working on the long-term solution suggested by the DfE/ESFA to overcome Kent's lack of secure provision. This will potentially involve a procurement process to secure new contracts for providers.
- Working with Community Learning and Skills (CLS) and the DfE to develop subcontracting to support smaller providers. After several months of negotiations, CLS is now working with KCC commissioning to put in place a framework to allow subcontracting to take place. The DfE are looking to offer in-year growth funding to finance this.

Attendance

The Covid-19 pandemic continues to have a significant ongoing impact on pupil attendance. Data collected from schools by Wonde (a data platform for schools) shows attendance to be 94.0% so far this current academic year (up until Friday 6th October 2023) with 35,013 persistently absent pupils (17.4%) and 3,352 classified as having severe absence (1.7%). KCC's Attendance Working Group continues to focus on developing practice and protocols to support the workforce when managing cases with persistent or severe absence, interfacing with the Supporting Families programme and overcoming attendance barriers.

School inspections

Based on the inspection data as at the end of August 2023, 91% of schools in Kent (534 of the 588) were Good or Outstanding, compared to the national figure of 89%. The percentage of Primary schools judged as Good or Outstanding at 91% compares favourably to the national figure of 90%. 89% of Secondary schools were judged to be Good or Outstanding compared to 81% nationally. The percentage for Special schools, at 92%, was three percentage points higher than the national position. All six Alternative Provision schools (100%) were good or outstanding compared to the national figure of 86%.

Implementation of the Education Inspection Framework (EIF) this Quarter continues to focus on safeguarding, record keeping and attendance, particularly persistent absence and attendance for disadvantaged pupils, and pupils not in school. Personal development and relationships and sex education (RSE), and equality and diversity are an increasing focus of inspection.

TEP briefings continue to provide regular updates and advice to school leaders, whilst signposting support and guidance. This term's briefings covered issues such as changes to the inspection framework from September, SEND, including mainstream core standards, and relationships and sexual education (RSE).

Early Years

The latest inspection data for the percentage of Early Years settings rated Good or Outstanding is 97%, one percentage point below the target but one percentage point higher than the national average.

For early years group settings, The Education People (TEP) continues to support, through Annual Conversations, all good and outstanding settings, but prioritising those due an Ofsted inspection to assist them in retaining a good or better Ofsted judgement, making clear recommendations where appropriate and offering the 'Securing Good' programme to those in their inspection and not meeting at least Good Ofsted grade descriptors. Settings with a Requires Improvement or Inadequate judgement receive targeted and bespoke support, with support for plans of action and follow up visits as required.

To date, in the 2023 Autumn term, 2,883 children have been funded (68.3%) under the Free For Two Entitlement; however this is an incomplete term and the figures are expected to increase. Last year the final figures for Autumn 2022 were 74.1% with 3,437 children claiming.

Established and regular communications with the Early Years and Childcare Sector continue, including the scheduled termly (six times annually) generic Early Years and Childcare Bulletin; communications in between these continue when appropriate and necessary with ongoing contact with individual providers as required. The Early Years and Childcare Service's Threads of Success training offer continues to be delivered principally on virtual platforms, as recruitment and retention challenges are still making it very difficult for providers to attend face-to-face training, even when this training is funded and therefore free for providers to attend.

SEND (Special Educational Needs and Disability)

Based on the rolling 12-month average to September 2023, 23% of Education, Health and Care Plans (EHCPs) were issued within 20 weeks excluding exceptions (386 out of 1,687). The percentage of annual EHCP reviews waiting over 12 months is 61%, 11 percentage points above the target of 50%

The number of Education Health and Care Plans (EHCP) completed within 20 weeks is expected to remain below the target while the service prioritises completing the backlog of older cases for those children and their families who have been waiting the longest. In many of these cases the 20 week timescales have already been exceeded and significantly contributed to the current performance. The implementation of a rigorous training programme for newly appointed staff requires full completion and is also a contributory factor to the current performance. Over 200 EHCPs were issued in September which is the highest for several months.

The SEND service has completed a big recruitment drive to reduce vacancies. Since September 2022, when there were over 100 vacancies in the case work teams, vacancies have been reduced to a handful of places across the service. Assessment teams are currently at 121% capacity while sessional agency staff remain in place as process improvements are finalised. In addition, KCC has invested in an additional team of experienced SEND staff to accelerate the speed of improvement.

Prioritising senior officer time on the recruitment of high-quality new staff, meant they were taken from other daily responsibilities. **However, we have confidence that performance will improve due to:**

- **Benefits of new working practices and reporting that allows staff to more accurately identify priority cases**
- **Reduction in the overall backlog of historic cases already outside of 20 weeks, showing a more holistic approach to performance management**
- **Further improvements are planned to support this new way of working, allowing behaviours to fully embed.**

In the longer term this will lead to sustainable improvement.

The project on the phase transfer process this year is continuing with the aim to reduce the number of children transitioning into specialist settings, support more children with EHCPs in mainstream settings, and ensure maintained special school places are targeted at those children with the most complex needs. This strategy will contribute to reducing pupils placed in the independent sector over time. However, available resources within non-independent special schools will continue to create a challenge.

Wider Early Help

There were 70 permanent exclusions (of sixty-nine pupils) during academic year 2022/2023, of which, 15 were 'primary' phase and 54 'secondary' phase pupils. One secondary pupil was permanently excluded from two different schools.

Seventy-seven pupils were permanently excluded in the rolling 12-month period to September 2023, which equates to 0.03% of the school population. 15 were 'primary' phase pupils and 62 'secondary' phase pupils. The current level of pupils excluded is the highest seen since March 2016. Dartford and Maidstone districts accounted for 28 (14 each) of the 77 pupils excluded across the County in the rolling 12-month period to September 2023. Dartford saw one 'primary' phase pupil and 13 'secondary' phase pupils excluded. Maidstone saw 3 'primary' phase pupils and 11 'secondary' phase pupils excluded.

In the first month (September) of the new Academic term 2023/24 thirteen pupils were permanently excluded from school.

The PRU, Inclusion and Attendance Service (PIAS) aims to improve attendance at school and reduce exclusions for children in Kent. Despite an increase in the number of permanent exclusions over the 2022/23 academic year, Kent's figures remain below their statistical neighbours and the national average. More than half of pupils permanently excluded last academic year have SEN support or an EHCP, with more than 80% of all permanent exclusions attributed to persistent disruptive behaviour, or physical assault against an adult or another pupil. PIAS and other multi agency partners continue to work collaboratively with schools to find solutions for pupils who were provisionally permanently excluded, resulting in over 50 pupils having their exclusions cancelled by the Headteacher.

KCC services continue in their journey to provide support, training, and access for schools with wider inclusion resources around trauma-informed practices and emotional wellbeing to manage ongoing challenges from the Covid-19 pandemic and lockdowns. In addition, KCC is also adapting to the amendments to government exclusions guidance and the potential impact on suspensions and permanent exclusion rates as schools are no longer permitted to use part-time timetables to manage pupil behaviour, along with the consistent implementation of the alternative provision grant agreement funding.

The number of First-Time Entrants to the Youth Justice System in Kent in September, at 310 (rolling 12-month figure), continues to be above the target of 270 and is RAG-rated Amber.

The Kent Youth Justice partnership, including Adolescent Early Help, Youth Justice and Police launched 'Outcome 2' this quarter. We expect to start to see a decrease locally, against the national upward trend, in first time entrants, and more children diverted from the statutory youth justice system, accessing holistic, individually tailored Early Help support.

We continue to deliver the 'Turn around' prevention programme, which is already seeing positive outcomes for children, particularly in ensuring there is a suitable education offer and increasing participation of those children. This programme will continue to enhance our prevention and diversion model and the longer-term impact is expected to safeguard children, prevent offending and further reduce numbers of First Time Entrants.

Early Help

At the end of September 2023, there were 2,237 open family cases with Early Help units providing support for 4,583 children and young people under the age of 18. This is a 14.2% reduction in the number of families supported compared to the end of the previous Quarter (2,606) and 116 fewer families (4.9%) compared to Quarter 2 last year (2,353).

The performance measure for 'Percentage of Early Help cases closed with outcomes achieved that come back to Early Help / Social Work teams within 3 months was 14.2% for the rolling 12 months to September 2023, an increase from the previous quarter (13.7%) but continuing to achieve the target of below 15.0%.

Children's Social Care - Staffing and Caseloads

The number of open cases (including those for care leavers above the age of 18) was 12,211 at 30th September, a decrease of 129 children and young people when compared to the end of the previous Quarter (12,340).

There were 6,163 referrals to children's social care services in the Quarter, an increase of 1.6% when compared to the previous Quarter (6,066) and an increase of 11.4% when compared to the same period of 2022 (5,533). The rate of re-referrals within 12 months for the 12 months to September 2023 was 23.2%, compared to 22.3% the previous Quarter, continuing to achieve the target of below 25.0%. This compares to the England average of 21.4% for 2021/22.

The percentage of case-holding social worker posts held by permanent, qualified social workers employed by Kent County Council (74.8%) has fallen below the floor standard of 75.0%. **Management actions being taken regarding the recruitment and retention of Social Workers include: a focus on reducing caseloads and administrative burdens to assist with the retention of social workers; participation in the Frontline programme which has funded 12 Social Work Apprenticeships along with Kent's own Step-up to Social Work Apprenticeship programme.** The average caseload for Social Workers in Children's Social Work Teams was 21 cases in September 2023, reducing from an average of 25 cases at the end of the previous quarter and remaining outside of the target of no more than 18 cases.

Child Protection

On 30th September 2023 there were 1,294 children subject to a child protection plan, a decrease of 24 from the end of the previous Quarter (1,318). The rate per 10,000 children (aged 0-17) was 38.5, which remains below the last published rate for England of 42.1 (31st March 2022). The percentage of children who were subject to a Child Protection Plan for a second or subsequent time reduced by 1.4% in the Quarter, from 21.8% in June 2023 to 20.4% in September 2023. This is within the target range of between 17.5% and 22.5% and compares to an average for England of 23.3% (March 2022).

Children in Care

The number of citizen children in care decreased by 177 (11.9%) in the Quarter to 1,314. The number of unaccompanied asylum seeker children (UASC) in care increased by 312 to 803. Some of these young people will be awaiting transfer to another local authority under the National Transfer Scheme. The number of children in care placed in Kent by other local authorities (OLA) increased by 4 in the Quarter to 1,260.

Status	Dec 22	Mar 23	Jun-23	Sep-23
Citizen	1,470	1,505	1,491	1,314
UASC	489	448	491	803
Total	1,959	1,953	1,982	2,117
Gender				
Male	1,276	1,254	1,296	1,514
Female	679	696	683	600
Non-binary	4	3	3	3
Age Group				
0 to 4	266	272	253	175
5 to 9	206	220	233	189
10 to 15	687	689	690	717
16 to 17	800	772	806	1,036
Ethnicity				
White	1,368	1,392	1,392	1,235
Mixed	114	109	104	99
Asian	35	26	31	26
Black	102	93	100	194
Other	340	333	355	563

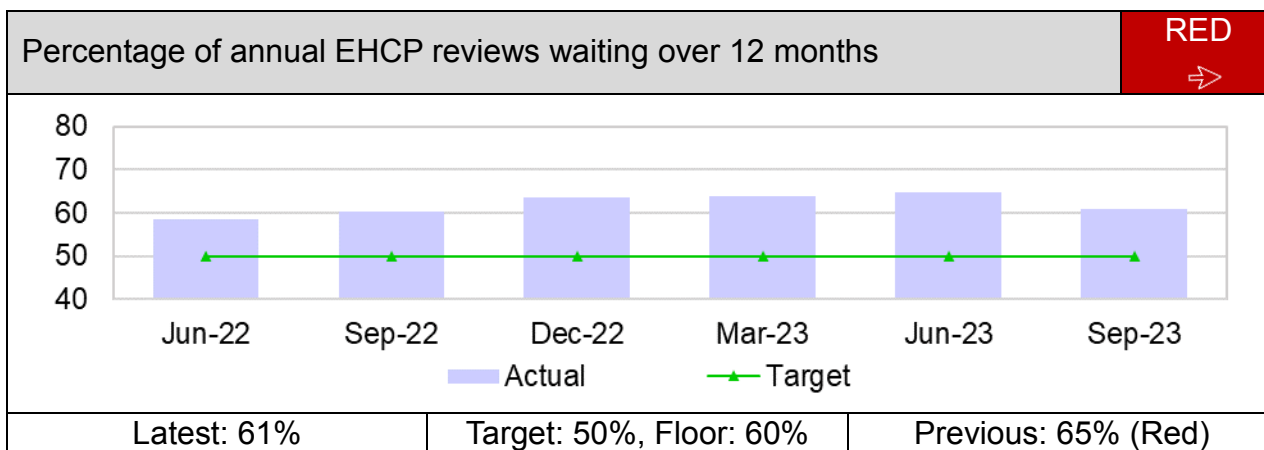
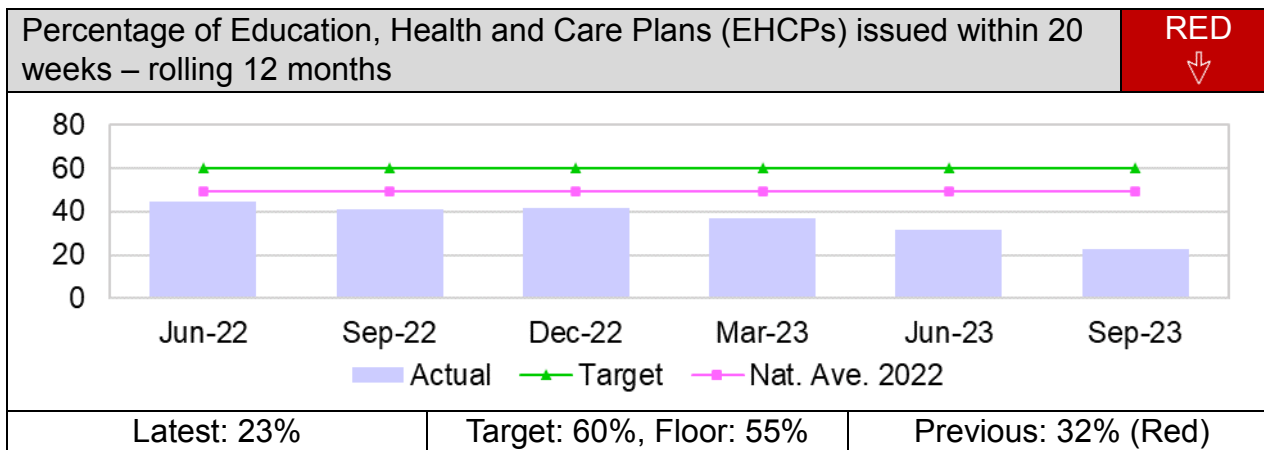
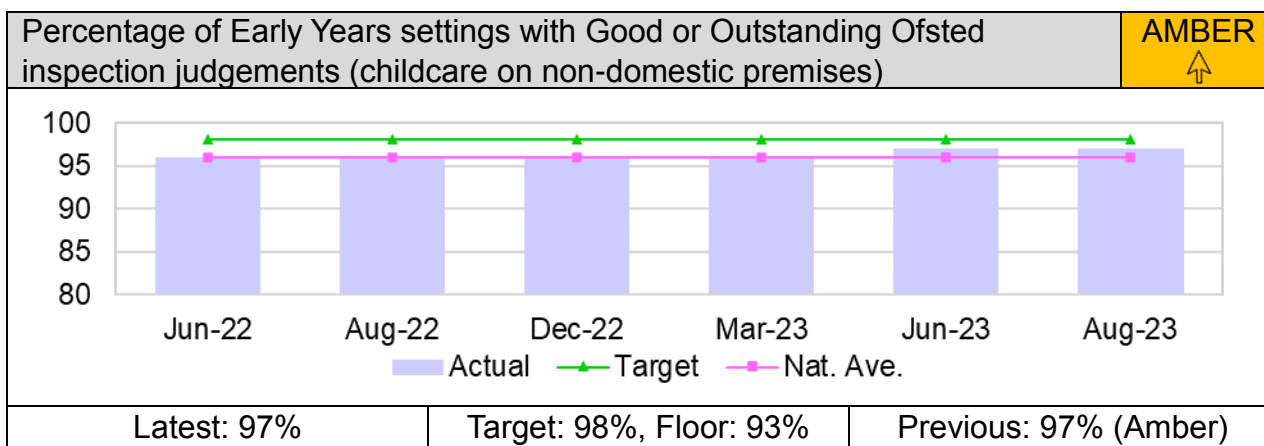
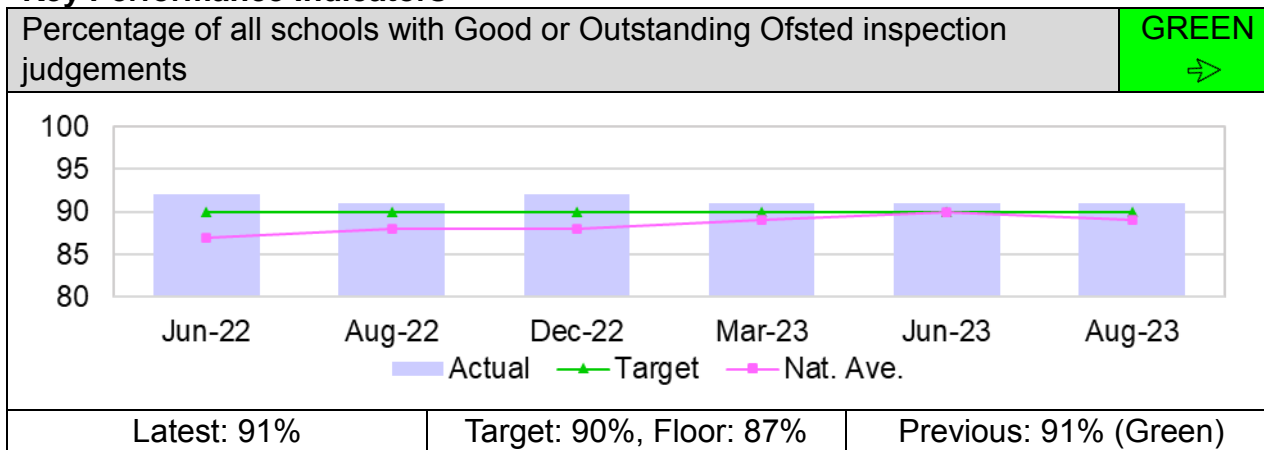
The percentage of Children in Care (excluding UASC) placed in KCC in-house foster care or with family/friends improved in the Quarter from 74.4% in June 2023 to 75.2% in September 2023 but remains below the target of 85.0%. Performance against this measure is impacted by the number of children coming into care, extended timescales of care proceedings and the availability of in-house foster placements. Over the last year there has been a significant challenge in the recruitment and retention of carers. These difficulties are not confined to Kent: it is a national issue which has been highlighted within the Government Social Care Review.

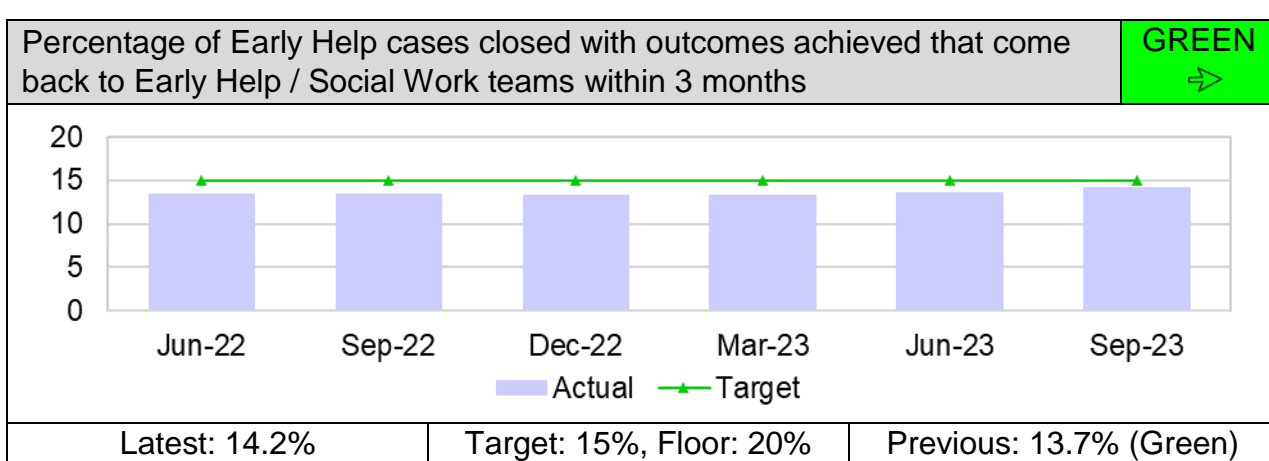
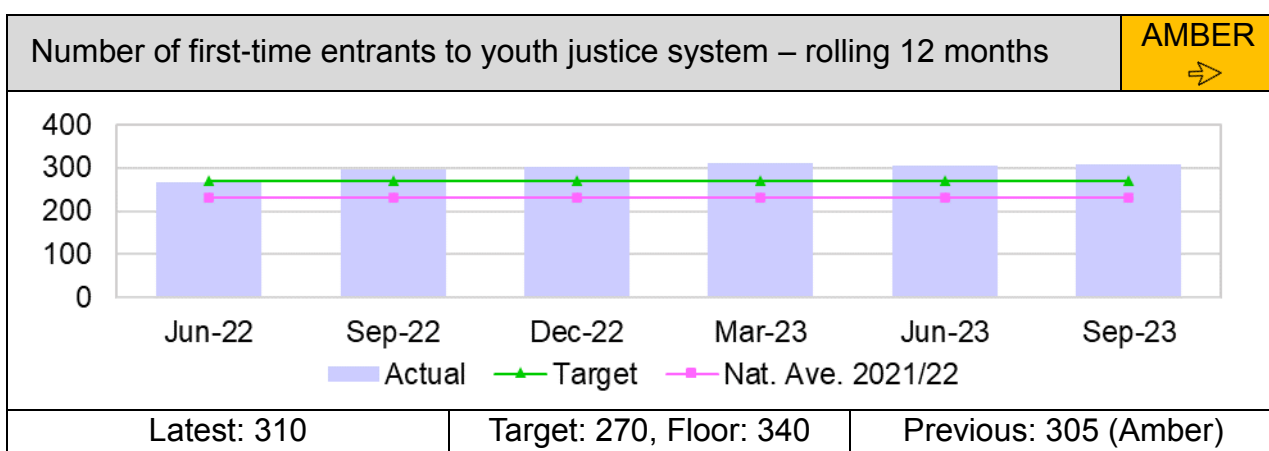
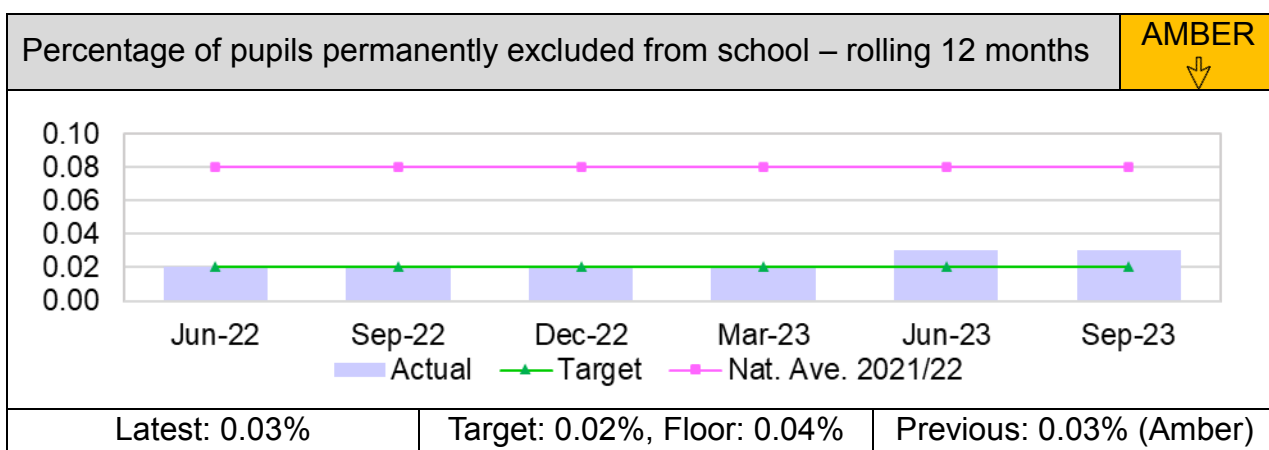
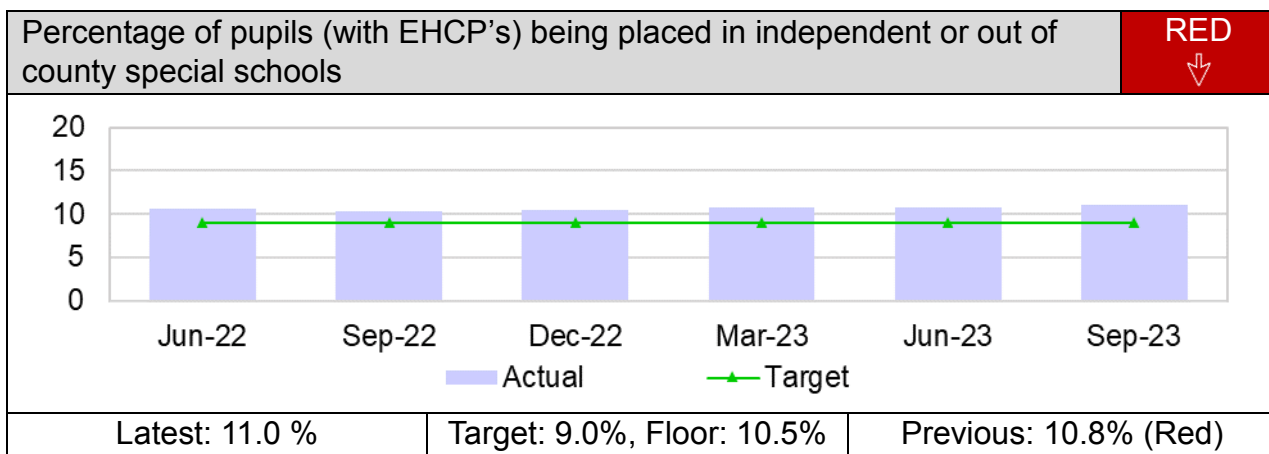
For children who were adopted in the last 12 months, the average number of days between coming into care and moving in with their adoptive family continues to outperform the nationally set target of 426 days. The average number of days for Kent's children at the end of September 2023 was 343 days, an increase when compared to the average of 326 days at the end of the previous Quarter.

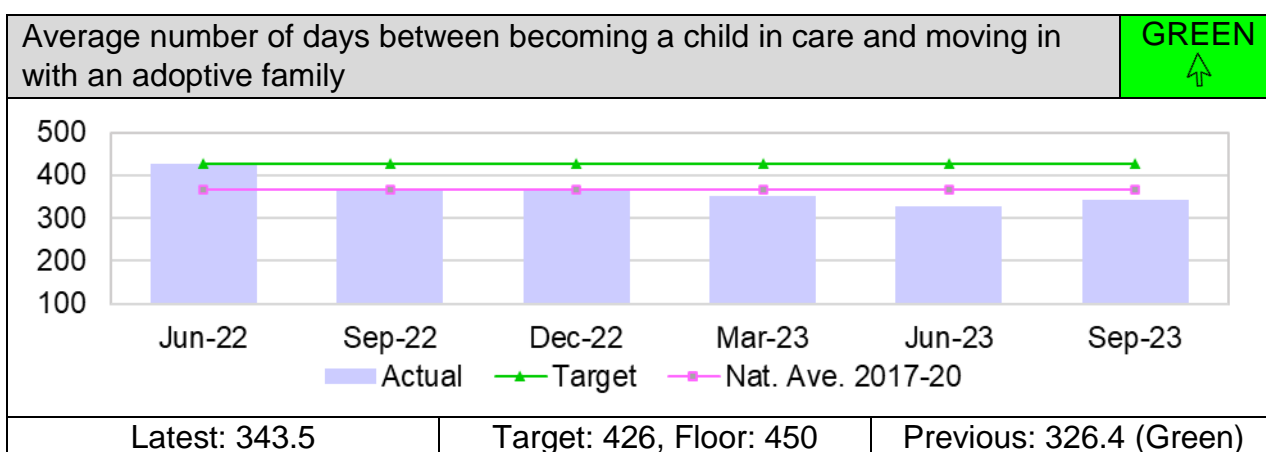
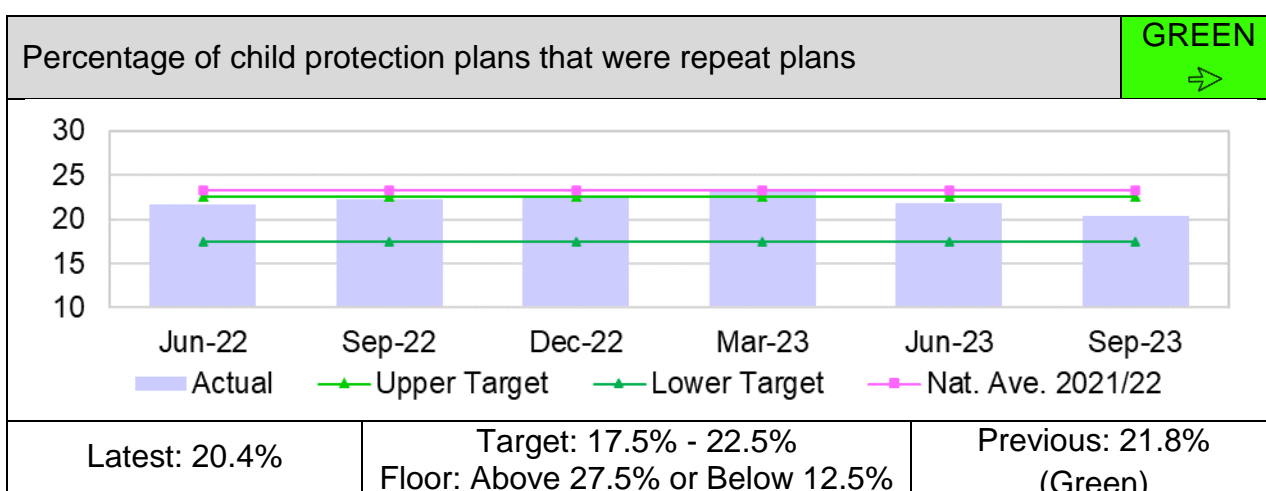
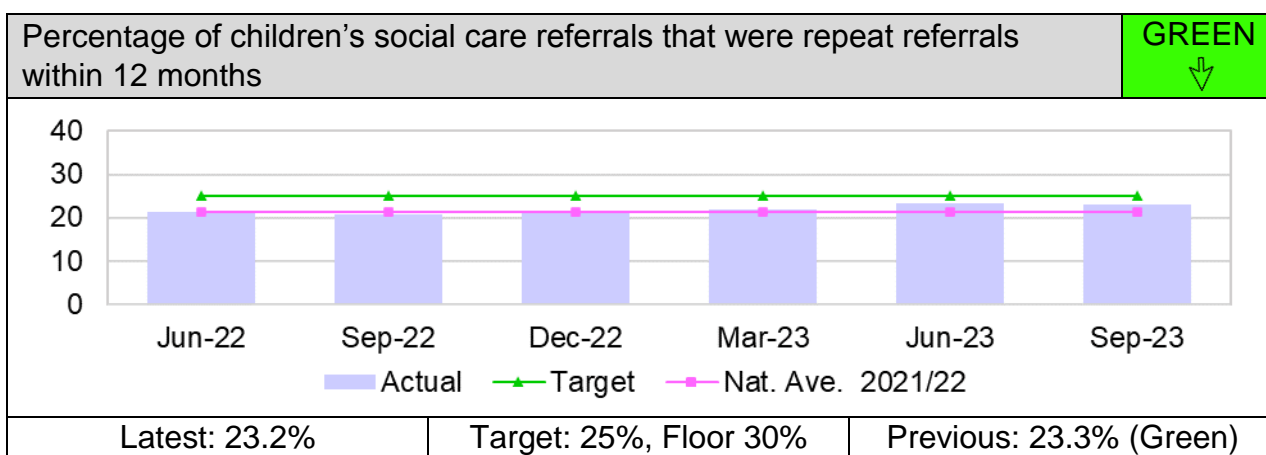
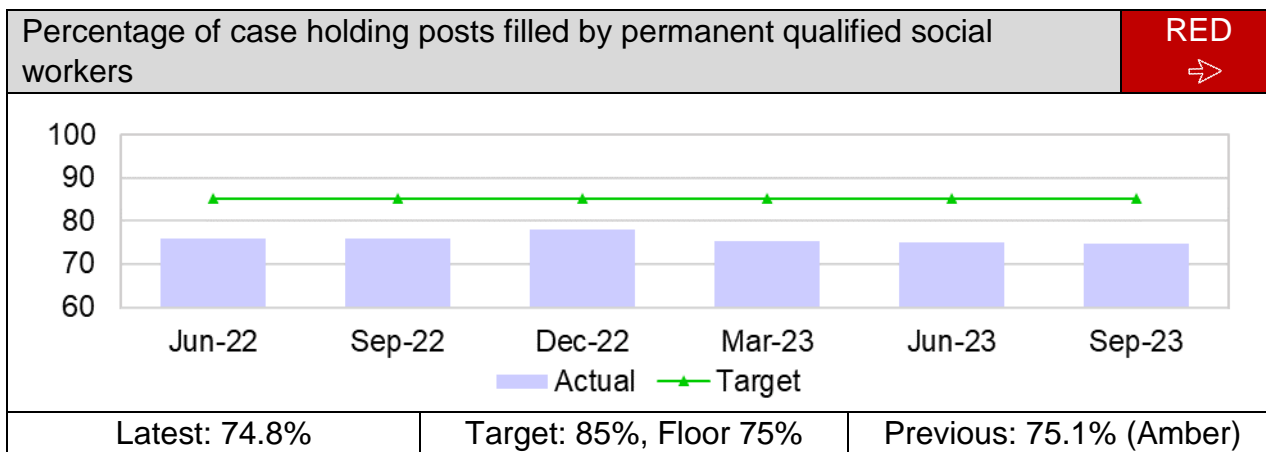
Care Leavers

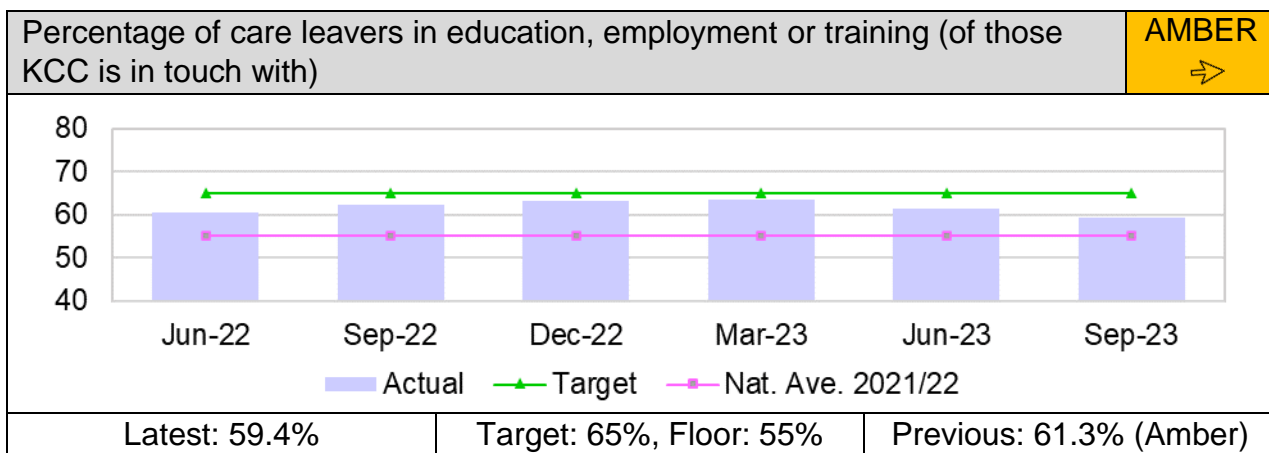
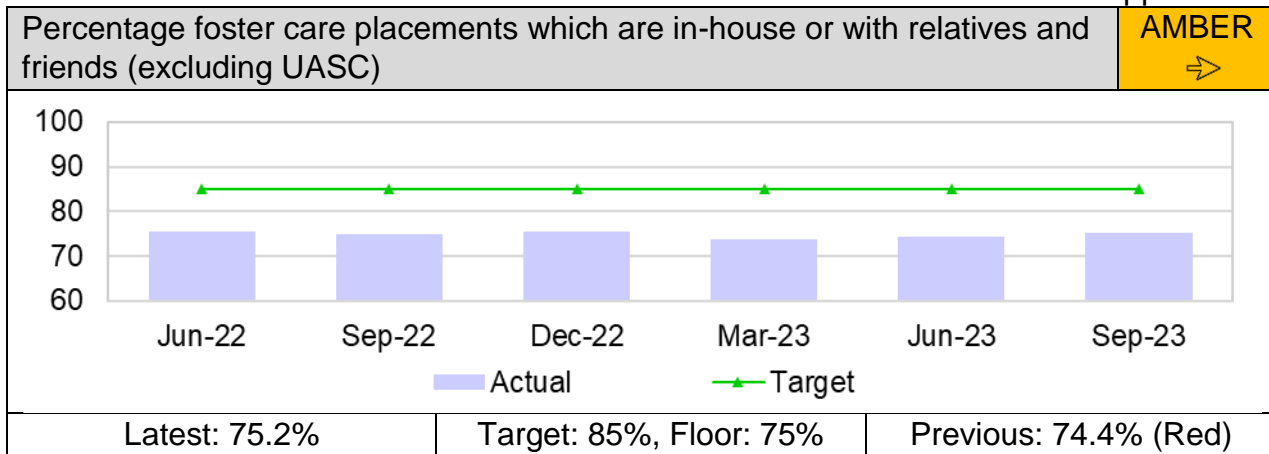
The number of care leavers at the end of September 2023 was 2,103 an increase of 58 from the previous Quarter (2,045 in June 2023). Of the 2,103 care leavers, 1,023 (48.6%) were citizen care leavers and 1,080 (51.4%) were unaccompanied asylum-seeking young people. The percentage of care leavers in education, employment or training has decreased during the Quarter, from 61.3% in the 12 months to June 2023 to 59.4% in the 12 months to September 2023, remaining below the target of 65.0%.

Key Performance Indicators

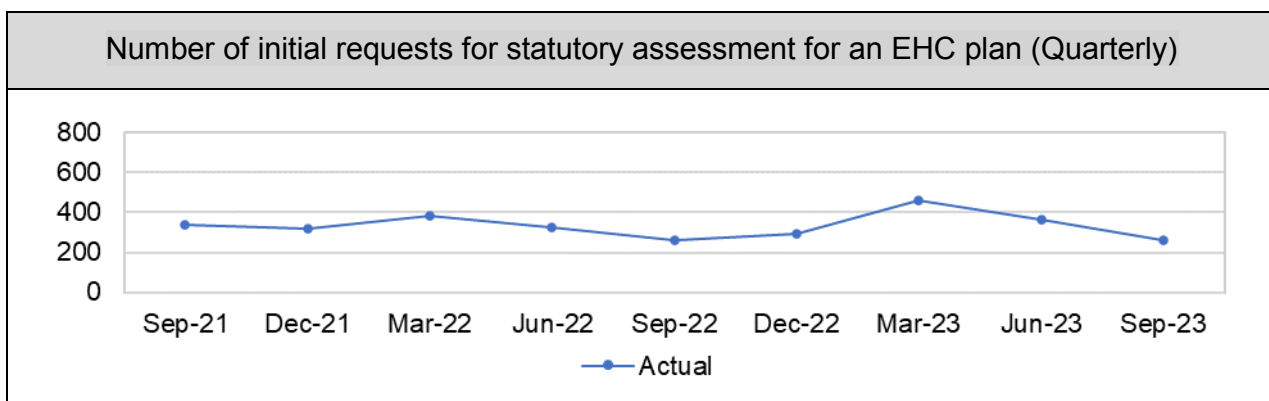
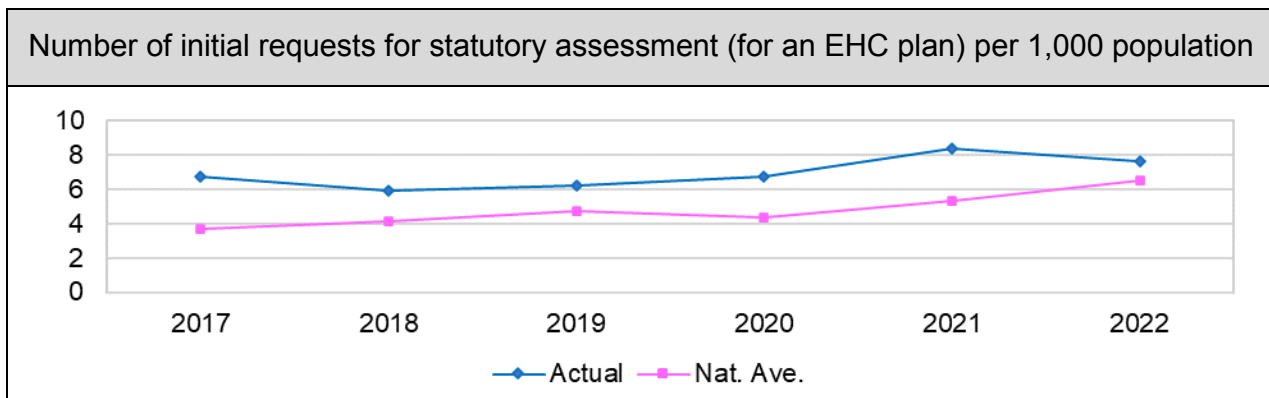


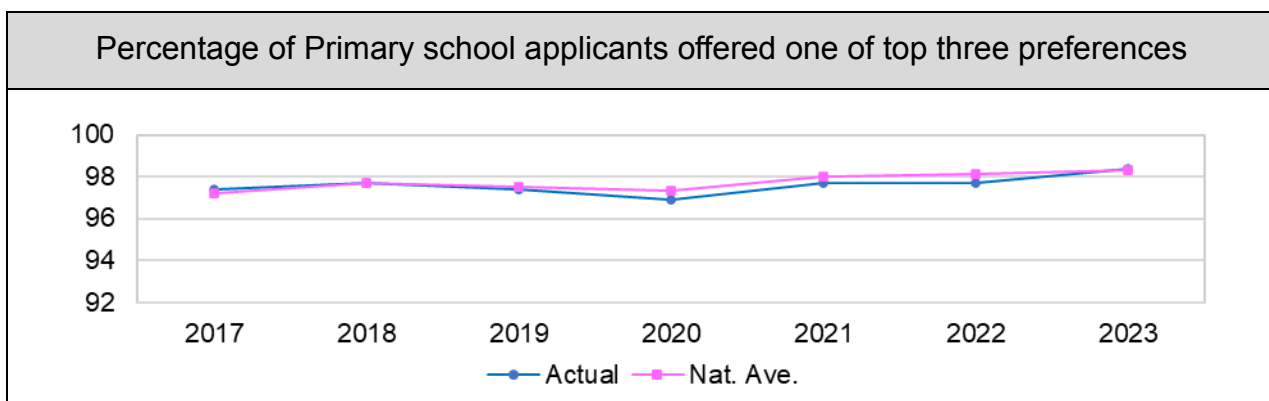
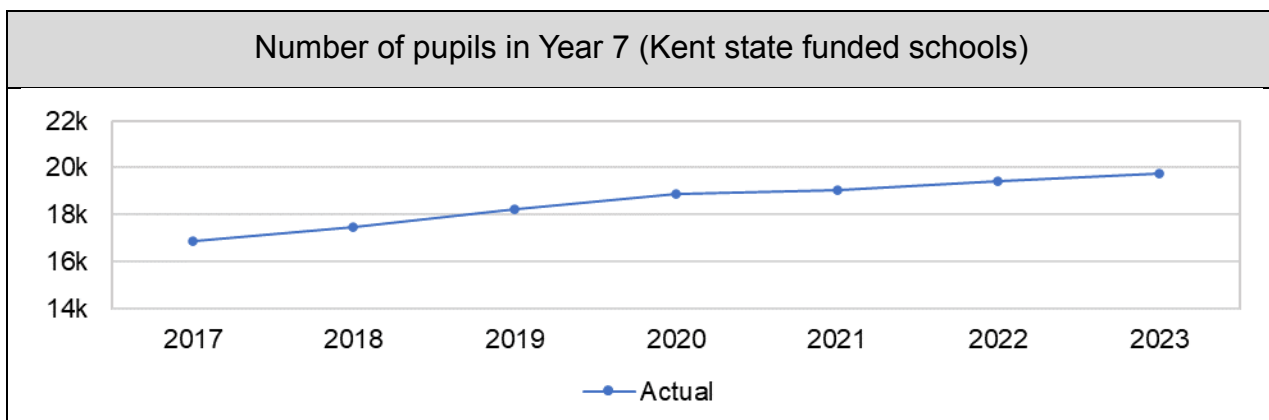
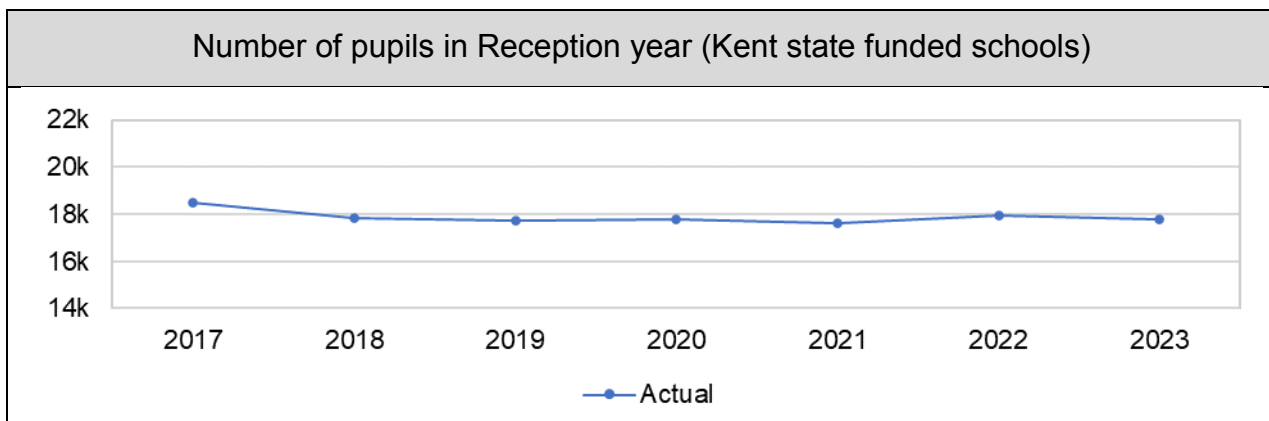
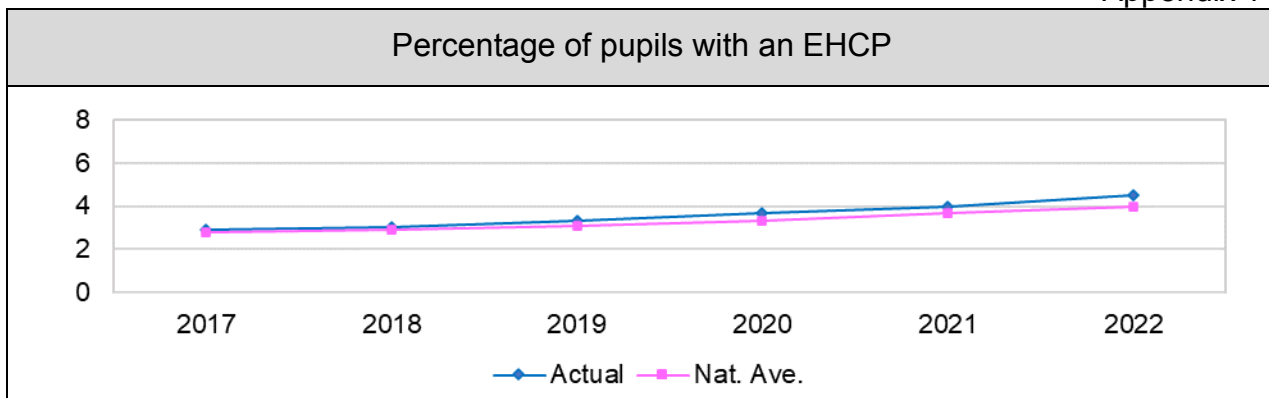




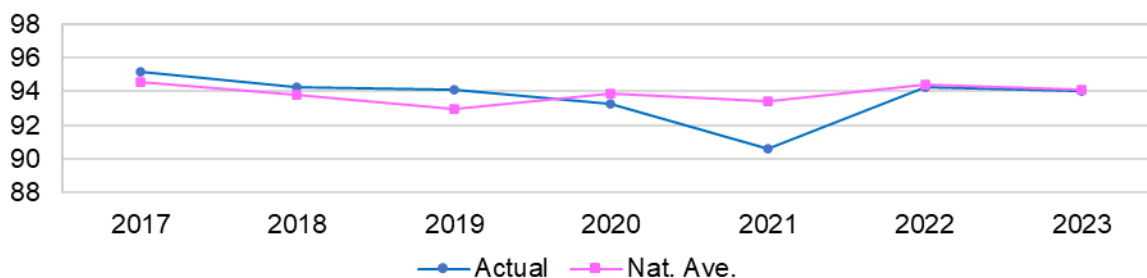


Activity indicators

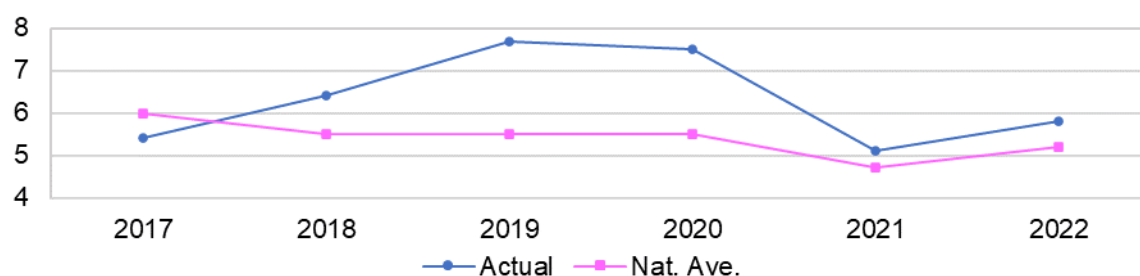




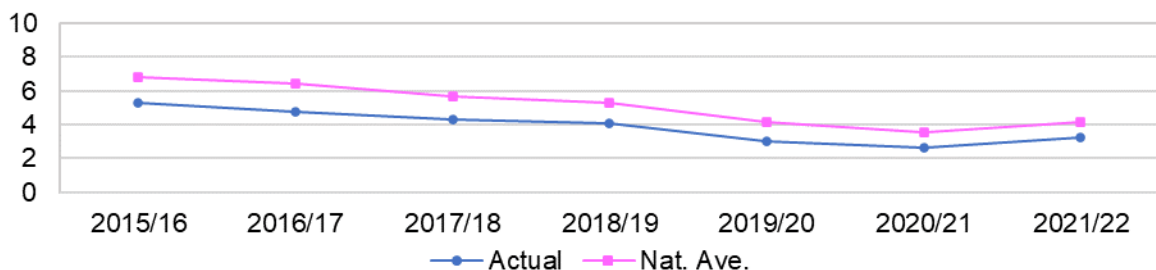
Percentage of Secondary school applicants offered one of top three preferences



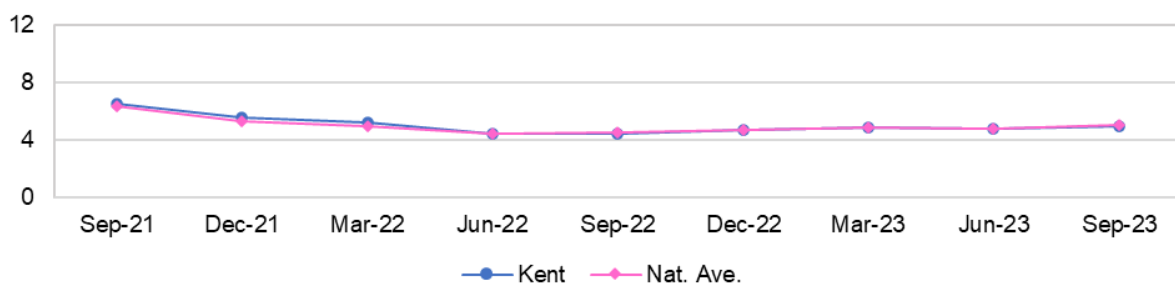
Percentage of 16-17 years olds Not in Education, Employment or Training (NEETs) or whose activity is Not Known



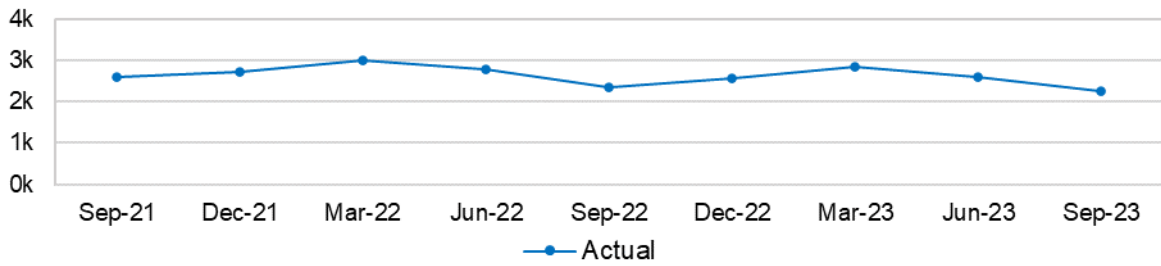
Percentage of 16-18 year olds who start an apprenticeship



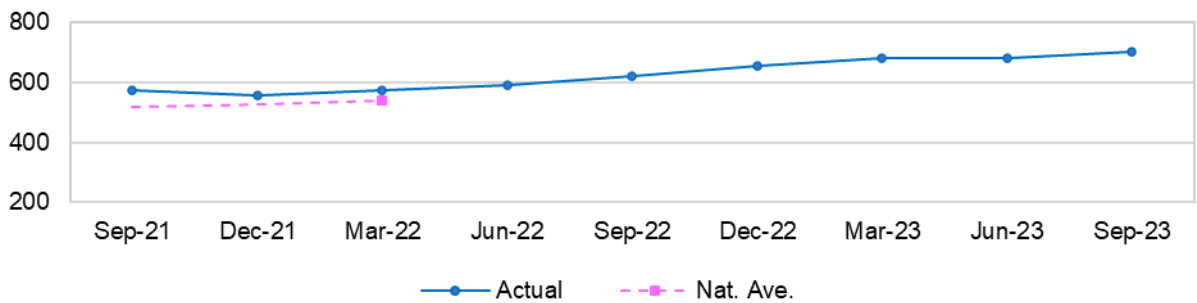
Percentage of 18-24 year olds claiming Universal Credit



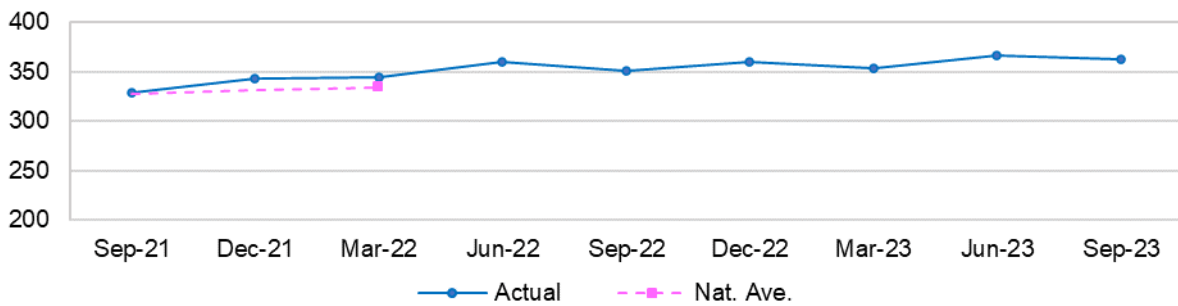
Number of open Early Help cases managed by Units



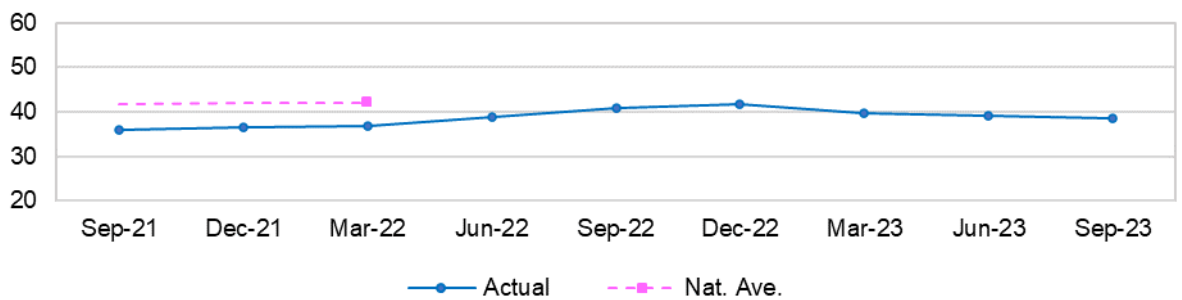
Rate of CSW referrals per 10,000 population aged under 18 – rolling 12 months



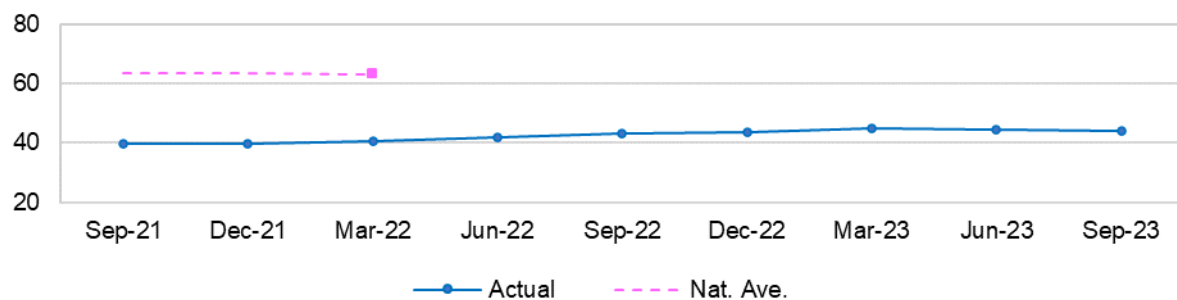
CSW caseload per 10,000 child population – snapshot at Quarter end



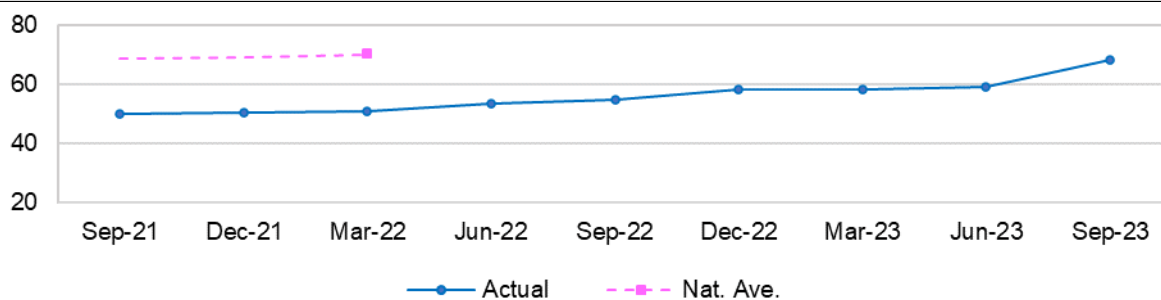
Rate of children with Child Protection Plans per 10,000 child population – snapshot at Quarter end



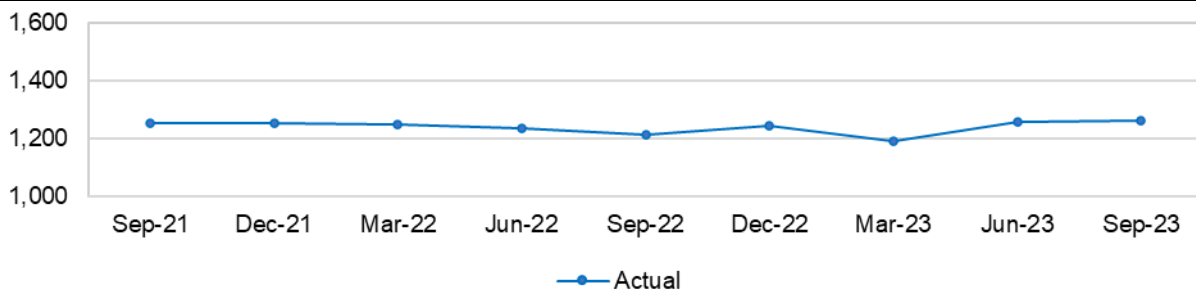
Rate of Children in Care (excluding UASC) per 10,000 child population – snapshot at Quarter end



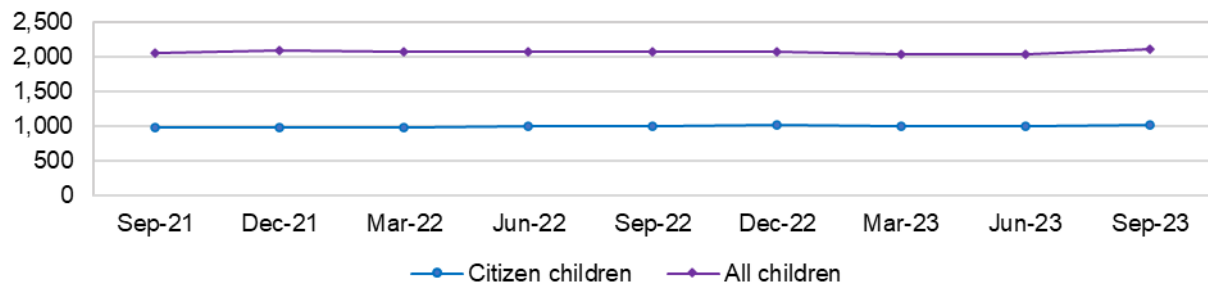
Rate of Children in Care (including UASC) per 10,000 child population – snapshot at Quarter end



Number of other local authority children in care placed into Kent – snapshot at Quarter end



Number of care leavers as at Quarter end



Adult Social Care & Health						
Cabinet Member	Dan Watkins					
Corporate Director	Richard Smith					
KPI Summary	GREEN	AMBER	RED	↑	⇒	↓
	1	4	1	1	2	3

Contacts

Adult Social Care and Health (ASCH) continue to have over 20,000 people contact them each Quarter, both new people and people we already support. In Quarter 2 contact was with 22,028 people. **To help manage incoming contacts and give Kent residents the ability to be fully informed and understand the support available to them both with ASCH and in their communities, there are news tools on Kent.gov that help people understand their current adult social care needs, estimate how much they may need to pay towards their care and support, and there is the provision of advice and information and signposting to wider services too.**

The KPI on the percentage of people who re-contacted adult social care, having had a previous contact resolved with advice and information, decreased further to just 4% re-contacting. This is well below the target of 9% and continues to be RAG rated Green. This indicates that more people are receiving the information they need at the first point of contact and not needing to progress to further assessments unnecessarily.

Assessments and Support Packages

Quarter 2 saw a decrease in the number of Care Needs Assessments to be undertaken: at 4,506 this was over 1,000 fewer than in Quarter 1 and over 400 fewer than in the same quarter in the previous year. ASCH did complete 4,489 Care Needs Assessments in Quarter 2, however the number of people still requiring a Care Needs Assessment at the end of Quarter 2 was the highest in at least 2 years.

For the KPI, on the incoming new Care Needs Assessments for Quarter 1, 66% were completed by ASCH within 28 days; this was below the floor standard and is partly due to this Quarter having the highest number of assessments initiated (over 5,500) since this reporting began. This was also the Quarter when the new Locality Model went live, and the new teams were adjusting to a new way of working. **There continues to be a focus on ensuring people receive their Care Needs Assessments in a timely manner as part of the Performance Assurance Framework, with regular meetings within the Community Teams and at Senior Management Team level, to discuss the actions taken and to address the demand in delivering these.**

In Quarter 2 there was an increase of the number of Carers' Assessments completed by ASCH and the Carers' organisations. With 1,135 completed this was a 5% increase on the previous quarter.

Following a Care Needs Assessment, people eligible for support receive a Care and Support Plan (C&SP) which details how a person will be supported and the services they may receive. At the end of Quarter 2, ASCH had 16,649 people with an active C&SP, which is an increase of 2% on the previous Quarter, which itself had seen a 2% increase on numbers in Quarter 4, 2022/23. These increases follow reductions seen in the preceding two Quarters, meaning numbers have returned to the levels seen in September 2022. Not everyone will go on to need a support package and ASCH has seen varying numbers of new support packages being arranged each Quarter, in Quarter 1 it was 2,725 with the average weekly cost of a new support package being £661 (both figures updated since the last report).

Annual reviews of the Care and Support Plan

ASCH completed 2,140 annual reviews of C&SPs in Quarter 2, which was a decrease on the previous Quarter; this decrease, alongside additional reviews becoming due in Quarter 2, has meant ASCH has seen another quarterly increase in the number of people requiring an annual review on the last day of the Quarter to over 6,000. **As part of the Performance Assurance Framework and work on the Savings Plans for both Community Teams and those working with people on the hospital discharge pathways is to prioritise first reviews, which are due 6-8 weeks after the start of their service;** this has contributed to the lower number of annual reviews delivered.

Enablement

ASCH has the Kent Enablement at Home service (KEaH) which aims to keep people independent and in their home; Quarter 2 saw an increase of 13% on the previous Quarter in the number of people actively receiving this support to 1,782. In Quarter 2, 87% of those in receipt of KEaH had all their care needs met by this service.

KEaH managers have worked extensively with the ASCH Referrals Service and Community Teams to increase referrals into their service and have been actively looking at opportunities to increase enablement opportunities with those in the process of receiving a Care Needs Assessment or already receiving services. The KEaH teams have also been supporting the Occupational Therapist Service and the Kent Enablement Service (KES, who work with people with Learning Disabilities and Mental Health needs) where there are many opportunities for joint working and sharing expertise. Next year the intention is to expand this joint working and provide total wrap around support for those within these services, therefore improving the outcomes for the people we support.

Some people will require residential or nursing care on a temporary basis (either while their longer-term needs or circumstances are assessed, or to provide respite) via the hospital discharge pathways or from community settings. ASCH has been working to reduce the use of Short-Term Beds as well as the amount of time people spend in them, ensuring they maximise the opportunities for people to remain independent in their own homes. There was a decrease in the number of people in short-term beds in Quarter 2, with the current figure of 1,291 being the lowest since March 2022.

Hospital Discharge Pathway

ASCH saw 82% of people aged 65 and over at home 91 days after discharge from hospital having had reablement/rehabilitation services, in Quarter 1, the same as in Quarter 4 2022/23. Work to reduce the longer-term use of a short-term beds have stopped this KPI from decreasing. The work with partners to develop the Transfer of Care Hubs continues, where it is anticipated that decision making on people's care and support will shift to outside of the hospital to a robust Multi-Disciplinary Team, maximising the outcomes for people.

Direct Payments

A key priority for ASCH is to enable people to remain independent and in their own homes with clear personal choice of their support. Direct Payments are nationally recognised as an effective way of delivering these aims and for Quarter 2 this measure is RAG Rated Amber at 25%, the same delivery as the previous Quarter; there were increases in the numbers of carers, people with learning disabilities, mental health and sensory needs receiving a Direct Payment. **The use of Direct Payments is a priority for ASCH and each Community Team have targets on increasing the uptake. A strategic design authority was established which conducted a root and branch review of the local Direct Payment offer to better understand barriers to take up, a findings paper has identified areas of development and is being taken to ASCH DMT.**

Residential and Nursing care

The number of people aged over 65 years old going into long term residential and nursing care varies each Quarter and to allow for more focussed conversations on this area of support and to ensure ASCH can benchmark against both the national Adult Social Care Outcomes Framework and the Better Care Fund reporting, this measure now shows 12 month rolling figures. In the 12 months to the end of Quarter 1, the admission rate was 608 per 100,000 of the population, and is RAG Rated Amber.

The percentage of KCC supported people in residential or nursing care with a Care Quality Commission (CQC) rating of Good or Outstanding increased by 1% on the previous quarter at 76% and continues to be RAG Rated Amber, remaining below target. Once again, there has not been an increase in the proportion of those in an Inadequate home, with just 2% this Quarter (1% of care homes in Kent are rated Inadequate, August 2023).

Mental Health needs

The number of people accessing support who have a mental health need continues to increase each Quarter with 1,400 people being supported by ASCH in Quarter 2. Supporting Independence Services/ Supported Living continue to be the most prevalent service provision.

Deprivation of Liberty Safeguards (DoLS)

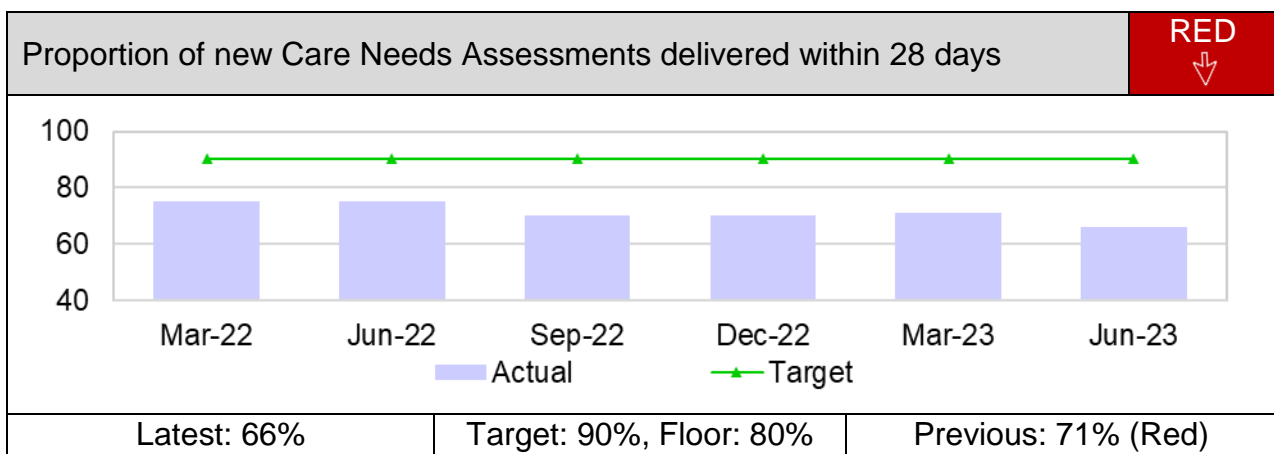
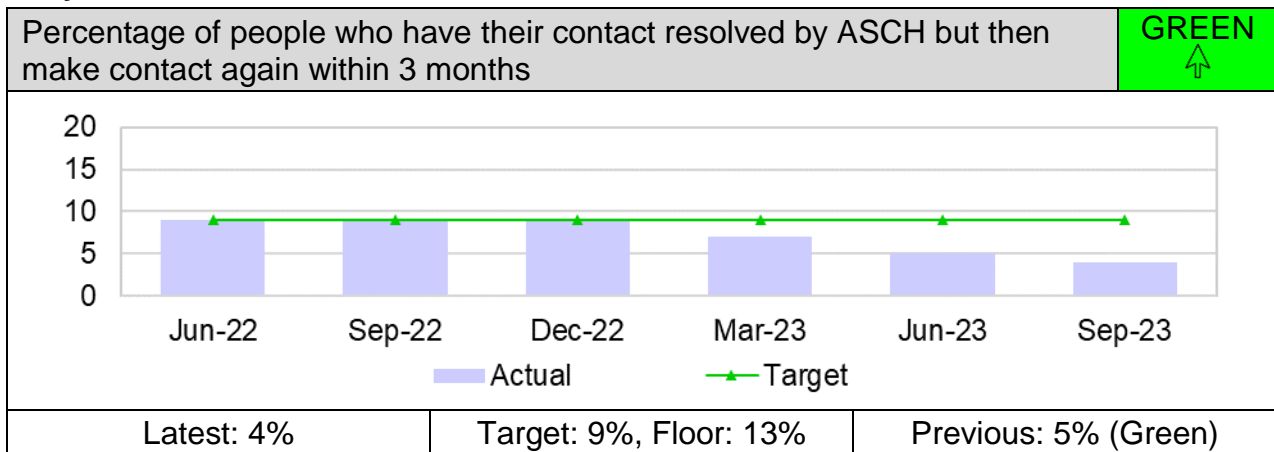
The number of Deprivation of Liberty Safeguards (DoLS) applications received remains at over 2,000 in Quarter 2, albeit at a lower level compared to previous Quarters. The DoLS Team completed over 2,200 assessments.

Safeguarding

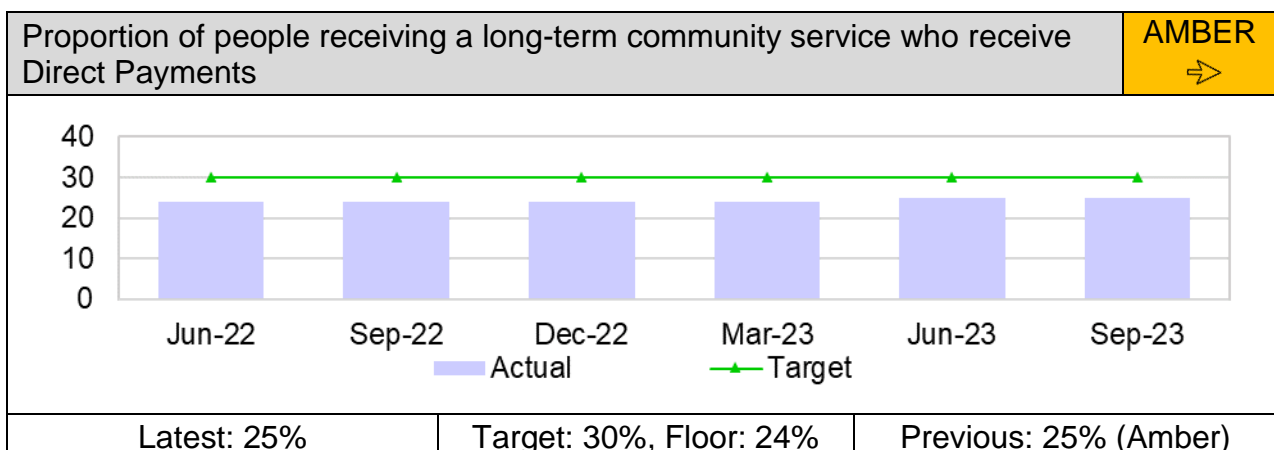
ASCH saw another increase in the number of safeguarding enquiries open on the last day of the Quarter with the figure now standing at over 1,800. Safeguarding remains a high priority for ASCH and actions are being taken by Directors, Assistant Directors and Community Team Managers. Work is ongoing to ensure enquiries are progressed, and ones that can be closed are done so.

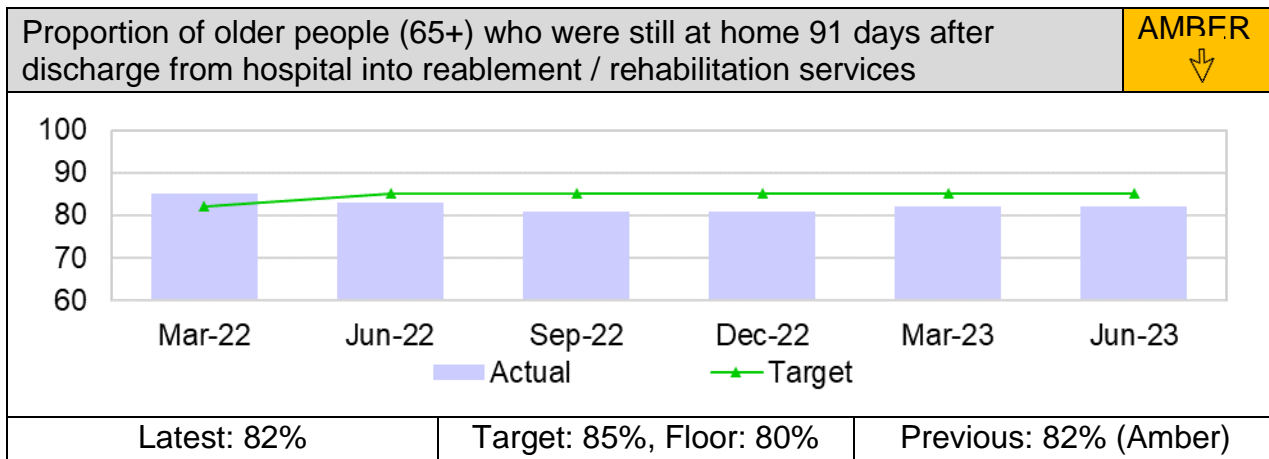
There is a need to embed learning around safeguarding across all teams and this is ongoing, with areas adapting their teams to deal with the level of safeguarding coming into the localities. The density of safeguarding enquiries is seen most in teams whose areas include acute hospitals/trusts, and work is underway with partners to educate what an appropriate referral is for safeguarding. **Managers in localities are developing strategies to address performance and prioritizing risk. The area referral service/safeguarding transformation project is also underway, and extensive research with other local authorities has informed our way forward which should reduce the number of open enquiries in the future.**

Key Performance Indicators

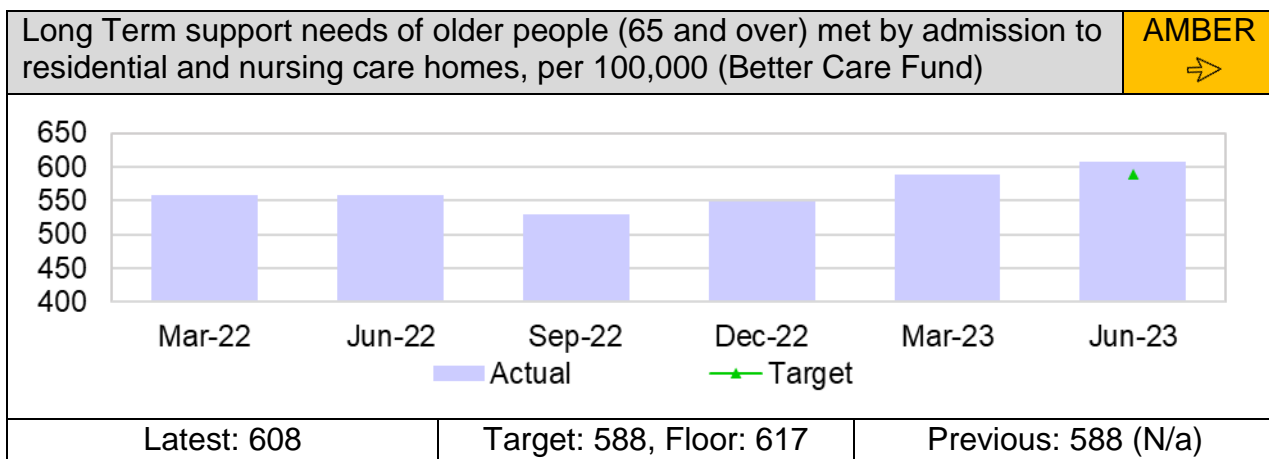


KPI Reported one Quarter in arrears.

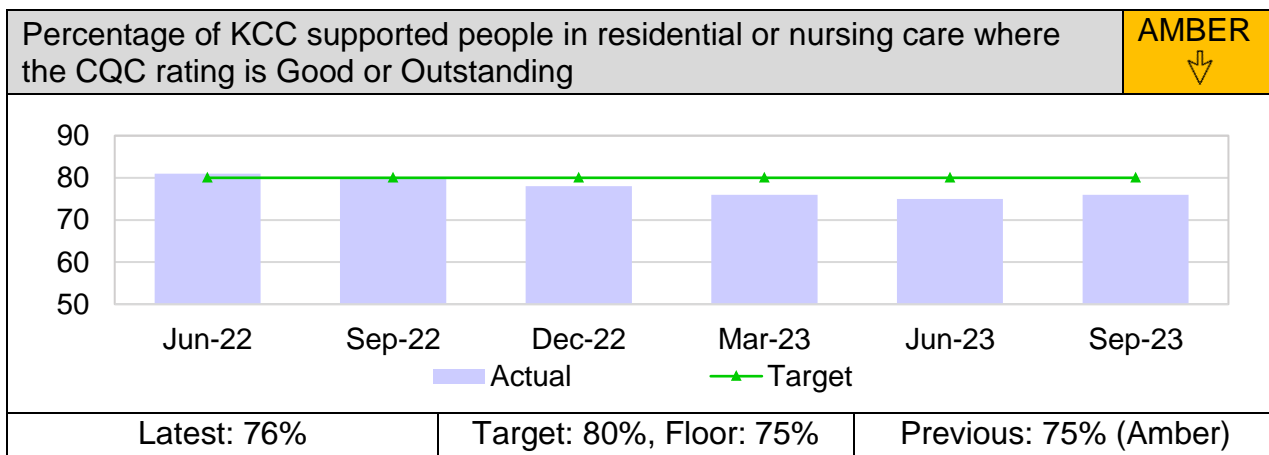




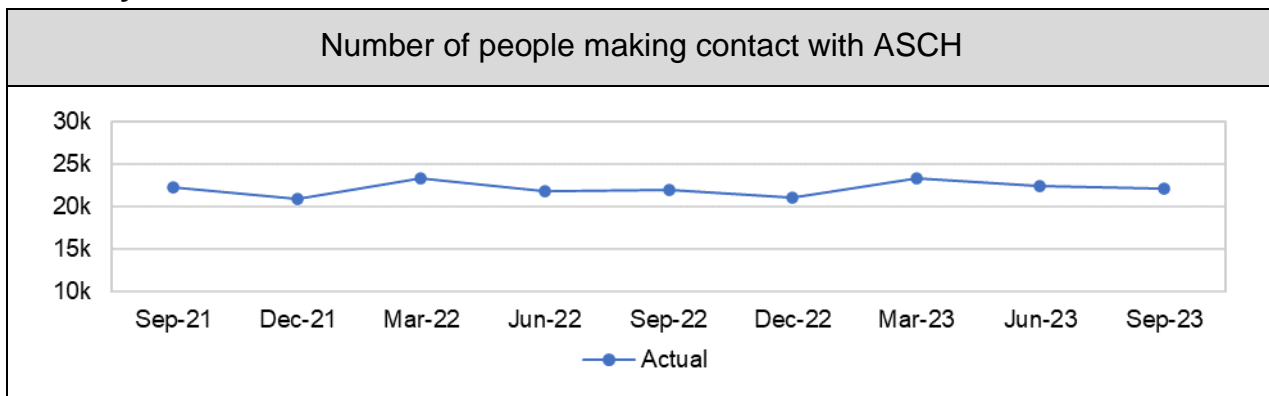
KPI Reported one Quarter in arrears.



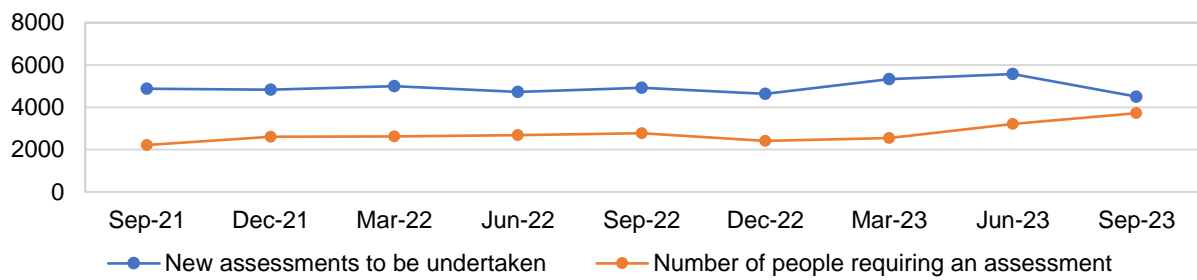
To ensure consistent comparison with previous Quarters by removing seasonality, this KPI is now being reported on a rolling 12-month basis, and one Quarter in arrears.



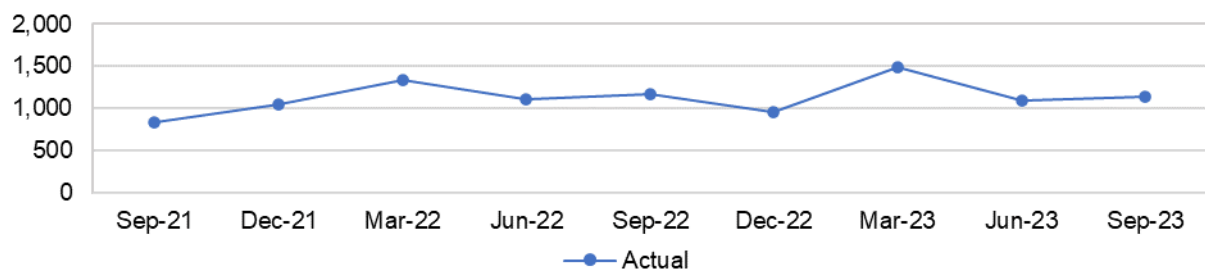
Activity indicators



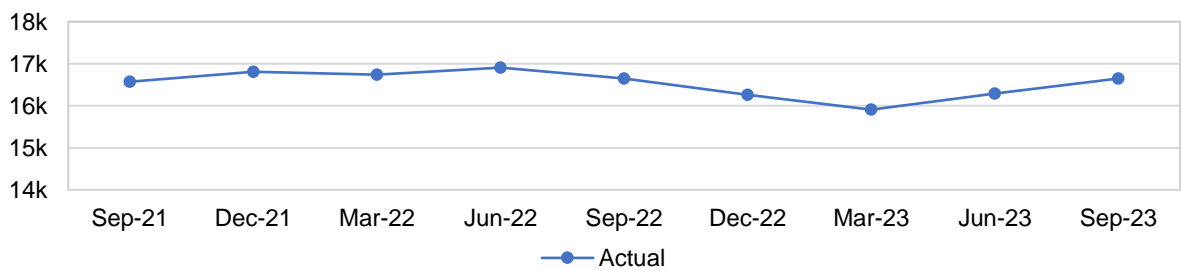
Number of new Care Needs Assessments to be undertaken and the number of people requiring a Care needs Assessment on the last day of the quarter



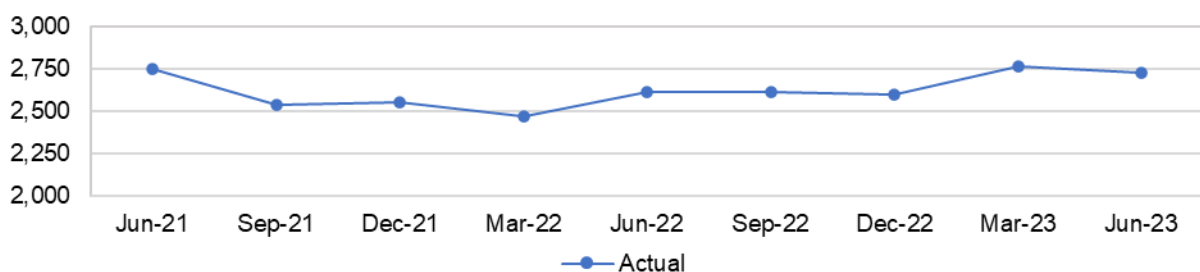
Number of new Carers assessments delivered



Number of people with an active Care & Support Plan at the end of the Quarter

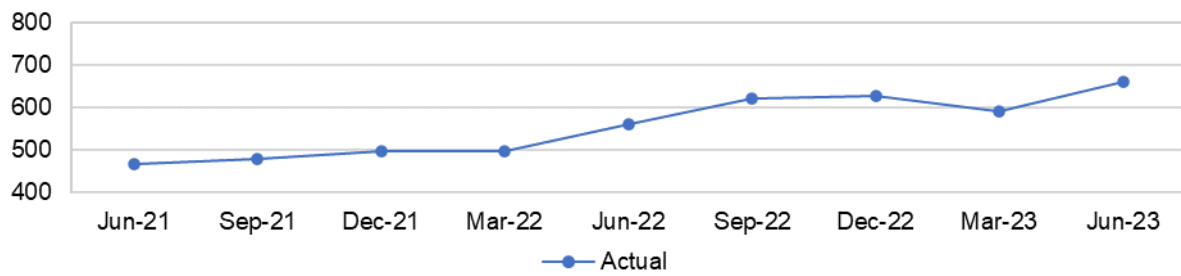


Number of new support packages being arranged for people in the Quarter



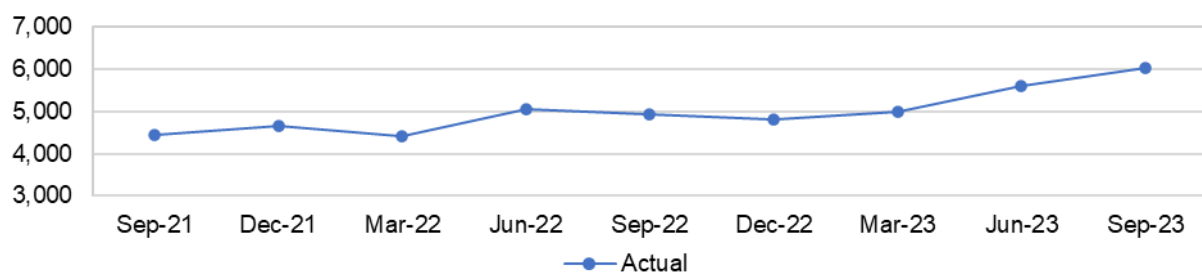
Reported one Quarter in arrears.

Average cost (£s per week) of new support packages arranged for people in the Quarter

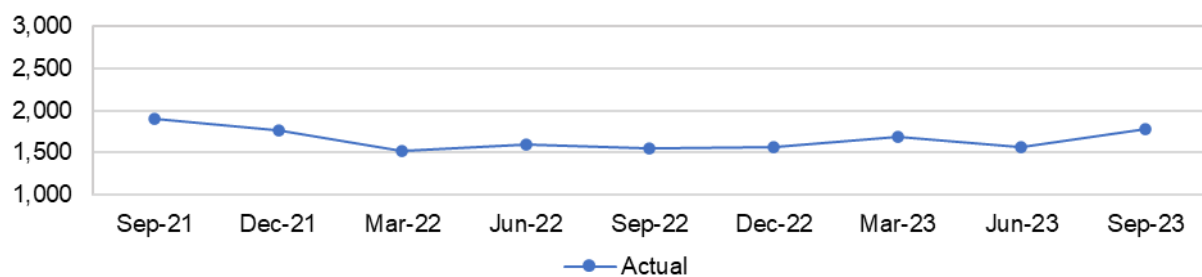


Reported one Quarter in arrears.

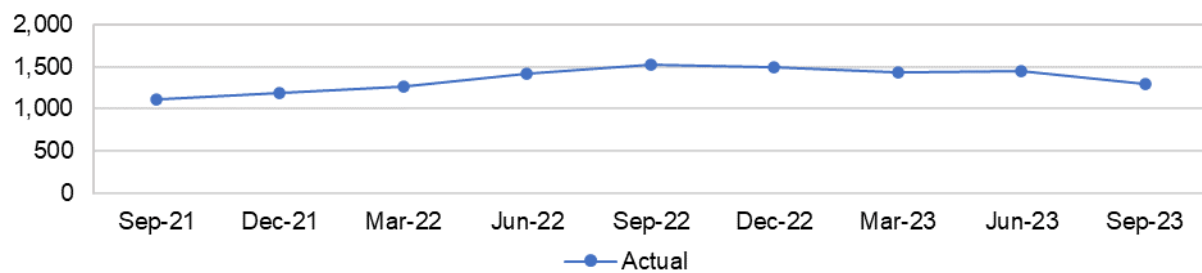
Number of people requiring an annual review to be completed on the last day of the Quarter

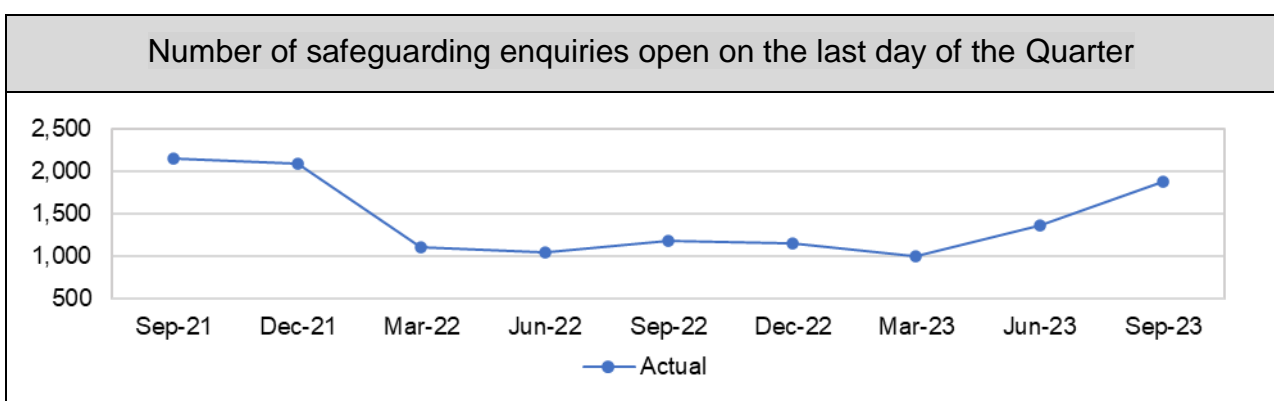
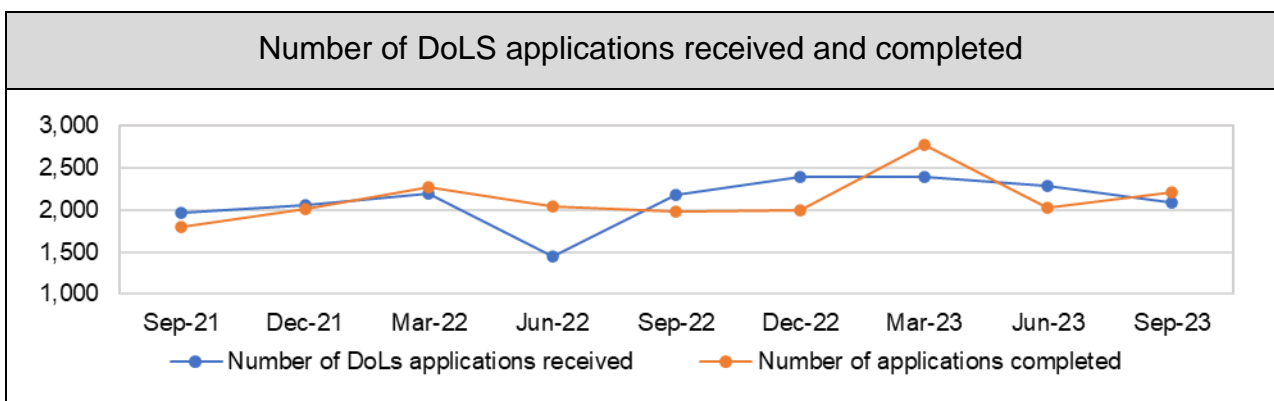
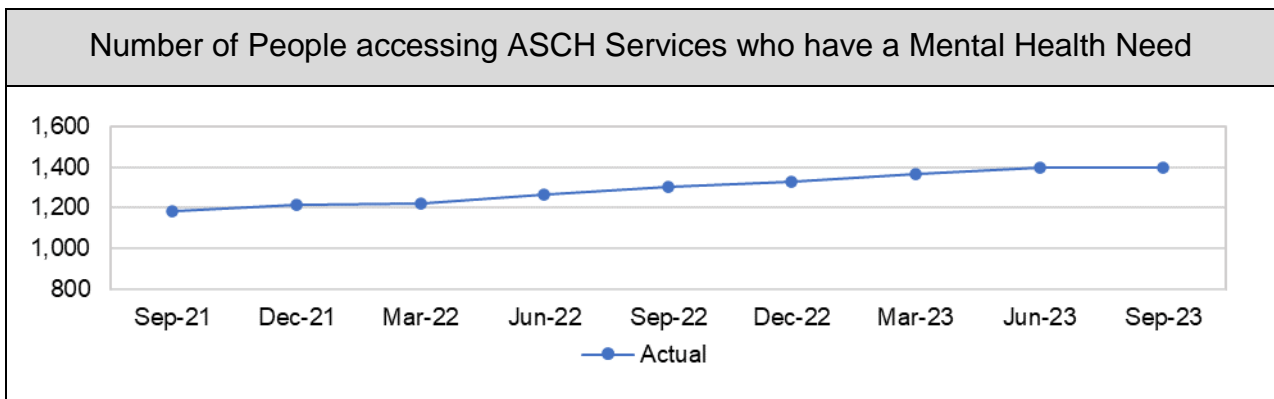
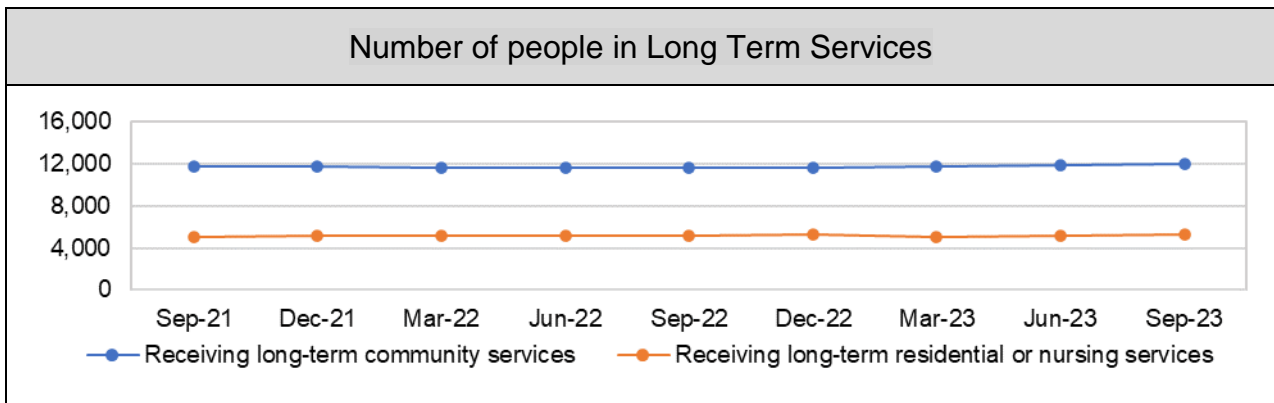


Number of people in Kent Enablement at Home (KeaH)



Number of people in Short Term Beds during the Quarter





Public Health						
Cabinet Member	Dan Watkins					
Director	Anjan Ghosh					
KPI Summary	GREEN	AMBER	RED	↑	⇒	↓
	5			2	1	2

NHS Health Check

In Quarter 2, the number of eligible people receiving an NHS Health Check (twelve-month rolling total) reached 28,722. This marks a 37% increase compared to the same Quarter in 2022/23, when there were 20,946 recipients. This significant growth reflects the ongoing positive recovery from the COVID-19 impact, which had led to a reduction in service delivery. However, it is worth noting that in Quarter 2, 2018/19 (pre-pandemic) 43,964 individuals received an NHS Health Check, highlighting that the road to full recovery is still ongoing. To support this growth and align with the Public Health Service Transformation Programme, commissioners are exploring various delivery models for the future.

Health Visiting

In Quarter 2, the Health Visiting Service delivered 17,320 mandated universal health and wellbeing reviews, slightly higher than the previous Quarter (16,780), but lower than the same Quarter in the previous year. The service remains on track to meet the annual target of 68,000 mandated universal health and wellbeing reviews (by the end of the year). Four of the five mandated contacts met or exceeded the targets with the proportion of new birth visits delivered within 10–14 days at 94.8%, slightly below the 95% target. Overall, 99% of new birth visits were delivered within 30 days (which was the previous target) and families with additional needs are always prioritised.

Sexual Health Service

The Sexual Health Service performed above the target for the percentage of first-time patients being offered a full sexual health screening, achieving 98% in the current Quarter. There were 15,772 attendances at KCC commissioned sexual health clinics during the current Quarter, an increase of 3.8% (581) compared to the previous Quarter. Access to the online Sexually Transmitted Infections (STI) Testing Service continues to be high, with 11,109 testing kits ordered during Quarter 2. The Flete unit clinic opened at the grounds of Queen Elizabeth the Queen Mother Hospital (Thanet) in October, which will increase access and availability of service provision in the area. The service has also continued successful, proactive outreach work, which targets groups including young people, the homeless, ethnic minority groups and sex workers.

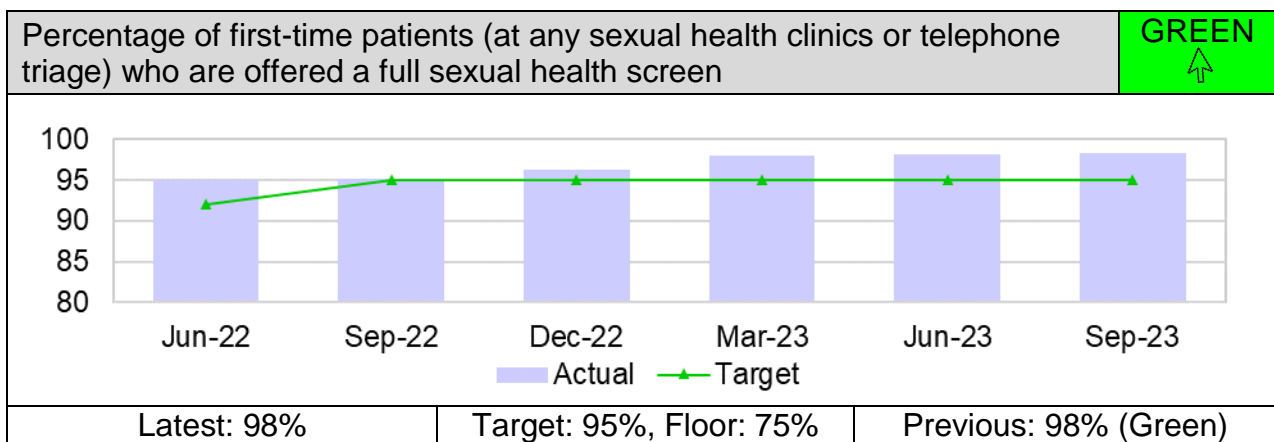
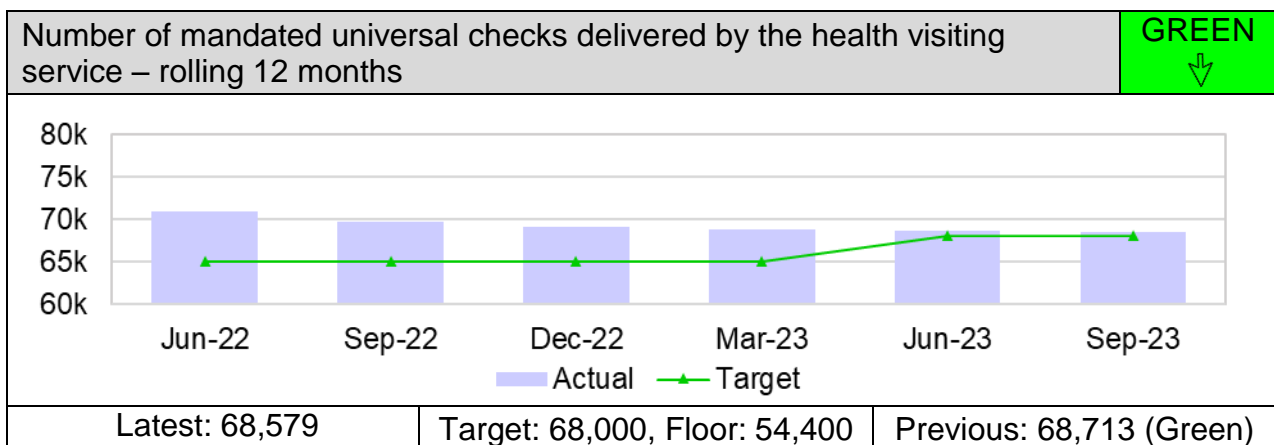
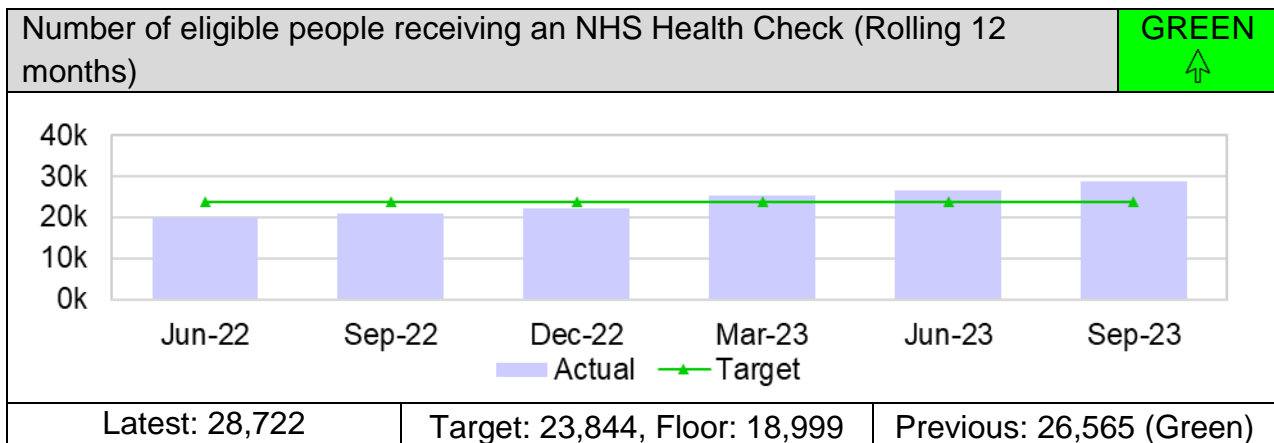
Drug and Alcohol Services

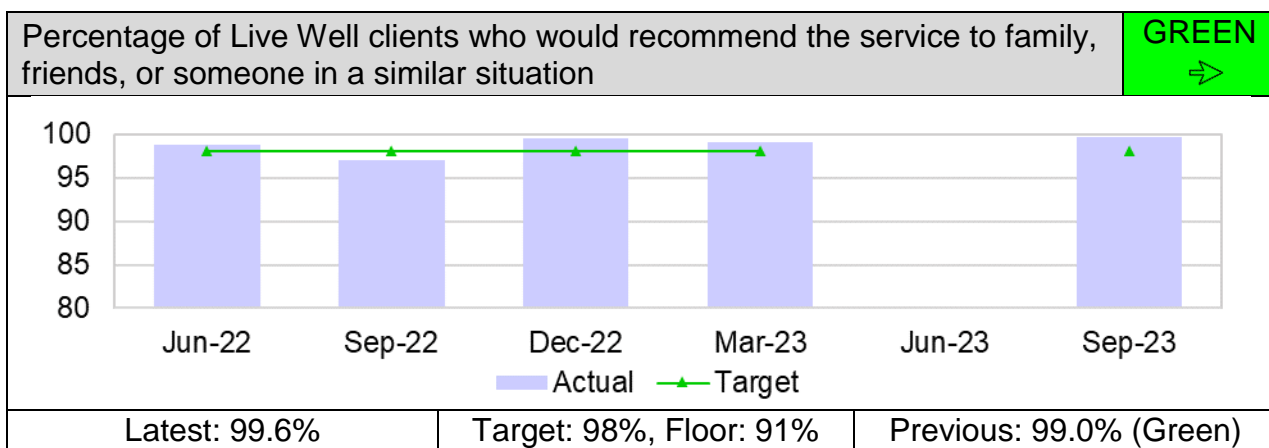
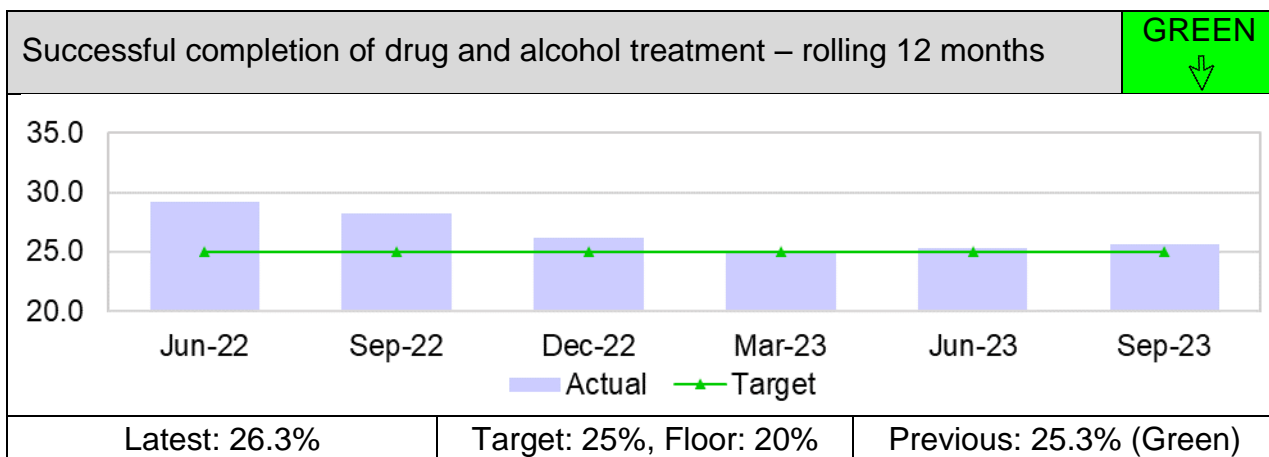
In Quarter 2, there was a small increase in the proportion of successful completions and number of people in treatment. In September, a whole system stakeholder meeting took place resulting in the recommendation that Kent, as a partnership, complete the Commissioning Quality Standard self-assessment tool. This framework will help to improve treatment access, outcomes and quality for those affected by problem alcohol and drug use.

Live Well Kent and Medway

In Quarter 2, Live Well Kent and Medway (LWKM) continues to support the implementation of the Community Mental Health Framework (Community Mental Health Transformation), supporting with the development of the operational model, including workforce. The service continues to provide a hybrid model of in-person and remote delivery, which has improved accessibility and engagement with hard-to-reach communities. The client satisfaction rates are high with 99.6% of people recommending the service to a family member, friend or someone in a similar situation.

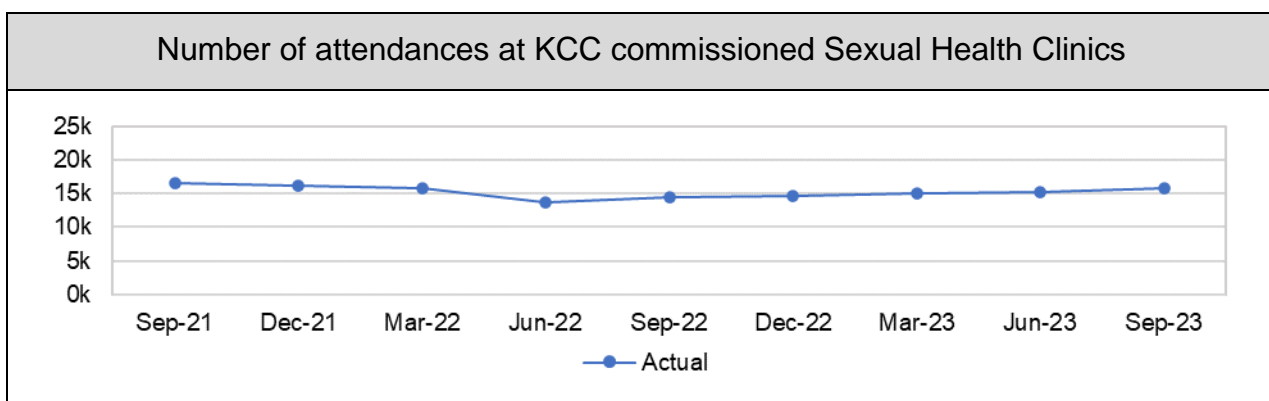
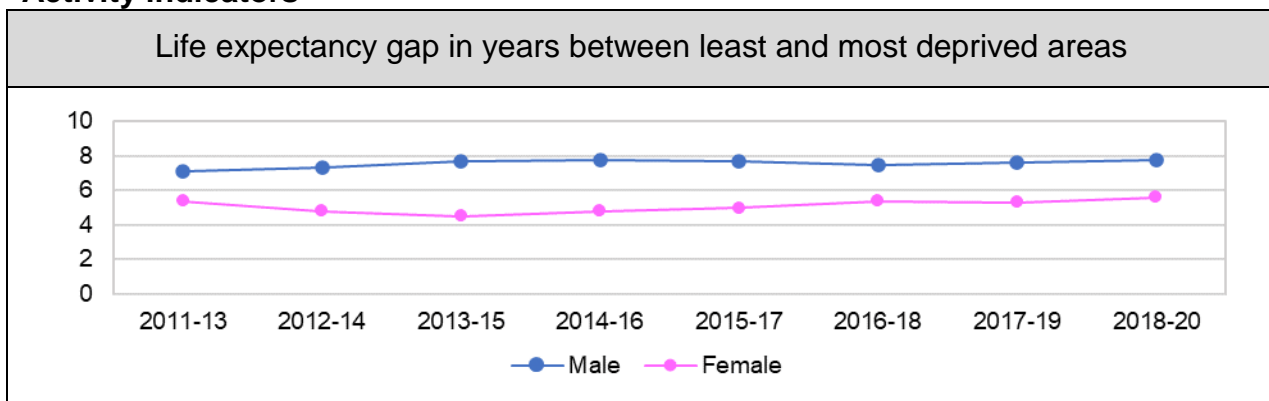
Performance Indicators



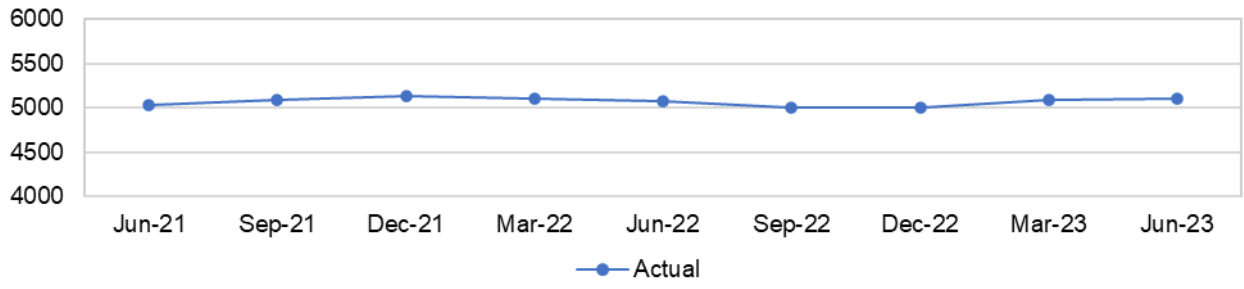


The transfer of clients due to a new service contract necessitated a data reset for the exit survey completions. As a result, data is not available for Jun-23.

Activity indicators



Number of adults accessing structured Substance Misuse Treatment Services



Corporate Risk Register – Overview

A combination of the cost-of-living crisis, rising energy bills, inflation pressures and interest rates, all exacerbated by the war in Ukraine and global supply chain issues, mean that the council, its residents, service users and staff are facing significant challenges, which carry risk implications for the achievement of the Authority's objectives.

The table below shows the number of corporate risks in each risk level (based on the risk score) in November 2023, compared with August 2023.

	Low Risk	Medium Risk	High Risk
Current risk level August 2023	0	9	13
Current risk level November 2023	0	9	14

CHANGES DURING LAST QUARTER

NEW RISKS

CRR0063: Capacity to accommodate and care for Unaccompanied Asylum Seeking (UAS) Children

As a result of a recent High Court Judgement, the protocol agreed in September 2021 between KCC and the Home Office to help manage the significant numbers of UAS children being received into the County can no longer be applied in its current form, meaning that the Council is required to accommodate and look after all UAS children arriving into the County, pending transfer to other local authorities under the National Transfer Scheme. This presents numerous pressures on an already stretched service, and for the council as a whole.

CRR0064: Risk of Failing to Deliver Effective Adult Social Care Services

This risk is focused on the ability for KCC to deliver effective Adult Social Care services and meet requirements of statutory services under the Care Act 2014, the Mental Health Act 1983, the Mental Capacity Act 2005 and associated legislation, and the regulatory requirements of the Care Quality Commission. Adult Social Care and Health services are under significant strain due to a number of pressures such as increased demand on services, increasing complexity of health and social care needs, and increasing costs from social care market providers.

WITHDRAWN RISK

CRR0002: Safeguarding – Protecting Vulnerable Adults at Risk

This risk was specifically focused on the Councils statutory responsibilities in relation to protecting adults at risk. Following the addition of *CRR0064 - Risk of Failing to Deliver Effective Adult Social Care Services*, which widens the scope to include all of KCC's statutory duties in relation to Adult Social Care and Health, this risk has been withdrawn.

MITIGATING ACTIONS

The Corporate Risk Register mitigations are regularly reviewed for their continued relevance and urgency, and new mitigations introduced as required.

Updates have been provided for 33 actions to mitigate elements of Corporate Risks that were due for completion or review up to November 2023. These are summarised below.

Due Date for Review or Completion	Actions Completed/ Closed	Actions Partially complete	Actions subject to Regular Review	Actions Outstanding
Up to and including November 2023	15	10	8	0

CRR0001: Safeguarding – Protecting children from harm**Complete**

Recommendations from recent Independent Local Authority Children's inspection to improve SMART planning and reduce drift. A Child in Need (CIN) panel process has been launched across children's social workers, allowing staff to better understand the experience of CIN, which over the process of around 5 weeks facilitates management oversight of all CIN, creating clearer throughput of work.

Complete

Revitalise current process for managing frequent placement moves:

Processes for managing frequent placement moves have been refreshed, including introduction of a placement stability tool to identify placement fragility and provide the right support at the right time to avoid placement breakdown.

CRR0002: Safeguarding – Protecting adults from harmPartially Complete**KCC Safeguarding Competency Framework development**

Workshop to provide Statutory Competency Framework is due to take place in November, planned implementation date is March 2024.

Complete**Continuous Improvements in Safeguarding**

Safeguarding Practice Guidance is complete and has been circulated to the workforce and is available to practitioners on TriX system. Safeguarding project work to improve practice is ongoing.

Partially Complete**Local level partnership meetings**

Countywide leadership meetings have been established. Next stage is to draft terms of reference for the local partnership meetings.

CRR0003: Securing resources to aid economic growth and enabling infrastructureRegular Review**Producing Local Transport Plan 5 and approval by County Council**

Consultation on the emerging Local Transport Plan 5 has taken place, with the aim to complete development of the full Local Transport Plan in 2024, with a further consultation to be undertaken at that point.

Partially Complete**Development of an Economic Strategy**

A Kent & Medway Economic Framework is being developed, which states the priority activities and projects that are required to support economic growth and the economic infrastructure that is required; and will contain a funding/resources model for delivering change. This is due to be presented to the Growth, Economic Development and Communities Cabinet Committee in January 2024, ahead of a Key Decision.

CRR0004: Simultaneous Emergency Response, Recovery and ResilienceComplete**Air wave radio communications**

Resilient air wave radio communications have been purchased which will function regardless of any wider loss of power.

Complete**Multi Agency Command and Control Hubs**

Emergency planning team are supporting with establishing command and control hubs for multi-agency responses where there is existing contingency power supply by way of generators.

Complete**Operational Hubs**

Emergency Planning Team are leading on the identification and creation of operational hubs where contingency power exists in the form of generators. These hubs will be available for KCC to deliver operational activities should there be loss of power.

CRR0009: Future financial and operating environment for Local GovernmentPartially Complete

An initial draft Medium Term Financial Plan for 2024-27 was published on 1st November and discussed at Cabinet Committees during November, which is earlier in the planning cycle, due to the significant financial challenges facing the Council. A Budget Recovery Strategy – Securing Kent’s Future has been presented to Cabinet and County Council.

CRR0039: Information GovernanceComplete**Working from Home Information Governance and Records Management audit**

Implementation of recommendations is ongoing including review the completion of an information governance risk assessment, and remodel of records management guidance and information governance policies.

Complete**Reporting on FOI Statutory returns**

A paper was presented on Information Governance performance to Policy & Resources Committee including FOI data.

Partially Complete**Data Mapping Exercise**

Significant improvements in the quality and coverage of data mapping have occurred over the past year. Internal Audit have recently reviewed data mapping and recommendations have been made to further improve the process.

CRR0045: Maintaining effective governance and decision making in a challenging financial and operating environment for local government.

Complete

Completion of the activities required to ensure that the Chief Executive Officer (CEO) has a fit for purpose support and governance structure. Following the publication of the 2021/22 Annual Governance Statement (AGS), a dedicated team was assembled to improve the awareness and application of governance and decision making across the Council. A number of activities have been completed including expanding the scope of the AGS, training, a review of written governance and new decision-making pilot is underway.

CRR052: Impact of climate change on KCC services

Partially Complete

Adaptation Programme actions

A Climate Change Adaptation Action Plan is due to be considered by the Environment and Transport Cabinet Committee, with exact date to be confirmed.

CRR0053: Capital Programme Affordability (impacts on performance and statutory duties)

Action Closed

Identify alternative funding options for annual rolling programmes to reduce the reliance on borrowing.

There are no alternative funding options apart from additional grants. This action will be broadened to look at reviewing the programme as a whole.

CRR0056: SEND and High Needs Funding

Regular Review

Implementation of SEND Written Statement of Action Inclusion workstream

Implementation of the SEND Accelerated Progress Plan is progressing (including Inclusion workstream) to better address the relationship between learner need, outcomes, provision and cost in addition to reviewing externally commissioned arrangements including independent providers, home tuition and therapy service, to ensure Value for Money.

Regular Review

County Approach to Inclusive Education

County Approach to Inclusive Education (CATIE) – positive feedback has been received from parents and carers to this approach after its introduction. The goal is to reduce number of children requiring EHCPs and Special Schools by developing more inclusive mainstream schools across the County.

Regular Review

Implementation of SEND Improvement Programme

SEND Improvement Programme which includes delivery of requirements detailed in the Kent Accelerated Progress Plan is being implemented, with the first six monthly review with the Department for Education and NHS England taking place in November 2023.

CRR0057: Home to School Transport PressuresPartially Complete**Management Action Plan coming out of Internal Audit Review, overseen by Governance and Audit Committee**

A follow up to the Internal Audit has been conducted, with further assurance from the services to be given to the next meeting of the Governance & Audit Committee.

Regular Review**Work to improve inclusion and for more children to be educated in their local school**

This connects to CRR0056 above and the implementation of the SEND Accelerated Improvement Plan, which is subject to regular and comprehensive monitoring and scrutiny.

Complete**Review findings and respond to Home to School Transport Policy and Post 16 Transport Policy Statement consultations**

These changes were presented to Cabinet Committee and the Post 16 Transport Policy Statement was approved by Cabinet in October 2023.

CRR0058: Recruitment and retention of the workforceComplete**Delivery of a Change Support Hub**

The 'Change Support Hub' has been implemented, this provides a suite of tools, knowledge, models, videos and change related resources to support leaders, managers, staff, and project delivery teams. The aim of the Change Hub is to aid employees to build change understanding and skills at a time right for them, to support the delivery of KCC ambitions through its many change programmes.

Complete**Delivery of Management Development Activities**

Implementation of 'Managing Now' a suite of management development activities to provide, clarity and guidance for KCC managers on their responsibilities and accountabilities, including focus on key areas, such as digital, hybrid, equality, inclusiveness and performance management.

CRR0059: Significant failure to deliver agreed budget savings and manage demandPartially Complete**Collate business case information for 2024/25**

Savings Plans for 2024/25 have been submitted, with further targeted work being conducted with services to ensure underpinning delivery plans are robust.

Complete**Budget Recovery Plan**

Budget Recovery Plan – Securing Kent’s Future, with four key objectives, including addressing in-year forecast overspend, has been developed and presented to Cabinet and County Council, focusing predominantly on the material spending areas of council activity and those with the greatest forecast variances from the approved budget in adults and children’s services.

Complete**Analysis and enhancements to financial reporting**

Analysis and enhancements to financial reporting have been introduced to better identify the underlying drivers for the main budget variances and the impacts and dependencies of management action and policy choices to reduce the forecast overspend.

Regular Review**Consideration of rescoping ambitions set out within Framing Kent’s Future if necessary**

Consideration of impacts on *Framing Kent’s Future* have been set out in the *Securing Kent’s Future* Cabinet paper in October. Consideration of rescoping ambitions set out within Framing Kent’s Future if necessary.

Partially Complete**Maximise scope of effective scrutiny by all Members**

A report on decision making will be submitted to Governance and Audit in January 2024, and a report on scrutiny to the Scrutiny Committee in early 2024. In addition to this, a Members Governance Working Party has been established to commence in the new year.

Partially Complete**Review of Financial Regulations and Code of Corporate Governance**

Review of Council’s Financial Regulations (and delegation levels within), “Spending the Council’s Money” and Code of Corporate Governance, to ensure they remain fit for purpose in the current environment.

Regular Review**Amendments to Constitution**

Monitoring Officer, where necessary, to draft amendments to the Constitution for consideration by County Council (BW).

CRR0063: Capacity to accommodate and care for Unaccompanied Asylum Seeking (UAS) children

Regular Review

Negotiations with Home Office

Intensive negotiations taking place with Home Office and Department for Education on how to ensure suitable placements are provided for unaccompanied children, in line with our duties.

Partially Complete

Registering of reception centres

Registering of reception centres with Ofsted to meet regulations coming into effect in autumn 2023.

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From: **Roger Gough, Leader of the Council**
Amanda Beer, Chief Executive Officer

To: **Cabinet – 4th January 2024**

Decision No: **N/A**

Subject: **Corporate Risk Register**

Classification: **Unrestricted**

Past Pathway of Paper: **N/A**

Future Pathway of Paper: **Governance & Audit Committee**

Electoral Division: **ALL**

Summary: This report updates Cabinet on the outputs from the latest, more formal review of KCC's corporate risk profile, including the Corporate Risk Register.

Recommendation(s):

Cabinet Members are asked to NOTE the report.

1. Background

- 1.1 The Corporate Risk Register is a 'living document' and is regularly reviewed and updated throughout the year to reflect any significant new risks or changes in risk exposure that arise due to internal or external events; and to track progress against mitigating actions. It is subject to a more formal review each autumn, including conversations with the Corporate Management Team, Cabinet Members and the Chair of the Governance & Audit Committee.
- 1.2 The review process has taken place against a backdrop of continued uncertainty in the local government operating environment, with the Council facing implications relating to geo-political factors, the cost-of-living crisis, broader economic volatility, workforce shortages and cost inflation. The financial challenges facing the sector are becoming ever-more acute, with several more local authorities declaring section 114 notices during the past year, and councils across the country giving warning of threats to their

financial sustainability, particularly due to significant social care demand and cost pressures.

- 1.3 The risk register refresh process highlighted continued consensus on what are seen as the main risks for KCC, both in relation to respective portfolios / directorates and wider KCC concerns. There remains a strong correlation between these views and risks already captured on directorate registers or the corporate risk register, which would indicate that the current risk management process is robust. However, the context of the risks continues to evolve, along with the Council's responses.
- 1.4 As part of the refresh, attention was paid to key themes arising from the Budget Recovery Plan, *Securing Kent's Future*, including Best Value, Risk Appetite and Partnerships.

2. Corporate Risk Register – review of criteria

- 2.1 It is not surprising that the Corporate Risk Register has grown significantly over the past few years given the challenging environment the Council is operating in. With an increasing number of risks and the majority of them still rated as High, it is important to review the criteria for what risks appear on the corporate risk register, and perhaps more importantly, the criteria for risks to come off the register (for example risks that are deemed to be at their "target" residual level and not rated as High). Any significant revisions or clarifications will be outlined in the council's Risk Management Policy & Strategy, which will be reviewed early in the New Year by the Governance & Audit Committee.

3. Corporate Risk Register - summary of changes

- 3.1 Ahead of the formal autumn refresh, three risks had been added to the register:
 - 3.1.1 CRR0061: Care Quality Commission (CQC) Assurance Readiness (Medium)- As part of the Health and Care Act 2022 the CQC have new regulatory powers to oversee the quality and performance of both local authorities and Integrated Care Systems (ICS) using a single assessment framework alongside the existing inspection responsibilities they hold for providers of regulated activity. The CQC will apply the Local Authority Assurance Assessment framework and the review will focus on how well KCC is meeting its duties under Part One of the Care Act. KCC needs to prepare for, and adapt to, this new regulatory regime.
 - 3.1.2 CRR0062: Provider failure (Adult Social Care) (Medium). The current social care system is under significant strain as a result of the challenging economic environment with increasing costs, inflationary pressures, increasing interest rates, rising energy costs, complexity of demand for services and constrained local authority budgets all having an impact on providers. There is a risk that one or more provider(s) is/are unable to continue to provide a service, or that

that they fail to do so to the required level or required quality standard. There is also the potential for providers choose not to tender for services at Local Authority funding levels or accept service users with complex needs.

3.1.3 CRR0063: Capacity to accommodate and care for Unaccompanied Asylum-Seeking Children (UASC) (High) – this risk re-entered the Corporate Risk Register in the summer of 2023 in light of a High Court Judgement meaning that a protocol between KCC and the Home Office to ensure KCC did not need to take more children than it could safely accommodate, could no longer be applied in its current form. This means that the Council is required to accommodate and look after all UAS children arriving into the County, pending transfer to other local authorities under the National Transfer Scheme. This presents numerous pressures on an already stretched service, and for the council as a whole. The risk is being reviewed again in light of latest developments from the High Court and KCC's legal action against the Home Office due to the deficiency of the National Transfer Scheme.

3.1.4 CRR0064: Delivery of effective adult social care services (High). This risk broadens the scope of the previous adult safeguarding risk, which it replaces, to acknowledge the risk of failing to deliver effective Adult Social Care services, with the council impacted by factors such as increasing demand (and cost of demand) for services, market factors, recruitment and retention of staff etc.

3.2 More recently, as a result of the refresh process, a number of changes have been proposed to the Corporate Risk Register, which are summarised below:

3.2.1 Three corporate risks that are now at their 'target' residual level are proposed to be delegated to directorate or divisional level, with an emphasis on the Risk Owner to escalate if the level of risk increases. These are:

- CRR0004 – Simultaneous emergency response, recovery and resilience. The Council has well established arrangements for these matters and is currently redesigning its resilience and emergency planning resources to ensure that more is available to support teams and services. KCC has also been engaging with the independent review of the Kent Resilience Forum. Work is in progress to ensure clarity of KCC's role, contribution and responsibilities as a partner within the KRF from April 2024 onwards. Providing these new arrangements do not increase the risk exposure, this risk can be removed from the corporate register in the Spring.
- CRR0050 – CBRNe incidents, communicable diseases and incidents with a public health implication. This risk was initially escalated from the Public Health register as the Coronavirus pandemic emerged and has now reduced to its target level. There is continued vigilance required in relation to Covid-19 and other communicable diseases, particularly during winter, therefore it is proposed that the risk is removed from the corporate register in April, provided no further concerns are raised. The risk can then be held on the Public Health risk register again and escalated by the Director of Public Health if necessary.

- CRR0001 – Safeguarding Vulnerable Children. There will always be a need for vigilance and no complacency regarding this risk. However, there are comprehensive controls in place that have received independent assurance. Therefore, it is proposed that unless the recent events regarding UAS children (see CRR0063) adversely impact this risk, it can be delegated to directorate level, with the emphasis on the Director of Children’s Services to escalate to CMT if required.

3.2.2 CRR0057 – Home To School Transport Pressures. The predominant risk now relates to increases in costs for Home To School Transport (SEND and Mainstream). The risk was previously more focused on operational concerns in the wake of a major network re-tendering exercise, for which the Internal Audit function has conducted a lessons learned review. There is a question of whether this stays on the corporate register as a standalone risk, or whether the cost pressures and plans being progressed to mitigate them can be sufficiently covered in the budgetary corporate risks and the SEND delivery improvement and high needs funding shortfall risk.

- 3.3 A number of other revisions are planned to risks on the register to reflect their evolution. For example, greater emphasis is being put on supply chain threat and mitigations for the cyber security risk (CRR0014); and the governance risk (CRR0045) is to be reviewed and updated in light of the latest Annual Governance Statement, due to be presented to Governance & Audit Committee later in January.
- 3.4 More detail on the risks and their mitigations are contained in the Corporate Risk Register in appendix 1, which will be revised further with Risk Owners to take into account the revisions proposed above.

4. Monitoring and Review

- 4.1 The corporate risks led by each Corporate Director are presented to the relevant Cabinet Committees annually, alongside existing arrangements for presentation of directorate risks. This allows for more in-depth conversation and scrutiny of the risks and their management with the relevant Risk Owner and Cabinet Member present.
- 4.2 The corporate register is also presented to Governance & Audit Committee twice yearly for assurance purposes, and the Internal Audit function uses the register as a source of information to inform its audit plan for the coming year.
- 4.3 There is a focus on ensuring that key mitigating actions are identified, and progress monitored. The risks within the Corporate Risk Register, their current risk level and progress against mitigating actions are reported to Cabinet quarterly via the Quarterly Performance Report.

5. Conclusions

- 5.1 The refresh process has taken place against a continually challenging background in the Council's financial and operating environment. Many key themes arising last year are still valid, particularly the need to regularly prioritise (and de-prioritise where necessary) activity given the increasingly challenging risk environment and constraints such as workforce capacity.
- 5.2 The fact that a number of our corporate risks are not entirely within our gift to control or manage is demonstrated by the 'target' residual risk ratings that are listed against each risk. The majority of them are Medium or High ratings, which is indicative of the fact that even with further mitigation, the Council will have to accept holding significant levels of risk going forward.
- 5.3 Several of the programmes and projects within the Council's Strategic Reset Programme (SRP) aim to mitigate elements of our corporate risk profile. Therefore, it is important that there is visibility of any significant risks and issues that could affect their successful delivery. The Risk & Delivery Assurance function is working closely with the SRP Team and others to offer support, advice and guidance to these programmes as they progress, as well as assessing delivery risk.
- 5.4 As risks evolve and new risks emerge, there is the need to consider the continued effectiveness of controls and any further mitigations that may be required.
- 5.5 The consideration of the aggregate picture of risk at a corporate level should aid thinking on how risk (including risk appetite) needs to feed into decision-making when setting priorities and allocating resources.

6. Recommendation

- 6.1 Cabinet Members are asked to NOTE the report.

Report Author:

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Relevant Director

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KCC Corporate Risk Register

For Presentation to Cabinet on 4th January 2024

Corporate Risk Register - Summary Risk Profile

Low = 1-6
Medium = 8-15
High =16-25

Risk No.*	Risk Title	Current Risk Rating	Target Risk Rating	Direction of Travel since May 2023	Timescale to Target (baseline summer 2022 unless otherwise stated).
CRR0001	Safeguarding – protecting vulnerable children	Medium (15)	Medium (15)	↔	At Target
CRR0002	Safeguarding – protecting adults at risk	High (20)	Medium (15)	↔	1-2 Years
CRR0003	Securing resources to aid economic recovery and enabling infrastructure	High (25)	High (16)	↔	3+ Years
CRR0004	Simultaneous Emergency Response and Resilience	Medium (15)	Medium (15)	↔	At Target
CRR0009**	Future financial and operating environment for local government	High (25)	High (16)	↑	1-2 Years
CRR0014	Cyber and information security resilience	High (20)	High (20)	↔	At Target
CRR0015	Sustainability of the social care market	High (25)	Medium (15)	↔	3+ Years
CRR0039	Information Governance	Medium (15)	Medium (9)	↔	1-2 Years
CRR0042	Border fluidity, infrastructure, and regulatory arrangements	High (25)	High (16)	↔	1-2 Years
CRR0045	Maintaining effective governance and decision making in a challenging financial and operating environment	Medium (15)	Low (5)	↔	TBC

CRR0049	Fraud and Error	Medium (10)	Low (5)	↔	Within 1 Year
CRR0050	CBRNE incidents, communicable diseases and incidents with a public health implication – KCC response to and recovery from the impacts of the Covid-19 public health emergency	Medium (15)	Medium (15)	↔	At Target
CRR0052	Impacts of Climate Change on KCC Services	High (25)	High (16)	↔	3+ Years
CRR0053	Capital Programme affordability (impacts on assets, performance and statutory duties)	High (25)	High (16)	↔	3+ Years
CRR0056	SEND Delivery Improvement and High Needs Funding shortfall	High (25)	High (16)	↔	3+ Years
CRR0057	Home To School Transport Pressures	High (16)	Medium (12)	↔	1-2 Years
CRR0058	Recruitment and Retention of the workforce	High (16)	Medium (9)	↔	1-2 Years
CRR0059	Significant failure to bring forecast budget overspend under control within budget level assumed	High (25)	Medium (9)	New Risk	Within 1 Year (baseline summer 2023)
CRR0060	Reinforced Autoclaved Aerated Concrete	Medium (15)	Low (5)	New Risk	Within 1 Year (baseline summer 2023)
CRR0061	CQC Assurance readiness	Medium (15)	TBC	New Risk	TBC
CRR0062	Provider Failure (Adult Social Care)	Medium (15)	Medium (9)	New Risk	TBC
CRR0063	Capacity to accommodate and care for Unaccompanied Asylum-Seeking (UAS) Children	High (25)	High (20)	Re-Entry	TBC
CRR0064	Delivery of Effective Adult Social Care Services	High (20)	Medium (15)	New Risk	Within 1 Year (baseline December 2023)

*Each risk is allocated a unique code, which is retained even if a risk is transferred off the Corporate Register. Therefore, there will be some 'gaps' between risk IDs.

** Risk rating to be reviewed after local government finance settlement is confirmed.

NB: Current & Target risk ratings: The 'current' risk rating refers to the current level of risk taking into account any mitigating controls already in place. The 'target residual' rating represents what is deemed to be a realistic level of risk to be achieved once any additional actions have been put in place. On some occasions the aim will be to contain risk at current level.

Likelihood & Impact Scales					
Likelihood	Very Unlikely (1)	Unlikely (2)	Possible (3)	Likely (4)	Very Likely (5)
Impact	Minor (1)	Moderate (2)	Significant (3)	Serious (4)	Major (5)

Risk ID	CRR0001	Risk Title	Safeguarding – protecting vulnerable children			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
The Council must fulfil its statutory obligations to effectively safeguard vulnerable children in a complex and challenging environment.	Failure to fulfil statutory safeguarding obligations.	Incident of serious harm or death of a vulnerable child.	Sarah Hammond, Corporate Director	Possible (3)	Major (5)	
In addition, the Counter Terrorism and Security Act 2015 sets out the Government’s “Prevent Duty” and requires the Local Authority to act to prevent people from being drawn into terrorism, with a focus on the need to safeguard children at risk of radicalisation.	Failure to meet the requirements of the “Prevent Duty” placed on Local Authorities.	Serious impact on vulnerable people.	People and Education (CYPE)			
During Lockdown some children were absent from school and some partners were less visible, undertaking fewer home visits to vulnerable children, increasing demand on statutory children’s services. As a result, there has been an increase in the risk to children under 5. This has introduced uncertain impacts for children’s mental health and resilience and the potential for latent demand to build. We are starting to see more complex demand within the system as a result of a more complex working environment. There is also an	Safeguarding risks are not identified to / by KCC in a timely fashion.	Impact on ability to recruit the quality of staff critical to service delivery.		Target Residual Likelihood	Target Residual Impact	Timescale to Target
	Spike(s) in demand impact on robustness of controls	Serious operational and financial consequences.	Responsible Cabinet Member(s):	Possible (3)	Major (5)	At target
		Attract possible intervention from a national regulator for failure to discharge corporate and executive responsibilities.	On behalf of Cabinet:			
			Sue Chandler, Integrated Children’s Services			
			Rory Love, Education and Skills			
			Clair Bell (Lead Member for PREVENT)			

impact on absentee and non-attendance levels within schools.	
Control Title	Control Owner
Active strategy in place to attract, recruit and retain social workers through a variety of routes with particular emphasis on experienced social workers.	Kevin Kasaven, Director of County Services/ Paul Royel, Director of HR and OD
Kent Safeguarding Children Multi Agency Partnership (KSCMP) arrangements in place, replacing the previous Kent Safeguarding Children Board. Includes, a Scrutiny and Assurance Framework, which is working with partners to address service visibility and demand issues.	Sarah Hammond, Corporate Director (CYPE) / David Whittle, Director SPRCA
Children's Assurance Board established to give assurance to the rest of the council, including safeguarding arrangements. Includes review of qualitative audit information and triangulates with quantitative picture	Sarah Hammond, Corporate Director (CYPE)
Consistent scrutiny and performance monitoring through Divisional Management Team, "Performance, Challenge and support" meetings and audit activity.	Kevin Kasaven, Director of County Services
Multi agency Crime and Sexual Exploitation Panel (MACSE) provides a strategic, county wide, cross agency response to CSE	Sarah Hammond, Corporate Director (CYPE)
A revised Elective Home Education policy approved that includes interaction with children where there are welfare concerns and where other agencies have been involved with the family. Awareness raising taking place with other practitioners.	Craig Chapman, Head of Fair Access / Christine McInnes, Director of Education
Introduction and appointment of independent scrutineer as part of multi-agency safeguarding children arrangements	David Whittle, Director SPRCA
Communities of Practice introduced during the Covid-19 pandemic, offering support for practitioners, with over 100 practitioners attending weekly	Kevin Kasaven, Director of County Services
Multi-function officer group helping to define key steps and approach to aid any future inquiries or investigations that may arise relating to alleged historical abuse	Kevin Kasaven, Director of County Services
Safeguarding and Quality Assurance Unit conducts audits, reviews of practice, identifies themes and patterns for accountable managers to respond and provides challenge.	Kevin Kasaven, Director of County Services
Multi Agency Public Protection arrangements (MAPPA) in place	Kevin Kasaven, Director of County Services
Kent & Medway Prevent Duty Delivery Board (chaired by KCC) oversees the activity of the Kent and Medway	Richard Smith, Corporate Director ASCH

Channel Panel, co ordinating Prevent activity across the County and reporting to other relevant strategic bodies in the county (including reporting route to the Kent Safeguarding Children Multi Agency Partnership). Currently chaired by KCC's Director of Adult Social Care and Health 2023.	
Manageable caseloads per social worker and robust caseload monitoring. Social work vacancies monitored with action taken to address as required.	Sarah Hammond, Corporate Director Children, Young People and Education (CYPE)
'Deep Dive' activity undertaken to investigate vacancy rates for staff that reflects factors such as maternity leave	Sarah Hammond, Corporate Director Children, Young People and Education (CYPE)
Integrated practice model	Kevin Kasaven, Director of County Services / Stuart Collins, Director Integrated Services (Early Help and Preventative Services lead)
Extensive staff training - Quality Assurance Framework has been rolled out and Integrated Children's Services team has received mandatory training related to this	Kevin Kasaven, Director of County Services –/ Stuart Collins, Director Operational Integrated Childrens Services
Kent and Medway Channel Panel (early intervention mechanism providing tailored support to people who have been identified as at risk of being radicalised) in place.	Nick Wilkinson, Assistant Director Contest and Serious Organised Crime (SOC),
Joint Exploitation Group (Kent & Medway) children and adults focuses on PREVENT, gangs, Modern Slavery, human trafficking and online safeguarding matters. Reports to Kent and Medway Adults Safeguarding Board and KSCMP.	Nick Wilkinson, Assistant Director Contest and Serious Organised Crime (SOC),
KCC cross directorate PREVENT group meets regularly and ensures the PREVENT duty is embedded across the organisation. Regular updates are provided to the Corporate Management Team. PREVENT training strategy in place and regularly reviewed.	Nick Wilkinson, Assistant Director Contest and Serious Organised Crime

	(SOC),
The annual assurance statement is a self-declaration approved by the Chief Executive / Head of Paid Service which captures the Authority's compliance with the requirements of the Counter Terrorism Act. Actions identified within the annual assurance statement are transferred to the Kent and Medway Action Plan. Kent and Medway Board for PREVENT have oversight of action progress.	Nick Wilkinson, Assistant Director Contest and Serious Organised Crime (SOC),
Semi-regional PREVENT model of delivery across Kent & Medway developed	Nick Wilkinson, Assistant Director Contest and Serious Organised Crime (SOC),
Adolescent risk management process agreed, and approach signed off.	Carolann James, Interim Director Operational Integrated Children's Services
Kent and Medway Gangs Strategy outlines the multi-agency approach to ending the criminal exploitation of vulnerable children and adults by gangs	Carolann James, Interim Director Operational Integrated Children's Services
Education Safeguarding Team in place as part of the contract with The Education People	Christine McInnes, Director of Education and SEND
"Section 11" audit conducted periodically to provide assurance that relevant agencies and individuals are cooperating to safeguard children and promote their welfare, with feedback and follow up. .	Jennifer Maiden-Brooks, Systems Improvement Manager, Kent Safeguarding Children Multi-Agency Partnership
Children's Services have been externally verified and rated as 'outstanding' by Ofsted in May 2022, offering external assurance that mechanisms in place have been robust.	Sarah Hammond, Corporate Director Children, Young People and Education (CYPE)
Processes for managing frequent placement moves have been refreshed, including introduction of a placement stability tool to identify placement fragility and provide the right support at the right time to avoid placement breakdown.	Leemya McKeown, Assistant Director – Professional Standards and Quality Assurance
A Child in Need (CIN) panel process has been launched across children's social workers, allowing staff to better understand the experience of CIN, which over the process of around 5 weeks facilitates management	Leemya McKeown, Assistant Director – Professional

oversight of all CIN, creating clearer throughput of work.

Standards and Quality
Assurance

Risk ID	CRR0002	Risk Title	Safeguarding – protecting adults at risk			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
The Council must fulfil its statutory obligations to effectively safeguard vulnerable adults, in a complex and challenging environment e.g., challenges relating to demand for services and consistent quality of care in the provider market.	Failure to fulfil statutory obligations.	Incident of serious harm or death of a adults at risk	Richard Smith Corporate Director Adult Social Care and Health (ASCH)	Likely (4)	Major (5)	
The change from 'safeguarding alerts' to 'safeguarding enquiries' has led to a significant increase in the number of safeguarding concerns received. There has also been an increase in domestic abuse referrals.	Failure to meet the requirements of the "Prevent Duty" placed on Local Authorities.	Serious impact on adults at risk		Target Residual Likelihood	Target Residual Impact	
The Covid-19 pandemic and the associated 'lockdown' measures raised concerns of increases in hidden harm, self-harm and neglect resulting in impacted demand profiles.	Safeguarding risks are not identified to / by KCC in a timely fashion.	Serious impact on ability to recruit the quality of staff critical to service delivery.	Responsible Cabinet Member(s):	Possible (3)	Major (5)	Timescale to Target
Adult Social Care (ASC) offered a safeguarding consultation service until December 2021. There was an increase in concerns being raised via the KASAF forms once this service stopped. In addition, in March 2022, ASC introduced an online safeguarding referral	Spike(s) in demand impact on quality of controls	Serious operational and financial consequences.	Dan Watkins, Adult Social Care and Public Health			1-2 years
		Attract possible intervention from a national regulator for failure to discharge corporate and executive responsibilities.	Clair Bell (Lead Member for PREVENT)			

form for members of the public and professionals to use and ceased the use of the Kent Adult Safeguarding Alert Forms (KASAF) forms. There is a significant upturn in safeguarding concerns received via the online form (42% increase 23/24 compared to 1st quarter last year). It has been noted that not all safeguarding concerns submitted require a safeguarding response and that the online form could be used incorrectly for a Care Needs Assessment or other contact from ASC. This has been noted when a person is waiting for a care needs assessment. In April 2023, the Locality Operating Model commenced, this model moved safeguarding into the place-based teams with additional snr practitioner capacity given to each team. The optimum levels of staffing across the county have not yet been realised and the skill mix within the existing cohort of staff needs to be reviewed to ensure that this is adequate to meet the demand within the localities.

In addition, the Counter Terrorism and Security Act 2015 sets out the Government's "Prevent Duty"

and requires the Local Authority to act to prevent vulnerable people from being drawn into terrorism.	
Control Title	Control Owner
Locality Commissioners and operations teams regularly meet with Care Quality Commission to share intelligence	Simon Mitchell, Strategic Commissioning
Regular liaison between Director Adult Social Care and the Director of Care Quality Commission	Richard Smith, Corporate Director ASCH
Strategic Safeguarding and Quality Assurance team in adult social care and health leads on a strategic framework for policy, service development, strategic safeguarding and quality assurance	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance
Kent and Medway Prevent Duty Delivery Board (chaired by KCC) oversees the activity of the Kent and Medway Channel Panel, co-ordinating Prevent activity across the County and reporting to other relevant strategic bodies in the county. Currently chaired by KCC's Director of Adult Social Care and Health until end of 2023.	Richard Smith, Corporate Director ASCH
KCC is a partner in multi-agency public protection arrangements (MAPPA) for managing sexual and violent offenders, a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a coordinated manner.	Richard Smith, Corporate Director ASCH
KCC contributes to the Multi-agency risk assessment conference (MARAC) process, which allows for the best possible safety planning for victims of domestic abuse who are considered to be at high risk of experiencing further significant harm/injury.	Jim Beale, Director
KCC Safeguarding Competency Framework in place, including Mental Capacity Act requirements.	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance
KCC Safeguarding Competency Framework reviewed to ensure currency and look for areas for improvement.	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance

KCC is a member of the Kent & Medway Safeguarding Adults Board – a statutory service which exists to make sure that all member agencies are working together to help Kent and Medway’s adults safe from harm and protect their rights. The Board has an independent Chair and its work carried out by a number of working groups.	Sarah Denson, Assistant Director /David Whittle Director SPRCA
Kent and Medway Channel Panel (early intervention mechanism providing tailored support to people who have been identified as at risk of being drawn into terrorism) in place.	Nick Wilkinson, Assistant Director Contest and Serious Organised Crime (SOC),
PREVENT training strategy in place and regularly reviewed.	Nick Wilkinson, Assistant Director Contest and Serious Organised Crime (SOC),
Semi-regional PREVENT model of delivery across Kent and Medway developed.	Nick Wilkinson, Assistant Director Contest and Serious Organised Crime (SOC),
KCC cross-directorate PREVENT group meets regularly and ensures the PREVENT duty is embedded across the organisation. Regular updates are provided to the Corporate Management Team.	Nick Wilkinson, Assistant Director Contest and Serious Organised Crime (SOC),
Joint Exploitation Group (Kent & Medway) focuses on PREVENT agenda, gangs, modern slavery, human trafficking and online safeguarding matters reports to Adults Safeguarding Board and Children’s Partnership.	Nick Wilkinson, Assistant Director Contest and Serious Organised Crime (SOC)
The annual assurance statement is a self-declaration approved by the Head of Paid Service which captures the Authority’s compliance with the requirements of the Counter Terrorism Act. Actions identified within the annual assurance statement are transferred to the Kent and Medway Action Plan. Kent and Medway Board for PREVENT have oversight of action progress.	Nick Wilkinson, Assistant Director Contest and Serious Organised Crime (SOC)
Quarterly safeguarding report brings together key information to enable scrutiny and performance monitoring for management teams and the Cabinet Member.	ASCH Divisional Directors
Safeguarding operating model aligns multidisciplinary safeguarding teams to the locality model	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance
Quality Assurance Framework in place and continuing embedding of regular audit cycles continue.	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance

Continuing embedding of the Practice Framework. Training programme for the 10 Core Skills Topics identified to support with the embedding of the practice framework.	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance
Programme of training events includes specific training to support practitioners to develop knowledge and skills as part of continuing professional development. Manager training commenced July 2022.	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance
Quality Assurance Board oversees quality of practice, meets on a quarterly basis.	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance
Performance improvement plan monitors safeguarding activity and supports managers to identify safeguarding concerns for closure	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance
KCC is a partner in multi-agency public protection arrangements (MAPPA) for managing sexual and violent offenders. Sarah Denson is first point of contact for Level 3 meetings which occur on a fortnightly basis	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance
Additional safeguarding training has been commissioned and is available to support the transition/embedding in localities	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance
Weekly briefings have been delivered for Community Managers and Senior Practitioners and a practice process map for safeguarding provided for all practitioners	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance
Engagement with Health via the Integrated Care Board, Health and Quality Meetings, and Area Directors attend Health Care Partnership meetings	Sarah Denson Assistant Director and all ASCH Assistant Directors
Strong relationships with the Local Resilience Forum	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance

Strategic Safeguarding Reviews are undertaken by the Strategic Safeguarding Unit. Learning from reviews are communicated and where relevant action plans are put in place and monitored for completion. Key messages are shared with SMT	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance
Strategic Safeguarding Team are completing Monthly Dip Sample audits of safeguarding concern and enquiry closures to ensure compliance with the Care Act and appropriate and proportionate actions taken to ensure the person at risk is safe.	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance
Workshops x3 (2 cohorts) held through the month of July for Senior Practitioners acting as Designated Safeguarding Officer by Practice Development Officer Team with oversight from Principal Social Worker	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance
Continuous Improvements for Safeguarding have been identified following the commencing of the Locality Operating Model April 23 and work is in progress to improve practice, support equity of experience across the County and streamline process. An updated Practice & Process map has been completed and practice guidance document to complement the Kent and Medway Safeguarding Adults Board multi-agency safeguarding policy is due Aug 2023	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance
Mutual aid across the County is used where able to mitigate risks if demand for service is outstripped by the resource available	All Assistant Directors
Recruitment processes continue to fill identified vacancies for both Snr Practitioner and experienced Social Worker	All Assistant Directors
Corporate and operational risk is regularly discussed at both SMT and DMT. Risks are escalated as required	Richard Smith – Corporate Director ASCH
Local partnership meeting (Alliance) with on a quarterly basis where issues around provision and safeguarding are shared	Alyson Wagget – Assistant Director
Countywide Autism and Learning Disability Partnership Leadership Meeting features safeguarding as an agenda item.	Alyson Wagget – Assistant Director
Cabinet Member briefing in relation to Government's decision to suspend Liberty Protection Safeguards changes.	Maureen Stirrup, Head of Deprivation of Liberty Standards
Monthly audits of safeguarding closures to continue by Strategic Safeguarding Unit. CTM's and AD's informed if any remedial work is required to ensure a person's safety. Actions are put in place to address themes identified across the County	Sarah Denson, Assistant Director– Strategic Safeguarding, Policy, Practice & Quality Assurance
Continuous Improvements for Safeguarding have been identified following the commencing of the Locality	Sarah Denson, Assistant

<p>Operating Model and work is ongoing to improve practice, support equity of experience across the County and streamline process. An updated Practice & Process map has been completed and practice guidance has been circulated to the workforce and is available on TRiX. Project work to continually improve safeguarding is ongoing</p>	<p>Director– Strategic Safeguarding, Policy, Practice & Quality Assurance</p>	
Action Title	Action Owner	Planned Completion Date
<p>KCC Safeguarding Competency Framework in place, including Mental Capacity Act requirements. Reviewing both frameworks in order to amalgamate and potentially have one all-encompassing framework</p>	<p>Vicki Minkiewicz Principal Social Worker</p>	<p>March 2024</p>
<p>Review arrangements for local level partnership meetings (formerly Alliance Meetings) to align to the new working model</p>	<p>Alyson Wagget – Assistant Director</p>	<p>April 2024</p>

Risk ID	CRR0003	Risk Title	Securing resources to aid economic recovery and enabling infrastructure			
Source / Cause of Risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
<p>The economy in Kent & Medway has been impacted by the Covid pandemic, inflation and other world events, and the impacts could be disproportionate across the county (e.g., in coastal areas).</p> <p>To gain an understanding of the implications, an impact assessment has been conducted, which has led to the preparation of an Economic Strategy, which aims to act as a stimulus for improvement.</p> <p>The Council actively seeks to secure the resources/funding necessary to provide the infrastructure required to support growth, which often need to be bid for in very tight timescales and are increasingly subject to the drive to deliver economic impact, housing and employment outputs.</p> <p>At a local level there is often a significant gap between the overall costs of the infrastructure required and the Council's ability to secure sufficient funds through the current funding systems,</p>	<p>The inability to secure sufficient funding, including contributions from development, to deliver the infrastructure necessary to support growth may require gap funding in order for KCC to fulfil its statutory duties.</p> <p>Deferral of developer contributions and / or elongated planning consents leads to delayed or compromised infrastructure.</p> <p>Whilst future details and guidance are awaited regarding the new Levelling Up and Regeneration Bill from Central Government, this presents significant financial risk dependent upon emerging policy.</p>	<p>Key opportunities for growth missed.</p> <p>The Council finds it increasingly difficult to fund services and match-fund infrastructure across Kent and fully mitigate the overall impact of housing growth on KCC services and, therefore communities.</p> <p>Kent becomes a less attractive location for inward investment and business.</p> <p>Our ability to deliver an enabling infrastructure becomes constrained.</p> <p>Reputational risk associated with delayed delivery of infrastructure required.</p> <p>Additional revenue costs incurred due to infrastructure delays and operational costs increasing.</p>	<p>Simon Jones, Corporate Director Growth, Environment and Transport (GET)</p> <p>Responsible Cabinet Member(s): On behalf of Cabinet:</p> <p>Derek Murphy Economic Development</p>	<p>V. Likely (5)</p> <p>Target Residual Likelihood Likely (4)</p>	<p>Major (5)</p> <p>Target Residual Impact Serious (4)</p> <p>Timescale to Target 3+ years</p>	

<p>including Section 106 contributions, Community Infrastructure Levy and other growth levers.</p> <p>The Levelling Up and Regeneration Bill introduces proposals to totally replace the existing 106 / CIL system with a new Infrastructure Levy. This may result in Local Planning Authorities as the Charging Authorities.</p>	
Control Title	Control Owner
Multi-agency Kent and Medway Employment Task Force has been established.	David Smith, Head of Business and Enterprise (KCC lead)
Specific business support packages, including the Kent & Medway Business Fund, Economic Recovery and Resilience Plan, Arts Investment Fund etc.	David Smith, Head of Business and Enterprise (KCC lead)
Single Monitoring System (SMS) is used to track individual s106 planning obligations from the Council's initial request for developer contributions through the issue of invoice for payment.	Nigel Smith, Head of Development / Stephanie Holt-Castle, Director Growth and Communities.
Strong engagement of private sector through Kent and Medway Economic Partnership (KMEP), Business Advisory Board and Kent Developer Group	David Smith, Head of Business and Enterprise (KCC lead)
Teams across the Growth, Environment and Transport directorate work with each individual District on composition of local infrastructure plans including priorities for the CIL and Section 106 contributions, to articulate needs for the demands on services.	Nigel Smith, Head of Development (GET) / Stephanie Holt-Castle, Director Growth and Communities.
Government consultations on proposals for reform of the planning system in England considered and responded to.	Tom Marchant, Head of Strategic Planning and Policy

Monitoring of socio-economic data and trends and development of responses to changed economic trends.	David Smith, Head of Business and Enterprise.	
Responses are made to emerging Government Strategies	Stephanie Holt-Castle, Director of Growth and Communities	
The KCC Developer Contributions Guide has been updated and presented to elected Members at Growth, Economic Development and Communities Cabinet Committee, who endorsed the decision to proceed with formal policy adoption of the updated guide that will influence and provide stakeholders with the expectations and standards that KCC expects.	Simon Jones, Corporate Director GET	
Growth and Infrastructure Framework for Kent and Medway published, setting out the infrastructure needed to deliver planned growth.	Stephanie Holt-Castle, Director, Growth & Communities	
Action Title	Action Owner	Planned Completion Date
Kent Design Guide to be published – will influence and provide people with expectations and standards that we expect.	Simon Jones, Corporate Director GET	December 2023
Producing Local Transport Plan 5 and approval by County Council (draft plan for consultation)	Lee Burchill, Local Growth Fund Programme Manager	March 2024 (review)
Develop a Kent and Medway Economic Framework which states the priority activities and projects that are required to support economic growth and the economic infrastructure that is required; and will contain a funding/resources model for delivering change.	David Smith, Head of Business and Enterprise (KCC lead)	January 2024 (review)
Development of Kent and Medway Infrastructure Mapping Platform (IMP) – a digital tool consolidating and publishing key local growth and infrastructure data used to coordinate the planning and delivery of ‘good growth’	Tom Marchant, Head of Strategic Planning and Policy	June 2024 (review)
Development of the Kent and Medway Infrastructure Proposition – an infrastructure plan for the county	Tom Marchant, Head of Strategic Planning and Policy	December 2023 (review)

Risk ID	CRR0004	Risk Title	Simultaneous Emergency Response, Recovery and Resilience			
<p>Source / Cause of Risk</p> <p>The County Council, along with other Category 1 Responders, has a legal duty to undertake risk assessment and planning to reduce the likelihood and impact of major incidents and emergencies. This includes responses associated with the Government’s Counter-terrorism Strategy (CONTEST).</p> <p>Ensuring that the Council works effectively with partners to plan for, respond to, and recover from, emergencies and service disruptions is becoming increasingly important, informed by accelerating climate change linked severe weather impacts, national and international security threats, severe weather incidents, ‘cyber attacks’ and uncertainties around implications of the future UK/EU relationship.</p> <p>Geo-political events may impact national energy supplies which could result in power outages across the County.</p> <p>The recovery from the COVID-19 pandemic is putting significant strain on organisational capacity and resources.</p>	<p>Risk Event</p> <p>Potential for failure of relevant planning, response and recovery contingencies when confronted by the complexity and scale of multiple emergencies. Critical services could be unprepared or have ineffective emergency and business continuity plans which would inhibit their ability to cope with simultaneous emergencies.</p> <p>Disruption to supply chain could negatively impact corporate business continuity and effective response to incidents.</p> <p>Focus on post UK/EU transition contingency planning could impact corporate capacity to progress other aspects of emergencies and resilience agenda.</p> <p>Future wave(s) of pandemic / winter pressures /cost of living</p>	<p>Consequence</p> <p>Potential increased harm or loss of life if response is not effective.</p> <p>Serious threat to delivery of critical services.</p> <p>Significant harm to the natural and built environment of Kent.</p> <p>Increased financial cost in terms of recovery and insurance costs.</p> <p>Damage and disruption to local businesses and the Kent economy.</p> <p>Potential for public unrest and reputational damage.</p> <p>Legal actions and intervention for failure to fulfill KCC’s obligations under the Civil Contingencies Act and/or other</p>	<p>Risk Owner</p> <p>On behalf of CMT: Rebecca Spore, Director of Infrastructure</p> <p>Responsible Cabinet Member(s):</p> <p>On behalf of Cabinet: Clair Bell, Community & Regulatory Services</p>	<p>Current Likelihood</p> <p>Possible (3)</p> <p>Target Residual Likelihood</p> <p>Possible (3)</p>	<p>Current Impact</p> <p>Major (5)</p> <p>Target Residual Impact</p> <p>Major (5)</p> <p>Timescale to Target</p> <p>At Target</p>	

challenges could place additional strain on capacity and resource. associated legislation.

Control Title	Control Owner
Management of financial impact to include Bellwin scheme.	Cath Head, Head of Finance (Operations)
KCC contribute to Kent Resilience Forum planning as part of the Kent Resilience Team which is an integrated and co-located team to deliver enhanced emergency planning and business continuity in Kent.	Andy Jeffery, KCC Manager, Kent Resilience Team
On-going programme of review relating to ICT Disaster Recovery and Business Continuity arrangements. ICT resilience improvements are embedded as part of the ICT Transformation Programme.	Dave Lindsay, Interim Head of ICT Strategy and Commissioning
KCC contribute to local multi-agency flood response plans that are in place for each district/borough in Kent, in addition to overarching flood response plan for Kent.	Andy Jeffery, KCC Manager, Kent Resilience Team
Local procedures have been and are being continually reviewed and refined for occasions the national threat level increases to 'critical'. This includes an update of the Corporate Business Continuity Plan.	Tony Harwood, Resilience and Emergencies Manager
KCC maintains a Major Emergency Plan which is refreshed regularly.	Tony Harwood, Resilience and Emergencies Manager
Ensure business continuity governance arrangements focus on directorate issues and complement KCC's cross directorate resilience groups and forum.	Tony Harwood, Resilience and Emergencies Manager
Emergency planning training rolled out at strategic, tactical and operational levels. Resilience and Emergency Planning Service business plan in place.	Tony Harwood, Resilience and Emergencies Manager / Andy Jeffery

KCC and local Kent Resilience Forum partners have tested preparedness for chemical, biological, radiological, nuclear and explosives (CBRNE) incidents and communicable disease outbreaks in line with national requirements.	Tony Harwood, Resilience and Emergencies Manager / Anjan Ghosh, Director of Public Health / Andy Jeffery KCC Manager, Kent Resilience Team
Work programme implemented to deliver Kent County Council compliance with the Radiation (Emergency Preparedness and Public Information) Regulations 2019, including amendments to the Dungeness Offsite Emergency Plan	Tony Harwood, Resilience and Emergencies Manager
KCC Business Continuity Management Policy and overarching Business Continuity Plan in place, underpinned by business continuity plans at service level.	Rebecca Spore, Director Infrastructure
Legally required multi-agency Kent Resilience Forum in place, with work driven by risk and impact based on Kent's Community Risk Register. Includes sub-groups relating to Health and Severe Weather. KCC Strategic Prevent Lead is now chair of Kent Resilience Forum Delivery Board which reports into Kent Resilience Forum Executive Board.	Rebecca Spore, Director Infrastructure
KRF and KCC Command and Control structures planned and in place to deal with simultaneous events.	Rebecca Spore, Director Infrastructure
Kent & Medway Prevent Duty Delivery Board established (chaired by KCC) to oversee the activity of the Kent Channel Panel, co-ordinate Prevent activity across the County and report to other relevant strategic bodies in the county.	Richard Smith, Corporate Director ASCH
The Director of Public Health works through local resilience forums to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health.	Anjan Ghosh, Director of Public Health / Andy Jeffery, KCC Manager, Kent Resilience Team

Kent and Medway Channel Panel (early intervention mechanism providing tailored support to people who have been identified as at risk of being drawn into terrorism) established at district and borough level.	Nick Wilkinson, Prevent and Channel Strategic Manager
Ongoing development of a PREVENT counter-terrorism risk assessment.	Nick Wilkinson, Prevent and Channel Strategic Manager
The annual assurance statement is a self-declaration approved by the Chief Executive/Head of Paid Service which captures the Authority's compliance with the requirements of the Counter Terrorism Act. Actions identified within the annual assurance statement are transferred to the Kent and Medway Action Plan. Kent and Medway Board for PREVENT have oversight of action progress.	Nick Wilkinson, Prevent and Channel Strategic Manager
Implementation of Kent's Climate Adaption Action Plan	Stephanie Holt- Castle, Director of Growth and Communities
Ensure all 13 key Emergency Plans are regularly updated and validated with exercises. Giving consideration to risks on the KRF Community Risk Register.	Tony Harwood, Resilience and Emergencies Manager /
Ensure 24/7 Emergency Planning cover and response, including a 24/7 Duty Emergency Planning Officer (DEPO), Duty Director, and Recovery Director function, and fully equipped County emergency Centre (CEC).	Tony Harwood, Resilience and Emergencies Manager /
Maintain and support relevant KRF and KCC groups, including KCC Horizon Scanning Group, Cross Directorate Resilience Forum, and Directorate Resilience Groups.	Tony Harwood, Resilience and Emergencies Manager / Andy Jeffery
Continued preparations for, and response to, implications of future UK/EU relationship in relation to border friction, regulatory change etc. (cross-reference to CRR0042)	Simon Jones, Corporate Director GET
Coordination of KCC preparations for potential power outages across the County ensuring continuity of front-line services	Tony Harwood, Resilience and Emergencies

		Manager.
Emergency Planning Team have identified operational hubs where contingency power exists in the form of generators. These hubs will be available for KCC to deliver operational activities should there be loss of power.		Tony Harwood, Resilience and Emergencies Manager.
Resilient air wave radio communications have been purchased which will function regardless of any wider loss of power		Tony Harwood, Resilience and Emergencies Manager.
Emergency planning team have identified command and control hubs for multi-agency responses where there is existing contingency power supply by way of generators.		Tony Harwood, Resilience and Emergencies Manager.
Action Title	Action Owner	Planned Completion Date
Engaging with the independent review of the Kent Resilience Forum. Clarity required on KCC's role, contribution and responsibilities as a partner within the KRF	Rebecca Spore Director Infrastructure	April 2024
Structure of Emergency Planning function is being reviewed to ensure more resources are available to support teams and services	Rebecca Spore Director Infrastructure	December 2023

Risk ID	CRR0009	Risk Title	Future financial and operating environment for Local Government			
Source / Cause of risk	Risk Event	Consequence	Risk Owner (s)	Current Likelihood	Current Impact	
<p>The Autumn Statement 2022 set out the Government's high level public plans to 2027-28. Detailed departmental plans (including local government) were set out up to 2024-25. This included additional grant announcements for social care and increased council tax referendum limits for 2023-24 and 2024-25.</p> <p>The local government finance settlement announced in December 2022 provided detailed allocations for 2023-24 with guiding principles for the additional amounts available for social care in 2024-25.</p> <p>No further monies were allocated to local authorities in the 2023 Autumn Statement.</p> <p>We know from the spending plans that any further growth in resources is likely to be limited and that further savings are likely to be required, although without detailed spending plans it is difficult to predict how significant these will be or how much of the additional funding for 2023-24 and 2024/25 will be included in</p>	<p>Forecast budget monitoring as at 30th Sept 2023/24 showed a £36m overspend for the year.</p> <p>Levels of spending and growth pressures across services outstrip the Council's core spending power, threatening the financial sustainability of KCC, its partners and service providers.</p> <p>In order to set a balanced budget, the council is likely to have to continue to make significant year on year savings. Quality of KCC commissioned / delivered services suffers as financial situation continues to worsen.</p> <p>Continued delays and uncertainty surrounding review of local government funding impacts on KCC's medium term financial planning.</p>	<p>Unsustainable financial situation and potential drawdown from reserves, ultimately resulting in s114 notice.</p> <p>Failure to deliver statutory obligations and duties or achieve social value.</p> <p>Potential for partner or provider failure – including sufficiency gaps in provision.</p> <p>Reduction in resident satisfaction and reputational damage.</p> <p>Increased and unplanned pressure on resources.</p> <p>Decline in performance.</p> <p>Legal challenge resulting in reputational damage to the Council.</p> <p>Impact on Council Tax.</p>	<p>On behalf of CMT:</p> <p>Zena Cooke, Corporate Director Finance (Section 151 Officer)</p> <p>Responsible Cabinet Member(s):</p> <p>All Cabinet Members</p>	<p>V. Likely (5)</p> <p>Target Residual Likelihood Likely (4)</p>	<p>Major (5)</p> <p>Target Residual Impact Serious (4)</p> <p>Timescale to Target 1-2 years</p>	

the baseline for future settlements.

The long-awaited Fair Funding review of local authority funding has been further delayed for at least two years (until 2025-26) as have the reforms to social care charging.

The overall settlement for 2023-24 was insufficient to fully fund forecast demand and cost growth pressures facing services across the council (even after additional funding for social care). The spending growth for 2023-24 was extraordinary in that it had to include the full year effect of forecast overspending from 2022-23 as well as forecast future price increases significantly above the government's target and forecast future demand. Savings rely on more significant policy decisions than previous budgets and increased income from other sources (including fees and charges and company dividends).

Uncertainty also applies to services funded via ring-fenced specific grants. Of particular concern is the special educational needs and disability (SEND) provision funded by the

Dedicated Schools Grant (DSG). The high needs block of DSG has not kept pace with the substantial increase in demand for SEND (see CRR0056) resulting in deficit accruing on DSG spending. The Council is now part of the DfE Safety Valve programme and, as part of this, will need to bring High Needs spending back into balance over the medium term and contribute to repaying the historic deficit.

There are a number of geo-political uncertainties in the current environment which additionally impact on the financial and operating environment. As a result of economic uncertainty, there are inflation, interest rate and cost pressures that we need to manage, alongside decreased purchasing power.

Control Title	Control Owner
Budget Recovery Strategy – <i>Securing Kent's Future</i> – set, to address the in-year and future years financial pressures the council is facing and the specific and broader action that can be taken to return the council to financial sustainability.	Roger Gough, Leader of the Council / Amanda Beer, Chief Executive Officer
Strategic Reset Programme established and reprioritised to focus on key budget delivery programmes.	Amanda Beer, Chief Executive / Elizabeth Sanderson, SRP Strategic Lead

Processes in place for monitoring delivery of savings and challenging targets to bear down on future cost growth, as well as the budget as a whole.	Zena Cooke, Corporate Director Finance (Section 151 Officer)
Independent review of savings proposals and growth estimates	Zena Cooke, Corporate Director Finance (Section 151 Officer)
Forecasts for future spending growth to be revised as necessary once estimates become more certain and only finalised in controllable budgets once uncertainties have been resolved.	Zena Cooke, Corporate Director Finance (Section 151 Officer)
Regular analysis and refreshing of forecasts to maintain a level of understanding of volatility of demand and cost pressures, which feeds into the relevant areas of the MTFP and business planning process.	Richard Smith, Corporate Director ASCH / Sarah Hammond, Corporate Director CYPE / Simon Jones, Corporate Director GET
Robust budgeting and financial planning in place via Medium Term Financial Planning (MTFP) process, including stakeholder consultation.	Zena Cooke, Corporate Director Finance (Section 151 Officer)
Financial analysis conducted after each Chancellor of the Exchequer Budget Statement to review potential implications for future local government settlements.	Dave Shipton, Head of Finance (Policy, Strategy and Planning)
Ensure evidence of any additional KCC spend required to cover impacts relating to new burdens imposed, e.g., EU exit, Supporting Families grant.	Dave Shipton, Head of Finance (Policy, Strategy and Planning)
Regular monitoring and oversight of progress against KCC's 'Safety Valve' agreement with the Department for Education (DfE)	Sarah Hammond, Corporate Director (CYPE) / Christine McInnes, Director of Education / Dave Shipton, Head of Finance (Policy, Strategy and Planning)
Engagement with County Councils Network, Society of County Treasurers and other local authorities and Government of potential opportunities and issues around devolution and public service reform.	David Whittle, Director SPRCA

KCC Quarterly Performance Report monitors key performance and activity information for KCC commissioned or delivered services. Regularly reported to Cabinet.	Matthew Wagner, Interim Chief Analyst, KCC	
Ongoing monitoring and modelling of changes in supply and demand in order to inform strategies and service planning going forward.	Matthew Wagner, Interim Chief Analyst, KCC	
Assessing impact and responding to Government plans with the potential for significant financial implications for the Council including adult and children's social care, changes to waste collection arrangements etc.	Richard Smith, Corporate Director ASCH / Sarah Hammond, Corporate Director CYPE / Simon Jones, Corporate Director GET / Zena Cooke, Corporate Director Finance	
Ongoing policy analysis of the devolution agenda and devolution deals agreed by the government.	David Whittle Director SPRCA	
Regular review of HM Treasury forecasts and Government planned spending levels for local government	Zena Cooke, Corporate Director Finance	
Quarterly budget meetings between Cabinet Member for Finance and Corporate Director for Finance with Cabinet Members and Corporate Directors as relevant.	Zena Cooke, Corporate Director Finance (Section 151 Officer)	
Monthly budget reviews involving the Chief Executive Officer, section 151 Officer and Corporate Directors to scrutinise progress against agreed budget savings.	Amanda Beer, Chief Executive Officer / Zena Cooke, Corporate Director Finance (Section 151 Officer)	
Action Title	Action Owner	Planned Completion Date
Outcomes Based Budgeting approach being developed to strengthen links between outcomes and funding within resource envelopes, using robust analysis and evidence that includes aligning performance and finance information. using robust analysis and evidence, with resource envelopes issued.	Zena Cooke, Corporate Director Finance	April 2024 (review)
Robust plan for 2024/25 and medium term being developed earlier in the planning cycle, including delivery plans to support major savings.	Zena Cooke, Corporate Director Finance (Section 151 Officer)	January 2024.

Risk ID	CRR0014	Risk Title	Cyber & Information Security Resilience			
Source / Cause of Risk	Risk Event	Consequence	Risk Owner(s)	Current Likelihood	Current Impact	
Malicious (intentional) actions against KCC from individuals, cyber criminals and state sponsored attacks.	Confidentiality, integrity and availability of data or systems is negatively impacted or compromised leading to loss of service, data breaches and other significant business interruptions.	Data Protection breach and consequent Information Commissioner's Office (ICO) sanction.	Lisa Gannon, Director of Technology	Likely (4)	Major (5)	
Supply chain compromise including third party data transfers, vulnerabilities in purchased equipment and supplier system breaches.		Damages claims. Reputational Damage.	Ben Watts, General Counsel and KCC Data Protection Officer	Target Residual Likelihood	Target Residual Impact	
Human error leading to staff revealing information or taking actions which assist malicious actor in being able to affect systems or data, including responding to phishing emails and losing account credentials.		Potential significant impact on business interruption if systems require shutdown until magnitude of issue is investigated.	Paul Royel, Director HR/OD	Likely (4)	Timescale to Target At Target	
Compromise of physical security controls and/or infrastructure including unauthorised access to data centres, network cables and natural disaster (flood, fires etc.)		Loss or corruption of data.	Responsible Cabinet Member(s):			
Gaps in existing resources and capabilities, including technological controls and resource challenges in provider's operational teams.		Loss of key systems potentially impacting ability to deliver statutory services. Partners unable to discharge their duties.	Peter Oakford, Finance, Corporate and Traded Services			
		Complaints.	Dylan Jeffrey Communication s and People			

Control Title	Control Owner
Multiple layers of logical, physical and administrative security controls Defence in depth is a key cyber security concept that the Authority adheres to, involving multiple layers of security control for protection from various threats.	James Church ICT Compliance & Risk Manager
Security engagement, training and awareness. Ongoing program of security engagement, training and awareness, upskilling staff to reduce human error. This includes communications, e-learning and training for staff.	James Church ICT Compliance & Risk Manager
Supply chain risk management Program of activities to reduce supply chain risk, including tracking supplier security assurances.	James Church ICT Compliance & Risk Manager
Investment in and implementation of new controls and technologies including capabilities of M365 E5 licenses. Cyber security threats are constantly evolving and therefore new tools and capabilities are required to keep up and mitigate the risk.	Dave Lindsay Interim Head of Technology, Commissioning and Strategy
Frequent security audits, penetration tests and compliance submissions External review of security posture provides validation that our controls work and are being managed effectively.	James Church ICT Compliance & Risk Manager
Internal assurance programme including audits, risk assessment and vulnerability management. Completion of internal audits and assurance audits to ensure cyber is being managed effectively. Continuing to action audit recommendations via the Consolidated Security Action Plan. Risk assessments completed on new implementations to ensure that cyber risks are highlighted and treated. Vulnerability management activities to identify and treat vulnerabilities in good time.	James Church ICT Compliance & Risk Manager
Data Protection and Information Governance training is mandatory and requires staff to refresh periodically. Progress rates monitored regularly.	Ben Watts, General Counsel and KCC Data Protection Officer / Paul Royel, Director HR/OD
Additional messages warning staff of cyber threats are being sent out regularly.	Diane Trollope, Head of OD and Engagement
Messages to encourage increased awareness of information security amongst staff are communicated to align with key implementation milestones of the ICT Transformation Programme.	Diane Trollope, Head of OD and Engagement.

Cyber standards and risk assessment have been included into the central ICT commissioning framework and a new risk assessment process is being finalised with expected completion by the end of September.	James Church ICT Compliance & Risk Manager	
Supply chain risk management programme including keeping an inventory of all ICT suppliers and third-party data transfers, cyber requirements built into procurement, regular assurance of supplier security to ISO 27001 and Cyber Essentials, and regular risk assessments carried out to identify supply chain risks.	James Church ICT Compliance & Risk Manager	
Action Title	Action Owner	Planned Completion Date
Cloud migration and reducing reliance on physical infrastructure. Activities to migrate away from physical infrastructure to the cloud which has increased resilience and stronger physical security controls.	Dave Lindsay Interim Head of Technology, Commissioning and Strategy	December 2023

Risk ID	CRR0015	Risk Title	Sustainability of the social care market			
Source / Cause of Risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
Local Authorities have a statutory duty to provide a viable and sustainable social care market to meet the needs of the local population who meet Care Act eligibility.	Social Care market not sustainable.	Gaps in the care market for certain types of care or in geographical areas meaning difficulty in placing some service users.	Richard Smith, Corporate Director ASCH	V. Likely (5)	Major (5)	
The main risks associated with care market instability are:	Inability to obtain the right kind of provider supply at affordable prices.	Unable to offer care packages immediately leading to delays with discharging from Health Services	Responsible Cabinet Member(s):	Target Residual Likelihood	Target Residual Impact	
Financial – As a result of the increasing cost and complexity of demand for services and constrained local authority budgets compounded by recent inflation.	Increases in hand backs of care.	Reduction in quality of care provided due to workforce pressures.	Dan Watkins, Adult Social Care and Public Health	Possible (3)	Major (5)	
Workforce - inflation running at a high level and cost of living crisis affecting adult social care workforce, which is paid less favourably than comparative sectors leading to high vacancy levels, and high staff turnover rates particularly in the home care sector.	Providers choose not to tender for services at Local Authority funding levels or accept service users with complex needs.	Significant numbers of care home closures or service failures.				Timescale to Target 3+ years
There are particular challenges in Kent in the residential sector, compounded by the impact of inflation on existing contract arrangements which are eight						

years old and are no longer fit for purpose.

Recovery from the Covid-19 pandemic has added additional pressures, further threatening sustainability of the market. Latent demand and a reduction in access to health care has led to an increase in clients presenting with more complex needs. There is increased demand for care and support, and pressures arising from hospital discharges.

Control Title	Control Owner
KCC is part of local and regional Quality Surveillance Groups that systematically bring together the different parts of the health and care system to share information, identify and mitigate risks to quality, including those relating to care providers.	Simon Mitchell, Assistant Director for Adults Commissioning
Ongoing monitoring of Home Care market and market coverage. Commissioners and operational managers review the capacity of the Home Care market with a view to developing a strategy to ensure market coverage.	Simon Mitchell, Assistant Director for Adults Commissioning
Ongoing Contract Monitoring, working in partnership with the Access to Resources team.	Simon Mitchell, Assistant Director for Adults Commissioning
Opportunities for joint commissioning and procurement in partnership with key agencies (i.e., Health) being regularly explored, including joint work regarding the provision of dementia nursing beds.	Simon Mitchell, Assistant Director for Adults Commissioning
Regular engagement with provider and trade organisations	Simon Mitchell, Assistant Director for Adults Commissioning
Older Persons Accommodation Strategy refreshed, which analyses demand and need and sets the future	Richard Smith, Corporate

vision and direction for accommodation to support vulnerable Kent residents alongside the Adult Social Care Strategy - Your Life, Your Wellbeing	Director ASCH
Ensuring contracts have indexation clauses built-in, managed through contract monitoring.	Michael Bridger, Commercial and Procurement Standards and Improvement Manager
Analytics function utilises data to inform decision making before moving commissioning activity forward.	Matt Wagner, Interim Chief Analyst
Analytical work is being conducted on assessments and reviews in adult social care to help inform key commissioning activity, including winter planning.	Matt Wagner, Interim Chief Analyst
Daily risk assessment for people in the community awaiting packages of care and short-term bed provision for those at high risk	Jim Beale, Director ASCH
Adult Social Care Pressures Plan 2022/23 - outlining the strategic and operational response to a range of factors including, vacancies in the health and social care workforce, waiting lists for care and support, winter pressures and budgetary pressures.	Richard Smith, Corporate Director for Adult Social Care and Health
Continue to work innovatively with partners, including health services, districts and boroughs, and providers to identify any efficiencies across the wider sector.	ASCH Divisional Directors
Quarterly market pressure reports to ASCH DMT	Simon Mitchell, Assistant Director for Adults Commissioning
Pipeline prioritisation tool is in place for Strategic Commissioning projects, shared with DivMT and Director of Strategy Policy, Relationships and Corporate Assurance	Michael Bridger, Commercial and Procurement Standards and Improvement Manager
Analytics of the current market, and potential future market to ensure appropriate provision for regulated/unregulated care. Three sets of performance data to be triangulated (Analytic/Performance Data/Budget)	Simon Mitchell, Assistant Director for Adults Commissioning
Development of micro providers market with partner Community Catalysts. Quarterly contract management reviews take place including focus on performance against targets (engagement and set up).	Paula Parker, Head of Portfolio Management, ASCH

Action Title	Action Owner	Planned Completion Date
ASCH Commissioning Intentions document being drafted.	Simon Mitchell, Assistant Director for Adults Commissioning	February 2024
External consultant engaged to review existing commissioning arrangements, commencing October 2023.	Simon Mitchell, Assistant Director for Adults Commissioning / Richard Smith, Corporate Director ASCH	February 2024
Following Commissioning redesign, a review of existing locality quality monitoring arrangements	Simon Mitchell, Assistant Director for Adults Commissioning / ASCH Directors	February 2024

Risk ID	CRR0039	Risk Title	Information Governance			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
<p>The Council is required to maintain the confidentiality, integrity and proper use, including disposal of data under the Data Protection Act 2018, which is particularly challenging given the volume of information handled by the authority on a daily basis.</p> <p>The Council has regulatory obligations into the management of SAR/FOI/EIR requests.</p> <p>United Kingdom General Data Protection Regulations (UK GDPR) came into effect that have introduced significantly increased obligations on all data controllers, including the Council.</p> <p>The Covid-19 pandemic has introduced new risks e.g., staff adapting to new ways of working and increasing information security threats.</p> <p>There is insufficient resource available to undertake comprehensive oversight / assurance activity that provides assurance on compliance with existing information governance standards.</p>	<p>Failure to embed the appropriate processes, procedures and behaviours to meet regulations.</p> <p>Failure to meet regulatory reporting deadlines.</p> <p>Information security incidents (caused by both human error and / or system compromise) resulting in loss of personal data or breach of privacy / confidentiality.</p> <p>Council accreditation for access to government and partner ICT data, systems and network is withdrawn.</p> <p>Cantium Business Solutions prioritises commercial work or does not undertake information governance compliance work in an appropriate and timely fashion.</p> <p>Providers processing KCC data fail to embed the appropriate processes and behaviours.</p>	<p>Information Commissioner's Office sanction (e.g., undertaking, assessment, improvement, enforcement or monetary penalty notice issued against the Authority).</p> <p>Increased risk of litigation.</p> <p>Reputational damage.</p> <p>Bias presenting in AI algorithms impacting outcomes and decision making.</p> <p>Loss of trust in automated decisions</p>	<p>Ben Watts, General Counsel and Data Protection Officer in collaboration with David Whittle, Senior Information Risk Owner</p> <p>Responsible Cabinet Member(s):</p> <p>Roger Gough, Leader</p> <p>Dylan Jeffrey Communications and Democratic Services</p> <p>Peter Oakford, Deputy Leader and Cabinet Member for Finance, Corporate and</p>	<p>V. Likely (5)</p> <p>Target Residual Likelihood</p> <p>Possible (3)</p>	<p>Significant (3)</p> <p>Target Residual Impact</p> <p>Significant (3)</p> <p>Timescale to Target</p> <p>1-2 years</p>	

<p>There is a critical dependency on the Council's Local Authority Trading Companies (CBS) and other material third parties to support Information Governance compliance for the KCC systems and network.</p> <p>KCC services' requirement for non-standard systems creates vulnerabilities.</p> <p>Failure to manage data lawful when using automated decision making via algorithms.</p>	<p>Poor data quality negatively impacts AI algorithms</p>	<p>Traded Services</p>
Control Title		Control Owner
<p>Staff are required to complete mandatory training on Information Governance and Data Protection and refresh their knowledge every two years as a minimum.</p>		<p>Ben Watts, General Counsel and KCC Data Protection Officer / Paul Royel, Director HR and OD</p>
<p>Senior Information Risk Owner for the Council appointed with training and support to undertake the role.</p>		<p>David Whittle, Director SPRCA</p>
<p>ICT Commissioning function has necessary working/contractual relationship with the Cantium Business Solutions to require support on KCC ICT compliance and audit.</p>		<p>Dave Lindsay, Interim Head of ICT Commissioning and Strategy</p>
<p>Caldicott Guardian appointed with training and support to undertake the role.</p>		<p>Richard Smith, Corporate Director ASCH</p>
<p>A number of policies and procedures are in place including KCC Information Governance Policy; Information Governance Management Framework; Information Security Policy; Data Protection Policy; Freedom of Information Policy; and Environmental Information Regulations Policy all in place and reviewed regularly. Data Protection Officer in place to act as a designated contact with the ICO.</p>		<p>Ben Watts, General Counsel and KCC Data Protection Officer</p>

Management Guide/operating modules on Information Governance in place, highlighting key policies and procedures.	Ben Watts, General Counsel and KCC Data Protection Officer	
Privacy notices as well as procedures/protocols for investigating and reporting data breaches reviewed and updated.	Caroline Dodge, Team Leader Information Resilience & Transparency	
Information Resilience and Transparency team in place, providing business information governance support.	Caroline Dodge, Team Leader Information Resilience & Transparency	
Cross Directorate Information Governance Working Group in place.	Michael Thomas-Sam, Strategic Business Adviser Social Care	
Corporate Information Governance Group established, chaired by the DPO and including the SIRO and Caldecott Guardian acting as a point of escalation for information governance issues and further escalation to the Corporate Management Team if required	Ben Watts, General Counsel and KCC Data Protection Officer	
Implementation of recommendations from working from home and records management audits	Ben Watts, General Counsel and KCC Data Protection Officer	
Data breach process enhanced by automated system, changes included auto reminders to services where further information is required. More data is available on service performance in relation to breach management and also allow for timely escalation where appropriate	Peter Healey – GLD Delivery Officer	
Action Title	Action Owner	Planned Completion Date
Cloud migration and reducing reliance on physical infrastructure. Activities to migrate away from physical infrastructure to the cloud which has increased resilience and stronger physical security controls.	Dave Lindsay Interim Head of Technology, Commissioning and Strategy	December 2023
Each directorate is responsible for carrying out data mapping exercises to find out what personal data is held and to understand how the information flows through the organisation – Implementation of recommendations from Internal Audit of data mapping.	Hannah Rumball, Chair of Cross-Directorate Information Governance Working Group	March 2024 (review)

Risk ID	CRR0042	Risk Title	Border fluidity, infrastructure and regulatory arrangements			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
Changes at the UK border with Europe means additional controls now exist on the movement of goods and people between the UK and the EU.	That changes in border customs, checking and processing routinely disrupt local communities and both the strategic and local road networks.	Significant slowdown in the existing flow of goods and people through the Kent Ports leads to long delays in accessing Dover Ports and Eurotunnel. Impacts on major traffic routes as a result of Operation Brock and other mitigations for port delays and the consequential increase in local and pan-Kent road journey times, impacting on local residents and businesses.	Simon Jones, Corporate Director GET	Very Likely (5)	Major (5)	
The UK Government and the EU have introduced new border controls and further changes are being introduced including the new Entry/Exit System (EES). KCC has been working with partners at a local and national level to assess potential implications for the county and prepare for various scenarios.	That the Government does not provide sufficient capital and revenue financial support to departments, agencies, local authorities and other infrastructure stakeholders necessary to address the necessary infrastructure, legislation and controls to ensure long term plan for frictionless border movements.	Significant detrimental impact on county's economic competitiveness, attractiveness for inward investment and quality of life for Kent residents. Significant increase in imported goods subject to statutory checks by Trading Standards	Responsible Cabinet Member(s): Neil Baker, Highways & Transport Clair Bell, Community & Regulatory Services	Target Residual Likelihood Possible (4)	Target Residual Impact Serious (4)	Timescale to Target 1-2 years
KCC is reliant on coherent, coordinated governance and information across Government to aid the Local Authority and partners locally in planning their contingency arrangements and responding appropriately.						

	including consumer goods and animal feeds. Imported animals now subject to welfare checks at Border controls posts, breaches of welfare subject to investigation by Trading Standards. Shortages and delay may impact supply chains.
Control Title	Control Owner
KCC engagement with and support for the Kent Resilience Forum	Lisa Guthrie, Head of Kent Resilience Team
Regular engagement with senior colleagues in relevant Government Departments.	Simon Jones, Corporate Director GET
Several training exercises have taken place to prepare for various scenarios.	Simon Jones, Corporate Director, GET / Tony Harwood, Resilience and Emergencies Manager
KCC involvement in Operation Fennel Strategic and Tactical Groups (multi-agency planning groups for potential disruption at Port of Dover and Eurotunnel).	Simon Jones, Corporate Director GET
Operation Fennel strategic plan in place.	Simon Jones, Corporate Director GET
KCC Cross Directorate Resilience Forum reviews latest situation regarding transition impacts.	Tony Harwood, Resilience and Emergencies Manager
KCC contribution to multi-agency communications in the 'response' phase, and leadership of communications in the 'planning' and 'recovery' phases.	Christina Starte, Head of Communications
KCC services are continually reviewing business continuity arrangements, taking potential scenarios into consideration (cross-reference to CRR0004), with co-ordination via Directorate Resilience Groups	Service Managers

KCC membership of the Delivery Models Operational Group and associated working groups such as Emergency Planning, Infrastructure etc.	Steve Rock, Head of Trading Standards	
Government funding to support improving access to the borders.	Simon Jones, Corporate Director GET	
Recruited additional staff for Port Team and animal health officers to provide capacity.	Steve Rock, Head of Trading Standards	
Action Title	Action Owner	Planned Completion Date
Working with Government to develop short, medium and long-term plans for border resilience looking at infrastructure and technological solutions.	Simon Jones, Corporate Director GET	January 2024 (review)
Preparation for impacts - two separate but interconnected schemes that will affect non-EU citizens travelling to most EU countries; of the EU Entry/Exit System (EES) and the EU European Travel Information and Authorisation System (ETIAS).	Simon Jones, Corporate Director GET	January 2024 (review)

Risk ID	Risk Title	Maintaining effective governance and decision making in a challenging financial and operating environment				
Risk ID	CRR0045	Risk Title	Maintaining effective governance and decision making in a challenging financial and operating environment			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
The continuation of a challenging financial and operating environment for Local Government (see risk CRR0009) will require difficult policy decisions to be made in a timely manner, which requires continued effective governance and decision making as well as robust internal control mechanisms. Examples from other local authorities has shown the impact that ineffective decision making can have on financial resilience. KCC's constitution explicitly references the demarcation of Member and Officer roles which consequently places dependency on the effectiveness of the member governance of the Council. Elected Members may require additional training and expertise to enable capability of effective challenge.	Members are unwilling or unable to agree necessary policy (service) decisions to deliver a legally balanced budget and sustainable medium-term financial plan (MTFP). Members agree a budget requiring unrealistic and undeliverable efficiency savings leading to significant in-year overspends. Statutory officers (S151, Monitoring Officer, Head of Paid Service) are required to use their powers to intervene or alert the Council to inappropriate/illegal decision-making.	Decisions challenged under judicial review on the appropriateness of the decision-making within KCC. Monitoring Officer / Head of Paid Service statutory report to Council. Reputational damage to the Council. S114 Notice issued by the S151 Officer.	Amanda Beer, Chief Executive Officer Zena Cooke, Corporate Director Finance (s151 Officer) Ben Watts, General Counsel and Monitoring Officer Responsible Cabinet Member(s): Roger Gough, Leader of the Council Peter Oakford, Deputy Leader and Cabinet Member for Corporate and Traded Services	Possible (3) Target Residual Likelihood V. Unlikely (1)	Major (5) Target Residual Impact Major (5) Timescale to Target TBC	

Control Title	Control Owner
Budget Recovery Strategy – <i>Securing Kent's Future</i> – set, to address the in-year and future years financial pressures the council is facing and the specific and broader action that can be taken to return the council to financial sustainability.	Roger Gough, Leader of the Council / Amanda Beer, Chief Executive Officer
Medium Term Financial Plan and Budget Book agreed by Full Council and support/briefings provided for all political groups by officers on budget development options.	Zena Cooke, Corporate Director Finance (Section 151 Officer)
Effective internal audit arrangements in place and robust monitoring arrangements for the delivery of internal audit recommendations to Governance & Audit Committee	Zena Cooke, Corporate Director Finance (Section 151 Officer)
Appropriately detailed and timely financial monitoring reports considered by Cabinet and Cabinet Committees	Zena Cooke, Corporate Director Finance (Section 151 Officer)
Governance reviews from across the local government sector are analysed to identify any lessons learned and reported to relevant stakeholders, including Governance & Audit Committee.	Zena Cooke, Corporate Director Finance (Section 151 Officer)
Appropriate officer development and training programme in place and overseen by CMT.	Paul, Royel, Director HR and OD
Appropriate and effective corporate risk management procedures in place for the Council	David Whittle, Director SPRCA
Informal governance arrangements authorised by the KCC Constitution have been published on KNet as a practical guide for how officers work with elected Members to help them support effective decision making for our service users, residents and communities.	David Whittle, Director SPRCA
Operating standards for KCC officers that support KCC's constitution published on KNet, signposting officers to essential policy information and additional guidance on specific topics, to help officers discharge their responsibilities effectively.	David Whittle, Director SPRCA
Appropriate performance reporting of service and corporate performance to Cabinet, Cabinet Committee and Full Council	David Whittle, Director SPRCA
Key and significant decision-making process in place for Executive decisions and appropriately published Forward Plan of Executive Decisions	Ben Watts, General Counsel and KCC Data Protection Officer

Annual Governance Statement (AGS) arrangements in place with returns made across both senior and statutory officers.	Ben Watts, General Counsel and KCC Data Protection Officer	
Democratic Services support effective Committee governance and scrutiny arrangements.	Ben Watts, General Counsel and KCC Data Protection Officer	
Member and Officer codes of conduct in place and robustly monitored and enforced	Ben Watts, General Counsel and KCC Data Protection Officer	
Member development and training programme in place and overseen by Selection and Member Services Committee	Ben Watts, General Counsel and KCC Data Protection Officer	
Provision for Chief Officers to seek written direction from Executive Members within the KCC Constitution	Ben Watts, General Counsel and KCC Data Protection Officer	
Following the publication of the 2021/22 AGS, a dedicated team was assembled within the Governance, Law and Democracy function to improve the awareness and application of governance and decision making across the Council.	Ben Watts, General Counsel and KCC Data Protection Officer	
Completion of the activities required, including the review of the Constitution, to ensure that the Chief Executive Officer (CEO) has a fit for purpose support and governance structure (as agreed by the County Council) to continue the effective discharge of duties.	Amanda Beer, CEO / Ben Watts, General Counsel	
Action Title	Action Owner	Planned Completion Date
Review of KCC Informal Governance arrangements and Operating Standards	David Whittle, Director SPRCA	March 2024

Risk ID	CRR0049	Risk Title	Fraud and Error			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
<p>As with any organisation, there is an inherent risk of fraud and/or error that must be acknowledged and proactively managed.</p> <p>The fraud threat posed during emergency situations is higher than at other times, and all public bodies should be attuned to the risks facing their organisations and the public sector. This is further impacted by inflation and the cost-of-living crisis.</p> <p>It is critical that management implements a sound system of internal control and always demonstrates commitment to it, and that investment in fraud prevention and detection technology and resource is sufficient.</p> <p>This includes ensuring that new emerging fraud/error issues are sufficiently risk assessed.</p>	<p>Failure to prevent or detect significant acts of fraud or error from internal or external sources, in that within any process or activity there are:</p> <ul style="list-style-type: none"> - false representations are made to make a gain or expose another to a loss. - failure to notify a change of circumstances to make a gain or expose another to a loss. - abuses their position, in which they are expected to safeguard to make a gain or expose another to a loss. <p>Given the size and complexity of KCC, with a significant number of payments going to a wide range of suppliers and other public bodies, whom have a legitimate need to amend their bank details, that this process is used to submit a fraudulent change of bank</p>	<p>Financial loss leading to pressures on budgets that may impact the provision of services to service users and residents.</p> <p>Reputational damage, particularly if the public see others gaining services or money that are not entitled to, leading to resentment by the public against others.</p>	<p>On behalf of CMT:</p> <p>Zena Cooke, Corporate Director Finance (Section 151 Officer)</p> <p>Responsible Cabinet Member(s):</p> <p>Peter Oakford, Finance, Corporate and Traded Services</p>	<p>Very likely (5)</p> <p>Target Residual Likelihood</p> <p>Very likely (5)</p>	<p>Moderate (2)</p> <p>Target Residual Impact</p> <p>Minor (1)</p> <p>Timescale to Target</p> <p>Within 1 year</p>	

details (mandate fraud) to KCC in order to divert funds.	
Control Title	Control Owner
KCC is part of the Kent Intelligence Network (KIN), a joint project between 12 district councils, Medway Council, Kent Fire & Rescue and Kent County Council which analyses and data matches financial and personal information to allow fraudulent activity in locally administered services to be detected more proactively within Kent.	Nick Scott, Operations Manager, Kent Intelligence Network / James Flannery, Counter-Fraud Manager KCC
Training and awareness raising is conducted periodically and is included in the Counter-Fraud action plan.	James Flannery, Counter-Fraud Manager
An agreed Memorandum of Understanding is in effect with partners (District Councils, Police and Fire Service) outlining the minimum standards expected to be applied by collection authorities (District Councils) to address fraud and error relating to council tax and business rates. Additional work jointly funded to identify and investigate high risk cases based on each authority's share of the tax base. This supports the work of the KIN.	Dave Shipton, Head of Finance (Policy, Strategy and Planning)
Internal Audit includes proactive fraud work in its annual audit plan, identifying potential areas where frauds could take place and checking for fraudulent activity.	Jonathan Idle, Head of Internal Audit
Whistleblowing Policy in place for the reporting of suspicions of fraud or financial irregularity	James Flannery, Counter-Fraud Manager
Preventing Bribery Policy in place, presenting a clear and precise framework to understand and implement the arrangements required to comply with the Bribery Act 2010.	James Flannery, Counter-Fraud Manager
Anti-fraud and corruption strategy in place and reviewed annually.	James Flannery, Counter-Fraud Manager
The Corporate Management Team is required to engage the Counter Fraud Team regarding all new policies, initiatives and strategies as per the anti-fraud and corruption strategy and have relevant fraud risk assessments and mitigating controls in place on specific fraud risks associated with their areas.	Corporate Management Team

Systems of internal control which aim to prevent fraud and increase the likelihood of detection e.g. financial controls such as authorisation of payments and spend.	Corporate Management Team
Commissioning standards reviewed, including rules relating to “Spending the Council’s Money”, which have been clarified, to ensure relevant controls are in place to mitigate e.g., declarations of interest for procurement fraud, authorisation levels etc.	Clare Maynard, Head of Commercial / Zena Cooke, Corporate Director Finance
KCC Counter Fraud & Trading Standards are a member of the Kent Fraud Panel to help inform current fraud trends and emerging risks that may impact KCC and its residents.	James Flannery, Counter-Fraud Manager
Participate in the National Fraud Initiative exercise every two years to identify any fraud and error within key risk areas.	James Flannery, Counter-Fraud Manager
Counter Fraud Action plan in place to manage resources in conducting reactive and proactive work across KCC.	James Flannery, Counter-Fraud Manager
Process maps are in place to inform Control Team on the correct process to request a change of bank details.	Mark Sage, Corporate Accountant
Training of staff involved in the updating of bank details is in place to inform them of the agreed process.	Mark Sage, Corporate Accountant
Guidance is available on the Finance Page on KNet to inform those who receive change of bank details on the agreed process and this is communicated to payment, commissioning and contract management teams across KCC.	Mark Sage, Corporate Accountant
Mandate fraud risks are communicated as part of the fraud awareness sessions.	James Flannery, Counter-Fraud Manager
Any queries received on missing payments from suppliers is cross checked against recent change of bank requests to alert a possible mandate fraud.	Mark Sage, Corporate Accountant
Response Plan is in place within the Control Team to deal with any actual mandate frauds that have been identified.	Mark Sage, Corporate Accountant
Communication of mandate fraud / cyber security to KCC and supply chain.	Clare Maynard, Head of Commercial / James Flannery, Counter-Fraud Manager

Risk ID	CRR0050	Risk Title	CBRNE incidents, communicable diseases and incidents with a public health implication			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
<p>The Council, along with other Category 1 Responders in the County, has a legal duty to establish and deliver containment actions and contingency plans to reduce the likelihood, and impact, of high impact incidents and emergencies.</p> <p>The Director of Public Health has a legal duty to gain assurance from the National Health Service and UK Health Security Agency that plans are in place to mitigate risks to the health of the public including outbreaks of communicable diseases e.g., Pandemic Influenza, resurgence of Covid-19, and/or management of a potential twin-demic of seasonal flu and Covid-19.</p>	<p>Insufficient capacity / resource to deliver response and recovery concurrently for a prolonged period, including potential future wave(s) of Covid-19.</p>	<p>Potential increased harm or loss of life if response is not effective.</p> <p>Increased financial cost in terms of damage control and insurance costs.</p> <p>Adverse effect on local businesses and the Kent economy.</p> <p>Possible public unrest and significant reputational damage.</p> <p>Legal actions and intervention for failure to fulfil KCC's obligations under the Civil Contingencies Act or other associated legislation.</p>	<p>On behalf of CMT:</p> <p>Anjan Ghosh Director of Public Health</p> <p>Responsible Cabinet Member(s):</p> <p>Dan Watkins, Adult Social Care and Public Health</p>	<p>Possible (3)</p> <p>Target Residual Likelihood</p> <p>Possible (3)</p>	<p>Major (5)</p> <p>Target Residual Impact</p> <p>Major (5)</p> <p>Timescale to Target</p> <p>At Target</p>	
Control Title				Control Owner		
Utilising data sets from ONS and UKHSA and local health partners to give a picture of Covid19 across Kent.				Anjan Ghosh, Director of Public Health		
Director of Public Health now has oversight of the delivery of immunisation and vaccination programmes in Kent through the Health Protection Board Director of Public Health has regular teleconferences with the UK Health Security Agency UK Health Security				Anjan Ghosh, Director of Public Health		

Agency office on the communication of infection control issues.	
KCC and local Kent Resilience Forum partners have tested preparedness for chemical, biological, radiological, nuclear and explosives (CBRNE) incidents and communicable disease outbreaks in line with national requirements. The Director of Public Health has additionally sought and gained assurance from the local UK Health Security Agency office and the NHS on preparedness and maintaining business continuity.	Anjan Ghosh, Director of Public Health
The Director of Public Health works through local resilience fora to ensure effective and tested local outbreak management plans are in place for the wider health sector to protect the local population from risks to public health.	Anjan Ghosh, Director of Public Health
Multiple governance – e.g. Health Protection Board, Kent Pandemic Response Cell	Anjan Ghosh, Director of Public Health
Local Outbreak Management Plan published, building on existing health protection plans already in place between Kent County Council, Medway Council, UK Health Security Agency, the 12 Kent District and Borough Council Environmental Health Teams, the Kent Resilience Forum, Kent and Medway Integrated Care Board and other key partners	Anjan Ghosh, Director of Public Health
vaccination rollout for both covid and flu supported, including autumn booster with focus on vulnerable staff and clients.	Anjan Ghosh, Director of Public Health
Floor standards with a number of triggers have been agreed with the Corporate Management Team for guidance to be issued to staff when triggers met.	Anjan Ghosh, Director of Public Health
If all triggers are breached at a local level, the matter will be escalated to CMT and Health Protection Board to consider reinstating Kent Resilience Forum command structures for non-pharmaceutical interventions and further measures contingent on central government guidance.	Anjan Ghosh, Director of Public Health
Public Health infection prevention and control nurse attends Kent and Medway Infection Control Committee	Ellen Schwartz Deputy Director of Public Health

Risk ID	CRR0052	Risk Title	Impacts of Climate Change on KCC services			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
Impacts of Climate Change, particularly in relation to extreme weather events on KCC and the services KCC provides or commissions.	Adverse impacts on KCC services – buildings (loss of stranded assets), staff (sickness and lower productivity), service users, and the public.	Sustained deterioration of public health and increasing health inequalities across the county.	On behalf of CMT:	Very Likely (5)	Major (5)	
		Economic impacts from asset destruction / deterioration, service disruption and recovery costs of extreme weather events.	Simon Jones Corporate Director, Growth Environment and Transport	Target Residual Likelihood Likely (4)	Target Residual Impact Serious (4)	
		Degradation and loss of Kent's key ecosystems, impacting the health and viability of our natural environment/protected areas and Kent's ability to effectively mitigate and adapt to climate change.	Responsible Cabinet Member Roger Gough, Leader of the Council			Timescale to Target 3+ years
		Negative impact on Kent economy and wellbeing of Kent residents. Inability to keep public safe and moving around the network.				

Reputational damage due to customer dissatisfaction.

Control Title	Control Owner	
Environmental risk to be built into project work.	Tom Marchant, Head of Strategic Planning and Policy	
Kent Environment Strategy – actions re emissions reduction, travel, air quality – outputs – link to Net Zero 2050	Matt Smyth, Director of Environment and Waste	
Strategic Statement – Priority 3 re: Environment	Matt Smyth, Director of Environment and Waste	
ISO 14001 accreditation (the international standard for Environmental Management Systems) implemented and maintained	Matthew Williams, Sustainable Estates Programme Manager	
Estate rationalisation and building in additional measures to reduce emissions.	Rebecca Spore, Director of Infrastructure	
Action Title	Action Owner	Planned Completion Date
Adaptation Programme actions - Kent wide plan e.g., building differently, active travel, farming practices, flood management, partnership working – 2050 target.	Matt Smyth, Director of Environment and Waste	January 2024 (review)

Risk ID	CRR0053	Risk Title	Capital Programme Affordability (impacts on assets, performance and statutory duties)			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
<p>The affordability of the capital programme presents a number of risks to specific programmes, including Highways, Schools and the KCC Estate more broadly.</p> <p>The uncertainty includes capital expenditure funded by grants, many of which are crucial to delivery of statutory services, Ongoing investment to maintain and modernise our assets competes with the priority to protect frontline services from effects of public sector funding restraint.</p> <p>There are a number of geo-political uncertainties in the current environment which additionally impact on the financial and operating environment.</p> <p>The construction industry is experiencing acute inflation pressures, long material lead time and sporadic material supply. Directly linked to material and labour shortages. Current inflationary pressures are</p>	<p>Impact on ability to meet operational requirements and/or statutory duties.</p> <p>Inability to invest in new infrastructure.</p> <p>Increase in maintenance backlogs.</p> <p>Emergency works on essential sites are prioritised to avoid serious health and safety incidents, with knock-on impacts for non-priority sites.</p> <p>Reputational damage as a result of building closures or impacts on service delivery.</p>	<p>Business interruption due to increasing level of reactive / emergency repairs, or parts of estate decommissioned (in whole or partially if deemed unsafe).</p> <p>Health and safety incidents (potentially serious) associated with asset degradation.</p> <p>Inability to meet statutory duties e.g., lack of appropriate school place provision.</p> <p>Non-priority sites may not be maintained to a sufficient standard and may not be safe and fit for purpose leading to building closures.</p> <p>Assets not maintained sufficiently now will require future additional spend to maintain with the possibility of reactive costs which may</p>	<p>On behalf of CMT:</p> <p>Zena Cooke, Corporate Director Finance (Section 151 Officer)</p> <p>Responsible Cabinet Member(s):</p> <p>Peter Oakford</p> <p>Cabinet Member for Corporate and Traded Services</p>	<p>Very Likely (5)</p> <p>Target Residual Likelihood</p> <p>Likely (4)</p>	<p>Major (5)</p> <p>Target Residual Impact</p> <p>Serious (4)</p> <p>Timescale to Target</p> <p>3+ years</p>	

<p>impacting on the capital programme significantly.</p> <p>Expectations of key stakeholders on capital spend.</p> <p>Risks associated with changes in legislation related to developer contributions. This could lead to a requirement for significant forward funding.</p> <p>The level of borrowing to fund the capital programme is not sustainable and the impact on the revenue budget is significant.</p>	<p>create a revenue pressure.</p> <p>Delays result in additional inflationary costs.</p> <p>Funding annual rolling programmes from borrowing is unsustainable.</p>
Control Title	Control Owner
Asset safety factors associated with our assets are considered during the budget setting process.	Zena Cooke, Corporate Director Finance (Section 151 Officer)
An annual programme of planned preventative maintenance is undertaken at KCC sites by the relevant Facilities Management contract partners	Tony Carty, Head of Facilities Management
The most urgent works will be completed on the agreed prioritised sites.	Jo Taylor, Head of Project Management, Property division
10-year capital programme published as part of the 23-33 capital programme. This identified projected costs for some of the rolling programmes and a separate section of potential stand-alone projects which are markers and will need to have a full business case and identified funding planned evaluated and agreed.	Cath Head, Head of Finance (Operations)
Infrastructure is working with Area Education Officers to communicate to schools regarding their obligations for maintenance and their responsibilities for repairs under financial thresholds	James Sanderson, Head of Property Operations
Health and Safety Team in place in advisory capacity to ensure compliance to Government and HSE and guidelines.	Maria Kelly – Interim Head of Health and Safety

Review of KCC estate – Future Assets Programme. Business cases for each of the three workstreams are being developed (Office Estate, Community Buildings, Specialist Assets) with associated consultations.	Rebecca Spore, Director of Infrastructure	
Lobbying central Government re capital grants relating to Highways.	Haroon Chughtai, Director Highways and Transportation	
Extensive lobbying of Government in relation to capital funding.	Zena Cooke, Corporate Director Finance	
External funding bid for 'schools rebuilding programme' (DfE) was submitted, and successful for Birchington Primary School.	James Sanderson, Head of Property Operations	
Action Title	Action Owner	Planned Completion Date
Review of annual rolling programmes to reduce the reliance on borrowing.	Cath Head (Head of Finance Operations) / Dave Shipton Head of Finance (Policy, Planning & Strategy)	February 2024 (review)

Risk ID	CRR0056	Risk Title Special Educational Needs and Disabilities (SEND) Delivery Improvement and High Needs Funding shortfall				
<p>Source / Cause of risk</p> <p>The Kent local area inspection by Ofsted and the CQC for children with SEND took place in January 2019. This inspection found nine significant areas of weakness across the local area which resulted in a Written Statement of Action being issued.</p> <p>In September 2022, the Local Area was revisited by Inspectors from both Ofsted and the CQC, who found that the area had not made sufficient progress in addressing any of the significant weaknesses.</p> <p>In March 2023 an Improvement Notice was issued to KCC An Improvement Plan (Accelerated Progress Plan - APP) is required to be formalised by the Local Area against which Outcome and Impact based KPIs will be scrutinised and addressed.</p> <p>In addition, the demand for Special Educational Needs</p>	<p>Risk Event</p> <p>Insufficient improvement in areas identified within Ofsted timescales and children with SEND do not meet sufficient progress within the available financial resource.</p> <p>Inability to manage within budget and reduce accumulated deficit on Dedicated Schools Grant reserve.</p>	<p>Consequence</p> <p>Adverse impact on outcomes for vulnerable young people.</p> <p>Dissatisfaction from families.</p> <p>Potential for legal action if statutory time limits or processes are not met.</p> <p>Continued funding of deficit on the DSG reserve by net surplus balances in other reserves becomes unsustainable, impacting on the financial resilience of the Council.</p> <p>Should the Secretary of State not be satisfied with the Council's progress at any stage, she may choose to invoke her statutory powers of intervention (s497A Education Act 1996) to direct the Council to take any further actions deemed necessary to secure the improvements required in SEND services.</p>	<p>Risk Owner</p> <p>Sarah Hammond, Corporate Director CYPE</p> <p>Responsible Cabinet Member(s):</p> <p>Rory Love, Education & Skills</p>	<p>Current Likelihood</p> <p>Very Likely (5)</p> <p>Target Residual Likelihood</p> <p>Likely (4)</p>	<p>Current Impact</p> <p>Major (5)</p> <p>Target Residual Impact</p> <p>Serious (4)</p> <p>Timescale to Target</p> <p>3+ years</p>	

and Disability (SEND) support is rising and at a much faster rate than the school age population, and the Council's Dedicated Schools Grant (DSG) budget is overspending on the High Needs Block and has a forecast deficit of £147m on the DSG reserve for 31st March 2023.

The Council is now part of the DfE Safety Valve programme and as part of this, will need to bring High Needs spending back into balance over the medium term and contribute to repaying the historic deficit.

Corresponding pressure on some of KCC's non-DSG SEND related budgets e.g., SEN Home to School Transport, is also being experienced (see CRR0057).

Consequently, meeting the needs of children and young people with SEND within available resources is becoming ever more challenging.

The ability to forecast costs in future years is difficult.

Control Title	Control Owner
Continual lobbying of Government on two matters; increased funding in both the short and medium term, and structural changes to government policy to help reduce the demand i.e., via County Council Network, Association of Directors of Children's Services. Includes provision of evidence of the impact of the High Needs pressures on the quality of education children receive, schools, other providers and the Local Authority.	Roger Gough, Leader of the Council / Rory Love, Cabinet Member, Education and Skills / Sarah Hammond, Corporate Director (CYPE)
KCC SEND Transformation Strategic Board in place, with responsibility for coordinating activity and tracking improvement progress, reporting into the partnership Strategic Improvement and Assurance Board.	Sarah Hammond, Corporate Director CYPE (KCC lead)
Local area SEND Strategy developed in collaboration with partners, which goes beyond the Written Statement of Action to enable sustained improvement and transform Kent's SEND offer.	Sarah Hammond, Corporate Director CYPE (KCC lead)
Independently chaired Strategic Improvement and Assurance Board established, including representation from the Local Authority (including Members and cross directorate colleagues), Health, Learning and Teaching settings, representatives of parents and carers, and where appropriate young people.	Sarah Hammond, Corporate Director CYPE (KCC lead)
Robust programme management in place, ensuring appropriate alignment between project workstreams and overall programme delivery arrangements.	Sarah Hammond, Corporate Director CYPE (KCC lead)
Kent and Medway Children and Young People's Programme Board joint governance mechanism with Health partners (sub-group of Integrated Care Board)	Sarah Hammond, Corporate Director CYPE (KCC lead and Chair of Board)
KCC has entered into a "Safety Valve" agreement with the Department for Education (DfE), enabling Kent County Council (KCC) to receive funding over a 5-year period to substantially fund the accumulated deficit on the Dedicated Schools Grant (DSG) High Needs Block (HNB). The agreement requires commitment to areas of review and improvement identified by Department for Education (DfE) to bring in year spend in line with the in-year budget by 2027/28. A financial contribution from the Council is also expected.	Zena Cooke, Corporate Director Finance / John Betts, Finance

The Council has produced for approval by the Department for Education (DfE) and NHS England (“NHSE”) an Improvement Plan (Accelerated Progress Plan) to deliver appropriate and sustainable improvement, covering the areas identified in the Ofsted and CQC revisit report of 9 November 2022, as well as recommendations made by the Department.

Action Title	Action Owner	Planned Completion Date
Delivery of SEND Improvement Programme, which includes delivery of requirements detailed in the Kent Accelerated Progress Plan,	Sarah Hammond, Corporate Director CYPE	Regular review and scrutiny throughout the year.

Risk ID	CRR0057	Risk Title Home to School Transport pressures				
<p>Source / Cause of risk</p> <p>Home to School transport is available for SEND children with specific criteria in place. This requires close collaboration between services across the Council to ensure children are assessed and contractual arrangements for transport are put in place and communicated in a timely manner. There are multiple points of governance across multiple business delivery points and multiple directorates.</p> <p>As children transition between schools, there are additional pressure points where schools and parents need to keep the Local Authority up to date of any changes to ensure the relevant teams are aware of new applicants and/or changes to current arrangements in sufficient time.</p> <p>Early Help and Care Plan (EHCP) numbers are</p>	<p>Risk Event</p> <p>Capacity risk of insufficient vehicles to take assessed children to school, along with lack of available drivers in driver/taxi sector.</p>	<p>Consequence</p> <p>Not meeting statutory duties or fulfilling parent / carer expectations regarding provision of appropriate access to education for all children.</p>	<p>Risk Owner</p> <p>Sarah Hammond, Corporate Director CYPE</p>	<p>Current Likelihood</p> <p>Likely (4)</p>	<p>Current Impact</p> <p>Serious (4)</p>	
	<p>Financial risk due to increased financial pressures and increased costs for service providers, with a forecast overspend in this financial year.</p>	<p>Implications on demand for school places.</p>	<p>Simon Jones, Corporate Director GET</p>	<p>Target Residual Likelihood</p> <p>Possible (3)</p>	<p>Target Residual Impact</p> <p>Serious (4)</p>	
		<p>Reputational damage if children not provided with transport in sufficient timescales.</p>	<p>Responsible Cabinet Member(s):</p> <p>Rory Love, Education & Skills</p> <p>Neil Baker, Highways and Transportation</p>		<p>Timescale to Target</p> <p>1-2 years</p>	

currently rising across Kent (link to CRR0056), putting additional demand on resources and capacity in the market.		
Control Title	Control Owner	
Home to School Transport Board in place which is now meeting monthly, chaired by Cabinet Member for Education and Skills.	Christine McInnes, Director of Education / Philip Lightowler, Transportation	
Increase in resource within the relevant teams.	Simon Jones. Corporate Director GET	
Ongoing identification work of all children with an EHCP, currently open to social work or early help, who have not applied for transport. The relevant social workers due to contact all parents to offer support.	Sarah Hammond, Corporate Director CYPE	
Action Title	Action Owner	Planned Completion Date
Implementation of management action plan coming out of Internal Audit Review of SEN Transport, overseen by Governance and Audit Committee	Sarah Hammond, Corporate Director CYPE Simon Jones, Corporate Director GET / Ben Watts, General Counsel	January 2024 (review)
Work to improve inclusion and for more children to be educated in their local school, including Accelerated Progress Plan and Safety Valve work (cross-reference to CRR0056).	Sarah Hammond, Corporate Director CYPE	Regular review and scrutiny throughout the year.
Automation of the process where possible, including consideration of implementation of Travel Service Optimiser (TSO)	Simon Jones. Corporate Director GET / Sarah Hammond, Corporate Director CYPE	January 2024 (review)

Risk ID	CRR0058	Risk Title	Recruitment and retention of the workforce			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
Attracting, and retaining staff continues to be reported as a challenge across directorates.	Workforce capacity challenges - insufficient staff to meet service demands.	Impact on productivity	On behalf of CMT	Likely (4)	Serious (4)	
Risks relating to the workforce equate to a third of total risks being monitored by KCC.	Inability to progress service development.	Impact on performance and / or delivery of statutory functions.	Paul Royel – Director of HR OD	Target Residual Likelihood	Target Residual Impact	
Rolling turnover rate has increased to over 15% in the latter half of 2022, standing at 15.1% at end of January 2023, compared to 14.7% % in April 22 and 9% in March 2021. Turnover rates for Q1 and Q2 2022 were in line with comparator authorities in the sector.	Impact on budgets from use of agency staff/contractors to fill roles.	Lack of experienced staff with specialist skills	Responsible Cabinet Member(s):	Possible (3)	Significant (3)	
There is a need to ensure that a suitably qualified, skilled and experienced workforce is in place to deliver services.		Loss of corporate memory	Peter Oakford			Timescale to Target
National skills shortages in key areas, such as social work, Trading Standards, Coroners and technical roles for example surveyors and public health consultants are adding to difficulties with filling vacancies and increasing competition between employers.		Reliance on interim and agency staff	Cabinet Member for Corporate and Traded Services			1-2 years
		Low staff morale				
		Impact on delivery of projects to expected timescales.				
		Employer and Service Reputational damage				

<p>The proximity of Kent to London presents challenges regarding pay in some parts of the county.</p> <p>Buoyant market for the workforce opportunities to work remotely provide applicants with greater flexibility and choice of workplace.</p>	
Control Title	Control Owner
Regular engagement with recognised trades unions.	Paul Royel, Director HR and OD
People Strategy for 2022-2027 approved by Personnel Committee	Paul Royel, Director HR and OD
KCC's Organisation Design principles set out and periodically refreshed and monitored to ensure they remain fit for purpose.	Paul Royel, Director HR and OD
Promoting even more regular communications between managers and their teams while working remotely via "Good Conversations" tools etc.	Diane Trollope, Head of OD and Engagement
KCC's values, behaviours and culture embedded by managers, linked to KCC Strategic Reset programme.	Diane Trollope, Head of OD and Engagement
Workforce profile report for the Personnel Committee gives detailed analysis on staffing levels and provides comparator information on previous years – now being provided more regularly to Personnel Committee for Member oversight and scrutiny.	Paul Royel, Director HR and OD
Workforce planning and appropriate career development and succession planning mechanisms in place.	Paul Royel, Director HR and OD
Regular staff survey conducted, followed by facilitation of engagement and action plans with senior management. Includes predictive analytics to explore key drivers of intention to leave to enable appropriate responses to develop.	Diane Trollope, Head of OD and Engagement

Targeted advice, support and interventions available via HR business partners for areas of particular recruitment / retention concern relating to key roles.	Paul Royel, Director HR and OD
Communications and engagement campaigns will be delivered to support the implementation and embedding of People Strategy priorities. In particular, building awareness, understanding and use of our employee package will support staff retention.	Kate Nowowiecki – Engagement Development Manager HROD
Communication, implementation, and measurement of the impact of the People Strategy.	Paul Royel, Director HR and OD
Implementation of action plans arising from latest staff survey (conducted December 2022)	Implementation of action plans arising from latest staff survey (conducted December 2022)
Change Support Hub provides a suite of tools, knowledge, models, videos and change related resources to support leaders, managers, staff, and project delivery teams. The aim of the Change Hub is to aid employees to build change understanding and skills at a time right for them, to support the delivery of KCC ambitions through its many change programmes.	Jan Hawkes – Organisation Development Strategy Manager
'Managing Now' a suite of management development activities provide, clarity and guidance for KCC managers on their responsibilities and accountabilities, including focus on key areas, such as digital, hybrid, equality, inclusiveness and performance management.	Jan Hawkes – Organisation Development Strategy Manager

Risk ID: CRR0059	Risk Title: Significant failure to bring forecast budget overspend under control within budget level assumed. <i>(cross-reference to CRR0009 – Medium Term Financial and Operating Environment)</i>				
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact
<p>The Council is under a legal duty to set a balanced and sustainable budget and maintain adequate reserves such that it can deliver its statutory responsibilities and priorities.</p> <p>The overall forecast revenue position for as at 30th September 2023-24 shows a £36m overspend before management action and additional grant.</p> <p>The forecast overspend comes on top of the £47.1m overspend in 2022-23, which has already reduced the Council's usable reserves. The 2023-24 budget did not replenish the general reserves drawn down at the end of 2022-23, this replenishment will need to be included in future budgets.</p> <p>The most significant overspends (and budgeted spending growth) in both 2022-23 and 2023-24 are</p>	<p>Risk of significant adverse variance to the level of savings and income agreed in KCC's budget.</p> <p>Spending growth pressures exceed forecasts.</p>	<p>Council reserves pushed below a sustainable position.</p> <p>Impact on service delivery</p> <p>More imminent danger of financial failure – ultimately issuing of s114 notice by Corporate Director Finance (s151 Officer)</p> <p>Negative impact on MTFP three-year plan</p>	<p>On behalf of CMT:</p> <p>Zena Cooke, Corporate Director Finance (s151 Officer)</p> <p>Responsible Cabinet Member</p> <p>On behalf of Cabinet:</p> <p>Peter Oakford, Finance, Corporate and Traded Services</p>	<p>V. Likely (5)</p> <p>Target Residual Likelihood</p> <p>Possible (3)</p>	<p>Major (5)</p> <p>Target Residual Impact</p> <p>Significant (3)</p>

<p>in adult social care and children's services.</p> <p>Urgent action is required to bring revenue spending down to a sustainable level, both within the current financial year and over the medium term (see risk CRR0009) to safeguard the council's financial resilience and viability.</p>	
Control Title	Control Owner
Council's Budget Strategy, confirmed at County Council Budget meeting in February 2023, confirms key principles to abide by.	Zena Cooke, Corporate Director Finance (s151 Officer)
Finance and performance monitoring progress reports will be considered at every Cabinet meeting to ensure the focus on Securing Kent's Future remains until the council's financial position is stabilised.	Zena Cooke, Corporate Director Finance (s151 Officer)
Section 151 Officer meeting weekly with the Leader, Deputy Leader (Cabinet Member for Finance), Chief Executive Officer and Monitoring Officer to provide progress updates.	Zena Cooke, Corporate Director Finance (s151 Officer)
Equality Impact Assessment screening will be completed for any alternative and / or additional savings necessary under the recovery plan.	Relevant Corporate Director(s)
Processes in place for monitoring delivery of savings and challenging targets to bear down on future cost growth, as well as the budget as a whole. Includes central collation of business case information for all savings and income within the approved budget 2023/24.	Zena Cooke, Corporate Director Finance (s151 Officer) / CMT
Quarterly budget meetings between Cabinet Member and Finance and Corporate Directors	Zena Cooke, Corporate Director Finance (s151 Officer)
Analytics function used to undertake detailed analysis of the main areas of overspend.	Matt Wagner, Interim Chief Analyst
Resource Accountability Statements signed by Corporate Directors.	Ben Watts, General Counsel / CMT

Any adverse variations to agreed savings / income are swiftly identified with compensating actions agreed with management.	Corporate Management Team	
Budget Recovery Plan – <i>Securing Kent's Future</i> , developed to address in-year forecast overspend and outline a pathway to future financial sustainability. This includes focusing predominantly on the material spending areas of council activity and those with the greatest forecast variances from the approved budget in adults and children's services.	Corporate Management Team	
Analysis and enhancements to financial reporting introduced to better identify the underlying drivers for the main budget variances and the impacts and dependencies of management action and policy choices to reduce the forecast overspend.	Zena Cooke, Corporate Director, Finance	
Any adverse variations to agreed savings / income are swiftly identified with compensating actions agreed with management.	Corporate Management Team	
Action Title	Action Owner	Planned Completion Date
To maximise scope of effective scrutiny by all Members, there will be a review of meetings and agendas to ensure appropriate focus on core activity on the budget, key decisions and performance relating to "Securing Kent's Future".	Ben Watts, General Counsel	January 2024
Review of Council's Financial Regulations (and delegation levels within), "Spending the Council's Money" and Code of Corporate Governance, to ensure they remain fit for purpose in the current environment.	Zena Cooke, Corporate Director Finance / Clare Maynard / Ben Watts, General Counsel	January 2024
Robust delivery plan information being developed for 2024/25 – milestones, risks, dependencies etc.	Dave Shipton, Head of Finance (Policy, Strategy and Planning) / Corporate Directors	January 2024

Risk ID	CRR0060	Risk Title	Reinforced Autoclaved Aerated Concrete (RAAC)			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
RAAC is a lightweight form of precast concrete, frequently used in public sector buildings in the UK from the mid-1960s to at least the mid-1980s. It is mainly found in roofs, although occasionally in floors and walls. It is less durable than traditional concrete and there have been problems as a result, which could have significant safety consequences.	Unidentified RAAC could become unstable and lead to unsafe building/collapse without warning.	More properties are identified as having RAAC meaning threat to delivery of critical services.	On behalf of CMT: Rebecca Spore, Director of Infrastructure	Possible (3)	Major (5)	
		Capital/revenue costs of potential remediation work/temporary accommodation are not within agreed budgets.	Responsible Cabinet Member(s): On behalf of Cabinet:	Target Residual Likelihood Very unlikely (1)	Target Residual Impact Major (5)	Timescale to Target Within 1 Year
RAAC is now life-expired and liable to collapse – this has already happened in 2018 in a school in Kent with no notice. Following the collapse in 2018 KCC commissioned a validation exercise of schools (excluding academies and voluntary aided schools) and the corporate landlord estate to identify RAAC. The exercise highlighted 12 schools with high potential for RAAC, following inspection and testing, 3 positive results for RAAC were found at 3 schools. KCC took adequate steps at the time to implement		Potential disruption to schools/service delivery while investigations are ongoing.	Peter Oakford, Finance, Corporate and Traded Services			
		Perception that previously inspected buildings are not safe when there is wider communication about the issue.				

a strategy for remediation. In 2021 the Department for Education published a guide for responsible bodies to help identify RAAC.

Kent County Council (KCC), as the Local Authority, is responsible for the maintenance of Community and Voluntary Controlled school buildings in Kent. This responsibility is taken seriously, with continuous maintenance and modernisation programmes in place to ensure that the school estate is fit for purpose. Included within these programmes are routine building checks that identify possible future maintenance issues with accommodation.

Recently another instance of RAAC has been identified at a KCC maintained primary school and as a result, KCC is re-surveying the school estate.

Further information being made available to DfE over the Summer of 2023 regarding performance of

Potential loss of life if an incident occurs at a time when a building is occupied.

RAAC material has led to the DfE changing the guidance previously issued earlier in 2023 and requiring complete closure of affected areas where it is present until mitigation works have been completed.

Control Title	Control Owner
Review of the 2018/19 condition survey,	James Sanderson, Head of Property Operations
New condition surveys for schools and corporate landlord estate to identify potential RAAC	James Sanderson, Head of Property Operations
Temporary remedial action is underway at the primary school where RAAC was identified.	James Sanderson, Head of Property Operations
DfE have communicated to all schools regarding RAAC risk	James Sanderson, Head of Property Operations
Joint task group is in place with Education	James Sanderson, Head of Property Operations
Health and Safety Team in place in advisory capacity to ensure compliance to Government and HSE and guidelines.	Maria Kelly – Interim Head of Health and Safety
Existing arrangements in schools via Hard FM contract for identification and reporting of building issues	James Sanderson, Head of Property Operations
Kent Schools (Local Authority responsibility) written to in relation to RAAC and Diocesan schools and Academies written to in relation to their responsibilities	James Sanderson, Head of Property Operations
Ongoing engagement with the Department for Education (DfE) RAAC Team to obtain funding for remediation works. DfE have agreed to fund all capital expenditure in relation to remediation of RAAC in schools.	James Sanderson, Head of Property Operations
Care providers have been written to regarding their contractual responsibilities for health and safety. Where providers identify RAAC they are to advise contract managers who are liaising with Health and Safety colleagues for advice and guidance	Maria Kelly – Interim Head of Health and Safety

Communications sent to all landlords where KCC have staff or services in them	Rebecca Spore	
Action Title	Action Owner	Planned Completion Date
Remainder of corporate landlord estate to be surveyed	James Sanderson, Head of Property Operations	December 2023

Risk ID	CRR0061	Risk Title	CQC Assurance readiness			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
As part of the Health and Care Act 2022 the CQC have new regulatory powers to oversee the quality and performance of both Local Authorities and Integrated Care Systems (ICS) using as single assessment framework alongside the existing inspection responsibilities they hold for providers of regulated activity.	Insufficient capacity and capability of available resource within project and operational teams to deliver reform changes in required timescales.	The Health and Care Act 2022, introduces a new power for the Secretary of State to intervene when it is considered that a Local Authority is failing to meet its duties.	On behalf of CMT: Richard Smith Corporate Director Adult Social Care and Health (ASCH)	Possible (3)	Major (5)	
The CQC will apply the Local Authority Assurance Assessment framework and the reviews will focus on how well KCC is meeting its duties under Part One of the Care Act.	Insufficient funding to support the reform and policy changes are unachievable. Failure to embed the Kent Story into practice and delivery.	Negatively impacting relationships with providers and partners - loss of confidence Unable to meet the requirements of 18 (3) of the Care Act 2014.	Responsible Cabinet Member(s): Dan Watkins, Adult Social Care and Public Health	Target Residual Likelihood TBC	Target Residual Impact TBC	Timescale to Target TBC
The assessment framework is available here: Assessment framework for local authority assurance - Care Quality Commission (cqc.org.uk)	Person's voice is not reflected in decision making regarding their care.	Negative inspection report from CQC impacting the reputation of the Authority.				
Formal assessments will start from December 2023, with the aim to undertake all local authority assessments within two years.		Negatively impacting relationships with customers, carers and families - loss of confidence				

Control Title	Control Owner
Southeast Region ADASS self-assessment complete.	Sarah Denson Assistant Director
Continued embedding of the Practice Framework and Quality Framework to drive improvements to 'be the best we can be'.	Sarah Denson Assistant Director
Programme of training events including the 10 Core Skills Topics identified to support with the embedding of the Practice Framework to support practitioners to develop knowledge and skills as part of continuing professional development. (SD)	Sarah Denson Assistant Director
Regular liaison between Director Adult Social Care and the Director of Care Quality Commission (RS)	Richard Smith Corporate Director ASCH
Regular communication to the ASCH workforce on work in progress to support preparations for CQC inspection	Sarah Denson Assistant Director
Locality Commissioners meet regularly with Local Inspectors of the CQC. Strategic Commissioning also meet with Care Quality Commission and Public Health to share intelligence (Simon Mitchell)	Simon Mitchell, Assistant Director for Adults Commissioning
Regular engagement with Head of Finance (Policy, Planning & Strategy) and Revenue Manager.	Michelle Goldsmith Finance Business Partner
Adult Social Care Pressures Plan 2022/23 - outlining the strategic and operational response to a range of factors including COVID-19, vacancies in the health and social care workforce, waiting lists for care and support, winter pressures and budgetary pressures.	Richard Smith Corporate Director ASCH
KCC is a statutory partner to the Kent & Medway Safeguarding Adults Board – a statutory service which exists to make sure that all partner agencies are working together to help and protect adults with care and support needs in the Kent and Medway area who may be experiencing, or are at risk of, abuse or neglect, and unable to protect themselves. The Board has an independent Chair and its work carried out by a number of working groups.	Sarah Denson Assistant Director/David Whittle Director SPRCA
KCC Safeguarding Competency Framework in place, including Mental Capacity Act requirements.	Sarah Denson Assistant Director
Attendance at the Southeast region ADASS networking groups where information is shared from LGA, DHSC, and opportunities to share intelligence/best practise	Richard Smith Corporate Director ASCH
QA Board commenced January 2023 person with lived experience as chair. Purpose to oversee the quality of social care practice and ensure recommendations and actions to improve practice and support learning culture are taken forward.	Sarah Denson Assistant Director
Regular engagement with provider and trade organisations	Clare Maynard, Head of Commerical
CMT and Cabinet Members have been engaged and briefed on ADASS self-assessment output	Helen Gillivan Director

Weekly/Fortnightly Project Team meetings to review progress, risks and blockers for escalation to DMT	Helen Gillivan Director	
Regular progress report to DMT including any escalations	Helen Gillivan Director	
Engagement with CYPE and GET to shared lessons learned/best practice	Helen Gillivan Director	
Internal Audit to complete test reviews of two quality statements and feedback finding to ASCH	Debbie Chisholm/Hannah Barton – Internal Auditor	
Resource delivery plan has been updated following completion of self-assessment. This identified additional resource required, Funding from draw down agreed by Corporate Director for Finance and agreement to commence recruitment to posts. Regular updates provided to SRP following additional resources being released.	Helen Gillivan Director	
Delivery action plan has been developed following self-assessment and internal audit review.	Helen Gillivan Director	
Delivery plan to be prioritised with immediate actions between now and September for CQC arrival		
Transitions Panel with stakeholders from Childrens and Adult social care to be developed as the access point for all young people entering into adult services. Currently in place for East Kent and occurs bimonthly. Panels to be established in North and West Kent	Susan Ashmore	
Culture growth workshop for ASCH leadership team – supporting culture change across the workforce	Richard Smith /Jan Hawkes	
Action Title	Action Owner	Planned Completion Date
Reviewing delivery plan to ensure that it is embedded in work focusing on sustainability and integration	Jim Beale, Director	January 2024
Working with Social Care Institute for Excellence to co-produce work on long term strategy for resourcing and ensuring the ‘person’s voice’ is embedded.	Jim Beale, Director	January 2024 (review)
Transitions workshop for both adult and children’s teams	Susan Ashmore	January 2024

Risk ID	CRR0062	Risk Title	Provider failure			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
KCC commission a significant proportion of adult social care out to the private and voluntary sectors.	There is a risk that a provider/s is/are unable to continue to provide a service, or that that they fail to do so to the required level or required quality standard.	Gaps in the care market for certain types of care or in geographical areas meaning difficulty in placing some service users.	On behalf of CMT:	Very Likely (5)	Significant (3)	
The stability and sustainability of commissioned services are paramount to continued service delivery. In the event that one or more of these [major] provider becomes unstable or fails or is impacted by an emergency which forces closure, there is a risk of disruption to service delivery, which could result in service users being put at risk, impact the ability for KCC to deliver its statutory duty, financial impacts and reputational and legal consequences.	Increases in hand backs of care.	Unable to offer care packages immediately leading to delays with discharging from Health Services	Richard Smith Corporate Director	Target Residual Likelihood	Target Residual Impact	
	Providers choose not to tender for services at Local Authority funding levels or accept service users with complex needs.	Key provider unable to deliver services leading to KCC not meeting statutory requirements.	Adult Social Care and Health (ASCH)	Possible (3)	Significant (3)	
	Significant numbers of care home closures or service provider failures.	Financial loss leading to pressures on budgets that may impact the provision of services to service users and residents.	Responsible Cabinet Member(s):			Timescale to Target
	An emergency forces the provider to temporarily close.	Reputational damage	Dan Watkins, Adult Social Care and Public Health			1-2 years
The current social care system is under significant strain as a result of the challenging economic environment with increasing costs, inflationary pressures, increasing interest rates, rising energy costs, complexity of demand for services, high vacancy levels, and high staff						

turnover rates and constrained local authority budgets all having an impact on providers resilience and ability to deliver.	Reduction in quality of care provided due to workforce pressures
Control Title	Control Owner
Ongoing monitoring of Home Care market and market coverage. Commissioners and operational managers review the capacity of the Home Care market with a view to developing a strategy to ensure market coverage.	Paul Stephen, Senior Commissioning Manager
Regular engagement with provider and trade organisations	Clare Maynard, Head of Commercial
Adult Social Care Pressures Plan 2022/23 - outlining the strategic and operational response to a range of factors including COVID-19, vacancies in the health and social care workforce, waiting lists for care and support, winter pressures and budgetary pressures.	Richard Smith – Corporate Director for Adult Social Care and Health
Community Support Market Position Statements to inform market shaping, oversight and sustainability are in place and regularly refreshed.	Clare Maynard, Head of Commercial
Quarterly market pressure reports to ASCH DMT	Simon Mitchell, Assistant Director for Adults Commissioning
Analytics of the current market, and potential future market to ensure appropriate provision for regulated/unregulated care. Three sets of performance data to be triangulated (Analytic/Performance Data/Budget)	Simon Mitchell, Assistant Director for Adults Commissioning
Development of micro providers market with partner Community Catalysts. Quarterly contract management reviews take place including focus on performance against targets (engagement and set up).	Paula Parker – Head of Portfolio Management
Key performance information in relation to strategic commissioning arrangements will be shared with the Corporate Management Team on a regular basis, commencing November 2022.	Clare Maynard, Head of Commercial
Weekly meeting with Cabinet Member to share latest position on the state of the social care market.	Richard Smith, Corporate

	Director ASCH / Simon Mitchell, Assistant Director for Adults Commissioning	
Providers are required to complete an annual self-assessment covering a number of issues including solvency.		
Care home closure process in place	Simon Mitchell, Assistant Director for Adults Commissioning	
Provider Master List is retained and RAG rated (e.g CQC rating, Ops visits, Commissioning visits, Safeguarding alert). Utilised by locality commissioning to target key providers with appropriate support	Simon Mitchell, Assistant Director for Adults Commissioning	
Weekly sanctions (contract, safeguarding, practice) is held, providers are rated, level 3 ratings are embargoed from new placements until issues resolved.	Simon Mitchell, Assistant Director for Adults Commissioning	
Annual fee uplift process for providers on framework	Clare Maynard – Head of Commercial	
Locality Commissioners support – regular audits, support with actions plans and policy where required	Simon Mitchell, Assistant Director for Adults Commissioning	
Regular senior level meeting, engaging senior stakeholder to support providers where possible	Jim Beale, Director / Mark Albiston, Director / Simon Mitchell, Assistant Director for Adults Commissioning	
Action Title	Action Owner	Planned Completion Date
Review of responsibility for assessment of provider Business Continuity Planning arrangements to ensure there is appropriate expertise in place	Simon Mitchell, Assistant Director for Adults Commissioning	December 2023
A review of existing locality commissioning quality monitoring arrangements	Simon Mitchell, Assistant Director for Adults Commissioning /ASCH Directors	December 2023

Risk ID	CRR0063	Risk Title	Capacity to accommodate and care for Unaccompanied Asylum-Seeking (UAS) Children				
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	Target Residual Likelihood	Target Residual Impact
In recent years, large numbers of unaccompanied children have arrived in the UK and claimed asylum. Because almost all of these children enter the UK in Kent, KCC is the local authority responsible for accommodating and looking after them in the first instance, in addition to those who already live in its area.	Insufficient resource (people and finances) to provide suitable social work assessment capacity, placements and support for UAS children in a timely fashion.	Impacts on vulnerable young people (both UAS children and potential knock-on impacts for Kent looked after children)	On behalf of CMT: Sarah Hammond, Corporate Director CYPE	V. Likely (5)	Major (5)		
Due to significant numbers of UAS children arrivals over a sustained period of time, and deficiencies in the operation and enforcement of the National Transfer Scheme (NTS), in September 2021 KCC and the Home Office agreed a protocol setting out how KCC would manage this situation in future. As a result of a recent High Court Judgement, this protocol can no longer be applied in its current form, meaning that the Council is required to accommodate and look after all UAS children arriving into the County, pending transfer	Shortfall in funding the full cost associated with fulfilling the Council's statutory duties, particularly in relation to additional costs arising from the High Court Judgement.	Inability to fulfil statutory duties effectively. Significant additional budget pressures on the Authority, impacting on its financial resilience. Legal consequences. Reputational damage.	Responsible Cabinet Member Sue Chandler, Integrated Children's Services	V. Likely (5)	Serious (4)		

to other local authorities under the National Transfer Scheme. This presents numerous pressures on an already stretched service, and for the council as a whole.		
Control Title	Control Owner	
Representations made to Government for additional support to deal with UAS children costs.	Roger Gough, Leader of the Council / Sue Chandler, Cabinet Member for Integrated Children's Services	
The Council has utilised / re-purposed available buildings to increase accommodation capacity in the short term.	Rebecca Spore, Director Infrastructure	
UAS child numbers are continually monitored and reviewed to assess capacity and aid planning.	Louise Fisher, Assistant Director Front Door Service, ICS	
Best endeavours are being applied to ensure assessments are completed for every child that arrives in port and find appropriate placements, despite resourcing challenges.	Louise Fisher, Assistant Director Front Door Service, ICS	
UAS children Project Board in place to coordinate support efforts across the organisation.	Sarah Hammond, Corporate Director CYPE	
Action Title	Action Owner	Planned Completion Date
Claim for Judicial Review issued against Secretary of State in relation to the adequacy of the National Transfer Scheme.	Sarah Hammond, Corporate Director CYPE / Benjamin Watts, General Counsel	December 2023
Intensive negotiations taking place with Home Office and Department for Education on how to ensure suitable placements are provided for unaccompanied children, in line with our duties.	Sarah Hammond, Corporate Director CYPE	January 2024 (review)
Commissioning of a new facility to operate as a safe care reception centre.	Christy Holden, Head of Strategic Commissioning, CYPE	December 2023

Registering of reception centres with Ofsted to meet regulations coming into effect in autumn 2023.

Louise Fisher, Assistant
Director – Front Door Service

December 2023 (review)

Risk ID	CRR0064	Risk Title	Risk of Failing to Deliver Effective Adult Social Care Services			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
<p>The Council is at risk of failing to deliver effective Adult Social Care services and there is the potential to not meet requirements of statutory services under the Care Act 2014, the Mental Health Act 1983, the Mental Capacity Act 2005 and associated legislation, and the regulatory requirements of the Care Quality Commission.</p> <p>The Council has been impacted by:</p> <ul style="list-style-type: none"> - continual reduction in Central Government funding - Demographic changes - Increased demand for services - Demand led statutory services which can be difficult to predict - Increasing costs due to increasing complexity of health and social care needs. - Increasing costs due to cost-of-living pressure/inflation/interest rates/utilities. - increasing costs from social care market providers - recruitment and retention of staff - recovering from the impacts of the Covid-19 pandemic on the sector, including the NHS Recovery Plan 	<p>Impact on outcomes for people who draw on care and support and unpaid carers.</p> <p>Potential that people will come to harm and the Council will be unable to ensure that their safeguarding statutory duty under S.42 of the Care Act 2014 will be fully met.</p> <p>Non-compliance with Care Act 2014, the Mental Health Act 1983, the Mental Capacity Act 2005 and associated legislation, and the regulatory requirements of the Care Quality Commission.</p>	<p>Failure to fulfil our duty of care could result in serious harm or detriment or in extremely rare cases death to a person with significant impact on families, carers and support networks. This could in turn result in prosecution, having to pay compensation and a negative impact on the reputation of the Council.</p> <p>Reputational impact. Public perception of the council being willing to accept poor standards of care. Low public confidence in social care.</p> <p>A loss of trust in the Council's ability to safeguard people who live in Kent.</p>	<p>On behalf of CMT:</p> <p>Richard Smith Corporate Director</p> <p>Adult Social Care and Health (ASCH)</p> <p>Responsible Cabinet Member(s):</p> <p>Dan Watkins, Adult Social Care and Public Health</p>	<p>Likely (4)</p> <p>Target Residual Likelihood Possible (3)</p>	<p>Major (5)</p> <p>Target Residual Impact Major (5)</p> <p>Timescale to Target Within 1 year</p>	

	Overspending on the budget which may impact the wider council.	
Control Title		Control Owner
Enhanced governance and assurance arrangements to increase oversight and control of issues relating to performance, finance and operational challenges.		ASCH Directors
Targeted plans to deliver sustainable adult social care budget. <ul style="list-style-type: none"> • Reprofiting of targets to deliver savings • Phase 2 of the Adult Social Care restructure • Activity and outcomes in terms of people and finance tracked to ensure all system work is concluded and any identified savings can be realised at the earliest opportunity. 		ASCH Directors
Recruitment of a time limited Data Quality officer to identify and resolve DQ issues on Mosaic and improve accuracy of performance and financial reporting.		ASCH Directors
Action Title	Action Owner	Planned Completion Date
Review of workstreams across the Directorate to ensure that all available resources are directed towards the delivery of statutory functions, savings and efficiency plans and all non-essential work is stepped down.	Mark Albiston ASCH Director	December 2023 (Review)
Analysis of the workforce deployment, team size, and composition to ensure we are achieving the full benefit of the restructure	Mark Albiston ASCH Director	December 2023 (Review)
Plans to ensure we maintain a highly skilled and effective workforce through specific recruitment and retention activity	Mark Albiston ASCH Director	January 2024 (Review)
External consultancy analysis of the opportunities to work to prevent, delay, and reduce need for care and support to inform our preventative strategy	Mark Albiston ASCH Director	February 2024

From: Roger Gough, Leader
Anjan Ghosh, Director of Public Health

To: **Cabinet, 4 January 2024**

Subject: **Kent and Medway Integrated Care Strategy**

Key decision: 23-00091 (New strategy or policy outside of the Policy Framework)

Classification: Unrestricted

Past Pathway of report: Growth, Economic Development and Communities
Cabinet Committee – 9 November
Children’s, Young People and Education Cabinet
Committee – 21 November
Adult Social Care Cabinet Committee – 23 November.
Integrated Care Partnership - 7 December 2023.

Future Pathway of report: None

Summary: The Kent and Medway Integrated Care Strategy sets out shared outcomes for the health and wellbeing of our population that all partners in the Kent and Medway Integrated Care System will work together to deliver. The strategy has been refreshed from the interim version to reflect the views, priorities and needs of people across Kent and Medway and partners across the system who are working to support them. It is an important opportunity to do things differently, integrate our services and act together on the wider determinants of health. This paper presents the final Kent and Medway Integrated Care Strategy, which the Kent and Medway Integrated Care Partnership has recommended for approval by the statutory partners of the Integrated Care System.

Recommendation(s):

As set out in the Proposed Record of Decision (Appendix A), Cabinet is asked to:

- (a) APPROVE the adoption of the Kent and Medway Integrated Care Strategy following final recommendation by the Kent and Medway Integrated Care Partnership,
- (b) DELEGATE authority to the Director of Public Health to take the relevant actions to implement this decision,
- (c) DELEGATE authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to make non-substantial revisions as appropriate during the lifetime of the Strategy.

1. Introduction

1.1 Kent County Council is a lead partner in the Kent and Medway Integrated Care System (ICS), and a statutory member of the Kent and Medway Integrated Care Partnership (ICP). It is a statutory requirement for ICPs to prepare an Integrated Care Strategy.

- 1.2 The Kent and Medway Integrated Care Strategy has been developed by the three statutory partners of the ICP – KCC, Medway Council and NHS Kent and Medway. At its meeting on 7 December 2023, the Integrated Care Partnership recommended the Kent and Medway Integrated Care Strategy (Appendix B) for approval by the three statutory partners, which is required before the strategy can be implemented. Cabinet is asked to approve the strategy for KCC, as set out in the Record of Decision (Appendix A).
- 1.3 As the strategy takes a broad view of health and wellbeing, it has been received by the following Cabinet Committees - Health Reform and Public Health on 7 November; Growth, Economic Development and Communities on 9 November; Children, Young People and Education on 21 November and Adult Social Care on 23 November. All four Cabinet Committees endorsed the proposed decision to approve the strategy, which was positively received. Comments received at Cabinet Committees about implementation of the strategy will be used to inform delivery planning.
- 1.4 The Kent and Medway Integrated Care Strategy also performs the role of the Kent Joint Local Health and Wellbeing Strategy. Given that the Kent area covers most of the Integrated Care System's footprint, having a single strategy for the health and wellbeing of the population of Kent will provide clarity and ensure that all partners are focused on delivering the shared outcomes that have been identified. The Kent Health and Wellbeing Board is responsible for approving the Joint Local Health and Wellbeing Strategy for Kent. The Health and Wellbeing Board noted the draft Integrated Care Strategy at its meeting in December and will be asked to approve it as the Kent Joint Local Health and Wellbeing Strategy at its first meeting in 2024.
- 1.5 The health of the people we serve is not improving in the way we would wish it to. In many areas we are now performing relatively less well than the England average. This is driven by the wide range of determinants of health discussed below, many of which are worsening locally, that in turn impact on health outcomes. We need a new approach to tackling health challenges, one that recognises the role that all partners can play in addressing these wider determinants. The requirement for a system Integrated Care Strategy is a timely opportunity to catalyse a system shift in this direction.
- 1.6 The purpose of an Integrated Care Strategy is to set the strategic direction and priorities for the health and wellbeing of the population across the ICS. The strategy presents an opportunity to do things differently, further integrating health and care services to better meet the needs of individuals and communities, support the sustainability of health and care services and go beyond 'traditional' NHS and social care services to enable action on the wider determinants of health with other partners. The wider determinants of health are critical because it is known that only about 20% of a person's health is related to clinical care, with the other 80% being attributable to health behaviours, socio-economic factors including education, employment and family/social support, and the built environment¹.

¹ Robert Wood Johnson model, [Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute, US County health rankings model 2014](#)

- 1.7 While the refresh of the strategy has been led by the statutory partners, it is a strategy for the whole system and all partners that play a role in supporting the health and wellbeing of people in Kent and Medway. Partners across the public, private and voluntary and community sector and people themselves have a vital role to play, and their views and priorities have shaped the refresh of the strategy.
- 1.8 In its Council Strategy, Framing Kent's Future, KCC has committed to seize the opportunity of integrating our planning, commissioning and decision making in adults', children's, and public health services through being a partner in the Kent and Medway Integrated Care System at place and system level. Through its statutory requirements and the commitments it has made, KCC is a key partner in the development and implementation of the Integrated Care Strategy.

2. Strategy development, contents and delivery

Development

- 2.1 There was a national requirement for all ICSs to publish their first Integrated Care Strategy by the end of 2022. Due to the short time allowed for development, with ICSs only becoming formalised in July 2022, an Interim Integrated Care Strategy for Kent and Medway was produced and approved by the ICP and statutory partners in December 2022. When the Interim Strategy was approved, all partners committed to refreshing it by the end of 2023 to allow for full engagement and consultation to inform the final version.
- 2.2 During 2023, extensive consultation with stakeholders and the public has taken place and the findings have informed the refreshed version. The consultation report is attached as Appendix C. As part of the consultation, Public Health has delivered workshops in each of Kent's 12 districts, working closely with the District/Borough/City councils and their local system partners to understand local issues, strengths and challenges as well as their thoughts on the interim strategy. This has ensured that the strategy is informed by the diverse needs and experiences of Kent's local communities and acknowledges and supports the vital role of district councils in promoting health and wellbeing. The refresh has also been informed by workshops with KCC members and officers including Directorate Management Teams, and with other partners including the Office of the Police and Crime Commissioner, Kent Association of Local Councils and Kent Housing Group. Voluntary and Community Sector Alliance partners, Health and Care Partnerships and providers of health services across the system are amongst other stakeholders that have been engaged.
- 2.3 Feedback has shaped the principles that the refreshed Integrated Care Strategy is built around, including that the strategy will:
- Provide focus and clarity on the priorities we must deliver together, as a system, recognising the limited resources available and the scale of the challenge.
 - Be supported by strategies and delivery plans which are organisation or subject matter specific.
 - Recognise that local partners are best placed to understand local needs and the actions required to tackle them.

- Focus the whole system in tackling the wider determinants of health including tackling inequalities.
 - Help deliver more integrated, joined up services across a wider group of partners to support people.
- 2.4 Feedback received from stakeholders on specific outcomes has been used to shape these sections of the refreshed strategy, as set out in the Contents section below.
- 2.5 The development of the Integrated Care Strategy has been jointly led by KCC, Medway Council and NHS Kent and Medway through a multiagency steering group and project group. The ICP has shaped the development of the Strategy through an initial workshop and ongoing engagement. Development of the Strategy has followed the requirements set out in statutory guidance, including contents to be included and involvement of stakeholders. The Strategy has been informed by the Joint Strategic Needs Assessments for Kent and Medway.

Contents

- 2.6 The document is structured around the shared vision, six outcomes and three enablers that were agreed in the Interim Strategy. Feedback suggests that these are well supported as the shared outcomes that all partners want to work towards together. Some of the outcomes have been reworded in response to specific feedback to clarify or develop the priorities that partners will deliver. The main sections of the strategy are set out below:
- 2.7 Introductory pages**
The introductory pages set the Kent and Medway context and explain the necessity of working together to support the health and wellbeing of the population, acknowledge the demand and financial pressures we face, and reference the opportunity that coming together as an Integrated Care System presents. There is a summary of the purpose of the strategy and brief overview of the consultation activity that has informed it.
- 2.8 Outcomes pages**
Each outcome is set out concisely on one page to aid focus and understanding of what we are aiming to achieve. There is a brief summary of the main points heard during the consultation activity around the outcome. Three or four priorities for delivery under each outcome have been carefully identified using the interim strategy as a starting point and refining this based on the feedback received from stakeholders on each outcome. There is a brief description of what we want to achieve, which focuses on the shared actions we need to take together. The priorities articulate the ‘what’ and allows for local and specialist delivery planning of ‘how’ this can best be delivered across the system. For each outcome, some examples of strategic indicators that will be used to measure impact have been included – there is more information on this in the section on delivery and monitoring below. ‘I’ statements from the point of view of a person receiving support or a member of the public have been included to help bring the outcome to life.
- 2.9 Shared outcome 1: Give children and young people the best start in life**

This outcome has been developed working closely with KCC's Children, Young People and Education Directorate Management Team, health leads for children and young people and other partners. Compared to the interim version, it takes a more holistic approach to supporting the health and wellbeing of children and young people, encompassing support in communities and schools, and commitment to put the wider conditions in place for families to be able to raise physically and emotionally healthy children. The priorities are:

- Support families and communities so children thrive.
- Strive for children and young people to be physically and emotionally healthy.
- Help preschool and school-age children and young people achieve their potential.

2.10 Shared outcome 2: Tackle the wider determinants to prevent ill health

This outcome has been developed with input from KCC's Economic Development and Communities leads, KCC's Adult Social Care and Health Directorate Management Team and partners including the Office of the Police and Crime Commissioner. It is aligned to commitments in the developing Kent and Medway Economic Framework, reflecting the interconnectedness of health and economic outcomes. In the refresh this outcome has become more strongly focused on the wider determinants of health and the role that all partners have to play in improving them and in reducing health inequalities. The priorities are:

- Address the economic determinants that enable healthy lives including stable employment.
- Address the social determinants that enable healthy lives including social networks and safety.
- Address the environmental determinants that enable healthy lives including housing, transport and the natural and built environment.
- Address inequalities.

2.11 Shared outcome 3: Support happy and healthy living

This outcome has benefited from the input of KCC's Adult Social Care and Health Directorate Management Team to align with strategic priorities for adult social care. It focuses on supporting people to choose healthy behaviours and take control of their health throughout their lives to prevent, reduce or delay the need for health and care support and services. In response to feedback, the importance of personal responsibility for health and wellbeing has been referenced throughout the document. In the refresh this outcome covers mental health with the same importance as physical health, and sets out a shared ambition for people with health and care needs to live independently and safely in their home within their communities supported by care that is joined up between partners including vitally those provided by the voluntary and community sector. The priorities are:

- Support adoption of positive mental and physical health behaviours.
- Deliver personalised care and support centred on individuals providing them with choice and control.
- Support people to live and age well, be resilient and independent.

2.12 Shared outcome 4: Empower people to best manage their health conditions

This outcome is about supporting people when they have health, care and support needs, including through multidisciplinary teams of professionals from

different services working together with the person at the centre. It also includes commitments on providing consistently high-quality primary care with access to the right healthcare professional at the right time. The commitments around supporting informal carers have been developed with input from KCC Adult Social Care and Health leads and are aligned to the KCC Carers Strategy. The priorities are:

- Empower those with multiple or long-term conditions through multidisciplinary teams.
- Provide high quality primary care.
- Support carers.

2.13 Shared outcome 5: Improve health and care services

This outcome has been significantly strengthened from the interim strategy which focused on hospital services, and now articulates the system's broader commitment to work together to improve the standard of all health, care and support services, with input from Adult Social Care leads. It sets out how we can work better together to make the best use of our resources, improve communication and the transfer of care between services and settings, for example when someone is discharged from hospital. By integrating the way we work, we can improve the experience of people who need health, care and support services. The priorities are:

- Improve equity of access to health and care services.
- Communicate better between our partners especially when individuals are transferring between health and care settings.
- Tackle mental health issues with the same energy and priority as physical illness.
- Provide high-quality care.

2.14 Shared outcome 6: Support and grow our workforce

This outcome has been developed jointly by the workforce leads for KCC, Medway Council and NHS Kent and Medway. The priorities reflect the shared workforce pressures experienced by the statutory partners and the wider health and care workforce. By working together to plan, build and support this workforce, we will better support the sustainability of health and care services. Priorities are:

- Grow our skills and workforce.
- Build 'one' workforce.
- Look after our people.
- Champion inclusive teams.

2.15 Enablers

The three enablers that will underpin delivery of the strategy are:

- We will drive research, innovation and improvement across the system.
- We will provide system leadership to make the most of our collective resources.
- We will engage our communities on our strategy and in co-designing services.

These have been expressed more concisely but are largely unchanged from the interim strategy, as feedback suggested that these are well understood and supported.

Delivery and monitoring

- 2.16 The Integrated Care Strategy sets out the shared outcomes that the system will work towards. Many partners and partnerships across the system will play a role in delivering them through a number of delivery plans developed to meet the needs of a particular place (for example in the case of a district council or Health and Care Partnership) or a specialist area (for example a new system strategic framework on children and young people). The strategy reflects locally agreed priorities and recognises the need for locally developed and owned action plans if it is to be successful, as well as system wide plans.
- 2.17 In order to provide oversight of the activity that will deliver the Integrated Care Strategy, a shared delivery plan is in development across partners. This will bring together and build on delivery already underway across the system and will signpost to supporting strategies and action plans. Public Health is leading on coordinating the important role of KCC's services in delivery. The shared delivery plan will be an important tool to monitor progress in delivering the strategy. A draft of the delivery plan will be presented to County Council in March 2024.
- 2.18 The Integrated Care Partnership (ICP) has a role to monitor the impact that delivery of the shared outcomes in the strategy is having on improving the health and wellbeing of the population and highlight where this needs to go further. To support the ICP to do this, Public Health teams in KCC and Medway Council have worked with health colleagues to develop a draft set of strategic indicators using a 'logical framework' methodology. Some of these draft indicators have been included in the outcomes pages to illustrate the impact that successful delivery would bring. The indicators will be finalised working with subject matter experts, and the ICP will start to receive reports on these indicators.
- 2.19 The ICP is also considering how it can complement the information it will receive from the indicators including through in-depth themed discussions on different priorities within the strategy, which will draw on the experiences of people receiving support and services and people working across the system.
- 2.20 Following final approval, the Integrated Care Strategy will be professionally designed and published. Resident-focused and easy read versions of the strategy are being planned.

3. Financial Implications

- 3.1 No direct costs are associated with the approval of the Integrated Care Strategy. Costs for consultation activity and officer time in developing the strategy and delivery planning are managed within existing budgets.
- 3.2 The Integrated Care Strategy sets out the vision for further integration of our services to better meet health and care needs and make the best use of resources. Delivery of the strategy will be managed through more detailed delivery and commissioning plans across the system, where specific financial implications will be identified and managed.

4. Legal implications

- 4.1 KCC is a partner local authority in the Kent and Medway Integrated Care System and a statutory member of the Kent and Medway Integrated Care Partnership. The Health and Care Act 2022 requires Integrated Care Partnerships to produce an Integrated Care Strategy to set out how the assessed health and care needs of the area can be met through the exercise of the functions of the Integrated Care Board, partner local authorities or NHS England. Integrated Care Systems must draw on the Joint Health and Wellbeing Strategies and Joint Strategic Needs Assessments in producing their Integrated Care Strategies. Commissioners must have regard to the relevant Integrated Care Strategy when exercising any of their functions, so far as relevant.

5. Equalities implications

- 5.1 An Equality, Diversity and Inclusion Impact Assessment has been completed for the Integrated Care Strategy and is attached as appendix D. This has been led by colleagues at NHS Kent and Medway with input from KCC.
- 5.2 The Integrated Care Strategy aims to improve health and wellbeing outcomes for all people in Kent and Medway, with a particular emphasis on addressing health inequalities and providing more support for those with the greatest need including needs associated with protected characteristics. Subsequently, the assessment identifies that there is potential for positive impact for all protected characteristic groups, to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share a protected characteristic, and therefore meets the requirements of the Public Sector Equality Duty.
- 5.3 The assessment sets out an action to ensure that detailed equality analysis and mitigation is put in place for specific service changes or projects that happen as a result of the strategy.

6. Conclusions

- 6.1 The Kent and Medway Integrated Care Strategy has been refreshed and improved based on extensive public and stakeholder consultation. It represents an opportunity to work in a more integrated way, support prevention of health and care needs and involve a broad range of partners who play a role in improving the wider determinants of health and tackling health inequalities.

7. Recommendation(s):

As set out in the Proposed Record of Decision (Appendix A), Cabinet is asked to:

- (a) APPROVE the adoption of the Kent and Medway Integrated Care Strategy following final recommendation by the Kent and Medway Integrated Care Partnership,
- (b) DELEGATE authority to the Director of Public Health to take the relevant actions to implement this decision,
- (c) DELEGATE authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to make non-substantial revisions as appropriate during the lifetime of the Strategy.

8. Background Documents

- 8.1 Statutory guidance on the development of Integrated Care Strategies (Department of Health and Social Care)-
<https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies>
- 8.2 Details of the Decision 22/00097 taken by Cabinet to approve the Interim Integrated Care Strategy - <https://kcc-app610/ieDecisionDetails.aspx?ID=2662>

9. Appendices

- A: Proposed Record of Decision
- B: Kent and Medway Integrated Care Strategy
- C: Consultation report
- D: Equality Impact Assessment

10. Contact details

Dr Anjan Ghosh
Director of Public Health
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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet

DECISION NO:

23-00091

For publication [Do not include information which is exempt from publication under schedule 12a of the Local Government Act 1972]

Key decision: YES

Key decision criteria. The decision will:

- a) result in savings or expenditure which is significant having regard to the budget for the service or function (currently defined by the Council as in excess of £1,000,000); or
- b) be significant in terms of its effects on a significant proportion of the community living or working within two or more electoral divisions – which will include those decisions that involve:
 - the adoption or significant amendment of major strategies or frameworks;
 - significant service developments, significant service reductions, or significant changes in the way that services are delivered, whether County-wide or in a particular locality.

Subject Matter / Title of Decision

Approval of the Kent and Medway Integrated Care Strategy

Decision:

Cabinet is asked to agree to:

- (a) APPROVE the adoption of the Kent and Medway Integrated Care Strategy following final recommendation by the Kent and Medway Integrated Care Partnership,
- (b) DELEGATE authority to the Director of Public Health to take the relevant actions to implement this decision,
- (c) DELEGATE authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to make non-substantial revisions as appropriate during the lifetime of the Strategy.

Reason(s) for decision:

KCC is a partner local authority in the Kent and Medway Integrated Care System and a statutory member of the Kent and Medway Integrated Care Partnership (ICP). It is a statutory requirement for Integrated Care Partnerships to produce an Integrated Care Strategy, which sets the strategic direction and priorities for the health and wellbeing of the population. Recommendation by the ICP and approval by the three statutory partners (KCC, Medway Council and NHS Kent and Medway) is required before the strategy can be implemented. The Kent and Medway Integrated Care Strategy also performs the role of the Kent Joint Local Health and Wellbeing Strategy.

The strategy will be a vehicle for the further integration of health and care services to better meet the needs of individuals and communities, support the sustainability of health and care services and go beyond 'traditional' NHS and social care services to act on the wider determinants of health with other partners to bring real improvements in health outcomes. It will support KCC to achieve the commitments set out in *Framing Kent's Future* to integrate our planning, commissioning and decision making in adult's, children's, and public health services through being a partner in the Kent and Medway Integrated Care System at place and system level

Financial Implications

No direct costs are associated with the approval of the Integrated Care Strategy. Costs for consultation activity and officer time in developing the strategy have been managed within existing budgets.

The Integrated Care Strategy sets out the vision for further integration of our services to better meet health and care needs and make the best use of resources. Delivery of the strategy will be managed through more detailed delivery and commissioning plans across the system, where specific financial implications will be identified and managed.

Legal Implications

KCC is a partner local authority in the Kent and Medway Integrated Care System and a statutory member of the Kent and Medway Integrated Care Partnership. The Health and Care Act 2022 requires Integrated Care Partnerships to produce an Integrated Care Strategy to set out how the assessed health and care needs of the area can be met through the exercise of the functions of the Integrated Care Board, partner local authorities or NHS England. Integrated Care Systems must draw on the Joint Health and Wellbeing Strategies and Joint Strategic Needs Assessments in producing their Integrated Care Strategies. Commissioners must have regard to the relevant Integrated Care Strategy when exercising any of their functions, so far as relevant.

Equalities implications

An Equality, Diversity and Inclusion Impact Assessment has been completed for the Integrated Care Strategy and is attached. This has been led by colleagues at NHS Kent and Medway with input from KCC. The Integrated Care Strategy aims to improve health and wellbeing outcomes for all people in Kent and Medway, with a particular emphasis on addressing health inequalities and providing more support for those with the greatest need including needs associated with protected characteristics. Subsequently, the assessment identifies that there is potential for positive impact for all protected characteristic groups, to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share a protected characteristic, and therefore meets the requirements of the Public Sector Equality Duty. The assessment sets out an action to ensure that detailed equality analysis and mitigation is put in place for specific service changes or projects that happen as a result of the strategy.

Data Protection implications

A Data Protection Impact Assessment is not required.

Cabinet Committee recommendations and other consultation:

The Integrated Care Strategy was considered by the following relevant Cabinet Committees:

- Health Reform and Public Health – 7 November
- Growth, Economic Development and Communities – 9 November
- Children, Young People and Education – 21 November
- Adult Social Care – 23 November

All four Cabinet Committees endorsed the proposed decision to approve the Integrated Care Strategy.

Extensive stakeholder and public consultation has taken place to inform the refresh of the Integrated Care Strategy. Details are provided in the Consultation Report.

Any alternatives considered and rejected:

N/A due to the statutory requirements set out above.

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

None.



.....
signed

.....
date

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Kent and Medway Integrated Care Strategy

Final draft - Version 8

29 November 2023



Foreword

'We will work together to make health and wellbeing better than any partner can do alone.' This is our vision for the Kent and Medway Integrated Care System, which brings together all our system partners to make a significant difference, improving local services and supporting healthier living.

We know that the wider determinants of health, for example education, housing, environment, transport, employment and community safety, have the greatest impact on our health. Variation in people's experiences of health, care and these wider determinants result in health inequalities, which are preventable, unfair and unjust differences.

Our [Interim Integrated Care Strategy](#) was published last year and set out a shared purpose and common aspiration of partners to tackle the full range of health determinants, working in increasingly joined up ways to improve health and address inequalities. Since then we have asked people, organisations and local partnerships to engage with us in shaping this final version. It has been refined through reflecting local priorities and work planned across Kent and Medway organisations to agree key system priorities. This strategy, which is also the Joint Local Health and Wellbeing Strategy for Kent, sets our vision for our system and all partners will tailor its delivery to meet local need, making a difference to the lives of the people of Kent and Medway.

Against a backdrop of increasing demand and challenging financial times we must change how we approach improving health and wellbeing, and as leaders in the Kent and Medway Integrated Care System we remain committed to our pledge.



Our Pledge

Recognising that citizens' health, care and wellbeing are impacted by economic, social and environmental factors more than the health and care services they can access, we pledge to bring the full weight of our organisational and individual efforts to collaborate to enable the people of Kent and Medway to lead the most prosperous, healthy, independent and contented lives they can.

Through this collaborative movement we will work together to reduce economic and health inequalities, support social and economic development, improve public service outcomes, and ensure services for citizens are excellent quality and good value for money. Together, we can.

Cedi Frederick,
NHS Kent and Medway

Cllr Vince Maple,
Medway Council

Cllr Roger Gough,
Kent County Council





Introduction and context

Kent and Medway is an attractive place for so many who choose to make their lives here. With close proximity to London and mainland Europe, and a plethora of green spaces known as the 'garden of England', it is home to some of the most affluent areas of England. Nevertheless, it is also home to some of the most (bottom 10%) socially deprived areas in England. This correlates with the health outcomes achieved. With the current cost of living crisis, these disparities will persist or worsen without our concerted, collective effort.

Kent and Medway Integrated Care Partnership was formed in 2022 with a strong history of partnership working, and as a result we have started to see where this approach is making a difference. In the last year we have spoken to people, organisations and partnerships to produce this Integrated Care Strategy. It is underpinned by our Joint Strategic Needs Assessments, individual subject-specific strategies and the Medway Joint Local Health and Wellbeing Strategy. It also constitutes the Kent Joint Local Health and Wellbeing Strategy.

Our population is growing faster than the national average - over 20% growth is predicted between 2011-2031.

In Medway and Swale, local survival rates for cancer, in particular lung cancer, are among the lowest in the country.

Life expectancy is no longer increasing in Kent and Medway. In all areas, apart from Thanet, the gap in life expectancy is wider for men than women. Life expectancy at birth in Medway, Swale and Thanet is below the England average for both men and women.

More people are experiencing depression or severe mental illness

Over two thirds of adults are now overweight or obese and physical activity levels for children and young people are not increasing

Incidents of domestic abuse are increasing

Kent and Medway lags behind the UK and South East in some indicators of economic success, including productivity and skill levels

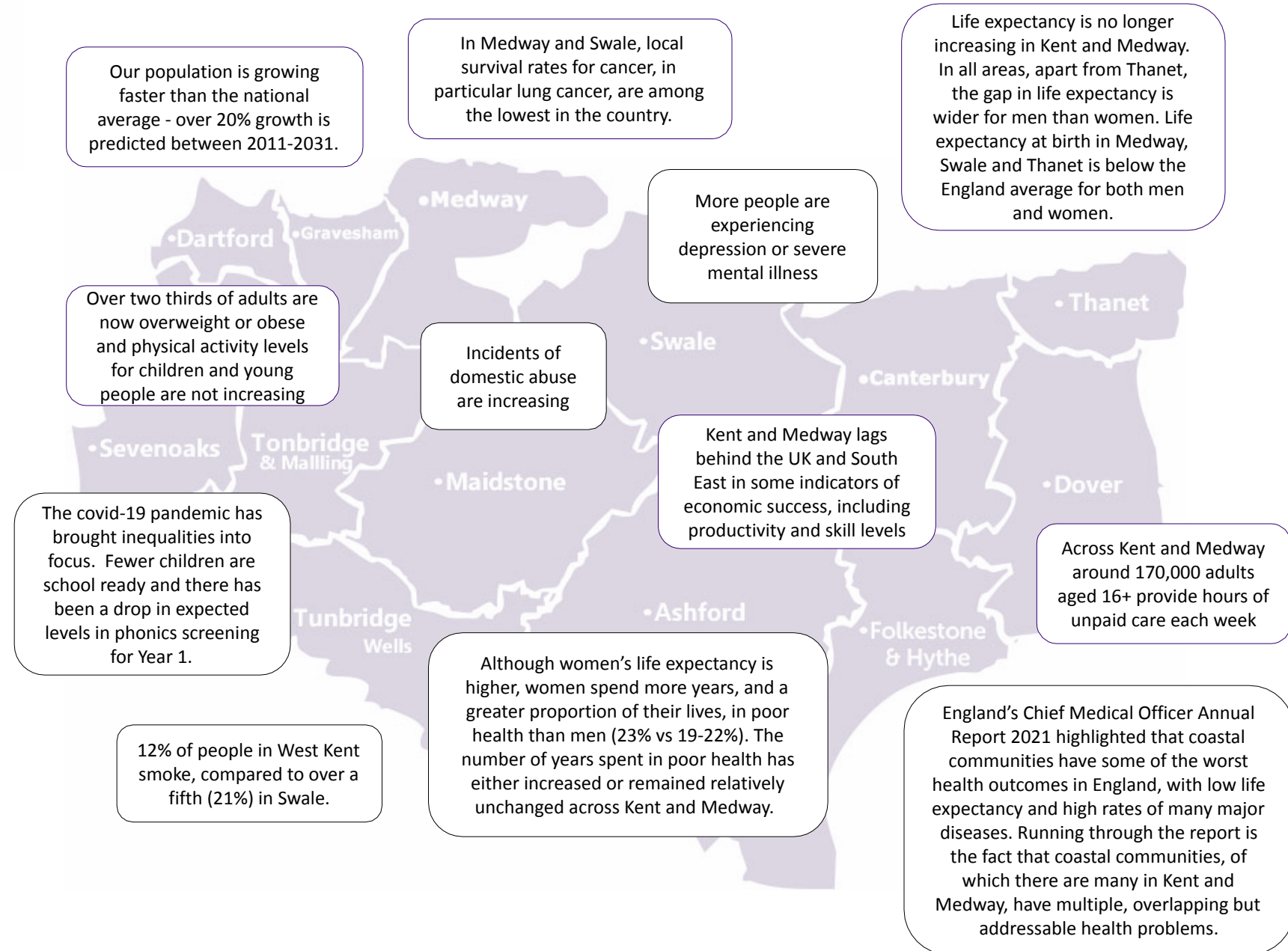
The covid-19 pandemic has brought inequalities into focus. Fewer children are school ready and there has been a drop in expected levels in phonics screening for Year 1.

Across Kent and Medway around 170,000 adults aged 16+ provide hours of unpaid care each week

12% of people in West Kent smoke, compared to over a fifth (21%) in Swale.

Although women's life expectancy is higher, women spend more years, and a greater proportion of their lives, in poor health than men (23% vs 19-22%). The number of years spent in poor health has either increased or remained relatively unchanged across Kent and Medway.

England's Chief Medical Officer Annual Report 2021 highlighted that coastal communities have some of the worst health outcomes in England, with low life expectancy and high rates of many major diseases. Running through the report is the fact that coastal communities, of which there are many in Kent and Medway, have multiple, overlapping but addressable health problems.



Why we need an Integrated Care Strategy now

- ✓ Key measures of health and wellbeing are getting worse, or not improving as fast as the national average. We must take a **different approach and all tackle the wider determinants of health** (see figure of Robert Wood Johnson model).
- ✓ We must seize the **enormous opportunity** that working as an integrated system presents to bring real improvements to the health and wellbeing of our population and put our services on a sustainable footing, within the context of the resource and demand pressures and constraints we all face.
- ✓ This strategy uses a consensus to agree and focus on the **priorities we must deliver together as a system**, so all partners can target our limited resources and assets where we can make the biggest improvements and deliver value for money together.
- ✓ This strategy should not provide the 'how'. We recognise that **local partners** are best placed to **understand local needs** and the actions required to tackle them. The strategy will be supported by delivery plans which are organisation or subject matter specific.
- ✓ The strategy will enable a balance between universal preventative services and bespoke additional support for those with greatest needs, also known as **proportionate universalism**.
- ✓ A logical framework (logframe) matrix is being used to develop system indicators so partners can **track progress towards** each outcome. Examples of these indicators are included for each outcome.

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Based on: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute, US County health rankings model 2014
https://www.countyhealthrankings.org/sites/default/files/media/document/CHRR_2014_Key_Findings.pdf

Delivering together as an Integrated Care System

The Kent and Medway Integrated Care System is made up of many organisations who play a role in supporting the health, care and wellbeing of people in our area.

To improve health and wellbeing, we must tackle the wider determinants of health and address increasing health inequalities. We can only do this if we all play our role and work together to maximise our collective impact. We can all contribute using the assets and opportunities we already have to promote health and wellbeing and prevent ill-health. This includes acting as anchor institutions to support the social and economic development of our local communities enabling individuals to achieve their potential, promoting health and wellbeing in every contact so that people are able to make healthy choices and through initiatives such as the “Daily Mile” to build physical activity into the school day.

We also know that local communities, supported by the vital role of the local voluntary and community sector, are best placed to know their needs and to play a full role in improving health and wellbeing by involving and empowering them.

 1.9 million people	 2 Healthwatch organisations	 Approx 4,000 registered charities	 90,000 staff working across health and care
 13 housing authorities	 Over 74,000 businesses and enterprises	 14 councils 1 county, 1 unitary, 12 districts	 184 GP practices in 41 Primary Care Networks
 694 schools and 1,713 nurseries/early years settings	 4 Health and Care Partnerships	 325 pharmacies	 1 medical school and 3 universities
 7 NHS provider trusts and 1 Integrated Care Board	 642 care homes	 321 parish and town councils	 1 Police Force and 1 Fire and Rescue Service

How we listened to develop the strategy



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What we heard...



Further detail is included for each of the outcomes on the following pages.

Overview of the Integrated Care Strategy

Our vision:

We will work together to make health and wellbeing better than any partner can do alone

Together we will...

Give children and young people the best start in life

Tackle the wider determinants to prevent ill health

Support happy and healthy living for all

Empower patients and carers

Improve health and care services

Support and grow our workforce

What we need to achieve

Page 221
Support families and communities so children thrive

- Strive for children and young people to be physically and emotionally healthy
- Help preschool and school-age children and young people achieve their potential

- Address the social, economic and environmental determinants that enable people to choose to live mentally and physically healthy lives
- Address inequalities

- Support people to adopt positive mental and physical health
- Deliver personalised care and support centred on individuals providing them with choice and control
- Support people to live and age well, be resilient and independent

- Empower those with multiple or long-term conditions through multidisciplinary teams
- Provide high quality primary care
- Support carers

- Improve equity of access to services
- Communicate better between our partners when changing care settings
- Tackle mental health issues with the same priority as physical illness
- Provide high-quality care to all

- Grow our skills and workforce
- Build 'one' workforce
- Look after our people
- Champion inclusive teams

Enablers:

We will drive research, innovation and improvement across the system
We will provide system leadership and make the most of our collective resources including our estate
We will engage our communities on our strategy and in co-designing services

Shared outcome 1: Give children and young people the best start in life

We will ensure that the conditions and support are in place for all children and young people to be healthy, resilient and ambitious for their future.

What we heard:

- Improve support for those with Special Educational Needs and Disabilities (SEND) and their families
- Support families with all aspects of the wider determinants of health including mental wellbeing, finance and childcare
- Safeguarding particularly the most at risk children
- Accessible Evidence Based Parenting support
- Ensure local access to support for families

Everyone plays a role in keeping children safe. Across the system we bring together our collective information, skills and resources to strengthen our early help and safeguarding arrangements and work together to identify and tackle safeguarding priorities in our communities.

Priorities to deliver this outcome:

Together we will...

Support families and communities so children thrive

We will take a whole-family approach, coproducing with children, young people and families, and looking at all elements that families need so their children can thrive, with support in safe, strong communities that addresses poverty, housing, education, health and social care. We will use our Family Hub model, bringing together universal children's services to include midwifery, health visiting, mental health, infant feeding, early help and safeguarding support for children and their families, including children with Special Educational Needs and Disabilities (SEND). We will transform how we help families access the right support, in the right place at the right time, and ensure the support they receive is joined up across organisations. We will improve the transition to adult services.

Strive for children and young people to be physically and emotionally healthy

We will set high aspirations for the health of children and young people and make this everyone's responsibility. This will include a preventative approach to keep children physically healthy, promoting healthy eating, high levels of physical activity and improving air quality. We will address health inequalities including smoking in pregnancy, breastfeeding, immunisation and childhood obesity. Children who are more likely to experience poorer outcomes, including children in care and care leavers, refugees and those who have offended, will receive more support. We will work together to help individuals, families, communities and schools build emotional resilience, tackle bullying and loneliness and provide opportunities for children, young people and families to form supportive networks and take part in social and leisure opportunities. Children and young people at most risk of significant and enduring mental health needs will receive timely and effective interventions. We will protect young people from criminal harm and exploitation, tackle the challenges caused by domestic abuse and support victims.

Help preschool and school-age children and young people achieve their potential

We will support families so that children are ready for school through co-produced, evidence-based support, including parenting support, and high-quality early years and childcare. With families we will tackle low school attendance, provide equal access to educational opportunities and ensure that young people are skilled and ready for adult life. We are committed to working with families on our collective responsibility to support children with SEND. We will strengthen the capability of mainstream early years and education settings and universal services to ensure children with SEND are included, their needs are met and they can thrive. Where specialist help is required, this will be identified early and seamlessly coordinated.

Indicators for this outcome could include:

By 2028/29, the proportion of mothers smoking at time of delivery will have reduced from 10.2% to no more than 6%.

By 2028, the % of children in Year 6 who are healthy weight will be maintained at the current level of 63% and severe obesity will have reduced from 5%.

By 2028 pupil absence rates will have fallen from 7.9% to below 5%.

By 2028, pupils achieving a good level of development at the end of the Early Years Foundation Stage will have improved from 65.8% to at least 70%.

By 2028/29, the average attainment 8 scores for both SEN and non-SEN pupils will have increased, and the gap between the two groups will be 5 points lower than the national average.

I am happy and secure at school and at home

I am working hard to get the qualifications I need to achieve my ambitions

Shared outcome 2: Tackle the wider determinants to prevent ill health

Address the wider determinants of health (social, economic and environmental), to improve the physical and mental health of all residents, tackle inequalities, and focus on those who are most vulnerable

What we heard:

- Target prevention activities for each community group, making the most of VCSE expertise and community assets
- Longer duration for prevention programmes
- Support for cost of living – housing, transport, food
- Extend use of social prescribing
- Improve transport access to services, jobs and social opportunities

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Priorities to deliver this outcome: Together we will...

Address the economic determinants that enable healthy lives including stable employment

We will attract and support new businesses and encourage all large employers to develop as anchor organisations within their communities including all public sector organisations, procuring and employing locally in a way that optimises social value. We will support people and small businesses with the cost-of-living crisis. We will help individuals fulfil their potential by achieving secure employment through education and skills development and by supporting businesses.

Address the social determinants that enable healthy lives including social networks and safety

We will build communities where everyone belongs. We will work with communities, building on their assets to empower people to address key health and social issues including loneliness, community safety and the economic burdens from misuse of drugs & alcohol. We will further develop social prescribing and local voluntary and community capacity to meet these challenges. The importance of Active Travel, access to services, work and leisure, and best use of local Libraries, Community Hubs and arts, music and heritage opportunities are recognised. In partnership we will promote community safety, tackling crime and preventing and reducing serious violence, antisocial behaviour and discrimination that can make people feel unsafe or unwelcome.

Address the environmental determinants that enable healthy lives including housing, transport and the natural and built environment

We will plan, develop and regenerate in a way that improves quality of life for new and existing communities – across built and natural infrastructures including housing, transport and the local environment. We will incorporate the impact of climate change in all planning. We will explore how we can help people adopt sustainable ways of living and working and make best use of all our resources. We will work to provide accessible homes for life and services for all, through planning and with housing providers. We will plan to improve safety, air quality and promote physical activity.

Address inequalities

We will ensure people who need them will have access to benefits, housing, services and support through identification, signposting and a directory of local support as well as opportunities to access work through skills development and local transport. We will focus on prevention and help people, including those with mental health issues, learning disabilities and neurodiversity, to enter, re-enter and be retained in the workplace, to have secure homes, benefits and social networks and opportunities, maximising their independence.

Indicators for this outcome could include:

By 2028/29, the proportion of people who feel lonely often or always will have reduced from 7.3% to no more than 5% across Kent and Medway.

By 2028/29, the percentage of the population who are in contact with secondary mental health services that are in paid employment (aged 18 to 69) will increase from 8% to above 10% in Kent and Medway.

All NHS organisations and local authorities will make progress towards their net-zero targets.

By 2028/29, the percentage of the population who are in receipt of long-term support for a learning disability that are in paid employment (aged 18 to 64) is similar to, or better than, the national average.

There is lots to do around here and I feel safe

I have been diagnosed with depression. My employer has been great working with services so I can still manage work

Shared outcome 3: Supporting happy and healthy living

Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.

Priorities to deliver this outcome: Together we will...

Support people to adopt positive mental and physical health behaviours

We will deliver evidenced based support to individuals at an appropriate scale to enable them to choose healthy weight, healthy diet choices, physical activity, good sexual health, and minimise alcohol and substance misuse and tobacco use to prevent ill health. We will work with communities to develop community led approaches and local active and sustainable travel to support this. We will increase the use of 'making every contact count' and social prescribing to signpost and offer bespoke support where needed to help tackle inequalities using a proportionate universal approach. Additionally, by addressing socioeconomic determinants and aiding mental wellbeing we will help people adopt healthy lifestyles. We will improve health through a system wide approach to crime reduction with victim and offender support, tackling drugs, domestic abuse, exploitation, harm and violence against women and girls.

Deliver personalised care and support centred on individuals providing them with choice and control

We will use data to identify those most at risk and ensure all care is focussed on the individual with seamless transition between services, good communication, timely care and understanding of user needs and experience so they remain in control of their health and wellbeing. People living with dementia will be supported to live as well and as independently as possible with high quality, compassionate care from diagnosis through to end of life. We will improve the support we offer for women's health issues such as menopause. We will develop joined up holistic support for at risk groups including survivors of domestic abuse, people who are homeless, who misuse substances, who have mental health issues, who are veterans or who have offended.

Support people to live and age well, be resilient and independent

We will promote people's wellbeing to prevent, reduce or delay the need for care, focussing on the strengths of people, their families, their carers and their communities, enabling people to live independently and safely within their local community including by using technology. We will ensure accessible joined up multi agency working between services across health, social care, housing, criminal justice, the voluntary sector and others. With clear pathways and ongoing support for those with complex needs and overcoming barriers to data sharing. We will ensure people receive the care they need to preserve their dignity and wellbeing, to keep them independent for as long as possible and to be comfortable, dying in a place of their choosing. Further we will as a system work to ensure people, especially those who are most at risk are safe in their homes and communities.

Indicators for this outcome could include:

By 2028, the % of adults in Kent and Medway who are physically inactive will have fallen from 22.3% to 20%.

By 2028, the % of adults in Kent and Medway who are overweight or obese will have fallen from 64.1% to 62%.

By 2028, hospital admissions in Kent and Medway due to alcohol will have fallen from 418.7 to 395 per 100,000.

By 2028, the rate of emergency admissions for those who are frail will have reduced by at least 1.5% to the rate it was in 2018.

By 2028, diabetes complications such as stroke, heart attacks, amputations, etc., will have reduced by at least 10%.

By 2028, we will increase the proportion of people who receive long-term support who live in their home or with family.

I lost weight with peer support from a local group I learnt about when I visited the hospital for something else

I have care and support that enables me to live as I want to

What we heard:

- Improve the transition between services – communication, user experience, timeliness
- Engage with communities to tailor communication and support for each community
- Joined up services to support people who are at risk including survivors of domestic abuse and people who are homeless
- Support veterans
- Focus on adult safeguarding

Shared outcome 4: Empower people to best manage their health conditions

Support people with multiple health conditions to be part of a team with health and social care professionals working compassionately to improve their health and wellbeing.

What we heard:

- Increase involvement of patients and carers in care plans
- Improve access to and consistency of primary care including general practice, dentistry and pharmacy provision.
- Increase offer of support and provide flexibility for carers

"We are not always superhuman. Someone to support us to support our child."

Priorities to deliver this outcome: Together we will...

Empower those with multiple or long-term conditions through multidisciplinary teams

We will support individuals to holistically understand and manage their conditions (such as cancer, cardiovascular disease, diabetes, dementia, respiratory disease and frailty) by using Complex Care Teams and Multi-Disciplinary Teams. This will help reduce or delay escalation of their needs. We will use a model of shared information and decision-making to empower individuals to only have to tell their story once and make informed choices about how, when and where they receive care, which will support individuals to achieve their goals. We will utilise developing technologies including telecare and telehealth, direct payments, personal health budgets, care packages and social prescribing where appropriate to support people to achieve their goals and live the life they want in a place called home.

Provide high quality primary care

We will work towards a system focused on prevention, health protection and early intervention to reduce the need for hospitalisation through ensuring people can readily access the services they need to manage their health. We will ensure all pharmacies are supporting people with health care, self-care, signposting and healthy living advice. We will improve and increase access to dentist and eye health services. We want general practice to offer a consistently high-quality service to everyone in Kent and Medway. This means improving timely access to a health care professional with the skills and expertise to provide the right support and guidance, this could be a physiotherapist, doctor, nurse, podiatrist or other primary care health and care professional. We will work across the system to support the provision of primary care, responding to the needs of new, and growing, communities and making the most of community assets.

Support carers

We will value the important role of informal carers, involve them in all decisions, care planning and provide support for their needs. We will make a difference every day by supporting and empowering carers with ready access to support and advice. We recognise the potential impact of their responsibilities on young carers and commit to reducing these challenges.

Indicators for this outcome could include:

By 2025, the rising trend in the percentage of days disrupted by hospital care for those with long term conditions will have reversed.

By 2028, the people describing their overall experience of making a GP appointment as good will have increased from 49% to at least 60%.

By 2027 we will have implemented our organisational carers strategies

By 2028, the proportion of carers who report that they are very satisfied with social services will have improved from 32.3% to at least 45%.

I can access the healthcare I need and know what options are available to me

I know what my rights as a carer are and can get timely information that is accurate, carer training and education and advice on all the possible options for my health and wellbeing, support needs and finance and housing

Shared outcome 5: Improve health and care services

Improve access for all to health and care services, providing services as locally as possible and creating centres of excellence for specialist care where that improves quality, safety and sustainability

What we heard:

- Broaden to incorporate all aspects of health care not just hospital services
- Timely access to all parts of health care particularly primary care services
- Improve communication and transition between all parts of health and care services
- Increase the services offered in the community and by social care

Priorities to deliver this outcome: Together we will...

Improve equity of access to health and care services

We will seek to improve the accessibility of all our services. We will ensure the right care in the right place providing care closer to home and services from a broader range of locations by making better use of our collective buildings and community assets. By taking services to individuals and continuing to offer digital help and advice, we hope to mitigate some of the social and economic reasons (such as travel costs, time off work and time out of education) why individuals do not seek (or attend) health and care services.

Communicate better between our partners especially when individuals are transferring between health and care settings

We will improve flow through the system by utilising end to end care and support planning, minimising hand offs and ensuring safe discharges by better supporting individuals leaving acute care settings when transferring to another location, sure that all partners (including individuals, carers and families) are aware of the care plan and by working as a team to minimise delays. We aim to ensure people are discharged to their home as a priority and linked to timely appropriate reablement, recovery and rehab services. Our ambition is that system partners jointly plan, commission, and deliver discharge services that maintain flow and are affordable pooling resources where appropriate and responding to seasonal pressures.

Tackle mental health issues with the same energy and priority as physical illness

We will support people of all ages with their emotional and mental wellbeing. We will improve how we support those with mental health conditions with their overall health and wellbeing, providing the integrated support they need from the right partner (such as housing, financial, education, employment, clinical care and police) when they need it and in a way that is right for them. We will work with VCSE partners to creatively support those at risk of suicide.

Provide high-quality care

We will continually seek to provide high quality of care by working in a more integrated way; expanding the skills and training of our staff; reducing the time waiting to be seen and treated and supported; streamlining our ways of working; improving the outcomes achieved; ensuring advocacy and enriching the overall experience of individuals, their carers and their families.

Indicators for this outcome could include:

By 2028, waits for diagnostics will meet national ambitions.

By 2028/29, the percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services will have increased in Kent to at least 85% and in Medway to be in line with the national average.

By 2025 we will meet national expectations for patients with length of stay of 21+ days who no longer meet with criteria to reside.

Inappropriate out of area mental health placements will be at or close to zero.

My family/carers and I knew when I was being discharged from hospital and what my care plan was

My appointment was by video call but there was an option to attend in person if I needed to

Shared outcome 6: Support and grow our workforce

Make Kent and Medway a great place for our colleagues to live, work and learn

What we heard:

- Improve volunteering opportunities for staff
- Benefits for staff:
 - financial support
 - offers with local businesses
 - health and wellbeing support for example leisure facility membership offers
- Strengthen links and opportunities with education – schools, colleges and universities

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Priorities to deliver this outcome: Together we will...

Grow our skills and workforce

We will work as a system to plan and put in place a workforce with the right skills, values and behaviours to keep our services sustainable. We will attract people to live, study and work in Kent and Medway, promoting all that our area has to offer. We will work with education and training providers to develop and promote exciting and diverse career and training opportunities, provide talented and capable leadership and offer flexible and interesting careers to reduce long-term unemployment and support people to return in work.

Build 'one' workforce

We will implement a long-term workforce plan which supports integration across health and care services, enabled by digital technology, flexible working and cross sector workforce mobility. We will work in true partnership with our vital and valued volunteer workforce by seeking their input to shape, improve and deliver services.

Look after our people

We will be a great place to work and learn, with a positive shared culture where people feel things work well and they can make a real difference. We will ensure staff feel valued, supported and listened to. We will support our workforce, including helping them as their employer, to proactively manage their health and wellbeing.

Champion inclusive teams

We will foster an open, fair, positive, inclusive and supportive workplace culture that promotes respect. We will grow and celebrate diversity to be more representative of our communities, empower and develop colleagues from underrepresented groups.

Indicators for this outcome:

Shared workforce indicators will be developed by partners working across the system and are likely to include measures around:

- Vacancies
- Staff wellbeing
- Sickness absence
- VCSE workforce
- Supporting employment in under-represented groups

I feel valued by my team and believe my employer cares about my health and wellbeing

I hadn't realised how many opportunities there were in health and social care, and I've been able to complete further qualifications since joining



Enablers and approach to delivering the strategy

Enabler: We will drive research, innovation and improvement across the system

We will empower our workforce to use research evidence and develop and test innovative approaches to their work, both to improve services and to develop new knowledge. We will establish better ways to collaborate between all partner organisations and with academia for service improvement, research and innovation. This will include safely sharing data and embracing digital innovation.

Enabler: We will provide system leadership and make the most of our collective resources

We will embed sustainability in everything we do through our green plan by ensuring our strategies and decision-making support social, economic and environmental prosperity now and for future generations. We will make the most of our collective resource including our estate and play our role as 'anchor institutions'. The principle of subsidiarity will ensure our places and neighbourhoods lead the development and implementation of delivery plans for this strategy.

Enabler: We will engage our communities on our strategy and in co-designing services

In developing this strategy we sought to engage with our residents and as partners and we will continue to do this as we implement plans to meet these aims and improve health and wellbeing.

Delivering the strategy

The priorities set out have been agreed by the partners in the Kent and Medway Integrated Care System. We recognise that each place and neighbourhood is different, and delivery of the priorities will need to respond to specific needs and circumstances.

Local partners including districts have developed local alliances and networks that will deliver actions to tackle their key local health issues and which increasingly both recognise the challenges the local system faces and the need to tackle the wider determinants of health. The Medway Joint Local Health and Wellbeing Strategy outlines the similar approach for Medway.

This Integrated Care Strategy will help align system objectives and actions to support these endeavours.

Monitoring the delivery of the strategy

Each Health and Care Partnership and the organisations that comprise these will monitor their progress in supporting the delivery of the strategy. NHS Kent and Medway, Kent County Council and Medway Council will each monitor the delivery of their actions to deliver this strategy.

The Integrated Care Partnership will receive quantitative updates on the progress in achieving the outcomes through the logframe matrix. Themed meetings will also provide qualitative information on progress.



Conclusion

Thank you to everyone who helped us develop our final Integrated Care Strategy.

We recognise that change will not happen without our concerted, collective effort. We are determined to lead by example and create a culture of collaboration and trust, putting the health and wellbeing of the people of Kent and Medway at the heart of everything we do.

We will continue to use multiple channels to listen to our people and communities as we locally develop our delivery plans.

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Refresh of the Integrated Care Strategy Findings from Engagement and Consultation

Executive Summary

1. Introduction

1.1 The Integrated Care Partnership (ICP) is responsible for producing the Integrated Care Strategy. The ICP is committed to ensuring that engagement and inclusiveness is championed throughout the Integrated Care System (ICS). However, the short national deadline to produce the first Integrated Care Strategy in Autumn 2022 meant there was not sufficient time to fully involve the public and key stakeholders in its development. The ICP was keen to ensure that Kent and Medway's strategy included the voice of the public and people who work across the System. Therefore, a decision was made to adopt an Interim Strategy for 2022/3 to allow time to gather the views of a wide range of people to inform a final version of the Strategy.

1.2 This report summarises the extensive engagement that has taken place across a number of different channels and in different settings to ensure wide engagement from our communities and with people who work across the System. It captures the main themes that were raised, views on the Interim Strategy and, more generally, what people think about services and their experiences of accessing support.

Executive Summary Cont.

2. What we did

2.1 The 3 statutory partners of the ICP, (Medway Council, NHS Kent and Medway and Kent County Council) undertook engagement and consultation work between January and September 2023. It is estimated that over 2,000 people took part in the consultation, either making use of digital opportunities to feedback or by attending the many workshops that were organised. Some focus groups were particularly targeted at those vulnerable communities who are not always heard, such as the homeless. The findings were collated and presented to the Integrated Care Partnership on 6th September for discussion and reflection.

2.2 The findings from the engagement work underpin the refreshed Strategy. General feedback has shaped the principles including a focus on prevention, local delivery, wider determinants and integration. Specific feedback about the six outcomes that frame the Strategy highlighted what was most important to people who use services and informed priority setting for each Outcome. This was then refined by talking to expert stakeholders in that area.

2.3 A final draft Strategy, shaped by all the feedback was shared for comment at the Kent and Medway Symposium on 20th October which was attended by over 100 people who are part of our Health and Care System, including the Voluntary and Community Sector, District Councils and Police as well as staff from NHS Kent and Medway, Kent County Council and Medway Council for final comment. The draft strategy will now make its way through the Governance of the three Statutory partners to ensure that any final comments or thoughts are collected, but more importantly to ensure that the Leaders across the System commit to supporting the delivery of the Strategy.

Executive Summary: Cont.

3. Key Messages

3.1 This report sets out the collated feedback.

Some key messages include:

- There was support for addressing the wider determinants of health and taking a more preventative focus in our planning and delivery of services.
- Our partners and the public wanted us to know that enabling local solutions in their communities and places where they live should be an important element in planning and delivering services.
- People shared their experiences. There was frustration with accessing services and in repeating the same information across agencies or getting lost in the System as they moved between services.
- There was acknowledgement that these are difficult financial times for the public sector and wider partners and that resources are limited.

4. Conclusion

4.1 The Strategy has been significantly influenced by the results of the wide-ranging consultation that has occurred. The principle of championing engagement remains at the heart of the Integrated Care Partnership's approach, and we will continue to include the Public and our Stakeholders as we plan for delivery of our System wide priorities.

1. Engagement activity on the Interim Strategy

Medway Council, NHS Kent and Medway and Kent County Council, as the three statutory partners of the Integrated Care Partnership, undertook extensive system-wide engagement between January and September 2023 to inform the refresh of the Integrated Care Strategy.

This included:

- Public communication and engagement activity and 32 events resulted in feedback from over 1200 people
- Online engagement platform and survey – over 350 responses and many more social media comments
- 20 focus groups with vulnerable communities facilitated by Voluntary, Community and Social Enterprise organisations, including parents and carers of children with disabilities and additional support needs.
- Workshops with District Council’s local system partners, Parish and Town Councils (through the Kent Association of Local Councils) and Members
- Engagement on the development of the Medway Joint Local Health and Wellbeing Strategy
 - Online survey (Adults: 546; Children/Young People 148; Organisations 14 responses)
 - Focus group discussions with older people, sex workers, men and women experiencing homelessness, Brompton Barracks, parish council members, Imago service users made up of clients with mental health issues
- Gathering emerging priorities from Health and Care Partnerships
- Engagement with Children’s Services, Adult Social Care and Growth/Community services teams
- Voluntary, Community and Social Enterprise (VCSE) alliances
- Other partners including Kent Housing Group, Office of the Police and Crime Commissioner and Kent Police.

2. Feedback on the Interim Strategy to inform the refresh

- Feedback received has shaped the refresh of the Strategy.
- We have received both:
 - a) General feedback, on the purpose, scope and tone of the Interim Strategy**
 - This has been used to shape the principles that guided the refresh
 - b) Feedback on each of the 6 shared outcomes in the Interim Strategy**
 - This shaped the content of the refreshed Strategy. General response to the Shared Outcomes was positive so it was agreed that they would not radically change but would be reworded to develop or clarify the priority.
- The Interim Integrated Care Strategy is available here - <https://www.kmhealthandcare.uk/about-us/publications-and-foi>
- *Note for KCC Cabinet: More detail on feedback received through the engagement activity is available in separate reports prepared by KCC, Medway Council and NHS Kent and Medway. Feedback received through the engagement activity led by KCC is attached as Appendix 1 at the end of this document. The reports from Medway Council and NHS Kent and Medway are available on request and will be published by these organisations shortly.*

3. General feedback

- “Together we will” not “together we can”
- Need bottom-up approach reflected in Strategy recognising local needs and challenge. Need local bespoke solutions not “one size fits all”
Incorporate District strategies and role of Parishes
- Strategy intro is too focused on KCC, Medway and NHS – all system partners are just as important and shouldn’t be grouped as ‘other’
- Focus on wider determinants of health
- Focus on Inequalities welcome and need retain this focus where already commitments in strategies Need to be honest and explicitly recognise and address real world financial challenges and barriers to prevention and holistic working. How do we ensure thought space for prevention when intellectual focus is waiting times/winter plans – recognise difficult decisions ahead
Need for up-to-date service directory, single point of access
No wrong door approach. Needs shouldn’t need to escalate to access support
- Estates and plans need to be coordinated across partners to meet all needs
- Develop strong data analytics
- Global warming as a threat to health
- Effective access to information and interpretation to services for people with sensory and physical disabilities with responsibility with service providers. Must include complaints systems
- Reallocate funding to System Strategy objectives recognising potential VCS and DCs – funding should be directed at areas of deprivation and VCSE
- Need to involve local people and communities in development, delivery and evaluation
- Need Adult Social Care and Adults Safeguarding to have a clearer place in the Strategy
- Need to translate into agreed action, deliver and monitor progress
- Will need to raise confidence strategy will be delivered

4. Public Online Survey – key themes across the Interim Strategy

- Access to GPs
- Improved communication between services
- Improved social care
- Improved mental health services – adult and children's
- Improved waiting times in general
- Transport to services
- Support for carers
- Support for – improved housing; heating/energy; exercise
- Digital but not always
- Active spaces, leisure facilities, green spaces
- More diverse, culturally aware/appropriate support (interpreters etc.)
- More youth clubs and support to encourage social interaction and learn skills

5. Feedback on Shared Outcome 1

We will give children and young people the best start in life

Summary of feedback received

Partners feedback -

- **General**
 - Strategy needs to cover all elements of children's health and wellbeing (not only health focused)
 - Work with schools more, relaunch Extended Schools
 - Parental support at a universal level
- **Best start in life**
 - How to deliver with accessible Evidence Based Parenting
 - Consider impact of changes to children's centres
 - Family Hubs and whole family approach
 - Maternity
 - Financial Planning and nutritional advice for young people and mothers
 - Foetal Alcohol Spectrum Disorder – avoidable with early intervention
- **Supporting the 0-5 stage**
 - Improved communications between acute and primary care to address 0-4yr old admissions
- **Emotional health and wellbeing**
 - Loneliness in young adults
- **Safeguarding**
- **Support for Children with Special Educational Needs and Disabilities and their families**
 - Strong, effective support for children with disabilities within the school system
- **Public health priorities** including Poverty (and impacts on diabetes, obesity, tooth decay) neglect, mental health and asthma

Summary of feedback received

Public feedback -

- **Maternity** – more education for student midwives; improved postnatal support and breastfeeding advice; support birth plans and patient choice; better access for patients to ultrasound services; advice & exercise videos for post c-section mothers.
- **Support families to give children a good start** – free books/better access to reading; quality healthy meals; pre-school attendance; parent networks; access to health visitor/more frequent contact; enhanced SEN training within preschool settings. Help with parenting skills.
- **Help families thrive / prevent health inequalities** – childcare voucher schemes; more health professional support; SEN support in schools.
- **Child safeguarding /social care** – internet security; promote foster care including sufficient funding. Mental health/coping support for parents who have their children taken into care
- Library based services for mother and baby are great for meeting people, learning through shared experiences (Hartbeeps, Toddler sense, Baby Bounce, Rhyme)

6. Feedback on Shared Outcome 2

Tackle the wider determinants to prevent ill health

Summary of feedback received

Partners feedback -

• Prevention and inequalities

- Emphasis on Prevention supported – Evidence that money and commissioning is moving to prevention
- Community hubs to support action on WDH including loneliness, physical activity and breast feeding
- Define CORE20plus5 focussed on prevention and including for children
- Targeted intervention for the most vulnerable / highest need groups, understand and meet local needs at Health and Care Partnership (HCP) level, delegations
- Role of libraries in tackling upstream wider determinants of health
- Stop doing short term projects

• Role of the Voluntary, Community and Social Enterprise sector

- key to delivery but reducing and short-term funding and engagement within the system leadership is not reflective of this - need for parity and support for infrastructure – Wigan Deal approach (community investment for bottom-up prevention)
- Role VCSE in delivering sport and physical activity tackling social exclusion
- Inverse Care Law with more volunteers in better off areas - Target more resources to VCSEs in areas of highest need

• Social determinants / work

- Support for social prescribing to help people access benefits and tackle WDH
- Need services for Social Prescribers to refer on to - Review of social prescribing
- Support for people with mental and physical health issues to access or retain work with additional intense targeted support for those with greatest challenges.
- Participation arts and culture-based interventions – Creative health approaches
- Childcare as barrier to work, cost and number of places
- Support Apprenticeships and pre-employment experience opportunities
- Needs focus on tackling Domestic Abuse

• Anchor institutions

- Partners should commission locally not from elsewhere
- Encourage local innovation and med tech investment through simplified procurement
- Local Anchor networks including housing associations, NHS, Councils and colleges
- As a key anchor, simplify NHS jobs application process to encourage applications

• Physical environment / housing

- An Asset Based model should be used including optimal use community facilities and empty spaces
- Transport infrastructure and public transport barrier to access jobs, social opportunities and services especially in rural areas
- Focus on preventing homelessness with joined up system approach wrapped around individual to develop sustainable homes.
- Joined up services including primary care for people who are homeless
- Housing issues including houses of multiple occupation in former office premises – Better understand housing and health link
- Developer contributions for infrastructure to support health and wellbeing

• Poverty / cost of living

- Tackling poverty is fundamental to improved health
- Recognise holistic not compartmentalised nature of poverty
- Support around cost-of-living issues needs to link with financial support, mental health, employment and skills and environment
- Lunch groups for vulnerable
- Support pockets deprivation in more affluent areas
- Support to tap into unclaimed benefits

• Mental health

- Need for better accessible MH services

Public feedback -

- Reduce differences in life expectancy – keep people warm; GPs to identify those who could benefit from insulation / funded home improvement works?; community allotments to support healthy sustainable eating; improve access to healthcare; resources & education to self-sustain.
- Help needed to stay well – free prescriptions e.g., for care leavers; support for vulnerable and elderly; signposting services; independent living.
- Improve K&M as place to thrive – rent control; transport; housing; education and healthcare centres; change the providers of services
- Help with money management
- Mental health needs for barracks not being met (in-house available but sappers won't seek support for fear of impact on promotion opportunities)

7. Feedback on Shared outcome 3

Support happy and healthy living for all

Summary of feedback received

Partners feedback –

- **Joining up services / data**
 - Joined up ongoing services needed around people with complex needs including housing with smooth referrals NHS and Local Authority
 - Joined up seamless services and removal silos to work – Community Hubs pilots No wrong door
 - Data sharing barriers need to be overcome
 - Integration health and social care
 - Commission joined up services with clear pathways and links and work with VCS as part of Multi agency working
 - Multi-Disciplinary Team (MDT) support and one stop approach around people who misuse substances
 - Systems need to intervene earlier. Frontline services to meet needs/signpost earlier
- **Empowering and engaging people and communities**
 - Empowering health choices
 - Consistent messaging to the community, including hyper-local communication and insight
 - Better support for personal choice around pathways – Reference One You.
 - System standards for co-production
 - Understand / promote role of community champions, trusted intermediaries and volunteers
 - Planning and design to help independence, housing to use NICE guidance around health
 - VCS engagement in dementia service planning and delivery
 - Challenge of Vaping
- **Focus on adult safeguarding**

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Summary of feedback received

Public feedback -

- More support services targeted at men
- Support people to live healthy lives – education; reduce social isolation (e.g., shared working spaces); free exercise classes for targeted groups; combat disability discrimination; creative activities to support wellbeing; price cap on fruit and veg, give food vouchers
- Support people to age well – not everything to be digital; holistic approach to healthcare considering housing particularly; provider better information; improve public transport; encourage wide range of outdoor activities (e.g., rambling)
- How give people control over their care – whole family approach; access to services; easier to request prescriptions; regular health checks; patient choice; better communication between professionals; access to medical notes
- How to help those in last stages of life – access for families; patient choice; responsive end of life care; more staff experienced in pain management and respecting patient choice
- People not aware of services available. Posters/directory of services needed. Advertise in places attended by people, not just online
- More exercise equipment in parks
- Affordable exercise facilities
- Informal drop-in places to sit and chat – you can be around people without always joining in.
- Help for older people to get best energy tariffs – difficulties navigating online systems.

8. Feedback on Shared outcome 4

Empower patients and carers

Summary of feedback received

Partners feedback -

- **Primary care improvement and resourcing**
 - Need for better primary care
 - Need commitment to review resource allocation to improve primary care in areas with greatest need
 - Support for Fuller model
 - Develop Urgent Treatment Centres in areas with lowest GP capacity
 - **Specific points on GPs**
 - Improve access to GPs, both appointments and physical
 - Improve GP recruitment to areas with lower rates by population with focus on areas high population growth
- **Better community-based End of Life support** with care homes to relieve pressure on primary care
- **Enable free parking for health and care workers on visits.**
- Central navigation point for identifying support services
- Breakdown barriers between secondary and primary care
- Tackle GDPR to support information sharing
- Rewrite clinical care and other pathways to embed prevention
- Recognise role that acute trusts have around prevention – advice/signpost/protected clinician time

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Summary of feedback received

Public feedback -

- Improve GP services – easier to get an appointment; better use of staff for particular medical needs; signpost to right service if not the GP; repeat prescriptions; GPs with specialisms (e.g., dementia); improve communication with patients and secondary care; improved recording of notes, medical conditions and data sharing; prioritise vulnerable and disabled people; more social prescribers
- Support those with multiple conditions – promote and implement ESTHER model; more time e.g., double appointments with GP; better carer and nursing support in community; educate clinicians to understand other conditions; improve access to medication; better Multi-disciplinary Team (MDT) working
- How best to join up care – improved communication and clarity with MDTs; shared patient records
- What helps patients to feel empowered – patient choice, led by patients
- How to best support carers – flexible appointment times and location choice; more respite care and opportunities; someone to provide care when the carer has their own appointments

9. Feedback on Shared Outcome 5

Improve health and care services

Summary of feedback

Partners feedback -

- Appears focused on hospitals rather than healthcare
- Ensure timely access for all to specialist stroke services
- Allow access to elective care in NHS facilities with shortest waits even if distant

Public feedback –

What can we do to free up beds in hospitals, reduce the time people stay in them and support people when they are discharged?

- Social care: Increase social care funding, make sure social care are present at discharge assessments
- Halfway houses
- Get wider family involved
- Refer people to social prescribers
- Link in with GPs before discharge from hospital
- Better services in the community, especially frailty teams, physio, podiatry, occupational therapy
- Safeguarding issues
- Issues with council borders and which is the responsible authority
- Ensure all relevant healthcare staff can access the person in the community
- Change poor discharge processes with unrealistic expectations
- Better communication between specialist centres and local healthcare providers

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Summary of feedback

What else should we do to provide quality healthcare as close to home as possible?

- Reduce waiting times
- Utilise empty buildings
- Pre-ops at home rather than in London hospitals
- Offer free parking at specialist centres
- Provide option of follow up appointments by phone with specialist centres to avoid long patient journeys.

What sort of specialist services would you be happy to travel to another part of Kent and Medway for?

- Any service
- Specialist
- Cancers

10. Feedback on Shared Outcome 6

Support and grow our workforce

Summary of feedback received

Public feedback on workforce:

- Improve volunteering opportunities for staff
- Benefits for staff – financial support, offers with local businesses, health and wellbeing support (e.g., support with fertility treatment and leisure facility membership offers)
- Respect in the workplace, flexible working, performance related bonus
- Strengthen links and opportunities with education – schools, colleges and universities

Public feedback on making Kent and Medway a great place to live and work for all:

- Improved leisure facilities
- Support for families with special educational needs
- Tackle environmental issues
- Improve transport and infrastructure
- Promote local business
- Good education and schools

Appendix 1 – Detailed feedback from engagement activity led by KCC

Interim Integrated Care Strategy Feedback

Partners

- A Ashford
- C Canterbury
- Da Dartford
- D Dover
- FH Folkestone and Hythe
- G Gravesham
- M Maidstone
- PCC Police, Office of the Police and Crime Commissioner
- S Sevenoaks
- SW Swale
- T Thanet
- TMBC Tonbridge and Malling
- TW Tonbridge Wells
- VCS Voluntary and Community Sector

General Points

- “Together we will” not “together we can” (T)
- Need bottom-up approach reflected in Strategy recognising local needs and challenge. Need local bespoke solutions not “one size fits all” (G)(SW)
- Consider a Life Course Approach (G)
- Focus on WDH (TW)(TMBC)(T)
- Focus Inequalities welcome and need retain this focus where already commitments in strategies eg Kent HWB (T)(SW)
- Need to be honest and explicitly recognise and address real world financial challenges and barriers to prevention and holistic working. How do we ensure thought space for prevention when intellectual focus is waiting times/winter plans (M)(T)(SW)
- Need to translate into agreed action, deliver and monitor progress (S)(TW)(T)
- Need clarity on reasoning for choice of outcomes (S)
- Need for up to date service directory, single point of access (TW)(T)(SW)(D)(FH)(A)

General Points Continued (1)

- Estates and plans need to be coordinated across partners to meet all needs, DC needs to be on Estate Strategy group and better engaged (FH)(T)(M)
- Develop strong data analytics(M)
- Will need to raise confidence strategy will be delivered (M)
- Global warming as a threat to health (M)
- Effective access to information and interpretation to services for people with sensory and physical disabilities with responsibility with service providers. Must include complaints systems (M)
- Reallocate funding to System Strategy objectives recognising potential of VCS and DCs (M)(VCS Alliances)(Da)
- Districts do not map well to new NHS structure (SW)
- Need to involve local people and communities in development, delivery and evaluation (A)(M)
- Need clarity around governance and accountability (G)

General Points Continued (2)

- Areas with future high population growth must have all services (e.g. health, sports, leisure) planned and delivered with this in mind (Da)
- Decision making should include assessment of impacts on other parts of the system (C)
- VCS need to be an equal partner and respected as such (C)
- Longer term funding is required to enable sustainable services (C)
- VCS must be part of the prioritisation and decision making process (C)
- Organisations must communicate and coordinate more with each other to combat current silo working (D)
- There needs to be stronger mention of COVID, especially long Covid (D)
- Need a commitment to improve collaborative working between NHS and VCS (S)(Da)
- Improve social cohesion (Da)
- Better engagement of hard-to-reach communities (Da)

Outcome 1

- How to deliver best start in life with accessible Evidence Based Parenting (TMBC)(M)
- Loneliness in young adults (TW)
- Support for young people (G)
- Work with schools more, relaunch Extended Schools (M)(T)
- Rethink/Consider impact of closure children's centres (M)(T)(D)
- Financial Planning and nutritional advice for young people and mothers(M)(A)
- Strong, effective support for children with disabilities within the school system (VCS)
- Focus on weight loss (G)
- SEND targets from the logframe should be highlighted in the strategy (Da)
- Protecting children from criminal harm and exploitation and supporting victims (PCC)
- Data informed decisions for location of family hubs (D)

Outcome 2

- Emphasis on Prevention supported (S)(T)(G)
- VCS key to deliver but reducing and short-term funding and level engagement within the system leadership not reflective of this need for parity with little support for VCS infrastructure (S)(TW)(TMBC)(FH)(A)(VCS)(C)(Da)
- Role VCS is delivering sport and physical activity to tackle social exclusion and diversion (FH)(M)
- Partners should commission locally not from elsewhere (S)
- Inverse Care Law with more volunteers in better off areas (VCS)
- An Asset Based model should be used including optimal use community facilities and empty spaces (S)(FH)(A)
- Community hubs to support action on WDH including loneliness, physical activity and breast feeding (M)
- Need for better accessible MH services (TW)
- Partnership working to promote community safety, tackle crime and antisocial behaviour, drug and alcohol misuse (PCC)
- Focus on MH supported (T)(D)(G)
- Support for people with mental and physical health issues to access or retain work with additional intense targeted support for those with greatest challenges. (VCS)
- Support pockets of deprivation in more affluent areas (TW)
- Ensure social value with local procurement (G)

Outcome 2 Continued (1)

- Tackling poverty is fundamental to improved health (M)(T)
- Recognise holistic not compartmentalised nature of poverty (SW)
- Support around cost of living issues needs to link with financial support, mental health, employment and skills and environment (VCS)
- Transport infrastructure, public transport and community transport barrier to access jobs, social and services especially in rural areas (TW)(FH)(M)(T)(A)(C)(D)(Da)
- Include Serious Violence duty (PCC)
- Participation arts and culture-based interventions (FH)(T)
- Focus on preventing homelessness with joined up system approach wrapped around individual to develop sustainable home. (VCS)
- Housing issues including HMOs in former office premises (M)
- Childcare as barrier to work, cost and number places (FH)
- Support Apprenticeships and pre-employment experience opportunities (FH)(SW)
- Encourage local innovation and med tech investment through simplified procurement (M)
- Local Anchor networks including housing associations, NHS, LA and colleges(M)
- As a key anchor, simplify NHS jobs application process to encourage applications (SW)

Outcome 2 Continued (2)

- Support for social prescribing to help people access benefits and tackle WDH (M)(A)
- Need services for Social Prescribers to refer on to (A)
- Needs focus on tackling Domestic Abuse (T)(SW)(D)
- Victim and offender support, tackling drug, domestic abuse, exploitation, and harm and violence against women (PCC)
- Joined up services including primary care for people who are homeless (S)(T)
- Role libraries in tackling upstream WDH (SW)
- Lunch groups for vulnerable (A)
- Systemize social prescribing and increase its use via GPs (Da)(D)
- Recognise the impact of social isolation, particularly on young adults and older adults, and the role of art and culture in tackling this (Da)
- Roll out trauma informed practice within workforce (C)
- Introduce mobile wellbeing hubs for wider reach (D)
- Explore the commercial determinants of health (Da)

Outcome 3

- Joined up ongoing services needed around people with complex needs including housing with smooth referrals NHS and LA. (S)(TMBC)(FH)(T)(SW)(A)
- Joined up seamless services and removal silos to work (TW)
- Data sharing barriers need to be overcome (S)
- More focus on Prevention (G)
- Empowering health choices (TW)
- MDT support and one stop approach around people who misuse substances (FH)
- Integration health and social care (M)
- Commission joined up services with clear pathways and links and work with VCS as part of MDT/Multi agency working (M)(T)(A)
- Planning and design to help independence, housing to use NICE guidance around health (M)
- Challenge of Vaping (M)
- VCS engagement in dementia service planning and delivery (VCS)
- Focus on adult safeguarding (Kent ASC)
- Effective support in the community must be ongoing for problems that can extend for many years (D)
- Support for young carers (G)

Outcome 4

- Need for better primary care (TW)
- Need commitment to review resource allocation to improve primary care in areas with greatest need (S)
- Improve access to GPs, both appointments and physical (FH)(D)
- Improve GP and dentist recruitment to areas with lower rates by population with focus on areas of high population growth (FH)(M)(D)
- Develop primary care access informed by needs and future population growth (Da)
- Develop Urgent Treatment Centres in areas with lowest GP capacity (M)
- Agree Right Care, Right Person approach (PCC)
- Support for Fuller model (M)
- Better community-based End of Life support with care homes to relieve pressure on primary care (M)
- Enable free parking for health and care workers on visits. (A)
- Ease pressure on GPs by allowing self-referral where no need to ‘medicalise’ through a GP appointment (e.g. housing referral) (Da)
- Ensure access for people who cannot use digital solutions (G)

Outcome 5

- Ensure housing and support in place for people prior to discharge (G)
- Reduced waits for appointments and diagnostics (G)

Outcome 6

- Recognise that support for carers can positively impact staff retention (C)
- Early retirees should be encouraged back into the workplace (C)
- Roll out of MECC and TIP to empower front line staff to help retain them in the workforce (C)

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Equality, Diversity and Inclusion Impact Assessment

Stage 1

Section 1: Policy, Function or Service Development Details

This section requires the basic details of the policy, function or service to be reviewed, amended or introduced.

Section 2: Assessing Impact

This section asks the author to consider potential differential impacts the policy, function or service could have on each of protected groups. There is a separate section for each characteristic, and each should be considered individually.

Authors should refer to relevant evidence to inform the assessment, and to understand the likely demographics of the patient population who will be impacted by the policy, function or service. For example, findings from the Joint Strategic Needs Assessment (JSNA). It may be that no evidence is available locally. In this case, relevant national, regional or county-wide data should be referred to.

Authors must consider what action they will take to mitigate any negative outcomes identified and what actions they will take to ensure positive impacts are realized.

A link is provided to the legal definition for each of the protected characteristic groups.

Section 3: Equality Act 2010

This section asks the ICB's equality, diversity and inclusion lead to consider compliance to the Equality Act (2010) having completed the impact assessment of each of the protected characteristics covered by the Act in section 2. Consideration should be given to whether the evidence included in the impact assessment demonstrates that the organisation has upheld its legal duty to eliminate discrimination and promote equalities and good community relations by having given due regard to equality, including all nine of the protected characteristics covered by the Act.

Section 4: Conclusions & Recommendations

Now the impact has been assessed, the reviewing panel is asked to consider whether, based on the findings, they agree with the findings and any mitigating actions.

Section 5: Planning Ahead

This section outlines the requirements for any next steps. This should be completed by the ICB's Equality, Diversity and Inclusion lead and the author of this impact assessment to ensure that requirements are reasonable and deliverable within project/programme timeframes.

Section 1: Policy, Function or Service Development Details (to be completed by the author)

Directorate: Strategy

Officer responsible for assessment:

Date of assessment: On-going

Is this a (please confirm): Updated assessment

Defining what is being assessed:

What is the title of the policy, function or service this impact assessment applies to?

Kent and Medway Integrated Care Strategy

Please briefly describe the purpose and objectives of this policy, function or service

The Integrated Care Partnership (ICP) is required to write an integrated care strategy which sets out how commissioners in the ICB and local authorities will work with partners to deliver joined up and person-centred care across the Kent and Medway population. An interim strategy was developed and published in December 2022. Extensive engagement with both system partners and the public was completed during 2023, concluding by September, and the interim strategy has now been refreshed based on this feedback.

The Integrated Care Strategy, through joint, integrated ways of working, looks to reflect evidence-based, system wide priorities which address and improve health and wellbeing as well as reduce disparities. The strategy will meet the needs of the local population of all ages and will relate to all physical and mental health as well as social care needs and address the wider determinants of health.

Who is intended to benefit and in what way?

The strategy looks to improve the health and wellbeing of the entire Kent and Medway population. It considers a 'life course' approach by incorporating conception through to end-of-life care, considering different life phases and settings. There is a particular focus prevention and the need to promote and restore health and wellbeing as well as reduce disparities.

What is the intended outcome of this policy, function or service?

The strategy will be used to extend current work to further the needed transformative change to tackle challenges including reducing health disparities across health and social care, improving quality and performance, preventing mental and physical ill health, and promoting patient choice and flexibility in how care and support are delivered. The strategy will be used to agree the steps required to deliver system level, evidence-based priorities in the short, medium and long term.

Who are the main stakeholders in this piece of work?

Providers across adult and children's social care, primary care, local authorities, community health services, secondary care, public health services, voluntary and independent sector and other partners that influence the wider determinants of health have been involved in the development and will be key to its implementation.

What factors may contribute to the outcomes of this policy, function or service?

Ensuring the voice of the service user is used in the development of services.

An extensive engagement programme was run to seek the views of people who live and work in Kent and Medway to inform the strategy refresh. This included an online survey, interactive platform with digital ideas boards, travelling roadshows to, for example, family fun days, shopping centres and leisure centres using the public health bus. Community organisations also led focus groups with people who need to be heard so we can address health inequalities. For example LGBTQ+ communities, people with low income, parents and carers of children with disabilities and additional support needs, people from ethnic minority groups.

Funding and enhanced partnership working arrangements that will enable new ways of working/commissioning more support and services.

Workforce challenges may impact timescales and deliverability of some of the proposals outlined in the strategy.

Who is responsible for implementing this change to policy, function or service? (Please provide contact details).

The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007 and requires integrated care partnerships to write an integrated care strategy to set out how the assessed needs (from the joint strategic needs assessments) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE).

What factors may detract from the outcomes of this policy, function or service?

Some of the 'factors that contribute' above could also be factors that detract e.g., funding, workforce shortages, need for enhanced partnership working. These factors continue to be considered as the ICP becomes established and the Integrated Care System matures.

Section 2: Assessing Impact (to be completed by the author)

When completing this section please give consideration to the fact that a differential impact may be positive or negative.

Could there be a differential impact due to racial/ethnic groups? Yes

The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local populations to enable greater provision of care across both health and social care. The document outlines how Kent and Medway will proactively look to involve people who have lived experience, particularly those from underrepresented groups. The project governance includes endorsement from the Kent and Medway Inequalities, Prevention and Population Health Committee (IPPH) to ensure that the strategy sets a vision for how current programmes of work and future initiatives will help improve access, patient experience and patient outcomes for all racial/ethnic groups. Health prevention and living well are key areas within the strategy, for example community led approaches to support healthy weight, healthy diet choices, good sexual health and minimize alcohol and substance misuse and tobacco use. This work will include patient focused support services that understand and seek to address barriers that stop cohorts of patients engaging with health and wellbeing services.

In addition, the strategy champions an inclusive workforce with all organisations creating a culture that promotes diversity, respect, shared learning, development, and opportunity.

Could there be a differential impact due to disability? Yes

It is recognized that people with disabilities are more likely to require health and care services and so are more likely to be impacted by this strategy. It is felt that the strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local populations to enable greater provision of care across both health and social care. The strategy incorporates all aspects of health-related services, recognizing that not all services are health and/or social care. For example, the strategy includes a joined-up approach to the planning, commissioning, and delivery of housing arrangements to allow independent living for those who require additional support and housing arrangements. The strategy details how personalised care will allow for increased patient choice and flexibility and aims to allow greater independence for those living with a disability. Joined up working will allow people to access support that allows people with disabilities to work, again supporting the aim to allow people greater independence.

In addition, there is a commitment to providing support for carers including young carers, acknowledging the huge benefits they provide to the people they look after as well as wider society but also recognizing the physical and emotional impact on them.

Could there be a differential impact due to gender? Yes

The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care. For example, the strategy includes a commitment to address women's health issues.

Could there be a differential impact due to sexual orientation?

There will be a positive impact as the strategy looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.

Could there be a differential impact due to religion or belief? Yes

There will be a positive impact as the strategy looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.

Could there be a differential impact due to people's age? Yes

What evidence exists for this?

The strategy will encompass the needs of the whole population, of all ages. The strategy will consider the needs and outcomes of babies, children, young adults and their families by working collaboratively with partners including children's services. There is a commitment to giving children and young people the best start in life with a particular focus on prevention including improving awareness, education, and support to decrease the levels of smoking during pregnancy. Giving children the best start, ensuring that the conditions and

support are in place for all children and young people to be healthy, resilient and ambitious for their future, forms a key part of the overall strategy. This will be achieved through supporting families and adopting a whole family approach. The strategy identifies the need for a holistic and family approach that incorporates housing, communities, health, education, social care and the voluntary sector. A key area will be around key transitional points to ensure continuity of care as well as improve patient outcomes and patient experience. The strategy highlights the importance of increasing fitness, reducing childhood obesity, improving focus in schools and increasing the uptake of childhood vaccinations.

The strategy includes how Kent and Medway will help people manage their own health and wellbeing including how to live well and age well, encompassing health initiatives that promote positive health benefits. Technology will be a key tool in enabling people to achieve this goal and in continuity of care for older people who are at a higher risk of multiple co-morbidities and deteriorating health. Extending social prescribing, allowing people to connect with their community also forms a core part of the strategy.

Could there be a differential impact due to [marital/civil partnership status](#)? Yes

The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.

Could there be a differential impact due to a person being [trans-gendered or transsexual](#)? Yes

The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.

Could there be a differential impact due to a person being [pregnant or having just had a baby](#)? Yes

There is a recognition that prevention of poor health starts before birth with good foundations leading to better health outcomes overall. The strategy outlines how a joined-up network of support will be provided to support parents and parents to be, including awareness around smoking during pregnancy, breastfeeding and childhood obesity as well as support being available around housing and education in line with providing a holistic and family approach.

Are there any *other* groups that may be impacted by this proposed policy, function or service (e.g. speakers of other languages; people with caring responsibilities or dependants; those with an offending past; or people living in rural areas, homeless or war veterans) but are not recognised as protected characteristics under the Equality Act 2010? Yes

The strategy furthers work and the required transformative change that is needed to tackle health inequalities across Kent and Medway. In addition to tackling and reducing health inequalities, the strategy looks to improve quality and performance, prevent physical and mental ill health and improve independence by promoting personalised care, choice and

flexibility. This applies to the entire Kent and Medway population with partners aiming to deliver collaborative, joined up, person centered care throughout people's lives. The strategy has a wide scope with focus on:

- quality improvement
- joint working
- personalised care
- disparities in health and social care
- population health and prevention
- health protection
- babies, children, young people, their families and health ageing
- workforce
- research and innovation
- health related services
- data and information sharing

The scope encompasses, and will impact all groups of people including speakers of other languages, carers etc.

The FREDA principles (fairness, respect, equality, dignity and autonomy) are a way in which to understand Human Rights. What evidence exists to demonstrate that this initiative is in-keeping with these principles?

The strategy is underpinned by the Core20PLUS5 model which aims to support the reduction of health inequalities at system level (as well as national). There are 5 focus clinical areas that require accelerated improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding. These clinical areas align with the Kent and Medway approach to health population management that aims to ensure that population groups who experience poorer than average health access, experience and/or outcomes are able to access an inclusive and holistic care.

There is a specific focus on health protection to ensure that vulnerable groups are being identified and their needs are addressed. These groups include refugees, asylum seekers, homeless people, Roma, Sinti, Travelers, and other groups.

A report on the consultation and engagement work that was undertaken with system partners and the public to understand their priorities will be published alongside the refreshed strategy.

Section 3: The Equality Act 2010 (to be completed by the ICB equality, diversity and inclusion Lead)

Under The Equality Act 2010, the ICB is required to meet its Public Sector Equality Duty. Does this impact assessment demonstrate that this policy, function or service meets this duty as per the questions below? A 'no' response or lack of evidence will result in the assessment not being signed off.

The need to eliminate discrimination, harassment and victimisation - Yes

The content included in Section 2 of this report and the accompanying actions identified in Section 4 demonstrate that NHS Kent and Medway has given due regard to the local

communities that it serves in a way that meets obligations under the Public Sector Equality Duty. The strategy seeks to improve services and highlight and reduce inequalities.

Advance equality of opportunity between people who share a protected characteristic and those who do not - Yes

The content included in Section 2 of this report and the accompanying actions identified in Section 4 demonstrate that NHS Kent and Medway has given due regard to the local communities that it serves in a way that meets obligations under the Public Sector Equality Duty. The strategy seeks to improve services and highlight and reduce inequalities.

Foster good relations between people who share a protected characteristic and those who do not - Yes

The content included in Section 2 of this report and the accompanying actions identified in Section 5 demonstrate that NHS Kent and Medway has given due regard to the local communities that it serves in a way that meets obligations under the Public Sector Equality Duty. The strategy seeks to improve services and highlight and reduce inequalities.

Note: Remember to reference the evidence (i.e. documents and data sources) used

Section 4: Action Plan

The below action plan should be started at the point of completing the Impact Assessment (as impacts are identified), however, it is an ongoing action plan that should support the project throughout its lifespan and therefore, needs to be updated on a regular basis.

Potential Impact identified

Which Protected Characteristic group will be impacted upon?

All

Action required to mitigate against impact

Ensure that detailed equality analysis and mitigation is in place for specific service changes or projects that happen as a result of the strategy

Deadline

On-going

Who is responsible for this action (Provider/ICB- please include job title where possible)?

Service commissioner – this may be any partner in the Integrated Care System for example NHS Kent and Medway, Kent County Council or Medway Council.

Update on actions (to be provided throughout project)

Rag rating

Green

Section 5 Conclusions (to be completed by the author)

Could the differential impacts identified in questions 1-15 amount to there being the potential for adverse impact?

The strategy seeks to improve services and highlight and reduce inequalities.

Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group, or another reason?

The strategy seeks to improve services and highlight and reduce inequalities.

Is there an opportunity to alter your proposal to meet the ICB duties?

No

Is there evidence of a disproportionate adverse or positive impact on any groups of protected characteristic?

Yes

Are there concerns that there may be an impact that cannot be easily mitigated or alleviated through the alterations?

No

Note: For any 'Yes' answers, please amend your equality impact assessment and resubmit it for further review. For any 'No' answers, the ICB must now make a decision as to whether it considers this proposal to be viable.

Section 6: Sign Off (to be completed by author and ICB Equality, Diversity and Inclusion Lead)

Date of next review

Areas to consider at next review (e.g. new census information, new legislation due)

Is there *another* group (e.g. new communities) that is relevant and ought to be considered next time?

Signed (Author) R Hewett

Signed (ICB E,D&I Lead) LS Brailey

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