

ADULT SOCIAL CARE CABINET COMMITTEE

Thursday, 23rd November, 2023

2.00 pm

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



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Thursday, 23 November 2023 at 2.00 pm
Council Chamber, Sessions House, County Hall,
Maidstone.

Ask for: **Dominic Westhoff**
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Membership (17)

Conservative (12): Mr A M Ridgers (Chairman), Mrs P T Cole, Mr N J Collor,
Ms S Hamilton, Mr J Meade, Mr D Ross, Mr T L Shonk, Ms L Wright
(Vice-Chairman), Mrs L Game, Mrs L Parfitt-Reid and
Mr A Kennedy

Labour (2): Ms J Meade and Mr A Brady

Liberal Democrat (1): Mr R G Streatfeild, MBE

Green and Mr S R Campkin and Jenni Hawkins
Independent (2):

UNRESTRICTED ITEMS

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

- 1 Introduction/Webcasting Announcement
- 2 Apologies and Substitutes
- 3 Declarations of Interest by Members in items on the agenda
- 4 Minutes of the meeting held on 13 September 2023 (Pages 1 - 8)
- 5 Initial Draft Budget 2024-25 and Medium Term Financial Plan 2024-27 (Pages 9 - 86)
- 6 Verbal Updates by Cabinet Member and Corporate Director
- 7 23/00098 - Adult Social Care Pressures Plan 2023/2024 including Urgent and Emergency Care Grant Funding (Pages 87 - 148)
- 8 23/00091 - Kent and Medway Integrated Care Strategy (Pages 149 - 214)
- 9 Adult Social Care and Health Performance Q2 2023/2024 (Pages 215 - 242)

- 10 Adult Social Care and Health Annual Complaint's Report 2022/2023 (Pages 243 - 278)
- 11 Work Programme (Pages 279 - 282)

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
03000 416814

Wednesday, 15 November 2023

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

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KENT COUNTY COUNCIL**ADULT SOCIAL CARE CABINET COMMITTEE**

MINUTES of a meeting of the Adult Social Care Cabinet Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 13th September, 2023.

PRESENT: Mr A M Ridgers (Chairman), Mrs P T Cole, Ms S Hamilton, Ms J Meade, Mr D Ross, Mr T L Shonk, Mr R G Streatfeild, MBE, Ms L Wright, Mr A Brady, Mrs L Game, Jenni Hawkins and Mr A Kennedy

ALSO PRESENT: Mr D Watkins

IN ATTENDANCE: Richard Smith (Corporate Director of Adult Social Care and Health) and Michael Thomas-Sam (Strategic Business Adviser, Social Care) and Dominic Westhoff (Democratic Services Officer)

UNRESTRICTED ITEMS**148. Apologies and Substitutes**

(Item. 2)

Apologies had been received from Mr Meade and Mrs Parfitt-Reid for whom Mr Cole and Mr Dendor would substitute.

149. Election of Vice-Chair

(Item. 3)

RESOLVED: Ms Wright was nominated and duly elected Vice-Chair of the Adult Social Care Cabinet Committee. There were no other nominations.

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

(Item. 4)

Ms Meade noted that they were a full-time carer and had experience of a family member being subject of a deprivation of liberty order. Mr Shonk said that a family member worked for the NHS. Mr Brady noted that his partner was a senior lecturer at the Tizard Centre, University of Kent. Mrs Game said that a family member worked for the governance team, patient safety at East Kent Hospitals.

151. Minutes of the meeting held on 6 July 2023

(Item. 5)

1. A Member noted that there was a spelling error on page 5.
2. RESOLVED, subject to the correction on page 5, that the minutes of the meeting held on 6 July 2023 were correctly recorded and a paper copy be signed by the Chairman.

152. Verbal Updates by Cabinet Member and Corporate Director

(Item. 6)

1. The Cabinet Member for Adult Social Care and Public Health, Mr Dan Watkins, gave a verbal update on the following.

Market Sustainability and Improvement Fund – Mr Watkins said that in July 2023 the Central Government had announced £600 million for Adult Social Care from the fund, of which Kent would receive £10 million. The fund was making the resources available to boost capacity to allow the Council to support the Adult Social Care workforce. Mr Watkins noted that this was most welcome.

Kent and Medway Domestic Abuse Consultation – The 11-week consultation opened in late July. The Council was running the consultation on behalf of the domestic and sexual abuse partnership. Mr Watkins noted that the Kent and Medway Partnership Domestic Abuse Strategy 2024-2029 set out the new 5-year plan to develop and improve the response to domestic abuse. The strategy aimed to reduce instances of domestic abuse and provide the right to support to victims. It was said that the consultation would be open until 9 October 2023 and Mr Watkins encouraged Members to share link to the online consultation.

Covid-19 vaccination scheme opened – Mr Watkins noted that the Covid-19 vaccination programme had opened and targeted groups would be invited to receive their inoculations, which was important this winter due to the discovery of a new variant of concern. It was noted that the targeted groups were the 65 years and over, residents in care homes, those 6 months - 64 years in a clinical risk group, carers, close contacts of immunosuppressed and frontline health and social care workers. Mr Watkins urged all qualifying residents to book their vaccinations and for Committee Members to raise awareness.

Blue Badge Scheme - It was said that the Council was working with District partners to run enforcement sessions to clamp down on the misuse of the badges. This had been made more important following the expansion of the eligibility criteria and the need to ensure that spaces are reserved only for those who are eligible. Residents were encouraged to report misuse through the Kent County Council website Fraud Prevention. Please find a link here: [Fraud Prevention - Kent County Council](#).

2. In response to comments and questions from Members, it was said.

(a) A Member asked about the domestic abuse consultation and how people would be able to access it if they could not get online. Mr Watkins and Ms Agyepong said that there had been lots of outreach work to victims and survivors both directly and through partners, the feedback would be used to update and inform the strategy. Richard Smith a more substantive item down the line may be useful.

(b) Asked for more information on the Kent Care Summit and the Council plan going forward. Mr Richard Smith suggested a substantive item be brought to a future committee meeting where this could be discussed.

(c) A Member asked for more transparency on the savings being made across the directorate, as a part of committee papers or the verbal updates. Mr Watkins advised Members to view the Cabinet paper 'Securing Kent's Future', which gave further detail on £10 million worth of savings. Mr Watkins agreed that an effort

would be made to report back to the committee on savings being made and the progress towards financial targets this year and going forward.

3. The corporate director for Adult Social Care, Mr Richard Smith, gave a verbal update on the following.

Leading in Care Summit – Mr Smith noted that in the previous week, he had attended the summit in association with Newton and the Association for Directors of Adult Social Services (ADASS). This was a national summit focussed on building resilience in adult social care to meet the financial challenges that the sector was facing and the resilience of the workforce over the forthcoming challenging period of time.

Visit for National Hospital Discharge Team – A task force made up of members of NHS England, Local Government Association and ADASS that worked on health systems under stress over the winter period. A presentation had been given and more information on the outcomes of the meeting would be provided in due course.

Inequality and Diversity Leadership Meeting – The meeting discussed how the team was progressing against their own inequality standards and was attended by 30 senior leadership members. Mr Smith noted that this was an area taken very seriously and an action plan was being worked through.

Staff Engagement – Mr Smith said a whole service live event would be hosted in the forthcoming weeks. The event was an opportunity to meet with all staff and discuss how the service would respond to the ongoing challenges. Mr Smith said that his open-door sessions were continuing to informally meet with frontline staff. It was noted that the two directors, Mr Jim Beale and Mr Mark Albiston, had visited all 24 community teams.

Care Quality Commission (CQC) Inspection Preparation – It was said that preparation work was ongoing following social care becoming a regulated service earlier in the year. The CQC had completed their desktop exercises and 5 visits to different local authorities across the country, the outcome of which was expected to be provided soon. In October 2023 the next 20 local authorities to be visited would be known.

4. In response to comments and questions from Members it was said:

(a) A Member asked for further details on the work being done to improve outcomes on hospital discharge. Mr Smith said that they were still waiting on the outcome of a visit from the national taskforce. Following visits to other Local Authorities there would be a detailed action plan, which would be NHS-led, but would be supported by the directorate as and when required.

At the end of this item the Chairman had to leave the meeting. Vice-Chair, Ms Wright, chaired the rest of the meeting.

153. **23/00074 - Property Security Element of the Countywide Sanctuary Access for Eligible Residents (SAFER) Scheme - Contract Award**
(Item. 7)

Rachel Westlake, Senior Commissioner, Akua Agyepong, Assistant Director - Adult Social Care and Health, and Ashleigh Cain were in attendance for this item.

1. Ms Westlake introduced the item. The reasons for the scheme were provided and an overview was given. Ashleigh Cain then gave details of the procurement process and how a supplier was identified.

2. In response to comments and questions from Members, it was said:

(a) A member asked if this was designed by the Council from new or based on similar schemes in operation in other Councils. Ms Westlake said there had been other sanctuary schemes run by other Councils but under the Domestic Abuse Act the Council had a statutory responsibility to deliver support to those in safe accommodation. It was said that the team had worked in partnership with other Councils and had learnt from best practice.

(b) It was asked if there were enough places available. Ms Westlake said there was a recommended number of refuge beds, Kent was currently just under the recommended number. It was noted that the SAFER scheme would allow individuals to remain in their own home, which would expand the number of individuals the service could support and further aspects of support were anticipated.

3. RESOLVED the Adult Social Care Cabinet Committee agreed with the recommendations as outlined in the report.

154. 23/00078 - Community Equipment Service
(Item. 8)

Sharon Wilcock, Senior Commissioner, and Akua Agyepong, Assistant Director - Adult Social Care and Health, were in attendance for this item.

1. Sharon Wilcock introduced the item and highlighted the intention to award a contract to the preferred bidder so that the service to be embedded by March 2024 when the current contract ends. It was noted that they were at the midpoint of the procurement process and a preferred bidder had yet to be identified. It was said the aim was to award the contract in early November 2023, to allow for 4 months of mobilisation time.

2. In response to comments and questions from Members, it was said:

(a) Asked why the committee had not been given more notice as it was too late to provide any meaningful input on the process. Mr Smith said it was not the intention but had to do with the timing of the cycle of committee meetings. It was noted that if it was brought to the following meeting it could lead to a delay.

(b) A Member asked if there was anything in the contract that targets recycling, it had been reported that residents struggled to have their equipment re-used or donated. Ms Agyepong said that information on the recycling points would be shared. It was noted there may need to be an awareness campaign on this. Ms Wilcock said that there would be recycling targets in the new model. A concern was raised that many of these recycling sites were only accessible if you had a vehicle, it was said this would be taken away and considered.

(c) It was asked that arrangements be made to ensure that Members were more actively involved when contracts were due to expire.

(d) Mr Watkins outlined some of the benefits of the new model of service and thanked officers for their work. It was noted that an effort should be made to recycle and re-use all equipment where possible even if credit was not given for doing so.

(e) A Member raised concern that the contract would allow more economically advantaged residents to purchase equipment that was not otherwise available to those with limited financial means. Ms Wilcock said no this would not occur. It was said that during co-production it was found that many people wished to purchase their own equipment but did not know how to do so under the new contract they would receive support to do this in a safe manner, but it would not be charged extra. Residents could purchase equipment by themselves, but this was not recommended as it may not match their needs. The Member requested reassurance that self-purchase would not replace the requirement that the Council deliver the assessment and the equipment within the first 6 weeks without charge. Ms Wilcock said there would be no reduction to the current level of service. Ms Agyapong said the choice was always based on need and people would not be left to independently select. The consultation highlighted a need that people needed to be supported to select equipment that was right for the support they required. It was said that this would not create a two-tier system.

(f) It was said that the equality impact assessment noted the negative impact for those who could not get online and a negative impact for those from ethnic minorities. A Member asked for greater clarity on the mitigations in place. Ms Agyepong said that no one would be left alone to make choices and there would be support provided for all users accessing services. It was noted that outreach work was ongoing with several communities and groups to raise awareness about the support available to them. It was said that the work that Healthwatch had done to reach out to BAME groups had been nominated for a national award.

3. RESOLVED The Adult Social Care Cabinet Committee agreed to the recommendations as outlined in the report.

155. Adult Social Care and Health Performance Q1 2023/2024 *(Item. 9)*

1. Mark Albiston introduced and gave an overview of the Q1 performance with some key details highlighted. It was noted that the wider context of the performance was characterised by increasing demand and a reduced workforce. It was said that the cost of care was increasing as people were presenting with more complex needs.
2. In response to comments and questions from Members, it was said.

(a) It was asked if it would be investigated as to why more people needed to use the service, and was there was still an ongoing impact of the COVID-19 lockdown. Mr Albiston said that there was no one single reason why demand was going up. It was said that the NHS waiting times were a challenge as residents were not presenting at an early stage so were not receiving earlier interventions. There would need to be more work on preventative care and a need for prevention and early intervention community hubs, technology and enablement. Front-loading

community hubs would need to be the ongoing focus when people come to Adult Social Care.

(b) A Member asked what was being done to resolve the workforce challenge. It was noted that additional support was needed for unpaid carers. Mr Albiston said that a number of approaches would need to be considered as it was a major challenge. There would be a need to look at skills mixing when a specific role can not be recruited for. Managed services could be brought in to increase capacity to help with critical areas of demand. It was said that retention was also a key focus, as all local authorities are experiencing workforce challenges. Mr Beale said that the Workforce Plan had outlined in detail their approach and recruitment drives going forward. It was noted that certain areas faced a much greater challenge for recruitment, such as Thanet and the South-East Coast. There had been success in the enablement services and there would be an offer of progression for staff that worked in these roles. Mr Albiston said that there was a carers strategy and noted the vital importance of unpaid carers. Work was ongoing to raise awareness of carers and the support and advice available to them.

(c) A Member asked why there had been a 10% decrease in the number of people receiving the Kent Enablement at Home service, and why this was attributed to the shift to the new locality model. An email response would be provided.

(d) Asked if data on social prescribing would be built into reports going forward. An email response would be provided.

(e) It was asked that Members be engaged with more as they could support outcomes in their areas and make a difference.

3. RESOLVED the Adult Social Care Cabinet Committee noted the Adult Social Care and Health Performance Q1 2023/2024.

156. Local Account for Adult Social Care (January 2022 - December 2022)
(Item. 10)

Lisa Clinton, Stakeholder Engagement Manager, was in attendance for this Item.

1. Ms Clinton introduced the update and gave an overview. It was noted that a full briefing would usually take place but was unable to this time, but it was intended that it would occur next year. Ms Clinton welcomed feedback from Members and would include it in the plans going forward.
2. RESOLVED the Adult Social Care Cabinet Committee noted the Local Account for Adult Social Care (January 2022 – December 2022).

157. Bespoke Support Service - Service Update
(Item. 11)

Xan Brooker, Senior Commissioner, and Marie Hackshall, System Program Lead, were in attendance for this item.

1. Ms Brooker introduced the update and gave a presentation which provided background to the service and the next steps. Please find attached.
2. In response to comments and questions from Members, it was said:

(a) Asked by a Member about the details of the 'long cool off' and regulation 33 6. It was noted that there were several examples of language that was not accessible to a layperson. Ms Brooker said that the individual contract was a cool-off from the wider framework and a longer cool-off had to be justified as outlined in the terms and conditions. Ms Brooker said the model of behavioural support was dependent on the diagnosis given as different disabilities required different models, the change had been made following a review of the evidence base to improve support. It was noted that the next stage was to review autistic people without a learning disability who received support under the previous service.

(b) Asked about the difference in support package based on the three costs, as outlined in the report. Ms Brooker the service was a specialist service that should be used for particular behaviours. It was noted that the cost was for training staff to deliver positive behavioural support and it was a concern it had become overspecialised leading to increased costs. Going forward a blended approach would be taken while recognising there could still be a need for positive behavioural support.

(c) Asked if there was an intention to bring this item back to a future committee meeting. Ms Brooker said that learning could be brought back if deemed appropriate.

(d) A Member asked about how property availability could be improved by cooperating with Borough colleagues and if there were any challenges to this approach. Ms Brooker said that they would work on their relationships with district and borough Councils to develop longer-term plans for housing and property to meet the needs of those who are autistic or have learning disabilities.

3. RESOLVED the Adult Social Care Cabinet Committee noted the update.

158. Enablement and Support Services Update

(Item. 12)

Barbara Rickman, Assistant Director Enablement and Support Services, was in attendance for this item.

1. Ms Rickman introduced the update and gave a presentation. Please find attached.

2. In response to comments and questions from Members, it was said.

(a) A Member asked for geographical data that would provide insights into which areas and locality teams experienced the greatest challenge as it was noted that if done right referrals would produce a cost saving.

(b) Mr Watkins added that the CQC had given the service a high score, and he thanked officers for their work.

3. RESOLVED The Adult Social Care Cabinet Committee noted the content of the presentation.

159. Work Programme

(Item. 13)

The Adult Social Care Cabinet Committee noted the work programme 2023/24.

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
Peter Oakford, Deputy Leader and Cabinet Member for Finance, Corporate & Traded Services

To: Adult Social Care Cabinet Committee – 23 November 2023

Subject: **Initial Draft Budget 2024-25 and MTFP 2024-27**

Classification: Unrestricted

Summary:

The attached report sets out the background to the setting of the capital programme, revenue budget and medium-term financial plan (MTFP) for the forthcoming year. The report includes fuller details of funding, spending, savings, income and reserves estimates in the initial draft revenue budget together with analysis of risks.

The same budget report is being presented to each Cabinet Committee as it is a standard report for the whole council, focussing on the key strategic considerations underpinning the decisions necessary for County Council to agree the budget at the Budget Meeting in February.

The relevant Cabinet Members will outline the key budget points relating to their portfolio as part of the Cabinet Committee consideration, to clarify the budget areas within scope of the Committee and to seek feedback on the relevant proposals.

To support ongoing budget consideration by Members, outside of the particular Cabinet Committee stage of the budget development process, a separate interrogatable dashboard is available to Members, setting out key information about individual elements of the initial draft revenue budget.

Recommendations:

The Adult Social Care Cabinet Committee is asked to:

- a) **NOTE** the initial draft capital and revenue budgets including responses to consultation
- b) **SUGGEST** any changes which should be made to the section of the budget related to the Cabinet Committee's portfolio area before the draft is considered by Cabinet on 25th January 2024 and presented to Full County Council on 19th February 2024

Contact details

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Initial Draft Budget 2024-25 and 2024-27 MTFP

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From Leader of the Council; Roger Gough
Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services; Peter Oakford
Cabinet Members

Relevant Director(s) Corporate Director Finance; Zena Cooke
Interim Chief Executive,
Corporate Directors, ASCH, CYPE and GET

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Circulated to Cabinet Committees and Scrutiny Committee

Classification Unrestricted

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Directorates – abbreviations in this report

ASCH - Adult Social Care and Health	CYPE - Children, Young People and Education
GET - Growth, Environment & Transport	CED - Chief Executive's Department
DCED – Deputy Chief Executive's Department	NAC - Non-Attributable Costs

1.1 This report sets out the proposals in the administration's initial draft revenue budget 2024-25 and three-year medium term financial plan (MTFP) 2024-27. The report and appendices provide the essential information for the scrutiny process in advance of full Council approval in February 2024. As reported to Policy & Resources committee in July 2023 the draft budget for scrutiny is being published earlier than in recent years for the November 2023 cycle of meetings; initially enabled by the announcement of the settlement principles for 2024-25 in the 2023-24 local government finance settlement, and more importantly to free up capacity in the January 2024 cycle of meetings for key decisions on individual aspects of the budget proposals to be considered and agreed in principle pending County Council approval of the budget on 19th February 2024.

1.2 This timescale was planned before the challenge of further significant revenue overspends emerged in the first budget monitoring for 2023-24 as reported to Cabinet on 17th August 2023. These overspends are principally in adult social care (older persons and to a lesser extent vulnerable adults), home to school transport, and placement costs for children in care. The level of spending growth in these areas in recent years has been increasing at an unsustainable rate within the constraints of current government spending plans for local government. This growth has added significantly to the revenue budget challenge for 2024-25, not only from the need to reflect the full year effect of unbudgeted activity and costs during 2023-24 (and later stages of 2022-23) into 2024-25, but also on future forecasts for impact from cost drivers and demand. Inevitably an earlier publication for scrutiny also means that the initial draft budget is based on the best estimates available at the time and the final draft budget will need to be based on the latest information available in December/January (including the local government settlement announcement for 2024-25 and tax base estimates). Therefore, all the financials in the initial draft are necessarily provisional.

1.3 The report to Cabinet on 5th October "Securing Kent's Future – Budget Recovery Strategy" set out the necessity to address the structural budget deficits that have led to overspends in 2022-23 and 2023-24, and to bring the council back into financial sustainability based on securing the provision of services for Kent residents whilst meeting the statutory Best Value duties. The budget recovery plan set out the broad strategic approach with specific focus on the actions in 2023-24 that would have an immediate impact to bring current year spending back into balance as quickly as possible (many of which are one-offs and would not feed through into 2024-25).

1.4 The recovery plan set out separately the proposed strategies to meet the objective of delivering savings and future cost reductions over the medium to longer term impacting on 2024-25 budget and 2024-27 MTFP. Not all the detail of this second objective has yet been fully worked up in time for the publication of the initial draft budget for November scrutiny and delivering some of the structural changes to resolve deficits will take time. At this stage the administration's initial draft budget for 2024-25 and MTFP 2024-27 is unbalanced with budget gaps, and with indicative amounts from the broad strategic objectives in the recovery plan identified but with further detail to follow. However, this does not preclude scrutiny of the initial draft spending, savings, income and reserves estimates towards balancing the budget against the estimated 2024-25 settlement and council tax. An updated draft will need to be published in January 2024 with any missing detail for further scrutiny and consideration of key decisions in March 2024. As in previous years a final draft will be published on 9th February in accordance with publication deadlines for County Council consideration and approval on 19th February 2024.

1.5 The budget recovery strategy identified 3 main areas where there is the biggest opportunity for further substantial savings and to reduce costs in 2024-25 to resolve the gap and balance the budget. These include review of demand and cost drivers in adult social care, children's services and home to school transport leading to scope to reduce future cost growth; contract renewals in the next 12 months; and further targeted savings including bringing forward savings in later years of MTFP.

1.6 The financial sustainability of a number of councils is a national concern at this time, and many of the spending growth pressures impacting on KCC are common in other councils. Whilst KCC will seek to take all the necessary steps to manage future spending within resources available through savings, income and future cost avoidance this will not necessarily fully secure the Council's financial resilience and sustainability if future spending growth continues at unsustainable levels. In particular, if the structural deficits in key spending areas in adults and children's are not addressed there will become a point where the council is unable to balance the budget on a sustainable basis from savings in other spending areas.

1.7 The draft revenue estimates for spending, savings, income and reserves have been set out in a more accessible format. This change was planned alongside the earlier publication timescale and the development of outcomes based budgeting. It is designed to enable plans to be considered from the perspective of the main spending areas accounting for over 80% of revenue spending (excluding non-attributable costs), as well as the traditional directorate perspective. The main spending areas cover care support & preventative services for older persons, care support & preventative services for vulnerable adults, care support & preventative services for vulnerable and disabled children, public transport (including home to school transport), waste recycling & disposal, and highways management & maintenance. The more accessible format comprises of dashboards that allow interrogation in more detail of current spending and proposed changes from spending growth, savings, income and reserves that lead to draft net spending plans for 2024-25 and subsequent years, as well as providing background information on key impacts, risks, sensitivities and dependencies. These dashboards replace the previous tabular formats and are only available internally within the Council (link sent with budget papers). The estimates are an early forecast which can, and in all likelihood will, change in the final draft budget. Effectively this means the gap presented is a figure within a likely range.

1.8 The draft capital plan will not be published for November scrutiny. The final draft programme will be published in January to ensure that the plan can fully reflect grant notifications and the latest forecast spending on projects and rolling programmes including rollovers from the 2022-23 outturn.

1.9 As well as the impacts of current year overspends and future forecast cost drivers and demand, inflation is still forecast to remain at historically high levels during 2023-24 and into 2024-25. Inflation impacts on the costs of goods and services in revenue budgets and costs of labour, fees and materials on capital projects. At this stage the impact of inflation built into budget estimates is based on the March 2023 forecasts from the Office of Budget responsibility (OBR). The March 2023 OBR forecasts were for Consumer Price Index (CPI) to peak at 10.7% in quarter 4 2022, thereafter reducing to:

- 9.7% in quarter 1 2023
- 6.9% in quarter 2 2023
- 5.4% in quarter 3 2023
- 2.9% in quarter 4 2023
- 1.5% in quarter 1 2024

1.10 Inflationary uplifts are applied according to the terms of individual contracts including timing. This means that in many cases mid-year uplifts have a part year impact in 2023-24 and full year impact in 2024-25. The rate of inflation in 2023 has not reduced as quickly as the March 2023 OBR forecast, with reported CPI from Office for National Statistics (ONS) of 10.2% quarter 1, 8.4% quarter 2 and 6.7% quarter 3 2023. Revenue spending subject to inflation is around £1.4bn, so each 1% adds £14m to council costs.

1.11 The administration's initial draft budget includes a 4.992% assumed increase in Council Tax charge. This would increase the County Council share of the bill for a typical band D household by £1.47 per week (£76.59 per year). Council Tax is the council's most significant source of income to fund essential services, and whilst the administration seeks to keep increases to a minimum, the assumed amount is in line with the government's principles for 2024-25 announced in the 2023-24 local government finance settlement of a 3% referendum limit and 2% adult social care precept. The tax base (the number of dwellings liable for council tax after discounts, exemptions and assumed collection rates) is assumed to increase by 1.7%, which is around the normal level we would expect from growth in the number of households and anticipated changes to discounts. The council tax precept is based on combination of the council tax band D charge and the estimate of the net number of band D equivalent properties in the tax base for 2024-25. The tax base estimate is ultimately determined by collection authorities (district and borough councils) for the final draft budget and council tax precept for full Council approval on 19th February.

2.1 The setting of the budget is a decision reserved for Full Council. The Council's Budget and Policy Framework requires that a draft budget is issued for consultation with the Cabinet and Scrutiny Committees to allow for their comments to be considered before the final budget proposals are made to Full Council.

2.2 The overall strategy for the budget is to ensure that the Council continues to plan for revenue and capital budgets which are affordable, reflect the Council's strategic priorities, allow the Council to fulfil its statutory responsibilities and continue to maintain and improve the Council's financial resilience. This is consistent with the objectives set out in Securing Kent's Future – Budget Recovery Strategy. However, these aims are not always an easy combination and involves some difficult decisions about service levels and provision both for the forthcoming year and over the medium term. In reaching this balance it is essential that the Council has regard to bearing down on spending growth (future price inflation, non inflation related cost increases and demand increases), delivering efficiency/transformation savings, generating income to fund services, and agreeing changes in policies to reduce current recurring spending and/or avoid future spending while making the necessary investments to support service improvement. In this context it is worth clarifying that savings relate to reducing current recurring spend whereas bearing down on future growth is cost avoidance, both amount to the same end outcome of reducing future spending from what it would otherwise have needed to be without action and intervention. The initial draft budget should be assessed against these aims recognising that there are still gaps to close.

2.3 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. A MTFP covering the entirety of the resources available to the Council is considered to be the best way that resource prioritisation and allocation decisions can be considered and agreed in a way that provides a stable and considered approach to service delivery and takes into account relevant risks and uncertainty. However, it must also be acknowledged that the Government's Autumn Budget 2022 statement only covered a 2-year period, and the Local Government Finance settlement (LGFS) announcements to date only contained high level principles for 2024-25 with little detail and no indicative allocations for individual authorities. This means that the funding for 2024-25 is a best estimate at this stage and the forecasts for later years are speculative, consequently planning has to be sufficiently flexible to respond accordingly. Even so, it is clear that 2024-25 and medium term to 2026-27 are likely to continue to be exceptionally challenging and will require real terms reductions even though overall net cash spending is increasing. This will be a difficult message to convey.

2.4 As the Council develops its detailed proposals it must continue to keep under review those key financial assumptions which underpin the Council's MTFP particularly in the context of wider public spending and geo-economic factors. Over the previous decade the Council had to become ever more dependent on locally raised sources of income through Council Tax and retained business rates, and it is only in recent years that additional central government funding has been made available to local authorities primarily to address spending pressures in social care (albeit at a time when the national public sector deficit has been increasing). However, there is no certainty that this additional central government funding will be baselined for future years.

2.5 In accordance with Financial Regulations, a medium-term capital programme and financing plan is prepared on an annual basis. Where capital estimates are included, funding must be secured and approved prior to any expenditure being incurred.

2.6 Setting the annual budget is one of the most significant decisions the County Council takes each year. It sets the County Council's share of council tax and the overall resource framework in which the Council operates. The administration's budget is the financial expression of the council's strategic priorities. The budget gives delegated authority to manage the budget to Corporate Directors and Directors within the parameters set out in the Council's Constitution and Financial Regulations. Corporate Directors and Directors are accountable for spending decisions within delegated powers reporting to the Chief Executive, and these are monitored through the council's budget monitoring arrangements regularly reported to Cabinet. The draft budget is developed, scrutinised and ultimately approved in compliance with the following six key considerations:

A) Strategic Priorities – Strategic Statement

2.7 The County Council approved a new strategic statement "Framing Kent's Future (FKF)" on 26th May 2022. The statement sets out the challenges and opportunities Kent is faced with and the actions the Council will prioritise to address them over the next four years focussing on four key priorities. The 2023-24 budget recognised that the significant shift in the financial and operating landscape since FKF's approval meant that policy and service decisions had to be taken to balance the budget which could run counter to the priorities and ambition set out in Framing Kent's Future.

2.8 Securing Kent's Future (SKF) has explored these shifts in more depth and acknowledges that given the significance of adults and children's social care within the council's budget, and that spending growth pressures on the council's budget overwhelming (but not exclusively) come from social care, that the priority of delivering New Models of Care and Support within FKF must take precedence over the other priorities. This creates an expectation that council services across all directorates must collectively prioritise delivering the new models of care and support objective as a collective enterprise.

2.9 This does not mean that the other objectives of Levelling Up Kent, Infrastructure for Communities, and Environmental Step Change are not still important and all work on these must stop. However, the scope of these other three objectives will have to be scaled back in terms of additional investment and funding, and management time and capacity that can reasonably be given to them.

B) Best Value

2.10 SKF has recognised that the Council must prioritise its Best Value statutory responsibility. The expansion of the legislative framework in which councils operate in has extended statutory duties without the necessary additional financial resources through increased government funding or income generating/local tax raising powers to cover the additional costs. The government has recently issued revised statutory Best Value guidance (subject to consultation) reminding local authorities of the requirement to secure continuous improvement having regard to economy, efficiency and effectiveness. The revised guidance goes on to explicitly state that this covers delivering a balanced budget, providing statutory services, including adult social care and children's services, and securing value for money in all spending decisions.

2.11 The implication is clear. Those councils that cannot balance competing statutory duties, set a balanced budget, deliver statutory services, and secure value for money are not meeting their legal obligations under the Local Government Act 1999. Consequently, the statutory Best Value duty must frame all financial, service and policy decisions and the council must pro-actively evidence the best value considerations, including budget preparation and approval. The initial draft budget is a step towards this enhanced Best Value compliance and we will look to develop Best Value assessment of individual elements within budget proposals in later drafts (and subsequent budgets) but these will not be ready for this initial draft and until the further detail to resolve budget gaps has been completed.

C) Requirement to set a balanced budget

2.12 The Local Government Finance Act 1992 requires the Council to consult on and ultimately set a legal budget and Council Tax precept for the forthcoming financial year, 2024-25. This requirement applies to the final draft budget presented for County Council approval. It does not apply to interim drafts. Whilst there is no legal requirement to set a balanced MTFP, this is considered good practice with an expectation that the financial strategy is based on a balanced plan in the medium term (albeit the resource equation beyond 2024-25 is still highly uncertain)

2.13 Setting the Council's revenue and capital budgets for the forthcoming year will be incredibly challenging due to the economic circumstances and forecast levels of growth pressures on council services. This has made current year budgets significantly more volatile due to unpredictable cost of providing council services from inflation, market conditions, delivering statutory responsibilities and ultimately client and resident expectations. Demand is also unpredictable although currently this is less volatile in terms of client numbers in most services. This volatility has knock-on consequences for our ability to forecast future spending requirements and income levels.

2.14 The LGFS for 2023-24 provided some additional certainty and increase in the resources available to the local government sector as a whole (and social care in particular) through the announcement of core principles for council tax referendum and grant settlements for 2024-25. The announcement did not include any indicative amounts for individual authorities for 2024-25 although we are able to estimate the likely amount with a reasonable degree of certainty providing the allocation methodology is not significantly altered for 2023-24.

2.15 The Council has a statutory duty to set a balanced budget. However, what is meant by 'balanced' is not defined in law and relies on the professional judgement of the Chief Financial Officer to ensure that the budget is robust and sustainable. A prudent definition of a balanced budget would be a financial plan based on sound assumptions which shows how planned spending and income equals the available funding for the forthcoming year. Plans can take into account deliverable cost savings and/or local income growth strategies as well as useable reserves. The government has confirmed that the Statutory Override for the Dedicated Schools Grant deficits is extended for a further 3 years from 2023-24 to 2025-26. However, despite this extension under the Safety Valve programme the Council will have to start to make provision for a contribution in the 2024-25 budget and subsequent years for the duration of the agreement towards the accumulated DSG deficit.

2.16 While there is no legal definition of a balanced budget, legislation does provide a description to illustrate when a budget is considered not to balance:

- where the increased uncertainty leads to budget overspends of a level which reduce reserves to unacceptably low levels, or
- where an authority demonstrates the characteristics of an insolvent organisation, such as an inability to pay creditors.

2.17 The administration's initial draft budget includes a significant increase in risks, due to the combination of the magnitude of overspends in the current year (including under delivery of savings plans), unsustainable levels of growth and the need to avoid/reduce these, the magnitude of savings/income required for 2024-25, and external factors including geo economic circumstances and the impact of a recent high court order that the Council must take all possible steps to care for all Unaccompanied Asylum Seeking (UAS) children arriving in the county under the Children's Act 1989, unless and until they are transferred to other local authorities under the National Transfer Scheme. The risks from the judgment not only arise from the cost of securing additional care provision for UAS children should government departments not fully compensate the council but also knock-on consequences on the availability and cost of care for other children already in Kent. To date the offer is circa £9m which is insufficient to cover forecast costs for caring for UAS children for the remainder of 2023-24 which if not resolved would leave a forecast deficit, and no offer has yet been made for 2024-25. This combination poses a major threat to the Council's financial sustainability.

2.18 The increased risks means there will need to be a very robust approach to negotiating and agreeing prices for a range of council services to stay within the inflation allocations in the draft budget, an enhanced emphasis on controlling the drivers of non-inflation related cost increases, a more rigorous approach to managing, monitoring and reporting on demand for council services and greater oversight, monitoring and reporting of savings delivery to reduce the risk of further calls on reserves. The level of savings required in 2024-25 and over the medium term continues to be higher than in recent years driven largely by growth in spending rather than cuts in funding, representing a new and very specific challenge.

2.19 To avoid the risk of an unbalanced budget the Council has to be financially resilient. Good financial management is fundamental in establishing confidence in the budget and ensuring that the finances can withstand unexpected shocks. The Council undertook a review of each Directorate's financial management arrangements, following the Council wide financial management review undertaken by the Chartered Institute of Public Finance and Accountancy (CIPFA). The Council is also developing Outcomes Based Budgeting which will see a more integrated approach to budget and service planning over the MTFP period focussing on priority outcomes and value for money.

2.20 Setting a clear medium-term financial plan (MTFP) also strengthens the Council's financial resilience by identifying financial issues early and options for potential solutions.

D) Budget Consultation

2.21 The Council launched a consultation on the 2024-25 budget on 13th July 2023. The consultation was open until 6th September 2023 and can still be viewed via the <https://letstalk.kent.gov.uk/budget-consultation-2024-25> [Council's website](#).

2.22 2,620 responses were received which is higher than the 2,161 responses to last year's budget consultation. Responses were received from Kent residents, KCC staff and local businesses. 49.8% of respondents found out about the consultation via Facebook advertising, 19.4% via a KCC e-mail and/or website.

2.23 A supporting document set out the background to the consultation including key facts about Kent, KCC's strategic priorities, the financial challenges the council has had to address in recent years, the 2022-23 budget outturn, and the 2023-24 budget. The document included information on the council tax referendum principles together with the assumed levels for 2024-25 and impact on council tax bills. The document sets out the financial outlook for the forthcoming year and the difficult decisions that will be needed to balance significant forecast spending increases with the forecast resources from council tax and central government settlement.

2.24 The supporting document focuses on the six main spending areas which account for over 80% of revenue spending (excluding non-attributable costs):

- Care, support and preventative services for vulnerable adults (32%)
- Care, support and preventative services for vulnerable and disabled children (17%)
- Care, support and preventative services for older persons (15%)
- Public transport including home to school transport (8%)
- Waste recycling and disposal (7%)
- Highways management and maintenance (4%)

2.25 The consultation sought views on both the general council tax and the adult social care levy, and whether increases up to the referendum level are supported, increases should be less than referendum level, or any increase is opposed. The consultation sought views on spending priorities within the big six areas, and whether current spending is too little, too much or about right. The consultation sought views on if spending has to be reduced in one of the big six areas which should it be. The consultation also sought views on ideas for savings.

2.26 A separate detailed report setting out the responses received is included as a background document to this report.

E) Equalities Considerations

2.27 The Equality Act 2010 requires the Council, in the exercise of its functions to have due regard to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

2.28 To help meet its duty under the Equality Act the council undertakes equality impact assessments to analyse a proposed change to assess whether it has a disproportionate impact on persons who share a protected characteristic. As part of our budget setting process an equality impact assessment screening will be completed for each savings proposal to determine which proposals will require a full equality impact analysis (with mitigating actions set out against any equality risks) prior to a decision to implement being made.

2.29 The amounts for some savings can only be confirmed following consultation and completion of an equalities impact assessment. Consequently, amounts are only planned at the time the budget is approved and can change. Any changes will be reported through the in-year budget monitoring reports which will include separate and specific consideration of delivery of savings plans.

F) Treasury Management Strategy

2.30 The Treasury Management Strategy Statement will be included as an appendix to the report for approval by full Council in accordance with the CIPFA Treasury Management Code of Practice. The Statement sets out the proposed strategy with regard to borrowing, the investment of cash balances and the associated monitoring arrangements.

2.31 The prudential indicators set out in the Treasury Management Strategy and Capital Strategy will be based on the first three years of the 10 year Capital Programme.

3.1 The provisional local government finance settlement for 2023-24 included guiding principles for 2024-25, although no indicative figures for individual councils were set out. The guiding principles related to council tax referendum principles, additional social care grants announced as part of a two-year package for 2023-24 and 2024-25 in the Autumn 2022 Budget, and uplifts to retained business rates and Revenue Support Grant (RSG) linked to business rate multipliers.

3.2 The guiding principle on council tax is that referendum limits for 2024-25 would be the same as 2023-24 i.e. for authorities with adult social care responsibilities an increase in the general precept of up to but not exceeding 3% without the requirement for a referendum, and adult social care levy of up to but not exceeding 2%. The initial draft budget assumes a council tax increase of 4.992%, the maximum that would be allowed without a referendum.

3.3 The additional grants for social care include:

- an extra £532m nationally in the Social Care Grant for adults and children's social care (increasing the total grant from £1,345m to £1,877m). If the same distribution methodology is used for 2024-25 as 2023-24 KCCs estimated share of the extra would be £14.4m (increasing Social Care grant from £88.8m to £103.2m).
- an extra £283m nationally in the Market Sustainability and Improvement Fund (increasing the total grant from £562m to £845m). If the same distribution methodology is used for 2024-25 as 2023-24 KCCs estimated share of the extra would be £7.3m (increasing Market Sustainability and Improvement Fund grant from £14.4m to £21.7m).
- an extra £200m nationally in the local authority 50% share of the Discharge Fund (increasing the total grant from £300m to £500m). If the same distribution methodology is used for 2024-25 as 2023-24 KCCs estimated share of the extra would be £4.7m (increasing Discharge Fund grant from £7.0m to £11.7m).

3.4 On 28th July 2023 the government announced a further £600m funding for adult social care over 2023-24 and 2024-25. £570m was added to the Market Sustainability and Improvement Fund (£365m in 2023-24 and a further £205m in 2024-25). KCC's share in 2023-24 was £9.4m with an estimated share of £5.2m in 2024-25. The remaining £30m is to be targeted to those authorities in the most challenged health systems (no details have yet been published).

3.5 The estimated increased social care grants have been included in the initial draft budget assumptions. The additional social care grants and increase in the adult social care council tax precept must be passported into social care budgets. This effectively sets a minimum increase in net spending on social care services between 2023-24 and 2024-25 and caps the amount that can be delivered from efficiency and transformation programmes in social care services to offset increasing costs.

3.6 The Non-Domestic Rating Bill is currently making its way through parliament. Most of this will not affect the retained funding for local authorities other than it will confirm that the annual indexation will be based on Consumer Price Index (CPI) rather than Retail Price Index (RPI) and the increase in the small business and standard multipliers would be decoupled. The impact of these changes on retained business rates funding is subject to technical consultation which closes on 2nd November. Ministers will still have the power to approve a lesser increase in the multiplier. Ministers have used the power of a lesser increase in recent years including using CPI rather than RPI (although local authorities have been compensated for the impact on retained business rates through a separate Section 31 grant).

3.7 The initial draft budget assumes that retained business rates (including top-up grant) and RSG will be uplifted by CPI (with no further compensation to RPI) as this was set out in the guiding principles. At this stage there has been no assumption about the decoupling of small business and standard multipliers pending the outcome of the consultation. This could mean that future uplifts are either based on local weighted average tailored for each authority according to the individual mix of small businesses and standard businesses within the tax base, or an England wide national weighted average. The initial draft budget assumes all increases are based on the un-decoupled small business rate multiplier (assumed 1.4p less than standard multiplier for 2024-25). The final impact of the decision on decoupled uplifts will need to be included in subsequent drafts once decisions have been confirmed.

4.1 Traditionally the revenue budget has been determined on an incremental basis. Incremental budgeting starts with the current year's budget and then adds/subtracts for known and forecast changes. These changes include the full year effect of current year forecast variances as well as future forecasts for pay/prices, service demands (largely driven by non-inflation related demand and cost drivers), service improvements and government legislation. These spending forecasts are then balanced against available funding by spending reductions through savings and income. Non inflation related demand and cost drivers would include things like increased costs of additional hours in care packages, longer journey routes, and supplier competition.

4.2 Incremental budgeting is relatively simple to understand and is appropriate if the primary cost drivers do not change from year to year, or changes can be robustly forecast. One of the big challenges in recent years has been the scale and unpredictability of changes in these non-inflation related demand and cost drivers and the difficulty in forecasting them accurately. This has resulted in overspends. There are also other problems with incremental budgeting as it tends to reinforce current practices and can lead to budget slack due to the inbuilt incentive to over-estimate incremental changes or failure to challenge the basis of current budgets. It is also highly susceptible to volatility from external factors.

4.3 Outcomes based budgeting (OBB) seeks to challenge the orthodoxy of incremental budgeting as it seeks to measure the difference that council spending is expected to make to the quality of life for local residents and communities and target spending accordingly. It will take some time to fully move to OBB due to the large amount of recurrent spending that is effectively fixed in the short to medium term due to existing care and support packages, contractual obligations, and long-standing agreements. This means that initially OBB is focused on an alternative approach to determining the distribution of the available year on year change in resources. This continues to be through the calculation of resource envelopes. For 2024-25 budget and MTFP resource envelopes were set for each of the next three years covering 2024-25 and indicative allocations for 2025-26 and 2026-27. The envelopes for 2024-25 are more predictable with the announcement of guiding principles within the 2023-24 settlement which confirmed increases in social care grants and council tax referendum principles for 2024-25.

4.4 The resource envelopes allocate the forecast available additional resources after taking account of corporate issues such as maintaining adequate and prudent reserves, provision for Kent scheme pay award and debt charges to fund capital programme. The resource envelopes for social care (adults and children's) need to ensure that additional resources from targeted government grants and specific council tax levy are passported in full.

4.5 Envelopes have been set on an Outcomes Based approach for the "big six" spending areas:

- care, support and preventative services for older persons
- care, support and preventative services for vulnerable adults
- care, support and preventative services for vulnerable and disabled children
- public transport (including home to school transport)
- waste recycling and disposal
- highways management & maintenance

4.6 The resource envelope calculation for the big six is based on a combination of unavoidable spending increases (largely contractual price increases) and savings from existing incremental MTFP, with the balance of available resources allocated according to outcomes. Effectively this replaces the previous incremental demographic demand growth and service improvements with an Outcomes basis. The envelopes for remaining spending outside the big six (other envelope) are set from the remaining resources based on historical spend and existing incremental MTFP growth and savings/income.

4.7 Services were tasked with identifying the actions they would need to take to manage spending within the resource envelopes. The initial draft plans to date have led to significant gaps in older people & vulnerable adults, integrated children’s and public transport envelopes where spending growth to date is forecast to be greater than the envelope and sufficient new savings/income have not been identified to manage within the envelope. It will be essential in closing the gap that the further outstanding actions seek to find ways to manage down the spending growth in these areas although this will take some time and it is inevitable that spending in other areas will also have to reduce below the levels expected in the envelope allocations. The council will need to engage additional external support to assist with identifying solutions that enable future spending growth in these key areas to be managed within the likely resources available within general fund from local taxation and government settlement and that these services do not take up an ever increasing and disproportionate share of the Council’s overall budget.

4.8 Currently there is a smaller gap in the waste recycling and disposal envelope and small surpluses in highways and other envelopes. The overall gap in the initial draft revenue budget of £48.8m will need to be closed across all envelopes for subsequent and final drafts through the objectives and actions identified in the strategy reported to Cabinet on 5th October 2023 “Securing Kent’s Future – Budget Recovery Strategy”. The latest position compared to the envelopes is set out in table 1 below.

Table 1 – Resource Envelopes compared to Initial Draft Spending Plans

	Resource Envelope £m	Initial Draft Plans £m	Gap / (surplus) £m
Older people & vulnerable adults	40.4	52.3	11.9
Integrated Children’s Services	3.7	21.4	17.8
Highways management & maintenance	4.8	4.3	-0.5
Waste recycling & disposal	0.7	3.0	2.3
Transport	3.9	26.3	22.3
Other	-0.4	-1.3	-0.9
Corporate for reserves, pay & financing	46.9	42.7	-4.2
Total	99.8	148.6	48.8

4.9 The spending plan submissions have been captured in a new way using sharepoint templates. This allows for more consistency with strategic business planning, enables more information to be collected and held centrally to inform budget decisions, and allows members to access more information about the draft budget proposals as part of the scrutiny process. The information from the templates is presented in a series of dashboards that can be interrogated. These dashboards have been designed to provide a high level of summary information which can then be drilled down. The information can be viewed from directorate, OBB service category, and the traditional MTFP categories (prices, demand, efficiencies, etc) perspectives.

4.10 A short video demonstration of the dashboards has been prepared to help to use them. The dashboards can only be accessed through a kent.gov e-mail account. The attached appendix C includes screen shots of examples from the dashboards. A brief description of each of the spending growth, savings & income, and reserves entries in the dashboard is set out in appendix D. The templates and dashboards are a new approach to gathering and presenting budget information. This means that inevitably further developments and improvements both to the design and presentation of them, and quality of information, will be needed as these evolve.

4.11 This approach is part of a transition towards Outcomes Based Budgeting ensuring a greater outcome focus on the most significant spending areas. This is not to say that other services are not necessarily a priority and cannot be added to the outcome based approach in later years. As the approach is developed increasingly future years envelopes will be based on finance and performance outcomes metrics. These metrics will need to be developed and agreed.

4.12 The core objectives of the revenue strategy are largely unchanged by an Outcome Based approach. The core budget objectives are as follows:

- Maintain a balanced budget and medium-term financial plan with net expenditure (after income and specific grants) not exceeding available funding from un-ringfenced grants and local taxation
- Set a council tax that does not exceed the government referendum limits
- Ensure the council is financially sustainable minimising the risk that the council could cease to be responsible for its financial and other affairs through government intervention or appointment of commissioners
- Maintain an adequate and prudent level of reserves commensurate with risks
- Maintain and improve the council's overall financial resilience through sustainability of reserves, levels of external borrowing and debt costs, balance of income compared to spend, proportion of council budget spent on social care
- Prudent management of cashflow and liquidity through Treasury Strategy which balances risks and returns on financial investments and low interest costs and certainty on borrowing
- Full cost recovery on charges for discretionary services other than where Cabinet agrees to provide services at a subsidy and/or concession
- Prudent capital investment programme
- Aligns resources to the council's strategic vision and priorities whilst allowing the council to fulfil statutory obligations

5.1 Council Tax income is a key source of funding for council services. The amount generated through Council Tax is based on precept on collection authorities derived from the estimated band D equivalent Council Tax Base (the number of weighted properties in each band adjusted for exemptions, discounts and assumed collection rates) and the county council share of the band D household charge.

5.2 A significant proportion of the funding towards the revenue budget is derived from the County Council’s share of council tax. The County Council share of council tax typically amounts to around 70% of a household council tax bill. The County Council charge is the same for all households in the county (as is the share for Police & Crime Commissioner and Fire and Rescue authority), the amount for district/borough and town/parish councils will vary depending on the local area and the individual decisions of these councils.

5.3 The Council currently can, subject to legislative constraints, increase its Council Tax rate through two mechanisms, the Adult Social Care (ASC) precept and general tax rate increases. Each 1% increase in the Council Tax rate generates circa £8.9m per annum in 2024-25, which equates to an extra 29.5 pence per week for a band D property.

5.4 The guiding principles for 2024-25 allow for up to but not exceeding 3% general tax rate increases without a referendum plus an additional Adult Social Care precept of up to 2%. These increases are based on the total county council share of the household charge for 2023-24 (£1,534.23 for band D household). The administration’s initial draft budget 2023-24 includes an assumed 2.998% increase for the general precept (up to but not exceeding the referendum level) and a further 1.994% increase for the adult social care levy (ASCL). The impact of these assumed council tax increases on individual bands are shown in table 2.

Table 2 – Assumed Council Tax Band Charges

Band	Proportion of Band D Tax Rate	2023-24 (incl. ASCL)	2024-25 (excl. increase in ASCL)	2024-25 (incl. increase in ASCL)
A	6/9	£1,022.82	£1,053.48	£1,073.88
B	7/9	£1,193.29	£1,229.06	£1,252.86
C	8/9	£1,363.76	£1,404.64	£1,431.84
D	9/9	£1,534.23	£1,580.22	£1,610.82
E	11/9	£1,875.17	£1,931.38	£1,968.78
F	13/9	£2,216.11	£2,282.54	£2,326.74
G	15/9	£2,557.05	£2,633.70	£2,684.70
H	18/9	£3,068.46	£3,160.44	£3,221.64

5.5 The County Council’s 2023-24 council tax charge (including Fire and Rescue Authority to ensure valid like for like comparison) is currently 10th highest of the 21 counties and 4th of the 7 south east counties. We will not know KCC’s relative position on Council Tax for 2024-25 until all county councils have agreed their precept and Council Tax charge for 2024-25.

5.6 The assumed tax base in the initial draft budget is 1.7% increase. This is based on an assumed historical average increase of 1.5% for increases in number of dwellings and changes in discounts, exemptions and assumed collection rates plus a further 0.2% for the assumed impact if the remaining 9 councils remove the remaining discounts on empty dwellings. Removing such discounts would be consistent with reducing the number of empty dwellings and reducing collection costs. Removing empty property discounts would also be more consistent with reforms in the Levelling up and Regeneration Bill which would allow premiums to be charged on dwellings empty for more than one year as otherwise owners of empty dwellings would pay reduced or no council tax in the first year a property became empty but then double council tax in second year. At this stage the tax base includes no assumption of these increased premiums pending progress of the Bill through parliament.

5.7 The final council tax precept and council tax funding levels will have to be based on tax base estimates notified by the 12 collection authorities. This could change from the assumed tax base in the initial draft 2024-25 budget. Collection authorities also have to notify estimated collection fund balance for over/under collection. This must also be reflected in the final budget as over/under collection has to be taken into account as part of the final decision on council tax charge for 2024-25. The initial draft includes an assumed £7m collection fund balance.

6.1 The administration's initial draft capital and revenue budgets are subject to the budget scrutiny process in November (with scrutiny of further detail to follow in January). The estimates in the initial draft budget are early forecasts which can, and in all likelihood will, change in the final draft budget. Following the scrutiny process the administration's final draft budget for approval by County Council will be published by 9th February 2024. The full Council is responsible for agreeing the budget at the County Council meeting on 19th February 2024 (this is later than previous years to avoid the school holidays but does mean that the council tax precept must be agreed even if other aspects of the budget are deferred to the reserve date as district and borough councils need certainty over the county council precept for their budget setting which is scheduled in the days immediately after the county council meeting). As required by the Council's Constitution and Financial Regulations, the final draft budget for County Council approval will be proposed by the Leader and published in a format recommended by the Corporate Director, Finance and agreed by the Leader.

6.2 The draft proposed ten-year capital spending plans for 2024-34 are being updated to reflect the recent monitoring position and are currently work in progress. The updated plans will need to include some minor changes as detailed below, with the comprehensive refresh scheduled to be published in January:

- Roll overs from the 2022-23 outturn position,
- The transfer of small recurring annual spend to revenue,
- The addition of £26.1m between 2024-25 to 2026-27 to the corporate Modernisation of Assets programme, funded from additional capital receipts,
- Reflection of the 2025-26 basic need grant allocations which resulted in £20.5m additional grant in 2025-26,
- Replacement of £2.6m prudential borrowing with available grant in 2024-25.

6.3 The presentation of the administration's draft revenue budget 2024-25 and 2024-27 MTFP focuses on the key policy and strategic implications of the proposals. The revenue proposals are summarised in appendices A to D of this report. These appendices show the spending, income and savings changes from the current year's approved budget (2023-24) and the financing requirements. Appendix A provides a high-level summary of the proposed three-year plan for the whole council, showing separately the spending growth, savings & income, changes in reserves for core KCC funded activity (funding from the local government settlement and local taxation) from changes in externally funded activities (largely specific grant funded).

6.4 Appendix B provides a directorate high level summary of the proposed plan for 2024-25 again showing separately spending growth, savings & income, changes in reserves and funding for core KCC funded activity (funding from the local government settlement and local taxation) from changes in externally funded activities (largely specific grant funded). Throughout this report the focus is on core funded spending, savings, income and reserves as changes on externally funded spend are financially neutral.

6.5 Appendix C shows examples of the more detailed information available through the dashboards. Appendix D provides a full list of individual spending and savings & income items. Subsequent versions of the draft and final budget will provide more budget details in other formats as the dashboards can only be accessed via a kent.gov e-mail account. The dashboards have been designed specifically to address issues with previous budget presentations for scrutiny purposes.

6.6 The final draft budget presented to County Council will include the key service analysis. The original planned spending on key services is set out in appendix E of the final approved Budget Book for 2023-24 (published in March) and available on KCC website at https://www.kent.gov.uk/data/assets/pdf_file/0006/148947/Budget-Book-2023-24.pdf

It is not feasible or appropriate to produce a key service presentation in the initial draft budget for scrutiny as the scrutiny process needs to focus on the proposed changes to the approved budgets for 2023-24 before more detailed delivery plans are completed and these plans will inform the key service budgets for 2024-25.

6.7 Additional proposed spending growth includes the impact of decisions and activities already being delivered in the current year not included in the current base budget and known future contractual obligations. It also includes forecasts for future cost or activity changes for the forthcoming year, or changes in Council policy. These are set out in fuller detail in dashboards including an explanation of the reasons for the change, key impacts and risks, dependencies and sensitivities. As outlined in section 4, the dashboards have been designed as a new approach but inevitably will need further development on design, content and data quality.

6.8 The savings and income options in the dashboards follows a similar pattern with proposed savings amounts derived from the full year effect of 2023-24 plans already agreed; savings and income for 2024-25 in the original 2023-26 MTFP (albeit updated); savings/income from the application of existing policies; savings/income that do not require any changes in policy; and those that require policy changes presented as policy savings, efficiency/transformation savings, income or financing savings. Given the scale of the savings, enhanced detailed delivery plans will need to be prepared and monitoring arrangements will be put in place in addition to the arrangements already embedded through the monthly monitoring with budget managers and regular quarterly budget monitoring reports to Cabinet.

6.9 The high-level equation for changes in planned revenue spending for 2024-25 (growth and savings), income and net budget, together with the balancing changes in funding is shown in table 3 below. This summarises how the requirement to set a balanced budget will be met once the outstanding actions for 2024-25 outlined in Securing Kent's Future have been finalised and confirmed. To improve transparency the spending, savings and reserves from core KCC funds are shown separately from externally funded changes (consistent with revised presentation of appendices A and B).

Table 3 – Net Change in Spending and Funding

Change in Net Spending	Core Funded	External Funded	Change in Net Funding	Core Funded
Assumed additional spending	£201.5m	-£24.1m	Increase in Social Care grants	£31.7m
Proposed savings from spending reductions and future cost avoidance	-£59.2m*		Net Increase in other government grants	£7.9m
Proposed changes in income	-£10.1m*	-£0.3m	Change in council tax base	£14.9m
Savings & future cost avoidance from SKF to be identified	-£48.8m		Assumed increase in council tax charge	£44.5m
Assumed changes in specific government grants		£20.9m	Change in retained business rates	£3.0m
Proposed net change in reserves	£16.4m	£3.5m	Change in net collection fund balances/S31 compensation	-£2.2m
Total Change in Net Spending	£99.8m	£0.0m	Total Change in Net Funding	£99.8m

*Net figures from original 2023-26 plan updated and new proposals

6.10 The increased and additional grants have been set out in more detail in the section on the principles for 2024-25 local government finance settlement (section 3 of this report). This includes the ASC Discharge Fund, increases in Social Care Grant and Market Sustainability and Improvement Fund.

6.11 The initial draft MTFP does not show a balanced 3 year plan. The initial draft budget for 2024-25 has a gap of £48.8m due to spending growth after savings, income and reserves exceeding the estimated resources from the government settlement and local taxation. The early forecasts on which the initial draft budget is based means that effectively this means the gap presented is a figure within a likely range. The recovery plan has set out indicative amounts from the further actions to close this gap although at this stage these have not been worked in sufficient detail to include as savings and cost reduction plans for the initial draft budget. The recovery plan identified 3 main areas where there is the biggest opportunity for further savings and to reduce costs in 2024-25 to resolve the gap and balance the budget. These include:

- review of demand and cost drivers in adult social care, children's services and home to school transport leading to scope to reduce future cost growth with a particular focus on managing down demand and non-inflationary cost increases in line with the best value principles outlined in section 2B of this report
- Review of all contracts due for renewal in the next 12 months with particular regard to those that can be allowed to lapse and those where there can be a significant change in specification leading to lower tender prices
- Further targeted policy savings in areas of non-statutory spending (including elements of SEN, adult social care and children's services), efficiency/transformation savings such as planning of SEN transport routes, and bringing forward savings in later years of MTFP.

These further detailed plans will need to be presented for scrutiny in January in advance of the publication of final draft budget plans for full Council approval in February. The plans for 2025-26 and 2026-27 have further albeit lesser gaps although the funding and spending forecasts are less reliable for these later years.

6.12 Pressures arising from Special Education Needs & Disabilities (SEND) impact upon both the Dedicated Schools Grant (DSG) and the General Fund. Pressures on DSG are addressed primarily by the Safety Valve mechanism, whereby Department for Education provides a substantial contribution (up to £140m), in return for improvements to the SEND system. Pressures on the General Fund are reflected primarily on the number of requests to assess, produce and then annually review Education & Health Care Plans (EHCP) and the associated increased SEND home to school transport costs.

6.13 There is already substantial work being undertaken to manage down this financial pressure and additional work will focus on identifying and reviewing changes to existing policy and practice so that we are meeting statutory minimum requirements, but ceasing discretionary services where they are not cost effective and only issuing EHCPs where they are necessary, and needs cannot be met by other means.

6.14 Where required consultation and Equality Impact Assessments (EQIA) will need to be undertaken on individual new savings and income proposals. The final planned amounts can only be confirmed following consultation and EQIA. Any variances between the approved budget and final planned amounts will be included in the budget monitoring report to Cabinet, together with progress on delivery.

Proposed Initial Draft 2024-25 Revenue Budget – key numbers

£1,415.4m	Assumed net revenue budget for 2024-25. This represents a £99.8m increase on the final approved budget for 2023-24 of £1,315.6m.
£201.5m	Additional assumed core funded spending growth – see paragraph 7.1 for more detail.
-£69.3m	Assumed savings, income and future cost increase avoidance. Of this £28.3m relates to proposed savings, £10.1m additional income generation (mainly fees and charges), and £30.9m reductions in the amount assumed for future demand and cost increases in adult social care and home to school transport – see paragraph 7.2 for more detail.
£16.4m	Assumed net impact on the budget of changes in use of reserves including new contributions and removing previous years drawdown and contributions – see section 8 for more detail
-£48.8m	Outstanding actions yet to be finalised from Securing Kent’s Future – Budget Recovery Strategy. These additional reductions will need to mainly come from further avoidance of future spending increases from reviewing impact of cost and demand drivers, contract renewals and further service savings.
£936.2m	Assumed to be raised from Council Tax precept. An increase of £59.4m on 2023-24. £14.9m is due to a 1.7% assumed increase in the tax base due to additional dwellings, changes in discounts and exemptions and assumed collection rates. £44.5m is from the assumed increase in the household charge up to but not exceeding 5% (including £17.8m from the adult social care levy).
£39.6m	Assumed increase in the local government grant settlement. This comprises: <ul style="list-style-type: none"> • £14.4m increase in Social Care Grant announced in 2023-24 settlement from repurposed funding from social care charging reforms • £12.5m increase in Market Sustainability and Improvement Fund to support capacity and discharge (including £7.3m announced in 2023-24 settlement and £5.2m further announcement in summer 2023) • £4.7m ASC Discharge Fund • £10.2m indexed linked uplifts in business rate top-up, business rate compensation and Revenue Support Grant • -£2.3m removal of New Homes Bonus Grant

Revenue spending: a reminder of what it is
 Revenue spending is spent on the provision of day to day services, either directly through KCC staff and operational buildings, or commissioned from third parties. Revenue spending is identified as gross spend and net spend after taking account of service income and specific government grants. The net revenue budget requirement is funded by a combination of council tax, locally retained business rates and un-ring-fenced grants from the Department for Levelling-up, Housing and Communities (DLUHC) included in the local government finance settlement. Grants from other government departments are ring-fenced to specific activities and are shown as income to offset the related spending.

7.1 The additional assumed core funded spending growth (i.e. excluding changes arising from external funding changes) of £201.5m for 2024-25 is summarised in appendices A and B and set out in more detail in appendix D together with more detail in the dashboard. It has been subdivided into the following categories:

<p>Net base budget changes £45.5m</p>	<p>Changes to reflect full year effect of variations in the current year's monitoring forecast compared to approved budget. These adjustments are necessary to ensure the draft budget is based on a robust and sustainable basis.</p>
<p>Demand and cost drivers £80.9m</p>	<p>Forecast estimates for future non-inflationary cost and demand increases such as additional care hours, increased journey length's, etc. across a range of services including adult social care, integrated children's services, home to school transport and waste tonnage.</p>
<p>Price uplifts £46.2m</p>	<p>Contractual and negotiated price increases on contracted services, including full year effect of planned mid-year uplifts in current year and forecast future price uplifts.</p>
<p>Pay £14.2m</p>	<p>Additional net cost of assumed pay award and progression after savings from appointing new staff lower in pay ranges.</p>
<p>Service Strategies & Improvements £13.2m</p>	<p>Other assumed spending increases to deliver strategic priorities and/or service improvements and outcomes including financing of capital programme</p>
<p>Government & Legislative £1.4m</p>	<p>Additional spending to meet compliance with legislative and regulatory changes</p>

7.2 The proposed savings, income and future cost increase avoidance of £69.3m for 2024-25 are summarised in appendices A and B and set out in more detail in appendix D together with more detail in the dashboard. It has been subdivided into the following categories:

Policy Savings £6.6m	Savings arising from proposed changes in KCC policies including full year effect of 2023-24 savings and new proposals for 2024-25 (full year effect in later years will be shown in detail in future drafts). Savings in this category are changes to charging policies and changes in our service offer.
Transformation & Efficiency Savings £49.4m	Savings aimed at achieving improved or the same outcomes at less cost including full year effect of 2023-24 savings and new proposals for 2024-25 (full year effect in later years will be shown in detail in future drafts). Savings in this category include future cost increase avoidance as well as reductions to existing recurring spend. Transformation and efficiency savings include contracted spending as well as in-house spending on staffing and premises.
Financing Savings £3.3m	Review of amounts set aside for debt repayment (MRP) based on asset life and increased investment income returns.
Income Generation £10.1m	Increases in fees and charges for council services from applying existing policies on fee uplifts (including contributions from other bodies) and new income generation proposals. Existing policies include increases in client contributions in line with estimated 2024-25 benefits and other personal income increases and increases in contributions to Kent Travel Saver and 16+ pass linked to fare increases.

8.1 Reserves are an important part of the Council's financial strategy and are held to create long-term financial stability. They enable the Council to manage change without undue impact on the Council Tax and are a key element of its financial standing and resilience.

8.2 The Council's key sources of funding face an uncertain future and the Council therefore holds earmarked reserves and a working balance to mitigate future financial risks.

8.3 There are two main types of reserves:

- Earmarked Reserves – held for identified purposes and are used to maintain a resource in order to provide for expenditure in a future year(s).
- General Reserves – these are held for 'unforeseen' events.

8.4 The Council maintains reserves both for its General Fund activities and it accounts for the reserves of its maintained schools. Schools are funded by a 100% government grant, Dedicated Schools Grant (DSG). Local authorities cannot fund DSG activities from the general fund without express approval from the Secretary of State. The Statutory Override on DSG deficits has been extended for 3 years from 2023-24 to 2025-26, however during this period it is essential that the Council makes provision for the local authority contributions to the Safety Valve agreement. The Secretary of State has given the council the necessary approval for KCC's contribution to the Safety Valve to be funded from the general fund. The Safety Valve agreement does not fully eliminate the risk of DSG overspends until the plan has been fully delivered and high needs spending is contained within the block of funding available within DSG.

8.5 There remains a significant risk to reserves from the forecast overspend for 2023-24 and the gap in 2024-25 in the initial draft budget until all the actions to bring spending in 2023-24 back into balance have been delivered and the actions to balance planned spending in 2024-25 finalised and agreed. The level of reserves held is a matter of judgment which takes into account the reasons why reserves are maintained and the Council's potential financial exposure to risks. A Reserves Policy is included as Appendix E to this report. An analysis of budget risks is included as Appendix F, and risk register as Appendix G.

8.6 The Council holds reserves in order to mitigate future risks, such as increased demand and costs; to help absorb the costs of future liabilities; and to enable the Council to initially resource policy developments and initiatives without a disruptive impact on Council Tax. Capital reserves play a similar role in funding the Council's capital investment strategy.

8.7 The Council also relies on interest earned through holding cash and investment balances to support its general spending plans.

8.8 Reserves are one-off monies and, therefore, the Council generally aims to avoid using reserves to meet on-going financial commitments other than as part of a sustainable budget plan. The Council has to balance the opportunity cost of holding reserves in terms of Council Tax against the importance of interest earning and long-term future planning.

8.9 Reserves are therefore held for the following purposes:

- Providing a working balance
- Smoothing the impact of uneven expenditure profiles between years e.g. collection fund surpluses or deficits, local elections, structural building maintenance and carrying forward expenditure between years.
- Holding funds for future spending plans e.g. capital expenditure plans, and for the renewal of operational assets e.g. information technology renewal.
- Meeting future costs and liabilities where an accounting 'provision' cannot be justified.
- Meeting future costs and liabilities so as to cushion the effect on services e.g. the Insurance Reserve for self-funded liabilities arising from insurance claims.
- To provide resilience against future risks.
- To create policy capacity in the context of forecast declining future external resources.

8.10 All earmarked reserves are held for a specific purpose. A summary of the movement on each category of reserves is published annually, to accompany the annual Statement of Accounts.

8.11 The administration's Initial draft budget 2024-25 includes an assumed net £16.4m increase in reserves impacting on the budget including new contributions and removing previous years drawdown and contributions. These changes include the following main changes:

Increased/new contributions £36.7m

- £16.2m general reserves including £11.1m repayment of 50% of the amount drawn down to balance 2022-23 and £5.1m for the additional annual contribution to reflect the increase in net revenue budget to maintain general reserves at 5%. The phased repayment of 2022-23 drawdown means general reserves are not planned to be returned to 5% of net revenue until 2025-26
- £15.1m DSG reserve for the planned 2024-25 local authority contribution to the safety valve programme
- £4.3m repayment to smoothing reserves for planned drawdown to support 2023-24 budget
- £1.0m annual contribution to establish new Emergency Capital Events Reserve for emergency capital works and revenue costs related to capital spend such as temporary accommodation, and condition surveys which don't result in capital works

Drawdowns and Removal of Prior Year Drawdown and Contributions -£20.2m

- -£5.8m removal of 2023-24 contribution to general reserve for increase in net budget
- -£12m removal of contribution to risk reserve (now treated as contingent spend rather than reserve)
- -£5.6m removal of 2023-24 contribution to Local Taxation Equalisation reserve
- -£1.2m removal of annual contribution for phased repayment of long term reserves borrowed to fund grant reductions in 2011-12 as these are now fully repaid
- +£4.3m replace drawdown from reserves to support 2023-24 budget

Appendices and background documents

Appendices

High Level Summary 3 Year Draft Revenue Plan and Financing 2024-27	A
Directorate Summary of 2024-25 Spending, Savings & Income and Reserves	B
Budget 2024-25 Dashboard	C
List of individual spending growth and savings & income items	D
Reserves Policy	E
Budget Risks and Adequacy of Reserves	F
Budget Risk Register	G

Background documents

Below are click-throughs to reports, more information, etc.
Click on the item title to be taken to the relevant webpage.

KCC's Budget webpage	1
KCC's Corporate Risk Register (item 9)	2
KCC's Risk Management Strategy, Policy and Programme (item 11)	
KCC's approved 2023-24 Budget	3
2024-25 Budget Consultation (Let's Talk Kent) including the Budget Consultation report	4
June 2023 (high level update for August 2023) Monitoring Report	5
Securing Kent's Future – Budget Recovery Strategy	6
Securing Kent's Future – Budget Recovery Report	7

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APPENDIX A: HIGH LEVEL 2024-27 REVENUE PLAN AND FINANCING

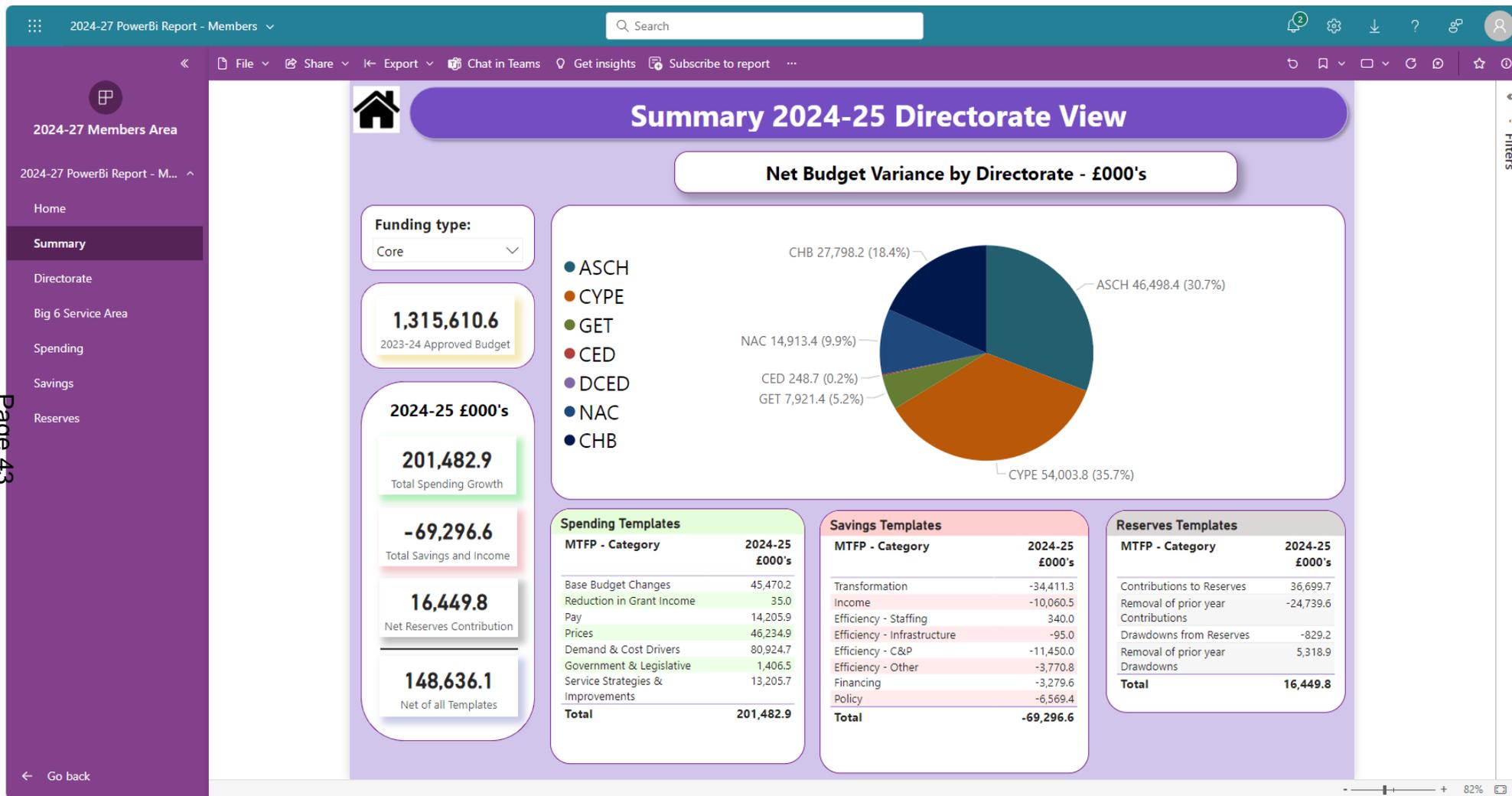
	2024-25			2025-26			2026-27		
	core funded	externally funded	TOTAL	core funded	externally funded	TOTAL	core funded	externally funded	TOTAL
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Revised Base Budget	1,315,610.6		1,315,610.6	1,415,450.7		1,415,450.7	1,473,162.2		1,473,162.2
Spending									
Base Budget Changes	45,470.2	0.0	45,470.2	20,355.0	0.0	20,355.0	20,400.0	0.0	20,400.0
Reduction in Grant Income	35.0	0.0	35.0	0.0	0.0	0.0	0.0	0.0	0.0
Pay	14,205.9	505.1	14,711.0	7,611.8	0.0	7,611.8	7,560.1	0.0	7,560.1
Prices	46,234.9	967.4	47,202.3	28,345.0	0.0	28,345.0	22,513.2	0.0	22,513.2
Demand & Cost Drivers	80,924.7	314.7	81,239.4	84,447.6	0.0	84,447.6	82,879.0	0.0	82,879.0
Service Strategies & Improvements	13,205.7	-2,568.8	10,636.9	572.6	-3,952.0	-3,379.4	738.8	0.0	738.8
Government & Legislative	1,406.5	-23,337.5	-21,931.0	126.5	-4,520.6	-4,394.1	0.0	0.0	0.0
Total Spending	201,482.9	-24,119.1	177,363.8	141,458.5	-8,472.6	132,985.9	134,091.1	0.0	134,091.1
Savings, Income & Grants									
Transformation & Efficiency	-49,387.1	0.0	-49,387.1	-46,852.2	-13.9	-46,866.1	-41,833.7	0.0	-41,833.7
Income	-10,060.5	-281.3	-10,341.8	-5,170.3	0.0	-5,170.3	-4,695.4	0.0	-4,695.4
Financing	-3,279.6	0.0	-3,279.6	222.4	0.0	222.4	-281.8	0.0	-281.8
Policy	-6,569.4	-9.2	-6,578.6	-14,499.1	0.0	-14,499.1	-5,032.9	0.0	-5,032.9
Total Savings & Income	-69,296.6	-290.5	-69,587.1	-66,299.2	-13.9	-66,313.1	-51,843.8	0.0	-51,843.8
Increases in Grants and Contributions		20,949.1	20,949.1		8,136.0	8,136.0		0.0	0.0
Total Savings & Income & Grant	-69,296.6	20,658.6	-48,638.0	-66,299.2	8,122.1	-58,177.1	-51,843.8	0.0	-51,843.8
RESERVES									
Contributions to reserves	36,699.7	0.0	36,699.7	29,910.0	0.0	29,910.0	15,560.0	0.0	15,560.0
Removal of prior year Contributions	-24,739.6	0.0	-24,739.6	-36,699.7	0.0	-36,699.7	-29,910.0	0.0	-29,910.0
Drawdowns from reserves	-829.2	-350.5	-1,179.7	0.0	0.0	0.0	0.0	0.0	0.0
Removal of prior year Drawdowns	5,318.9	3,811.0	9,129.9	829.2	350.5	1,179.7	0.0	0.0	0.0
Net impact on MTFP	16,449.8	3,460.5	19,910.3	-5,960.5	350.5	-5,610.0	-14,350.0	0.0	-14,350.0
NET CHANGE	148,636.1	0.0	148,636.1	69,198.8	0.0	69,198.8	67,897.3	0.0	67,897.3
Outstanding Actions for Securing Kent's Future (-ve)	-48,796.0		-48,796.0	-11,487.3		-11,487.3	-2,385.2		-2,385.2
NET BUDGET REQUIREMENT	1,415,450.7	0.0	1,415,450.7	1,473,162.2	0.0	1,473,162.2	1,538,674.3	0.0	1,538,674.3
MEMORANDUM:									
The net impact on our reserves balances is:									
Contributions to Reserves	36,699.7	0.0	36,699.7	29,910.0	0.0	29,910.0	15,560.0	0.0	15,560.0
Drawdowns from Reserves	-829.2	-350.5	-1,179.7	0.0	0.0	0.0	0.0	0.0	0.0
Net movement in Reserves	35,870.5	-350.5	35,520.0	29,910.0	0.0	29,910.0	15,560.0	0.0	15,560.0
FUNDING									
Revenue Support Grant			11,649.6			11,716.1			11,716.1
Business Rate Top-Up Grant			148,138.7			148,985.2			148,985.2
Business Rate Compensation Grant			46,546.6			46,812.6			46,812.6
Social Care Support Grant			103,212.0			103,212.0			103,212.0
Market Sustainability & Improvement Fund			26,969.4			21,703.9			21,703.9
Hospital Discharge Grant			11,686.6			11,686.6			11,686.6
Services Grant			7,599.4			7,599.4			7,599.4
Improved Better Care Fund			50,014.7			50,014.7			50,014.7
Other un-ringfenced grants			3,257.7			3,257.7			3,257.7
Local Share of Retained Business Rates			63,177.9			63,521.7			63,521.7
Business Rate Collection Fund			0.0			0.0			0.0
Council Tax Income (including increase up to referendum limit but excluding social care levy)			800,774.3			841,243.1			884,201.0
Council Tax Adult Social Care Levy			135,423.8			156,409.2			178,963.4
Council Tax Collection Fund			7,000.0			7,000.0			7,000.0
Total Funding			1,415,450.7			1,473,162.2			1,538,674.3

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APPENDIX B: HIGH LEVEL 2024- 25 REVENUE PLAN BY DIRECTORATE

	TOTAL			ASCH Adult Social Care & Health	PH Public Health	CYPE Children, Young People & Education			GET Growth, Environment & Transport	CED Chief Executive's Department			DCED Deputy Chief Executive's Department	NAC Non Attributable Costs	CHB Corporately Held Budgets		
	core funded	externally funded	TOTAL	core funded	externally funded	core funded	externally funded	TOTAL	core funded	core funded	externally funded	TOTAL	core funded	core funded	core funded	externally funded	TOTAL
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Revised Base Budget	1,315,610.6		1,315,610.6	527,430.4	0.0	360,353.0		360,353.0	194,949.0	33,118.9		33,118.9	83,989.0	116,062.2	-291.9		-291.9
Spending																	
Base Budget Changes	45,470.2	0.0	45,470.2	16,900.0	0.0	21,666.0	0.0	21,666.0	-468.9	-55.4	0.0	-55.4	-3,000.0	-3,369.7	13,798.2	0.0	13,798.2
Reduction in Grant Income	35.0	0.0	35.0	0.0	0.0	0.0	0.0	0.0	35.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pay	14,205.9	505.1	14,711.0	0.0	505.1	553.0	0.0	553.0	85.0	0.0	0.0	0.0	0.0	67.9	13,500.0	0.0	13,500.0
Prices	46,234.9	967.4	47,202.3	28,482.3	967.4	13,384.0	0.0	13,384.0	2,841.5	0.0	0.0	0.0	1,482.1	45.0	0.0	0.0	0.0
Demand & Cost Drivers	80,924.7	314.7	81,239.4	50,602.0	314.7	29,181.5	0.0	29,181.5	1,141.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Service Strategies & Improvements	13,205.7	-2,568.8	10,636.9	296.1	-2,568.8	2,008.0	0.0	2,008.0	5,065.0	656.6	0.0	656.6	-320.0	5,500.0	0.0	0.0	0.0
Government & Legislative	1,406.5	-23,337.5	-21,931.0	0.0	-489.6	0.0	-777.0	-777.0	1,406.5	0.0	59.9	59.9	0.0	0.0	0.0	-22,130.8	-22,130.8
Total Spending	201,482.9	-24,119.1	177,363.8	96,280.4	-1,271.2	66,792.5	-777.0	66,015.5	10,105.3	601.2	59.9	661.1	-1,837.9	2,243.2	27,298.2	-22,130.8	5,167.4
Savings, Income & Grants																	
Transformation & Efficiency	-49,387.1	0.0	-49,387.1	-39,758.1	0.0	-9,240.0	0.0	-9,240.0	-94.0	-250.0	0.0	-250.0	-45.0	0.0	0.0	0.0	0.0
Income	-10,060.5	-281.3	-10,341.8	-8,773.9	-281.3	-417.7		-417.7	-868.9	0.0		0.0	0.0	-500.0	500.0		500.0
Financing	-3,279.6	0.0	-3,279.6	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	-3,279.6	0.0		0.0
Policy	-6,569.4	-9.2	-6,578.6	-1,250.0	-9.2	-3,131.0		-3,131.0	-1,221.0	-102.5		-102.5	-864.9	0.0	0.0		0.0
Total Savings & Income	-69,296.6	-290.5	-69,587.1	-49,782.0	-290.5	-12,788.7	0.0	-12,788.7	-2,183.9	-352.5	0.0	-352.5	-909.9	-3,779.6	500.0	0.0	500.0
Increases in Grants and Contributions		20,949.1	20,949.1		-1,898.8		777.0	777.0			-59.9	-59.9			22,130.8		22,130.8
Total Savings & Income & Grant	-69,296.6	20,658.6	-48,638.0	-49,782.0	-2,189.3	-12,788.7	777.0	-12,011.7	-2,183.9	-352.5	-59.9	-412.4	-909.9	-3,779.6	500.0	22,130.8	22,630.8
RESERVES																	
Contributions to reserves	36,699.7	0.0	36,699.7	0.0	0.0	0.0		0.0	0.0	0.0		0.0	160.0	36,539.7	0.0	0.0	0.0
Removal of prior year Contributions	-24,739.6	0.0	-24,739.6	0.0	0.0	0.0		0.0	0.0	0.0		0.0	-160.0	-24,579.6	0.0	0.0	0.0
Drawdowns from reserves	-829.2	-350.5	-1,179.7	-567.2	-350.5	0.0		0.0	0.0	-262.0		-262.0	0.0	0.0	0.0	0.0	0.0
Removal of prior year Drawdowns	5,318.9	3,811.0	9,129.9	567.2	3,811.0	0.0		0.0	0.0	262.0		262.0	0.0	4,489.7	0.0	0.0	0.0
Net impact on MTFP	16,449.8	3,460.5	19,910.3	0.0	3,460.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	16,449.8	0.0	0.0	0.0
NET CHANGE	148,636.1	0.0	148,636.1	46,498.4	0.0	54,003.8	0.0	54,003.8	7,921.4	248.7	0.0	248.7	-2,747.8	14,913.4	27,798.2	0.0	27,798.2
Outstanding Actions for Securing Kent's Future	-48,796.0		-48,796.0												-48,796.0		-48,796.0
NET BUDGET REQUIREMENT	1,415,450.7	0.0	1,415,450.7	573,928.8	0.0	414,356.8	0.0	414,356.8	202,870.4	33,367.6	0.0	33,367.6	81,241.2	130,975.6	-21,289.7	0.0	-21,289.7
MEMORANDUM:																	
The net impact on our reserves balances is:																	
Contributions to Reserves	36,699.7	0.0	36,699.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	160.0	36,539.7	0.0	0.0	0.0
Drawdowns from Reserves	-829.2	-350.5	-1,179.7	-567.2	-350.5	0.0	0.0	0.0	0.0	-262.0	0.0	-262.0	0.0	0.0	0.0	0.0	0.0
Net movement in Reserves	35,870.5	-350.5	35,520.0	-567.2	-350.5	0.0	0.0	0.0	0.0	-262.0	0.0	-262.0	160.0	36,539.7	0.0	0.0	0.0

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2024-27 PowerBi Report - Members

Search

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2024-27 Members Area

2024-27 PowerBi Report - M...

Home

Summary

Directorate

Big 6 Service Area

Spending

Savings

Reserves

Go back

100%

Funding type: Core

Directorate selected:

Division selected: --

Big 6 Service Area selected: --

Director:

- ASCH
- CYPE
- GET
- CED
- DCED
- NAC
- CHB
- Public Health

Division:

Big 6 Service Area:

Click on the + to see the descriptions of the templates under that Category

Spending Templates

MTFP - Category

	No. of Templates	2024-25 £000's
+ Base Budget Changes	23	45,470.2
+ Reduction in Grant Income	1	35.0
+ Pay	7	14,205.9
+ Prices	34	46,234.9
+ Demand & Cost Drivers	14	80,924.7
+ Government & Legislative	2	1,406.5
+ Service Strategies & Improvements	15	13,205.7
Total	96	201,482.9

Please select a Individual Spending Template

2024-27 PowerBi Report - Members

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2024-27 Members Area

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Funding type:
Core

Big 6 Service Area selected:
--

Big 6 Service Area:

- Older People
- Vulnerable Adults
- Integrated Children's Services
- Highways
- Transport
- Waste
- Adult Social Care Staffing
- Other

Click on the + to see the descriptions of the templates under that Category

Spending Templates

Directorate	No. of Templates	2024-25 £000's
+ ASCH	11	96,280.4
+ CYPE	23	66,792.5
+ GET	36	10,105.3
+ CED	3	601.2
+ DCED	10	-1,837.9
+ NAC	10	2,243.2
+ CHB	3	27,298.2
Total	96	201,482.9

Please select a Individual Spending Template

Filters

100%

The screenshot shows a PowerBI report titled '2024-27 PowerBi Report - Members'. The interface includes a top navigation bar with a search box and utility icons, a left-hand navigation pane with menu items like 'Home', 'Summary', 'Directorate', and 'Spending', and a main content area. The main area features a 'Funding type' dropdown set to 'Core', an 'MTFP Spending category selected' field with a '--' placeholder, and a list of 'MTFP Spending Category' options with checkboxes. A prominent black banner reads 'Please select a Individual Spending Template'. Below this is a table titled 'Spending Templates' with columns for 'Directorate', 'No. of Templates', and '2024-25 £000's'. A 'Filters' pane is visible on the right side.

Funding type: Core

MTFP Spending category selected: --

MTFP Spending Category:

- Base Budget Changes
- Reduction in Grant Income
- Pay
- Prices
- Demand & Cost Drivers
- Government & Legislative
- Service Strategies & Improvements

Please select a Individual Spending Template

Spending Templates

Directorate	No. of Templates	2024-25 £000's
ASCH	11	96,280.4
CYPE	23	66,792.5
GET	36	10,105.3
CED	3	601.2
DCED	10	-1,837.9
NAC	10	2,243.2
CHB	3	27,298.2
Total	96	201,482.9

2024-27 PowerBi Report - Members

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2024-27 Members Area

2024-27 PowerBi Report - M...

Home

Summary

Directorate

Big 6 Service Area

Spending

Savings

Reserves

Go back

Search

Home

Funding type:
Core

MTFP Savings category selected:
--

Click on the + to see the descriptions of the templates under that Category

MTFP Savings Category:

- Transformation
- Income
- Increases in Grants and Contribut...
- Efficiency - Staffing
- Efficiency - Infrastructure
- Efficiency - C&P
- Efficiency - Other
- Financing
- Policy

Please select a Individual Savings Template

Savings Templates

Directorate	No. of Templates	2024-25 £000's
ASCH	22	-49,782.0
CYPE	17	-12,788.7
GET	19	-2,183.9
CED	3	-352.5
DCED	3	-909.9
NAC	3	-3,779.6
CHB	1	500.0
Total	68	-69,296.6

Filters

100%

The screenshot shows a PowerBI report titled "2024-27 PowerBi Report - Members". The interface includes a top navigation bar with a search box and utility icons, a left-hand navigation pane with menu items like "Home", "Summary", "Directorate", "Big 6 Service Area", "Spending", "Savings", and "Reserves", and a main content area. The main content area features a "Funding type" dropdown set to "Core", an "MTFP Reserves category selected" field currently showing "--", and a list of "MTFP Reserves Category" options: "Contributions to Reserves", "Removal of prior year Contributio...", "Drawdowns from Reserves", and "Removal of prior year Drawdowns". A callout box prompts the user to "Click on the + to see the descriptions of the templates under that Category". A prominent black banner reads "Please select a Individual Reserves Template". Below this is a table titled "Reserves Templates" with columns for "Directorate", "No. of Templates", and "2024-25 £000's".

Directorate	No. of Templates	2024-25 £000's
ASCH	2	0.0
CED	2	0.0
DCED	2	0.0
NAC	13	16,449.8
Total	19	16,449.8

APPENDIX D: 2024-25 DRAFT BUDGET - SPENDING PROPOSALS

						177,363.8		
A9 - MTFP Category	A2 - Directorate	A5 - Cabinet Member	A6ii - Headline description of spending increase	A6iii - Brief description of spending increase	A8i - 2024-25 Amount £000's - LATEST Figure	B1i - What priority service area (Big 6) does the Spending Template relate to?	E3i - Is this Externally or Core funded?	
Base Budget Changes	ASCH	Dan Watkins	Adult Social Care	Realignment of Vulnerable Adults budget to reflect underlying pressure forecast in 2023-24	9,900.0	Vulnerable Adults	Core	
Base Budget Changes	ASCH	Dan Watkins	Adult Social Care	Realignment of Older People budget to reflect underlying pressure forecast in 2023-24	7,000.0	Older People	Core	
Base Budget Changes	CED	Roger Gough	Safeguarding Adults	Removal of Review Manager at the end of the two year fixed term appointment for dealing with the increased number of Adult Safeguarding reviews being undertaken and to free up capacity to undertake development work for the Safeguarding Adults Board	-55.4	Adult Social Care staffing	Core	
Base Budget Changes	CHB	Peter Oakford	Corporately Held Contingency	Emerging pressures contingency for risk of inability to deliver against approved budget estimates due to unforeseen changes in external factors that arise after the budget is set	14,000.0	Other	Core	
Base Budget Changes	CHB	Dylan Jeffrey	Pay and Reward	Release of 2023-24 unallocated pay and reward allocation. The costs of the pay award and increase in annual leave entitlement for some staff were less than assumed when the 2023-24 budget was set	-201.8	Other	Core	
Base Budget Changes	CYPE	Rory Love	Home to school transport	Realignment of the home to school transport budget to reflect the full year effect of the cost and number of children being transported in 2023-24	10,900.0	Transport	Core	
Base Budget Changes	CYPE	Sue Chandler	Children's Social Care	Realignment of looked after children's placement budget to reflect the increase in cost of supporting children due to the market and complexity, and the number of children in different placement types in 2023-24	7,950.0	Integrated Children's Services	Core	
Base Budget Changes	CYPE	Sue Chandler	Children's Social Care	Realignment of children in need packages of care budget to reflect the cost of home support services including daycare and direct payments seen in 2023-24	2,121.0	Integrated Children's Services	Core	
Base Budget Changes	CYPE	Sue Chandler	18-25 placements	Realignment of the 18-25 Adult Learning & Physical Disability Community Services budget to reflect the increase in cost of supporting these clients in 2023-24	695.0	Vulnerable Adults	Core	
Base Budget Changes	DCED	Peter Oakford	KCC Estate Energy	Reduction in the price of gas and electricity for the KCC estate in 2023-24 compared to the assumptions at the time of setting the budget	-3,000.0	Other	Core	
Base Budget Changes	GET	Susan Carey	Waste prices	Realignment of prices for a variety of waste streams within the Materials Recycling Facilities contract	960.0	Waste	Core	
Base Budget Changes	GET	Susan Carey	Waste haulage costs	Right sizing of budget for waste haulage contracts due to inflation being higher than the increase assumed in the 2023-24 budget	623.9	Waste	Core	
Base Budget Changes	GET	Susan Carey	Waste Facilities	Right sizing of budget for household waste recycling centre and waste transfer station management fees and rent due to higher inflation than assumed in the 2023-24 budget	257.9	Waste	Core	
Base Budget Changes	GET	Clair Bell	Coroners	Rightsize budget for post mortems, Coroner's pay, Senior Coroner fees, pathologists fees and funeral director costs due to increasing number and complexity of cases	223.0	Other	Core	
Base Budget Changes	GET	Clair Bell	Trading Standards	Delay in achieving income from Trading Standards Checked service due to economic climate which was originally planned for 2021 -22	-40.0	Other	Core	

APPENDIX D: 2024-25 DRAFT BUDGET - SPENDING PROPOSALS

A9 - MTFP Category	A2 - Directorate	A5 - Cabinet Member	A6ii - Headline description of spending increase	A6iii - Brief description of spending increase	A8i - 2024-25 Amount £000's - LATEST Figure	B1i - What priority service area (Big 6) does the Spending Template relate to?	E3i - Is this Externally or Core funded?
Base Budget Changes	GET	Neil Baker	Public Transport	Removal of budget for the public transport smartcard following the winding down of the scheme	-48.0	Transport	Core
Base Budget Changes	GET	Susan Carey	Waste income from paper & card	An increase in the price per tonne received for recycled paper and card	-485.8	Waste	Core
Base Budget Changes	GET	Neil Baker	Streetlight Energy	Figure has been adjusted to reflect additional costs of £475k to upgrade from 3g to 4g due to third party providers removing 3g capability in 24/25. This is required for functionality of the CMS and LED street lighting management	-1,959.9	Highways	Core
Base Budget Changes	NAC	Peter Oakford	Insurance	Rightsize budget for increase in insurance premiums	564.5	Other	Core
Base Budget Changes	NAC	Peter Oakford	Other Non Attributable costs	Payment to Kent Fire and Rescue Service of 3% share of the Retained Business Rates levy in line with the Kent Business Rates pool agreement	90.0	Other	Core
Base Budget Changes	NAC	Peter Oakford	Environment Agency Levy	Rightsize budget for the Environment Agency Levy as the increase in 2023-24 was lower than anticipated when the budget was set	-8.2	Other	Core
Base Budget Changes	NAC	Peter Oakford	Non Attributable Costs	Removal of budget for Transferred Services Pensions as these payments have now ceased	-16.0	Other	Core
Base Budget Changes	NAC	Peter Oakford	Capital Financing Costs	Reduction in debt charges from 2023-24 due to decisions taken by Members to contain the capital programme, significant levels of re-phasing of the capital programme in 2022-23 and changes in interest rates	-4,000.0	Other	Core
TOTAL BASE BUDGET CHANGES					45,470.2		Core
Demand & Cost Drivers	ASCH	Dan Watkins	Adult Social Care	Provision for impact of the full year effect of all current costs of care, further increases in client numbers including young people coming into Adult Social Care through transition, and additional costs arising for existing clients and for those new clients whose needs are becoming more complex- Vulnerable Adults	34,945.3	Vulnerable Adults	Core
Demand & Cost Drivers	ASCH	Dan Watkins	Adult Social Care	Provision for impact of the full year effect of all current costs of care, further increases in client numbers including young people coming into Adult Social Care through transition, and additional costs arising for existing clients and for those new clients whose needs are becoming more complex- Older People	15,656.7	Older People	Core
Demand & Cost Drivers	CYPE	Rory Love	Home to School transport - SEN	Estimated impact of rising pupil population on SEN Home to School and College Transport	15,500.0	Transport	Core
Demand & Cost Drivers	CYPE	Sue Chandler	Children's Social Care	Estimated impact of an increase in the population of children in Kent, leading to increased demand for children's social work and disabled children's services - number of children & increasing packages of support	6,371.5	Integrated Children's Services	Core
Demand & Cost Drivers	CYPE	Sue Chandler	Adult Social Care	Provision for impact of the full year effect of all current costs of care, further increases in client numbers expected through transition into adulthood from Children's Social Care, additional costs arising for existing clients and for those new clients whose needs are becoming more complex.	3,400.0	Vulnerable Adults	Core
Demand & Cost Drivers	CYPE	Sue Chandler	Children's Social Care	Estimated impact of an increase in the population of children in Kent, leading to increased demand for children's social work and disabled children's services - complexity of packages	2,260.0	Integrated Children's Services	Core

APPENDIX D: 2024-25 DRAFT BUDGET - SPENDING PROPOSALS

A9 - MTFP Category	A2 - Directorate	A5 - Cabinet Member	A6ii - Headline description of spending increase	A6iii - Brief description of spending increase	A8i - 2024-25 Amount £000's - LATEST Figure	B1i - What priority service area (Big 6) does the Spending Template relate to?	E3i - Is this Externally or Core funded?
Demand & Cost Drivers	CYPE	Rory Love	Home to School transport - Mainstream	Estimated impact of rising pupil population on Mainstream Home to School transport	1,400.0	Transport	Core
Demand & Cost Drivers	CYPE	Sue Chandler	Care Leavers	Estimated increase in number of children supported by the care leaver service	250.0	Integrated Children's Services	Core
Demand & Cost Drivers	GET	Susan Carey	Waste - tonnage changes	Estimated impact of changes in waste tonnage as a result of population and housing growth	936.7	Waste	Core
Demand & Cost Drivers	GET	Clair Bell	Coroners	Increase in budget for toxicology analysis due to increasing number and complexity of cases	60.0	Other	Core
Demand & Cost Drivers	GET	Clair Bell	Trading Standards	Increase in legal costs as a result of more Crown Court cases	55.0	Other	Core
Demand & Cost Drivers	GET	Susan Carey	Planning Applications	Costs of the independent examination of the Minerals & Waste Local Plan by the Planning Inspectorate in the summer of 2024	50.0	Other	Core
Demand & Cost Drivers	GET	Neil Baker	Streetlight energy & maintenance	Adoption of new streetlights at new housing developments and associated increase in energy costs	27.5	Highways	Core
Demand & Cost Drivers	GET	Clair Bell	Public Rights of Way	Adoption of new routes	12.0	Other	Core
TOTAL DEMAND & COST DRIVERS					80,924.7		Core
Government & Legislative	GET	Neil Baker	Highways	Costs of meeting our statutory duties in relation to inspection of bridges and structures and complying with the Tunnels Regulations	960.0	Highways	Core
Government & Legislative	GET	Susan Carey	Waste charging	Loss of income from removal of charging for disposal of non DIY waste materials at Household Waste Recycling centres following change in legislation	446.5	Waste	Core
TOTAL GOVERNMENT & LEGISLATIVE					1,406.5		Core
Pay	CHB	Dylan Jeffrey	Pay and Reward	Contribution to pay pot and impact on base budget of uplifting pay grades in accordance with single pay reward scheme including the revision of lower Kent Scheme pay scales to further increase the differential between the lowest pay range and the Foundation Living Wage and increasing the annual leave entitlement for some staff. This is the subject of pay bargaining with Trade Unions.	13,500.0	Other	Core
Pay	CYPE	Sue Chandler	Agency Staff	Uplift in pay budget in line with average earnings for posts which are temporarily covered by agency staff- Integrated Children's Services	332.0	Integrated Children's Services	Core
Pay	CYPE	Rory Love	Agency Staff	Uplift in pay budget in line with average earnings for posts which are temporarily covered by agency staff - Special Educational Needs	181.0	Other	Core
Pay	CYPE	Sue Chandler	Agency Staff	Uplift in pay budget in line with average earnings for posts which are temporarily covered by agency staff - lifespan pathway 0-25	40.0	Integrated Children's Services	Core
Pay	GET	Clair Bell	Public Protection	Increase in staffing costs and consumables within Kent Scientific Services to deliver scientific testing which are offset by increased income	49.0	Other	Core
Pay	GET	Clair Bell	Coroners	Increase in pay for senior, area and assistant coroners in accordance with the pay award agreed by the national Joint Negotiating Committee for Coroners	36.0	Other	Core
Pay	NAC	Peter Oakford	Apprenticeship Levy	Increase in the Apprenticeship Levy in line with the pay award	67.9	Other	Core
TOTAL PAY					14,205.9		Core

APPENDIX D: 2024-25 DRAFT BUDGET - SPENDING PROPOSALS

A9 - MTFP Category	A2 - Directorate	A5 - Cabinet Member	A6ii - Headline description of spending increase	A6iii - Brief description of spending increase	A8i - 2024-25 Amount £000's - LATEST Figure	B1i - What priority service area (Big 6) does the Spending Template relate to?	E3i - Is this Externally or Core funded?
Prices	ASCH	Dan Watkins	Adult Social Care	Provision for contractual and negotiated price increases across all adult social care packages including nursing, residential, domiciliary, supporting independence and direct payments - Vulnerable Adults	14,317.2	Vulnerable Adults	Core
Prices	ASCH	Dan Watkins	Adult Social Care	Provision for contractual and negotiated price increases across all adult social care packages including nursing, residential, domiciliary, supporting independence and direct payments - Older People	10,075.9	Older People	Core
Prices	ASCH	Dan Watkins	Adult Social Care	Provision for contractual and negotiated price increases across all adult social care packages funded by the Market Sustainability and Improvement Fund included in the provisional local government finance settlement - Older People	2,155.1	Older People	Core
Prices	ASCH	Dan Watkins	Adult Social Care	Provision for contractual and negotiated price increases across all adult social care packages funded by the Market Sustainability and Improvement Fund included in the provisional local government finance settlement - Vulnerable Adults	1,934.1	Vulnerable Adults	Core
Prices	CYPE	Rory Love	Home to School Transport	Provision for inflation on contracted services and season tickets for mainstream & SEN Home to School and College Transport	4,933.0	Transport	Core
Prices	CYPE	Sue Chandler	Children's Social Care	Provision for price negotiations with external providers, and uplift to in-house foster carers in line with DFE guidance - Integrated Children's Services	4,513.0	Integrated Children's Services	Core
Prices	CYPE	Sue Chandler	Adult Social Care	Provision for contractual and negotiated price increases across all adult social care packages including nursing, residential, domiciliary, supporting independence and direct payments - Vulnerable Adults 18-25	2,447.0	Vulnerable Adults	Core
Prices	CYPE	Sue Chandler	Children's Social Care	Provision for price negotiations with external providers, and uplift to in-house foster carers in line with DFE guidance - lifespan pathway 0-25	937.0	Integrated Children's Services	Core
Prices	CYPE	Rory Love	Kent Travel Saver & Kent 16+ Travel Saver	Provision for price inflation related to the Kent Travel Saver and Kent 16+ Travel Saver which is recovered through uplifting the charge for the pass - Kent 16+ Travel Saver	210.0	Transport	Core
Prices	CYPE	Rory Love	Non specific price provision	Non specific provision for CPI inflation on other negotiated contracts without indexation clauses - Children, Young People & Education	180.0	Other	Core
Prices	CYPE	Rory Love	Facilities Management	Estimated future price uplift to new Facilities Management contracts - schools	91.0	Other	Core
Prices	CYPE	Sue Chandler	Children's Social Care	Provision for price negotiations with external providers, and uplift to in-house foster carers in line with DFE guidance	73.0	Integrated Children's Services	Core
Prices	DCED	Peter Oakford	Facilities Management	Estimated future price uplift to new Facilities Management contracts - Corporate Landlord	867.7	Other	Core
Prices	DCED	Peter Oakford	Corporate Landlord	Provision for price inflation for rates for the office estate	417.4	Other	Core
Prices	DCED	Peter Oakford	Cantium Business Solutions (CBS)	Inflationary uplift on the CBS ICT contract	390.3	Other	Core
Prices	DCED	Peter Oakford	Technology contracts	Provision for price inflation on Third Party ICT related contracts	272.2	Other	Core
Prices	DCED	Peter Oakford	Corporate Landlord	Provision for price inflation for rent for the office estate	269.6	Other	Core
Prices	DCED	Peter Oakford	Kent Commercial Services (KCS)	Inflationary uplift on the KCS HR Connect contract	109.6	Other	Core

APPENDIX D: 2024-25 DRAFT BUDGET - SPENDING PROPOSALS

A9 - MTFP Category	A2 - Directorate	A5 - Cabinet Member	A6ii - Headline description of spending increase	A6iii - Brief description of spending increase	A8i - 2024-25 Amount £000's - LATEST Figure	B1i - What priority service area (Big 6) does the Spending Template relate to?	E3i - Is this Externally or Core funded?
Prices	DCED	Dylan Jeffrey	Contact Centre	Price inflation on Agilisys contract for provision of Contact Centre	103.9	Other	Core
Prices	DCED	Peter Oakford	KCC Estate Energy	Anticipated price change on energy contracts for the KCC estate as estimated by Commercial Services	-948.6	Other	Core
Prices	GET	Neil Baker	Contract related inflation	Provision for price inflation related to Highways, Waste and other contracted services (based on contractual indices) - Highways contracts	1,170.3	Highways	Core
Prices	GET	Susan Carey	Contract related inflation	Provision for price inflation related to Highways, Waste and other contracted services (based on contractual indices) - Waste contracts	1,117.6	Waste	Core
Prices	GET	Neil Baker	Other Transport Related inflation	Provision for price inflation related to other transport services including subsidised bus services - subsidised bus routes	584.0	Transport	Core
Prices	GET	Neil Baker	Kent Travel Saver	Provision for price inflation related to the Kent Travel Saver and Kent 16+ Travel Saver which is recovered through uplifting the charge for the pass - Kent Travel Saver	463.5	Transport	Core
Prices	GET	Neil Baker	Highways Management	The handing back of the urban grass cutting and rural verge mowing contract by Folkestone & Hythe District Council	100.0	Highways	Core
Prices	GET	Clair Bell	Contract related inflation	Provision for price inflation related to Highways, Waste and other contracted services (based on contractual indices) - Public Rights of Way contracts	81.7	Other	Core
Prices	GET	Clair Bell	Contract related inflation	Provision for price inflation related to Highways, Waste and other contracted services (based on contractual indices) - Coroners Funeral Directors contract	37.0	Other	Core
Prices	GET	Clair Bell	Coroners	Provision for inflationary increase in specialist pathologist fees	25.5	Other	Core
Prices	GET	Clair Bell	Contract related inflation	Provision for price inflation related to Highways, Waste and other contracted services (based on contractual indices) - Coroners Post Mortem contract	21.2	Other	Core
Prices	GET	Clair Bell	Contract related inflation	Provision for price inflation related to Highways, Waste and other contracted services (based on contractual indices) - annual uplift to the SLA with Tunbridge Wells Borough Council for the running costs of the Amelia	13.0	Other	Core
Prices	GET	Clair Bell	Other Transport Related inflation	Provision for price inflation related to other transport services including subsidised bus services - Mobile libraries fuel	5.0	Other	Core
Prices	GET	Neil Baker	Streetlight Energy	Provision for price changes related to Streetlight energy as estimated by Commercial Services	-777.3	Highways	Core
Prices	NAC	Peter Oakford	Levies	Estimated increase in Environment Agency Levy together with impact of estimated change in taxbase	23.8	Other	Core
Prices	NAC	Peter Oakford	Non specific price provision	Non specific provision for CPI inflation on other negotiated contracts without indexation clauses - increase in Inshore Sea Fisheries Conservation Area (IFCA) Levy	21.2	Other	Core
TOTAL PRICES					46,234.9		Core
Reduction in Grant Income	GET	Clair Bell	EU funding	Replace a reduction in EU Funding ensuring sufficient resource is available to continue delivering the Positive Wellbeing Service at current levels	35.0	Older People	Core
TOTAL REDUCTION IN GRANT INCOME					35.0		Core

APPENDIX D: 2024-25 DRAFT BUDGET - SPENDING PROPOSALS

A9 - MTFP Category	A2 - Directorate	A5 - Cabinet Member	A6ii - Headline description of spending increase	A6iii - Brief description of spending increase	A8i - 2024-25 Amount £000's - LATEST Figure	B1i - What priority service area (Big 6) does the Spending Template relate to?	E3i - Is this Externally or Core funded?
Service Strategies & Improvements	ASCH	Dan Watkins	Adult Social Care	Increase in the bad debt provision to reflect the anticipated impact of the high cost of living on our income collection rates from client contributions - Older People	256.3	Older People	Core
Service Strategies & Improvements	ASCH	Dan Watkins	Adult Social Care	Increase in the bad debt provision to reflect the anticipated impact of the high cost of living on our income collection rates from client contributions - Vulnerable Adults	81.8	Vulnerable Adults	Core
Service Strategies & Improvements	ASCH	Dan Watkins	Adult Safeguarding	Removal of two year pilot to combat Serious and Organised Crime	-42.0	Adult Social Care staffing	Core
Service Strategies & Improvements	CED	Peter Oakford	Partnership Arrangements with District Councils	Incentive payments for Kent District Councils to remove the remaining empty property discounts to maximise council tax, and reimburse Kent District Councils for temporary discretionary council tax discounts provided for properties affected by fire or flooding	541.1	Other	Core
Service Strategies & Improvements	CED	Peter Oakford	Member Allowances	Uplift to Member Allowances	115.5	Other	Core
Service Strategies & Improvements	CYPE	Rory Love	Special Educational Needs	Increase in staff numbers in SEN service to support improved quality of Education Health & Care Plans	2,000.0	Other	Core
Service Strategies & Improvements	CYPE	Sue Chandler	Adult Social Care	Increase in the bad debt provision to reflect the anticipated impact of the high cost of living on our income collection rates from client contributions - Vulnerable Adults 18-25	8.0	Vulnerable Adults	Core
Service Strategies & Improvements	DCED	Peter Oakford	Oakwood House Development	Removal of holding costs and loss of income in the short term once Oakwood House is no longer operational, offset by savings in the longer term following change of use	-320.0	Other	Core
Service Strategies & Improvements	GET	Neil Baker	Highways	<p>Increased highway spend in line with additional Outcome allocation for 2024/24. Activity focused on supporting the front line operational activities across the highway network as follows:</p> <p>Service improvement: £2.4m to enhance the national pothole funding</p> <p>Unavoidable (realignment): £1.2m committed HTMC operational impact on district teams £1.0m to drainage to realign budget for current activity levels £0.4m to winter service to realign for current activity projections</p>	5,000.0	Highways	Core
Service Strategies & Improvements	GET	Clair Bell	Country Parks	Change the funding of improvements and adaptations to country parks from capital to revenue	70.0	Other	Core
Service Strategies & Improvements	GET	Clair Bell	Sports Facilities	Change the funding of refurbishment and provision of sports facilities and community projects from capital to revenue	37.5	Other	Core
Service Strategies & Improvements	GET	Clair Bell	Village Halls & Community Centres	Change the funding of grants for improvements and adaptations to village halls and community centres from capital to revenue	37.5	Other	Core
Service Strategies & Improvements	GET	Derek Murphy	Economic Development Recovery Plan	Removal of time limited funding for re-design of the service and additional staffing and consultancy capacity to draft and deliver the Economic Recovery Plan/Economic Strategy following the Covid pandemic	-80.0	Other	Core

APPENDIX D: 2024-25 DRAFT BUDGET - SPENDING PROPOSALS

A9 - MTFP Category	A2 - Directorate	A5 - Cabinet Member	A6ii - Headline description of spending increase	A6iii - Brief description of spending increase	A8i - 2024-25 Amount £000's - LATEST Figure	B1i - What priority service area (Big 6) does the Spending Template relate to?	E3i - Is this Externally or Core funded?
Service Strategies & Improvements	NAC	Peter Oakford	Project Prime	Loss of income from a review of contract with Commercial Services Group, specifically due to the removal of buy back of services	3,000.0	Other	Core
Service Strategies & Improvements	NAC	Peter Oakford	Capital Programme	The impact on debt charges of the review of the 2021-24 capital programme.	2,500.0	Other	Core
TOTAL SERVICE STRATEGIES & IMPROVEMENTS					13,205.7		Core
Demand & Cost Drivers	Public Health	Dan Watkins	Public Health	Estimated increase in internal recharges for support services	375.1	Other	External
Demand & Cost Drivers	Public Health	Dan Watkins	Public Health - Healthy Lifestyles	Removal of additional temporary funding for reducing waiting lists for Postural Stability	-60.4	Other	External
TOTAL DEMAND & COST DRIVERS					314.7		External
Government & Legislative	CED	Roger Gough	Domestic Abuse New Burdens	Costs of undertaking domestic abuse support in safe accommodation duties funded by specific grant	59.9	Other	External
Government & Legislative	CHB	Peter Oakford	Household Support Fund	Removal of the extension of the Government funded Household Support Fund into 2023-24 as announced in the Chancellor's Autumn Statement on 17th November 2022	-22,130.8	Other	External
Government & Legislative	CYPE	Sue Chandler	Family Hubs	Estimated reduction in our share of the DfE/DHSC Family Hubs and Start for Life grant	-777.0	Integrated Children's Services	External
Government & Legislative	Public Health	Dan Watkins	Public Health - Substance Misuse	Targeted housing support interventions for people in drug and alcohol treatment funded by Drug Strategy Housing Support Grant from Office for Health Improvement & Disparities	23.1	Other	External
Government & Legislative	Public Health	Dan Watkins	Public Health - Substance Misuse	Investment in substance misuse services funded by Individual Placement and Support in Community Drug and Alcohol Treatment Grant from Office for Health Improvement & Disparities	7.5	Other	External
Government & Legislative	Public Health	Dan Watkins	Public Health - Substance Misuse	Removal of wraparound and engagement and community treatment funded by one-off Rough Sleeping Drug and Alcohol Treatment Grant from Office for Health Improvement & Disparities in 2023-24	-520.2	Other	External
TOTAL GOVERNMENT & LEGISLATIVE					-23,337.5		External
Pay	Public Health	Dan Watkins	Public Health Pay	Estimated net impact of KCC pay award and other adjustments for KCC Public Health staff	505.1	Other	External
TOTAL PAY					505.1		External
Prices	Public Health	Dan Watkins	Public Health contracts	Estimated increase in public health contract values linked to the NHS Agenda for change pay increases	614.2	Other	External
Prices	Public Health	Dan Watkins	Public Health - Sexual Health	Contractual increases in other services including Sexual Health and Health Improvement	353.2	Other	External
TOTAL PRICES					967.4		External
Service Strategies & Improvements	Public Health	Dan Watkins	Public Health - Substance Misuse	Investment in Substance Misuse services funded by Supplemental Substance Misuse Treatment and Recovery grant from Office for Health Improvement & Disparities	1,412.9	Other	External
Service Strategies & Improvements	Public Health	Dan Watkins	Other	Removal of additional temporary investment in other minor service improvements	-20.0	Other	External
Service Strategies & Improvements	Public Health	Dan Watkins	Public Health - Healthy Lifestyles	Removal of temporary investment in Public Health services to promote and support health visiting	-118.4	Other	External

APPENDIX D: 2024-25 DRAFT BUDGET - SPENDING PROPOSALS

A9 - MTFP Category	A2 - Directorate	A5 - Cabinet Member	A6ii - Headline description of spending increase	A6iii - Brief description of spending increase	A8i - 2024-25 Amount £000's - LATEST Figure	B1i - What priority service area (Big 6) does the Spending Template relate to?	E3i - Is this Externally or Core funded?
Service Strategies & Improvements	Public Health	Dan Watkins	Public Health - Healthy Lifestyles	Removal of additional temporary investment in Public Health services to promote and support Healthy Lifestyles	-195.4	Other	External
Service Strategies & Improvements	Public Health	Dan Watkins	Public Health - Sexual Health	Removal of additional temporary investment in Public Health Sexual Health Services	-212.9	Other	External
Service Strategies & Improvements	Public Health	Dan Watkins	Public Health - Healthy Lifestyles	Removal of temporary public health contribution towards the voluntary sector in 2023-24	-350.0	Other	External
Service Strategies & Improvements	Public Health	Dan Watkins	Public Health - Children's Programme	Removal of additional temporary investment in counselling services for children	-1,085.0	Other	External
Service Strategies & Improvements	Public Health	Dan Watkins	Public Health - Mental Health	Removal of one-off public health investment in Live Well Kent in 2023-24	-2,000.0	Other	External
TOTAL SERVICE STRATEGIES & IMPROVEMENTS					-2,568.8		External

APPENDIX D: 2024-25 DRAFT BUDGET - SAVINGS PROPOSALS

						-48,638.0		
A9 - MTFP Category	A2 - Directorate	A5 - Cabinet Member	A6ii - Headline description of saving/income	A6iii - Brief description of saving/income	A8i - 2024-25 Amount £000's - LATEST Figure	B1i - What priority service area (Big 6) does the Saving/ Income Template relate to?	E3 - Is this Externally or Core Funded?	
Policy	ASCH	Dan Watkins	Adult Social Care Charging	Review of the Adults Charging Policy, in line with Care Act legislation and the statutory guidance	-1,250.0	Vulnerable Adults	Core	
Policy	CED	Peter Oakford	Partnership arrangements with District Councils	Cease Early Intervention Payments to District Councils	-82.5	Other	Core	
Policy	CED	Peter Oakford	Member Services	End Select Committees and Short Focused Inquiries	-20.0	Other	Core	
Policy	CYPE	Sue Chandler	Review of Open Access - Youth Services & Children's Centres	Review of open access services in light of implementing the Family Hub model	-1,500.0	Integrated Children's Services	Core	
Policy	CYPE	Rory Love	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	-1,200.0	Other	Core	
Policy	CYPE	Rory Love	SEN Transport	Introduction of charging for post 16 SEN transport and reductions to the Post 19 transport offer	-781.0	Transport	Core	
Policy	CYPE	Sue Chandler	Children's Residential Care	Development of in-house residential units to provide an alternative to independent sector residential care placements (invest to save)	100.0	Integrated Children's Services	Core	
Policy	CYPE	Rory Love	Kent 16+ Travel Saver	Removal of undeliverable 2023-24 saving and review the Kent 16+ Travel Saver scheme	250.0	Transport	Core	
Policy	DCED	Peter Oakford	Corporate Landlord	Review of Office Assets	-763.9	Other	Core	
Policy	DCED	Peter Oakford	Corporate Landlord	Review of Community Delivery including Assets	-101.0	Other	Core	
Policy	GET	Susan Carey	Waste - Household Waste & Recycling Centres (HWRCs)	Review of the number and operation of HWRC sites	-616.0	Waste	Core	
Policy	GET	Clair Bell	Review of Community Wardens	Review of Community Warden Service to deliver a £1m saving which is likely to result in an overall reduction in wardens	-500.0	Other	Core	
Policy	GET	Clair Bell	Reduction of Trading Standards Budget	Adjustment of Trading Standards legal costs as Courts recover post-Covid	-55.0	Other	Core	
Policy	GET	Susan Carey	Planning Applications	Savings from delayed recruitment	-50.0	Other	Core	
TOTAL POLICY SAVINGS					-6,569.4		Core	
Income	ASCH	Dan Watkins	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 - Older People	-4,773.1	Older People	Core	
Income	ASCH	Dan Watkins	Adult Social Care	Estimated annual inflationary increase in Better Care Fund - Older People	-2,188.0	Older People	Core	
Income	ASCH	Dan Watkins	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 - Vulnerable Adults	-1,529.1	Vulnerable Adults	Core	
Income	ASCH	Dan Watkins	Adult Social Care	Estimated annual inflationary increase in Better Care Fund - Vulnerable Adults	-179.5	Vulnerable Adults	Core	

APPENDIX D: 2024-25 DRAFT BUDGET - SAVINGS PROPOSALS

A9 - MTFP Category	A2 - Directorate	A5 - Cabinet Member	A6ii - Headline description of saving/income	A6iii - Brief description of saving/income	A8i - 2024-25 Amount £000's - LATEST Figure	B1i - What priority service area (Big 6) does the Saving/ Income Template relate to?	E3 - Is this Externally or Core Funded?
Income	ASCH	Dan Watkins	Adult Social Care	Estimated annual inflationary increase in Better Care Fund - Adult Social Care Staffing	-99.8	Adult Social Care staffing	Core
Income	ASCH	Dan Watkins	Adult Social Care	Estimated annual inflationary increase in Better Care Fund - Integrated Community Equipment Service and Assistive Technology	-4.4	Other	Core
Income	CHB	Peter Oakford	Review of fees & charges	Removal of corporately held saving from a review of all fees and charges as these savings are reflected within the individual directorate proposals	500.0	Other	Core
Income	CYPE	Sue Chandler	Adoption Service	Adoption Service	-200.0	Integrated Children's Services	Core
Income	CYPE	Sue Chandler	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 - 0-25	-123.7	Vulnerable Adults	Core
Income	CYPE	Rory Love	Kent 16+ Travel Saver	Kent 16+ Travel Saver price realignment to offset bus operator inflationary fare increases	-94.0	Transport	Core
Income	GET	Neil Baker	Kent Travel Saver	Kent Travel Saver price realignment to offset bus operator inflationary fare increases	-463.5	Transport	Core
Income	GET	Neil Baker	Highways	Increase in net income from recovery of costs from third parties for streetworks and permit scheme	-100.0	Highways	Core
Income	GET	Neil Baker	Highways	Income from traffic management penalties including contravening traffic restrictions, box junctions and bus lanes	-100.0	Highways	Core
Income	GET	Clair Bell	Public Protection	Increased income within Kent Scientific Services for toxicology analysis for the Coroners Service	-60.0	Other	Core
Income	GET	Clair Bell	Review of Charges for Service Users - existing service income streams & inflationary increases	A review of fees and charges across all KCC services, in relation to existing service income streams	-50.0	Other	Core
Income	GET	Clair Bell	Review of Charges for Service Users - existing service income streams & inflationary increases	Increased contribution from Medway Council under SLA relating to increasing costs for provision of Coroner service in Medway	-49.0	Other	Core
Income	GET	Clair Bell	Public Protection	Inflationary increase in income levels and pricing policy for Kent Scientific Services	-45.0	Other	Core
Income	GET	Clair Bell	Trading Standards	Inflationary increase in fees and charges	-1.4	Other	Core
Income	NAC	Peter Oakford	Income return from our companies	Estimated increase in the income contribution from our limited companies	-500.0	Other	Core
TOTAL INCOME					-10,060.5		Core
Transformation & Efficiency	ASCH	Dan Watkins	Adult Social Care service redesign phase 2 of the ASCH restructure	Review and reshape the ASCH savings plans set out in the sustainability plan to deliver new models of social care, and reducing costs associated with care and support with a specific focus on growth - Vulnerable Adults	-15,745.3	Vulnerable Adults	Core

APPENDIX D: 2024-25 DRAFT BUDGET - SAVINGS PROPOSALS

A9 - MTFP Category	A2 - Directorate	A5 - Cabinet Member	A6ii - Headline description of saving/income	A6iii - Brief description of saving/income	A8i - 2024-25 Amount £000's - LATEST Figure	B1i - What priority service area (Big 6) does the Saving/ Income Template relate to?	E3 - Is this Externally or Core Funded?
Transformation & Efficiency	ASCH	Dan Watkins	Adult Social Care service redesign phase 2 of the ASCH restructure	Review and reshape the ASCH savings plans set out in the sustainability plan to deliver new models of social care, and reducing costs associated with care and support with a specific focus on growth - Older People	-8,856.7	Older People	Core
Transformation & Efficiency	ASCH	Dan Watkins	Older People's Residential & Nursing Care	Negotiate 5% reduction in Older People's Residential & Nursing contract expenditure	-8,000.0	Older People	Core
Transformation & Efficiency	ASCH	Dan Watkins	Care & Support in the Home	Negotiate 5% reduction in Care & Support in the Home contract expenditure	-3,400.0	Older People	Core
Transformation & Efficiency	ASCH	Dan Watkins	Adult Social Care service redesign	Continuation of of savings from earlier years from the redesign of the Adult Social Care operating model. This saving focuses on increasing the take up of direct payments for use on micro-enterprises, Personal Assistants - Vulnerable Adults	-1,581.4	Vulnerable Adults	Core
Transformation & Efficiency	ASCH	Dan Watkins	Adult Social Care service redesign	Continuation of of savings from earlier years from the redesign of the Adult Social Care operating model. This saving focuses on increasing the take up of Technology Enabled Care - Older People	-1,471.2	Older People	Core
Transformation & Efficiency	ASCH	Dan Watkins	Adult Social Care service redesign	Continuation of of savings from earlier years from the redesign of the Adult Social Care operating model. This saving focuses on increasing the take up of direct payments for use on micro-enterprises, Personal Assistants - Older People	-1,459.7	Older People	Core
Transformation & Efficiency	ASCH	Dan Watkins	Adult Social Care Equipment contract	Efficiencies from new contract for the supply of equipment for adult social care clients	-900.0	Older People	Core
Transformation & Efficiency	ASCH	Dan Watkins	Adult Social Care service redesign	Continuation of of savings from earlier years from the redesign of the Adult Social Care operating model. This saving focuses on increasing the take up of Technology Enabled Care - Vulnerable Adults	-577.8	Vulnerable Adults	Core
Transformation & Efficiency	ASCH	Dan Watkins	Adult Social Care	Regular review of new and existing care packages to ensure that they are achieving the best outcomes - Vulnerable Adults	-347.4	Vulnerable Adults	Core
Transformation & Efficiency	ASCH	Dan Watkins	Adult Social Care	Regular review of new and existing care packages to ensure that they are achieving the best outcomes - Older People	-309.4	Older People	Core
Transformation & Efficiency	ASCH	Dan Watkins	Adult Social Care service redesign	Continuation of of savings from earlier years from the redesign of the Adult Social Care operating model. This saving focuses on digital self service - by developing new, accessible and user-friendly ways for people to access clear information and support from adult social care when they need it. Includes the use of self-assessment and financial assessment tools so people can access this remotely - Vulnerable Adults	-212.1	Vulnerable Adults	Core
Transformation & Efficiency	ASCH	Dan Watkins	Adult Social Care service redesign	Continuation of of savings from earlier years from the redesign of the Adult Social Care operating model. This saving focuses on digital self service - by developing new, accessible and user-friendly ways for people to access clear information and support from adult social care when they need it. Includes the use of self-assessment and financial assessment tools so people can access this remotely - Older People	-195.8	Older People	Core

APPENDIX D: 2024-25 DRAFT BUDGET - SAVINGS PROPOSALS

A9 - MTFP Category	A2 - Directorate	A5 - Cabinet Member	A6ii - Headline description of saving/income	A6iii - Brief description of saving/income	A8i - 2024-25 Amount £000's - LATEST Figure	B1i - What priority service area (Big 6) does the Saving/Income Template relate to?	E3 - Is this Externally or Core Funded?
Transformation & Efficiency	ASCH	Dan Watkins	Adult Social Care service redesign	Rephasing of 2023-24 service redesign saving - Older People	1,356.6	Older People	Core
Transformation & Efficiency	ASCH	Dan Watkins	Adult Social Care service redesign	Rephasing of 2023-24 service redesign saving - Vulnerable Adults	1,942.1	Vulnerable Adults	Core
Transformation & Efficiency	CED	Peter Oakford	Historic Pension Costs	Reduction in the number of Historic Pension Arrangements within CED Directorate	-250.0	Other	Core
Transformation & Efficiency	CYPE	Rory Love	Home to School transport - SEN	Estimated reduction to the impact of rising pupil population on SEN Home to School and College Transport	-6,300.0	Transport	Core
Transformation & Efficiency	CYPE	Sue Chandler	Looked After Children	Implement strategies to reduce the cost of packages for looked after children, including working with Health	-1,000.0	Integrated Children's Services	Core
Transformation & Efficiency	CYPE	Sue Chandler	Adult Social Care	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	-650.0	Vulnerable Adults	Core
Transformation & Efficiency	CYPE	Sue Chandler	Early Help & Preventative Services	Expanding the reach of caseholding Early Help services	-560.0	Integrated Children's Services	Core
Transformation & Efficiency	CYPE	Sue Chandler	Disabled Children's Placement and Support	Review of children with disability packages ensuring strict adherence to policy, review packages with high levels of support and enhanced contributions from health	-550.0	Integrated Children's Services	Core
Transformation & Efficiency	CYPE	Sue Chandler	Children's Social Care	Explore strategies, including statutory guidance, to reduce dependency on social work agency staff	-300.0	Integrated Children's Services	Core
Transformation & Efficiency	CYPE	Rory Love	Initiatives to increase use of Personal Transport Budgets	Initiatives to increase use of Personal Transport Budgets to reduce demand for Hired Transport	-300.0	Transport	Core
Transformation & Efficiency	CYPE	Rory Love	Historic Pension Costs	Reduction in the number of Historic Pension Arrangements - CYPE Directorate	-180.0	Other	Core
Transformation & Efficiency	CYPE	Sue Chandler	Open Access - Youth & Children's Centres	Removal of one-off saving in 2023-24 from vacancy management and avoiding all non-essential spend across open access	600.0	Integrated Children's Services	Core
Transformation & Efficiency	DCED	Peter Oakford	Corporate Landlord	Property savings from a review of specialist assets	-45.0	Other	Core
Transformation & Efficiency	GET	Susan Carey	Improved Food Waste Recycling Rates	Work with Kent District Councils to deliver savings from improving kerbside food waste recycling rates	-160.0	Waste	Core
Transformation & Efficiency	GET	Susan Carey	Waste - Household Waste & Recycling Centres (HWRCs)	Increased waste material segregation, increased re-use, black-bag splitting and trade waste recycling with a view to generating income or reducing cost	-105.0	Waste	Core
Transformation & Efficiency	GET	Neil Baker	Highways	Renegotiate income levels to include inflationary uplift for permit scheme, lane rental scheme & National Driver Offender Retraining Scheme	-50.0	Highways	Core
Transformation & Efficiency	GET	Susan Carey	Windmills	Temporary reduction in spend on weatherproofing windmills	-50.0	Other	Core
Transformation & Efficiency	GET	Clair Bell	Kent Sport	Withdraw the remaining contribution to the KCC hosted Active Kent and Medway.	-28.0	Other	Core

APPENDIX D: 2024-25 DRAFT BUDGET - SAVINGS PROPOSALS

A9 - MTFP Category	A2 - Directorate	A5 - Cabinet Member	A6ii - Headline description of saving/income	A6iii - Brief description of saving/income	A8i - 2024-25 Amount £000's - LATEST Figure	B1i - What priority service area (Big 6) does the Saving/Income Template relate to?	E3 - Is this Externally or Core Funded?
Transformation & Efficiency	GET	Clair Bell	Libraries, Registration & Archives (LRA)	Removal of one-off reduction in 2023-24 in the Libraries Materials Fund and one year contribution holiday for the Mobile Libraries renewals reserve	-1.0	Other	Core
Transformation & Efficiency	GET	Susan Carey	Environment	Removal of one-off saving in 2023-24 from planned delay in recruiting to the new structure in the Environment Team	300.0	Other	Core
TOTAL TRANSFORMATION & EFFICIENCY SAVINGS					-49,387.1		Core
Financing	NAC	Peter Oakford	Investment Income	Increase in investment income largely due to the increase in base rate	-2,279.6	Other	Core
Financing	NAC	Peter Oakford	Debt repayment	Review amounts set aside for debt repayment (MRP) based on review of asset life	-1,000.0	Other	Core
TOTAL FINANCING SAVINGS					-3,279.6		Core
Policy	Public Health	Dan Watkins	Public Health	Review of Public Health Services principally related to Healthy Lifestyles to ensure spending is contained within ringfenced grant	-9.2	Other	External
TOTAL POLICY SAVINGS					-9.2		External
Income	Public Health	Dan Watkins	Additional income linked to HIV prevention	Additional income from NHSE to fund increased costs linked to HIV prevention	-275.2	Other	External
Income	Public Health	Dan Watkins	Public Health	Estimated additional income for externally funded posts	-6.1	Other	External
TOTAL INCOME					-281.3		External
Increases in Grants and Contributions	CED	Roger Gough	Domestic Abuse	Increase in Domestic Abuse Duty grant to fund new burdens in providing domestic abuse support in safe accommodation	-59.9	Other	External
Increases in Grants and Contributions	CHB	Roger Gough	Household Support Fund	Removal of the extension of the Government funded Household Support Fund into 2023-24 as announced in the Chancellor's Autumn Statement on 17th November 2022	22,130.8	Other	External
Increases in Grants and Contributions	CYPE	Sue Chandler	Family Hubs	Estimated reduction in our share of the DfE/DHSC Family Hubs and Start for Life grant	777.0	Integrated Children's Services	External
Increases in Grants and Contributions	Public Health	Dan Watkins	Public Health - Substance Misuse	Supplemental Substance Misuse Treatment and Recovery grant from Office for Health Improvement & Disparities	-1,412.9	Other	External
Increases in Grants and Contributions	Public Health	Dan Watkins	Public Health Grant	Estimated increase in Public Health Grant pending announcement from Department of Health and Social Care	-975.5	Other	External
Increases in Grants and Contributions	Public Health	Dan Watkins	Public Health - Substance Misuse	Drug Strategy Housing Support Grant from Office for Health Improvement & Disparities	-23.1	Other	External
Increases in Grants and Contributions	Public Health	Dan Watkins	Public Health - Substance Misuse	Individual Placement and Support in Community Drug and Alcohol Treatment Grant from Office for Health Improvement & Disparities	-7.5	Other	External
Increases in Grants and Contributions	Public Health	Dan Watkins	Public Health - Substance Misuse	Remove one-off Rough Sleeping Drug and Alcohol Treatment Grant from Office for Health Improvement & Disparities	520.2	Other	External
TOTAL INCREASES IN GRANTS & CONTRIBUTIONS					20,949.1		External

APPENDIX D: 2024-25 DRAFT BUDGET - RESERVES PROPOSALS

						19,910.3		
A9 - MTFP Category	A2 - Directorate	A5 - Cabinet Member	A6ii - Headline description of reserve template	A6iii - Brief description of reserve template	A8i - 2024-25 Amount £000's - NEW Figure	B1 - What priority service area does the Reserve Template relate to?	E3 - Is this Externally or Core Funded?	
Contributions to reserves	NAC	Peter Oakford	Dedicated Schools Grant (DSG) Deficit - Safety Valve	KCC Contribution towards funding the DSG deficit as agreed with DfE as part of the Safety Valve agreement	15,100.0	Other	Core	
Contributions to reserves	NAC	Peter Oakford	General Reserves repayment	Repay the General Reserve over two years (2024-25 & 2025-26) for the drawdown required in 2022-23 to fund the overspend	11,050.0	Other	Core	
Contributions to reserves	NAC	Peter Oakford	General Reserves	Contribution to reserves in order to maintain general reserve at 5% of net revenue budget	5,100.0	Other	Core	
Contributions to reserves	NAC	Peter Oakford	Corporate Reserves	Contribution to reserves to repay the drawdown required to balance the budget in 2023-24 in order to maintain financial resilience	4,289.7	Other	Core	
Contributions to reserves	NAC	Peter Oakford	Emergency capital events reserve	Annual contribution to a new reserve for emergency capital works and revenue costs related to capital spend such as temporary accommodation, and condition surveys which don't result in capital works	1,000.0	Other	Core	
Contributions to reserves	DCED	Peter Oakford	Facilities Management	Contribution to reserves to smooth the impact of the mobilisation costs of the Facilities Management contracts over the life of the contracts (2022-23 to 2026-27)	160.0	Other	Core	
TOTAL CONTRIBUTIONS TO RESERVES					36,699.7		Core	
Drawdowns from reserves	ASCH	Dan Watkins	Drawdown corporate reserves	Fund the Kent Support and Assistance Service from Corporate Reserves for two years 2023-24 and 2024-25 - ASCH Directorate	-567.2	Other	Core	
Drawdowns from reserves	CED	Roger Gough	Drawdown corporate reserves	Fund the Kent Support and Assistance Service from Corporate Reserves for two years 2023-24 and 2024-25 - CED Directorate	-262.0	Other	Core	
TOTAL DRAWDOWNS FROM RESERVES					-829.2		Core	
Removal of prior year Contributions	NAC	Peter Oakford	Risk Reserve	Removal of prior year one-off contribution to risk reserve (2023-24 increase in annual contribution)	-7,000.0	Other	Core	
Removal of prior year Contributions	NAC	Peter Oakford	General Reserves	Removal of prior year one-off contribution to general reserve	-5,800.0	Other	Core	
Removal of prior year Contributions	NAC	Peter Oakford	Risk Reserve	Removal of prior year one-off contribution to risk reserve (original contribution)	-5,000.0	Other	Core	
Removal of prior year Contributions	NAC	Peter Oakford	Local Taxation Equalisation - Council Tax Collection Fund	Removal of prior year contribution to Local Taxation Equalisation smoothing reserve of Council Tax Collection Fund surplus above £7m assumed	-4,488.7	Other	Core	
Removal of prior year Contributions	NAC	Peter Oakford	Removal of contribution related to repayment of previous "borrowing" from reserves	Reduction & full removal of the annual repayment of the "borrowing" from reserves to support the budget in 2011-12, reflecting when the reserves will be fully repaid	-1,223.3	Other	Core	
Removal of prior year Contributions	NAC	Peter Oakford	Local Taxation Equalisation - Business Rates Collection Fund	Removal of prior year contribution to the Local Taxation Equalisation smoothing reserve of the Business Rates Collection Fund surplus	-1,067.6	Other	Core	
Removal of prior year Contributions	DCED	Peter Oakford	Facilities Management	Removal of prior year contribution to reserves to smooth the impact of the mobilisation costs of the Facilities Management contracts over the life of the contracts (2022-23 to 2026-27)	-160.0	Other	Core	
TOTAL REMOVAL OF PRIOR YEAR CONTRIBUTIONS					-24,739.6		Core	

APPENDIX D: 2024-25 DRAFT BUDGET - RESERVES PROPOSALS

A9 - MTFP Category	A2 - Directorate	A5 - Cabinet Member	A6ii - Headline description of reserve template	A6iii - Brief description of reserve template	A8i - 2024-25 Amount £000's - NEW Figure	B1 - What priority service area does the Reserve Template relate to?	E3 - Is this Externally or Core Funded?
Removal of prior year Drawdowns	NAC	Peter Oakford	Drawdown corporate reserves	Removal of one-off use of reserves in 2023-24	4,289.7	Other	Core
Removal of prior year Drawdowns	ASCH	Dan Watkins	Drawdown corporate reserves	Removal of use of corporate reserves in prior year to fund the Kent Support and Assistance Service - ASCH Directorate	567.2	Other	Core
Removal of prior year Drawdowns	CED	Roger Gough	Remove prior year drawdown from Covid reserve	Removal of use of corporate reserves in prior year to fund the Kent Support and Assistance Service - CED Directorate	262.0	Other	Core
Removal of prior year Drawdowns	NAC	Peter Oakford	Drawdown corporate reserves	Removal of one-off drawdown from No Use Empty reserve in 2023-24	200.0	Other	Core
TOTAL REMOVAL OF PRIOR YEAR DRAWDOWNS					5,318.9		Core
Drawdowns from reserves	Public Health	Dan Watkins	Public Health Reserves	Use of Public Health reserves to fund one-off costs and invest to save initiatives in 2024-25	-336.6	Other	External
Drawdowns from reserves	Public Health	Dan Watkins	Public Health Reserves	Use of Public Health reserves to balance 2024-25 budget plans	-13.9	Other	External
TOTAL DRAWDOWNS FROM RESERVES					-350.5		External
Removal of prior year Drawdowns	Public Health	Dan Watkins	Public Health Reserves	Removal of use of Public Health reserves to fund one-off costs in previous year	2,440.3	Other	External
Removal of prior year Drawdowns	Public Health	Dan Watkins	Public Health Reserves	Removal of use of Public Health (Kent Community Health NHS Foundation Trust) reserves to fund one-off costs in previous year	1,313.9	Other	External
Removal of prior year Drawdowns	Public Health	Dan Watkins	Public Health Reserves	Removal of use of Public Health (Maidstone & Tunbridge Wells NHS Trust) reserves to fund one-off costs in previous year	56.8	Other	External
TOTAL REMOVAL OF PRIOR YEAR DRAWDOWNS					3,811.0		External

Key

ASCH	Adult Social Care & Health
CED	Chief Executive's Department
CHB	Corporately Held Budgets
CYPE	Children, Young People & Education
DCED	Deputy ChiefExecutive's Department
GET	Growth, Environment & Transport
NAC	Non Attributable Costs

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Reserves Policy

1. Background and Context

- 1.1. Sections 32 and 43 of the Local Government Finance Act 1992 require councils to consider the level of reserves when setting a budget requirement. Section 25 of the Local Government Act 2003 requires the Chief Financial Officer (Section 151 Officer) to report formally on the adequacy of proposed reserves when setting a budget requirement. The accounting treatment for reserves is set out in the Code of Practice on Local Authority Accounting.
- 1.2. CIPFA issued Local Authority Accounting Panel (LAAP) Bulletin No.99, Guidance Note on Local Authority Reserves and Balances in July 2014, which updated previous Bulletins to reflect the new requirements of the International Financial Reporting Standards (IFRS) Code of Practice. In addition, during the period of financial austerity for the public sector, the Local Authority Accounting Panel considered it necessary to update the guidance on local authority reserves and balances. Compliance with the guidance is recommended in CIPFA's Statement on the Role of the Chief Financial Officer in Local Government. In response to the above requirements, this policy sets out the Council's approach for compliance with the statutory regime and relevant non-statutory guidance for the Council's cash backed usable reserves.
- 1.3. All reserves are categorised as per the Local Authority Accounting Practice guidance, into the following groups:
 - **Smoothing** – These are reserves which are used to manage large fluctuations in spend or income across years e.g., PFI equalisation reserves. These reserves recognise the differences over time between the unitary charge and PFI credits received.
 - **Trading** – this reserve relates to the non-company trading entities of Laser and Commercial Services to cover potential trading losses and investment in business development.
 - **Renewals for Vehicles Plant & Equipment** – these reserves should be supported by an asset management plan, showing projected replacement profile and cost. These reserves help to reduce fluctuations in spend.
 - **Major projects** – set aside for future spending on projects.
 - **Insurance** - To fund the potential cost of insurance claims in excess of the amount provided for in the Insurance Fund provision, (potential or contingent liabilities)
 - **Unspent grant/external funding** – these are for unspent grants which the Council is not required to repay, but which have restrictions on what they may be used for e.g., the Public Health grant must be used on public health services. This category also consists of time limited projects funded from ringfenced external sources.
 - **Special Funds** – these are mainly held for economic development, tourism and regeneration initiatives.
 - **Partnerships** – these are reserves resulting from Council partnerships and are usually ringfenced for the benefit of the partnership or are held for investing in shared priorities.
 - **Departmental underspends** – these reserves relate to re-phasing of projects/initiatives and bids for use of year end underspending which are requested to roll forward into the following year.
- 1.4. Within the Statement of Accounts, reserves are summarised by the headings above. By categorising the reserves into the headings above, this is limited to the nine groups, plus Public Health, Schools and General. Operationally, each will be divided into the relevant sub reserves to ensure that ownership and effective management is maintained.

- 1.5 Reserves are an important part of the Council's financial strategy and are held to create long-term budgetary stability. They enable the Council to manage change without undue impact on the Council Tax and are a key element of ensuring the Council's strong financial standing and resilience. The Council's key sources of funding face an uncertain future and the Council therefore holds earmarked reserves and a working balance in order to mitigate future financial risks.
- 1.6 Earmarked reserves are reviewed regularly as part of the monitoring process and annually as part of the budget process, to determine whether the original purpose for the creation of the reserve still exists and whether or not the reserves should be released in full or in part or require topping up based on known/expected calls upon them. Particular attention is paid in the annual review to those reserves whose balances have not moved over a three-year period.

2. Overview

- 2.1. The Council's overall approach to reserves will be defined by the system of internal control. The system of internal control is set out, and its effectiveness reviewed, in the Annual Governance Statement (AGS). Key elements of the internal control environment are objective setting and monitoring, policy and decision-making, compliance with statute and procedure rules, risk management, achieving value for money, financial management and performance management. The AGS includes an overview of the general financial climate which the Council is operating within and significant funding risks.
- 2.2. The Council will maintain:
 - a general reserve; and
 - a number of earmarked reserves.
- 2.3. The level of the general reserve is a matter for the Council to determine having had regard to the advice of the S151 Officer. The level of the reserve will be a matter of judgement which will take account of the specific risks identified through the various corporate processes. It will also take account of the extent to which specific risks are supported through earmarked reserves. The level will be expressed as a cash sum over the period of the general fund medium-term financial strategy. The level will also be expressed as a percentage of the general funding requirement (to provide an indication of financial context). The Council's aim is to hold general reserves of 5% of the net revenue budget to recognise the heightened financial risk the Council is facing.

3. Strategic context

- 3.1. The Council continues to face a shortfall in funding compared to spending demands and must annually review its priorities in order to address the shortfall.
- 3.2. The Council also relies on interest earned through investments of our cash balances to support its general spending plans.
- 3.3. Reserves are one-off money. The Council aims to avoid using reserves to meet ongoing financial commitments other than as part of a sustainable budget plan and one of the Council's financial principles is to stop the use of one-off funding to support the base budget. The Council has to balance the opportunity cost of holding reserves in terms of Council Tax against the importance of interest earning and long-term future planning.

4. Management and governance

- 4.1 Each reserve must be supported by a protocol. All protocols should have an end date and at that point any balance should be transferred to the general reserve. If there is a genuine reason for slippage then the protocol will need to be updated.

A questionnaire is completed by the relevant budget holder and reviewed by Finance to ensure all reserves comply with legislative and accounting requirements. A de-minimis limit has been set to avoid small funds being set up which could be managed within existing budgets or declared as an overspend and then managed collectively. This has been set at £250k.

- 4.2 Reserves protocols and questionnaires must be sent to the Chief Accountant's Team within Finance for review and will be approved by the Corporate Director of Finance, Corporate Management Team and then by the Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services. Protocols should clearly identify contributions to and drawdowns from reserves, and these will be built into the MTFP and monitored on a quarterly basis.

Accessing reserves will only be for significant unusual spend, more minor fluctuations will be managed or declared as budget variances. In-year draw-downs from reserves will be subject to the governance process set out in the revised financial regulations. Ongoing recurring costs should not be funded from reserves. Any request contrary to this will only be considered during the budget setting process. The short term use of reserves may be agreed to provide time to plan for a sustainable funding solution in the following financial year.

Decisions on the use of reserves may be delayed until financial year end and will be dependent on the overall financial position of the council rather than the position of just one budget area.

The current Financial Regulations state:

Maintenance of reserves & provisions

A.24 The Corporate Director of Finance is responsible for:

- i. proposing the Council's Reserves Policy.
- ii. advising the Leader and the Council on prudent levels of reserves for the Authority when the annual budget is being considered having regard to assessment of the financial risks facing the Authority.
- iii. ensuring that reserves are not only adequate but also necessary.
- iv. ensuring that there are clear protocols for the establishment and use of each earmarked reserve. Reserves should not be held without a clear purpose or without a planned profile of spend and contributions, procedures for the reserves managements and control, and a process and timescale for review of the reserve to ensure continuing relevance and adequacy.
- v. ensuring that all renewals reserves are supported by a plan of budgeted contributions, based on an asset renewal plan that links to the fixed asset register.
- vi. ensuring that no money is transferred into reserves each financial year without prior agreement with him/herself.
- vii. ensuring compliance with the reserves policy and governance procedures relating to requests from the strategic priority and general corporate reserves.

- 4.3. All reserves are reviewed as part of the monitoring process, the budget preparation, financial management and closing of accounts processes. Cabinet is presented with the monitoring of reserves on a regular basis and in the outturn report and the Council will consider a report from the S151 Officer on the adequacy of the level of reserves in the annual budget setting process. The report will contain estimates of reserves where necessary. The Governance and Audit Committee will consider actual reserves when approving the statement of accounts each year.
- 4.4. The following rules apply:
- Any in year use of the General Reserve will need to be approved by Cabinet and any planned use will be part of the budget setting process.
 - In considering the use of reserves, there will be no or minimal impairment to the Council's financial resilience unless there is no alternative.
- 4.5. The Council will review the Reserves Policy on an annual basis.

Budget risks and adequacy of reserves

The assessment of budget risks and the adequacy of reserves is even more important for 2024-25 initial draft budget and the medium-term plan due to the priority to restore the council's financial resilience as set out in Securing Kent's Future – Budget Recovery Strategy". The strategy recognises that the current in-year overspend on the scale forecast and the underlying causes from rising costs most notably in adult social care, children in care and home to school transport represent a fundamental risk to the council's ability to set a balanced budget for 2024-25 and a sustainable MTFP to 2026-27. Those risks are assessed in more detail In this section of the budget. In the circumstances it is more essential than ever that the Council is sufficiently financially resilient to avoid the risk of financial failure leading to the Council losing the ability to manage its finances. This section includes a new and separate assessment of the current position of the council against the key symptoms of financial stress identified by CIPFA in its report entitled "Building Financial Resilience".

The administration's initial draft budget and MTFP is informed by the best estimate of service costs and income based on the information currently available. Publishing the initial draft in November inevitably means these estimates are longer range and thus more likely to change for the final budget or when actual costs are incurred. It is also acknowledged that this does not come without risks particularly as the recent trends for changes in key cost drivers makes forecasting them accurately under traditional incremental budgeting very difficult and we have not completed the full transition to an Outcomes Based Budgeting approach (which in any case would not in itself completely remove the risk from cost drivers). In addition, there will always be factors outside of the Council's direct control which have the potential to vary the key planning assumptions that underpin those estimates.

There are a number of significant risks that could affect either the cost of providing key services and/or level of service demand or its main sources of funding. In addition, there are general economic factors, such as the level of inflation and interest rates that can impact on the net cost of services going forward. Pressures from the main cost drivers and in some cases from service demand are evident in children's and adults social care, waste volumes, and home to school and special educational needs transport.

There are also opportunities to either reduce costs or increase income which will not, as yet, be fully factored into the planning assumptions. The main risks and opportunities are summarised below.

Risks

Cost of Living

- Extraordinary increases in the costs of goods and services procured by the Council
- Market instability due to workforce capacity as a result of recruitment and retention difficulties leading to exit of suppliers, increased costs, and supply chain shortages

- Increased demand for Council Services over and above demographic demands, including crisis and welfare support
- Reductions in income from fees and charges
- Under collection of local taxation leading to collection losses and reductions in tax base
- Claimants of Local Council Tax Reduction Scheme discounts

International Factors

- War in Ukraine and other conflicts causing instability
- Impact of the decision to leave the European Union
- Legacy impact of covid-19
- Ongoing supply chain disruption including energy supplies
- Breakdown of hosting arrangements under Homes for Ukraine scheme

Regulatory Risk

- **High Court ruling on Unaccompanied Asylum Seeking (UAS) Children** – the judgement that the council is responsible for supporting all UAS children arriving in the county until they are transferred under National Transfer Scheme impacts on the availability and therefore cost of carers for local children as well as risks of shortfalls in funding refugee schemes (see below)
- **Replacement Legislation and Regulation following Brexit** – including additional council responsibilities, impact on businesses and supply chains, and economic instability
- **Statutory overrides** – currently there are a number of statutory overrides in place which reduce short term risks e.g., high needs deficit, investment losses, etc. These are time limited and require a long-term solution
- **Funding settlements** - adequacy of the overall settlement and reliance on council tax over the medium term, and uncertainty over future settlements (especially beyond 2024-25)
- **Delayed Reforms to Social Care Charging** - uncertainty over future plans and funding, and providers' fee expectations
- **Other delayed legislative reforms** – impact on council costs and ability to deliver savings/spending reductions e.g. Extended Producer Responsibilities
- **Departmental Specific Grants** - Unanticipated changes in specific departmental grants and ability to adjust spending in line with changes
- **Asylum and Refugee Related** – increase in numbers of refugees (adults and families) accommodated within the community impacting on council services. Inadequate medium-term government funding for refugee schemes
- **New Burdens** – Adequacy of funding commensurate with new or additional responsibilities
- **Further delay of the Local Government Funding Review** - The government has committed to updating and reforming the way local authority funding is distributed to individual authorities. However, this has now been further delayed until 2025-26 at the earliest. The Fair Funding Review of the distribution methodology for the core grants

was first announced as part of the final local government settlement for 2016-17. The data used to assess funding distributions has not been updated for a number of years, dating from 2013-14 to a large degree, and even as far back as 2000.

General Economic & Fiscal Factors

- Levels of national debt and borrowing
- Inflation continues to be well above the government target for a sustained period with consequential impacts on contracted services (see below) and household incomes (including incomes of KCC staff)
- Economic recession
- Rise in unemployment
- A general reduction in debt recovery levels
- Reductions in grant and third-party funding
- Increase in fraud

Increases in Service Costs and Demand

- Long term impact of Covid-19 pandemic on clients and suppliers
- Higher cost for new clients coming into care than existing clients especially but not exclusively older persons residential and nursing care and children in care
- Adult Social Care demography from increased complexity
- Children's Social Care including sufficiency of Foster carers and numbers of UAS children or those with no recourse to public funds
- Significantly higher than the national average Education and Health Care Plans with consequential impact on both Dedicated Schools Grant High Needs placements/services and General Fund services for assessment and home to school transport
- Waste tonnage
- Public health services
- General demographic trends (including a rising and ageing population and growth in the number of vulnerable persons)

Contractual Price Increases

- Index linked contracts rise above budgeted amounts
- Containing locally negotiated contracts within the amounts provided in the budget
- Financial sustainability of contracted providers

Efficiencies and Savings Programme

- Slippage in the expected delivery of the savings programme
- Non-delivery of planned savings
- Shortfalls in income from fees and charges

Opportunities

- Growth in local taxbase for both housing and businesses
- Service transformation and redesign including digital services
- Invest to save approach to reduce revenue costs
- Service remodelling

Adequacy of Reserves

Reviewing the level of reserves the Council holds is an important part of the budget setting process. The review must be balanced and reasonable, factoring in the current financial standing of the Council, the funding outlook into the medium term and beyond, and most importantly, the financial risk environment the Council is operating in. The assessment of reserves is based on factors recommended by the Chartered Institute of Public Finance and Accountancy (CIPFA) as set out below together with an indication of the direction of travel (up arrow represents an improved position i.e., the risk is less than it was last year).

Assumptions for inflation



The direction of travel for this indicator was showing as deteriorating in last year's budget due to the historically high levels of inflation that arose during 2022. The annual rate of inflation (using CPIH) peaked at 9.6% in October 2022 and has been on a downward trajectory in the subsequent months (CPI peaked at 11.1% and RPI at 14.2% in October 2022).

The March Office for Budget Responsibility forecasts were for the rate of inflation to peak in quarter 4 of 2022 (CPI 10.7% in quarter 4 2022), before the rate of prices growth falls back reducing to 9.7% in quarter 1 2023, 6.9% quarter 2, 5.4% quarter 3, 2.9% quarter 4 and 1.5% quarter 1 2024. However, the rate of inflation in 2023 has not reduced as much as the March 2023 OBR forecast with reported CPI from Office for National Statistics (ONS) of 10.2% quarter 1, 8.4% quarter 2 and 6.7% quarter 3. Revenue spending subject to inflation is around £1.4bn so each 1% adds £14m to council costs. One of the principal reasons that inflation is not falling as much as forecast is due to the rise in petrol and diesel prices amid a sharp rise in in global oil costs over recent months offsetting falls in food price inflation.

The higher than forecast inflation is the reason why this measure is still showing as deteriorating for 2024-25 as it makes the impact on future price forecasts in budget plans uncertain and volatile.

Estimates of the level and timing of capital receipts



The Council uses receipts as part of the funding for the capital programme. The Council has not applied the flexible use of capital receipts to fund revenue costs since the 2018-19 budget and does not propose to use the permitted extension. Delivery of receipts against the target has continued to fall behind in recent years necessitating additional short-term borrowing/use of reserves.

Performance in the current year has been mixed with the rise in interest rates dampening large new-build housing developments. Although there is a reasonable pipeline of assets for disposal the risk profile for potential delays remains high therefore leading to a continued deterioration in this measure.

Capacity to manage in-year budget pressures and strategy for dealing with demand and service delivery in the longer term



2022-23 ended with a revenue budget overspend for the first time in 23 years. The net overspend in 2022-23 was £47.1m after roll forwards (3.9% of net revenue). Overspends before roll forwards were reported in Adult Social Care & Health (ASCH) of £24.4m, Children, Young People and Education (CYPE) of £32.7m, Growth Environment and Transport (GET) of £0.9m, Deputy Chief Executive Department (DCED) of £1.6m. These were partly offset by underspends in Chief Executive Department (CED) of £3.5m and Non-Attributable Costs and Corporately held budgets (NAC) of £11.8m

The most significant overspends were:

- £30.5m older persons residential and nursing care in ASCH
- £16.1m home to school transport in CYPE
- £9.9m children in care in CYPE

The most recent 2023-24 revenue budget monitoring presented to Cabinet on 5th October 2023 showed a forecast overspend of £37.3m before management action. This overspend was largely driven by higher spending growth than the £182.3m (excluding spending on externally funded activities) provided for in the budget. The largest overspends are in the same main areas as 2022-23 (adult social care, children in care and home to school transport). This is despite including additional spending in the budget for the full year effect of recurring spend from 2022-23 and forecasts for future price uplifts, increases in demand and cost increases unrelated to price uplifts.

At the same Cabinet meeting on 5th October 2023 a separate report “Securing Kent’s Future – Budget recovery Strategy” set out the broad strategic approach to providing reassurance on the necessary action to bring 2023-24 budget back into balance and the opportunity areas for further savings and avoidance of future cost increases over the medium term 2024-27.

However, until this strategic plan has been converted into detailed plans and these have been delivered managing in-year spending and spending growth over the medium term presents the most significant risk to

the Council's financial resilience and sustainability and therefore the highest rating of deterioration.

Strength of financial reporting and ability to activate contingency plans if planned savings cannot be achieved



There continues to be a reasonable degree of confidence in the validity of financial reporting despite the uncertainties and volatility as a result of overspends. However, the ability to activate contingency plans if planned savings cannot be achieved has to date been severely restricted as a result of these overspends, although every effort is being made to reduce the forecast overspend in 2023-24.

Reporting has been enhanced to include separate analysis of delivery of savings plans, treasury management and council tax collection. Further improvements are planned in terms of the timeliness of financial monitoring and reporting to ensure corrective action is taken as early as possible.

Some areas of spending can still be changed at short notice if required as a contingency response if planned savings cannot be achieved (or there are unexpected changes in spending). A significant plank of the 2023-24 recovery strategy is to reduce non committed spending for the remainder of the year. At this stage it is expected that managers across the whole organisation will exercise this restraint to reduce forecast spending for the remainder of the year. However, if this does not result in sufficient reductions to bring in-year spending back into balance further spending controls will have to be considered. These spending reductions are largely anticipated to be one-offs and will not flow through into 2024-25 or later years.

The increased focus on savings monitoring and delivery has had some impact and the majority of the overspend in 2022-23 and forecast for 2023-24 is due to unbudgeted spend rather than savings delivery, although savings delivery is still a contributory factor and remains a risk, this is no greater risk than in previous years, hence this measure has not been rated as deteriorating.

However, if the further savings necessary to bring 2023-24 back into balance are not proving to be achieved this measure would need to be reassessed for future drafts.

Risks inherent in any new partnerships, major outsourcing



Partnership working with NHS and districts has improved. However, further sustained improvements are still needed to change the direction of travel.

arrangements, and major capital developments

Trading conditions for Council owned companies continue to be challenging.

A number of outsourced contracts are due for retender and the Council is still vulnerable to price changes due to market conditions.

The ability to sustain the capital programme remains a significant challenge. It is essential that capital programmes do not rely on unsustainable levels of borrowing and additional borrowing should only be considered where absolutely essential to meet statutory obligations. This will impact on the condition of non-essential assets possibly resulting in the closure of facilities although the planned spending to limit modernisation programmes to essential measures to ensure buildings are safe warm and dry has proved to be inadequate and the programme needs to reflect a realistic level of spend on the assets the council needs to sustain necessary functions. Despite the action taken to limit additional borrowing, a third of the capital programme is still funded by borrowing. Slippage within individual projects remains an issue leading to lower than planned spending in the short-term but potentially higher medium to long term costs due to inflation. This slippage defers borrowing rather than reducing it.

The quarter 1 capital monitoring report showed a forecast net underspend on capital spending of £42.3m comprising net £8.2m increased spending on projects (real variance) and £50.5m reduction due to slippage. The real variance includes spending on grant and externally funded projects where funding has been announced after the capital programme was approved.

Financial standing of the Authority (level of borrowing, debt outstanding, use of reserves, etc.)



The financial standing of the Council has weakened significantly as a result of the overspend in 2022-23 that was balanced by the drawdown of £47.1m from general and risk reserves (39% of general reserve and all of the risk reserve). Usable reserves were also reduced through the transfer of £17m from earmarked reserves to Dedicated Schools Grant (DSG) reserve as part of KCC's contribution the Safety Valve agreement with DfE in March 2023 (with further transfer of £14.4m planned for 2023-24). Overall, the council's usable revenue reserves have reduced from £408.1m at 31/3/22 (40% of net revenue) to £355.1m at 31/3/23 (29.8% of net revenue) with further reduction to £316.3m (24% of net revenue) forecast for 31/3/24.

This forecast assumes 2023-24 revenue budget is brought back into balance by year end with no further draw down from reserves.

The reduction in usable reserves has significantly reduced the council's ability to withstand unexpected circumstances and costs, and reduced the scope to smooth timing differences between spending and savings plans. The levels of reserves now pose a more significant risk to the council's financial resilience than levels of debt. Levels of reserves are now considered to be the second most significant financial risk after capacity to deal with in-year budget pressures. Reserves will need to be replenished at the earliest opportunity and will need to be factored into future revenue budget plans.

The Council has an ongoing borrowing requirement of £1.1bn arising from its historic and ongoing capital expenditure, which is expected to remain broadly stable over the medium term. Most of this requirement is covered by existing external debt, which is forecast to decline gradually over the medium term (from around 72% in 2023/24 to 66% in 2026/27. The remaining portion is met via internal borrowing (namely the temporary use of internal cash balances in lieu of investing those balances with external counterparties).

Although the Council has been protected to a significant extent from the material increase in interest rates over the past two years (given that the majority of its borrowing requirement is already met by fixed rate debt) the higher rate environment has increased the expected costs of internal borrowing as well as costs associated with any new external borrowing over the near and medium term.

A small portion of the borrowing requirement (8.4% in 2023/24) is met via "LOBO" (Lender Option Borrower Option) loans. These instruments provide lower cost financing in exchange for giving the lender the periodic opportunity to reset the loan's interest rate. The Council manages the risks around these loans being "called" by restricting their use to only a minor portion of the borrowing portfolio and by avoiding any concentration in the loans' associated option dates.

In managing the structure of its borrowing (the balance between internal and external borrowing, and the portion of the latter that is made up of fixed-rate as opposed to variable-rate loans), the Council is chiefly concerned with risks arising from uncertainty around

interest rates as well as ensuring it has adequate liquidity over the medium term. The Council reviews its borrowing strategy formally on an annual basis to ensure its approach remains appropriate.

The Authority's record of budget and financial management including robustness of medium-term plans



The direction of travel for this factor was shown as deteriorating in the final budget presented to County Council on 9th February 2023 due to the quarter 3 monitoring for 2022-23 showing a significant £53.7m forecast revenue overspend. The overspend reduced a little by year-end to £44.4m before roll forwards (£47.1m after roll forwards). However, this was not sufficient to change the direction of travel bearing in mind the scale further of the forecast overspends for 2023-24.

The most significant cause of the overspends is higher than budgeted spending growth despite significant increases already factored into the budget. The need to include for the full year effect of current year overspends as a variance to the published medium-term plan means that the capacity to manage in-year budget pressures (highest rated risk assessment) is the most significant factor in MTFP variances rather than robustness of MTFP forecasts. This is the only reason that this particular assessment has not been shown as a significant deterioration with a double arrow. Nonetheless, the robustness of forecasts included in the MTFP does need improvement (hence this assessment is still showing a deterioration until these are improved).

The initial draft budget for 2024-25 and MTFP for 2024-27 is not balanced. As outlined in the budget report this was an acknowledged risk from the earlier publication of the draft for scrutiny. At this stage the unbalanced initial draft has not been taken into account in the assessment of this risk as there is a strategy agreed to bring future drafts into balance. Should that strategy not be successful this aspect would need to be reassessed as further deterioration in future drafts.

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Virement and year-end procedures in relation to under and overspends



The direction of travel for this factor was shown as deteriorating in last year's budget due to monitoring for 2022-23 forecast to overspend and ongoing issues with Whole Government Accounts. The forecast for 2023-24 is further forecast overspend and issues remain with Whole Government Accounts meaning there has not been sufficient progress to date to change the direction of travel on this assessment.

The Council continues to adhere to its virement and year end procedures as set out in its financial regulations. The Council's ability to close the year-end accounts early or even on time is becoming increasingly difficult. The audit certificate for 2020-21 was issued on the 4th September 2023, following confirmation that no further work was required on the Whole Government Accounts. The audit certificate for 2021-22 has not been issued due to the audit of the 2021-22 Whole Government Accounts being outstanding as the external auditors have prioritised the audit of the Council's 2022-23 accounts.

The draft outturn for 2022-23 was reported to Cabinet on 29th June 2023 outlining the main overspends and underspends together with roll-forward requests. This was presented alongside an update to the medium-term financial outlook. A net overspend of £47.1m was reported after roll forwards of £2.7m. The overspend was funded from a drawdown from earmarked and General reserves. The draft accounts for 2022-23 were published on 1st July 2023 and are still being audited. The audit is ongoing as there is still audit work to complete on group accounts and pensions.

The availability of reserves and government grants/other funds to deal with major unforeseen events



As identified in the assessment of the financial standing of the authority the levels of usable reserves have reduced at the end of 2022-23 and are forecast to reduce further by the end of 2023-34. Furthermore, a number of significant risks remain unresolved (including at this stage balancing 2023-24 revenue budget) which could impact on reserves and the assessment of their adequacy if solutions are not found.

The most significant risk to reserves in previous years has been identified from the accumulated and growing deficit on the DSG reserve largely from the overspending high needs support within the DSG. This has now been addressed over a number of years through the Safety Valve agreement with DfE. However, at this stage the Safety Valve agreement is a recovery plan that will be delivered over a number of years with spending on high needs support gradually bought back into balance with the available grant funding and the historic accumulated deficit cleared with contributions from DfE and local authority. However, this does not fully mitigate the risk as should the plan not be fully delivered there is a risk that DfE could withhold contributions and a residue deficit would remain.

The reserves forecast includes the transfer to the DSG reserve of the local authority contribution for 2022-23 and a further forecast transfer for the local authority contribution in 2023-24. Provision is included in the 2024-25 initial draft budget and 2024-27 MTFP for the remaining local authority contributions. The DSG reserve forecast also includes the DfE contributions for 2022-23 to 2027-28. These contributions together with the recovery plan to reduce the in-year deficit on high needs spending would see the accumulated deficit cleared by 2027-28. However, resolving this aspect of risk to reserves does represent £82.3m over the term of the agreement of the authority's resources which would otherwise have been available to mitigate other risks.

A new risk has arisen during the course of 2023-24 following the high court order that the Council must take all possible steps to care for all Unaccompanied Asylum Seeking (UAS) children arriving in the county under the Children Act 1989, unless and until they are transferred to other local authorities under the National Transfer Scheme. The council is currently in negotiation with Department for Levelling Up Housing and Communities (DLUHC), Home Office and Department for Education (DfE) over a funding package to support compliance with the judgement. To date the offer is circa £9m which is insufficient to cover forecast costs for caring for UAS children for the remainder of 2023-24 which if not resolved would leave a forecast deficit and no offer has yet been made for 2024-25. This combination poses a major threat to the Council's financial sustainability.

Although this DSG risk has been addressed the risk of the requirement for further draw downs if the 2023-24 current year spend and gaps in 2024-25 initial draft budget and 2024-27 MTFP and the overall forecast level of reserves means the assessment of this risk cannot yet show an improvement and could be a further deterioration'

A register of the most significant risks is published as part of the initial draft 2024-25 revenue budget, 2024-27 medium term plan and 2024-34 capital programme.

The general financial climate including future expected levels of funding



The Autumn Statement 2022 included departmental spending plans up to 2024-25 and high-level spending plans up to 2027-28. The plans for 2023-24 and 2024-25 included significant additional support for local government including additional grants and increased assumptions for council tax. These plans will be

updated in the 2023 Autumn budget which is scheduled for 22nd November.

The local government finance settlement only included individual grant allocations and core spending power calculations for 2023-24. The settlement did include council tax referendum levels for 2024-25 as well as the overall additional amounts for the main grants for 2024-25 but did not include individual authority allocations. Other departmental specific grants were not included in the settlement..

The Autumn Statement and local government finance settlement confirmed that the planned reforms to social care charging have been delayed until 2025. It is this delay that has enabled Government to redirect the funding allocated for social care reform as a short term increase in funding for current pressures in adult social care. A further tranche of funding for the Market Sustainability and Improvement Fund for workforce reform for 2023-24 and 2024-25 was announced in July 2023.

However, the inadequacy of medium to long term sustainable funding for adults social care remains, and the lack of certainty that the additional funding available in 2023-24 and 2024-25 will be baseline for subsequent years cause the assessment of this risk to remain as a neutral direction of travel at this stage. This can be reassessed following the 2023 Autumn Budget statement.

The long-awaited update and reform to the funding arrangements for local government have also been delayed again until 2025 at the earliest.

Despite increased certainty of funding for 2023-24 and 2024-25 medium term financial planning remains uncertain, particularly future spending and income forecasts . The plans for 2025-26 include a higher level of uncertainty. Plans can only be prepared based on prudent assumptions and forecasts for later years remain highly speculative.

The adequacy of insurance arrangements



The Council's insurance policies were reviewed for January 2022. A hardening market along with changing levels of risk has resulted in a rise in premiums, with some deductibles being increased to mitigate this. The implications of limiting capital borrowing to absolutely essential statutory services increases the risk of insurance claims where assets have not been adequately maintained. A fund audit confirms the levels of insurance reserve are

adequate, however as the corporate contribution to the fund is remaining unchanged more reliance will be placed on the reserve to balance insurance claims.

Of the eleven factors used to assess risk and the adequacy of reserves, only one has shown no change from twelve months ago (the strength of financial reporting and ability to activate contingency plans, and even this is conditional on delivering the contingency plans to bring 2023-24 spending back into balance), the remaining ten are still deteriorating. In the case of capacity to manage in-year budget pressures and strategy for dealing with demand and service delivery in the longer term and financial standing of the Authority (level of borrowing, debt outstanding, use of reserves, etc.) the deterioration is now at a severe level and cause for serious concern. There are aspects of these deteriorations as well as number of the others that are largely due to outside factors but still need to be managed and mitigated as much as possible. No weighting has been applied to the individual factors, but the general financial risk to the Council should now be regarded as substantially and severely increased compared with a year ago, which in turn, was increased from the year before.

The amounts and purposes for existing reserves have been reviewed to ensure the Council achieves compliance with Local Authority Accounting Panel (LAAP) Bulletin 99. This bulletin sets out the recommendations on the purposes for holding reserves. Reserves are split between general reserves (working balance to help cushion the impact of uneven cashflows/avoiding unnecessary temporary borrowing and contingency to cushion the impact of unexpected events/emergencies) and earmarked reserves to build up funds for known/predicted specific events.

The administration's initial draft 2024-25 budget includes a £16.4m net increase from changes in contributions and draw down from reserves. This is largely for the to replenish the draw down from general reserves in 2022-23 over two years 2024-25 and 2025-26 and provision for the local authority contribution to DSG reserve under the safety valve agreement. A full reconciliation of all the changes to contributions and draw down from reserves for 2024-25 is available through the detailed dashboard of budget variations.

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Appendix G: Budget Risks Register 2024-25

TOTAL	499.7
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Directorate	Risk Title	Source/Cause of Risk	Risk Event	Consequence	Current Likelihood (1-5)	Estimated Maximum Financial
						£m
Significant Risks (over £10m)						
CYPE	High Needs Spending	The Dedicated Schools Grant (DSG) High Needs Block does not meet the cost of demand for placements in schools, academies, colleges and independent providers.	The Safety Valve programme does not deliver the reduction to the in-year deficit on spending to support children with high needs as planned leading to a higher deficit	The Department for Education withholds its contribution towards the accumulated deficit and/or the increased overspend leaves a residue deficit. The government requires that the total deficit on the schools budget to be carried forward and does not allow authorities to offset from general funds anything above the amounts included in the Safety Valve agreement without express approval from Secretary of State. This approach does not resolve how the deficit will be eliminated and therefore still poses a significant risk to the council	4	150.0
ALL	Non delivery of Savings and income	Changes in circumstances, resulting in delays in the delivery of agreed savings or income	Inability to progress with plans to generate savings or additional income as scheduled, due to changing circumstances	Overspend on the revenue budget, requiring alternative compensating in year savings or temporary unbudgeted funding from reserves. Potential recurring budget pressure for future years.	4	103.1
CYPE	Unaccompanied Asylum Seeking Children	The High Court has ruled that the council is responsible for the care of all Unaccompanied Asylum Seeking (UAS) children arriving in the county until such time as they are transferred to other councils under National Transfer Scheme	Failure to reach agreement with government departments (Home Office and Department for Education) to cover all costs incurred by the council in supporting UAS children	Overspend on the revenue and or capital budgets, requiring alternative compensating in year savings or temporary unbudgeted funding from reserves. Potential recurring budget pressure for future years.	3	60.0
ALL	2023-24 potential overspend impact on reserves	Under delivery of recovery plan to bring 2023-24 revenue budget into a balanced position by 31-3-24.	Overspend against the revenue budget in 2023-24 required to be met from reserves leading to a reduction in our financial resilience	Insufficient reserves available to manage risks in 2023-24 and future years	3	37.3
ALL	Revenue Inflation	The Council must ensure that the Medium Term Financial Plan (MTFP) includes robust estimates for spending pressures.	Price pressures rise above the current MTFP assumptions and we are unsuccessful at suppressing these increases.	Additional unfunded cost that leads to an overspend on the revenue budget, requiring compensating in year savings or temporary unbudgeted funding from reserves. Potential recurring budget pressure for future years.	4	21.0

Appendix G: Budget Risks Register 2024-25

TOTAL	499.7
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Directorate	Risk Title	Source/Cause of Risk	Risk Event	Consequence	Current Likelihood (1-5)	Estimated Maximum Financial
ASCH / CYPE	Market Sustainability	The long term impact of Covid-19 is still impacting on the social care market, and there continues to be concerns about the sustainability of the sector. At the moment all areas of the social care sector are under pressure in particular around workforce capacity including both recruitment and retention of staff especially for providers of services in the community, meaning that sourcing appropriate packages for all those who need it is becoming difficult. This is likely to worsen over the next few months with the pressures of winter, and increased activity in hospitals. Throughout this year we have continued to see increases in the costs of care packages and placements far greater than what would be expected and budgeted for, due to a combination of pressures in the market but also due to the increased needs and complexities of people requiring social care support.	If staffing levels remain low, vacancies unfilled and retention poor, then repeated pressure to increase pay of care staff employed in the voluntary/private sector in order to be able to compete in recruitment market. At the moment vacancy level said to be 1 in 10.	Care Homes closures are not an infrequent occurrence and whilst some homes that close are either too small or poor quality others are making informed business decisions to exit the market. The more homes that exit in this unplanned manner further depletes choice and volume of beds which can create pressures in the system regarding throughput and discharge from hospital thus potentially increasing price.	5	20.0
ALL	Full year effect of current overspends	The Council must ensure that the Medium Term Financial Plan (MTFP) includes robust estimates for spending pressures.	Increases in forecast current year overspends on recurring activities resulting in higher full year impact on following year's budget (converse would apply to underspends)	Additional unfunded cost that leads to an overspend on the revenue budget, requiring compensating in year savings or temporary unbudgeted funding from reserves. Potential recurring budget pressure for future years.	4	20.0
ALL	Capital	Capital project costs are subject to higher than budgeted inflation.	Increase in building inflation above that built into business cases.	Capital projects cost more than budgeted, resulting in an overspend on the capital programme, or having to re-prioritise projects to keep within the overall budget. For rolling programmes (on which there is no annual inflationary increase), the level of asset management preventative works will reduce, leading to increased revenue pressures and maintenance backlogs.	4	18.3
CYPE	Market Sustainability	Availability of suitable placements for looked after children. Availability in the market for home to school transport, due to reducing supplier base and increasing demand.	Continued use of more expensive and unregulated placements, where it is difficult to find suitable regulated placements as no suitable alternative is available. The cost of transport contracts continues to increase above inflation.	Unfunded cost that leads to an overspend on the revenue budget, requiring compensating in year savings or temporary unbudgeted funding from reserves.	5	10.0

Appendix G: Budget Risks Register 2024-25

TOTAL	499.7
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Directorate	Risk Title	Source/Cause of Risk	Risk Event	Consequence	Current Likelihood (1-5)	Estimated Maximum Financial
						£m
ALL	Demand & Cost Drivers	The Council must ensure that the Medium Term Financial Plan (MTFP) includes robust estimates for spending pressures.	Non inflationary cost increases (cost drivers) continue on recent upward trends particularly but not exclusively in adult social care, children in care and home to school transport above the current MTFP assumptions and the council is not able to suppress these	Additional unfunded cost that leads to an overspend on the revenue budget, requiring compensating in year savings or temporary unbudgeted funding from reserves. Potential recurring budget pressure for future years.	4	10.0
Other Risks (under £10m - individual amounts not included)						50.0

Likelihood Rating

Very Likely	5
Likely	4
Possible	3
Unlikely	2
Very Unlikely	1

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From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
Richard Smith, Corporate Director Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 23 November 2023

Subject: **ADULT SOCIAL CARE PRESSURES PLAN 2023-2024 - INCLUDING URGENT AND EMERGENCY CARE GRANT FUNDING**

Decision Number: 23/00098

Classification: Unrestricted

Previous Pathway of Paper: Not applicable

Future Pathway of Paper: Cabinet Member decision

Electoral Divisions: All

Summary: The report will provide an overview of the current pressures faced by Adult Social Care and Health and the mitigating actions in place to ensure service continuity and resilience. The report focuses on outlining the strategic and operational response to a range of factors including COVID-19 and flu, vacancies in the health and social care workforce, waiting lists for care and support, winter pressures and budgetary pressures. The full Adult Social Care Pressures Plan 2023-2024 identifies the component elements of the directorate's response to the unprecedented pressures on the health and social care system and identifies owners for each of the response elements.

Kent County Council has also submitted a proposal to the Department of Health and Social Care to access £2.89m of the Locality Grant for Urgent and Emergency Care to strengthen the resilience of urgent and emergency care services this winter. This report seeks endorsement by the Adult Social Care Cabinet Committee to accept this funding.

Recommendations: The Adult Social Care Cabinet Committee is asked to **NOTE** the content of the report and the Adult Social Care Pressures Plan 2023 2024 and to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision attached as Appendix 1 to:

- a) **ACCEPT** the Urgent and Emergency Care Funding under the terms set out by the Department of Health and Social Care; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to develop plans and deploy the grant funding and take relevant actions, including but not limited to entering into and finalising the terms of relevant contracts or other legal agreements, as necessary to implement the decision.

1. Introduction

- 1.1 The Adult Social Care and Health (ASCH) Directorate has continued to operate in an extremely challenging environment throughout 2023, as it manages pressures associated with COVID-19 recovery, impacts of local authority budget pressures, cost of living impacts, increased demographic pressures of an ageing population and people living longer with more complex needs, alongside continued high workforce vacancy rates and turnover across the health and social care sector. Many of these are the same pressures faced by most other local authorities nationally, as a result of national rather than local factors.
- 1.2 The Adult Social Care Pressures Plan 2023-2024, attached as Appendix A, identifies the factors which are likely to impact the operating environment in the coming months and beyond, and the strategic and operational actions which are being taken to ensure directorate resilience.
- 1.3 The plan will be maintained as a live document which will enable adult social care to continually review its business processes and escalation procedures, ensure that risks and issues are addressed at an early stage and implement appropriate mitigations to support service continuity.

2. Context

- 2.1 Adult social care has historically faced system pressure during the winter period due to its interdependencies with the NHS, the need to support hospital discharges and increased demand for care and support during winter. In 2023/2024 adult social care is having to manage and navigate an unprecedented range of pressures across social care and health whilst continuing to operate in the context of high demand for services, budget pressures, market pressures and workforce issues both within our own social care workforce but also the wider care workforce across Kent.
- 2.2 Local authorities have seen increased budget pressures in recent years, which has impacted on the funding available for adult social care services. This is in the context of increased demographic pressures, with an ageing population and people living longer with more complex needs. Spend on adult social care increased during the COVID-19 Pandemic and these costs have remained high as providers try to secure a stable workforce and manage the increased costs associated with the cost-of-living crisis.
- 2.3 At the same time, the directorate is managing increased waiting lists for services due to the workforce pressures which are being seen across multiple sectors, but which are particularly acute in health and social care. Skills for Care figures for 2022-2023 indicated a vacancy rate of 152,000 jobs in adult social care services nationally, which represents approximately 9.9% of the total of adult social care. Turnover rates across the sector also remain high, at 28.3% with employers reporting that retention is now more difficult than before the pandemic.

- 2.4 The People at the Heart of Care, Adult Social Care Reform White Paper', published by the government in December 2021 acknowledged the historic challenges relating to social care funding pressures and sought to address some of the current disparity between funding for the NHS and social care. The white paper sets out the 10-year government vision for transforming adult social care within England. The three core objectives are that people have choice, control, and support to live independent lives; people can access outstanding quality and tailored care and support and people find adult social care fair and accessible.
- 2.5 In its Adult Social Care Committee report, A "gloriously ordinary life" spotlight on adult social care, The House of Lords stated that the Committee recognised that the Government had outlined a new vision for social care in its 'The People at the Heart of Care', Adult Social Care Reform White Paper and it applauded its ambition, however, that it falls short of providing a concrete and fully resourced programme of change, which is necessary to realise these ambitions. Many have made the case that so far, the funding announcements made since the publication of the White Paper have reduced expectations that the full ambitions of White Paper will be realised.
- 2.6 The County Councils Network (CNN) says health and social care services face a perfect storm of post-pandemic demand for care services, including requests for short-term care packages and community care, providers closing down, and wider pressure on the NHS.
- 2.7 In addition to financial and workforce pressures, there are concerns about the possibility of a higher than usual number of infections with seasonal flu (influenza) and the much talked about tripledemic of COVID-19, Flu and Respiratory Syncytial Virus (RSV) and the impact this will have on health and social care services when combined with normal seasonal illnesses. As well as increasing hospital admissions and demand for discharge and social care services, staff sickness is likely to impact health and social care workforce capacity during the winter months.
- 2.8 The totality of the challenges outlined above mean that adult social care faces a period of sustained pressure and must be proactive and agile in managing its response. The Adult Social Care Pressures Plan identifies a range of activities which will support both the directorate's own staff and services and Kent's provider market to ensure they have appropriate business continuity plans and risk mitigations in place to sustain service delivery.

3. Components of the Adult Social Care Pressures Plan 2023-2024

- 3.1 The Adult Social Care Pressures Plan 2023-2024 collates several component plans which outline the operational and tactical preparations and response to pressures, the strategic activities and the collaborative working being progressed with partner organisations and the provider market.

- 3.2 The Resilience and Emergency Planning section of the plan identifies a number of tools and mechanisms to support directorate resilience and business continuity, including the Operational Pressures Escalation Plan.
- As part of our continuing improvement cycle, lessons learnt from previous incident and exercises have been included in our ongoing programme of work, both to inform our review of identified risks, and to strengthen the tools and mechanisms we already have in place.
 - During Summer 2023 we have exercised Adult Social Care Service Business Continuity Plans against specific scenarios, including a no-notice power outage and loss of access to fuel. The outcomes have provided assurance of our resilience arrangements, identified further learning to be embedded, and allowed our services to practice response arrangements in a safe environment.
 - Live incidents in 2023 have included multi-agency responses to heatwaves, water outages and nursing home evacuations. All responses have been successfully completed and any subsequent learning documented to ensure improved resilience for future responses
 - Areas of risk for winter 2023/2024 and beyond have been identified and assessed to ensure appropriate controls and actions are in place, including loss of access to fuel, power outages, loss of access to key ICT systems. All service level Business Continuity Plans across operational services have been stress tested, Service Managers and their deputies have been exercised to ensure all key staff are aware of their responsibilities and are familiar with the tools and resources available to them.
- 3.3 The plans will be maintained as live documents throughout Winter 2023-2024 and the ASCH Senior Management Team will maintain oversight of their implementation and will escalate any concerns to the Corporate Director Adult Social Care and Health.
- 3.4 Adult social care is continuing to work in collaboration with system partners in developing Hospital Discharge pathways and integrated community support services that provide better outcomes for individuals and are more sustainable for the health and care system. Across Kent there is an established Discharge to Assess approach to support people back to their own home as quickly as possible and assess their ongoing needs in their home environment. In 2022-2023 we developed a model for integrated Transfer of Care Hubs in East Kent which have demonstrated that a true multi-disciplinary approach to discharge planning supports people to go to the right destination on discharge with the right care and support. It is a priority for 2023-2024 to further develop the Transfer of Care Hub model and roll out across North and West Kent.
- 3.5 Discharges from Mental Health Hospitals continue to be an area with ever increasing pressure. The increase in the level of complexity presenting in mental health services means that there continues to be pressures on acute mental health beds in Kent. Adult Social Care continues to work closely with Kent and Medway Social Care Partnership Trust (KMPT) in a collaborative approach to assessments and discharge planning.

- 3.6 Adult social care is remodelling the Area Referral Service, which acts as the first point of contact in the department. This is being co-produced, working with people who draw on care and support, communities and partner agencies to design and inform the service delivery. The Area Referral Service will have a preventative focus with approaches to prevent, reduce or delay the need for social care.
- 3.7 The Department of Health and Social Care (DHSC) invited Kent County Council to submit proposals to access £2.89m of the Locality Authority Grant for Urgent and Emergency Care to strengthen the resilience of urgent and emergency care services this winter. The intention of the grant is to provide targeted funding for local authorities in areas with the greatest urgency and emergency care challenges. The full terms are set out in the Adult Social Care Pressures Plan 2023-2024.
- 3.8 The funding will be targeted in areas of Kent with the most challenged performance (East Kent) of urgent and emergency care services and to address capacity gaps across the county. This will include increasing capacity in the Home First Offer and in step-down provision to enable further recovery, reablement and assessment outside of acute hospital environments and support admission avoidance; increasing capacity in the Rapid Transfers Dementia Service to support people with dementia to remain in their usual place of residence; additional social care staffing to support assessment services, Integrated Transfer of Care Hubs and brokerage; and expansion of Hospital Technology Facilitators and devices, and expansion of the voluntary and community services that are commissioned to support people on discharge from hospital. Further details are set out in the Adult Social Care Pressures Plan 2023-2024.
- 3.9 Adult social care, in agreement with the Kent and Medway Integrated Care Board, has submitted a proposal to support the resilience of urgent and emergency care services across Kent. The funding will be targeted in areas of Kent with the most challenged performance (East Kent) of urgent and emergency care services and to address capacity gaps across the county.
- 3.10 The Operational Capacity Management Plan for Winter 2023-2024 identifies the recruitment activities, extended working arrangements and staff redeployment contingency arrangements that will be implemented for adult social care teams throughout the winter period. These arrangements will enable continuity of service and will also ensure that extended working arrangements support partners in the health system to manage demand on their services and hospital discharges.
- 3.11 The plans for Adult Social Care's Commissioned Services encompasses work with Kent's provider market to support their short-term preparedness and resilience and seek to encourage long-term sustainability through market development. Activities under the Commissioned Services offer are aligned to preventative actions to keep people safe and well at home, supporting safe and timely discharge from hospital and helping people to recover and thrive in their own home. The System-Wide Market Pressures Activities include a broad range

of actions to reduce overall pressure on the market and system. The actions support demand management through utilising equipment and technology to manage lower-level needs and support a preventative approach.

- 3.12 The Adult Social Care Innovation Delivery Team has supported with the implementation of several new services to increase capacity in the system. These include the Digital Front Door and Digital Self-Assessment, Technology Enhanced Lives and supporting the Care Sector with a digitally enabled programme for proactive risk assessment and detection of deterioration of people in care homes.

4. Financial implications

- 4.1 KCC is seeing significant financial pressure in 2023-2024, as it did in 2022-2023. The most significant element of this pressure relates to the costs for older people in both long term residential and nursing care. There are also significant pressures in relation to supported living for younger adults with learning disability, mental health and physical needs. These financial pressures relate to increases in the numbers of people requiring support, the increased needs of individuals, along with the costs being higher for those new people requiring services.
- 4.2 This interdependency between health and social care remains important as a whole-system approach to the commissioning and funding of discharge services across the system is required. The System Discharge Pathways Programme will continue to work collaboratively with Kent and Medway Integrated Care Board (KMICB) to ensure best value for money and use of resources across the system.
- 4.3 The indicative allocation of the Urgent Emergency Care Support Fund for Kent County Council (KCC) is £2,892,188. This allocation has been calculated based on a share of the indicative £40 million funding that is proportional to KCC's adult social care relative needs formula share. The DHSC UEC Support Fund guidance and KCC's application are attached as Appendices B and C respectively.

5. Equalities implications

- 5.1 An equality impact assessment has been undertaken and is attached as Appendix D.

6. Legal implications

- 6.1 A Memorandum of Understanding (MoU) will be put in place for each local authority, setting out how the Urgent and Emergency Care Funding will be used and what information the local authority will be expected to provide to demonstrate impact and value for money. Local authorities will be asked to report on any discharge capacity they buy with this funding within their monthly Discharge Fund capacity returns. Local authorities will also be expected to

provide an interim report (in January 2024) to report on progress against planned spend and a final report in May 2024.

7. Other Corporate implications

- 7.1 The delivery of the Adult Social Care Pressures Plan 2023-2024 builds on the 'Adult Social Care Pressures Plan 2022-2023' and the lessons learned from partnership working, joint commissioning and contingency planning in that period. Lessons learned from the delivery of the Adult Social Care Pressures Plan 2023-2024 will be owned by the owners of the component plans and will be shared corporately where appropriate.

8. Conclusions

- 8.1 Adult social care faces considerable challenges in the coming months in terms of the collective impact of financial, workforce and health stressors on the system. Whilst robust plans have been tested and put in place to manage pressures across the health and social care system, there is a high level of concern about the level of pressure that services will face. The directorate will need to maintain an agile, collaborative and creative approach to respond to this unique set of circumstances and will continue to work closely with its partners to prioritise the health and wellbeing of Kent residents.
- 8.2 The Urgent and Emergency Care Support funding will be targeted in areas of Kent with the most challenged performance (East Kent) of urgent and emergency care services and to address capacity gaps across the county.

9. Recommendations

9.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **NOTE** the content of the report and the Adult Social Care Pressures Plan 2023-2024 and to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision attached as Appendix 1 to:

a) **ACCEPT** the Urgent and Emergency Care Funding under the terms set out by the Department of Health and Social Care; and

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

10. Background Documents

None

11. Report Authors

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

**Cabinet Member for
Adult Social Care and Public Health**

DECISION NO:

23/00098

For publication: Yes

Key decision: YES

Title of Decision: URGENT AND EMERGENCY CARE SUPPORT FUND

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:

- a) **ACCEPT** the Urgent and Emergency Care Funding under the terms set out by the Department of Health and Social Care and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to develop plans to deploy the grant funding and take relevant actions, including but not limited to entering into and finalising the terms of relevant contracts or other legal agreements, as necessary to implement the decision.

Reason(s) for decision: In July 2023 the Department of Health and Social Care (DHSC) announced £600m of funding over two years to enable local authorities to go further in improving adult social care capacity. In that announcement, the DHSC said that it intended to make £30m of this funding available this year to local authorities in areas with the greatest health and care challenges. The DHSC subsequently increased the available funding by £10m to provide for a £40m fund. The £40 million will enable selected local authorities to support urgent and emergency care performance and resilience for residents over the winter period. The intention is to provide targeted funding for local authorities in areas with the greatest urgent and emergency care challenges.

Local authorities were invited to develop proposals, in which they were expected to agree with the relevant Integrated Care Board (ICB) and provide evidence of ICB views on the proposals in their application form.

Assessment criteria for proposals:

- Impact on urgent and emergency care resilience and performance over the winter period, whether by helping prevent avoidable admissions or by reducing discharge delays
- Are deliverable over the winter 2023/24 period
- Are additional to existing LA expenditure and capacity plans and linked to NHS winter surge plans and Better Care Fund demand and capacity plans, for example by addressing gaps identified in those plans. Section 151 officers will be required to assure that funding has been used to purchase additional services and capacity in line with the MoU

Adult social care, in agreement with the Kent and Medway Integrated Care Board, has submitted a proposal to support the resilience of urgent and emergency care services across Kent. The funding will be targeted in areas of Kent with the most challenged performance (East Kent) of urgent and emergency care services and to address capacity gaps across the county.

Financial Implications: The indicative allocation for Kent County Council (KCC) is £2,892,188. This allocation has been calculated based on a share of the indicative £40 million funding that is

proportional to KCC's adult social care relative needs formula share.

Legal Implications: A Memorandum of Understanding (MoU) will be put in place for each local authority, setting out how funding will be used and what information the local authority will be expected to provide to demonstrate impact and value for money. Local authorities will be asked to report on any discharge capacity they buy with this funding within their monthly Discharge Fund capacity returns. Local authorities will also be expected to provide an interim report (in January 2024) to report on progress against planned spend and a final report in May 2024.

Equalities implications: A full equality impact assessment has been undertaken as is included within the Adult Social Care Pressures Plan 2023/2024.

Data Protection implications: There are no anticipated data implications associated with this decision.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 16 November 2023 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected: The alternative was to not submit a proposal, however this would have a significant negative impact on the resilience of urgent and emergency care services in Kent over the winter period.

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

.....
signed

.....
date

Adult Social Care & Health

Adult Social Care Pressures Plan 2023-24

Author: Jim Beale

Owner: Richard Smith

Version No: 6.0

Purpose:

The Adult Social Care Pressures Plan describes the actions on all the key activities in place, as the directorate prepares for anticipated levels of increased pressure in coming months.

VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Owner's Name
Draft 1.0	26.09.23	First draft – incorporating key updates and gaps	Jade Caccavone
Draft 2.0	28.09.23	Second Draft – Business Resilience updates added and Innovation Team developments	Jade Caccavone
Draft 3.0	04.10.23	Third Draft – Updates from Policy and IDT added	Laura Prentice
Draft 4.0	11.10.23	Fourth Draft – Updates from PH, Strategic Commissioning and ARS	Laura Prentice
Draft 5.0	13.10.23	Market pressures updated Cost of living updated Conclusion and context updated Hospital discharge updated	Sydney Hill Jim Beale Laura Prentice
Draft 6.0	23.10.23	Amendments made following DMT	Sydney Hill

Version	Date Issued	Brief Summary of Change	Owner's Name
		recommendations	

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1 Introduction and Context

Current Context

Adult Social Care and Health (ASCH) in Kent is having to manage and navigate an unprecedented range of pressures across social care and health in 2023/2024 whilst continuing to operate in the context of high demand for services, budget pressures, market pressures and workforce issues both within our own social care workforce but also the wider care workforce across Kent. Therefore, it is absolutely essential to have in place robust contingency planning that documents these issues, risks and pressures and evidences how ASCH, and where applicable partners, can mitigate these to support ASCH to ensure high quality and safe services to the people we support, but to also be clear where the risks are to ASCH being able to do this.

From a Public Health perspective both vaccination and natural infection with COVID has produced widespread immunity among care home residents protecting care homes from significant outbreaks. However, the immunity wanes with time and the immunity decreases much faster in the elderly who are the majority of the care home residents. We have also had other outbreaks of infectious diseases including Noro virus so there continues to be a need to carefully monitor and take mitigating action where required. However, this is hampered by the lack of national reporting in this area post pandemic.

Local Authorities nationally have seen increased budget pressures in recent years, and Kent ASCH has been particularly affected by a range of factors that have put significant pressure on its budget. Kent is having to work in the context of increased demographic pressures, with an ageing population and people living longer with more complicated needs coupled with a provider market that is not stable at present and is putting significant cost pressures on the ASCH budget. Spend on Adult Social Care increased during the pandemic and these costs have remained high as providers try to secure a stable workforce and manage the increased costs associated with the cost of living crisis. Coupled with this are the increased levels of demand and complexity of need.

Adult Social Care now faces a significant budgetary challenge for 2023/24, as does the wider Council, and this will continue into 2024/25 whilst simultaneously having to manage increased demand and residents having to wait longer for assessments and services due to the workforce pressures which are being seen across multiple sectors but are particularly acute in health and social care.

Following the pandemic, we have now returned to 'normal', however, the health and social care workforce and system remains under significant strain nationally, with demand outstripping capacity. The NHS continues to have significant backlogs of people waiting for elective surgeries and treatment and there are large vacancy rates in both workforce populations. The Skills for Care 2022-23 State of Care report shows some 'green shoots' with the vacancy rate having fallen from 10.6 to 9.9% in the year to March 2023. However, the workforce challenges have not gone away and there are still estimated to be around 152,000 vacant posts in Adult Social Care nationally with the turnover rate remaining high at 28.3%. NHS Digital statistics also showed that as of

June 2023 the NHS in England has a vacancy rate of 8.9% which is a slight decrease from 9.7% in June 2022.

Given the continued vacancy rates and difficulties in recruitment across the social care sector, there is inevitably concern about the impact on service delivery and provision of care this winter. ASCH has seen some positive improvements in relation to workforce challenges in the care and support in the home market with the pressure in terms of people waiting for care and support in the home having eased since the beginning of the year with the number of people waiting for a homecare package at the beginning of September remaining below the weekly average for the year. When compared to the same period last year there has been 66% decrease in the number of people waiting for care and support in the home, with a 75% decrease in the number of people waiting for more than 15 days. The number of people waiting for care and support in the home still remains relatively high compared to 2020-2021 averages. The pressures remain largest in East Kent (particularly in Thanet) with 76% people waiting for care and in support in the home living in East Kent and 45% people living in Thanet.

The People at the Heart of Care, Adult Social Care Reform White Paper', published by the government in December 2021 acknowledged the historic challenges relating to social care funding pressures and sought to address some of the current disparity between funding for the NHS and social care. The white paper sets out the 10-year government vision for transforming adult social care within England. The three core objectives are that people have choice, control, and support to live independent lives; people can access outstanding quality and tailored care and support and people find adult social care fair and accessible.

Even so, significant and persistent challenges prevail which have received attention from notable bodies including the House of Lords. In its Adult Social Care Committee report, A "gloriously ordinary life" spotlight on adult social care, it was stated that the Committee recognised that the Government had outlined a new vision for social care in its recent White Paper and it applauded its ambition, however, that it falls short of providing a concrete and fully resourced programme of change, which is necessary to realise these ambitions. Many have made the case that so far, the funding announcements made since the publication of the White Paper have reduced expectations that the full ambitions of White Paper will be realised.

The COVID-19 pandemic has had the effect of accentuating these challenges. The extent of the challenges is laid bare by the Association of Director of Adult Social Service's (ADASS) 'Time to Act Report' a roadmap for reforming care and support in England, noted that the government funding for local authorities fell by 55 percent between 2010/11 and 2019/20. Workforce challenges characterised by high vacancy rates among care providers have risen sharply and there are now estimated to be 152,000 vacancies in 2022/23 with a turnover rate higher than in the wider economy.

More people are requesting support and on current trends requests for care are expected to exceed two million in 2022/23. The impacts on people who have cause to draw on care and support are very real with too much unmet, under met and wrongly

met need. The quality and consistency of services also remain a pressing issue that is compounded by local authorities having to deal with an increased number of people with complex needs that require support, creating high levels of unmet need.

The increasing pressure on unpaid carers is also recognised including financial, emotional and the physical breaking down of support. It is estimated that there are between 4.2 million and 6.5 million unpaid carers in the UK, with the actual figure likely to be much higher. The average person now has a 50% chance of becoming an unpaid carer by the time they reach 50. Some calculations indicate that unpaid care may have a value of up to £132 billion per year, a figure which is equivalent if not greater than the annual NHS England budget.

The latest insights from the Office of National Statistics show that the cost of living has continued to rise in the UK in response to amongst other things the conflict in the Ukraine and recovery from Covid-19. The cost-of-living crisis presents a significant challenge to the country and its economy with rising energy costs, increases in food, transport and day to day prices rising significantly. These increased living costs will be particularly impactful for people on lower wages, which includes a large proportion of the adult social care workforce. This workforce is historically mobile and likely to seek opportunities in other sectors where wages will be equitable or higher, such as retail and hospitality.

The results of the ADASS Spring Survey 2023 showed that according to Directors across Adult Social Care, rising overheads such as rents, food and electricity, workforce challenges and a lack of care providers in the market continue to be the key factors driving the increasing cost of care.

Whilst acknowledging that the primary responsibility for easing the cost-of-living crisis at the population level sits with Government, Adult Social Care will continue to support and work with the support programmes that Kent County Council (KCC) has in place, these include the financial hardship programme, use of KCC's community services and working with our statutory and voluntary partners in a joined up way to ensure that we are helping vulnerable residents in Kent with financial hardship and cost-of-living issues.

Winter 2023-2024 Challenges

This winter there are concerns regarding respiratory illnesses especially in the care home settings residents including COVID-19, influenza, and Respiratory Syncytial Virus (RSV). A new variant BA.2.86 emerged in August 2023 which caused an outbreak in a Norfolk care home with an unusually high attack rate. In light of this variant the autumn COVID vaccination programme started early and is currently ongoing. The adult covid and flu vaccination programmes had been due to start in October to maximise protection over the winter months, but now those most at risk including adult care home residents, vaccination started on 11th September. The NHS has been asked to bring the programme forward and will be working quickly to ensure as many eligible people as possible are vaccinated by the end of October.

Residents of older adult care homes and those most at risk including those who are immunosuppressed will receive their covid vaccine first. This is due to their age and multiple health conditions care home residents were the first to be offered the vaccine. ASCH is working with NHS partners to ensure high coverage of COVID-19 vaccination. As the pandemic has subsided and with reasonable immunity in the population, the eligibility criteria for both COVID-19 and flu have changed. The main change this year is that only those aged 65 and over are offered the vaccines. Most of the other criteria remain unchanged from last year.

There has been gradual reduction in those testing positive and hospital admissions due to COVID-19. Cases have declined from the peak of 8000 per day in October 2022 to around 200 in July 2023. This has risen in recent months with over 2000 cases per day in September 2023. Similarly, hospital admissions have declined from 8000 per week in October 2022 to 3000 in September 2023. Hospital admissions and deaths currently remain far below the levels of previous waves of the pandemic.

As of Friday, 29 September 2023 a total of 2,357,222 COVID-19 and 3,762,591 flu vaccinations have been administered by NHS in England since the start of the autumn campaign on 11 September 2023. More than 6,000 care homes across the country have been visited to date, representing over a third of all care homes.

However, we continue to prepare for the possibility of a higher than usual number of infections with seasonal flu (influenza) that are expected this winter and the much talked about triplememic of COVID-19, Flu and RSV. UK Health Security Agency is promoting both flu and COVID-19 vaccination to ensure high uptake among those meeting the Joint Committee on Vaccination and Immunisation group criteria and KCC Public Health and ASCH are supporting this initiative. We will continue our efforts to ensure that that front-line health and care staff get vaccinated for both COVID-19 and flu this autumn and support staff in this.

Additionally, health and social care services are already managing large backlogs and waiting lists for care and support services. In the NHS, elective procedures are being delayed and people continue to report challenges in accessing primary care services, which historically results in increased pressure on Accident and Emergency services. Industrial action in the NHS by junior doctors and consultants is further adding pressure on the NHS waiting lists.

Overall, as it happens in most winters, there is a high level of concern about the levels of pressure on health and care services this winter. Respiratory infection rates are likely to create higher levels of staff absences and the effects of the cost-of-living crisis on staff recruitment and retention will also be a key factor to consider in our efforts to provide the best quality services to our population.

The following plan sets out the ASCH Directorate's own escalation plans and contingency actions, to ensure that high-quality, safe and timely support is provided to everyone who needs it, whilst maintaining systems that can react quickly to a range of variables and rapidly changing circumstances. Adult social care will need to draw on

lessons from 2022-2023 maintain an agile and responsive approach and continue to work collaboratively with health partners to make best use of resources across the system.

The purpose of the 'Adult Social Care Pressures Plan 2023-2024' is to provide a clear and concise summary of all the key activities in place, as the directorate prepares to manage ongoing pressure on health and social care services. The main elements of the plan have been outlined in the table below. This plan will be kept under review during the coming months and updated as appropriate as arrangements are continually reviewed in response to changing circumstances. In line with the review of the Pressures Plan 2022-2023 the effectiveness of this plan will be reviewed to ensure that lessons learned are built into future plans.

Section	Activity Title	Description	Activity Lead(s)
2	Resilience and Emergency Planning, including the Operational Pressures Escalation Plan	The Emergency Resilience and Planning section outlines the tools and plans in place to respond to incidents or surges in demand across the Kent and Medway Health and Social Care System.	John Callaghan Paul Bufford
3	Hospital Discharge and Community Support	This programme of work seeks to work collaboratively with health partners to jointly commission services, promote a whole-system approach to decision-making and improve value for money for Kent residents, underpinning Government hospital discharge policies.	Sydney Hill
4	Operational Capacity Management Plan for Winter 2022-2023	The Operational Capacity Management Plan for winter aims to: <ul style="list-style-type: none"> Assess the likely operational impact of additional demand and setting out plans for additional staffing to manage the likely demand. Identify the financial resources required to fund additional capacity and operational costs and how this will be funded. 	Service Managers
5	Commissioned Services	This section lays out the Strategic Commissioning activities which have been identified to support and build the resilience of the adult social care provider market, including the System-Wide Market Pressures Action Plan.	Simon Mitchell
6	Financial Implications	This section lays out the funding streams which have been made available to KCC to support the Winter Plan and resilience activities.	James Mackintosh
7	Risk Management	This section identifies the risk management protocols that are in place, how they will be kept under review during the winter period and the risk owners.	ASC Directorate Management Team

Table 1: ASC Pressures Plan 2022/2023

2 Resilience and Emergency Planning

The ASCH Directorate Resilience Group maintains oversight of the business continuity, emergency planning, and related resilience workstreams on behalf of the Directorate Management Team. The group provides a forum for the two-way flow of information between all Adult Social Care and Health operational teams, services, and business partners, under the chairmanship of Jim Beale, Director of Adult Social Care. The following schemes and initiatives have been brought forward this year to enhance resilience:

Table 2: Resilience and Emergency Planning arrangements

Deliverable	Objective	Timeline
Service Business Continuity Planning	<ul style="list-style-type: none"> to ensure resilience plans align to locality / community operating model across operational teams from April 2023 	Completed April 23
Service power outage exercise programme	<ul style="list-style-type: none"> to test the operational response to no-notice power outages at in-house residential services to embed lessons learned from multi-agency exercise Lemur (November 2022) and exercise Mighty Oak (March 2023). to highlight areas for improvement to be included in KCC Power Outage Response Plan under development 	Completed August 23
Adverse Weather Plan	<ul style="list-style-type: none"> to ensure KCC Adult Social Care and Health Directorate can respond appropriately to periods of adverse / severe weather. to align guidance to national severe weather framework published by UKHSA in 2023 	Completed Sept 23
Operational Pressures Escalation Plan	<ul style="list-style-type: none"> to ensure KCC Adult Social Care and Health Directorate responds appropriately to surges in demand across the Kent and Medway Health and Social Care System. to align guidance to national framework published by NHS England in 2023 	Completed Sept 23

Debrief report and action plan addressing outcome of care home evacuation incident	<ul style="list-style-type: none"> to ensure lessons arising from the way this incident was handled are taken forward and recommendations are implemented 	Due Oct 23
Service fuel supply disruption exercise programme	<ul style="list-style-type: none"> to test operational response to fuel supply disruption to embed lessons from previous incident in September 2021 to highlight areas for development of multi-agency policy 	Due Nov 23
Review of critical dependencies and risk assessment approach completed to inform future priorities.	<ul style="list-style-type: none"> to embed the management process for scanning for developing risks and issues and maintaining oversight of the mitigations and controls for business disruption 	Due Nov 23
Review of systematic process to identify and address key themes and embed learning, notable practice and recommendations arising from incident and exercise debriefing	<ul style="list-style-type: none"> to ensure lessons arising from incidents, exercising and training activity are cross-referenced to identify common themes to inform future programme development and / or address through KCC-wide and multi-agency working. 	Due Nov 23

The ASCH Directorate continues to work with internal and external providers to increase resilience. Workstreams are well established to ensure:

- The directorate's resilience priorities are agreed and monitored through annual programmes of work and through regular reporting
- Horizon scanning for threats and risk to the delivery of Adult Social Care and Health services are maintained
- The directorate's risk assessment of business disruption, controls and actions are current and holistic
- The directorate's suite of resilience plans are regularly reviewed and validated
- The directorate is engaged in training and exercising to ensure the appropriate level of preparedness is maintained
- Post-incident and exercise debrief reports are considered, and recommendations are taken forward through annual programmes of work
- The directorate is appropriately engaged in Local Health Resilience Partnership (LHRP) and the Kent Resilience Forum (KRF) and subgroups

- The directorate's priorities are adequately reflected in KCC and multi-agency programmes of work
- Information relevant to Business Continuity and Emergency Planning is collected and disseminated to ensure managers and staff across the directorate recognise and are aware of their responsibilities and are ready to deliver in response to emergencies and business interruption.

The Operational Pressures Escalation Plan ensures the ASCH Directorate responds appropriately to surges in demand across the Kent and Medway Health and Social Care System. The objectives of the Operational Pressures Escalation Plan are as follows:

- Provide information about the national operating frameworks and service requirements
- Describe the monitoring and reporting arrangements in place, to provide early warning of surge pressures
- Inform staff about the national, regional, and local processes and procedures to be used to manage a surge in demand
- Identify roles and responsibilities for services, teams, and individuals
- Describe the actions required in response to surges in demand.

The Operational Pressures Escalation Plan, which has been deployed successfully for a number of years has been updated to reflect changes to the national framework published by NHS England in 2023.

Teams also have individualised continuity plans which will be activated in the event of a serious or catastrophic incident. These act in accordance with KCC's legal duties under the 'Civil Contingencies Act 2004' and are aligned to corporate business continuity plans.

3 Hospital Discharge and Community Support

Hospital Discharge

Adult Social Care is continuing to work in collaboration with system partners in developing Hospital Discharge pathways and integrated community support services that provide better outcomes for individuals and are more sustainable for the health and care system.

Across Kent there is an established Discharge to Assess approach to support people back to their own home as quickly as possible and assess their ongoing needs in their home environment. In 2022-2023 we developed a model for integrated Transfer of Care Hubs in East Kent which have demonstrated that a true multi-disciplinary approach to discharge planning supports people to go to the right destination on discharge with the right care and support. It is a priority for 2023-2024 to further develop the Transfer of Care Hub model and roll out across North and West Kent.

KCC and Kent Community Health Foundation Trust (KCHFT) have worked in partnership to develop and recruit joint health and social care support worker posts in East Kent and implemented a Home First model. Home First is a reablement focused

intervention to support people on discharge from hospital to recover and to regain and promote independence. This approach provides people with better outcomes and reduces the dependencies on statutory provision, releasing capacity back into the market.

People should be supported to be discharged home, or their usual place of residence, as much as possible but where people need a further period of recovery, assessment or reablement provision is available to support people to “step down” from acute hospitals into a community bedded provision. It is an ambition in Kent to ensure these services support an individual’s recovery, be strengths based and promote independence.

There is a Technology Hospital Facilitator working in each hospital across Kent. This service is funded by NHS England and is being independently evaluated. Technology Facilitators explore with health and patient, family and carers how technology can be used to enable someone to be discharged more timely from hospital. Since the project went live at the end of July, 70 people have been supported to return home more quickly by having technology as part of the support. Awareness and confidence in the role of technology is now building and referrals for this service is increasing with 15 referrals in one hospital in one day. The types of technologies being used:

- Smart Speaker – to set prompts and reminders.
- Motion Sensor Lights - To reduce the risk of the falls by automatically coming on when motion was detected.
- PIR Motion Sensor, used for a carers in once case to enable quality sleep and reduce the risk of carer burnout. The motion detector was place in the hallway and would alert the carer in the event of the person they care for getting up during the night.
- Hydration reminder cup which encourages more fluid intake by regularly prompting the person to have a drink.

Local Authority Grant for Urgent and Emergency Care

On 8 September 2023 the Department of Health and Social Care (DHSC) invited Kent County Council to submit proposals to access £2.89m of this fund to strengthen the resilience of urgent and emergency care services this winter. The intention of the grant is to provide targeted funding for local authorities in areas with the greatest urgency and emergency care challenges.

The criteria for the grant are:

- Schemes demonstrate an impact on urgent and emergency care resilience and performance over the winter period, whether by helping prevent avoidable admissions or by reducing discharge delays
- Schemes are deliverable over the winter 2023/24 period
- Schemes are additional to existing LA expenditure and capacity plans and linked to NHS winter surge plans and Better Care Fund demand and capacity plans, for example by addressing gaps identified in those plans. Section 151 officers will be required to assure that funding has been used to purchase additional services and capacity in line with the MoU

The grant funding will be used to enhance existing schemes and support the resilience of urgent and emergency services across Kent this winter. The funding will be targeted in areas of Kent with the most challenged performance (East Kent) of urgent and emergency care services and to address capacity gaps across the county in the following areas:-

1. Increase the Home First offer to provide services to support reablement and recovery for people leaving hospitals and for admission avoidance. This will support acute and community hospital “flow” and improved outcomes for people.
2. Increase capacity in step-down provision for people with complex needs, including dementia, to enable further recovery, reablement and assessment period outside of acute hospital environments. This will include bed-based provision as well as more intensive homebased community provision.
3. Increase capacity in Rapid Transfers Dementia Service for East Kent to provide community support for people with dementia to support more people with dementia to return to their usual place of residence on discharge from hospital and reducing risk of people with dementia being readmitted to hospital by providing more intensive support.
4. Additional social care staffing. This will focus on a) increased assessment services to reduce waiting times for assessment, including in step down facilities to support “flow”; b) support for the development of Integrated Transfer of Care Hubs across the county and c) Increased brokerage working with the market to identify appropriate longer-term provision of care for people with complex needs including mental health, improving system flow.
5. Expand the Voluntary and Community Sector “Take Home and Settle” service to support people with lower levels of social care needs to settle back in their homes following discharge.
6. Extend acute hospital-based Technology Facilitators and technology devices that enable people to more independently manage their health and social care needs on discharge from hospital.

A Memoranda of Understanding will be put in place, setting out how funding will be used and what information the local authority will be expected to provide to demonstrate impact and value for money. Local authorities will be asked to report on any discharge capacity they buy with this funding within their monthly Discharge Fund capacity returns. Local authorities will also be expected to provide an interim report (in January 2024) to report on progress against planned spend and a final report in May 2024.

The DHSC Guidance and ASCH's application to the fund can be found in Appendices C and D respectively.

Mental Health Discharge

Discharges from Mental Health hospitals continues to be an area with ever increasing pressure. The increase in the level of complexity presenting in mental health services means that there continues to be pressures on acute mental health beds in Kent. The current number of people clinically ready for discharge in the county is 44 (23 October 2023). This cohort of people have the most complex needs that cut across statutory partners. The pressure on acute beds is also exacerbated by the fact that there are limited crisis pathway preventing admission and also limited pathways post admission.

Adult Social Care continues to work closely with Kent and Medway Social Care Partnership Trust (KMPT) in a collaborative approach to assessments and discharge planning.

Preventative approach to Community Support

Adult Social Care is remodelling the Area Referral Service which acts as the first point of contact in the department. This is being co-produced, working with people who draw on care and support, communities and partner agencies to design and inform the service delivery. The Area Referral Service will have a preventative focus with approaches to prevent, reduce or delay the need for social care:

Prevent: primary prevention/promoting wellbeing, e.g. provide universal access to good quality information

Reduce: secondary prevention/early intervention e.g. adaptations to housing to improve accessibility to provide greater assistance, access to assistive technology

Delay: tertiary prevention/formal intervention aimed at minimising the effect of disability or deterioration for people with established or complex health conditions

4 Operational Capacity Management Plan for Winter 2023- 2024

Winter planning actions across the ASCH Directorate have been reviewed from the 2022-2023 plan and identified areas to maintain continuity of provision to meet the anticipated demands of winter 2023-2024:

County Placement Team

The County Placement Team will be resourced to deliver weekend and bank holiday working to support reduced length of stay in hospital for people medically fit for discharge.

Kent Enablement at Home

Kent Enablement at Home (KEaH) aims to ensure that people are able to remain at home with the appropriate levels of support with the emphasis on enablement and not for people to remain or move into long term placements.

In direct response to the current hospital and community team's pressures several actions are being taken:

1. East Kent KEAH teams are accepting referrals direct from the acute trusts, along with community hospitals, and as appropriate bridging people who have been waiting on a health discharge service, when they are social care support only.
2. Working with Kent Community Health (KCHFT) to develop the Home First health and social care integrated team to support pathway 1.
3. Joining Integrated Triage calls for the Area Referral Service to ensure that everyone has the opportunity to be considered for enablement at point of entry into social care. Also joining community team integrated triage calls to support to identify those who have missed this opportunity, those awaiting an assessment and those due / overdue a review.
4. Supporting with Bridging for those ending on Hilton and awaiting CSiH, to further enable the person and also reduce the current bridging costs.
5. Supporting people waiting an Occupational Therapy Assistant assessment through a trusted assessor.

All staff are being actively encouraged to take up the Flu and Covid vaccinations / boosters.

Risk assessments will continue to be completed for all staff and service users.

Where a critical major incident occurs, KEaH will activate their Business Continuity Plan.

KEAH will continue to act as 'Provider of Last Resort' supporting 'handbacks', carer breakdown and situations in crisis.

Operational Support to Hospital Discharge Pathways

The Short-Term Pathways Teams (STP) work with health to ensure people receive the right support when discharged from both acute and community hospitals.

11 Occupational Therapy Assistants (OTA) have been recruited across the county. They work alongside the OTs within the STP to support people on their discharge from hospital pathway; to reduce deconditioning, review moving and handling to reduce the level of carer support needed longer term for those in the community. Also supporting people in short term beds to improve levels of ability and enable them to return in a safe and timely way. Better outcomes for people, better outcomes for social care. The predicted cost of this additional resource is £363,000. This service continues to be developed and has proven positive outcomes for people in promoting and supporting their independence. There has also been a positive impact on the home care market by using availability in the most efficient way and freeing up capacity back into the system.

East Kent – 3.6 x Registered Practitioners/ Social Workers have been recruited via agency staffing to provide additional assessment capacity to support assessment of those discharged from hospital to short term beds. These posts are also supporting

our in house short stay beds to ensure people move through the service in a timely way with the best outcomes.

Area Referral Service

Following the transition to the Locality Operating Model in April 2023 the Area Referral Service is now locally deployed across the 4 main areas of North Kent, West Kent, Ashford and Canterbury, and Thanet South Kent Coast. Social Worker resource has been added to the teams to ensure that referrals and safeguarding concerns are actioned appropriately at contact minimising the need to transfer to other teams. Following extensive research with other local authorities, and working alongside our community team managers, our remodelling work continues as part of ASCH's continuous improvement and commitment to prevention and enablement.

The remodelling of the Area Referral service will have a preventative focus with a single overall strategy to preventing, reducing or delaying the need for social care.

Approved Mental Health Professionals (AMHP)

The AMHP service utilises a range of business continuity arrangements to manage increased levels of activity.

The service has worked to ensure that staff are distributed across the range of shifts.

Occupational Therapy

Kent County Council's Occupational Therapists (OT) provide a core skillset that underpins the Adult Social Care Making a Difference Everyday approach and supports the aspiration to support people to maintain their independence and manage risk. OTs are experts in recommending just the right amount of support for people, supporting the preventative agenda, underpinning the Enablement offer and supporting discharge from hospital.

Fixed-term acting up management capacity and administration support is planned to ensure that the OT workforce (of over 100 full time equivalent staff) is deployed in the most effective way in response to current and emerging pressures.

5 Commissioned Services

Commissioners are working with Kent's social care providers to deliver actions to ensure their preparedness and resilience for the coming months. These actions are based on guidance from the Department of Health and Social Care and will ensure that providers are aware of their duties and that there is oversight of actions being delivered.

This approach is based on three key themes:

- Keep people safe and well at home
- Support safe and timely discharge from hospital
- Help people to recover and thrive in their own home.

Activities and services will be delivered aligned to each of these objectives, as outlined below:

Keep people safe and well at home	Support safe and timely discharge from hospital	Help people to recover and thrive in their own home
<p>Preventative services are in place to promote and support physical and mental wellbeing:</p> <ul style="list-style-type: none"> • Wellbeing offer - supporting people to live independently • Support for carers – short breaks, assessment and support services • Live Well Kent – community-based mental health and wellbeing support • One You Kent – support and advice on healthy lifestyles including weight, activity, smoking cessation, NHS health checks • Postural Stability - digital and community-based service to reduce risk of falls • Develop micro providers to support admission avoidance 	<ul style="list-style-type: none"> • Support to ward staff with discharge options • Help to settle at home • Appropriate discharge services • Supported homecare capacity – prioritising regulated provision only where needed; giving support to the market in more complex cases • Develop micro providers to reduce the pressure in homecare and deliver non-regulated support • Secure pathways for those who cannot go directly home from hospital • Complex beds ensure the right beds are available for those with more complex needs 	<ul style="list-style-type: none"> • Kent Enablement at Home - reablement in the community • Voluntary and community sector support – befriending, community-based activities • One You Kent - support and advice on healthy lifestyles including weight, activity, smoking cessation, NHS health checks • Develop micro providers community-based activities
<p>Clear and timely communication in place for residents, carers and professionals</p>		

System-Wide Market Pressures Action Plan

Commissioners are working with colleagues across both adult social care and health partners to identify and implement activities to support the provider market and enable flow through health and social care services.

The provider market in Kent continues to be under pressure due to the identified workforce challenges across adult social care nationally. The number of individuals waiting for support through a package of care is increasing, which is illustrative of continued workforce pressures.

Care and Support in the Home services are critical to supporting other parts of the health and social care system and can enable flow from short-term discharge and enablement services. The significant level of pressure that the market is still under is indicative of the severity of the causes.

The System-Wide Market Pressures Activities include a broad range of actions to reduce overall pressure on the market and system. The actions support demand management through utilising equipment and technology to manage lower-level needs and support a preventative approach. Commissioners are working with the providers for the Integrated Community Equipment Services (ICES) to improve equipment recycling and ensure that equipment, once used, can quickly be re-integrated within the supply chain to support admission avoidance and enable hospital discharge.

The plan also includes a number of actions to increase capacity in services:

- Discharge services will continue to deliver additional capacity in acute trusts in both the East and West of the county
- Settle at Home services provided by the Red Cross will continue to provide discharge support
- New routes for increasing discharge capacity for mental health services with Kent and Medway Partnership Trust (KMPT) are being explored
- KEaH will recruit additional staff to support hospital discharge and system flow
- Further development of the use of 'micro providers' to deliver non-regulated activities will support admission avoidance, free up capacity in Care and Support in the Home services to address the waiting list for this service and support flow in the discharge process.

There is also a focus on delivering activities which will support recruitment and retention within the care sector workforce:

- The Care Friends app rewards care workers if they successfully recruit friends and family into the workforce
- Strategic conversations are taking place between health and social care to support a joint recruitment approach in relation to overseas recruitment
- Mental health and wellbeing offers are being developed to provide support to care workers
- A Kent and Medway People Board Care Sector Steering group has been established
- Work is taking place with Job Centre Plus to target vacancies in social care with care specific job fairs

- Specialist training in Deaf Awareness to develop existing workers
- Promotion of Care Jobs in Kent via [Kent Care Professional](#)
- Ongoing Nursing Associate Program within the care sector
- Specialist training for workplaces to have a worker undertake First Aid Mental Health training to support colleagues
- Recruitment Initiative with the Prince's trust in East Kent to bring young people into the care sector.
- Joint south east project with NHS and national Volunteer service to offer volunteers work experience, training and a guaranteed interview for a health and care role.
- Flexi working and De-biasing recruitment webinars to inform managers on more inclusive recruitment practices and consideration of flexi work options to attract more applicants
- 25 School and college engagement events to promote care as a carer and encourage more younger people to think about working in the sector
- Promotion of Department of Health and Social Care job site availability for providers to advertise their vacancies free of charge.

Through the emerging place-based approach, Commissioners will improve collaboration with health and providers to support the market. Local intelligence will support and enable an approach that is responsive to the needs of different localities.

Locality Commissioners continue to work in partnership with Health and Social Care colleagues to provide support to providers who receive a Care Quality Commission (CQC) rating of 'Requires improvement' or 'Inadequate'. This will provide assurance that providers are rapidly taking the appropriate steps to remedy their issues and improve quality without reducing capacity in the provider market.

Commissioners will work with Public Health and corporate communications teams to manage public messaging and manage reporting into other governance forums. Messaging will focus on what people can do to support their family members this winter, and the need to manage resources so that resources can be targeted to best meet the needs of people requiring care and support.

Additionally, the Adult Social Care Innovation Delivery Team has led the development of the Learning and Development Hub, which supports the care sector to develop registered managers, improve quality in care, identify recruitment and retention solutions, provide training opportunities, and seek out innovation. This activity ensures the social care market is of quality, sustainable and adaptive enough to change, as required by the Care Act 2014. Activities delivered to date have focused on:

- Communication and engagement with the wider care market to share national updates, local support available to the wider care market, financial support and other initiatives available for care workers etc)
- Improving leadership and management
- Quality Improvement
- Training support
- Development of SC Nursing Provision
- Health and wellbeing support offer for the care sector

- Recruitment and retention support
- Promoting care careers & school engagement
- Improving safeguarding
- Encouraging the use of digital technologies
- Collaborative working to support nurses within social care and scoping work on overseas recruitment
- Encourage providers to set up their Skills for Care Adult Social Care Data-set (ASC-ds) as this provides workforce data for the care sector to aid forward planning. Currently 53% of providers have an ASC-ds.
- Local Skills Improvement Plan – joint working group with 3 Kent colleges and Chamber of Commerce developing FE curriculum around digital skill requirements for the care sector

The Adult Social Care Innovation Delivery Team have also supported with the implementation of a number of new services to increase capacity in the system. These include:

1. Digital Front Door and Digital Self-Assessment

Working with people who draw on care and support and partners we have co-developed an information, advice and guidance platform and a range of digital self help tools. This will help with prevent, reduce and delay by improving information and connecting people with support and services.

From Autumn '23, ASC will launch an online digital self-assessment which has been tested in West Kent. This will enable people to complete an assessment in their own time and find out if they are eligible for social care support. Each individual is provided with a personalised report which connects them with support and services or if required progresses to a full assessment with social care, however this streamlines the full assessment with social care due to the information already provided.

During the autumn/early winter there will be a digital roadshow in partnership with Digital Kent across communities to raise the profile of these digital tools to communities and partners.

2. Supporting the Care Sector with Digital

Funding has been secured from NHS England to test Feebris with 30 care homes up to May '24. This is a digitally enabled programme for proactive risk assessment and detection of deterioration of people in care homes. The platform is hardware agnostic, connecting to a range of sensors, and uses AI to ensure the quality of information captured and automate the detection of risks, this empowers proactive management of risks such as falls and deterioration therefore reducing hospital admissions. At present the digital monitoring is monitoring 431 people. This is being independently evaluated to measure the impact.

Care providers are also supported to put in place Digital Social Care records with is match funded by NHS England. The aim is to improve work process for the provider by moving from paper based to digital and improving the quality of information.

There is an event early November with care providers to showcase all the digital activity in Kent and provide support with adopting the digital solutions.

3. Technology Enhanced Lives

Adult Social Care will go live with a county wide Technology Enhanced Lives service from 1 November '23. Devices such as movement sensors, smart watches, wearables, falls prevention devices and other technologies will allow people to remain independent for longer and better manage risk when previously they may have needed additional help, for example home care or moving to a care home. These Technologies are increasingly connected and integrated to each other and to dashboards to support remote monitoring. There is an opportunity to use data generated from the Technologies to enable us to move from reactive to preventative approach. There are system wide benefits, such as working with Health to reduce hospital admissions and improve hospital discharge.

6 Financial Implications

KCC is seeing significant financial pressure in 2023-24, as it did in 2022-23. The most significant element of this pressure relates to the costs for older people in both long term residential and nursing care. There are also significant pressures in relation to supported living for younger adults with learning disability, mental health and physical needs.

These financial pressures relate to increases in the numbers of people requiring support, the increased needs of individuals, along with the costs being higher for those new people requiring services.

Although some mitigations are in place which will alleviate some of the pressures, it is likely there will remain a financial pressure at the end of the financial year.

This interdependency between health and social care remains important as a whole-system approach to the commissioning and funding of discharge services across the system is required. The System Discharge Pathways Programme will continue to work collaboratively with Kent and Medway Integrated Care Board (KMICB) to ensure best value for money and use of resources across the system.

7 Risk Management

Risk management is a key element of the council's internal control framework and the requirement to maintain risk registers ensures that potential risks that may prevent the Authority from achieving its objectives are identified and controlled. The management of risk is therefore important in underpinning service delivery planning, performance management and operating standards.

The Adult Social Care Directorate Management Team (DMT) maintain risk registers at a directorate level to oversee risks to service delivery and ensure that appropriate mitigations are put in place. Adult social care also holds a number of risks within the corporate risk register for areas under the directorate's portfolio. Risk registers are maintained centrally and reviewed regularly by DMT to ensure actions have been

implemented and monitor the outcomes. The risk registers are maintained as live documents and updated with newly identified risks and mitigating actions. DMT will retain responsibility for their oversight and for assuring that actions have been implemented by the identified risk owners.

The risks currently overseen relate to: budget pressures, culture growth, recruitment and retention, information asset management and information governance, and Deprivation of Liberty assessments.

8 Conclusion

The challenges facing Adult Social Care and Health in the coming months are unprecedented in terms of the collective impact of financial, workforce and health stressors on the system.

Whilst Adult Social Care and Health has had the opportunity to learn from the extreme pressures it operated under during the last few years and has confidence in its business continuity plans and mitigations in place to manage risk, it will need to maintain an agile approach to respond to these ongoing pressures.

However, the collaborative approach Adult Social Care and Health has undertaken with its partners in both the health and the provider market since March 2021 puts us in a strong position to respond to the challenges. Partnership working across the system has already demonstrated its efficacy in ensuring that resources can be targeted to where they are most needed, and that Adult Social Care and Health is able to continue to prioritise the health and wellbeing of Kent residents.

The findings from the ADASS Spring Survey 2023 shows short-term funding boosts from Government have helped reduce the number of people waiting for care and increased support for people at home; but according to the report increases in care delivered are not keeping pace with increased needs.

Despite the progress, care waiting lists remain far too high and ADASS is warning could rise again this winter without more staff. And a record NHS backlog, rising mental health needs, support around domestic abuse of people with care and support needs, and carer breakdown means most councils are not confident they can offer the minimum social care support in their communities required by law.

A huge effort by social care teams to rebuild services after the challenges of Covid 19, has reduced national care waiting lists from a high watermark of 542,000 in April 2022 to 430,000 at the end of March 2023. But that means the health and wellbeing of many thousands of people continues to deteriorate while they wait for assessments, care or direct payments. Some will end up having to go to hospital or a care home instead, undermining their independence and costing the NHS and councils much more in the long run. We'll likely go into this winter with waiting lists still higher than in 2021 and these could rise further during the winter.

The survey shows that in the battle to free up NHS acute beds, council social care teams are needing to support more people coming out of hospital with complex health and support needs.

In order to tackle the pressures of coming months Adult Social Care will continue to deliver ongoing work with partners to manage infection control; hospital admission avoidance and discharge, use of technology and managing end of life care; utilising government funding to support recruitment and retention in the provider market; supporting and development the provider market; and continuing to engage with regional and national partners to support contingency planning and communication with providers.

9 Appendices

The following section contains all relevant appendices to the ASC Pressure Plan 2022-2023 document.

Appendix Title / Description	Embedded Document
Operational Pressures Escalation Plan	 KCC Operational Pressures Escalation
Equality Impact Assessment	 Adobe Acrobat Document
DHSC UEC Support Fund Letter	 20230908_DHSC letter_LA UEC supp
KCC UEC Proposal	 LA UEC proposal Kent County Council

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Department
of Health &
Social Care

Ben Dyson
Director, Hospital Discharge Programme
39 Victoria Street
London SW1H 0EU
From: ascdischargelocalengagement@dhsc.gov.uk

Director of Adult Social Services
Kent County Council
By email to: Richard.smith3@kent.gov.uk

8 September 2023

For the attention of the Director of Adult Social Services

Proposals invited for local authority grant for urgent and emergency care this winter

On 28 July, we [announced](#) £600 million of funding over two years to enable local authorities to go further in improving adult social care (ASC) capacity. We provided local authorities with their allocations for £570 million of this funding over a two-year period in response to requests for longer term funding.

In that announcement, we said that we intended to make £30 million of this funding available this year to local authorities in areas with the greatest health and care challenges. We are now increasing the available funding by £10 million to provide for a £40 million fund.

This letter sets out how the Department intends to deploy this funding. It invites selected local authorities to submit proposals for how they would use this funding to strengthen the resilience of urgent and emergency care services this winter. **Your local authority is invited to submit proposals for access to this fund.**

Aim

The government is making available £40 million to enable selected local authorities to support urgent and emergency care performance and resilience for residents over the winter period. The intention is to provide targeted funding for local authorities in areas with the greatest urgent and emergency care challenges, subject to the submission of robust proposals which will be assessed against criteria set out later in this letter.

This fund supports the [Delivery Plan for Recovering Urgent and Emergency Care Services](#), published on 30 January 2023.

The effectiveness of urgent and emergency care services relies significantly on how well health and care providers work together across the wider system, both to improve preventative, step-up and step-down services and to improve operational resilience. This will be particularly important as we approach the challenging winter period.

Scope

As part of the [Delivery Plan for the Recovery of Urgent and Emergency Care Services](#), NHS England committed to providing tiered interventions to support local areas to deliver the plan. NHS England has developed three tiers of intervention, which have been in place since April 2023:

Tier one: intensive support – for health and care systems at highest risk of delivering their targets within the plan, to support on-the-ground planning, analytical and delivery capacity, “buddying” with leading systems and executive leadership.

Tier two: light touch support – for health and care systems with risk to delivering their targets, to support regional reviews and deep-dives to diagnose challenges and drive improvement.

Tier three: core offer – a universal support offer for the remaining health and care systems, including speciality guidance, peer review and sharing of best practice.

Integrated care boards (ICBs) were mapped to these tiers according to needs and ICB chief executive officers received a letter advising them of their UEC Tier on 10 May 2023. A list of ICBs in UEC Tiers one and two is annexed to this letter.

To ensure that this funding is targeted at the most challenged systems, the government is inviting local authorities in Tier one and Tier two integrated care systems (ICSs)¹ to submit proposals for how they would deploy the funding. Where a local authority’s geography overlaps with multiple ICSs², the local authority has been mapped to the ICS with the greatest population overlap.

Grant Type

Grant funding will be awarded to local authorities in Tier one and Tier two ICSs which submit proposals which meet the assessment criteria referred to below under section 31 of the Local Government Act 2003.

Process

Local authorities should use the form attached to this letter to put forward their proposals for how they would deploy this grant funding. Forms must be sent to ascdischargelocalengagement@dhsc.gov.uk no later than **29 September 2023**.

¹ The list of tier one and two integrated care systems is published at [ICSs most ‘off target’ on recovery named by NHS England | News | Health Service Journal \(hsj.co.uk\)](#)

² We used the LA to ICB population mapping based on ONS resident population in 2020 published at [NHS England » Allocations](#).

Local authorities are invited to develop proposals which they are expected to agree with the relevant ICB and provide evidence of ICB views on the proposals on the application form. Proposals will be strengthened if they are linked to the ICB winter surge plan.

Local authorities may choose to develop joint proposals with another local authority within the ICB. Applicants wishing to do this must identify a lead local authority able to receive the grant on behalf of their partnership of local authorities. The lead local authority should ensure that the proposal reflects a consensus view across the collaborating partners.

The Department, supported by NHS England, will assess proposals against criteria set out in the next section of this letter, with the aim of making payments in early October. Memoranda of Understanding will be put in place for each local authority, setting out how funding will be used and what information the local authority will be expected to provide to demonstrate impact and value for money. Local authorities will be asked to report on any discharge capacity they buy with this funding within their monthly Discharge Fund capacity returns. Local authorities will also be expected to provide an interim report (in January 2024) to report on progress against planned spend and a final report in May 2024.

We will be holding local authority information sessions in September to support eligible local authorities interested in submitting proposals. Further information about these sessions is provided at the end of this letter.

Key timings

Action	Date
Request for proposals	8 September 2023
Local authority information sessions	14, 18 and 21 September 2023
Deadline for submission of proposals to access funding	29 September 2023
Payments approved	13 October 2023

Assessment criteria for proposals

Proposals will be assessed against the following criteria:

- Impact on urgent and emergency care resilience and performance over the winter period, whether by helping prevent avoidable admissions or by reducing discharge delays
- Are deliverable over the winter 2023/24 period
- Are additional to existing LA expenditure and capacity plans and linked to NHS winter surge plans and Better Care Fund demand and capacity plans, for example by addressing gaps identified in those plans. Section 151 officers will be required to assure that funding has been used to purchase additional services and capacity in line with the MoU.

Indicative allocation

The indicative allocation for your local authority is **£2,892,188**.

This allocation has been calculated based on a share of the indicative £40 million funding that is proportional to your local authority's adult social care relative needs formula share³.

Final decisions on allocations will depend on the quality of proposals received so scalable proposals are encouraged. Local authorities are invited to submit proposals for how they would use this funding: a) using the indicative allocation; and b) using 150% of their indicative allocation.

Proposals should cover only the amount of funding that local authorities are confident of being able to spend by the end of the 2023/24 financial year (to end of March 2024). This could involve bringing forward interventions likely to be commissioned from 2024/25 discharge funding.

Proposals must include a spend profile of projected expenditure for each month of the funding term (October to March). Local authorities will be required to report against this spend profile in the interim and final reports to the Department.

Wider local authority adult social care spend

The government has made significant investment in adult social care in 2023/24. On 2 June, [the Department set out its intention](#) to monitor local authority budget data to ensure that the additional funding being made available to adult social care in 2023/24 is delivering a substantial increase in planned adult social care spending. The data published by DLUHC on 22 June showed that national adult social care net expenditure by councils is budgeted to be £2.3 billion higher in cash terms than the equivalent 2022/23 budget.

We are pleased to note that your local authority's planned expenditure on adult social care in 2023/24 has increased significantly this year. You do not need to complete Section 4 of the enclosed form.

If your end of year report for the 2022/23 discharge fund shows an underspend against your allocation, you should explain in your proposal how you are confident of spending additional money this year having not spent your full allocation from the discharge fund last year, and we will consider that as part of the assessment of your proposal.

Examples of the types of service or intervention we are expecting to be included in local authority proposals

We anticipate that most proposals will involve commissioning additional step-up or step-down services. However, the government will consider any proposals that would be expected to have an impact on urgent and emergency care resilience and performance over the winter period, whether by helping prevent avoidable admissions or by reducing discharge delays.

³ More information on the adult social care relative needs formula can be found in "Methodology Guide for the Adults' Personal Social Services Relative Needs Formulae 2013/14 ([Microsoft Word - methpssas.doc](#) ([nationalarchives.gov.uk](#)))

Interventions to prevent avoidable admissions and readmissions might include (but not be limited to):

- additional social care assessment services to reduce waiting times for an assessment and so reduce the likelihood of admission to hospital
- a grant to voluntary and community sector provider(s) to strengthen support (such as heating, feeding, befriending), either for those at home at risk of admission or for those discharged home
- additional home care services and interventions, including technologies or use of data to identify when a resident is unwell and at risk of admission

Interventions to reduce discharge delays might include (but not be limited to):

- additional home care packages, including to support discharge from bed-based intermediate care
- additional home-based or bed-based services to support reablement and recovery
- improvements to operation of care transfer hubs that will have a demonstrable benefit, for example increasing the number of patients being seen through a hub, or ensuring more patients are discharged onto the right pathway for them
- initiatives to support the discharge of those experiencing homelessness or housing issues, for example a dedicated housing officer in the care transfer hub or specialist step-down support services
- increasing specialist dementia support in the community, either in care homes or in people's own homes

Local authority information sessions

The Department will be holding information sessions on the grant and process for accessing the funding. Local authorities considering putting forward proposals for grant funding are encouraged to attend. You will shortly receive Outlook invitations from the Department inviting you to sessions being held on:

9:00-10:00 on Thursday 14 September
15:00-16:00 on Monday 18 September
16:00-17:00 on Thursday 21 September

To allow us to keep track of numbers, please respond to the Outlook invitation to confirm which session you will be attending.

Yours sincerely

Ben Dyson
Director, Hospital Discharge Programme

Annex: ICBs in NHS England Urgent and Emergency Care Tiers one and two

Tier one

Region	ICB
South West	Cornwall and the Isles of Scilly ICB
South West	Devon ICB
London	North East London ICB
South East	Kent and Medway ICB
North West	Cheshire and Merseyside ICB
North West	Greater Manchester ICB
East of England	Norfolk and Waveney ICB

Tier two

Region	ICB
East of England	Hertfordshire and West Essex ICB
Midlands	Herefordshire and Worcestershire ICB
Midlands	Shropshire, Telford and Wrekin ICB
Midlands	Staffordshire and Stoke-On-Trent ICB
South East	Frimley ICB
South East	Hampshire and Isle of Wight ICB
North East & Yorkshire	Humber and North Yorkshire ICB

Urgent and Emergency Care support fund for local authorities: form for submitting proposals

Sent 8 September 2023

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This proposed funding is for the provision of support and interventions to be set up by the local authority in collaboration with the relevant integrated care board.

Please complete all sections of this form.

Proposals should be submitted to ascdischargelocalengagement@dhsc.gov.uk with the subject line: **LA UEC proposal – [local authority name]**

Deadline for submission of proposals – 29 September 2023

Local authorities should review the accompanying letter from the Department of Health and Social Care before completing this form.

Section 1: contact details

Lead local authority details

Name of local authority submitting the proposal

Kent County Council

Name of the responsible officer

Jim Beale

Job title or position in local authority

Director of Adult Social Care

Telephone number

03000 417473

Address and postcode

Kent County Council, Third Floor, Invicta House, Maidstone, ME14 1XX

Email address

jim.beale@kent.gov.uk

Integrated care board (ICB) details

Name of ICB

Kent and Medway ICB

Name of the responsible officer within ICB

Lee Martin

Job title or position within ICB

Chief Delivery Officer

Telephone number

07776145520

Address and postcode

NHS Kent and Medway, 2nd floor, Gail House, Lower Stone Street, Maidstone, ME15 6NB

Email address

lee.martin@nhs.net

Section 2: the proposal

How would you use this funding to go further in supporting the resilience of urgent and emergency care services this winter:

- a) using up to 100% of the indicative allocation for your local authority?
(250 words maximum)**

This funding would have a significant impact on supporting the resilience of urgent and emergency services across Kent this winter. The funding would be targeted in areas of Kent with the most challenged performance (East Kent) of urgent and emergency care services and to address capacity gaps across the county.

1. Increase the Home First offer to provide services to support reablement and recovery for people leaving hospitals and for admission avoidance. This will support acute and community hospital “flow” and improved outcomes for people. In East Kent the Home First offer is focussed on jointly recruited posts KCHFT (Community Health Provider) and KCC with a focus on enablement and rehab.
2. Increase capacity in step-down provision for people with complex needs, including dementia, to enable further recovery, reablement and assessment period outside of acute hospital environments. This will include bed-based provision as well as more intensive homebased community provision.
3. Increase capacity in Rapid Transfers Dementia Service for East Kent to provide community support for people with dementia to support more people with dementia to return to their usual place of residence on discharge from hospital, and reducing risk of people with dementia being readmitted to hospital by providing more intensive support.
4. Additional social care staffing. This will focus on a) increased assessment services to reduce waiting times for assessment, including in step down facilities to support “flow”; b) support for the development of Integrated Transfer of Care Hubs across the county and c) Increased brokerage working with the market to identify appropriate longer term provision of care for people with complex needs including mental health, improving system flow.
5. Expand the Voluntary and Community Sector “Take Home and Settle” service to support people with lower levels of social care needs to settle back in their homes following discharge.

6. Extend acute hospital-based Technology Facilitators and technology devices that enable people to more independently manage their health and social care needs on discharge from hospital.

**b) using up to 150% of the indicative allocation for your local authority?
(250 words maximum)**

Up to 150% of the indicative allocation would enable further scaling up of the schemes above as well as investment to provide additional support for Mental Health discharges. There are currently capacity pressures in the market to support with mental health discharges, and investment would reduce length of stay and increase bed availability for mental health admissions from community and acute hospitals.

1. Expansion of Mental Health enablement service to develop mental health enablement supported discharge function, reducing length of stay and supporting people to return to usual place of residence.
2. Investment in training and development for social care providers in mental health, increasing the capacity in existing market to support people with primary mental health need.
3. Establishment of a Mental Health Transfer of Care Hub with integrated health and social care team
4. Scaling up schemes that have been front loaded in East Kent due to the pressures and rolling out across the County (for example Rapid Transfer Dementia Service)
5. Scaling up schemes to enable additional discharges, for example further expansion of Home First services to incrementally increase the workforce and number of daily discharges.

Has this proposal been discussed and agreed with the Integrated Care Board?

Yes

Section 3: criteria

What is the anticipated impact of your proposals on urgent and emergency care resilience and performance over this winter period? (250 words maximum)

1. Increased Home First offer will increase the number of pathway 1 discharges from acute and community hospitals, reducing length of stay. The reablement focus will improve outcomes for people, promoting independence. Impacts have been modelled on current performance of services and incremental increase as service is scaled up.

In East Kent expanding the Home First model of Jointly recruited (KCC & KCHFT) support worker posts from 25 to 50 will provide additional capacity to support **15 – 30 discharges per week** depending on Length of Stay. The reablement focus is anticipated to reduce the hours that people receive for long term home care, releasing capacity back into the market.

The model will be rolled out into West Kent with same skill mix ethos to deliver personalised care and facilitate self-care aligned to therapy support

2. Increased capacity in step-down provision will increase the number of pathway 2 discharges and reduce length of stay. In Kent, long term admissions into care homes remain high and the investment will focus on cohorts of individuals where there are gaps in current provision (geographical and in relation to clinical/support needs) focused on recovery and reablement to support people to return home. This provision is scalable over the winter period as we will be focusing on using bed-based provision with capacity and where there is established integrated working across health and social care to deliver.

This will fund **30 additional step-down beds, based on average length of stay of 21 days**. In addition to supporting discharge from hospital, the reablement focus is anticipated to reduce the number of people being permanently admitted to care homes from a hospital discharge pathway, as well as supporting the reduction of the risk of re admission to hospital within 90 days of being discharged. Staffing has been calculated on Safer Staffing levels.

3. Increase capacity in Rapid Transfers Dementia Service (East Kent) will reduce length of stay for people with dementia and will increase numbers of people discharged to their usual place of residence. There is evidence that people with dementia have longer length of stay in acute hospitals in Kent. This provision is scalable and will

build on the current service which supports people with dementia who are discharged on pathway 3.

Additional 2 x Band 7 Practitioners and 1 Support Worker to add capacity to the already existing team and enable an expansion of remit to also focus on pathway 1 discharges as well as those that have been deemed to be pathway 3.

As with the existing remit the aim is to reduce length of stay and support people home rather than to a Pathway 3 bed. Biggest impact will be on 21 day length of stay, which has already been evidenced with current staffing in place, with much less likelihood of re admission due to level of support on discharge.

Current caseload is 25. The aim will be to **increase this to 35**. Although this will of course be dependent on complexity of referrals.

In addition extra staffing will enable assessment response time to reduce from 72 hours to same day or next day

4. Additional social care staffing will provide additional assessment capacity to reduce waiting times for assessment and will support flow from step down and discharge to assess services. It will enable the rolling out of Transfer of Care Hubs which will improve discharge planning and reduce length of stay for people with complex needs. Transfer of Care Hubs in East Kent have evidenced that a true MDT approach with the right capacity ensures people go the right destination on discharge with the right care and support.

Funding would support **10 additional social workers/occupational therapists** to work in integrated transfer of care hubs in hospitals across the county, and to provide social care assessment capacity to additional beds/discharge capacity enabled through this funding.

It would also include **funding additional Commissioners/brokers** with a focus on supporting complex, including mental health, discharges reducing the no longer fit to reside numbers.

5. **“Take Home and Settle” service** will support pathway 0 discharges and will support people to build confidence on discharge from hospital and link people in with community and voluntary sector provision to promote wellbeing. It will create capacity in commissioned discharge to assess services and will support an increase in pathway 1 discharges as the Red Cross can support the less complicated discharges.

Evidence from similar services that have been set up in other parts of Kent show reduction in NCTR beds days and admissions. In East Kent April 2022 to March 2023

there were 512 accepted referrals that will have all have supported more successful and quicker discharges home, reducing length of stay.

6. **Extension of Technology Facilitators** will enable pilot provision to be provided across the county throughout the whole of the winter provision (current pilot funded until end of December). There have been positive impacts from the pilot on use of technology devices to support people to manage health and social care needs at the point of discharge.

People already supported, have been provided with wide range of equipment including motion sensors, smart speakers, hydration reminder mugs and ring doorbells. All supporting safer discharges and reducing risks of deterioration, falls and carer breakdown. Reduces length of stay and potential reliance on packages of care to enable discharge.

Staffing: 2 Facilitators.

Evidence of success: The service started in July 2023. There have been 128 referrals, of those 128 people only 2 have been re admitted to hospital. All supported timely discharges and no delayed discharges . Education also key part of role and facilitators have been regularly attending meetings and MDTs advising on use of technology and raising awareness.

The delivery and performance of schemes will be monitored through existing integrated governance including Better Care Fund and Joint Commissioning Management Group.

Is your proposal deliverable over the winter period (up to the end of March 2024)?

Yes

Are these proposals additional to your local authority's existing expenditure and capacity plans (for example existing expenditure and capacity plans for the Better Care Fund and the Market Sustainability and Improvement Fund)? (delete as applicable)

Yes

Section 4: wider adult social care funding

Please refer to the accompanying letter from the Department of Health and Social Care to determine whether your local authority needs to complete this section.

Please explain why you are unable to fund the activity included in this proposal from your existing adult social care budget. (250 words maximum)

Letter has advised that KCC do not need to complete this section as planned expenditure on adult social care in 2023/24 has increased significantly this year. However for completeness the latest forecast overspend on adult social care services is approximately £25m before management action and allocation of grants.

Section 5: spend profile

Please provide a high-level summary of your projected spend of the funding for each month of the funding period. This should be based on your proposal for up to 100% of your indicative allocation. A suggested table is set out below.

Area of spend	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
<i>E.g., Recruitment costs, fees paid to providers</i>	£	£	£	£	£	£
Home First	£0	£72k	£144k	£144k	£144k	£144k
Step down provision	£0	£163k	£326k	£326k	£326k	£163k
Rapid Dementia Transfer Service	£0	£27.4k	£27.4k	£27.4k	£27.4k	£27.4k
Adult Social Care Staffing	£0	£74k	£74k	£74k	£74k	£74k
Take Home and Settle	£0	£9.6k	£9.6k	£9.6k	£9.6k	£9.6k
Technology Facilitators and equipment	£0	£0	£0	£16.7	£16.7	£16.7

Has your Section 151 Officer agreed these plans?

Yes

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):

Adult Social Care Pressures Plan 22/23

2. Directorate

Adult Social Care

3. Responsible Service/Division

Operations

Accountability and Responsibility

4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Jade Caccavone – Directorate Business Support Manager

5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Sydney Hill - Assistant Director North Kent

6. Director of Service

Note: This should be the name of your responsible director.

Jim Beale- Director Adult Social Care East Kent

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Service Change – *operational changes in the way we deliver the service to people.* Answer Yes/No

Service Redesign – *restructure, new operating model or changes to ways of working.* Answer Yes/No

Project/Programme – *includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.* Answer Yes/No

Time limited project over winter and pressures periods, using different resourcing methods and targeted project activity.

Commissioning/Procurement – *means commissioning activity which requires commercial judgement.* Answer Yes/No

Strategy /Policy – includes review, refresh or creating a new document. Answer Yes/No

Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Adult Social Care and Health has managed an extremely challenging period throughout 2022; as we continue recovery from the COVID-19 pandemic, the Directorate and its partners have continued to respond to many challenges in an unprecedented environment. Whilst the COVID-19 vaccination programme has enabled a return to more normal life, Adult Social Care and Health continues to operate in the context of high demand for services, budget pressures and workforce issues, which mean that robust contingency planning and an agile response is more critical than ever

Local authorities have seen increased budget pressures in recent years, which has impacted on the funding available for Adult Social Care services. This is in the context of increased demographic pressures, with an aging population and people living longer with more complex needs. Spend on Adult Social Care has inevitably increased during the pandemic to manage the increased costs of services, staffing and equipment including PPE, as well as increased levels of demand and complexity of need particularly as restrictions are lifted.

Adult Social Care now faces a significant budgetary challenge for 2022/23 and 2023/24, whilst simultaneously managing increased waiting lists for services due to the workforce pressures which are being seen across multiple sectors but are particularly acute in health and social care.

The health and social care workforce and system is under significant strain nationally, with demand outstripping capacity as a result of the pandemic; the NHS has significant backlogs of people waiting for elective surgeries and treatment and there are large vacancy rates in both workforce populations. Skills for Care figures from October 2021 indicated a vacancy rate of 165,000 jobs in adult social care services nationally, which represents approximately 10.7% of the total adult social care, the southeast has an estimate of 10.7% vacancy rate. Turnover rates across the sector also remain high, at 29% with employers reporting that retention is now more difficult than before the pandemic. NHS Digital statistics also showed that as of June 2022 there were 132,139 vacancies across the NHS in England; a vacancy rate of 9.7% which has increased from 7.6% since June 2021.

Given the high vacancy rates and difficulties in recruitment across the social care sector, there is inevitably concern about the impact on service delivery and provision of care this winter. Adult Social Care and Health are already seeing the impact of these workforce challenges; waiting times have increased across several services and are particularly visible in Care and Support in the Home, where the people waiting for care and support in the home was 39% higher at the end of September 2022 when compared to the same time period in 2021.

Throughout 2022 there has been a gradual return to normality, as the COVID-19 vaccine programme has supported a reduction in serious illness and hospitalisations as a result of coronavirus. National data shows that 88.4% of the population aged over 12 have received both doses of the vaccination, and 69.9% have received a third booster jab. As at the 18 October 2022 39.6% of adults over 50 have had their autumn booster vaccine. Cases are currently far lower than the last peak of infections last winter which peaked at 234,873 cases on 4 January 2022, national data shows cases as of 12 October at 8027 cases. Hospital admissions and deaths currently remain far below the levels of previous

waves of the pandemic.

However, we continue to prepare for the possibility of a higher than usual number of infections with seasonal flu (influenza) that are expected for this winter and the consequences of simultaneous infections with both Covid and flu are unknown. A comprehensive flu vaccination programme for eligible age groups and individuals with underlying health conditions has started recently. It is important that front-line health and care staff are encouraged to get vaccinated for both Covid and flu this autumn and these continue to be encouraged across the workforce.

Additionally, health and social care services are already managing large backlogs and waiting lists for care and support services. In the NHS, elective procedures are being delayed and people continue to report challenges in accessing primary care services, which historically results in increased pressure on Accident and Emergency services.

Overall, there is a high level of concern about the levels of pressure on health and care services this winter. Respiratory infection rates are likely to create higher levels of staff absences and the effects of the cost-of-living crisis on staff recruitment and retention in the health and care sector are difficult to estimate, but likely to have an effect.

The key desired outcome of the Adult Social Care Pressures Plan 2022-23 is that high-quality, safe and timely support continues to be provided to everyone who needs it. The plan draws on the lessons learned from winter 2021-22 to ensure that Adult Social Care can maintain an agile approach to respond to changing circumstances in the health and social care system, and is enabled to work collaboratively with health partners to make best use of resources across the system.

The Pressures Plan identifies a number of actions and contingency plans which will:

- Deliver a programme of work to support timely and effective hospital discharge and community support
- Manage demand and capacity for Adult Social Care services, and increase resources in teams where required to ensure service continuity
- Identify and appropriately allocate funding to support service continuity, both internally and in the provider market

Care and Support will continue to be provided based on the assessed needs of each individual, tailoring the support offered as appropriate, without discrimination on the grounds of protected characteristics

Analysis from the evidence suggests that this project might have a negative impact for three protected characteristic groups:

- Age
- Disability
- Carers

Any negative impact will be mitigated as outlined below.

However, it is anticipated that this work will mainly have a positive impact, as it aims to:

- Provide capacity to enable practitioners to support additional demand during a period of uncertainty
- Ensure that the best outcomes of the person are sought and enable where possible, people to return home with appropriate care and support
- Be responsive to the people we support, and those who care for them
- Enable joined up working across Health and Care services

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No

Yes

10. Is it possible to get the data in a timely and cost effective way? Answer: Yes/No

Yes

11. Is there national evidence/data that you can use? Answer: Yes/No

Yes

12. Have you consulted with Stakeholders?

Answer: Yes/No

Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.

Yes

13. Who have you involved, consulted and engaged with?

Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

The management team across Adult Social Care and Health, and wider operational teams have been engaged in planning and preparation for winter and beyond, to ensure that sufficient plans and mitigations are in place to support demand the coming months.

Regular engagement has taken place and will continue to do so with our NHS partners for specific strands on ongoing programme and project activity to ensure a joined-up approach to support the residents of Kent and safe and timely discharge and ongoing care and support. Ongoing engagement is also in place with our service providers.

Colleagues in finance and performance have been engaged and will continue to be involved as support schemes progress within the plan.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No

No

15. Do you have evidence/data that can help you understand the potential impact of your activity?

Answer: Yes/No

Yes

Uploading Evidence/Data/related information into the App

Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

Yes

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients - Answer: Yes/No

Yes

Residents/Communities/Citizens - Answer: Yes/No

Yes

Staff/Volunteers - Answer: Yes/No

Yes

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No

Yes

18. Please give details of Positive Impacts

It is anticipated that this project will mainly have a positive impact for all protected characteristic groups, as this project aims to:

- Provide capacity to enable practitioners to support additional demand during a period of uncertainty
- Ensure that the best outcomes of the person are sought and enable where possible, people to return home with appropriate care and support
- Be responsive to the people we support, and those who care for them
- Enable joined up working across Health and Care services

As with any change of circumstance, we will undertake a new assessment before considering course of action, including consideration of a requirement for an assessment of health needs, and have regard to the person's wellbeing. Best practice will support compliance with KCC obligations under the Care Act 2014, Equality Act 2010, Human Rights Act 1998 and Mental Capacity Act 2005. Provision of care and support is not influenced by their protected characteristics, but based on their assessed need under the Care Act 2014 eligibility criteria

Where there is concern about a person's capacity to make a decision, for example as a result of a mental impairment such as those with dementia, acquired brain injury, learning disabilities or mental health needs, the requirements of the Mental Capacity Act 2005 and access to an Independent Mental Capacity Advocate will apply in line with current operational policies, legislation and Code of Practice.

The wellbeing principles of the Care Act 2014 will be underpinned by respect for a person's dignity and autonomy and their right to freedom from inhuman treatment (Article 3 European Convention on Human Rights) and their rights in respect for private and family life (Article 8 European Convention on Human Rights). The impact on the person's wellbeing and persons/representative wishes and views will be taken into account in line with current operational policies, and related legislation when considering care and support.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

<p>a) Are there negative impacts for Age? <i>Answer: Yes/No</i> (If yes, please also complete sections b, c, and d).</p>
<p>Yes</p>
<p>b) Details of Negative Impacts for Age</p> <p>According to the 2020 Mid-Year Population Estimates: Age and sex profile (census based) data produced by Kent analytics the population of Kent is 1,589,100. 20.2% of this population is aged 65 plus.</p> <p>Of the 1,586 people who were in a Short Term Residential or Nursing bed since 1st April 2022 (to 31st October 2022) The average age was 81. 28% were aged 65-80, 43% aged 80-90 and 22% aged over 90. Therefore any practice in supporting discharge and arranging ongoing care and support may be particularly impactful on the very old. Some frail elderly people moving from one care home setting to another could be particularly stressful and have adverse effects on health and wellbeing.</p> <p>Of those people making an initial contact with our area referral management service the highest age grouping was those aged 80-89 (27%) followed by 70-79 (22%) and 60-69 (12%) and therefore the demand on our services is particular prevalent from the very old.</p> <p>Older people may be less likely to use digital technology and may miss the opportunity of having increased choice or awareness of what other equipment or services are available. Of those currently in receipt of telecare 18% were aged 70-79, 28% 80-89 and 22% 90-99</p>
<p>c) Mitigating Actions for Age</p> <p>When considering a move from any care provision, the practice guidance directs the adult social care practitioner to consider persons wellbeing</p> <ul style="list-style-type: none"> • person's need for social contact and emotional support • the extent of their existing local social network • how vital contact with family/ friends is to the person's health and wellbeing - i.e. to meeting their needs and/or Article 8 European Convention on Human Rights: right to a private and family life • physical frailty and disability for some visiting relatives/friends. This may be a limiting factor for some and for others cost will be a factor. <p>Best practice will support compliance with KCC obligations under the Care Act 2014, Equality Act 2010, Human Rights Act 1998 and Mental Capacity Act 2005.</p> <p>Prescribers are available to support people to understand the different technology options available to best support their care and support needs.</p>
<p>d) Responsible Officer for Mitigating Actions - Age</p> <p>Jim Beale</p>
<p>20. Negative Impacts and Mitigating actions for Disability</p>
<p>a) Are there negative impacts for Disability? <i>Answer: Yes/No</i> (If yes, please also complete sections b, c, and d).</p>
<p>Yes</p>
<p>b) Details of Negative Impacts for Disability</p> <p>Using the broadest definition (2011 Census) 257,038 residents in Kent (17.6%) have a health problem or disability which limits their day-to-day activities,</p>

Of the 1,586 people who were in a Short Term Residential or Nursing bed since 1st April 2022 (to 31st October 2022)

- 70% had a physical support Personal care and support, 33% Physical Support Access and Mobility Only
- 4% had a visual impairment and 2% a hearing impairment (based on registrations)

Of those people who are currently receiving support through our Kent Enablement at home service

- 3% had a physical disability, 3% visual impairment and 1% a hearing impairment (based on registrations)

Of the 10,256 people who had an **OT Assessment or intervention** since 1st April 2022 (to 31st October 2022)

- 60% had Physical Support Access and Mobility Only and 33% physical support Personal care and support. 5% need Mental Health support
- 5% had a physical disability, 3% visual impairment and 1% a hearing impairment (based on registrations)

People with dementia, learning disabilities or mental health conditions, will likely need greater support and increased advocacy to understand information, express their needs and wishes, secure their rights, represent their interests and obtain the care and support they need

c) Mitigating Actions for Disability

Eligibility determinations for care and support under the Care Act are based on a person's needs assessment arising from or are related to a physical or mental impairment or illness.

The practitioner is directed to consider the person's wellbeing, including physical frailty and disability; need for contact and emotional support; extent of existing local social network; how vital contact is with family and friends.

We will determine and take appropriate action when the person may have difficulty communicating/reading/understanding information (for example those with Autistic Spectrum Disorder, Profound and Multiple Learning Disabilities, who are d/Deaf, who have a sensory loss, who have other communication disabilities, or a mental health condition which affects their ability to communicate) and whether a specialist or interpreter may be needed to support communication. We already identify and record if an individual has any communication / information needs relating to a disability, impairment or sensory loss and if so, what these are in line with the Accessible Information Standard.

d) Responsible Officer for Mitigating Actions - Disability

Jim Beale

21. Negative Impacts and Mitigating actions for Sex

a) Are there negative impacts for Sex? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Sex

Not applicable

c) Mitigating Actions for Sex

Not applicable

d) Responsible Officer for Mitigating Actions - Sex

Not Applicable

22. Negative Impacts and Mitigating actions for Gender identity/transgender
a) Are there negative impacts for Gender identity/transgender? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Gender identity/transgender
Not applicable
c) Mitigating actions for Gender identity/transgender
Not applicable
d) Responsible Officer for Mitigating Actions - Gender identity/transgender
Not applicable
23. Negative Impacts and Mitigating actions for Race
a) Are there negative impacts for Race? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Race
Not Applicable
c) Mitigating Actions for Race
Not Applicable
d) Responsible Officer for Mitigating Actions – Race
Not Applicable
24. Negative Impacts and Mitigating actions for Religion and belief
a) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Religion and belief
Not applicable
c) Mitigating Actions for Religion and belief
Not applicable
d) Responsible Officer for Mitigating Actions - Religion and belief
Not Applicable
25. Negative Impacts and Mitigating actions for Sexual Orientation
a) Are there negative impacts for sexual orientation. <i>Answer:</i> <i>Yes/No (If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Sexual Orientation
Not Applicable
c) Mitigating Actions for Sexual Orientation
Not applicable
d) Responsible Officer for Mitigating Actions - Sexual Orientation

Not Applicable
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity
a) Are there negative impacts for Pregnancy and Maternity? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Pregnancy and Maternity
Not applicable
c) Mitigating Actions for Pregnancy and Maternity
Not Applicable
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity
Not Applicable
27. Negative Impacts and Mitigating actions for marriage and civil partnerships
a) Are there negative impacts for Marriage and Civil Partnerships? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
Yes
b) Details of Negative Impacts for Marriage and Civil Partnerships
Not Applicable
c) Mitigating Actions for Marriage and Civil Partnerships
Not Applicable
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships
Not Applicable
28. Negative Impacts and Mitigating actions for Carer's responsibilities
a) Are there negative impacts for Carer's responsibilities? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
Yes
b) Details of Negative Impacts for Carer's Responsibilities
A person in a short-term bed or residential or nursing provision may have contact with family and friends, some of who may have their own frailty and disability impacting on visiting. A move to another provision would impact person's wellbeing and maintaining family or other personal relationships.
c) Mitigating Actions for Carer's responsibilities
During an individual's assessment consideration is made to family and friends and any ongoing caring responsibility that may be due to a change in circumstances. If there is any change to circumstances a carers assessment will be offered or will be reviewed to ensure that both the carer and the individual have the correct provision of support in place.
Decisions will consider meeting emotional support and Article 8 European Convention on Human Rights: right to a private and family life and significant impact on their wellbeing.
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities
Jim Beale

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

To: **Adult Social Care Cabinet Committee, 23 November 2023**

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: None

Future Pathway of report: Cabinet, 4 January

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 explains how the strategy has been refreshed, highlights the main commitments and how it has been improved from the interim version based on feedback. It sets out how delivery and monitoring is being planned to ensure that the strategy makes a real impact on the health and wellbeing of people in Kent and Medway.

Recommendation(s):

The Adult Social Care Cabinet Committee is asked to CONSIDER and ENDORSE or make RECOMMENDATIONS to Cabinet on the proposed decision to approve the Kent and Medway Integrated Care Strategy on behalf of KCC, attached as appendix A.

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. This paper presents the refreshed Integrated Care Strategy for Kent and Medway (appendix B).
- 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. It will be approved by each of these partners through their own governance arrangements subject to recommendation for approval by the ICP at its meeting on 7 December 2023. Cabinet will be asked to approve the strategy for KCC on 4 January. Recommendation by the ICP and approval by

all the three statutory partners will be required before the strategy can be implemented. As the strategy takes a broad view of health and wellbeing, it is of relevance to several Cabinet Committees. It will be considered by the Health Reform and Public Health Cabinet Committee on November 7th, by Growth, Economic Development and Communities on 9 November, Adult Social Care on 16 November and Children, Young People and Education on 21 November. Where further feedback is received, minor additional changes will be made before the final draft is presented to the ICP.

- 1.3 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 and will receive the Integrated Care Strategy at its next meeting in December.
- 1.4 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.
- 1.5 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.
- 1.6 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.
- 1.7 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

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

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 and the new 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 allow 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 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 strategy 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 Delivery planning has already started over the last year based on the interim strategy and will be informed and prioritised by the refreshed version. Partners across the system are working on how we will bring together delivery planning

and ensure accountability and monitoring of progress, with Public Health leading on coordinating the important role of KCC's services in delivery.

2.18 The Integrated Care Partnership 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 based on the refreshed strategy, 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 with a qualitative approach to monitoring the impact of delivery, including through learning from the experiences of people receiving support and services and people working across the system, and sharing best practice.

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 have been 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):

The Adult Social Care Cabinet Committee is asked to CONSIDER and ENDORSE or make RECOMMENDATIONS to Cabinet on the proposed decision to approve the Kent and Medway Integrated Care Strategy on behalf of KCC, attached as appendix A.

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: Draft Kent and Medway Integrated Care Strategy
- C: Consultation report
- D: Equality Impact Assessment

10. Contact details

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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

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

Approval of the Kent and Medway Integrated Care Strategy

Decision:

Cabinet:

approves the Kent and Medway Integrated Care Strategy, subject to final recommendation by the Kent and Medway Integrated Care Partnership; and delegates authority to the Director of Public Health to take the relevant actions to implement this decision.

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 Impact Assessment for the Integrated Care Strategy is in development alongside the development of the strategy. This is being led jointly by KCC, Medway Council and NHS Kent and Medway. The 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. There is therefore expected to be a positive overall impact of the strategy. Detailed equality impact assessment and planning will need to be undertaken for the actions put in place by all partners to deliver the shared outcomes and priorities in the strategy.

Data Protection implications

A Data Protection Impact Assessment is not required.

Cabinet Committee recommendations and other consultation:

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

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

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

DRAFT



Kent and Medway Integrated Care Strategy

Draft Version 7
26 October 2023

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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



Kent and Medway

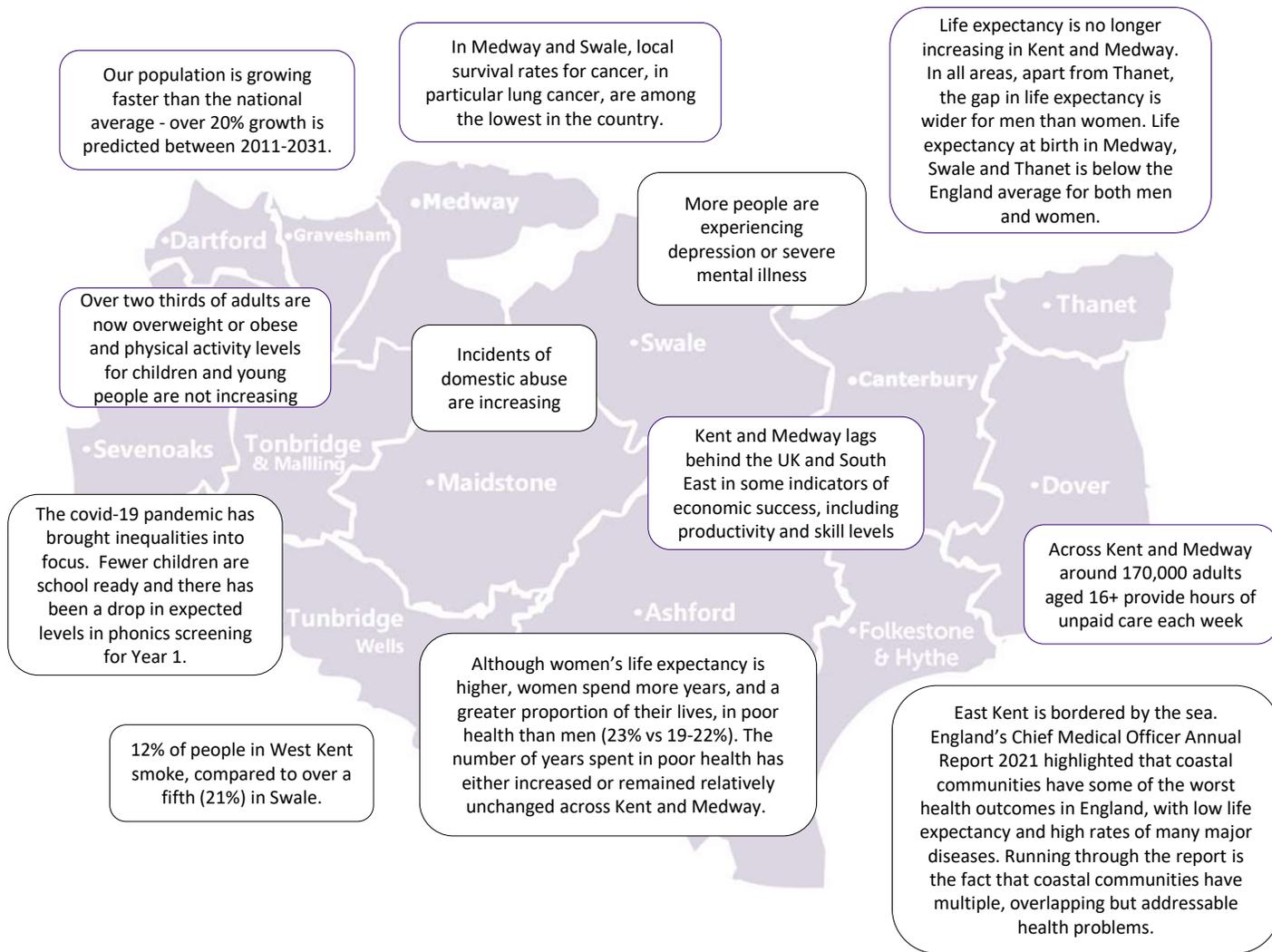




Introduction and context

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.



Cost of Living Crisis

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, given the resource and demand pressures we all face.
- ✓ This strategy uses a consensus to agree 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 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 will include system indicators and be used by all partners to **track progress on delivery** for each outcome. Examples of these indicators are included for each outcome.



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, promoting health and wellbeing in every contact with people 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.

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



How we listened to develop the strategy

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Work with system partners e.g. district councils, Kent Association of Local Councils, voluntary sector, Kent Housing, Police and Crime Commissioner

Online platform
'Have your say in Kent and Medway'
Over 350 responses

Nearly 9,000 clicks on social media links

Over 1,000 responses in total

Newsletters, staff bulletins, residents' news, social media promotion and paid advertising reached 1.5 million people

32 events
Family fun days, shopping centres, leisure centres, health bus, conferences

Focus groups led by community and voluntary sector organisations reaching over 300 people

Thank you!

What we heard...

The strategy needs to set a vision and enable local delivery

Focus on the wider determinants of health and health inequalities strongly supported

Need to recognise the financial challenges and difficulties of partnership working

Local partners, people and communities are best placed to lead development, delivery and evaluation

Communication between services needs to improve

Access to GPs, social care and mental health services needs to improve

Digital services are good but not accessible for everyone, there should be alternatives

More support for carers

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 16 of 17
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 mentally and physically healthy lives
- Address inequalities

- Support adoption of 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 to 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 business. 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 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 make sure children are ready for school through co-produced, evidence-based support, including parenting support, and high-quality early years and childcare. 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 together 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 have increased from 63.4% to more than 66%.

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%.

Outcome indicator relating to SEND to be added

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

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 people achieve 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 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, Arts 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 better normalise sustainable ways of 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.

Indicators for this outcome could include:

By 2028, average income in Kent and Medway will be 5% higher than the national average.

By 2028/29, the proportion of people who feel lonely often or always will have reduced from [%] 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 have increased from 8% to above 15% in Kent and Medway.

Environmental indicator to be added

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 but my employer has been great working with services so I can still manage work

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

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 adoption of positive mental and physical health behaviours

We will deliver evidenced based support to all at an appropriate scale to enable 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. 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 18%

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 360 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%.

Social care indicator to be added

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 communications 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. 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%.

Implement 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 90% 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.

Maintain the increasing trend in the ratio of time people spend living in a healthy condition compared to total lifespan.

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

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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 Committees: 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**

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

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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

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

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-centered 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.

1. Could there be a differential impact due to racial/ethnic groups ?	Yes	
<p>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.</p> <p>In addition, the strategy champions an inclusive workforce with all organisations creating a culture that promotes diversity, respect, shared learning, development, and opportunity.</p>		

2. 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.

3. Could there be a differential impact due to gender ?	Yes	
<p>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.</p>		

4. Could there be a differential impact due to sexual orientation ?	Yes	
<p>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.</p>		

5. Could there be a differential impact due to religion or belief ?	Yes	
<p>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.</p>		

6. Could there be a differential impact due to people’s age ?	Yes	
<p>What evidence exists for this?</p> <p>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.</p>		

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.

7. 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.		
8. 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.		
9. 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.		
10. Are there any <i>other</i> 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	
<p>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:</p> <ul style="list-style-type: none"> • 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.

11. 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.

NB: Remember to reference the evidence (i.e. documents and data sources) used

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.

12. The need to eliminate discrimination, harassment and victimisation	Yes	
<p>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.</p> <p style="text-align: center;">Page 210</p>		
13. Advance equality of opportunity between people who share a protected characteristic	Yes	

and those who do not		
<p>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.</p>		
14. Foster good relations between people who share a protected characteristic and those who do not	Yes	
<p>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.</p>		

NB: Remember to reference the evidence (i.e. documents and data sources) used

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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?	Action required to mitigate against impact	Deadline	Who is responsible for this action (Provider/ICB- please include job title where possible)?	Update on actions (to be provided throughout project)	RAG rating
	All	Ensure that detailed equality analysis and mitigation is in place for specific service changes or projects that happen as a result of the strategy	On-going	Service commissioner – this may be any partner in the Integrated Care System for example NHS Kent and Medway, Kent County Council or Medway Council.		

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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?	Yes	No
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?	Yes	No
The strategy seeks to improve services and highlight and reduce inequalities.		

Is there an opportunity to alter your proposal to meet the ICB duties?	Yes	No
Is there evidence of a disproportionate adverse or positive impact on any groups of protected characteristic?	Yes	No
Are there concerns that there may be an impact that cannot be easily mitigated or alleviated through the alterations?	Yes	No

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 <i>another</i> group (e.g. new communities) that is relevant and ought to be considered next time?		
Signed (Author) R Hewett	Date	
Signed (ICB E,D&I Lead) LS Brailey	Date	

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From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
Richard Smith, Corporate Director Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 23 November 2023

Subject: **ADULT SOCIAL CARE AND HEALTH PERFORMANCE Q2 2023/2024**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper provides the Adult Social Care Cabinet Committee with an update on adult social care activity and performance during Quarter 2 for 2023/2024 and provides key activity headlines from the published national Adult Social Care data returns for Deprivation of Liberty Safeguards (DoLS) and the Safeguarding Adults Collection (SAC).

Adult social care saw a quarterly increase in the number of Carers' Assessments completed, an increase in those in receipt of the Kent Enablement at Home Service, with an increase in the number of DoLS applications completed. Adult social care also saw a positive decrease in the number of people in a Short-Term Residential or Nursing bed.

However, there continues to be pressures in areas of adult social care for example in safeguarding, increasing numbers of people needing support with a mental health need and in delivering both Care Needs Assessments and Reviews of the Care & Support Plan. Adult social care, as is being experienced nationally, continue to face challenges with increasing demand, availability of services in the social care market and with adult social care workforces, both in the social care sector and in Kent County Council.

The Key Performance Indicator (KPI) Care Needs Assessments delivered within 28 days continues to be below target and RAG Rated Red, adult social care continue to prioritise delivery of these assessments within the Performance Assurance Framework. Four KPIs are RAG Rated Amber and only one has a significant downward direction of travel and this was for those in a Care Quality Commission rated residential or nursing care home rated Good or Outstanding, as it was last quarter. One KPI remained RAG Rated Green having met the target, which was those not re-contacting adult social care having had a previous contact resolved with information, advice or guidance.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of adult social care services in Quarter 2 2023/2024.

1. Introduction

- 1.1 A core function of the Cabinet Committee is to review the performance of services which fall within its remit. This report provides an overview of the Key Performance Indicators (KPI) for Kent County Council's (KCC) adult social care services. It includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR).
- 1.2 Appendix 1 contains the full table of KPIs and activity measures with performance over previous quarters and where appropriate against agreed targets.

2. Overview of Performance

- 2.1 Adult social care 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 adult social care and in their communities, there are news tools on Kent.gov which 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 us and is well below the threshold 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 assessment unnecessarily.
- 2.2 Quarter 2 saw a decrease in the number of Care Needs Assessments (CNA) to be undertaken, 1,000 less than the previous quarter, however this was still over 4,500; and adult social care completed 4,491. Of the incoming new CNAs for Quarter 1, 66% were completed by adult social care within 28 days; Quarter 1 saw the highest volume initiated, over 5,500 and the highest 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 CNAs in a timely manner, with regular meetings, to discuss the actions taken and need to address the demand in delivering these, within the Community Team and Senior Management Team meetings.
- 2.3 In Quarter 2 there was an increase of the number of Carers' Assessments completed by adult social care and the Carers' organisations, with 1,135 completed this was a 5% increase on the previous quarter.
- 2.4 Following a CNA, where eligible for support, people receive a Care and Support Plan (C&SP) which details how a person will be supported and the services

they may receive. Adult social care had 16,649 people with an active C&SP at the end of Quarter 2, which is an increase of 2% on the previous quarter, which had also seen a 2% increase on Quarter 4 2022/2023. Not everyone will go on to need a support package and adult social care 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).

- 2.5 Adult social care completed 2,140 annual reviews of the C&SP in Quarter 2, which was a decrease on the previous quarter; this decrease alongside people's ongoing review becoming due in Quarter 2 has meant adult social care 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 the focus for both Community Teams and those working with people on the hospital discharge pathways is to give them their first review, due 6-8 weeks after the start of their service; this has contributed to the lower number of annual reviews delivered.
- 2.6 Where people need short-term enablement services, adult social care 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 their needs met by this service.
- 2.7 KEaH managers have worked extensively with the Adult Social Care 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 CNA 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 to do joined up working and share expertise. Next year the intention with KES is to do more joined up working and provide total wrap around support for those within these services, therefore increasing the outcomes for the people we support.
- 2.8 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, and adult social care 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 decrease from Quarter 1 to Quarter 2, and the number in Quarter 2 was a decrease of 15% when compared to Quarter 2 last year.

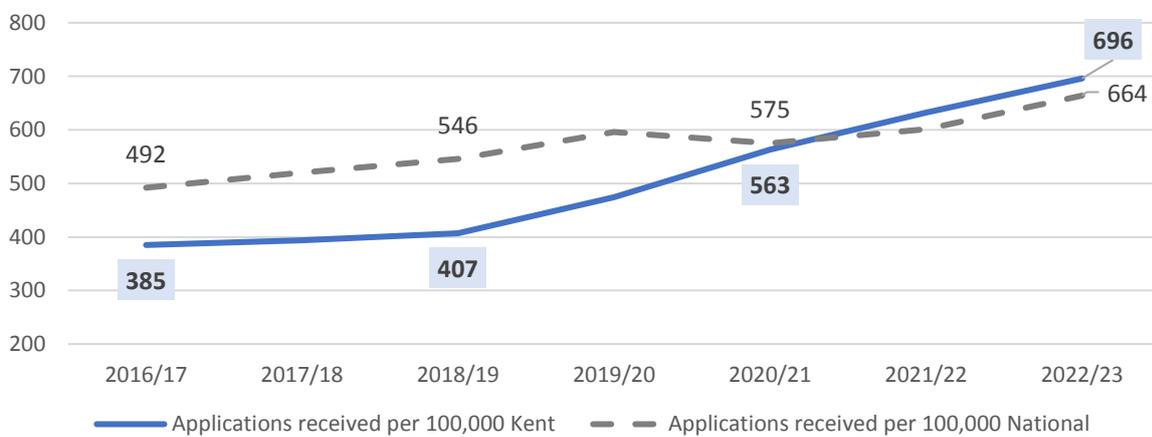
- 2.9 Adult social care saw 82% of people aged 65 and over at home 91 days after discharge from hospital having had reablement services, in Quarter 1, the same as in Quarter 4. Work to reduce the longer-term use of a Short-Term Bed has stopped this KPI from decreasing. The work with partners to develop 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.
- 2.10 A key priority for adult social care 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.
- 2.11 Adult social care recognises that the take up of Direct Payments is a key enabler in delivering the strategic vision set out in "Making a Difference Every Day" and as such has set ambitious targets (above national benchmarking figures). In setting these targets adult social care understands that the legal duty is to offer a Direct Payment (within the conditions set out in the Care Act 2014) but cannot compel individuals to take up the offer. Officers in KCC's Direct Payment Team, and wider social care teams have continued to work hard to increase take up, but this is currently not resulting in a significant increase, and the total number of Direct Payment recipients is further impacted by individuals who no longer wish to have their needs met through them. To take this forward adult social care has an established strategic design authority, which has undertaken a root and branch review of the local Direct Payment offer to better understand barriers to take up, and the subsequent findings paper has identified areas of development; this includes the requirement for investment to provide support to individuals who are unable to manage their own Direct Payment (via a managed service) and would therefore struggle to fully benefit from the opportunities provided through self-directed support.
- 2.12 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 focused conversations on this area of support and to ensure adult social care can benchmark against both the national Adult Social Care Outcomes Framework and the Better Care Fund reporting, this measure now shows 12 months 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.
- 2.13 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).

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

2.15 Adult Social Care received 2,093 Deprivation of Liberty Safeguards (DoLS) applications in Quarter 2, and completed over 2,207 assessments, these included applications received within this and previous quarters.

2.16 One of the national adult social care annual data returns is for DoLS; the most recent figures for 2022/2023 were recently published by NHS England. Figure 1 below shows the rate of applications received in Kent and nationally since 2016/2017.

Figure 1: the rate per 100,000 of applications received from 2016/2017 to 2022/2023 in Kent and Nationally.

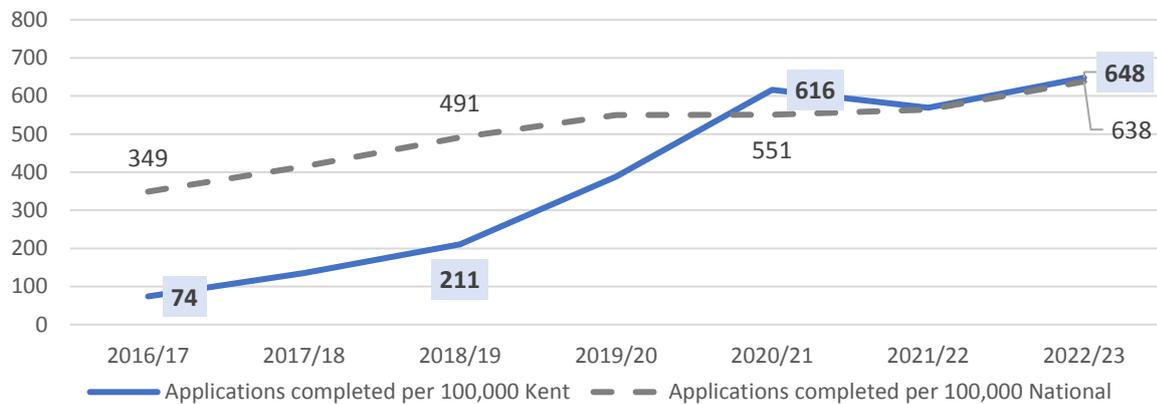


Note: axis does not start at 0. Source NHS Digital.

2.17 Since 2018/2019 there have been annual increases in the rate of DoLS Applications received by Kent, and in 2020/2021 Kent overtook the national rate and continues to exceed this, with 696 received per 100,000 of the population compared to 664. It is expected that this trend will continue in 2023/2024.

2.18 With the exception of 2021/2022, Kent has been increasing annually the rate of applications completed, with accelerated increases from 2018/19 onwards (Figure 2). In 2020/2021 Kent exceeded the national rate, which it continued to do so each year since. In 2022/2023, Kent was 648 per 100,000 of the population compared to 638 for national.

Figure 2: the rate per 100,000 of applications completed from 2016/2017 to 2022/2023 in Kent and Nationally.

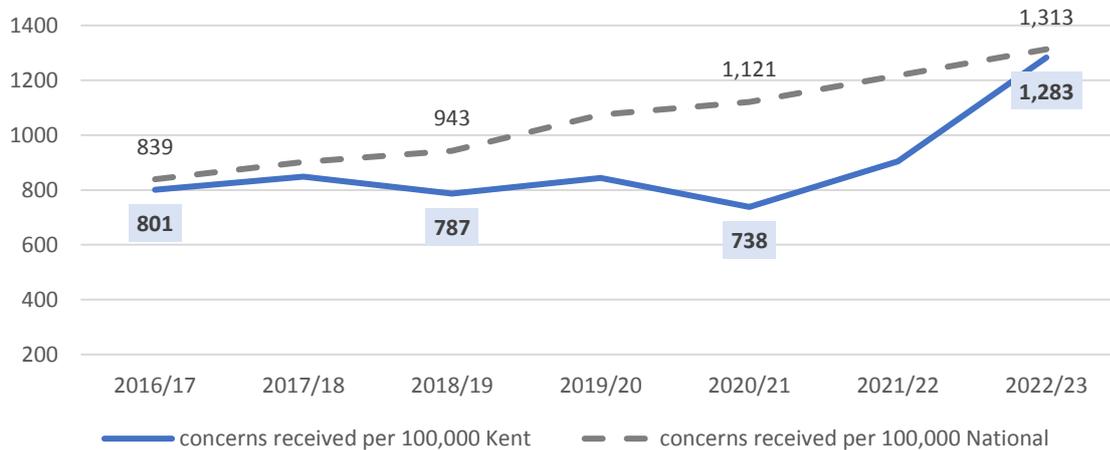


Source NHS Digital.

2.19 Adult social care saw another increase in the number of safeguarding enquiries open on the last day of the quarter at over 1,800. Safeguarding remains a high priority for adult social care 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 closed; it has been identified that there is a need to embed the learning around the speciality of the safeguarding skills across all teams and whilst this learning is ongoing the areas have all adapted their teams to deal with the level of safeguarding that is coming into the localities. The density of safeguarding enquiries is seen most in teams where there are 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 will equally have an impact on our safeguarding numbers in the future.

2.20 The national Safeguarding Adults Collection (SAC) has also recently been published; Kent has consistently had a lower rate per 100,000 of safeguarding concerns received when compared to the national rate (Figure 3) however in 2022/2023 Kent moved to having a more similar rate at 1,283 compared to 1,313, following an increase in the rate from 2020/2021 to 2021/2022 and into 2022/2023 too.

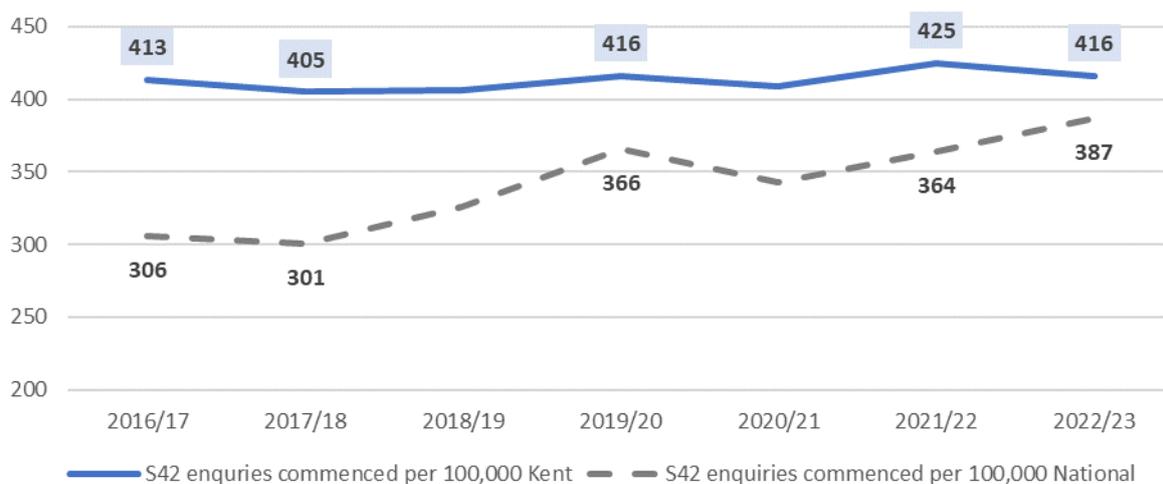
Figure 3: the rate per 100,000 of safeguarding concerns received from 2016/2017 to 2022/2023 in Kent and Nationally.



Note: axis does not start at 0. Source NHS Digital.

2.21 When it comes to the rate per 100,000 of safeguarding enquiries commenced, Kent has consistently had a higher rate than national (Figure 4). Whereas the national rate has steadily been increasing since 2016/2017, Kent has remained relatively steady ranging from 405 to 425 per 100,000 each year.

Figure 4: the rate per 100,000 of safeguarding enquiries commenced from 2016/2017 to 2022/2023 in Kent and Nationally.



Note: axis does not start at 0. Source NHS Digital.

3. Conclusion

- 3.1 Adult social care continues to deal with high levels of demand across all the teams and areas of delivery, whilst facing challenges both in its own workforce and in the social care market and is taking steps to increase recruitment and retention. Adult social care ensure they prioritise, and risk manage, these demands so we can meet our statutory duties and keep people safe and independent. Adult social care expect to see demand and growth to continue to increase. There has been positive performance in increases of Carers' Assessments delivered, more people accessing Kent Enablement at Home and lower numbers of people in short-term residential or nursing beds.

4. Recommendation

4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to NOTE the performance of services in Quarter 2 2023/2024.

5. Background Documents

None

6. Report Author

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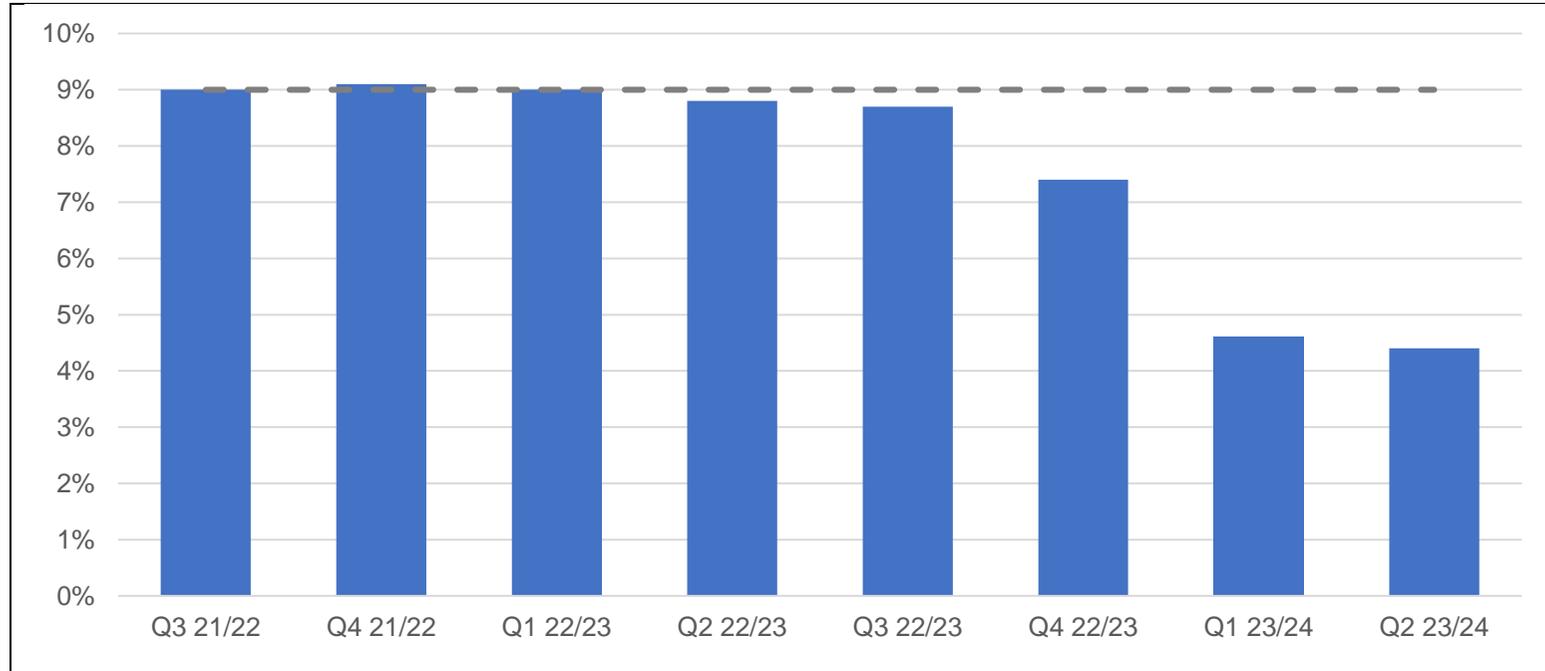
Relevant Director

Paula Parker
Head of Business Delivery Unit
03000 415443
paula.parker@kent.gov.uk

Appendix 1: Adult Social Care and Health Key Performance Indicators and Activity Performance 2023/2024

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

GREEN
↑



Technical Notes:

Target set at 9% (dotted line) with an upper threshold of 13%

The Direction of Travel is significant.

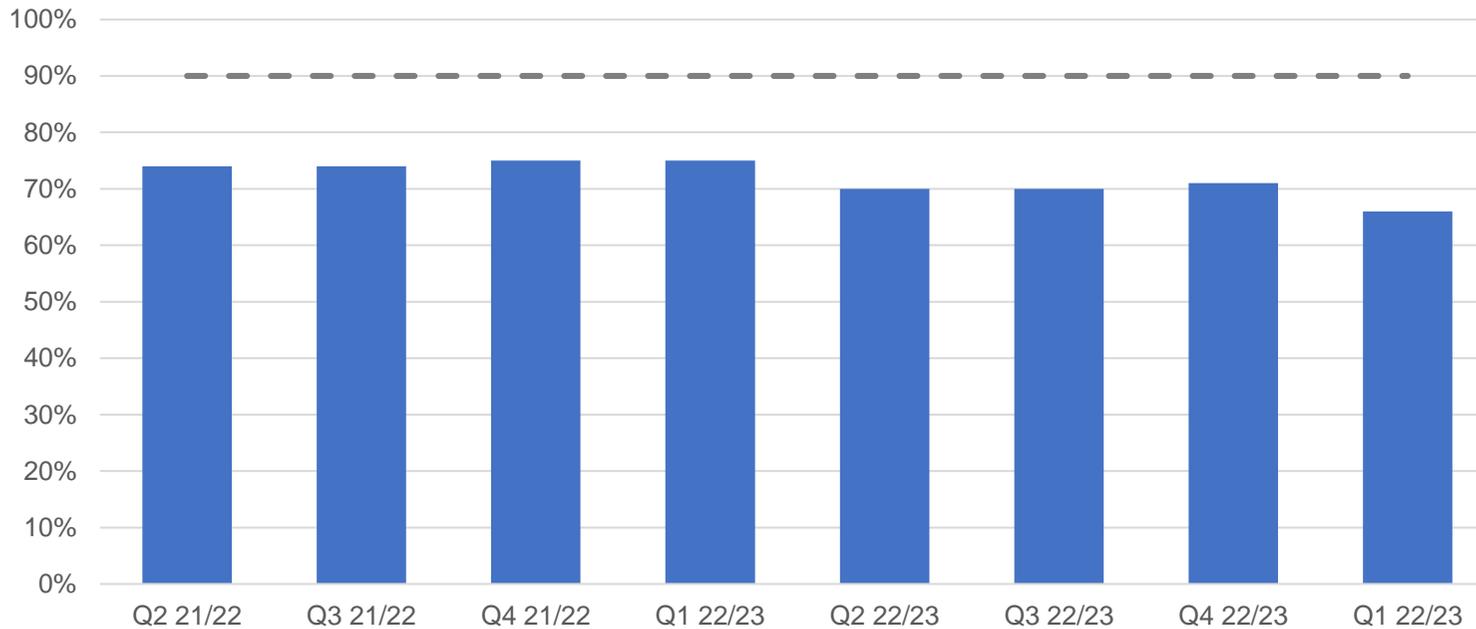
Please note axis does not end at 100%

Commentary: Delivery on this Key Performance Indicator (KPI) continues to perform at target with just 4% of those having their original contact resolved with no further action needed by adult social care coming back to us within three months.

Where there are recurring contacts, there is ongoing work to analyse the themes, and guidance provided for partners to signpost people to more appropriate support if necessary.

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

RED
↓



Technical Notes:

Target set at 90% (dotted line) Floor Threshold of 80% for 22/23 and 23/24

Please note this measure runs a quarter in arrears to account for the 28 days.

The Direction of Travel is significant.

Commentary: 66% of incoming Care Needs Assessments (CNAs) were completed within 28 days in Quarter 1; this is the time 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 within adult social care on ensuring people do receive their CNA in a timely manner, with regular meetings to discuss the actions taken and need to address the demand in delivering CNAs.

There was an increase in the number of CNAs initiated in Quarter 1, at 5,573 this was the highest volume seen since this reporting began. Overall, 4,880 CNAs were completed in Quarter 1, which includes those started in previous quarters, and is an increase on the number completed in the previous Quarter 1 the year before (2022/23).

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

AMBER
↔

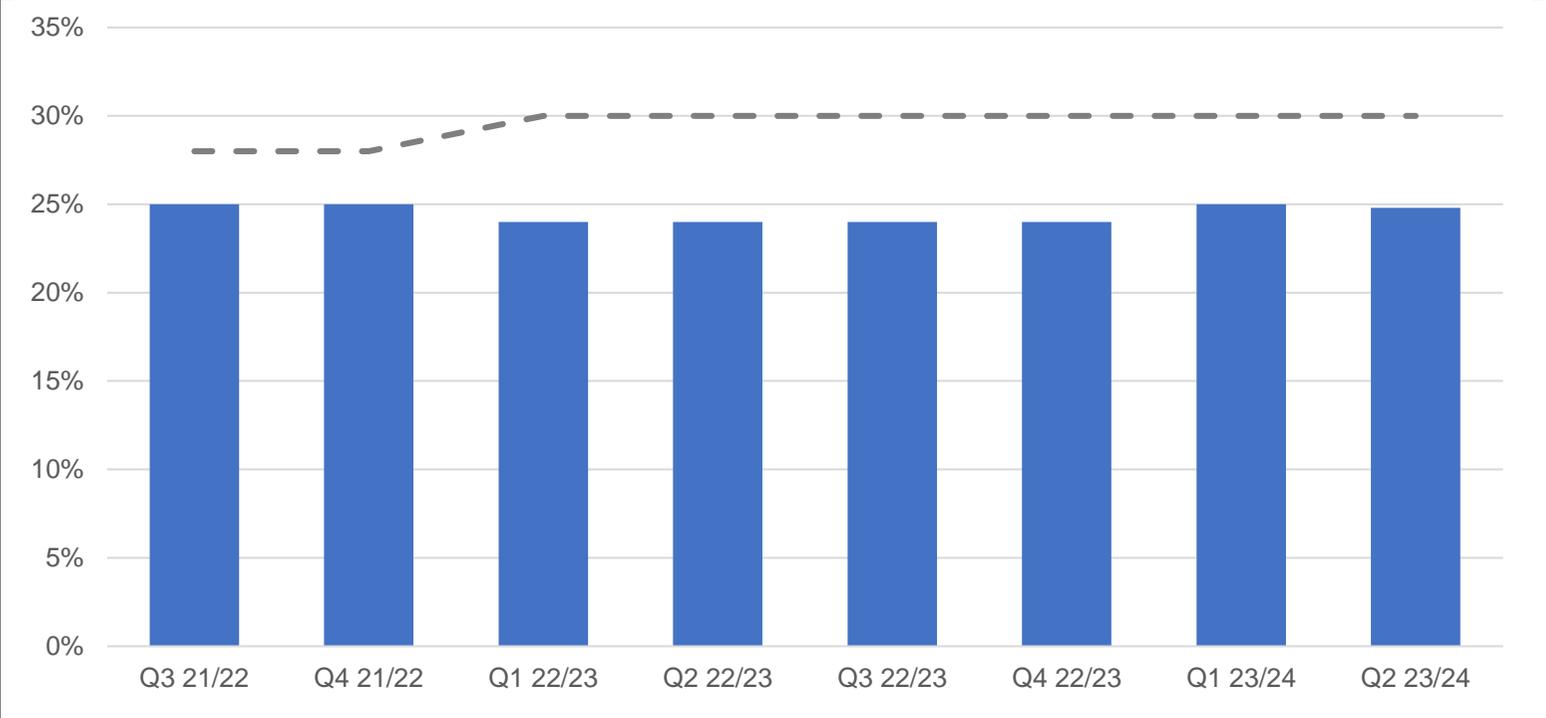
Technical Notes:

Target set at 30% (dotted line) The floor threshold is 24%

Does not include people with Learning Disabilities aged 18-25 with Children Young People and Education (CYPE).

The Direction of Travel is not significant.

Please note axis does not end at 100.



Page 225

Commentary: Adult social care continued to have 25% with a Direct Payment in Quarter 2; there was an increase in the number of people with a Direct Payment during the quarter at nearly 3,000.

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

AMBER
↔

Technical Notes:

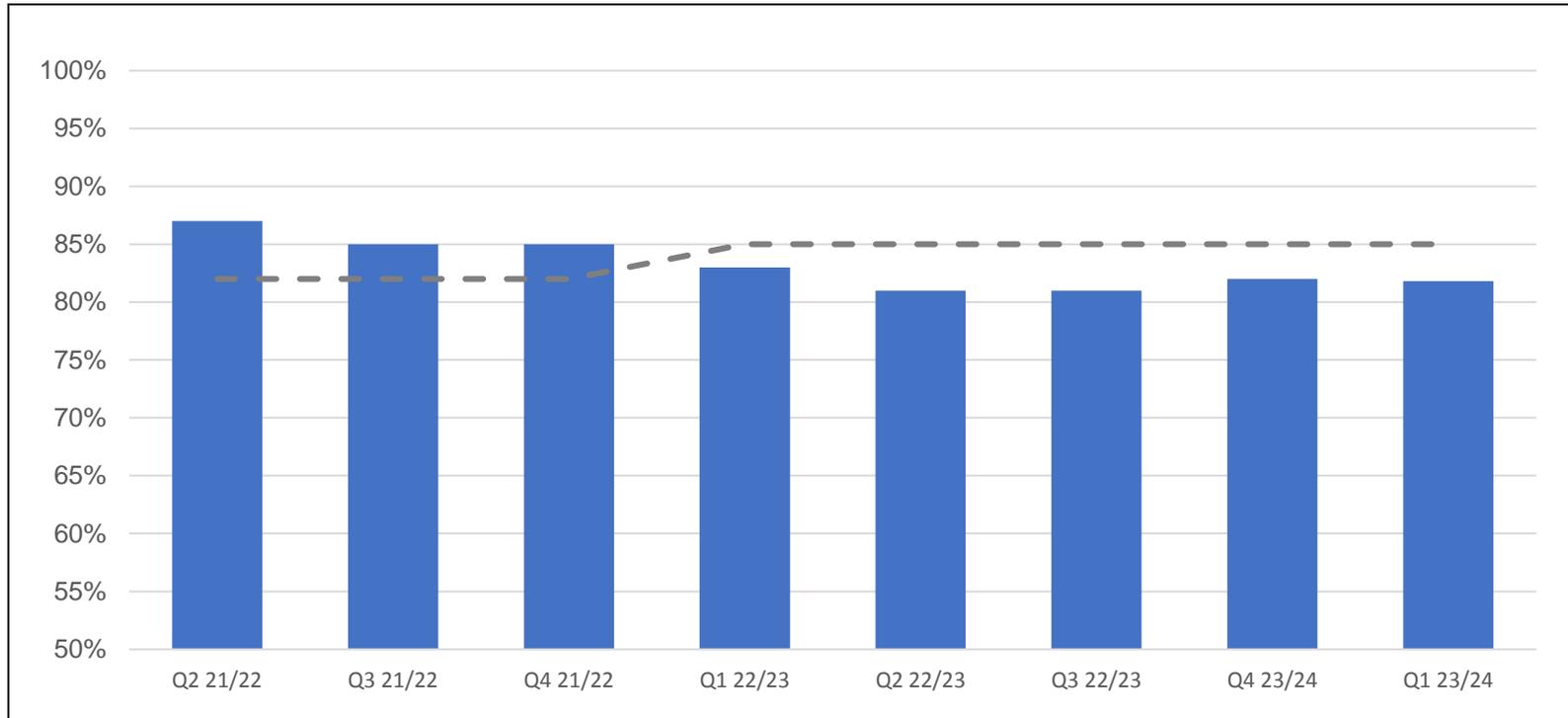
Target set at 85% (dotted line) with a floor threshold of 80% for 23/24

KPI runs a quarter in arrears to account for the 91-day time frame.

The overall Direction of Travel is not significant.

Please note axis does not start at 0.

Better Care Fund Measure

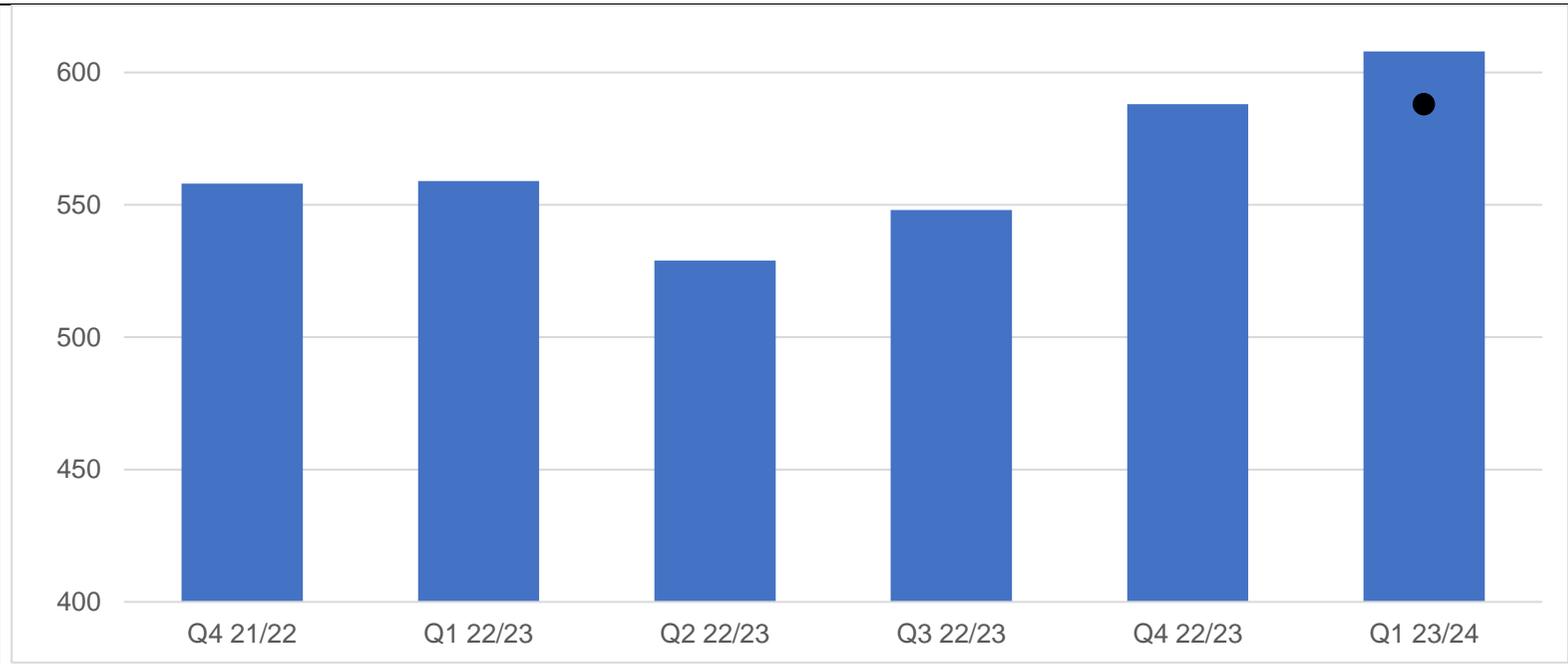


Commentary: Adult social care continue to see 82% of older people being at home 91 days following discharge from hospital having had reablement services – this includes Short Term Beds and Kent Enablement at Home. As part of Performance Assurance and Sustainability Plans there is focus on ensuring people who are discharged from hospital and needs ASC support are seen and assessed quickly and receive the services they need so they can return home.

Kent Enablement at Home is working with both adult social care Short Term Pathways Teams and the provider Hilton to provide services to those who need ongoing care where there is currently no community support available to them.

ASCH5: Long Term support needs of older people (65 and over) met by admission to residential and nursing care homes

AMBER
↑



Technical Notes:

Target set at 588 (dot) with an upper threshold of 617.

Rate per 100,000 of the population

KPI runs a quarter in arrears to account for recent levels of late inputting.

The Direction of Travel is not significant.

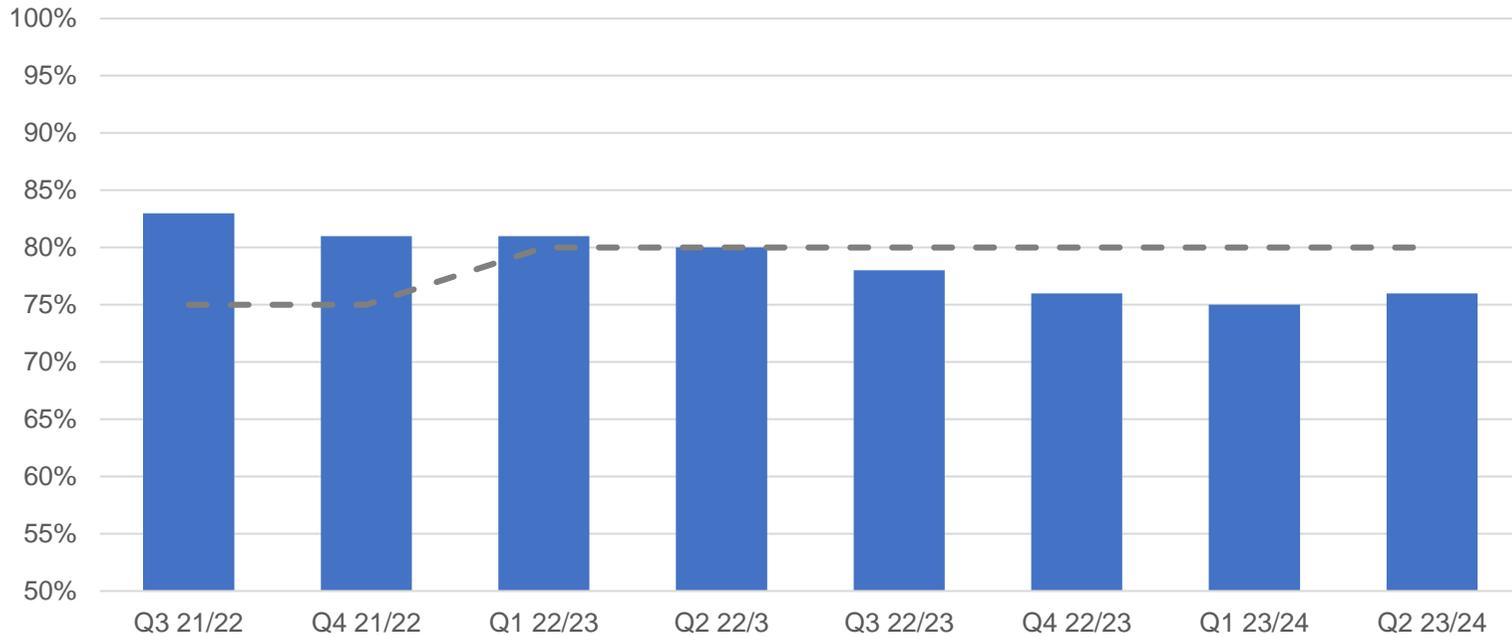
Better Care Fund Measure

Commentary: Adult social care has changed the calculation behind this measure from showing quarterly figures to 12 month rolling, this removed the quarterly volatility of the figures and aligns more appropriately with both the national Adult Social Care outcomes Framework and the Better Care Fund reporting allowing for benchmarking against National, South East Region and other Local Authorities.

The target has been set at 588 per 100,000 of the population with the intention to maintain and improve on the 2022/23 position, with a 5% upper threshold of 617 where the RAG Rating would be Red if this is exceeded.

ASCH6: The % of Kent Count Council (KCC) supported people in residential or nursing care where the Care Quality Commission rating is Good or Outstanding

AMBER
↑



Technical Notes:

Target set at 80% (dotted line) with a floor threshold of 75%

The Direction of Travel is significant.

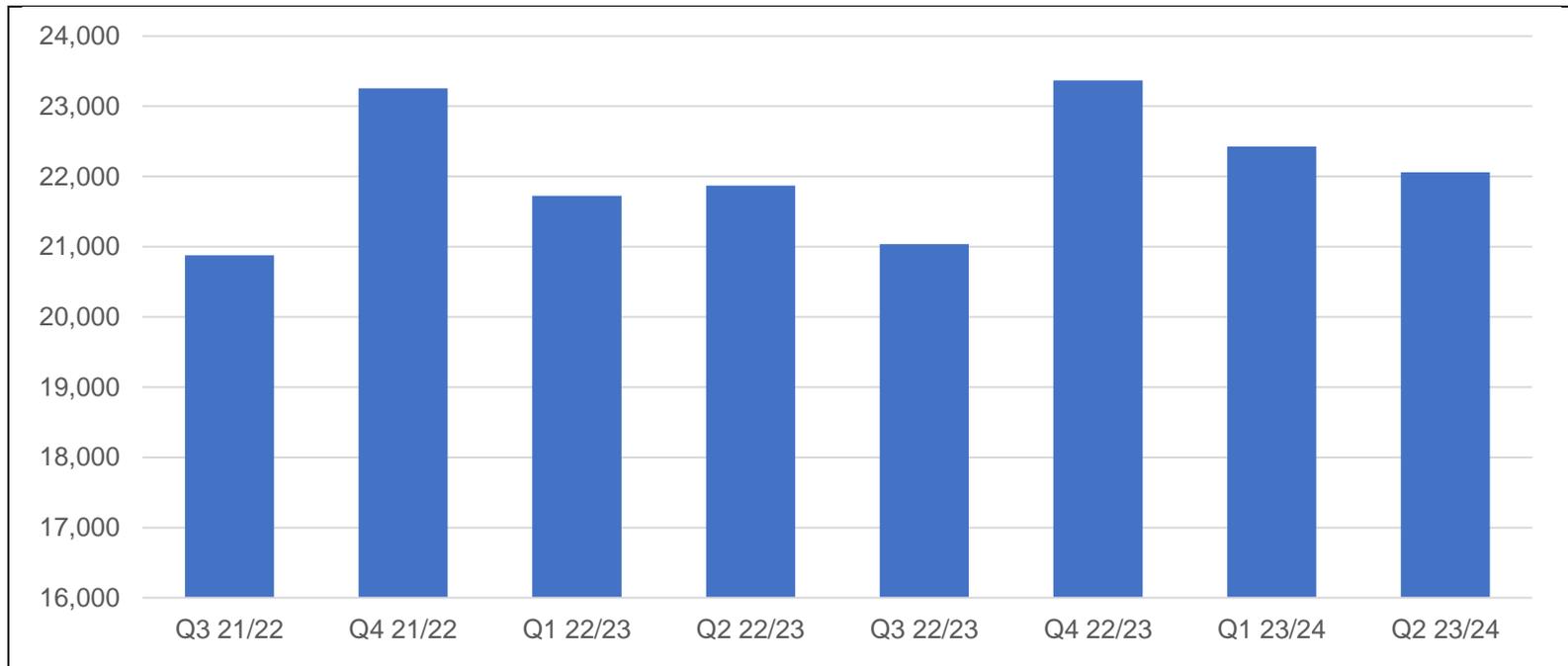
Please note axis does not start at 0.

Corporate Risk Register: CRR0015

Commentary: Adult social care saw a 1% increase in those we support in residential or nursing care being in a care home rated Good or Outstanding by the Care Quality Commission (CQC). Only 2% were in Inadequate care homes this quarter, the same as in Quarter 1.

At present, thirteen care homes (five older person care homes and eight learning disability, physical disability, and mental health care homes) have contract suspensions in place to prevent further placements. Three of the Learning Disability/Physical Disability/Mental Health (LDPDMH) homes have suspensions in place due to either refurbishment of the service, pending closure or the service being dormant with CQC. This is slightly higher than the previous quarter, mainly due to one LDPDMH service spanning across three separate registrations so requiring three separate sanctions. A collaborative approach between KCC, Health colleagues and external agencies is taken to support providers to deliver on comprehensive multi agency action plans to improve CQC ratings.

ASCH7: The number of people making contact with Adult Social Care and Health



Technical Notes:

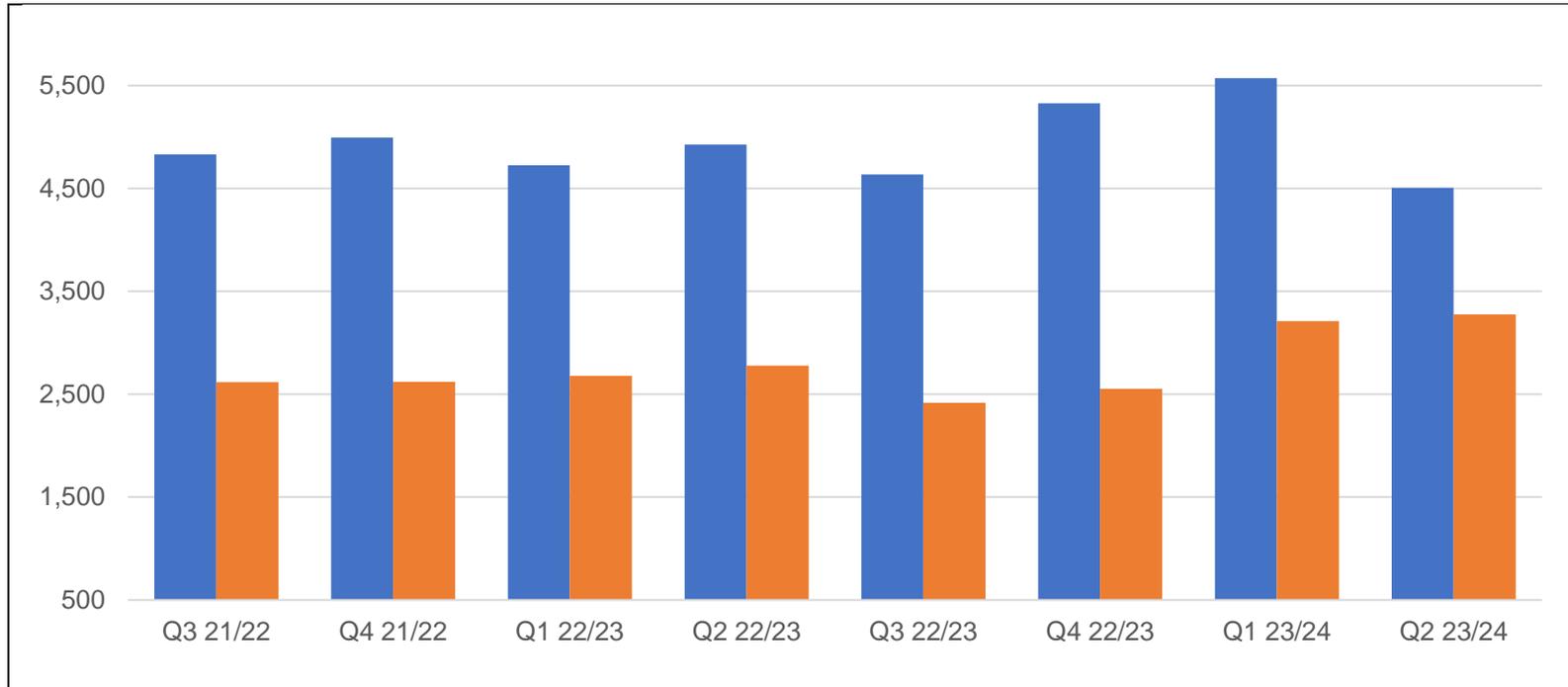
Activity measure, no specified target

Includes all forms of contact.

Please note axis does not start at 0

Commentary: Quarter 2 saw a small decrease in the number of contacts coming into adult social care, however we are still handling over 22,000 contacts each quarter this year.

ASCH8: Care Needs Assessments



Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0.

Blue – New assessments to be undertaken.

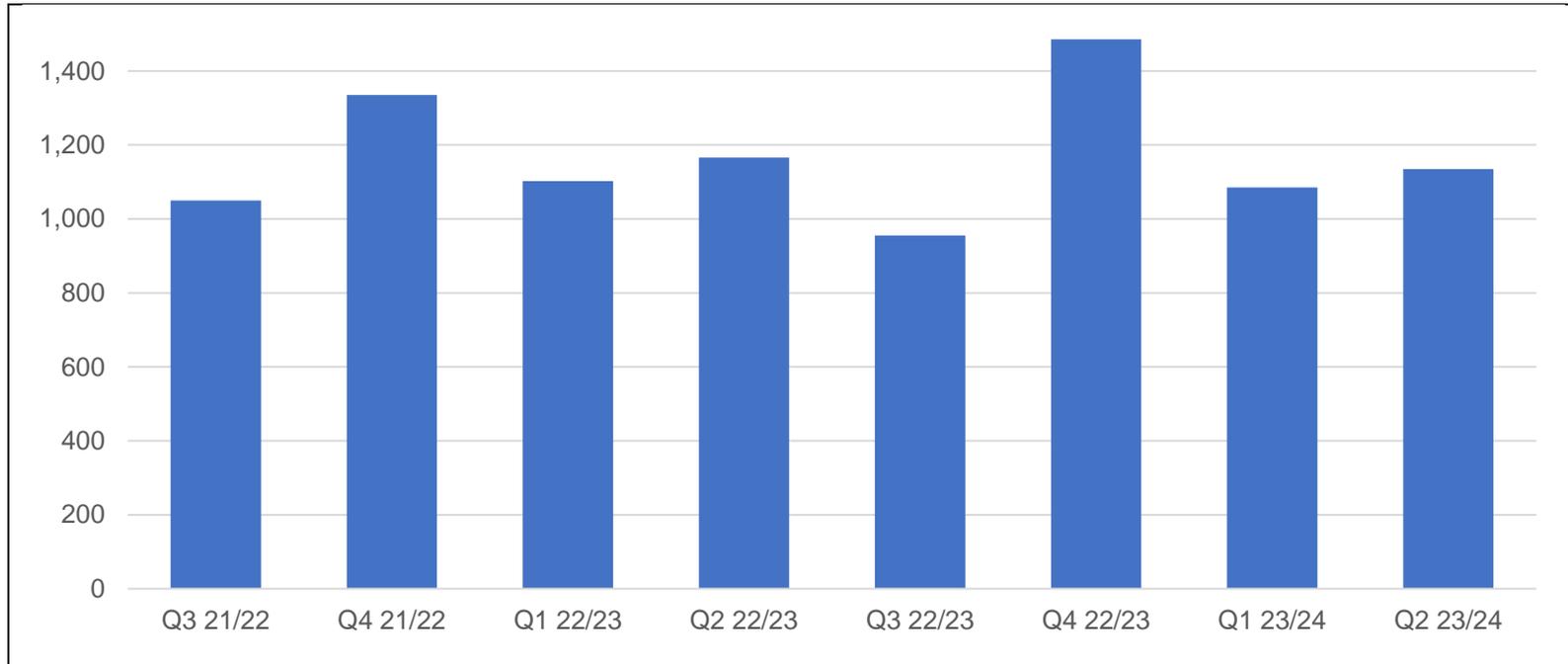
Orange – Assessment needing to be completed.

Corporate Risk Register:
CRR0002

Commentary: Adult Social Care saw a decrease in the number of incoming CNAs in Quarter 2, the lowest seen since this monitoring began. 1,000 less CNAs were initiated compared to the previous quarter. Adult social care completed 4,491 CNAs in Quarter 2, which was 99% of the incoming CNAs. These completions include CNAs started in an earlier quarter.

The decrease in initiated CNAs and corresponding number of completed CNAs led to a similar number of CNAs to be completed on the last day of Quarter 2 as there was in Quarter 1.

ASCH9: The number of new Carers' Assessments delivered



Technical Notes:

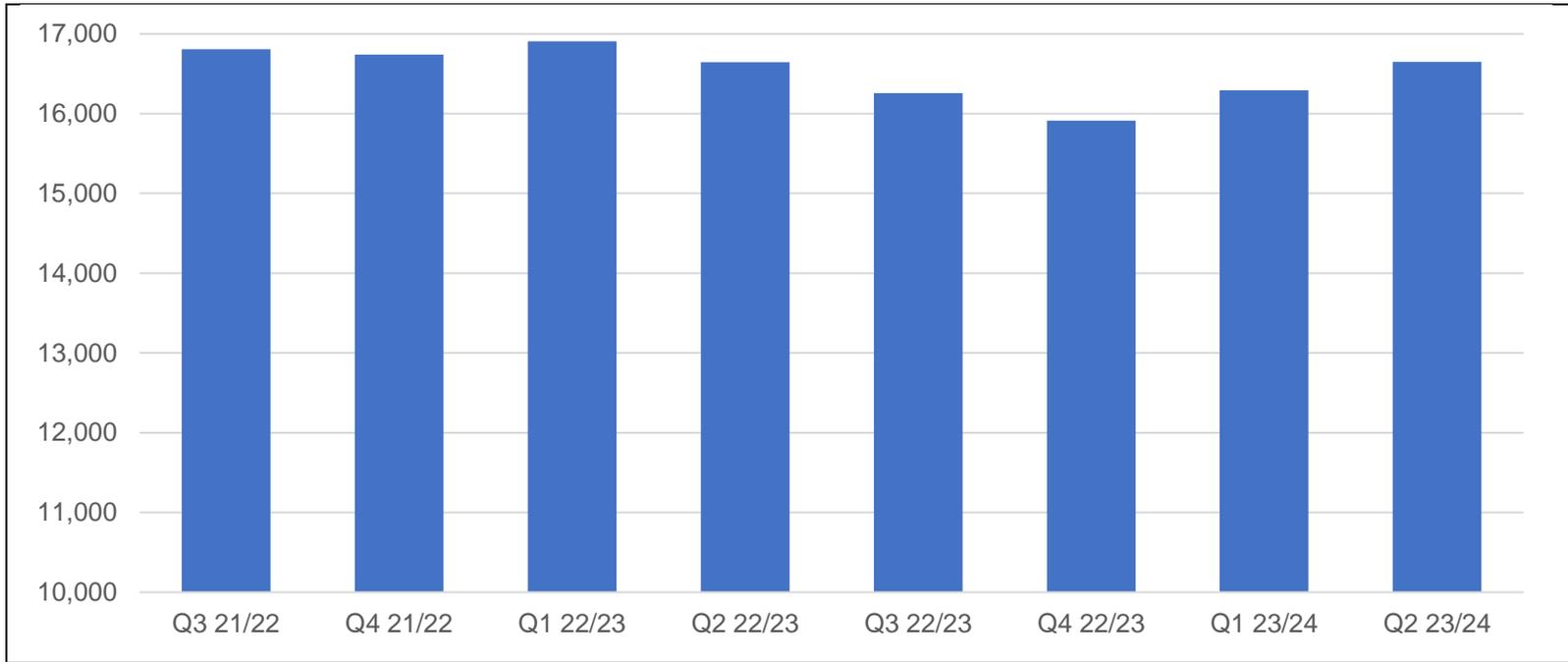
Activity measure, no specified target

Corporate Risk Register: CRR0015

Commentary: Adult social care an increase in the number of Carers' Assessment completed in Quarter 1.

Adult social care has recently reviewed the Governance for Carers to provide assurance and the Strategy Group will report to ASCH Senior Management Team. Carers have expressed a wish for forums alongside the task and finish groups (delivering against the strategy) and we are currently looking at how these will be delivered. A training video has been developed by the Primary Care Learning Team (for Primary Care Networks) in which the Assistant Director responsible for Carers has highlighted the need for GPs to identify carers, this will be delivered jointly with Involve, one of the commissioned carers organisation.

ASCH10: The number of people with an active Care and Support Plan at the end of the Quarter



Technical Notes:

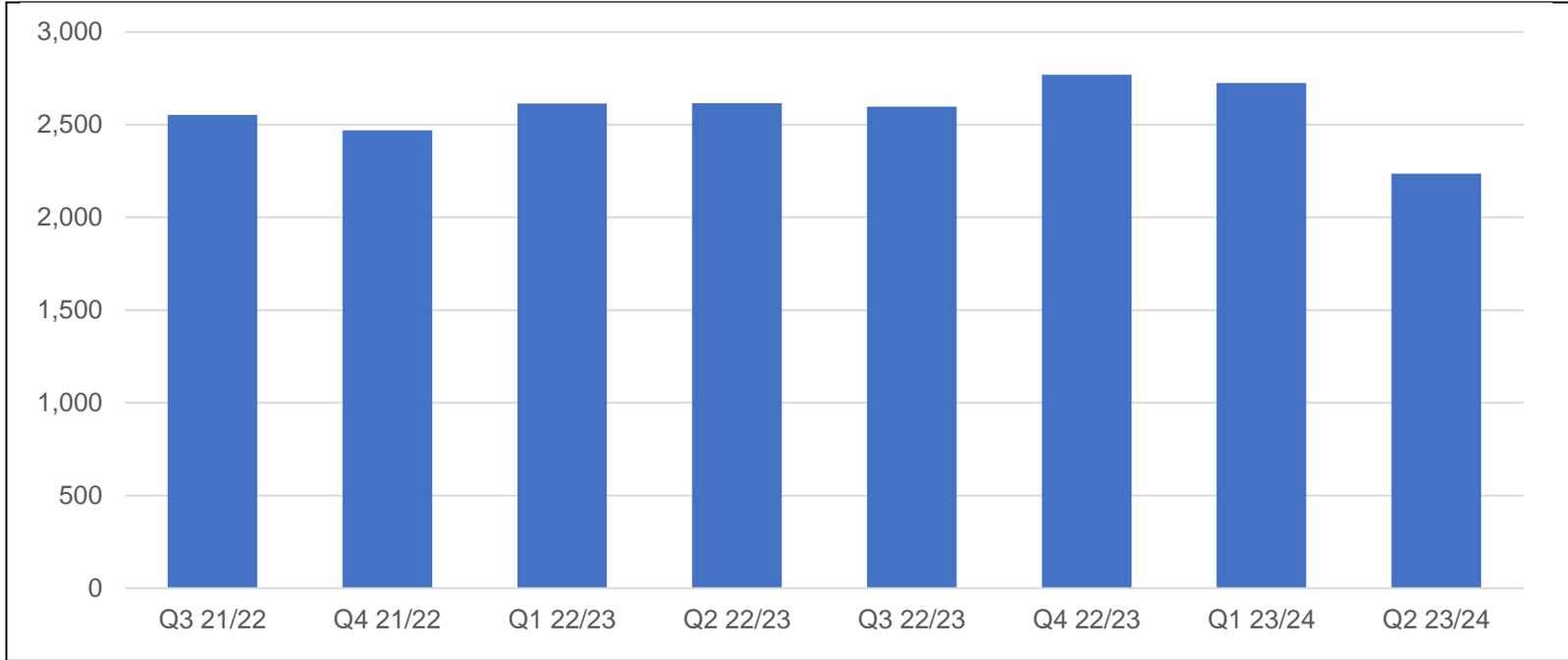
Activity measure, no specified target

Please note axis does not start at 0.

Commentary: Care and Support Plans (C&SP) form the basis of the arrangements for meeting a person’s social care needs and follow the completion of a CNA where a person is assessed as eligible for care and support with adult social care.

In Quarter 2 there was another increase in the number of people with an active C&SP, and is at a similar level when compared to Quarter 2 in 2022/2023.

ASCH11: The number of new support packages being arranged for people in the quarter



Technical Notes:

Activity measure, no specified target

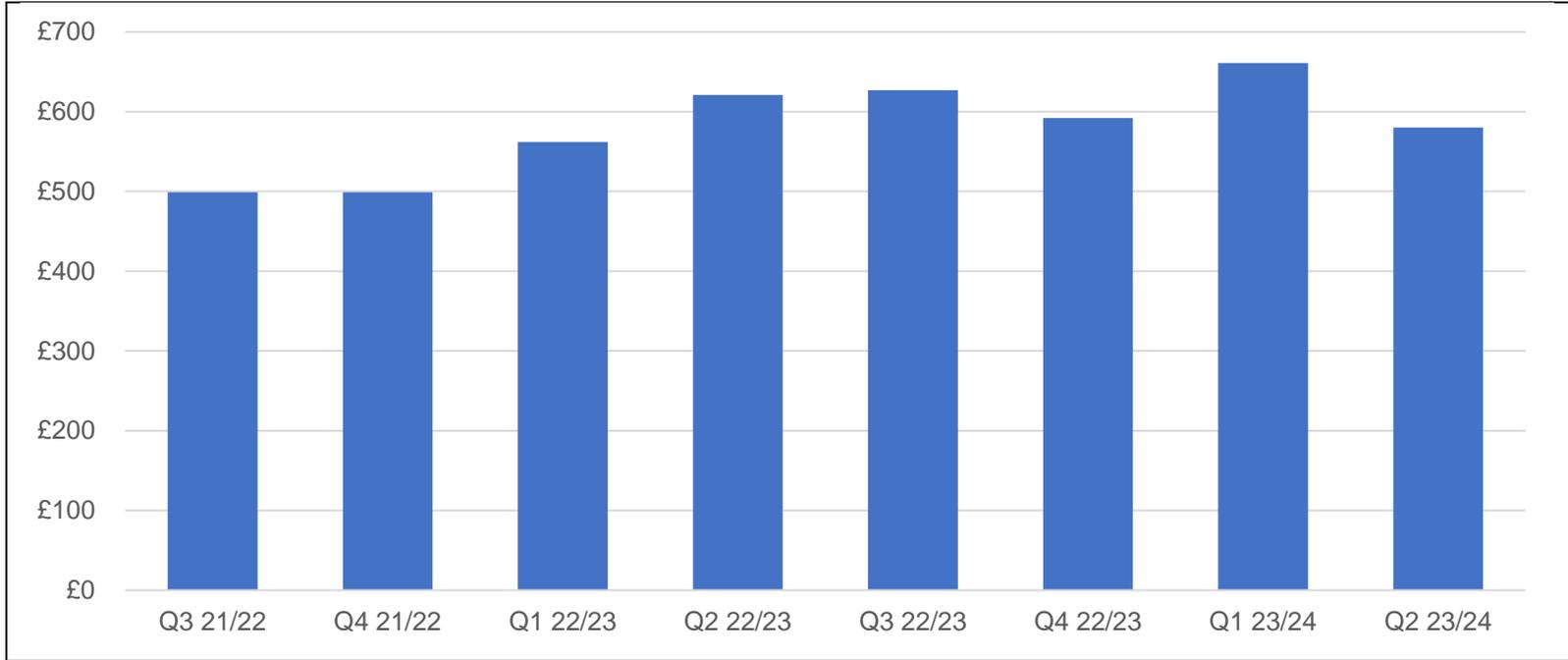
Q1 2023/24 figure has been updated.

Corporate Risk Register: CRR0002 & CRR0015

Commentary: Each quarter the figures are updated as new packages are placed onto Mosaic (the Adult Social Care Client Recording System), there can be a time-delay in updating the client recording system. Quarter 1 originally saw 2,501 new packages of support arranged, there are now 2,725. It is expected that Q2 will increase too.

Practitioners will work with people following their assessment and application of eligibility criteria to determine the best way to meet the person’s eligible needs and personal outcomes. A traditional package of care is just one way to meet a person’s care and support needs and practitioners will explore local community resources within the voluntary and community sector, such as community catalysts and other ways including technology or one-off pieces of equipment to support independence.

ASCH12: The average cost of new support packages arranged for people in the quarter



Technical Notes:

Activity measure, no specified target

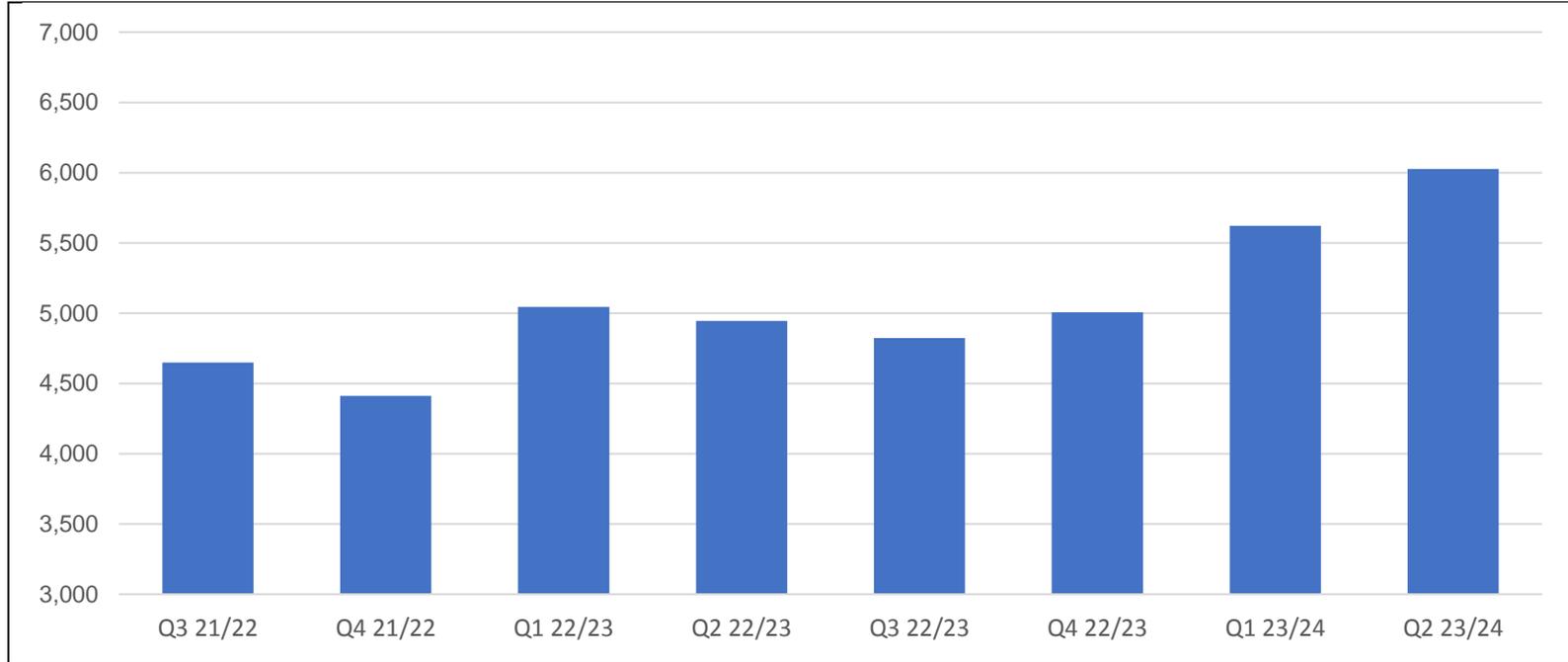
Average weekly cost at end of quarter

Q1 2023/24 figure has been updated.

Commentary: Quarter 1 saw an increase in the average cost of new support packages being arranged on the previous quarter and is at a higher amount than the quarters before that. It is expected that the average cost shown here for quarter 2 will increase, as ASCH12 will also increase as more support packages are inputted onto Mosaic.

The increase in costs reflects the level of need for people we support, this is particularly seen in Supported Living arrangements for people with mental health need, and in increases to the cost of services.

ASCH13: The number of people requiring an annual review to be completed on the last day of the quarter



Technical Notes:

Activity measure, no specified target

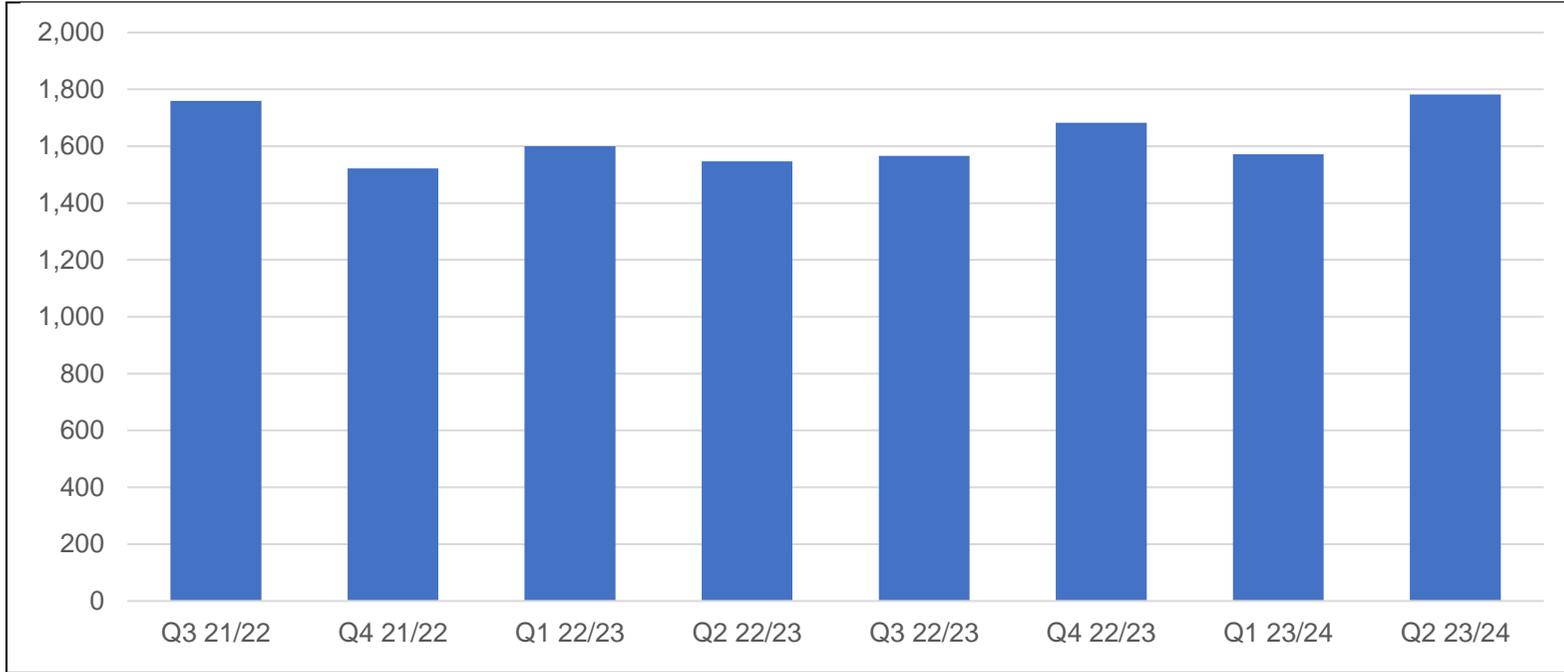
Please note axis does not start at 0.

Corporate Risk Register: CRR0002

Commentary: The number of people requiring their annual review of their C&SP continues to increase as on the last day of Quarter 2; it was a 7% increase on the previous quarter.

In Quarter 2 there was a decrease in the number of completed annual reviews, with 2,140 compared to 2,475 in Quarter 1; however, there was an increase in the number of first reviews (those delivered at 6-8 weeks after support service start) of 20%.

ASCH14: The number of people in Kent Enablement at Home



Technical Notes:

Activity measure, no specified target

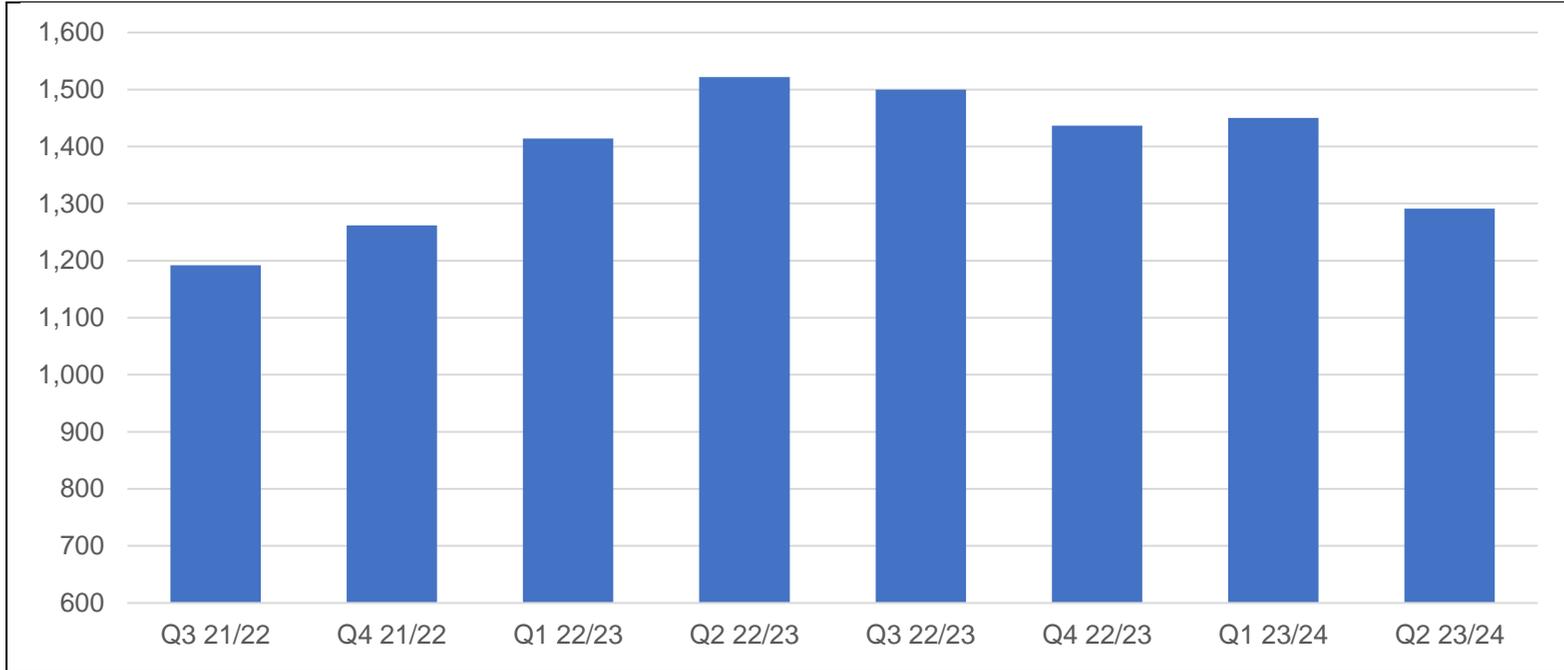
People receiving services with Kent Enablement at Home (KEaH)

Please note axis does not start at 0.

Commentary: There was an increase of 13% in people receiving the Kent Enablement at Home (KEaH) Service in Quarter 2; 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 CNA or already receiving services.

The KEaH teams have also been supporting the Occupational Therapist Service and the Kent Enablement Service (KES) where there are many opportunities to do joined up working and share expertise. Next year the intention with KES is to do more joined up working and provide a total wrap around services for those within these services, increasing the outcomes for the people we support in these services.

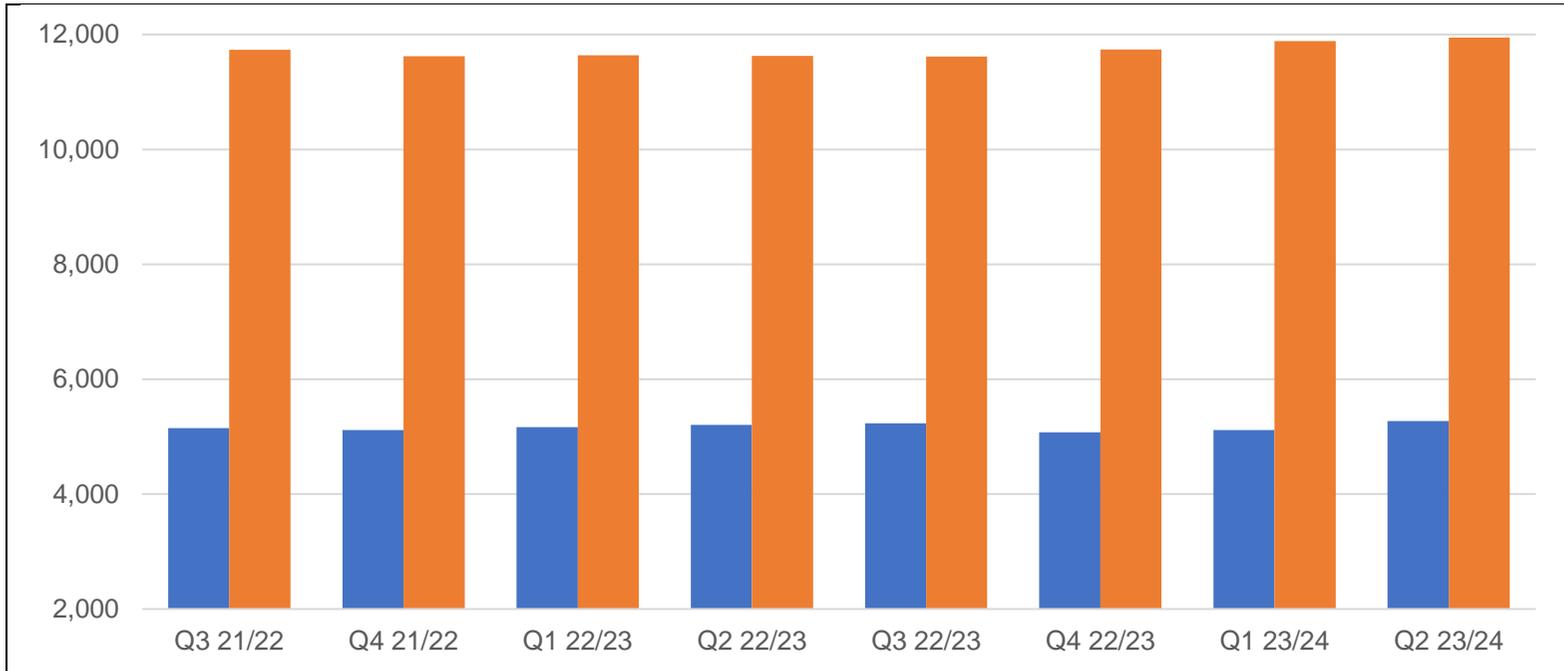
ASCH15: The number of people in Short Term Beds



Technical Notes:
Activity measure, no specified target
Please note axis does not start at 0.
Q1 2023/24 figure has been updated.

Commentary: Adult social care continues to see decreases in the number of people in a Short-Term Bed; there continues to be targeted work to ensure that Short-Term Bed use is necessary and appropriate, and that that the people in them are assessed, reviewed, and enabled to go home or on to community services as needed, in a timely manner.

ASCH16: The numbers of people in Long Term Services

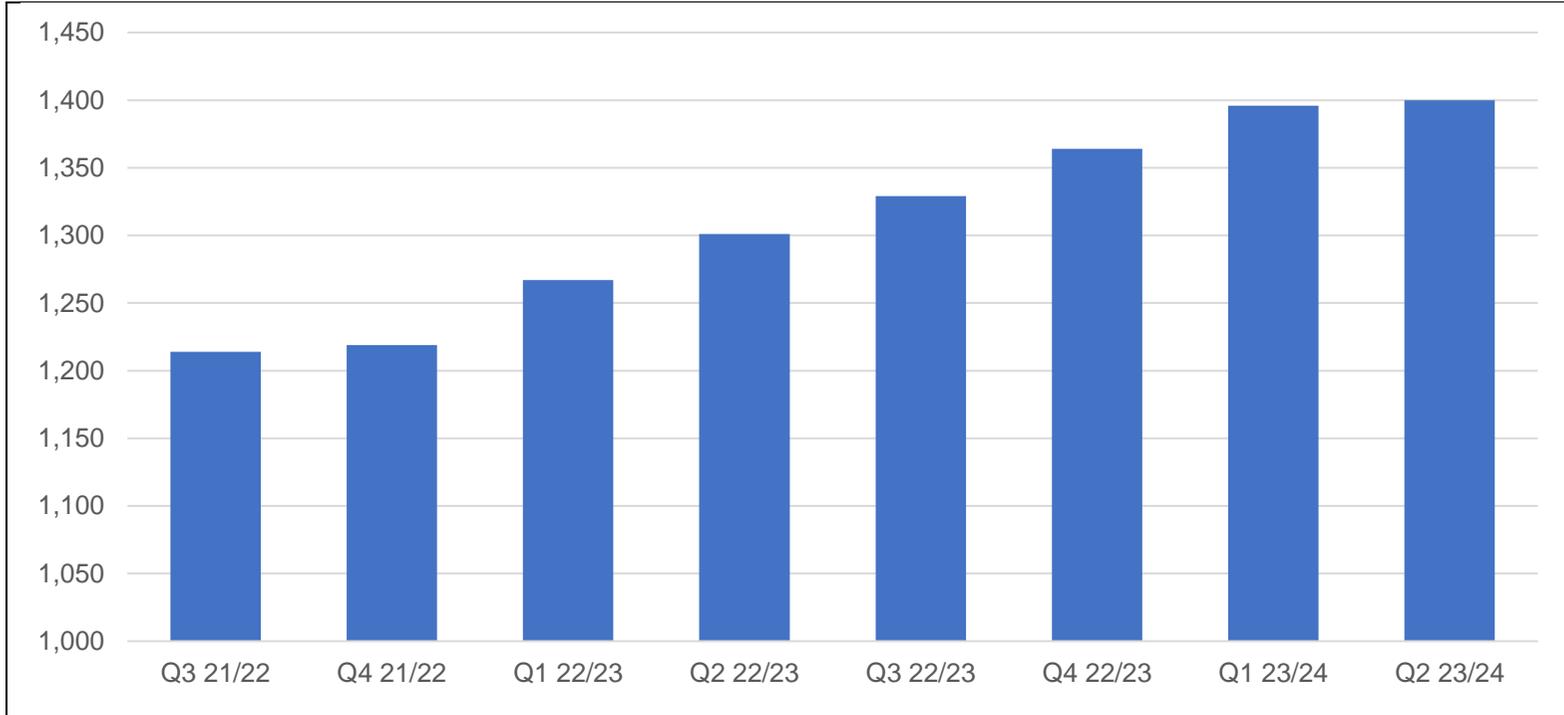


Technical Notes:
 Activity measure, no specified target
 Please note axis does not start at 0.
 Blue – Residential or Nursing services
 Orange – Community Services

Commentary: The number of people accessing community services continues steadily increase and was at over 11,900 in Quarter 2. The number of people in residential and long-term care continues to fluctuate with a slightly increased number in Quarter 2.

Work around exploring alternative approaches to care and support and community catalyst and strengthening the use of self-directed support and direct payments continues to be the main driver to ensure people will receive the care and support and be able to live in their own home where able to do so.

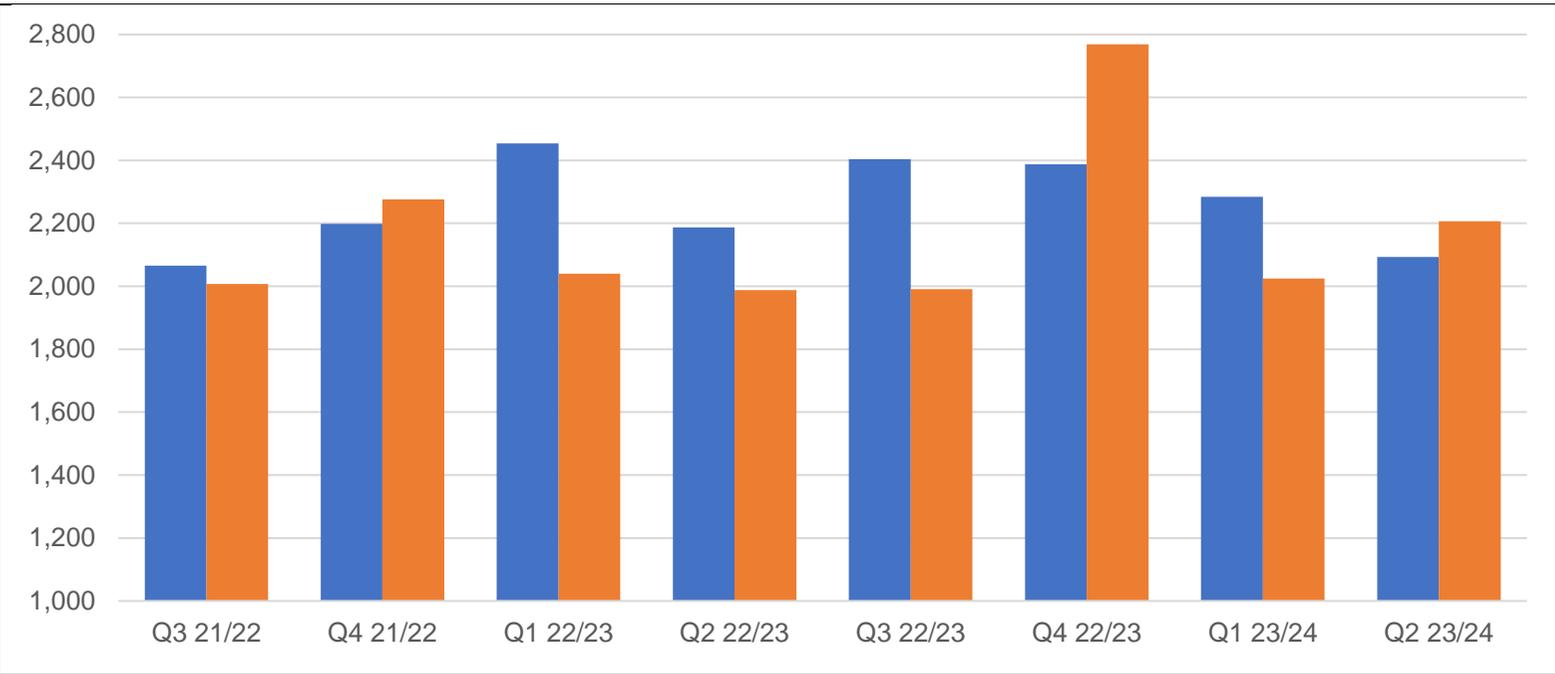
ASCH17: The number of people accessing Adult Social Care and Health Services who have a mental health need



Technical Notes:
Activity measure, no specified target
Please note axis does not start at 0
Q1 2023/24 figure has been updated.

Commentary: Adult social care continues to see increasing numbers of people accessing support services with a mental health need. In the main, these support services are for Supporting Independence Service/Supported Living and long-term Residential care.

ASCH18: Number of Deprivation of Liberty Safeguards applications received and completed



Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0.

Corporate Risk Register: CRR0002

Blue – applications received.

Orange – Applications completed.

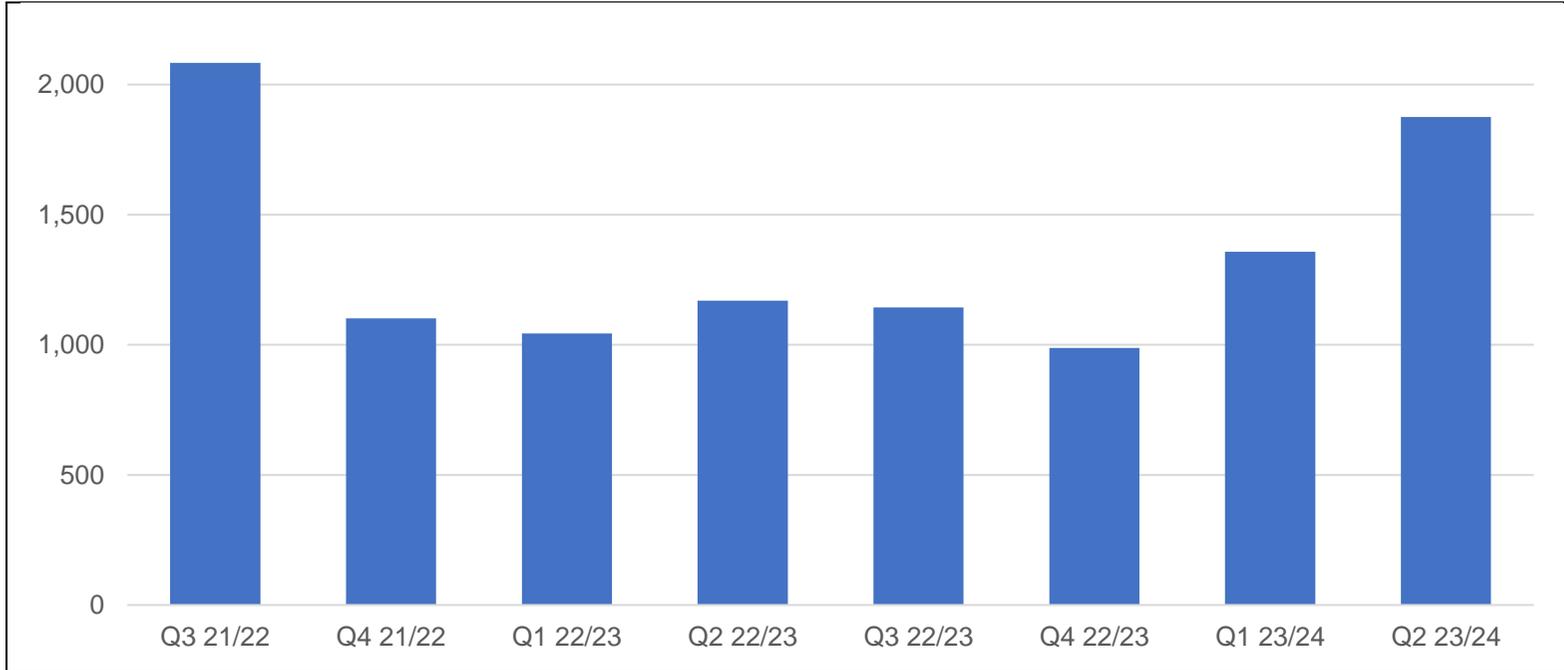
Q1 2023/24 figures have been updated

Commentary: The numbers of applications for Deprivation of Liberty Safeguards (DoLS) remains high with 2,093 received in Quarter 2; there were 2,207 assessments completed.

ASCH19: The number of safeguarding enquiries open on the last day of the quarter

Technical Notes:

Activity measure,
no specified target



Commentary: The number of safeguarding enquiries open on the last day of the quarter continues to increase, following the move to locality working. The number open has increased in part due to capacity of staffing in teams, but also the need to embed the learning around the speciality of the safeguarding skills across all teams, where previously this was held in a separate team. Whilst this learning is ongoing the areas have all adapted their teams to deal with the level of safeguarding that is coming into the localities. The density of safeguarding enquiries is seen most in teams where there are acute hospitals/trusts, and work is underway with our partners to educate what an appropriate referral is for safeguarding, and closer links are being forged at a local level. Managers in localities are developing strategies to address performance and prioritising risk. The area referral service/safeguarding transformation project is also underway, and extensive research with other local authorities has informed our way forward which will equally have an impact on our safeguarding numbers in the future.

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From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
Richard Smith, Corporate Director Adult Social Care and Health

To: Adult Social Care Cabinet Committee - 23 November 2023

Subject: **ADULT SOCIAL CARE AND HEALTH ANNUAL COMPLAINT'S REPORT 2022/2023**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Divisions: All

Summary: This report provides Members with information about the operation of the Adult Social Care and Health Complaints and Representations' Procedure between 1 April 2022 and 31 March 2023.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of this report.

1. Introduction

1.1 This report provides an overview of the operation of the complaints and representation procedure for Adult Social Care and Health during 2022/2023. The report includes summary data on the complaints, enquiries and compliments received during the year with additional information in Appendices 1-6. It also provides examples of the actions taken and improvements made from complaints which are used to inform future service delivery.

2. Policy Context and Procedures

2.1 The "Local Authority Social Services and National Health Service Complaints (England) Regulations 2009" places a duty on local authorities to have arrangements in place for dealing with complaints.

- 2.2 Associated with the Regulations, guidance was issued which outlines the three key principles of the procedure:
1. **Listening** – establishing the facts and the required outcome
 2. **Responding** – investigating and making a reasoned decision based on the facts/information and
 3. **Improving** – using complaints data to improve services and inform the business planning and commissioning processes.
- 2.3 The feedback provided via complaints, enquiries, informal concerns and compliments allows us to increase our understanding of a person’s journey of the service they experience. Investigations into the concerns provide the opportunity to put remedies in place if an error has occurred. It is important that we have a procedure that is flexible and puts the person at the heart of the investigation.

3. Total Representations received by Adult Social Care and Health (ASCH)

- 3.1 A total of **958 complaints** were logged during 2022/2023 about services delivered or commissioned in relation to ASCH. Further information about the number and type of complaints can be found in Appendix 1.
- 3.2 The number of **complaints** received during 2022/2023 has increased by 29% from the previous year. The rise in numbers is generally consistent across all service areas however the top three areas of increase were in relation to the Blue Badge Service, Strategic Commissioning and Finance. The Community Operational Teams saw an overall increase of 20% whilst the 16-25 Team had a similar level to the previous year. Service Provision and County Services both had a decrease in complaints.
- 3.3 Following initial assessment by the Customer Care and Complaints Team, **273 complaints were rejected**. These include where people raised concerns about services that were not for Kent County Council (KCC) and, where possible, people were signposted to appropriate organisations.
- 3.4 The percentage of people raising a complaint remains consistent from previous years at 1% in relation to those people who receive a service from adult social care.

Year	Complaints received	% increase/ decrease on previous year	People we have supported	% of people or their representative raising a complaint
2022/2023	958	+ 29%	80,723	1%
2021/2022	744	- 1%	74,723	1%
2020/2021	754	- 30%	67,212	1%

- 3.5 A total of **530 Enquiries** were received in 2022/2023 which is a significant increase of 43% on the previous year. The majority of these Enquiries were from MPs or Members on behalf of a constituent about an aspect of the service they received.

Year	Enquiries received	% increase / decrease
2022/23	530	+ 43%
2021/22	370	-2%
2020/21	381	0%

- 3.6 In 2022/23, **439 compliments** were received about the service provided which represents a 17% increase from the previous year. Compliments provide useful feedback of a person's journey and the experience of our services.

Year	Compliments received	% increase / decrease
2022/2023	439	+ 17%
2021/2022	375	- 27%
2020/2021	512	- 1%

A few examples of the compliments received can be found in Appendix 2.

- 3.5 In 2022/2023, **247 informal concerns** were received which represents an 18% increase from the previous year. Informal concerns are locally resolved, within a short period of time, usually within 24 hours, by the Customer Care and Complaints Team, in consultation with the operational service. Someone raising an informal concern is happy for it not to be progressed via the formal complaint route and is informed of the formal process.

- 3.6 An example of an informal concern, is a call made from a person's son raising concerns and frustration as the family is supporting their mother who has dementia and her care was becoming challenging with carer breakdown likely. The family was waiting for a care needs assessment and were now desperate. Contact was made with the Team Manager who arranged for a practitioner to contact the family as a matter of urgency and organise an assessment for the following day.

Year	Informal concerns	% increase / decrease
2022/2023	247	+ 18%
2021/2022	210	- 13%
2020/2021	242	- 18%

4. Coroner's Inquest Requests

- 4.1 In 2022/2023 we managed **33** Coroner's requests. This is a decrease of 23% on the requests received in the previous year.

Year	Coroner Enquiries
2022/2023	33
2021/2022	43
2020/2021 (6 months)	23

- 4.2 The Customer Care and Complaints Team manages the process to ensure effective communication, tracking and sign off between the Coroner's Office, adult social care operational teams and Invicta Law.

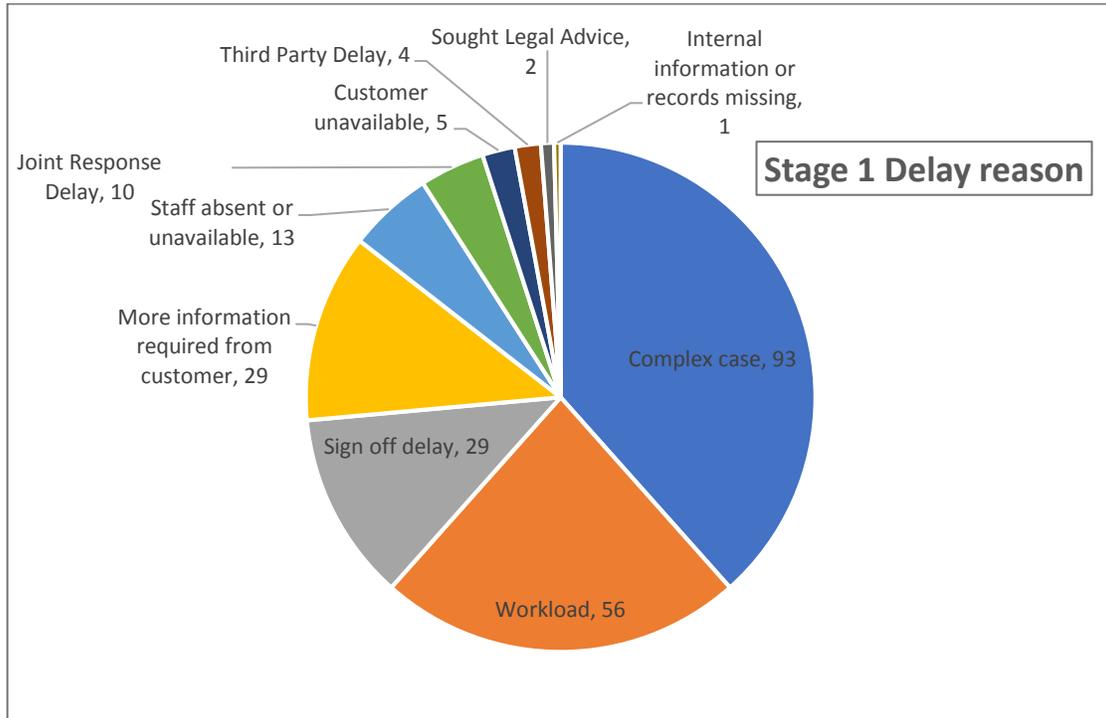
5. Compliance with standards

- 5.1 KCC aims to respond to 85% of complaints within KCC's Key Performance target of 20 working days. ASCH complaints can be complex and therefore additional time is sometimes required to either meet with the complainant or liaise with other agencies. When this happens, and with the agreement of the complainant, an extension to the deadline is agreed; 41 complaints had their timescales extended during the year.
- 5.2 The response time achieved within the 20 day target was **71%** which was a 1% decrease from the previous year.

Year	Complaints closed	% responded to within 20 days
2022/2023	906	71%
2021/2022	743	72%
2020/2021	783	60%

- 5.3 99% of complaints were acknowledged within three working days.

5.4 Delay reasons - The table below shows the overall delay reason cited in not meeting the 20-day standard.



Stage 1 delay reason	Total	%
Complex case	95	38%
Workload	56	23%
Sign off delay	29	12%
More information required from customer	29	12%
Staff absent or unavailable	13	5%
Joint Response Delay	10	4%
Customer unavailable	5	2%
Third Party Delay	4	2%
Internal information or records missing	1	<math><1\%</math>
Total	243	

6. Listening to complainants and Methods of engagement

- 6.1 The Customer Care and Complaints Team make an initial telephone call to the complainant to acknowledge and clarify the complaints to be investigated and check on any adjustments to be made during the course of the investigation. A further opportunity to discuss the complaint is offered as part of the investigation and, within a two-month sample of responses, 77% of complainants were telephoned by the manager. This discussion creates the opportunity to understand the impact of the complaint on the person and supports the preparation of the response to ensure all areas are covered.
- 6.2 Feedback is encouraged and accepted in a variety of formats which allows people to complain in the way they feel most comfortable.
- 6.3 The most popular way to make a complaint was via email at 38%, followed by telephone and self-service at 24%, via the Contact Centre at 8% and by letter at 5%.

Method	Total	%
Email	366	38%
Telephone	235	24%
Self service/ online	230	24%
Contact Centre	73	8%
Post	52	5%
Comment Card	2	0%
Total	958	

7. Complaint outcomes

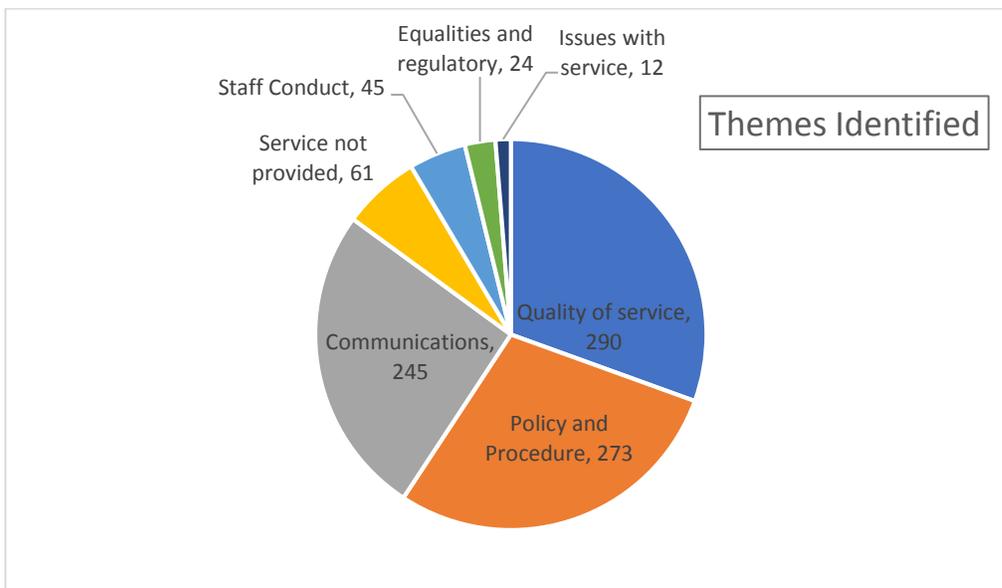
- 7.1 Each complaint is fully investigated, and a response letter sent to the complainant with the findings, outcomes and details of what has been done to put things right and offer an apology. Some complaints lead to lessons being identified for the individual practitioner or wider service which offers reassurance that the issue has been taken seriously. A summary of the outcome of the complaints is recorded in the table below.

Year	Complaints closed	Upheld + partially Upheld	Not upheld	Resolved upon receipt/ withdrawn/suspended/ another procedure
2022/2023	906	44%	27%	29%
2021/2022	743	49%	28%	23%
2020/2021	783	48%	31%	21%

- 7.2 The number of complaints upheld or partially upheld is 44% which is a reduction from previous years.
- 7.3 29% of complaints or concerns raised were “resolved upon receipt” which demonstrates that flexibility is applied by the Customer Care and Complaints Team if a concern raised can easily be rectified without progressing to a full investigation.

8. Themes identified arising from complaints

8.1 The reasons for complaints are shown below and categorised under the following main Corporate headings:-



Problem	Total	Upheld/partly upheld
Quality of service	290	102
Policy and Procedure	273	137
Communications	245	103
Service not provided	61	31
Staff Conduct	45	18
Equalities and regulatory	24	8
Issues with service	12	8

- **Communication** remains one of the top issues raised during investigations with people calling, often repeatedly, to try and resolve issues and this not being followed up. This leaves people feeling exhausted and frustrated and progressing to raise a complaint, examples include:-
 - Repeat callers trying to resolve issues, including those relating to charging
 - Staff lacking empathy and understanding in their communications
 - Not informing family members of changes to someone's care.

- There were a number of complaints received about the **quality of service** relating to services provided by a third party. KCC is responsible for these commissioned services that are delivered on behalf of adult social care. Examples include:
 - Repeated missed calls to provide care at home
 - Care provision being of poor standard in respect of personal hygiene and cleanliness of rooms
 - Confusion over medication issues
 - Carers taking numerous breaks and making personal calls during visits
 - Loss of personal items taken into the residential home.

- Complaints received, logged under **Policy and Procedure** not being followed incorporate issues about **case management** and **assessments** which included the following issues:-
 - Delays in the completion of assessments and care plans
 - Delays in Direct Payments progressing and Kent Card being issued
 - Delays in progressing carers' assessments
 - Not involving family over assessments or care arrangements

- Other complaints logged under **Policy and Procedure** related to **Charging**, with the most common issue being that people were not aware that the service received is chargeable or that they dispute how the charge is calculated. People have cancelled their care package because they have been unable to pay. Delays in confirmation of funding have also left people unsure whether their funding would run out causing anxiety.

There have also been several complaints about the Disability Related Expenditure Assessments (DREA) where practitioners have not correctly taken into account someone's expenses to support their disabilities.

9. Putting things right and Improving– creating opportunities

- 9.1 Feedback from complaint investigations provides a vital source of insight about people's experiences of adult social care and gives us the opportunity to put things right.

- 9.2 When a complaint is upheld often lessons or corrective actions are identified to remedy the specific complaint. Sometimes these actions relate to an individual practitioner and the person is supported through supervision and training and other times the issue is wider and needs to be shared across all teams.
- 9.3 The lessons are also shared with the Strategic Safeguarding, Practice and Quality Assurance Team so that Key Messages are cascaded to all staff and policies reviewed if appropriate.
- 9.4 A selection of some of the corrective actions are below, and further detail on the corrective actions and improvements/lessons learnt can be found in Appendix 3.

You said – That there were significant delays in accessing an assessment from the specialist Autism Service

We did – we listened to the views of those requiring an assessment from the Autism Service and incorporated the service into the Community Teams to distribute the resources and demands for assessments. We provided training to staff to increase the awareness of Autism and the need for clear, concise and consistent information to be provided through the assessment, planning and review process.

You said – that ASC and other agencies , including Health, did not provide adequate care and did not communicate effectively or take into account the views of families in the planning of care

We did – we set up regular meetings with other agencies to improve partnership working. Training was provided to staff in respect of engaging with families and reviewing their approach to strengths-based assessments. We also signed up to the Kent and Medway Care Record which allows practitioners easy access to vital health information.

You said – that you wanted to know the cost of your care before the service commenced.

We did – we developed an interactive financial estimator calculator on our website. In addition, we updated our Charging Policies to ensure people have as much information as possible prior to their care commencing. Other improvements are also being developed.

You said – that you were receiving poor quality of care from external providers within the community.

We did – where appropriate, we waived the fees for the care provided and practitioners were reminded to obtain feedback from people about commissioned services, so that any identified issues could be addressed promptly with the provider.

You said – that following a safeguarding enquiry there was a missed opportunity to advise a vulnerable person of their right to request an assessment of need for care and support.

We did – a reminder was sent to staff about the need to offer an assessment where appropriate when someone might benefit from social care support as part of a safeguarding enquiry. A webcast on recording procedures and other good practice issues was also produced and circulated to all staff.

You said - that we had not responded to your complaint thoroughly and you did not feel that we had listened to all the issues raised.

We did - an escalation stage to the complaints process was introduced to ensure thorough consideration and review takes place of ongoing concerns by a senior manager.

You said – that the invoices you were receiving were still incorrect and did not show itemised care charges so you did not know if they were correct

We did – improvements continue to be made to the Kentcare invoice system to show charges broken down by week to show a total cost of the care as well as the actual contribution to the person. A waiver of fees is applied where incorrect charges are made.

You said – that the care home had not informed you when your mother's end of life medication had been administered. You also said that several of her personal items could not be found.

We did – the Commissioning team supported the home to deliver training for staff to ensure they were aware of the need to contact family members when there were significant changes made to care plans. The home was also supported to introduce an inventory to ensure all items of value were documented. Payment was made for the lost personal items.

You said – that there were discrepancies in care provided and what you had been charged for the care.

We did – We introduced a provider portal for completion by care providers to ensure records and subsequent invoices are as accurate as possible. We have a dedicated Provider Portal team to ensure the smooth running of the process and to swiftly resolve any queries.

You said – that you wanted to know if a Student Social Worker was visiting you or involved in supporting you.

We did – We have amended our initial contact form to ensure the status of the person making contact is recorded and also details of the supervisor are provided.

Top remedy actions undertaken:-

Action taken	Total
Discuss at team meeting	108
Arrange staff training or guidance	105
Change or review communications	86
Formal apology	82
Provided service requested	38
Financial remedy	35
Change or review service	32

10. Financial implications

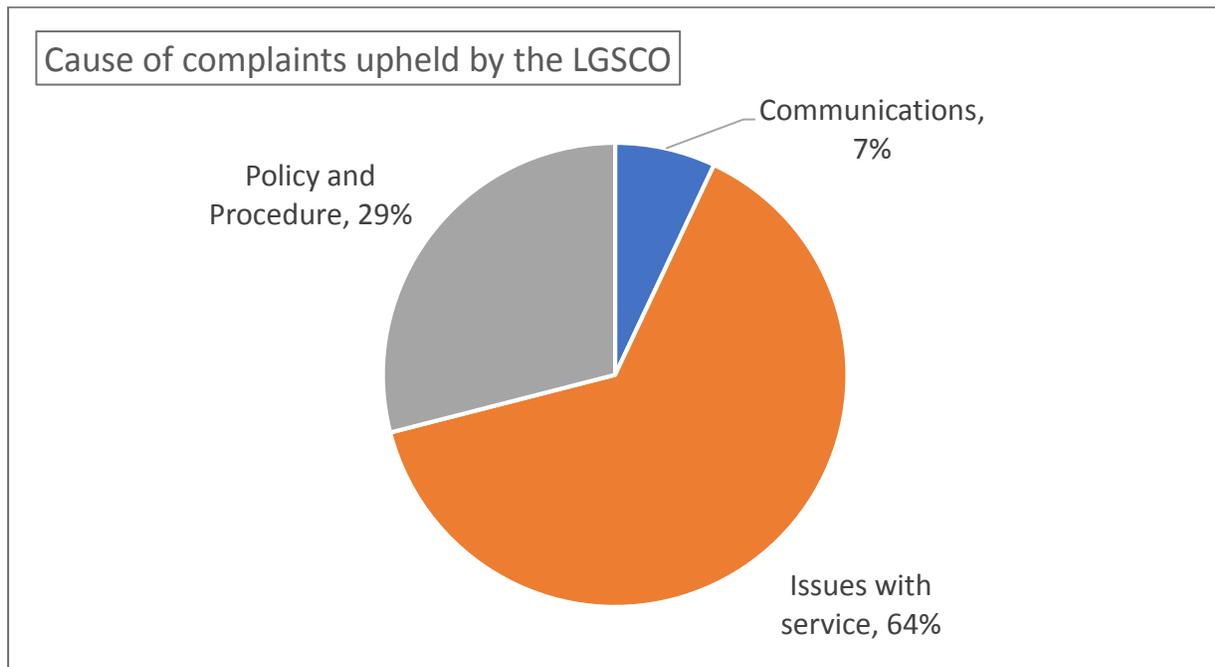
- 10.1 In 2022/2023 a total of £116,960 was paid to complainants as gesture of goodwill payments, financial settlements or adjustments. This figure has decreased by 20% from the previous year and includes £2,950 paid as a result of Local Government and Social Care Ombudsman (LGSCO) investigations during this period.
- 10.2 Gesture of goodwill payments made up £6,564 of the total amount which was paid in recognition of the impact of errors or where a delay had occurred that resulted in some injustice to the person we support or their family. The majority of the gesture of goodwill payments were under £500 and were in line with the financial remedy guidance set out by the LGSCO as part of complaint resolution.
- 10.3 The financial adjustments relate to where errors occurred over charges, either where families were not informed about the need to pay for a service or a lack of communication about a charge, an overpayment or where services did not meet the required standard.

11. Complaints received via the Local Government and Social Care Ombudsman (LGSCO)

- 11.1 The second stage of the complaints process is to contact the LGSCO. The LGSCO gives the council four weeks to respond to a full investigation request and we have responded to all enquiries within timescale.
- 11.2 The table below shows that the LGSCO considered and made a decision on 48 cases, this represents 5% of the total complaints Adult Social Care received for 22/23 (958) that progressed to the LGSCO and is a decrease from last year. The LGSCO found fault and upheld 14 of these cases, 3 were not upheld, 25 were closed because they required no further action after our initial submission or were out of jurisdiction and 6 were premature and were progressed as new complaints. Further detail on the closed cases can be found in Appendix 4.

Year	Upheld maladministration / injustice/ no further action	Not upheld no further action/ no maladministration	Closed: out of jurisdiction/ no further action/ withdrawn/	Premature	Total
2022/23	14	3	25	6	48
2021/22	22	16	14	3	55
2020/21	20	6	14	0	40

The diagram below demonstrates the top three causes of the upheld complaints:-



11.3 The LGSCO issues an Annual Letter to KCC which summarises the activity with them and highlights any issues for the coming year. There has been a change in approach over the past two years with the LGSCO selecting cases where it is considered to be more in the public interest to investigate. This has resulted in the overall number of upheld complaints increasing nationally, 80% across all services.

11.4 The Adult social care upheld rate is 82% for Kent County Council. It is worth noting however that 25 of the 48 cases were closed because there was no further action or out of jurisdiction. This is likely to be because a robust reply has been provided to initial enquiries from the LGSCO and they have considered that a further investigation is not necessary or appropriate.

11.5 Adult social care has taken forward the agreed remedies set out by the LGSCO which need to be implemented and include sending apology letters to the person we support or their family, offering financial remedies, reviewing policies or procedures in recognition of the error and staff training. All recommendations have been taken forward in a timely manner.

11.7 Information about each decision can be found in Appendix 5 and a summary of each decision can be found in Appendix 6.

12. Improvements to the process

- 12.1 The Customer Care and Complaints Team is implementing a case closure form to ensure operational teams take ownership of the accurate recording of their complaints to identify the key themes from the complaint as well as actions and lessons to be taken forward.
- 12.2 The lessons learned identified will be shared with the Senior Management Team and Quality Assurance Board on a County-wide basis and with local Area Management Teams for their respective services at quarterly intervals. This will ensure that lessons and themes are shared at all levels and an opportunity for discussions at a local level given to embed the learning and share good practice.
- 12.3 A training programme is continuing to be offered for staff on the complaints process, conducting a complaint investigation and writing a response. There are two further sessions planned for 2023/24 and training for Community Team Managers is also being organised on an Area basis.

13. Report Conclusion

- 13.1 The level of activity has increased significantly in all areas during this period, with complaints rising by 29%, enquiries by 43%, compliments by 17% and informal concerns by 18%. The increased level of activity is varied across services.
- 13.2 The Customer Care and Complaints Team has worked with operational teams to ensure a thorough investigation and response is sent whilst adopting flexibility where concerns are more appropriately dealt with on an informal basis. An effective method of escalating issues has been developed for complainants requiring a further response or additional clarity.
- 13.3 The response rate has been maintained at a similar level to last year at 71% within the 20-day timescale, 1% below last year's rate.
- 13.4 We have liaised effectively with the LGSCO to respond to questions and information requests within timescale and implemented all remedies.

14. Recommendations

- | |
|--|
| 14.1 Recommendations: The Adult Social Care and Health Cabinet Committee is asked to CONSIDER and COMMENT ON the content of this report. |
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15. Background Documents

None

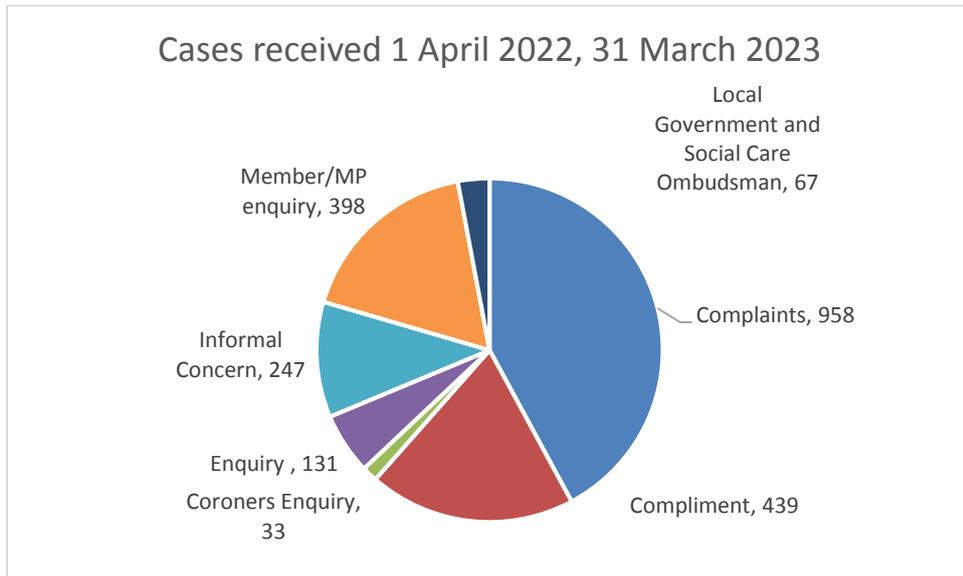
16. Report Author

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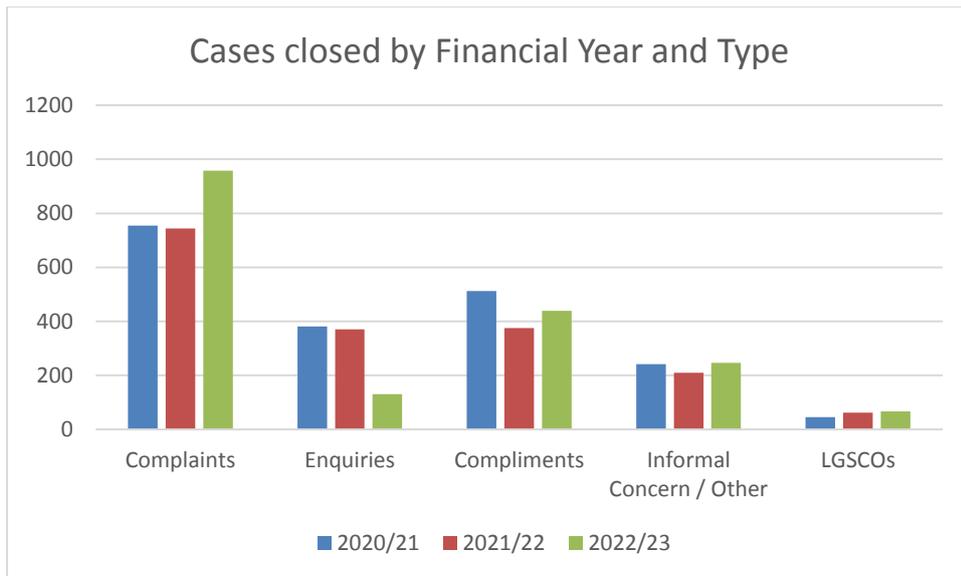
Lead Director

Richard Smith
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**Appendix 1 – Statistical Data
for Annual Complaints Report 2022/23**

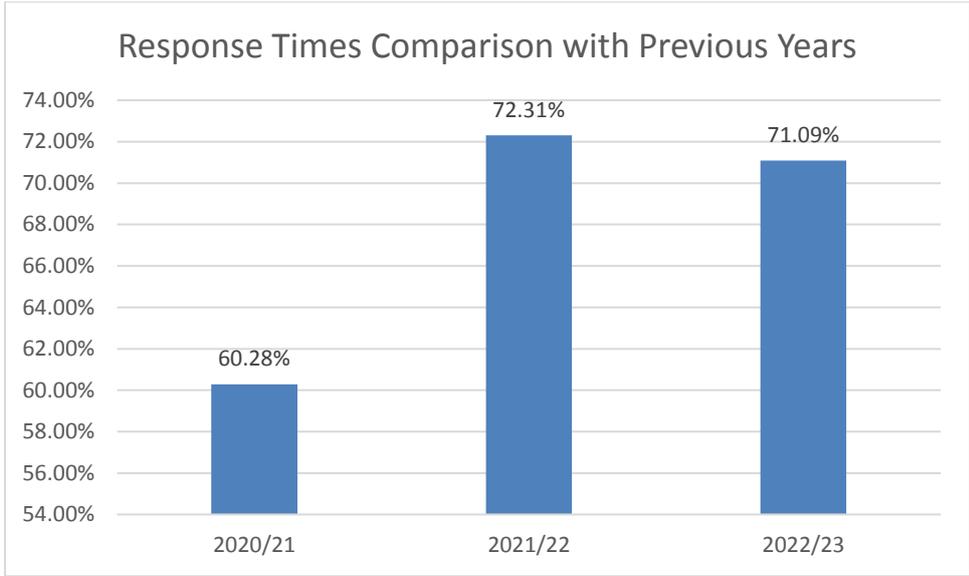


Case type	Total
Complaints	958
Compliment	439
Coroners Enquiry	33
Enquiry	131
Informal Concern	247
Member enquiry	398
LGSCO	67



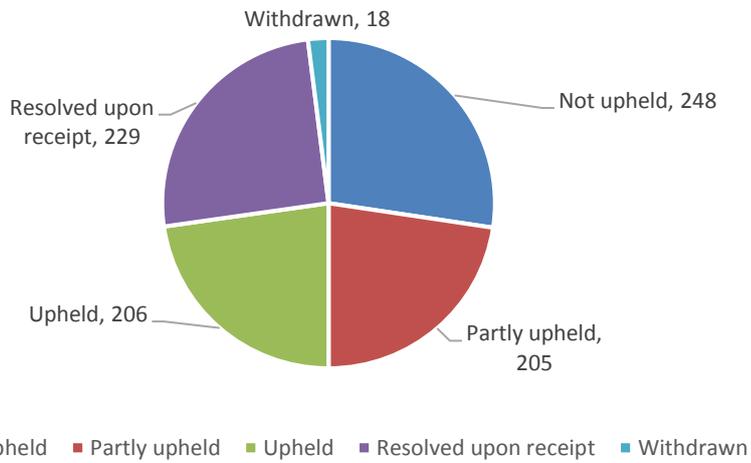
Year	2020/21	2021/22	2022/23
Complaints	754	744	958
Enquiries	381	370	131
Compliments	512	375	439
Informal Concern / Other	242	210	247
LGSCOs	45	62	67

Responses for Closed Cases in 2022/23	Total
Response within target	642
Late Response	264
Open/Suspended	
Total	906
Percentage Within Target	71%



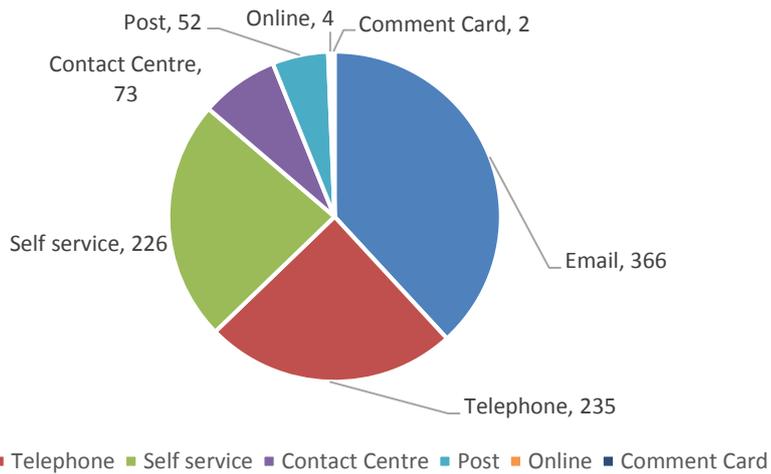
2020/21	60.28%
2021/22	72.31%
2022/23	71.09%

Complaint outcomes

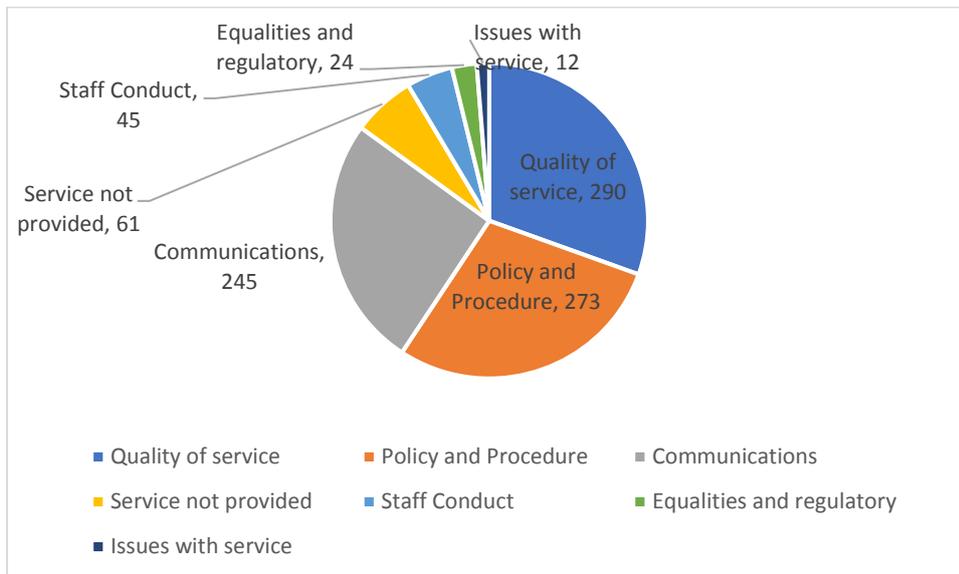


Decision	No of cases	%
Not upheld	248	25%
Partly upheld	205	21%
Upheld	206	23%
Resolved upon receipt	229	28%
Withdrawn	18	2%
Total	906	

Method of contact for Complaints



Method	Total
Email	366
Telephone	235
Self service	226
Contact Centre	73
Post	52
Online	4
Comment Card	2
Total	958



*Some complaints have multiple problem categories.

Problem	Total	Upheld/ partly upheld
Quality of service	290	102
Policy and Procedure	273	137
Communications	245	103
Service not provided	61	31
Staff Conduct	45	18
Equalities and regulatory	24	8
Issues with service	12	8

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Examples of Compliments received for Annual Complaints Report 2022/2023

- **Access to Resources:** A thank you from a person's daughter to a staff member who has gone above and beyond by explaining the process of her father moving to a new care home and had called her back on three occasions with clear updates.
- **Area Referral Management Service:** A huge thank you from a service user for the perch stool. She has used it for food prep and was so happy with how it helped. She spoke highly of the conversation she had with the member of staff.
- **Blue Badge:** "Thanks to everyone for the speedy response of my application for a Blue Badge having been a recipient of one for 25 years. I cannot express my gratitude for the quick return of the current badge and would like to say that your department have been the most professional I've ever had to deal with in this matter or any other governmental department. Well done"
- **Contacting ASC:** Service user reported that the advisor she spoke to who assisted her in making a referral to the local ARMS team was; "VERY thorough, efficient and helpful in her method overall." She was left feeling very satisfied, happy as well as being treated equally.
- **Direct Payment and Older People and Physical Disability:** "The direct payment team and everyone else involved has been great but your support was valued and superb! Mum has been given a new tenancy with zzzz and will live at xxxxxx which is perfect for her needs and is so very close to me too! She will move in before the end of October to start a new chapter!. Well done and Thank you."
- **Finance (ASC):** A thank you from a relative to a staff member that had been extremely helpful by explaining the process and finances required to enable her father to move into a new care home.
- **Independent living support:** Caller would like to thank the technician who went to his property to fit some handrails, he understood the difficulties the client was having and did a wonderful job.
- **Kent Enablement at Home:** "I received excellent and compassionate care from the Care Workers in Kent Enablement at Home Team over a period of 5 weeks. I cannot fault the service or care I received, treated with dignity, especially as someone not used to having to seek help with personal hygiene."
- **Kent Enablement and Recovery Service (KERS):** "Just a quick note to thank xxx for your encouragement and support which has been invaluable to me to make steps forward. I've enjoyed your great sense of humour and always felt better after seeing you. I shall miss you loads."

- **Learning Disability:** A compliment received from a person receiving a service expressing what a great Social Worker they have, expressing that the support provided to them as a family which has been incredibly valuable.
- **Lifespan Pathways 16-25:** A thank you from a client and family for all the work, engagement and support shown to their daughter. They have been so impressed by the Social Worker's manner and her professionalism and most of all the way in which she has really engaged with their daughter to support her achieve her goals.
- **Mental Health:** A thank you received from the parent of a son receiving support from an Assistant Social Worker, stepping in to help the family. She went above and beyond and kept in touch with the family putting their son's needs first – they felt the support was “absolutely brilliant”.
- **Occupational Therapy:** Thank you from daughter to the OT who went above and beyond the call of duty in assisting her Mum whilst her ceiling hoist was being installed. The OT supported her mother who was in distress and remained calm throughout.
- **Older People and Physical Disability :** “From the first moment of contact, I was impressed by XX's engaging manner, her genuine interest and her professional care. XX really listened to what my Mum and myself were saying and was able to easily gain the relevant information without appearing intrusive. She explained everything in an easy-to-understand manner and was very patient with any questions. She was very efficient in keeping me up to date with progress and always contacted me when she said she would. It is lovely to see someone who is so good at her job”
- **Older People and Physical Disability:** “We really can't thank you enough for everything you've done for us and Dad. You have been a major support and gone above and beyond everything to help us when we needed you. You truly are an amazing lady.”
- **Older People and Physical Disability – Provision:** “We are very grateful for all you have done looking after our uncle. We are so happy he spent lovely times with you all.”
- **Safeguarding:** A thank you from the family as part of a safeguarding process explained that the Social Worker from the Safeguarding Team was such a blessing and was instrumental in helping their mother get the support she required. The family was incredibly grateful for the support on this difficult day.
- **Short Term Pathways:-** A compliment received for all the support as the family were going through a traumatic time. They found the service approachable, helpful, supportive, understanding and sympathetic, which has helped them immensely.

Corrective actions and improvements/lessons learnt

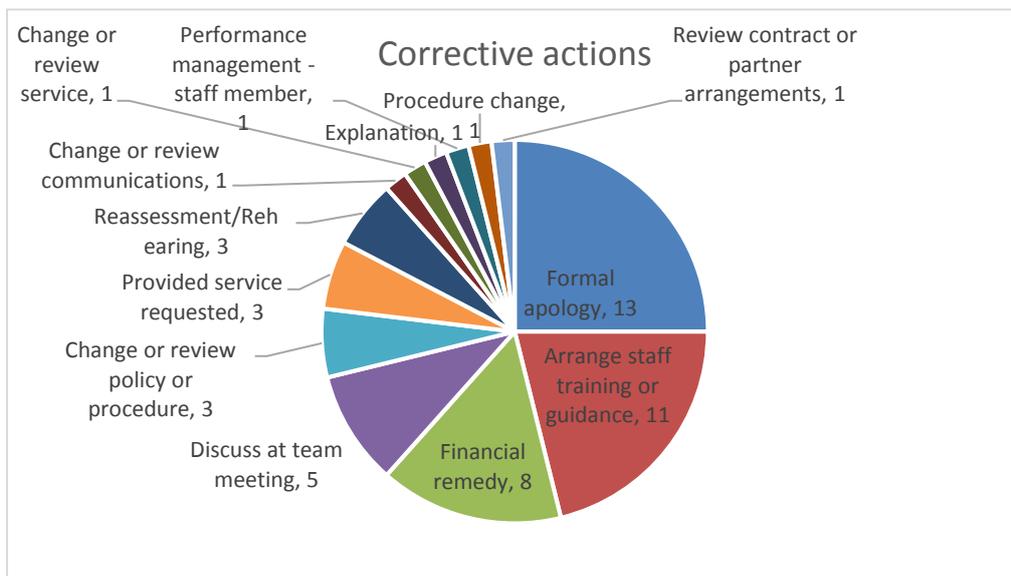
Action	Total	%
Arrange staff training or guidance	99	18%
Discuss at team meeting	96	17%
Formal apology	82	15%
Change or review communications	81	15%
Financial remedy	53	10%
Provided service requested	37	7%
Change or review service	30	5%
Change or review policy or procedure	24	4%
Explanation	17	3%
Review contract or partner arrangements	16	3%
Performance management - staff member	15	3%
Procedure change	3	1%
Reassessment/Rehearing	3	1%
Total	556	

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Local Government and Social Care Ombudsman

Details for Cases CLOSED in the 1 April 2022 to 31 March 2023

Decision	Cases
Upheld: Maladministration and Injustice	14
Not upheld: No Maladministration	3
Closed after initial enquiries - no further action	20
Closed after initial enquiries - out of jurisdiction	5
Referred back for local resolution	6
Total	48



Appendix 4

Corrective Action	Total	%
Formal apology	13	25%
Arrange staff training or guidance	11	21%
Financial remedy	8	15%
Discuss at team meeting	5	9%
Change or review policy or procedure	3	6%
Provided service requested	3	6%
Reassessment/Rehearing	3	6%
Change or review communications	1	2%
Change or review service	1	2%
Explanation	1	2%
Performance management - staff member	1	2%
Procedure change	1	2%
Review contract or partner arrangements	1	2%
Total	52	

*Please note some cases may record more than one corrective action.

Appendix 5

Local Government and Social Care Ombudsman Information

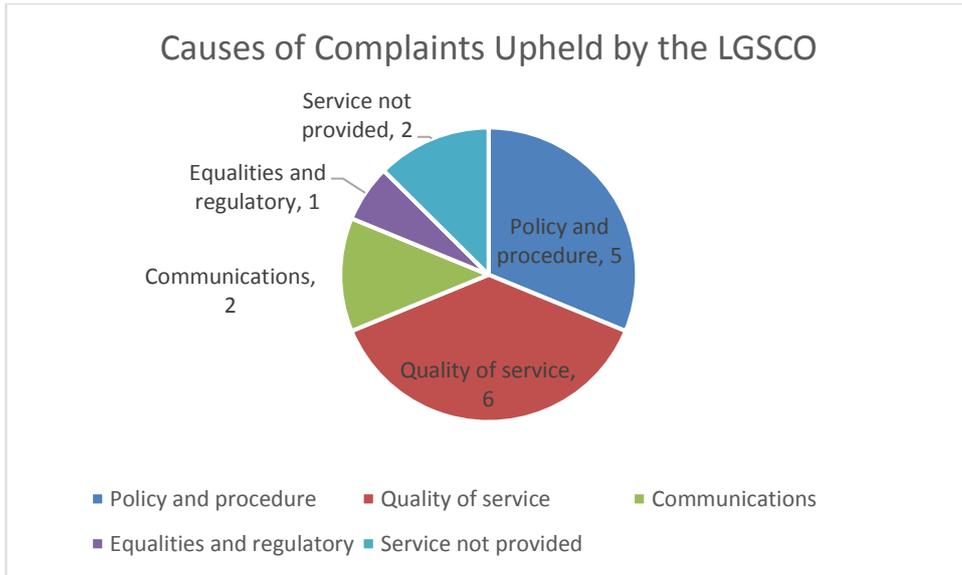
Kent Adult Social Care and Health completed a total of 48 complaints which were escalated to the Local Government and Social Care Ombudsman (LGSCO) in 2022-23. Of these, three cases were closed with an outcome of Not Upheld, and 14 complaints assessed by the LGSCO were found to be Upheld, a further 25 were closed following our response to their initial enquiries as no further action or because the complaint fell outside of the LGSCO's jurisdiction, and six were referred for local resolution as they were considered premature and had not previously been through the Council's own complaints process.

Division	Closed after initial enquiry - no further action	Closed after initial enquiry - out of jurisdiction	Not upheld: No fault	Referred back for local resolution	Upheld: Fault and Injustice	Upheld: Maladministration and Injustice	Upheld: No further action	Total	%
ASCH County Services	2	0	0	0	0	0	0	2	4%
Business Delivery Unit	1	0	0	1	2	0	0	4	8%
Children, Young People and Education	3	0	0	1	0	0	0	4	8%
East Kent - Ashford & Canterbury	4	0	1	0	3	1	0	9	19%
East Kent - Thanet & South Kent Coast	5	0	0	0	0	1	0	6	13%
Finance (ASC)	0	0	1	0	0	1	0	2	4%

Appendix 5

Division	Closed after initial enquiry - no further action	Closed after initial enquiry - out of jurisdiction	Not upheld: No fault	Referred back for local resolution	Upheld: Fault and Injustice	Upheld: Maladministration and Injustice	Upheld: No further action	Total	%
OPPD East Kent	0	2	0	0	0	0	0	2	4%
Strategic Commissioning Unit	2	0	0	0	1	0	0	3	6%
West Kent - North Kent	3	1	1	3	1	0	1	10	21%
West Kent - West Kent	2	0	0	2	1	1	0	6	13%
Total	22	3	3	7	8	4	1	48	

Appendix 5



Problem category	Upheld cases
Policy and procedure	5
Quality of service	6
Communications	2
Equalities and regulatory	1
Service not provided	2
Total	16

*Some complaints have multiple problem categories.

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Local Government and Social Care Ombudsman Decisions

• **Upheld - Assessment and care plan** 18 May 2022 (20 007 857)

Summary: Ms C complains the Council has wrongly pursued her for arrears in home support charges and withdrawn her support. The Council is at fault for failing to communicate and assess charges properly and the way in which it reassessed Ms C's care needs. The Council has agreed to apologise to Ms C, complete a reassessment of her care needs including a support plan, and update invoices. It has also agreed to provide staff reminders, and if necessary training, about the completion of support plans.

• **Upheld - Assessment and care plan** 7 Dec 2022 (21 018 229)

Summary: Mr X complained the Council delayed the assessment of his need for care and support. We have found fault by the Council causing injustice. The Council has agreed to remedy this by apologising to Mr X and Mrs Y.

• **Upheld - Assessment and care plan** 6 Dec 2022 (22 006 334)

Summary: Mrs Y complained the Council failed to take appropriate action when she reported an increase in her aunt, Mrs X's social care needs and said the Council failed to respond to her. We find fault by the Council. This caused significant stress to Mrs Y and Mrs X. We make several recommendations to address the injustice caused by fault.

• **Upheld - Assessment and care plan** 9 Jun 2022 (21 011 094)

Summary: The Council failed to properly assess the impact of reducing Mr X's care package. This put his health and wellbeing at risk and led to a loss of care provision for almost a year. It also caused him distress, uncertainty and time and trouble. The Council has agreed to pay Mr X £1,600 to acknowledge the avoidable injustice caused by these faults and has committed to making our recommended service improvements.

• **Not upheld - Assessment and care plan** 25 Nov 2022 (22 005 618)

Summary: Miss X complained on behalf of her friend and neighbour, Mrs Y. Miss X complained Mrs Y had been badly treated by social care. Miss X is concerned the Council failed to support or safeguard Mrs Y or take account of her wishes. Miss X says this affected Mrs Y and her own emotional wellbeing. The Council was not at fault.

• **Not upheld - Assessment and care plan** 26 Sep 2022 (22 000 349)

Summary: Mr P complained that the Council failed to properly consider information provided for his mother's financial assessment. We do not find the Council at fault. It considered all the relevant information it received and made a decision on the evidence.

• **Upheld - Charging** 13 Jan 2023 (22 008 271)

Summary: Mr C complains Council charges were consistently wrong. This caused Mr C time and trouble. It also increased his pre-existing anxiety. The Council failed to bill Mr C correctly and take action to correct its mistakes expediently. To remedy the complaint the Council has agreed to apologise to Mr C, pay him £200 and created a process for Mr C to follow to ensure bills are correct. It has also agreed to review

how it responds to concerns, communicates with Mr C, and reminds the care agency about the importance of recording missed care calls.

• **Upheld - Charging** 14 Nov 2022 (22 005 871)

Summary: Mrs X complains about the Council's handling of her son's financial assessment, which she says resulted in a delay in setting up his direct payments and his aunt no longer being willing to take on the role of his personal assistant. The Council accepts it mishandled the financial assessment. It has apologised and agreed to backdate the direct payments. The Council failed to take account of its duties under the Equality Act 2010 by sending him a financial assessment which did not take account of his personal financial circumstances or his need for support with the process. The Council needs to apologise for the avoidable confusion and distress caused. It also needs to take action to ensure it takes proper account of its duties under the Equality Act when doing financial assessments.

• **Not upheld - Direct payments** 30 Mar 2023 (22 010 647)

Summary: Mrs X complained the Council did not agree to pay for an increase in fees to the support agency that meets her son's care needs. She said this was unfair and caused distress and uncertainty as they are at risk of losing the current service. We have not found the Council at fault for how it made its decision not to increase its direct payments for Mrs X's son.

• **Upheld - Direct payments** 20 Dec 2022 (22 001 783)

Summary: Mrs X complained about the Council's failure to advise her of the restrictions of its direct payments scheme. This led to a misuse of public funds that she cannot afford to repay. We have found some fault because the Council did not respond to Mrs X's proposal to employ her family to provide care. We have made recommendations to the Council to reflect the limited injustice that arose from this fault. Otherwise, we were satisfied Mrs X was given sufficient information to understand public funds could only be spent on assessed support needs.

• **Upheld - Residential care** 16 Jan 2023 (22 002 630)

Summary: Mrs X complains the Council's care provider, Harbledown Lodge: failed to care for her late mother properly, resulting in a decline in her condition; failed to respond properly to concerns about her care; and gave notice rather than address their concerns, causing unnecessary distress. The care provider did not fail to care for Mrs X's mother. However, it caused unnecessary distress by giving notice in the way that it did. The Council needs to apologise for the distress caused to Mrs X.

• **Upheld - Residential care** 3 Jan 2023 (22 007 810)

Summary: Mrs X complained about how a Care Provider acting on the Council's behalf cared for her late father, Mr Y. The Care Provider has accepted its laundry service was not adequate. This caused Mrs X distress. It has apologised to Mrs X and put suitable improvements in place to prevent the fault occurring again. The Council was not at fault in the other matters Mrs X complained about.

• **Upheld - Residential care** 14 Dec 2022 (21 017 835)

Summary: The Care Provider acting on behalf of the Council failed to protect Mrs D's property and properly consider the decision not to allow her in communal areas of the care home. It also failed to follow medical advice in the last week of Mrs D's life

and contact family members when Mrs D was administered end of life medication. As well as the actions already taken to address issues about missing items; the Council has agreed to apologise to the complainants, pay £500 to acknowledge the time, trouble, and uncertainty the Care Provider's actions have caused. It has also agreed through its contract monitoring to ensure the Care Provider reminds staff about risk assessing, following medical instructions, updating family, recording, and considering human rights when making decisions.

• **Upheld - Residential care** 24 Nov 2022 (22 010 870)

Summary: We will not investigate Mrs B's complaint about the Council's failure to inform her of her late father's, Mr C's, death. This is because the Council has acknowledged the fault, implemented additional processes to minimise the risk of a similar occurrence happening again in the future, and further investigation by us could not add to this.

• **Upheld - Residential care** 13 Sep 2022 (20 006 384)

Summary: We cannot investigate Ms B's complaint about the Council detaining her mother, Mrs D, against her will. This is because the Court of Protection has determined where Mrs D should live and only a court can make this decision.

• **Upheld - Domiciliary care** 11 Sep 2022 (21 016 787)

Summary: Mr X complains the Council's care provider, Expertise Homecare (Ashford), failed to meet his late mother's needs, putting her at risk of harm. His mother did not always receive person centred care and was put at risk of harm by some of her care workers. This caused avoidable distress to her and Mr X. The Council needs to apologise to Mr X for the distress caused to him.

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From: Ben Watts, General Counsel

To: Adult Social Care Cabinet Committee – 23 November 2023

Subject: **Work Programme 2023**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Standard item

Summary: This report gives details of the proposed work programme for the Adult Social Care Cabinet Committee.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **NOTE** its work programme for 2023.

1.1 The proposed work programme has been compiled from items on the Forthcoming Executive Decisions List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting, in accordance with the Constitution, and attended by the Chairman, Vice-Chairman and the Group Spokesmen. Whilst the Chairman, in consultation with the Cabinet Member, is responsible for the final selection of items for the agenda, this report gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Terms of Reference

2.1 At its meeting held on 27 March 2014, the County Council agreed the following terms of reference for the Adult Social Care and Health Cabinet Committee: - *‘To be responsible for those functions that sit within the Social Care, Health and Wellbeing Directorate and which relate to Adults’*. Public Health now sits within the Health Reform and Public Health Cabinet Committee which was founded 25 May 2017.

3. Work Programme 2023/24

3.1 Following the most recent meeting of the committee, an agenda setting meeting was held at which items for this meeting were agreed and future agenda items planned. The Cabinet Committee is asked to consider and note the items within the proposed work programme, set out in the appendix to this report, and to suggest any additional topics they wish to be considered for inclusion in agendas for future meetings.

3.2 The schedule of commissioning activity which falls within the remit of this Cabinet Committee will be included in the work programme and considered at future agenda setting meetings. This will support more effective forward agenda

planning and allow Members to have oversight of significant service delivery decisions in advance.

- 3.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately to the agenda, or separate Member briefings will be arranged, where appropriate.

4. Conclusion

- 4.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme, to help the Cabinet Member to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions of future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings, for consideration.

5. Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **NOTE** its work programme for 2023.

6. Background Documents

None.

7. Contact details

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**ADULT SOCIAL CARE CABINET COMMITTEE
WORK PROGRAMME 2023/24**

Item	Cabinet Committee to receive item
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2022/23	Standing Item
Key Decision Items	
Performance Dashboard	Sep 23, Nov 23, Mar 24, May 24
Draft Revenue and Capital Budget and MTFP	Annually (November)
Risk Management: Adult Social Care	Annually (March)
Annual Complaints Report	Annually (November)

18 JANUARY 2024 at 2pm

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Accommodation Strategy Refresh	Deferred from November
7	Social Prescribing Update	Deferred from November
8	Work Programme	Standing Item

13 MARCH 2024 at 2pm

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Risk Management: Adult Social Care	
7	Performance Dashboard	
8	Work Programme	Standing Item

15 MAY 2024 at 2pm

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item

4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Performance Dashboard	
7	Work Programme	Standing Item
3 JULY 2024 at 2pm		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Work Programme	Standing Item

ITEMS FOR CONSIDERATION THAT HAVE NOT YET BEEN ALLOCATED TO A MEETING

Down Syndrome Act 2022	Suggested by Mr Ross (ASC CC 1/12/21)
External Community Opportunities for People with Learning and Physical Disabilities Update - positive impacts of the service on users	Suggested at ASC CC 31/3/22
Carers' Short Breaks Future Options Update	Suggested by Mr Ridgers 06/07/23