

**ADULT SOCIAL CARE CABINET COMMITTEE**

**Wednesday, 15th January, 2025**

**2.00 pm**

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



## AGENDA

### ADULT SOCIAL CARE CABINET COMMITTEE

**Wednesday, 15 January 2025 at 2.00 pm**  
**Council Chamber, Sessions House, County Hall,**  
**Maidstone**

Ask for: **Ruth Emberley**  
Telephone: **03000410690**  
**ruth.emberley2@kent.gov.uk**

#### **Membership (16)**

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

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

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

Green and Independent (1): Mr S R Campkin and Ms J Hawkins

#### **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 November 2024 (Pages 1 - 8)
- 5 Verbal Updates by Cabinet Member and Corporate Director
- 6 Draft Revenue and Capital Budget and MTFP (Pages 9 - 36)
- 7 24/00113 Carers' Support Services - Key Decision (Pages 37 - 56)
- 8 24/00112 Adult Social Care Provider Fee Uplifts (2025/2026) - Key Decision (Pages 57 - 74)
- 9 24/00109 Transfer of the 18-25 section of the Strengthening Independence Service (SIS) from CYPE to ASC - Key Decision (Pages 75 - 126)
- 10 Kent and Medway Safeguarding Adults Board Annual Report (Pages 127 - 212)

**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

**Tuesday, 7 January 2025**

*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 November, 2024.

PRESENT: Ms L Parfitt (Chair), Ms L Wright (Vice-Chairman), Mr S R Campkin, Mrs P T Cole, Ms S Hamilton, Ms J Hawkins, Mr A Kennedy, Mr B H Lewis, Ms J Meade and Mr R G Streatfeild, MBE

ALSO PRESENT: Mr Dan Watkins, Mr Peter Oakford

IN ATTENDANCE: Richard Smith (Corporate Director Adult Social Care and Health), Michael Thomas-Sam (Corporate Lead Adult's and Children's Policy and Strategy), Richard Ellis (Director of Integrated Commissioning), Sydney Hill (Director Adult Social Care), Helen Groombridge (ASCH Performance Manager), Dave Shipton (Head of Finance Policy, Planning and Strategy), Susan Ashmore (Service Manager, Safeguarding and Professional Standards), Pascale Blackburn-Clarke (Delivery Manager - Engagement & Consultation), Debra Davidson (Customer Care and Complaints Manager), Paula Parker (Transformation Lead) and John Betts (Interim Corporate Director Finance) and Ruth Emberley (Democratic Services Officer).

VIRTUAL ATTENDANCE: Mrs Linda Game

**UNRESTRICTED ITEMS**

**214. Introduction/Webcasting Announcement**  
*(Item. 1)*

**215. Apologies and Substitutes**  
*(Item. 2)*

Apologies were received from Mr Nigel Coller, Mr Jordan Meade, Mr Alan Ridgers.

**216. Declarations of Interest by Members in items on the agenda**  
*(Item. 3)*

Ms J Meade declared that she was an unpaid carer.

**217. Minutes of the meeting held on 19 September 2024**  
*(Item. 4)*

RESOLVED that the minutes of the meetings held on 19 September 2024 were correctly recorded and that paper copies be signed by the Chair.

**218. Verbal Updates by Cabinet Member and Corporate Director**  
*(Item. 5)*

1. The verbal update was provided by the Cabinet Member for Adult Social Care and Public Health, Mr Dan Watkins and Corporate Director for Adult

Social Care, Mr Richard Smith. Mr Watkins highlighted the following in his report:

- a) A public consultation on changes to wellbeing services was scheduled to launch at the end of November 2024. The services are delivered by voluntary community organisations to help prevent, reduce or delay the need for people to receive care and support by keeping them well and independent. The proposal had been developed with the strategic provider and a full briefing will be circulated to Cabinet Committee Members prior to launch.
  - b) The Care Quality Commission Assurance visit took place at the end of September / beginning of October 2024 and the initial report is anticipated in early December 2024.
  - c) World Mental Health Day took place on the 10 October 2024 and the official theme was prioritising mental health in the workplace and Kent County Council supported this in a variety of ways.
  - d) Mr Watkins confirmed that he joined Mr Jordan Meade and Mr Andrew Kennedy, both of whom are KCC Mental Health Champions, on part of their tour of mental health charities around Kent (on 20 October 2024).
  - e) Mr Watkins confirmed that he would be attending the Kent and Medway Suicide and Self Harm Prevention Conference on the 26 November 2024 at the Detling Showground.
  - f) Mr Watkins confirmed as part of his tour of Adult Social Care and Health Services, he visited the Southfields Short Break Centre in Ashford on the 16 October 2024.
  - g) The Kent Dementia Show Case and Dementia Friendly Awards took part on the 21 October 2024. Mr Watkins confirmed that he presented the awards at Vally Park Secondary School in Maidstone.
2. Mr Kennedy confirmed that he was also attending the Kent and Medway Suicide and Self Harm Prevention Conference and requested that his thanks to Mr Streatfeild be recorded, in recognition for organising three successful visits to organisations within his division on World Mental Health Day.
  3. Mr Kennedy explained to Members that he recently launched an initiative in his division called The Community Bridge which has been put together with the Kent County Council Mental Health team and Tonbridge and Malling Council provided financial support. The website is: [communitybridge.co.uk](http://communitybridge.co.uk)
  4. The Corporate Director for Adult Social Care, Mr Richard Smith highlighted the following in his verbal update:
    - a) Mr Smith gave his thanks to all staff involved in the CQC Assurance visit. He confirmed that the first report would be received during the last week of November / beginning of December and once he had taken the opportunity to review the contents for the purposes of

challenge, question and check accuracy levels, the rating would then be published. An improvement plan would then be developed.

- b) October was Black History month and there were various engagement opportunities throughout KCC. Mr Smith gave thanks to all staff involved with the planning and implementation.
  - c) A Festival of Practice will be held to allow Adult Social Care, in particular social workers, the opportunity to showcase their work. 57 people have indicated through DELTA that they would like to share examples of good practice.
  - d) Occupational Therapy week had just concluded. This also provided opportunities to show case good examples of preventative work carried out by OTTs (Occupational Therapists Teams).
  - e) Mr Smith confirmed that he attended a Kent and Medway Health and Care Symposium run by the ICS (Integrated Care Service). The focus was on prevention and a range of providers were also in attendance.
  - f) Adult Social Care won two silver awards and Social Work of the Year award. The awards were collected by Mr Peter Zein.
5. In answer to a question concerning the NHS's potential future involvement with the Prevent scheme, Mr Smith commented that, whilst he was not able to answer on behalf of the NHS he could comment in his capacity as Corporate Director that new monies had gone into the NHS and there were going to be some organisation changes and clarity of roles and responsibilities between the Integrated Care Board, the Trusts and NHS England. This meant that the Integrated Care Board were more focused on community services and prevention.
6. RESOLVED the Committee to note the verbal updates.

## **219. Draft Revenue and Capital Budget and MTFP** *(Item. 6)*

1. The item was present by Cabinet Member for Finance, Mr Peter Oakford. He commented that an individual report had been completed for each Cabinet Committee this financial year, meaning the respective Cabinet Member would deal with the responsibilities for own directorate. Mr Oakford discussed the high level budget and how it impacted the Council. The particular points to note included the following:
- a) The Local Government Finance settlement would be provided late December 2024.
  - b) It was a draft budget put together using the current knowledge available and on the assumption that levels such as Council Tax would remain the same. The inheritance of the spending plans from the previous Government and the unknown intentions of the current Government in relation to these had also been factored in.

- c) There were a number of challenges to the budget, which sat within the Adult Social Care budget. These were principally due to the pressures seen on adult social care, with £50 million of saving contained in the plan for adult social care this financial year. The current in year budget over spend was currently at £16 million.
  - d) It was confirmed that additional funds would be allocated to Adult Social Care, however the distribution was known. If the allocation was based on previously used methodology, it was possible the directorate would receive around £13 million. Taking into consideration the over spend of the current financial year and the required savings for the next year, it likely that this will be used to off set the budget pressures, rather than incremental spending.
2. The Cabinet Member for Adult Social Care and Public Health explained the following:
- a) In relation to demand, the current growth was approximately £66 million in spending for Adult Social Care, compared to £100 million of the previous year. Mr Watkins confirm that this reflected more people coming into the service and an increased complexity of need. Inflation was also a component, with payments of 3% uplift being paid to providers.
  - b) The Employer's Bill of Rights was due for enactment in 2025 which would add an estimated £600 of cost per employee.
  - c) The target saving for the next financial year is proposed to be £38 Million, compared to £54 million of saving for this year. Despite this, Mr Watkins indicated that Adult Social Care, although off track for their budgetary targets, were on track to create the largest saving ever achieve by any directorate at Kent County Council.
  - d) The largest share of the £38 million in savings came from Transformation Programme (focused on how the services operated) at £28 million.
  - e) Some smaller savings involved a sum of £4 million which came from client contributions, which were essentially the uplift of benefits and other payments receive through inflation. The Preventative savings through the Community Wellbeing consultation being launched, was budgeted to save around £2.5 million in 2025.
  - f) Mr Watkins confirmed there was an unresolved item of £8.5 million of savings which were not achieved this financial year, not would they likely be achieved the following year.
3. Mr Smith commented that the ADASS (Association of Directors of Adult Social Services) Autum Budget statement summary provide that 81% of Councils in the country are forecasting an overspend in Adult Social Care. A long term solution was required and therefore items like the Transformation Program were an important part of maintaining service whilst trying to make savings.



4. In answer to questions and comments made by Members it was said that:
- a) It was not a statutory duty to support the independent sector however, it was stated that the Council and the private sector are partners and so working together was important. The 10% increase cost of care in Care Homes was driven by central government; at present the Council can only provide 3% which left a clear difference.
  - b) It was stated that care providers are not able to absorb the costs as readily as other sectors and so going forwards, partnership working would be important and the relationship with providers needed to open, honest and transparent. There was a current risk matrix of providers and given the high levels of complex care packages, the provider industry was changing which mean that for some providers, they would find this difficult to operate which meant that they needed to support.
  - c) It was stated that this was not just an Adult Social Care issue, rather the sustainability of Kent County Council as a whole; given the current overspend on the budget, the margin for error was narrow. The draft budget for Adult Social Care represented an improvement picture for the next financial year. It was highlighted that by doing the basic things in Adult Social Care and by moving resources around, would have a positive impact and better outcome.
  - d) Recent paperwork suggested that Adult Social Care were over performing in Enablement Services (for example: Kent Enablement at Home Service) currently had £2 million of cost diversion by people who had access to enablement.
  - e) Assurance was provided to the Committee that by employing preventative measures and keeping people in their homes for longer through using a variety of methods, meant meeting needs earlier but at a lower cost.
  - f) It was explained to the Committee that due to the funding restrictions, the decision making capability was constrained with very little discretion and so meeting the statutory need took precedent.
  - g) Care workers were getting an above inflation minimum wage pay rise; this year it was approximately 7% for most minimum wage workers however people of 18, 19 or 20 years of age, it calculated to around a 16% increase. Care homes with a work force predominantly made up of this age range of employees, were predicted to find employment costs very high.
  - h) It was confirmed that Adult Social Care comprised of 35% of the Council's net budget and this money supported 8.5% of the residents of Kent.

- i) A Member expressed gratitude for the work conducted by those in Adult Social who developed strategies to save money and balance the budget.
- 5. In answer to a question from a Member, Mr Dave Shipton commented that behind the budget papers, an interactive Member dashboard was published which provided information and highlighted all the impacts, risks and sensitivities that Members could view. In previous years, officers tried to produce a 'chilli rating' on all savings but this proved to be a subjective judgement. Members indicated that a red, yellow or green indication would visually be helpful to which Mr Shipton confirmed that he would take this away as a suggestion.
- 6. Mr Watkins suggested that if Members had any suggestions or comments/proposals in relation to the budget for Adult Social Care to provide them to him or bring them to the January 2025 as Full Council meetings were not the best place to debate complex issues with the Adults Social Care budget.
- 7. RESOLVED to NOTE the administration's draft revenue budgets including responses to consultation.
- 8. RESOLVED to SUGGEST any changes which should be made to the administration's draft budget proposals related to the Cabinet Committee's portfolio area before the draft is considered by Cabinet on 30 January 2025 and presented to Full County Council on 13 February 2025.

**220. Performance Dashboard**

*(Item. 7)*

- 1. The report was introduced by the Adult Social Care Performance Manager, Ms Helen Groombridge.
- 2. In answer to comments and questions made by Members Ms Groombridge commented:
  - a) In relation to the statistics presented in the report, it was confirmed that the rate of services provided per 100,000 people would be added to the existing presentation of the measures in time for the next Cabinet Committee. She also commented that she would also look at the baseline against national comparators for the next report
- 3. RESOLVED to note the performance of Adult Social Care Services in Quarter 2 2024/2025

**221. Adult Social Care Pressures Plan**

*(Item. 8)*

1. The report was presented by Assistant Director Operations, Ms Susan Ashmore.
2. In answer to questions and comments made by Members it was said that:
  - a) People over 65 and vulnerable people were eligible for a free COVID vaccine
  - b) A Member requested that the covering note which accompanied the report to be more focused so that Members got the full benefit of all the hard work conducted and residents were able to ascertain a clear picture of the continuous improvements, as well as a better understanding of how the improvements are being made.
  - c) East Kent Hospital trusts had the most stressed system for hospital discharge delay during winter pressures, however since the implementation of several new initiatives last winter has produced good results and the discharge delay number halved.
  - d) The benefits of encouraging residents to embrace technology to facilitate staying at home longer, whilst saving funds was discussed.
  - e) There were a number of technological responses which carers found useful, such as the 24 hour technical assessment equipment to ascertain whether someone is up walking during the night, falls prevention work to keep people from hospital admission, falling a fall. The idea was to grow awareness of technology in the Adult Social Care Connect Space.
  - f) Mr Smith stated that he, ICB (Integrated Care Board) KMPT (Kent and Medway Partnership Trust) were aware of the pressures on the Mental Health services at present and Kent had few acute beds which meant they needed community wrap around support and community step up beds. Mr Smith stated that commissioning pathways out of hospital need to be thought about in a very different way. He stated that, unless the pathways ways are fully commissioned, there was a risk that local solutions would come into play which could attract unforeseen circumstances.
3. RESOLVED to note the content of the report and the Adult Social Care Pressures Plan 2024-2025

**222. Annual Complaints Report**  
(Item. 9)

1. The report was presented by the Customer Care and Complaints Manager Ms Debra Davidson.
2. In answer to questions and comments from Members it was said that:
  - a) The 51% of complaints that were either upheld or partially upheld, was a similar rate to that of other councils. A more detailed response could be provided if required.
  - b) In response to a Member indicating that it would be helpful to hear from someone in regarding the Coroner's Inquest Enquiries and requests, it was confirmed that a member of the strategic safeguarding team could attend a committee meeting and provide further information regarding Coroners Involvement. It was explained that, on occasion, safeguarding was raised as an issue at inquest. A prevention of future deaths report can be ordered by a Coroner as part of their discretionary powers, which support their overall statutory powers.
  - c) It was confirmed that the Customer Care and Complaints team managed the process when a Coroner made a request and they ensured that Adult Social Care responded and followed the authorisation process.
  - d) Members were directed to sections of the reports and supporting appendices which set out the theme of Complaints and as well as the section entitled 'You Said, We Did'.
  - e) The high level of compliments and the stories from members of the public were acknowledged and thanks was given to the directorate for their hard work.
3. RESOLVED to consider and commented on the content of the Annual Complaints Report.

**223. Work Programme**  
(Item. 10)

1. RESOLVED to note the work programme.

**From:** Roger Gough, Leader of the Council  
 Peter Oakford, Deputy Leader and Cabinet Member for Finance,  
 Corporate and Traded Services  
 Dan Watkins, Cabinet Member for Adult Social Care and Public  
 Health

**To:** Adult Social Care Cabinet Committee -15 January 2025

**Subject:** **Draft Revenue Budget 2025/2026 and Medium Term Financial  
 Plan 2025/2028 Update, and Draft Capital Programme  
 2025/2035**

**Classification:** Unrestricted

**Summary:** This report sets out for further consideration the material changes to the administration's draft revenue budget proposals for 2025/2026 from those presented to committees in November 2024 for the Cabinet portfolios and directorates relevant to this committee. As with the November report this is a tailored report for each committee. The update includes the following information relevant to the Cabinet Committee's portfolio(s):

- Full year effect of variances reported in quarter two 2024/2025 budget monitoring report
- Latest projections for price indices applied for contractual price uplifts
- Latest activity/demand/cost trends
- Spending and income arising from Autumn 2024 Budget statement, Provisional Local Government Finance Settlement (PLGFS) and departmental grant announcements
- Updated savings and income forecasts including further progress on £19.8m policy savings to replace one-offs in 2024/2025

Appendices to the report set out the draft capital programme and significant changes to the revenue budget since the draft published in November. The appendices include a schedule of draft key decisions necessary for the policy decisions within the administration's proposals for consideration in principle pending full Council approval.

The administration's final 2025/2026 draft budget, 2025/2028 Medium Term Financial Plan (MTFP) and Capital Programme 2025/2035 will be published in full for Cabinet endorsement on 30 January 2025. This will need to show a balanced revenue position for 2025/2026 and fully funded capital programme.

**Recommendations:** The Adult Social Care Cabinet Committee is asked to:

- a) **NOTE** the update to administration's draft revenue budget proposals
- b) **NOTE** and **COMMENT** on draft capital programme; and
- c) **PROPOSE**, to the Executive, any changes which should be made to the administration's draft budget proposals related to the Cabinet Committee's portfolio area before the final draft is considered by Cabinet on 30 January 2025 and presented to Full County Council on 13 February 2025.

## **1. Background and Context**

- 1.1 The setting of the budget is a decision reserved for Full Council. The Council's Constitution requires that a draft Budget is issued for consideration to Cabinet Committees and the Scrutiny Committee to allow for their comments and any recommendations to be considered before the final budget proposals are made to Full Council.
- 1.2 The Council is under a legal duty to set a balanced and sustainable budget within the resources available from local taxation and central government grants and to maintain adequate reserves. This duty applies to the final draft budget presented for Full Council approval at the annual budget meeting. The overall purpose of the budget is to ensure that the Council continues to plan for revenue and capital spending which is affordable, reflects the Council's strategic priorities, allows the Council to fulfil its statutory responsibilities and continues to maintain and improve the Council's financial resilience.
- 1.3 A 3-year Medium Term Financial Plan (MTFP) covering the entirety of the resources available to the Council is 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.
- 1.4 The administration's updated draft revenue budget 2025/2026 proposals are now balanced in principle pending Cabinet endorsement. This includes resolution of the £11.4m unresolved balances in the November draft. The resolution comes from a mix of updated spending growth, updated savings and income plans, and increased/new grants in the Provisional Local Government Finance Settlement (PLGFS) and other departmental grants. The timing of the £19.8m policy savings required to replace the use of one-offs to balance 2024/2025 budget remains an issue for 2025/2026 although this is now proposed to be resolved through a combination of funding qualifying revenue expenditure from capital receipts and extension of New Homes Bonus grant, with significantly less required from a loan from reserves.
- 1.5 The plans for 2026/2027 and 2027/2028 in the MTFP continue to be indicative based upon a set of assumptions for spending/savings and income, and funding. The plans for 2026/2027 and 2027/2028 are broadly balanced albeit at a high-level at this stage pending further detail of reforms to local authority funding and multi-year settlement. The illustrative plans set out the possible trajectory based upon current policy assumptions, although other scenarios are possible. There is a balance to be struck between planning for what is currently known (which are the factors cited above) and the likelihood of an improvement in the financial position via any additional Government support (including update and reform of current methodologies) or improved tax returns, with the risk being managed through reserves.

- 1.6 The draft Capital Programme has been prepared on the basis that only fully funded projects are included, with a separate schedule of potential projects which could be considered for inclusion in future programmes once funding has been secured. The programme is based on the presumption that there will be no new borrowing to fund new schemes. The plan includes the rephasing of projects as result of 2023/2024 outturn as well as new fully funded schemes, invest to save projects, and resolution of outstanding funding on essential commitments arising since the original programme was published.
- 1.7 This report focuses on the key policy considerations within the administration's draft budget proposals (updated revenue plans and capital programme) for each Cabinet portfolio. This focused report allows cabinet committees to specifically consider the parts of the Budget that fall within their remit. The Scrutiny Committee will receive the budget proposals for the whole Council as the role of the Scrutiny Committee is to review and challenge the overall budget. An updated interactive dashboard is also available, via the link in the background documents, to Members, enabling the details of revenue proposals to be examined and scrutinised, including a new dashboard covering the £19.8m required savings to replace one-off used to balance 2024/2025 budget.
- 1.8 Separate appendices are included which set out:
- High Level Summary of draft capital programme 2025/2035 (Appendix A)
  - Detail of capital programme 2025/2035 (Appendix B)
  - Projects under consideration for future capital programmes (Appendix C)
  - An updated high-level summary of the administration's draft revenue plans 2025/2028 (Appendix D)
  - a summary of the updated revenue plan for the Adult Social Care and Health Directorate for 2025/2026 (Appendix E)
  - Budget risk register (Appendix F)
- 1.8.1 These, together with the previous reports in November, provide the same level of background information as presented to Cabinet Committees and the Scrutiny Committee in previous years.
- 1.9 Following consideration of updated revenue plans and draft capital programme, a revised draft of the administration's final budget proposals will be published for Cabinet endorsement at the meeting on 30 January 2025 (including consideration of issues raised and alternative proposals raised at Cabinet Committees and the Scrutiny Committee) prior to final approval at County Council in February 2025.

## 2. Key Policy Considerations and Changes for Adult Social Care Cabinet Committee

### Updated Revenue Proposals

2.1 Since the initial draft revenue budget for Adult Social Care that was reported to this Cabinet Committee on 13 November 2024, there have been some changes proposed.

2.2 The table below shows in summary the changes:

<b>Proposed Budget Changes Summary</b>	<b>Nov 24</b>	<b>Jan 25</b>	<b>Movement</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Growth Pressures</b>	<b>66,141.4</b>	<b>80,298.4</b>	<b>14,157.0</b>
<b>Savings &amp; Income</b>	<b>-38,958.7</b>	<b>-38,807.8</b>	<b>150.9</b>
<b>Removal &amp; Realignment of Previous Year Savings &amp; Income</b>	14,942.2	14,942.2	<b>0.0</b>
<b>Net Savings</b>	<b>-24,016.5</b>	<b>-23,865.6</b>	<b>150.9</b>
<b>Removal of Prior year Drawdown of Reserves</b>	<b>567.2</b>	<b>567.2</b>	<b>0.0</b>
<b>Net Change to Budget</b>	<b>42,692.1</b>	<b>57,000.0</b>	<b>14,307.9</b>

2.3 The net £150.9k reduction in savings above comprises of:

- A reduction in transformation savings - +£1,541.4k
- A new saving for Home Improvement Agencies - £294k, which will require a key decision
- Additional new savings against core KCC budget – Domestic Abuse - £796.5k
- Additional estimated income in line with benefits uplift - £300k

2.4 The two new areas of savings proposed :

- Domestic Abuse £796.5k – The grant is now being transferred to KCC un-ringfenced which allows Adult Social Care to fund the top up previously made for community based services from un-ringfenced grant rather than core budget, enabling a saving against the KCC £19.8m requirement to replace one-offs used to balance 2024/2025 budget.
- Home Improvement Agencies £0.3m – this has been a discretionary contribution from Adult Social Care to Home Improvement Agencies which is now being brought to an end due to pressures on statutory services. This saving is against the KCC £19.8m requirement to replace one-offs used to balance 2024/2025 budget



2.5 The savings and income required to be delivered in 2025/2026 can be summarised as follows. It should be noted that the roll-forward savings may change once later forecast positions are reported.

<b>Summary of Savings &amp; Income to be Delivered in 25-26</b>	<b>£000</b>
Savings as included in the MTFP	-32,600.7
Income as included in the MTFP	-6,207.1
<b>Total Savings &amp; Income as in MTFP</b>	<b>-38,807.8</b>
Savings Rolled Forward from 24-25	-12,879.8
<b>Total Savings &amp; income to be delivered</b>	<b>-51,687.6</b>
<b>Total Savings excluding income</b>	<b>-45,480.5</b>

2.6 The changes overall have mainly been made possible by the confirmation of additional funding originally announced in the Autumn Budget 2024 on 30 October 2024 as part of the PLGFS published on 18 December 2024 which provided local authorities with an additional £880m through Social Care Grant. KCC’s share of this additional £880m is £20.1m. In recognition of the significant challenges in adult social care the strategy has been agreed that all of this will be passported into the Adult Social Care budget along with the Adult Social Care council tax levy increase for 2025/2026 and pro rata share of other non-specific funding (including the general council tax precept).

2.7 The additional funding has enabled Adult Social Care and Health to both balance their share of the Council’s budget gap relating to irretrievable savings of £8,650k and also cover increased growth pressures of £11,196.5k:

- I. The offset of underlying increased pressures since the initial draft budget - £2,800k
- II. Additional 1% Price Provision - £7,600k in recognition of the increased National Living Wage and National Insurance increases that the care sector will incur from April 2025, and the revised baseline based on latest forecast position.
- III. Increase Spending on Domestic Abuse to match new funding allocation £796.5k

2.8 Within the £14,157k growth pressures shown in the table in 2.2 there is £2,960.5k, which relates to the removal to the specific grant income for domestic abuse as this is now un-ringfenced and included within the general funding of the Council.

2.9 A separate report on Fee Uplifts for Adult Social Care Providers for 2025/2026 is due to be considered at the Adult Social Care Cabinet Committee on 15 January 2025. A Forward Plan Entry (FED) has been published.

### 3. Recommendations

3.1 Recommendations: The Adult Social Care Cabinet Committee is asked to:

- a) **NOTE** the update to administration's draft revenue budget proposals;
- b) **NOTE** and **COMMENT** on draft capital programme; and
- c) **PROPOSE**, to the Executive, any changes which should be made to the administration's draft budget proposals related to the Cabinet Committee's portfolio area before the final draft is considered by Cabinet on 30 January 2025 and presented to Full County Council on 13 February 2025.

### 4. Background documents

- 1 [KCC's Budget webpage](#)
- 2 [KCC's Corporate Risk Register](#) (Governance and Audit Committee 16 May 2024)
- 3 [KCC's Risk Management Strategy, Policy and Programme](#) (Governance and Audit Committee 19 March 2024)
- 4 [KCC's approved 2024-25 Budget](#)
- 5 Q2 Budget monitoring Report [Cabinet Paper](#)
- 6 [Securing Kent's Future – Budget Recovery Strategy](#)
- 7 [Securing Kent's Future – Budget Recovery Report](#)
- 8 Dashboard – [Dashboard](#)

### 5. Report Authors

Dave Shipton  
Head of Finance Policy, Planning and Strategy  
03000 419418  
[dave.shipton@kent.gov.uk](mailto:dave.shipton@kent.gov.uk)

Michelle Goldsmith  
Finance Business Partner for Adult Social Care  
03000 416159  
[michelle.goldsmith@kent.gov.uk](mailto:michelle.goldsmith@kent.gov.uk)

#### Relevant Corporate Directors

John Betts  
Interim Corporate Director Finance  
03000 410066  
[john.betts@kent.gov.uk](mailto:john.betts@kent.gov.uk)

Richard Smith  
Corporate Director Adult Social Care and Health  
03000 416838  
[richard.smith3@kent.gov.uk](mailto:richard.smith3@kent.gov.uk)

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

ROW REF	Directorate	Dir	Total Cost	Prior Years Spend	2025-26	2026-27	2027-28	2028-29
					Year 1	Year 2	Year 3	Year 4
					£000s	£000s	£000s	£000s
1	Adult Social Care & Health	ASCH	7,003	3,939	549	515	250	250
2	Children, Young People & Education	CYPE	565,619	162,244	97,113	105,761	53,338	27,325
3	Growth, Environment & Transport	GET	1,278,892	376,870	149,701	146,431	111,087	81,163
4	Chief Executive's Department	CED	3,973	1,634	-1,655	3,994	0	0
5	Deputy Chief Executive's Department	DCED	142,475	44,419	27,746	17,932	11,533	3,945
<b>6</b>	<b>Total Cash Limit</b>		<b>1,997,962</b>	<b>589,106</b>	<b>273,454</b>	<b>274,633</b>	<b>176,208</b>	<b>112,683</b>
<b>Funded By:</b>								
7	Borrowing		441,100	74,485	45,168	85,577	47,705	23,165
8	Property Enterprise Fund (PEF) 2		369	369				
9	Grants		1,107,270	351,956	143,509	110,169	77,192	65,353
10	Developer Contributions		184,067	45,322	34,435	56,608	33,685	10,521
11	Other External Funding e.g. Arts Council, District Contributions etc.		27,182	12,969	11,124	3,089		
12	Revenue Contributions to Capital		85,401	16,146	13,685	6,155	6,528	6,333
13	Capital Receipts		42,315	16,711	16,124	4,446	484	650
14	Recycled Loan Repayments		110,258	71,148	9,409	8,589	10,614	6,661
<b>15</b>	<b>Total Finance</b>		<b>1,997,962</b>	<b>589,106</b>	<b>273,454</b>	<b>274,633</b>	<b>176,208</b>	<b>112,683</b>

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

ROW REF	Directorate	Dir	2029-30	2030-31	2031-32	2032-33	2033-34	2034-35
			Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
			£000s	£000s	£000s	£000s	£000s	£000s
1	Adult Social Care & Health	ASCH	250	250	250	250	250	250
2	Children, Young People & Education	CYPE	22,338	19,500	19,500	19,500	19,500	19,500
3	Growth, Environment & Transport	GET	71,965	68,167	68,087	68,107	70,922	66,392
4	Chief Executive's Department	CED	0	0	0	0	0	0
5	Deputy Chief Executive's Department	DCED	6,150	6,150	6,150	6,150	6,150	6,150
<b>6</b>	<b>Total Cash Limit</b>		<b>100,703</b>	<b>94,067</b>	<b>93,987</b>	<b>94,007</b>	<b>96,822</b>	<b>92,292</b>
<b>Funded By:</b>								
7	Borrowing		25,000	28,000	28,000	28,000	28,000	28,000
8	Property Enterprise Fund (PEF) 2							
9	Grants		61,622	59,143	59,165	59,187	62,002	57,972
10	Developer Contributions		3,406	90				
11	Other External Funding e.g. Arts Council, District Contributions etc.							
12	Revenue Contributions to Capital		6,188	6,184	6,172	6,170	6,170	5,670
13	Capital Receipts		650	650	650	650	650	650
14	Recycled Loan Repayments		3,837					
<b>15</b>	<b>Total Finance</b>		<b>100,703</b>	<b>94,067</b>	<b>93,987</b>	<b>94,007</b>	<b>96,822</b>	<b>92,292</b>

## Adult Social Care & Health (ASCH)

ROW REF	Project	Description of Project	Total Cost of Scheme	Prior Years Spend	2025-26	2026-27	2027-28	2028-29
					Year 1	Year 2	Year 3	Year 4
			£000s	£000s	£000s	£000s	£000s	£000s
1	Home Support Fund & Equipment [1] [2]	Provision of equipment and/or alterations to individuals' homes	2,500		250	250	250	250
2	<b>Total Rolling Programmes [3]</b>		<b>2,500</b>		<b>250</b>	<b>250</b>	<b>250</b>	<b>250</b>
<b>Kent Strategy for Services for Learning Disability (LD):</b>								
3	Learning Disability Good Day Programme	To provide dedicated space, accessible equipment and facilities for people with a learning disability within inclusive community settings across the county	4,415	3,903	273	239	0	0
4	CareCubed	Purchase of software licenses	88	36	26	26	0	0
5	<b>Total Individual Projects</b>		<b>4,503</b>	<b>3,939</b>	<b>299</b>	<b>265</b>	<b>0</b>	<b>0</b>
6	<b>Total - Adult Social Care &amp; Health</b>		<b>7,003</b>	<b>3,939</b>	<b>549</b>	<b>515</b>	<b>250</b>	<b>250</b>

[1] These are projects that are relying on significant elements of unsecured funding and will only go ahead if the funding is achieved

[2] Estimated allocations have been included for 2025-26 to 2034-35

[3] Rolling programmes have been included for 10 year capital programme

## Adult Social Care & Health (ASCH)

ROW REF	Project	Description of Project	2029-30	2030-31	2031-32	2032-33	2033-34	2034-35
			Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
			£000s	£000s	£000s	£000s	£000s	£000s
1	Home Support Fund & Equipment [1] [2]	Provision of equipment and/or alterations to individuals' homes	250	250	250	250	250	250
2	<b>Total Rolling Programmes [3]</b>		<b>250</b>	<b>250</b>	<b>250</b>	<b>250</b>	<b>250</b>	<b>250</b>
<b>Kent Strategy for Services for Learning Disability (LD):</b>								
3	Learning Disability Good Day Programme	To provide dedicated space, accessible equipment and facilities for people with a learning disability within inclusive community settings across the county	0	0	0	0	0	0
4	CareCubed	Purchase of software licenses	0	0	0	0	0	0
5	<b>Total Individual Projects</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
6	<b>Total - Adult Social Care &amp; Health</b>		<b>250</b>	<b>250</b>	<b>250</b>	<b>250</b>	<b>250</b>	<b>250</b>

[1] These are projects that are relying on significant elements of unsecured funding and will only go ahead if the funding is achieved

[2] Estimated allocations have been included for 2025-26 to 2034-35

[3] Rolling programmes have been included for 10 year capital programme

## APPENDIX C - POTENTIAL CAPITAL PROJECTS 2025-26 TO 2034-35 BY YEAR

These projects are currently very high level and commencement is subject to business case approval and affordable funding solutions identified.

Directorate	Potential Forthcoming Projects	Description of Project	Total Cost of Scheme	2025-26	2026-27	2027-28	2028-29
			£000s	Year 1 £000s	Year 2 £000s	Year 3 £000s	Year 4 £000s
<b>Shortfall on Council's Office and Highways Network to Maintain Backlogs at Steady State</b>							
DCED	Modernisation of Assets	Maintaining KCC's Office Estate	101,790	5,337	10,248	10,500	12,705
CYPE	Schools Annual Planned Enhancement	Planned and reactive capital projects to keep schools open and operational	53,500	1,000	5,000	5,000	5,500
CYPE	Schools Modernisation Programme	Improving and upgrading school buildings including removal of temporary classrooms	43,500		4,000	4,000	4,500
GET	Highways Asset Management, Annual Maintenance and Programme of Significant and Urgent Safety Critical Works	Maintaining Kent's Roads	1,321,101	105,034	110,285	115,800	121,590
GET	Public Rights of Way	Structural improvements of public rights of way	25,130	2,513	2,513	2,513	2,513
<b>Potential Forthcoming Projects</b>							
ASCH	Extra Care Facilities	Provision of Extra Care Accommodation	16,800		4,000	4,000	8,800
GET	Casualty Reduction/Congestion Management Schemes	Casualty reduction/congestion management scheme	7,500	7,500			
GET	Walking/Cycling/Public Transport Improvement Schemes	Walking, cycling and public transport improvement schemes	43,100	8,200	7,500	6,400	3,000
GET	Transitioning Fleet to EV	Transitioning Fleet to EV	7,500				2,500
GET	Kent Scientific Services	Renewal/Modernisation of laboratory facilities	10,000		10,000		
GET	Programme of Waste site Infrastructure Requirements	Programme of Waste Site Infrastructure Requirements	53,300	5,300	11,000	5,000	16,000
GET	Designated Funds	Programme of projects related to the Lower Thames Crossing	2,737	2,737			
GET	Dover Access Improvements	Levelling Up Fund Round 2 bid to improve the efficiency of the port and also reduce congestion on the strategic and local road network	58,470	58,470			
GET	Thanet Way	Structural improvements to the Thanet Way A299	20,000	5,000	5,000	5,000	5,000
GET	North Thanet Link (formerly known as A28 Birchington)	Creation of a relief road	72,450	2,295	11,419	27,174	28,933
GET	A229 Bluebell Hill M2 and M20 Interchange Upgrades	Scheme to upgrade junctions to increase capacity and provide freeflowing interchange wherever possible	243,000	2,982	2,488	15,114	105,602
DCED	Future Assets	Asset review to include community services, office estate and specialist assets	52,000	6,500	6,500	6,500	6,500
DCED	Further Provision for Member Accommodation in Invicta House	Further Provision for Member Accommodation in Invicta House	3,000		3,000		
DCED	Renewable Energy Programme	Renewable energy source options to work towards Net Zero target	32,000	8,000	7,500	8,000	8,500
	<b>Total Potential Forthcoming Projects</b>		<b>2,166,878</b>	<b>220,868</b>	<b>200,453</b>	<b>215,001</b>	<b>331,643</b>

## APPENDIX C - POTENTIAL CAPITAL PROJECTS 2025-26 TO 2034-35 BY YEAR

These projects are currently very high level and commencement is subject to business case approval and affordable funding s

Directorate	Potential Forthcoming Projects	Description of Project	2029-30	2030-31	2031-32	2032-33	2033-34	2034-35
			Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
			£000s	£000s	£000s	£000s	£'000s	£000s
<b>Shortfall on Council's Office and Highways Network to Maintain Backlogs at Steady State</b>								
DCED	Modernisation of Assets	Maintaining KCC's Office Estate	10,500	10,500	10,500	10,500	10,500	10,500
CYPE	Schools Annual Planned Enhancement	Planned and reactive capital projects to keep schools open and operational	5,500	6,000	6,000	6,500	6,500	6,500
CYPE	Schools Modernisation Programme	Improving and upgrading school buildings including removal of temporary classrooms	4,500	5,000	5,000	5,500	5,500	5,500
GET	Highways Asset Management, Annual Maintenance and Programme of Significant and Urgent Safety Critical Works	Maintaining Kent's Roads	127,669	134,052	140,755	147,793	155,182	162,941
GET	Public Rights of Way	Structural improvements of public rights of way	2,513	2,513	2,513	2,513	2,513	2,513
<b>Potential Forthcoming Projects</b>								
ASCH	Extra Care Facilities	Provision of Extra Care Accommodation						
GET	Casualty Reduction/Congestion Management Schemes	Casualty reduction/congestion management scheme						
GET	Walking/Cycling/Public Transport Improvement Schemes	Walking, cycling and public transport improvement schemes	3,000	3,000	3,000	3,000	3,000	3,000
GET	Transitioning Fleet to EV	Transitioning Fleet to EV	5,000					
GET	Kent Scientific Services	Renewal/Modernisation of laboratory facilities						
GET	Programme of Waste site Infrastructure Requirements	Programme of Waste Site Infrastructure Requirements	16,000					
GET	Designated Funds	Programme of projects related to the Lower Thames Crossing						
GET	Dover Access Improvements	Levelling Up Fund Round 2 bid to improve the efficiency of the port and also reduce congestion on the strategic and local road network						
GET	Thanet Way	Structural improvements to the Thanet Way A299						
GET	North Thanet Link (formerly known as A28 Birchington)	Creation of a relief road	2,629					
GET	A229 Bluebell Hill M2 and M20 Interchange Upgrades	Scheme to upgrade junctions to increase capacity and provide freeflowing interchange wherever possible	67,901	45,617	626	2,670		
DCED	Future Assets	Asset review to include community services, office estate and specialist assets	6,500	6,500	6,500	6,500		
DCED	Further Provision for Member Accommodation in Invicta House	Further Provision for Member Accommodation in Invicta House						
DCED	Renewable Energy Programme	Renewable energy source options to work towards Net Zero target						
	<b>Total Potential Forthcoming Projects</b>		<b>251,712</b>	<b>213,182</b>	<b>174,894</b>	<b>184,976</b>	<b>183,195</b>	<b>190,954</b>



## APPENDIX D - High Level 2025-28 Revenue Plan and Financing

2024-25				2025-26			INDICATIVE FOR PLANNING PURPOSES					
Core £000s	External £000s	Total £000s		Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s
			Original base budget	1,429,506.8	0.0	1,429,506.8	1,526,088.5	0.0	1,526,088.5	1,604,182.4	0.0	1,604,182.4
			internal base adjustments	-836.6	836.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1,315,610.6		1,315,610.6	Revised Base	1,428,670.2	836.6	1,429,506.8	1,526,088.5	0.0	1,526,088.5	1,604,182.4	0.0	1,604,182.4
			<b>SPENDING</b>									
31,721.5		31,721.5	Base Budget Changes	10,425.7	-744.1	9,681.6	-100.0	0.0	-100.0	4,000.0	0.0	4,000.0
35.0		35.0	Reduction in Grant Income	3,234.7	11,276.2	14,510.9	0.0	0.0	0.0	0.0	0.0	0.0
10,798.4	505.1	11,303.5	Pay	21,645.7	626.9	22,272.6	12,524.5	0.0	12,524.5	11,863.6	0.0	11,863.6
49,568.4	1,695.6	51,264.0	Prices	41,407.1	1,944.4	43,351.5	31,361.3	0.0	31,361.3	27,562.6	0.0	27,562.6
85,349.7	284.7	85,634.4	Demand & Cost Drivers - Cost	48,209.4	0.0	48,209.4	46,631.1	0.0	46,631.1	46,631.1	0.0	46,631.1
		0.0	Demand & Cost Drivers - Demand	22,989.0	24,150.3	47,139.3	23,025.6	-15,600.0	7,425.6	22,979.6	-14,200.0	8,779.6
16,393.1	-10,327.3	6,065.8	Government & Legislative	-14,751.5	5,814.5	-8,937.0	454.5	-19,502.4	-19,047.9	3,249.5	-1,898.1	1,351.4
15,712.2	-1,538.8	14,173.4	Service Strategies & Improvements	17,278.5	2,136.2	19,414.7	-757.6	236.5	-521.1	-803.2	-3,995.2	-4,798.4
109,578.3	-9,380.7	200,197.6	<b>TOTAL SPENDING</b>	<b>150,438.6</b>	<b>45,204.4</b>	<b>195,643.0</b>	<b>113,139.4</b>	<b>-34,865.9</b>	<b>78,273.5</b>	<b>115,483.2</b>	<b>-20,093.3</b>	<b>95,389.9</b>
			<b>SAVINGS, INCOME &amp; GRANT</b>									
-36,454.8		-36,454.8	Transformation - Future Cost Increase Avoidance	-30,834.5	0.0	-30,834.5	-10,788.7	0.0	-10,788.7	-10,300.0	0.0	-10,300.0
2,068.7		2,068.7	Transformation - Service Transformation	-4,500.0	0.0	-4,500.0	-1,900.0	0.0	-1,900.0	-400.0	0.0	-400.0
-16,195.0		-16,195.0	Efficiency	469.6	-65.0	404.6	-4,243.5	0.0	-4,243.5	-171.2	0.0	-171.2
-15,406.6	-281.3	-15,687.9	Income	-20,109.3	0.0	-20,109.3	-6,344.6	0.0	-6,344.6	-6,643.8	0.0	-6,643.8
-10,967.6		-10,967.6	Financing	1,001.0	0.0	1,001.0	7,253.3	0.0	7,253.3	-2,166.3	0.0	-2,166.3
-11,910.2	-9.2	-11,919.4	Policy	-8,742.9	0.0	-8,742.9	-14,215.2	0.0	-14,215.2	-12,111.8	0.0	-12,111.8
-88,865.5	-290.5	-89,156.0	<b>TOTAL SAVINGS &amp; INCOME</b>	<b>-62,716.1</b>	<b>-65.0</b>	<b>-62,781.1</b>	<b>-30,238.7</b>	<b>0.0</b>	<b>-30,238.7</b>	<b>-31,793.1</b>	<b>0.0</b>	<b>-31,793.1</b>
	7,210.7	7,210.7	Increases in Grants and Contributions	0.0	-25,209.8	-25,209.8	0.0	18,429.4	18,429.4	0.0	-8,876.7	-8,876.7
-88,865.5	6,920.2	-81,945.3	<b>TOTAL SAVINGS, INCOME &amp; GRANT</b>	<b>-62,716.1</b>	<b>-25,274.8</b>	<b>-87,990.9</b>	<b>-30,238.7</b>	<b>18,429.4</b>	<b>-11,809.3</b>	<b>-31,793.1</b>	<b>-8,876.7</b>	<b>-40,669.8</b>
			<b>MEMORANDUM:</b>									
			Removal of undelivered/temporary savings & grant	32,735.3	3,362.8	36,098.1	10,715.1	19,502.4	30,217.5	800.0	5,470.3	6,270.3
			New & FYE of existing Savings	-71,942.1	-65.0	-72,007.1	-33,259.2	0.0	-33,259.2	-25,949.3	0.0	-25,949.3
			New & FYE of existing Income	-23,509.3	0.0	-23,509.3	-7,694.6	0.0	-7,694.6	-6,643.8	0.0	-6,643.8
			New & FYE of existing Grants	0.0	-28,572.6	-28,572.6	0.0	-1,073.0	-1,073.0	0.0	-14,347.0	-14,347.0
				<b>-62,716.1</b>	<b>-25,274.8</b>	<b>-87,990.9</b>	<b>-30,238.7</b>	<b>18,429.4</b>	<b>-11,809.3</b>	<b>-31,793.1</b>	<b>-8,876.7</b>	<b>-40,669.8</b>
			Prior Year savings rolling forward for delivery in 25-26									
			<b>TOTAL Savings for delivery in 2025-26</b>	<b>-95,451.4</b>	<b>-28,637.6</b>	<b>-124,089.0</b>						

2024-25				2025-26			INDICATIVE FOR PLANNING PURPOSES					
Core £000s	External £000s	Total £000s		Core £000s	External £000s	Total £000s	2026-27			2027-28		
						Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s	
<b>RESERVES</b>												
27,481.5		27,481.5	Contributions to Reserves	42,428.9	14,200.0	56,628.9	43,817.1	14,200.0	58,017.1	43,538.0	34,300.0	77,838.0
-24,739.6		-24,739.6	Removal of prior year Contributions	-34,545.8	-10,640.0	-45,185.8	-42,028.9	-14,200.0	-56,228.9	-35,796.1	-14,200.0	-49,996.1
-14,877.4	-1,350.5	-16,227.9	Drawdowns from Reserves	-13,064.7	-25,598.1	-38,662.8	0.0	-9,161.6	-9,161.6	0.0	-291.6	-291.6
5,318.9	3,811.0	9,129.9	Removal of prior year Drawdowns	14,877.4	1,271.9	16,149.3	13,064.7	25,598.1	38,662.8	0.0	9,161.6	9,161.6
-6,816.6	2,460.5	-4,356.1	<b>TOTAL RESERVES</b>	<b>9,695.8</b>	<b>-20,766.2</b>	<b>-11,070.4</b>	<b>14,852.9</b>	<b>16,436.5</b>	<b>31,289.4</b>	<b>7,741.9</b>	<b>28,970.0</b>	<b>36,711.9</b>
113,896.2	0.0	113,896.2	<b>NET CHANGE</b>	<b>97,418.3</b>	<b>-836.6</b>	<b>96,581.7</b>	<b>97,753.6</b>	<b>0.0</b>	<b>97,753.6</b>	<b>91,432.0</b>	<b>0.0</b>	<b>91,432.0</b>
			UNRESOLVED BALANCE / SURPLUS				-3,959.7	0.0	-3,959.7	2,638.3	0.0	2,638.3
			ADULT SOCIAL CARE FUNDING UNRESOLVED BALANCE				-15,700.0		-15,700.0	-18,400.0		-18,400.0
<b>1,429,506.8</b>	<b>0.0</b>	<b>1,429,506.8</b>	<b>NET BUDGET</b>	<b>1,526,088.5</b>	<b>0.0</b>	<b>1,526,088.5</b>	<b>1,604,182.4</b>	<b>0.0</b>	<b>1,604,182.4</b>	<b>1,679,852.7</b>	<b>0.0</b>	<b>1,679,852.7</b>
<b>MEMORANDUM:</b>												
<b>The net impact on our reserves balances is:</b>												
27,481.5	0.0	<b>27,481.5</b>	Contributions to Reserves	42,428.9	14,200.0	<b>56,628.9</b>	43,817.1	14,200.0	<b>58,017.1</b>	43,538.0	34,300.0	<b>77,838.0</b>
-14,877.4	-1,350.5	<b>-16,227.9</b>	Drawdowns from Reserves	-13,064.7	-25,598.1	<b>-38,662.8</b>	0.0	-9,161.6	<b>-9,161.6</b>	0.0	-291.6	<b>-291.6</b>
<b>12,604.1</b>	<b>-1,350.5</b>	<b>11,253.6</b>	<b>Net movement in Reserves</b>	<b>29,364.2</b>	<b>-11,398.1</b>	<b>17,966.1</b>	<b>43,817.1</b>	<b>5,038.4</b>	<b>48,855.5</b>	<b>43,538.0</b>	<b>34,008.4</b>	<b>77,546.4</b>
<b>PER INITIAL DRAFT BUDGET</b>												
			GROWTH	117,204.8	12,558.8	129,763.6	117,883.7	-16,436.5	101,447.2	106,103.6	-20,240.3	85,863.3
			SAVINGS, INCOME & GRANT	-41,633.1	7,370.8	-34,262.3	-40,368.6	0.0	-40,368.6	-28,656.1	-8,729.7	-37,385.8
			RESERVES	4,138.3	-20,766.2	-16,627.9	22,909.5	16,436.5	39,346.0	-4,795.2	28,970.0	24,174.8
			<b>NET CHANGE</b>	<b>79,710.0</b>	<b>-836.6</b>	<b>78,873.4</b>	<b>100,424.6</b>	<b>0.0</b>	<b>100,424.6</b>	<b>72,652.3</b>	<b>0.0</b>	<b>72,652.3</b>
<b>CHANGE FROM INITIAL DRAFT BUDGET</b>												
			GROWTH	33,233.8	32,645.6	65,879.4	-4,744.3	-18,429.4	-23,173.7	9,379.6	147.0	9,526.6
			SAVINGS, INCOME & GRANT	-21,083.0	-32,645.6	-53,728.6	10,129.9	18,429.4	28,559.3	-3,137.0	-147.0	-3,284.0
			RESERVES	5,557.5	0.0	5,557.5	-8,056.6	0.0	-8,056.6	12,537.1	0.0	12,537.1
			<b>NET CHANGE</b>	<b>17,708.3</b>	<b>0.0</b>	<b>17,708.3</b>	<b>-2,671.0</b>	<b>0.0</b>	<b>-2,671.0</b>	<b>18,779.7</b>	<b>0.0</b>	<b>18,779.7</b>

2024-25			2025-26			INDICATIVE FOR PLANNING PURPOSES					
Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s
<b>Funding per the Local Government Finance Settlement &amp; Local Taxation</b>											
	11,806.0				15,680.3			16,101.0			16,448.1
	117,046.1				137,143.6			137,143.6			137,143.6
	26,969.4				26,969.4			26,969.4			26,969.4
	11,686.6				0.0			0.0			0.0
					4,031.2			4,031.2			4,031.2
	1,311.9				0.0			0.0			0.0
					6,207.1			6,207.1			6,207.1
					0.0			0.0			0.0
	147,382.5				149,107.7			152,869.0			156,093.0
	50,014.7				61,701.3			61,701.3			61,701.3
	51,080.2				52,795.4			54,127.2			55,268.7
	2,058.5				1,926.7			0.0			0.0
					9,361.1			9,361.1			9,361.1
	3,544.6				0.0			0.0			0.0
	65,740.7				67,238.1			68,814.4			70,165.5
	2,682.8				0.0			0.0			0.0
	800,320.3				838,626.3			881,450.4			926,897.4
	135,347.0				155,922.5			178,406.7			202,566.3
	2,515.5				-622.2			7,000.0			7,000.0
	<b>1,429,506.8</b>	<b>Total Funding</b>			<b>1,526,088.5</b>			<b>1,604,182.4</b>			<b>1,679,852.7</b>

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## APPENDIX E - ASCH DIRECTORATE (CORE ONLY)

### PROPOSED 2025-26 BUDGET CHANGES

	ASCH
	Dan Watkins
	Core £000s
Original base budget	585,946.2
internal base adjustments	54.4
<b>Revised Base</b>	<b>586,000.6</b>
<b>SPENDING</b>	
Base Budget Changes	7,800.0
Reduction in Grant Income	2,960.5
Pay	-233.6
Prices	26,300.0
Demand & Cost Drivers - Cost	30,900.0
Demand & Cost Drivers - Demand	11,300.0
Government & Legislative	796.5
Service Strategies & Improvements	475.0
<b>TOTAL SPENDING</b>	<b>80,298.4</b>
<b>SAVINGS, INCOME &amp; GRANT</b>	
Transformation - Future Cost Increase Avoidance	-20,234.5
Transformation - Service Transformation	0.0
Efficiency	3,304.9
Income	-6,207.1
Financing	0.0
Policy	-728.9
<b>TOTAL SAVINGS &amp; INCOME</b>	<b>-23,865.6</b>
Increases in Grants and Contributions	0.0
<b>TOTAL SAVINGS, INCOME &amp; GRANT</b>	<b>-23,865.6</b>
<b>MEMORANDUM:</b>	
Removal of undelivered/temporary savings & grant	14,942.2
New & FYE of existing Savings	-32,600.7
New & FYE of existing Income	-6,207.1
New & FYE of existing Grants	0.0
	<b>-23,865.6</b>
Prior Year savings rolling forward for delivery in 25-26	0.0
<b>TOTAL Savings for delivery in 2025-26</b>	<b>-38,807.8</b>
<b>RESERVES</b>	
Contributions to Reserves	0.0
Removal of prior year Contributions	0.0
Drawdowns from Reserves	0.0
Removal of prior year Drawdowns	567.2
<b>TOTAL RESERVES</b>	<b>567.2</b>
<b>NET CHANGE</b>	<b>57,000.0</b>
<b>PROPOSED NET BUDGET</b>	<b>643,000.6</b>
<b>PER INITIAL DRAFT BUDGET</b>	
GROWTH	66,141.4
SAVINGS, INCOME & GRANT	-24,016.5
RESERVES	567.2
<b>NET CHANGE</b>	<b>42,692.1</b>
<b>CHANGE FROM INITIAL DRAFT BUDGET</b>	
GROWTH	14,157.0
SAVINGS, INCOME & GRANT	150.9
RESERVES	0.0
<b>NET CHANGE</b>	<b>14,307.9</b>

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## Appendix F: Budget Risks Register 2025-26

<b>TOTAL £m</b>	<b>341.7</b>	<b>287.0</b>
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Directorate	Risk Title	Source/Cause of Risk	Risk Event	Consequence	Current Likelihood (1-5)	Estimated Annual Financial Exposure £m	Estimated Lifetime Financial Exposure £m
<b>Significant Risks (over £10m)</b>							
<b>CYPE</b>	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. Whilst initial progress in 2022-23 and 2023-24 was positive the council was ahead of target, 2024-25 has been a more challenging year where the council is forecasting to be £10m off-target due to a combined effect of higher prices and significantly higher demand in financial support in mainstream schools. If compensating savings cannot be delivered and/or these pressures cannot be retained in future years, there is risk the Council will become increasingly off-target by the end of the agreement in 2027-28.	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		165.0
<b>AL</b> Page 27	Non delivery of Savings and income and inability to replace one-off measures	Changes in circumstances, resulting in delays in the delivery of agreed savings or income and inability to replace one-off measures with sustainable permanent alternatives	Inability to progress with plans to generate savings or additional income as planned, 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	120.7	
<b>ASCH / CYPE</b>	Market Sustainability	The long term impact of Covid-19 is still impacting on the social care market, as is several years of unfunded above inflation increases in the national living wage. There continue to be concerns about the sustainability of the sector as a result. 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. The increases to the National Minimum and National Living Wage will create more challenges for the market to recruit and retain when other sectors may be paying more, so it may be that they will need to increase their wages accordingly. The changes to Employer National Insurance contributions affect all employers, but the reduction in the threshold to £5,000 pa hits this sector hardest because of the number of part-time and low paid employees.	Care provider closures are not an infrequent occurrence and whilst some providers that close are either too small or poor quality, others are making informed business decisions to exit the market. The more providers that exit in this unplanned manner further depletes choice and capacity to meet need, which can create pressures in the system regarding throughput and discharge from hospital thus potentially increasing price.	4	20.0	

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## Appendix F: Budget Risks Register 2025-26

<b>TOTAL £m</b>	<b>341.7</b>	<b>287.0</b>
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Directorate	Risk Title	Source/Cause of Risk	Risk Event	Consequence	Current Likelihood (1-5)	Estimated Annual Financial Exposure £m	Estimated Lifetime Financial Exposure £m
ALL	2024-25 potential overspend impact on reserves	Under delivery of recovery plan to bring 2024-25 revenue budget into a balanced position by 31-3-25.	Overspend against the revenue budget in 2024-25 required to be met from reserves leading to a reduction in our financial resilience	Insufficient reserves available to manage risks in 2024-25 and future years	3	26.8	
ALL	Revenue Inflation	The Council must ensure that the Medium Term Financial Plan (MTFP) includes robust estimates for spending pressures.	Inflation rises above the current forecasts leading to price increases on commissioned goods and services rising above the current MTFP assumptions and we are unsuccessful at suppressing these increases. Each 1% is estimated to cost £14m.	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.	3	14.0	
ALL	Distribution of Grant Settlements	The government's reforms to funding allocations, starting with targeted approach to additional funding in 2025-26 ahead of broader redistribution of funding through multi-year settlement from 2026-27 and the consolidation of existing funding streams	Allocations to fund services and activities in Kent are reduced	The council is unable to make consequential adjustments to spending on the same timescale as funding changes resulting in further calls on reserves	4	22.0	
Page 28	Council Taxbase assumptions	Collection authorities assume lower collection rates (increased bad debts) and/or change local discretionary discounts/premiums	Reduced council tax funding	The existing smoothing reserves for local taxation equalisation is insufficient to cover this ongoing base shortfall beyond 2025-26	4	12.0	
ALL	Capital - Developer Contributions	Developer contributions built into funding assumptions for capital projects are not all banked.	Developer contributions are delayed or insufficient to fund projects at the assumed budget level.	Additional unbudgeted forward funding requirement and potential unfunded gaps in the capital programme	4		12.0
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	12.0	
CYPE	Market Sustainability	Availability of suitable placements for looked after children.	Continued use of more expensive and unregulated placements, where it is difficult to find suitable regulated placements as no suitable alternative is available.	Unfunded cost that leads to an overspend on the revenue budget, requiring compensating in year savings or temporary unbudgeted funding from reserves.	4	10.0	
CYPE	Home to School Transport	Lack of suitable local education placements for children with Special Education Needs	Parents seek alternative placements outside of their locality requiring additional transport support	Additional transport costs incurred resulting in an overspend on the revenue budget, requiring compensating in year savings or temporary unbudgeted funding from reserves and potential recurring budget pressure for future years; or seek to demonstrate that the available local placements are suitable for the child's needs	3	10.0	

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## Appendix F: Budget Risks Register 2025-26

<b>TOTAL £m</b>	<b>341.7</b>	<b>287.0</b>
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Directorate	Risk Title	Source/Cause of Risk	Risk Event	Consequence	Current Likelihood (1-5)	Estimated Annual Financial Exposure £m	Estimated Lifetime Financial Exposure £m
GET/DCED	Changing Government focus on funding to support the Net Zero/Carbon Reduction green agenda (capital spend)	Government has previously provided 100% funding for certain Net Zero/green projects e.g. Public Sector Decarbonisation Scheme (PSDS) Funding towards the Bowerhouse and Kings Hill Solar Farms (£20m in total on community/HQ buildings, and £2m on schools), as well as LED installation, heat network or heat source pumps (gas, water). The PSDS grant is now moving focus from LED/Solar - despite the Council requiring 2 more Solar Parks as part of its Net Zero ambitions - and towards Heat Networks. Not only this, but whereas some projects were previously match funded, Government is now looking at >50% match funding requirements. The latest PSDS funding secured only funded 18% of the project. The cost of one large and one small Solar Park is in the region of £22.5m, plus a need for gas boilers on the corporate and schools estate to be replaced by heat source pumps (and/or hydrogen in the future).	The risk is that the Council has to find much higher match funding for future Net Zero projects, or review its expectations with regards to Net Zero 2030 and 2050 ambitions.	The consequence is that the Council has to put forward match funding for capital projects which can only come from borrowing or reserves. Borrowing then has a revenue implication and adds to the financing cost budget which is currently unaffordable, or accept that we will have to meet the target in other ways.	4		30.0
Non Attributable Costs	Insecure funding	The 2025-26 core budget includes £12.75m from insecure funding (company dividends, business rate pool and new homes bonus).	Previously it was recognised that core spending should not be funded from insecure/volatile sources and such funding should be held in reserve and used for one-off purposes	Funding is not secured at the planned level resulting in overspend on the revenue budget, requiring compensating in year savings or temporary unbudgeted funding from reserves. Potential recurring budget pressure for future years.	3	14.2	

## Appendix F: Budget Risks Register 2025-26

<b>TOTAL £m</b>	<b>341.7</b>	<b>287.0</b>
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Directorate	Risk Title	Source/Cause of Risk	Risk Event	Consequence	Current Likelihood (1-5)	Estimated Annual Financial Exposure £m	Estimated Lifetime Financial Exposure £m
Page 30	Waste capital infrastructure life expired and insufficient to cope with increased housing and population levels	A number of KCC's Household Waste Recycling Centres (HWRC) and Waste Transfer Stations (WTS) are life expired (35-40 years old) and require significant repair or replacement/reconfiguration. In addition to this, District Local Plan targets mean additional houses, and increasing population, presents a capacity issue for the service. Council Tax allows price inflation, additional tonnes (demography) and legislative changes to be taken into account, but does not allow for renewing or adding new infrastructure. The service started securing s106 from 2023 onwards, but unless other (Government) funding can be secured, the Council will need to invest in both of these areas. The introduction of new legislation (Simpler Recycling, Extended Producer Responsibility (EPR)) brings with it additional requirements and costs on how certain materials can be segregated, disposed of and new levies (Emissions Trading Scheme (ETS) - Jan 28) will further add to the cost of disposal (estimated £12m-17m) for all tonnes that are disposed via the Energy for Waste plant.	Unless grant or other funding (s106, CIL) can be secured, the Council will need to fund replacing and reconfiguring (due to Government legislative unfunded changes) the existing sites, as well as building new sites. Outside of the capital programme, which includes building one new WTS, there is up to £50m investment required and noted in the 10-year capital programme. Funding has not been identified for these schemes, which include two new WTS and renewing existing sites, but is an indication of the level of investment required over the medium to long term and for which there is no currently identified funding source (one WTS/HWRC could be partner funded). Funding will also need to be set aside to react/prepare for changes in legislation (Simpler Recycling, EPR, ETS), although some of the EPR income can be used to reconfigure sites due to the new legislation, as well as to enable behaviour change in terms of improved recycling, re-use and hence lower disposal costs.	The consequence is that the Council has to put forward match funding, or the entirety of funding, for the new sites and/or reconfigured sites which means additional borrowing and the financing/borrowing costs that go along with this. £50m is the maximum financial impact figure, or accept the consequential reduction in capacity in terms of Waste Infrastructure, with impact of ETS then being estimated at £12m -17m per annum.	4		50.0
<b>Other Risks (under £10m - individual amounts not included)</b>						80.0	30.0
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 than included in current plan meaning services would start the year with an existing deficit (converse would apply to underspends). This risk is less significant than in previous year budget risk register due to a lower amount of base budget changes required in 2025-26 draft budget compared to 2024-25 budget	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		

## Appendix F: Budget Risks Register 2025-26

<b>TOTAL £m</b>	<b>341.7</b>	<b>287.0</b>
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Directorate	Risk Title	Source/Cause of Risk	Risk Event	Consequence	Current Likelihood (1-5)	Estimated Annual Financial Exposure £m	Estimated Lifetime Financial Exposure £m
GET	Capital – asset management and rolling programmes including: Highways, Country Parks, PROW	The asset management/rolling programmes for KCC Highways are annual budgets and are not increased for inflation each year, meaning that the purchasing power reduces year on year as inflation is compounded yet the budget remains fixed.	Inflation pressures are incurred annually on these budget areas but the funding sources (Council borrowing, DfT grant) remain fixed and therefore this contributes to the 'managed decline' notion in that these budgets do not even maintain steady state as often the level of investment is significantly below (risk accepted by the Executive) the required level of spend - steady state asset management principles recommend £170m pa is spent. Plus year-on-year inflation is not budgeted for so the level of works commissioned reduces year-on-year also, which was exacerbated in 2023 with BCIS reaching 29% and RPIX 12%+ (inflation is estimated at needing to be £4m pa) just to stand still, plus then a £110m pa shortfall on asset management "steady state" (£170m, less actual capital spend of c£60m).	A funding gap exists annually, so steady state cannot be achieved, so unless budget provision is made, the level of capital/asset management preventative works commissioned each year will reduce. This will present a revenue pressure, as more reactive works are likely to be required, plus the respective backlogs for Highways Asset Management (c£700m) will increase exponentially. The risk represents the level of annual inflation required to mitigate this risk or accept that the asset will deteriorate.	4		
GET	Highways asset defects/failures as a result of static asset management funding	New risk of highways failures due to inadequate provision for inflation in DfT grants and KCC capital borrowing, leading to reduction in real terms value of grant/funding to the quantum of asset management/replacement works that can be effected. KCC spend c£60m per annum (DfT and KCC borrowing) but asset management principles calculate the annual spend requirement to remain at "steady state" to be £170m per annum and hence a £110m per annum shortfall.	An increase in reactive general repairs (revenue) as well as increased Cat 1 and Cat 2 defects where assets on the highways network will need replacement or extensive repairs well before the end of their useful economic life	Current funding levels are insufficient to be able to react to such defects, so the asset management backlog increases and more reactive revenue repairs are needed whereas proactive asset management/replacement is the preference. Previously an annual borrowing funded Cat 1 budget but this ceased 3 years ago when the no new borrowing stance was enacted	4		
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		
ALL	Contract retender	Contracts coming up for retender are more expensive due to prevailing market conditions and recruitment difficulties	This risk could result in a shortage of potential suppliers and/or increases in tender prices over and above inflation	Higher than budgeted capital/revenue costs resulting in overspends unless that can be offset by specification changes	4		

## Appendix F: Budget Risks Register 2025-26

<b>TOTAL £m</b>	<b>341.7</b>	<b>287.0</b>
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Directorate	Risk Title	Source/Cause of Risk	Risk Event	Consequence	Current Likelihood (1-5)	Estimated Annual Financial Exposure £m	Estimated Lifetime Financial Exposure £m
GET	Investment in the Public Rights of Way (PROW) network	Insufficient funding to adequately maintain the PROW network. Estimated shortfall compared to steady state asset management principles is an additional £2.5m pa.	Condition of the PROW network suffering from under-investment. A £150k allocation was included in the 2021-22 but additional one-off and base funding is likely to be needed for a service that is already operating at funding levels below best practice recommended asset management levels. This has been further exacerbated by the increased usage several years ago arising from the covid related restrictions and national lockdown	The potential for claims against the Council due to injury and from landowners and the need to undertake urgent works that lead to an overspend on the revenue budget, requiring compensating in year savings or temporary unbudgeted funding from reserves.	4		
GET	Revenue - drainage and adverse weather	Persistent heavy rainfall and more frequent storm events mean insufficient revenue and capital budget to cope with the reactive and proactive demands on the service	An additional £1m was put into the drainage budget in 2021-22 but this was below the level of overspends in the two prior years and the risk is therefore the budget is not being funded at the level of demand/activity. More erratic weather patterns also cause financial pressures on the winter service and many other budgets. The risk is that this weather pattern continues and additional unbudgeted funding is required. A £1m saving was put into the budget in 2023-24 with a view to reducing the service standards/intervention levels in this area but due to the climate/persistent rainfall, damage to the network meant that additional works were required. Despite provisionally including £1m back into the 2024-25 budget, there is still a view that the budget is £1m light due to the changing weather climate/events and that the budget could see activity/demand require an additional £1m-£1.5m being required to reduce potential for flooding on the road network and the level of defects that then arise.	Additional unfunded cost that leads to an overspend on the revenue budget, requiring compensating in year savings or temporary unbudgeted funding from reserves	4		
GET	Changing Government focus on funding to support the Net Zero/Carbon Reduction green agenda (revenue spend)	The Sustainable Business and Communities team with Net Zero within its remit has received significant EU/Interreg funding which has helped plan and deliver the plan for Net Zero by 2030/2050. This funding ceased in 2023-24 and the Council has invested £0.7m (2023-24) into the base budget to create a permanent team, with £0.3m deferred until 2025-26 (budgetary constraints) to deliver this strategy/Framing Kent's Future priority. If such funding is unaffordable to the Council then Net Zero requirements won't be met.	The risk is that the Council has to fund any reduction or cessation of funding.	The consequence is an overspend against the revenue budget, requiring compensating savings or funding from reserves, as simply not delivering Net Zero by 2050 is not an option due to Government legislation being implemented.	4		

## Appendix F: Budget Risks Register 2025-26

<b>TOTAL £m</b>	<b>341.7</b>	<b>287.0</b>
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Directorate	Risk Title	Source/Cause of Risk	Risk Event	Consequence	Current Likelihood (1-5)	Estimated Annual Financial Exposure £m	Estimated Lifetime Financial Exposure £m
GET	Waste income, tonnage and gate fee prices	The current market has seen a considerable volatility in the income received for certain waste streams (potentially due to other supply shortages), as well as increased gate fees due to the double digit inflation seen in 2023 (majority of Waste contracts are RPI which was 12% during the year). The budget for 2024-25 includes not only significant price pressures for contract inflation, gate fees and HWRC management costs, but also realignment of budgets from 2023-24 where the actual inflation levels at the point the contracts are uplifted being higher than budgeted. Inflation is reducing, but November OBR showed a slowing rate of reduction than March OBR.	Projected levels of income fall, or gate fees/contractual price uplifts are above budgeted levels which leave an unfunded pressure.	This will result in an unfunded pressure 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		
CYPE	Recruitment, retention & cover for social workers	Higher use of agency staff to meet demand and ensure caseloads remain at a safe level in children's social work. The Service has relied on recruitment of newly qualified staff however this is being expanded to include a more focused campaign on attracting experienced social workers. There are higher levels of sickness and maternity leave across children's social work	Inability to recruit and retain sufficient newly qualified and experienced social workers resulting in continued reliance on agency staff, at additional cost. Higher levels of sickness and maternity leave resulting in need for further use of agency staff.	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.	3		
DCED	Cyber Security	Malicious attacks on KCC systems.	Confidentiality, integrity and availability of data or systems is negatively impacted or compromised leading to loss of service, data breaches and other significant business interruptions.	Financial loss from damages and potential capital/revenue costs as a result of lost/damaged data and need to restore systems	3		
DCED	Strategic Headquarters	Sub optimal solution for the Council's strategic headquarters following the decision to market Sessions House as an entire site (with options on individual blocks)	Capital programme includes a capped £20m allocation for strategic assets project that limits the available options. Provision of a dedicated council chamber cannot be afforded within the current allocation. If the purchase falls through then KCC would need to re-assess all options.	Inability to address all backlog issues increases the risk of cost overruns and potential need for higher future maintenance, running and holding costs	3		
ALL	Capital - Capital Receipts	Capital receipts not yet banked are built into the budget to fund projects.	Capital receipts are not achieved as expected in terms of timing and/or quantum.	Funding gap on capital projects requiring additional forward funding.	3		



## Appendix F: Budget Risks Register 2025-26

<b>TOTAL £m</b>	<b>341.7</b>	<b>287.0</b>
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Directorate	Risk Title	Source/Cause of Risk	Risk Event	Consequence	Current Likelihood (1-5)	Estimated Annual Financial Exposure £m	Estimated Lifetime Financial Exposure £m
ALL	Income	The Council must ensure that the Medium Term Financial Plan (MTFP) includes robust income estimates.	Income is less than that assumed in the MTFP.	Loss of income or reduced collection of income 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.	3		
GET  Page 34	English National Concessionary Travel Scheme (ENCTS) and Kent Travel Saver (KTS) journey levels	ENCTS journeys have reduced over time, more so during the pandemic, so a £3.4m reduction was reflected in 2022-23 budget with a further £1.9m reduction in the 2023-24 budget. Should custom/patronage return to pre-covid levels, this would lead to a £5.3m budget shortfall. This is a national scheme and the Council has to reimburse the operators for running this on the Council's behalf. There was initially a ringfenced grant for this service, it then became part of the Revenue Support Grant and now no specific grant exists so the taxpayers of Kent fund this scheme and would need to fund any update.	Activity levels return to a level of journeys in excess of the revised budget, therefore causing a financial pressure.	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 if current activity levels are not indicative of the new normal.	3		
Non Attributable Costs	Volatility on Investment Income	The 2025-26 budget for investment income from the treasury management strategy is £10.2m for 2025-26 and £9.9m for 2026-27. The outturn is heavily dependent on the path of short term interest rates, the level of cash that is available for investment, and the performance of investments. The budget already assumes a reduction in interest rates but a faster or more severe decline in rates could lead to underperformance versus the budget.	Performance of our investments falls below predicted levels as a result of volatility in the economy	Reduction in investment income 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.	3		
CYPE	Unaccompanied Asylum Seeking (UAS) Children	Home Office Grant for Unaccompanied Asylum Seeking Children and (former UAS Children) Care Leavers permanently residing in Kent has not increased for inflation for several years	The Grant no longer covers the full cost of supporting UAS Children and Care Leavers permanently residing in Kent. The Home Office does not increase the rates with inflation.	Overspend on the revenue budget, requiring alternative compensating in year savings or temporary unbudgeted funding from reserves. Potential recurring budget pressure for future years.	3		

## Appendix F: Budget Risks Register 2025-26

<b>TOTAL £m</b>	<b>341.7</b>	<b>287.0</b>
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Directorate	Risk Title	Source/Cause of Risk	Risk Event	Consequence	Current Likelihood (1-5)	Estimated Annual Financial Exposure £m	Estimated Lifetime Financial Exposure £m
<b>CYPE / DCED</b>	Reduction in DFE grants for central services for schools and review of school services provided by the Local Authority	Local Authority grant funding to support schools continues to be reduced, equating to a cumulative total reduction of nearly £5m for the Council since 2019-20. Consequently the Council needs to review its relationship with schools and the services it provides free of charge.	Long term solutions cannot be implemented within timescales and may require schools agreement (which may not be achieved). There is also a risk that passing greater responsibilities to schools could have a possible negative impact on other areas of Local Authority responsibility if schools do not comply (for example: school maintenance). There is also the risk of further cuts to the Local Authority Central Services for School Grants in the future.	If this remains unresolved there is a risk that this will also have to either be met from reserves in future years or result in an overspend until a longer term solution is identified	3		
<b>ASCH (PH)</b>	Uplift in Public Health Grant	The 'real' increase in the Public Health grant is insufficient to meet additional costs due to i) price increases (particularly those services commissioned from NHS staff where pay has increased) and/or increased demand; and/or ii) costs of new responsibilities.	The increase in the Public Health grant is less than the increases in costs to Public Health.	(i) Additional unfunded cost that leads to an overspend on the revenue budget, requiring compensating in year savings or temporary unbudgeted funding from reserves. (ii) Public Health Reserves could be exhausted	3		
ALL	Capital - Climate Change	Additional costs are incurred to comply with climate change policy	Project costs increase beyond budget	Overspend on the capital programme resulting in additional borrowing	3		
<b>DCED</b>	Enterprise Business Capabilities (EBC) - Now called Oracle Cloud Programme	Cost and/or timescale overruns on implementation phase for Oracle replacement	Unforeseen or higher than budgeted costs	Additional unfunded costs over and above the reserve set aside for the project	3		
<b>DCED</b>	Capital Investment in Modernisation of Assets	Unless the Council estate asset base is reduced sufficiently, there is risk of insufficient funding to adequately address the backlog maintenance of the Corporate Landlord estate and address statutory responsibilities such as Health & Safety requirements	Condition of the Corporate Landlord estate suffering from under-investment. Recent conditions surveys estimate an annual spend requirement of £12.7m per annum required for each of the next 10 years. Statutory Health & Safety responsibilities not met.	The estate will continue to deteriorate; buildings may have to close due to becoming unsafe; the future value of any capital receipts will be diminished. Potential for increased revenue costs for patch up repairs. Risk of legal challenge.	2		
ALL	VAT Partial Exemption	The Council VAT Partial Exemption Limit is almost exceeded.	Additional capital schemes which are hosted by the Council result in partial exemption limit being exceeded.	Loss of ability to recovery VAT 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.	2		

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## Appendix F: Budget Risks Register 2025-26

<b>TOTAL £m</b>	<b>341.7</b>	<b>287.0</b>
-----------------	--------------	--------------

Directorate	Risk Title	Source/Cause of Risk	Risk Event	Consequence	Current Likelihood (1-5)	Estimated Annual Financial Exposure £m	Estimated Lifetime Financial Exposure £m
ALL	IFRS9	Local Authorities will be required to recognise the revenue impact on the General Fund of unrealised gains/ losses on pooled fund investments from 2025-26 when the statutory override ceases. The statutory override currently allows unrealised gains/losses resulting from changes in the fair value of pooled investment funds to be transferred to an unusable reserve until the gain/loss is realised once the financial asset has matured.	Any unrealised gain or loss as a result of stock market performance will impact on the General Fund. The likelihood and estimated financial exposure reflected reference an adverse scenario where the Council would need to recognise a significant loss on its investments, (as a scenario where the council recognises a significant gain, would be to our advantage and therefore not a budget risk).	A significant loss would reduce our General Fund and the council's financial resilience.	2		
CYPE	Capital - Basic Need Allocations	Estimates of future basic need allocations are included in the capital programme.	Basic need allocations are less than expected.	Funding gap for basic need projects which will need to be funded either by reprioritising the capital programme or by descoping.	2		
DCED Page 36	Highways unadopted land	Maintenance costs for residual pieces of land bought by Highways for schemes and subsequently tiny pieces not required or adopted.	Work becomes necessary on these pieces of land and neither Highways or Corporate Landlord have budget to pay for it.	Work needs to be completed whilst estates work to return the land to the original landowner	1		
DCED	Backlog of maintenance for properties transferring to Corporate Landlord	Maintenance backlog historically funded by services from reserves or time limited resources which have been exhausted. Properties that have been transferred to the corporate landlord require investment.	Urgent repairs required which cannot be met from the Modernisation of Assets planned programme within the capital budget	Unavoidable urgent works that lead 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.	1		

**Likelihood Rating**

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



**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 – 15 January 2025

**Subject:** Carers' Support Services

**Key Decision :** It affects more than 2 Electoral Divisions and it involves expenditure over £1m

**Decision no:** 24/00113

**Classification:** Unrestricted

**Past Pathway of report:** None

**Future Pathway of report:** Cabinet Member decision

**Electoral Division:** All

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

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**Summary:** Kent County Council has statutory responsibilities under The Care Act 2014 which include assessing the needs of any adult (cared for or carer) with an appearance of need for care and support, and arranging services where appropriate to meet the unmet eligible needs of adults living in Kent. The 'Community Navigation Services (Part B)' and 'Carers' Short Breaks contracts support the council to meet this duty.

The current contracts for 'Community Navigation Services (Part B) and 'Carers' Short Breaks' expire on 31 March 2025.

The original project plan for procurement of the Carer's Support Service was scheduled for key decision in September 2024 however due to capacity issues the project was delayed. Work is now progressing on the development of the Carers' Support Service and to allow this activity to be completed, a twelve month extension of the current contracts until 31 March 2026 is required.

**Recommendation(s):** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to:

- a) **APPROVE** a direct award of the Carers' Short Breaks contract, for a period of twelve months, from 1 April 2025 to 31 March 2026, in accordance with the relevant justifications set out in Regulation 32(2)(c) of the Public Contract Regulations 2015;
- b) **APPROVE** a modification in the form of an extension of the contract for a period of twelve months for Community Navigation Services (Part B), from 1 April 2025 to 31

March 2026, in accordance with the relevant justifications set out in Regulation 72 of the Public Contract Regulations 2015;

c) **APPROVE** commencement of procurement for a new Carers Support Services contract which combines both Carers Short Breaks and Community Navigation Services (Part B); and

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

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## 1. Introduction

- 1.1 There are many different types of carer and they come from all walks of life, ages, ethnicities, and backgrounds - anyone can find themselves in a caring role at some point in their life. The Care Act 2014 defines a carer as someone in an unpaid role who provides or intends to provide care and/or support to another adult.
- 1.2 The Kent Adult Carers' Strategy 2022 to 2027 describes how Kent County Council (KCC) will work with all partners to make changes to improve the experiences of unpaid adult carers in Kent. It was developed in partnership with carers, people who draw on care and support, carers organisations, staff, and county councillors.
- 1.3 Kent's strategy for Adult Social Care – Making a Difference Every Day and the Kent Adult Carers' Strategy sets out the vision: 'Making a difference every day by supporting and empowering you to live a fulfilling life whilst being a carer, as long as you are willing and able'.
- 1.4 This ambition will be achieved by focusing on the following areas:
  - Supporting you to be you - to live a full life, carers have told us that they need the right support so they can make time to get everyday tasks done.
  - Providing the best support possible - carers have been clear that they, and the people they look after, need to be treated with respect and supported through every stage of their journey - not just during a crisis.
  - Positive outcomes - everything we do alongside providers and partner organisations should focus on what makes a real difference and leads to positive change in carers' experiences
- 1.5 Building on the Kent Adult Carers' Strategy we want to commission an improved offer for carers. We have been developing proposals for a future model with carers and through engagement with the market.

- 1.6 Leading from what carers told us we are considering introducing a single point of access for carers support services that is well promoted and marketed, likely through a lead provider for East Kent and a lead provider for West Kent. We will ensure a greater focus on the benefits of completing a carers assessment so we can better understand the needs of carers. We will introduce a more local community based approach ensure the service has a wider reach into all parts of the community across Kent. The expected benefits:
- provide a more equitable support service across the county
  - deliver a more efficient model
  - ensure accurate recording of the needs of carers
- 1.7 In order to build on the work and co-production that has taken place and allow for the completion of the procurement process, this paper is seeking approval to extend the current contracts.

## **2. Key Considerations**

- 2.1 In Kent, there are an estimated 148,341 adults providing unpaid care each week. KCC aim to support carers to maintain their own identity and live a full life. The support provided by carers can prevent, reduce and delays the need for care and support from both health and social care.
- 2.2 KCC has statutory responsibilities under The Care Act 2014 which include assessing the needs of any adult (cared for or carer) with an appearance of need for care and support, and arranging services and where appropriate meeting the unmet eligible needs of adults living in Kent. Where it appears to the local authority that a carer may have needs for support (whether currently or in the future), a carers' assessment must always be offered.
- 2.3 The Carers' Support Services will offer a range of support such as a carers assessment, provided through delegation afforded by The Care Act, information and advice, support to access to activities, peer support, training and both planned and unplanned breaks to help carers in their caring role.

## **3. Background**

- 3.1 The Community Navigation Services and the Carers Short Breaks contracts are due to expire on 31 March 2025, with no further extensions available, from the original procurement. To support the procurement of a new Carers' Support Service contract, the Community Navigation Service contract, which is jointly funded between KCC and the NHS Kent and Medway requires modification of contract under Regulation 72(1)(b) of PCR 2015, to enable the Council to continue to commission the Part B service, for a further period of one year, while the procurement of the Carers' Support Service is being undertaken.
- 3.2 The Carers' Short Breaks service was directly awarded to the incumbent on 1 April 2024 and for a period of twelve months, to allow time for the new service to be co-produced with stakeholders including people with lived experience which aligns with the Community Navigation service. A range of co-production and pre-procurement activity has taken place but has not yet concluded

therefore, the Council now needs to make a further direct award of contract under Regulation 32(2)(c) of PCR 2015, to enable the Carers' Support Service to be undertaken.

- 3.3 The annual contract value for the Community Navigation Services Part B service and the Carers' Short Break service are set out below:

**Community Navigation (Part B Carers)**

East Kent	£1,928,899
West Kent	£1,127,188
Dartford, Gravesham & Swanley	£515,859
Swale	£188,259
Total	<u>£3,760,205</u>

**Carers Short Break Service**

£3,087,241

Combined £6,847,446

- 3.4 The Integrated Care Board (ICB) contributes £1,252,704 to the Community Navigation (Part B) contracts and £779,681 to the Carers' Short Break Service.
- 3.5 To prepare for commissioning the new carers support service a range of pre-procurement activity has taken place.
- 3.6 Market engagement has taken place to inform the market of this opportunity and individual meetings have been held with the service providers delivering the current carers support services, to allow for the opportunity to ask questions and to get their feedback on future delivery models. Carers' Involvement meetings have taken place to work with carers to better understand how the offer can be improved. Co-production with carers will continue throughout the commissioning process. The table below sets out the proposed procurement timeline.

<b>Proposed Procurement Timetable</b>	<b>Date</b>
Commercial and Procurement Oversight Board	13/03/2025
Publish Tender Notice	21/04/2025
Tender Deadline	21/05/2025
Assess Tender (Evaluation and Moderation)	24/06/2025
Cabinet Committee for Adult Social Care (Approval to Award)	10/09/2025
Mobilisation (following standstill)	01/01/2026
Service Commencement Date	01/01/2026
<b>(All dates subject to change)</b>	

- 3.7 The contracts currently operate separately. Building on the feedback from carers and other stakeholders, through the recommission we will:
- introduce a single point of access for carers support services that is well promoted and marketed.
  - increase the focus on the benefits of completing a carers assessment
  - ensure a more local community based approach.
- 3.8 A Commercial Strategy, including the procurement plan and approach to the market, will be developed and submitted to the Commercial and Procurement Oversight Board for approval, prior to the commencement of the procurement. Waivers Applications for the modification of the two contracts will be submitted for approval, to the Head of Commercial and Procurement, the Section 151 Officer and Monitoring Officer, as necessary and in accordance with Spending the Council's Money.
- 3.9 We propose to procure a three year contract, with two permitted extensions of up to two years giving a potential total contract length of seven years. The future budget for Carers' Support Services is to be agreed between the council and NHS Kent and Medway. There are no plans from the council to reduce the budget for Carers Support Services and the proposed contract extensions have no impact on the Medium Term Financial Plan (MTFP).
- 3.10 We will bring the outcome of the procurement process to a future Adult Social Care Cabinet Committee and seek approval to award the contracts.

#### **4. Options considered and dismissed, and associated risk**

- 4.1 With regard to extending the contracts the following options were considered.

##### Option A - Reprocure the contract within a short timeframe

Preparatory work has already been completed. This includes a range of co-production activity with carers, engagement with the market and other stakeholders to determine the requirements of the future offer. We would not want to lose the benefits of this work by rushing through a procurement exercise which does not continue to involve and engage stakeholders at every stage of the process. The council is also not assured there are currently reasonable alternatives in the market which could mobilise in such a short space of time. Additionally, the procurement will be undertaken under the Procurement Act 2023 Regulations, and as the legislation is new, it is important to ensure to ensure that the council does not undertake a rushed exercise and inadvertently breaches the regulations.

##### Option B - End the contracts on 31 March 2025

whilst it is recognised that ending these contracts could deliver a significant saving to the council, ending the contract was dismissed at this point for the following reasons:

- Loss of current support to vulnerable people
- People accessing the contract may fall into crisis resulting in a high financial pressure on KCC operational services (negates possible benefit of saving on the contract value)

- Increased isolation and loneliness to unpaid Carers.
- Statutory duties non-compliance under the Care Act 2014.
- Bringing the carers' assessment responsibility back into the council's adult social work teams would incur significant impact on delivery and budget

#### Option C - Spot purchase services

Officers are of the opinion that it would likely cost the council more money through individual arrangements with providers, lose consistency in service offer and risk oversight and control of the quality of provision. The council would also be in breach of the Procurement Act 2023.

#### Option D - Modify the Community Navigation Service contract under Regulation 72(1)(b) to extend for a twelve-month period and direct award the Carers' Short Breaks under Regulation 32(2)(c) for a period of twelve-months, to allow for the recommissioning of the Carers' Support Service contract to continue.

This is the recommended option as the Public Contracts Regulations 2015 may permit a modification of the Community Navigation Service contract, under Regulation 72(1)(b). To satisfy the requirements of Regulation 72(1)(b), any modification of the contracts, without a new procurement procedure being undertaken, must be for additional works that have become necessary and were not included in the initial procurement, where a change of contractor cannot be made for economic or technical reasons or would cause significant inconvenience or substantial duplication of costs for the contracting authority, provided that any increase in price does not exceed 50% of the value of the original contract. The proposed modification of the contracts were not originally planned but have become necessary, as we need time remodel and reprocur the Community Navigation (Part B) and Carers' Short Breaks service into a single service offer, and a change of contractors for a limited period of twelve months would cause significant inconvenience or substantial duplication of costs for the contracting authority, and the value of the proposed extension in both instances is less than 50% of the original contract value, the requirements of Regulation 72(1)(b) are met. Additionally, PCR 2015 may permit the council to direct award the contract for Carers' Short Breaks. However, given that this would be a second direct award of the Carers' Short Breaks contract, it may be necessary for the council to publish a Voluntary Ex-Ante Notice (VEAT), informing the market of its intentions, to mitigate a challenge of ineffectiveness under the PCR 2015 Regulations.

## **5. Financial Implications**

- 5.1 The future budget for Carers' Support Services is to be agreed between the council and NHS Kent and Medway Integrated Care Board (ICB). There are no plans from the council to reduce the budget for Carers' Support Services.
- 5.2 At the present time the value of the contracts for the extension period is expected to remain the same. The current total annual value of the services is £6,847,446 and this would be the maximum value for the twelve month extension period.

- 5.3 NHS Kent and Medway ICB contributes £1,252,704 to the Community Navigation (Part B) contracts and £779,681 to the Carers' Short Break Service and has confirmed their commitment to the contract will remain for the extension period.
- 5.4 The proposed contract extensions have no impact on the Medium Term Financial Plan (MTFP) and there are no plans to make savings against these services.

## **6. Legal implications**

### **6.1 Care Act Implications**

- 6.1.1 KCC has statutory responsibilities under The Care Act 2014 include assessing the needs of any adult (cared for or carer) with an appearance for care and support and arranging services and where appropriate meeting the unmet eligible needs of adults living in Kent. Where it appears to the local authority that a carer may have needs for support (whether currently or in the future), a carers' assessment must always be offered.
- 6.1.2 In summary, the services are necessary and will allow KCC to recommission a new carers offer that better meets the needs of carers.

### **6.2 Procurement Regulations Implications**

- 6.2.1 Regulation 72 (3) of PCR2015, requires Contracting authorities which have modified a contract in either of the cases described under Regulation (1)(b) and (c), as is recommended in this paper, should send a notice to that effect for publication, in accordance with Regulation 51. The risk to the council is that an alternate service provider may bring a legal challenge, arguing that the justifications in section 4 of this paper for the modification of the Community Navigation Service do not satisfy Regulation 72. Officers will mitigate the risk of such a challenge by publishing a Notice on the central government "Find a Tender Service". This will notify the market of the council's intention to award this contract under Regulation 72 and start the 30 day time limit in which procurement challenges must be brought. This will have the effect of flushing out and/or time-barring any procurement challenge, allowing the council to make the modification with confidence once the 30-day time period has expired.
- 6.2.2 As the Carers' Short Breaks Service has been subject to a previous direct award under Regulation 32(2)(c) of PCR 2015, it is recommended that to mitigate the risk of challenge on the grounds of ineffectiveness (Regulation 99), that the Council publishes a VEAT Notice. The Public Contracts Regulations 2015, SI 2015/102, reg 99(3) provides that the above ground for ineffectiveness will not apply if the contracting authority:
- considers the contract award (without prior publication of a contract notice) to be permitted by the Public Contracts Regulations 2015, SI 2015/102, Pt 2
  - publishes a voluntary transparency notice indicating its intention to enter into the contract, and

- observes a standstill period of at least ten days beginning with the day after the date the voluntary transparency notice was published.

6.3 Commissioners will follow the procurement regulations and Spending the Council's Money in relation to any procurement that is undertaken.

## **7. Equalities implications**

7.1 An Equality Impact Assessment has been completed for the activity of recommissioning the service and the contract extensions (Attached as appendix 1).

7.2 The aim of the new service offer will be to deliver a service which is more identifiable to carers, able to reach a greater number of carers from different communities and with different protected characteristics.

## **8. Data Protection Implications**

8.1 A Data Protection Impact Assessment (DPIA) initial screening has been completed. No personal identifiable information will be collected for the extension process. A full DPIA will be completed for the procurement of the new service

## **9. Conclusions**

9.1 KCC has statutory responsibilities under The Care Act 2014 which include assessing the needs of any adult (cared for or carer) with an appearance for care and support, and arranging services, where appropriate meeting the unmet eligible needs of adults living in Kent. The 'Community Navigation Services (part B)' contracts and 'Carers' Short Breaks' contract support the council to meet this duty.

9.2 Building on the vision of the Kent Adult Carers' Strategy and the range of co-production with carers that has taken place we have an opportunity to commission a new carers offer which will:

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

9.3 Extending the existing carers contracts will allow for continuity of service whilst the recommissioning exercise is completed.



**10. Recommendation(s):**The Adult Social Care Cabinet Committee is asked 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 A) to:

a) **APPROVE** a direct award of the contract for a period of twelve months for Carers' Short Breaks, from 1 April 2025 to 31 March 2026, in accordance with the relevant justifications set out in Regulation 32(2)(c) of the Public Contract Regulations 2015;

b) **APPROVE** a modification in the form of an extension of the contract for a period of twelve months for Community Navigation Services (Part B), from 1 April 2025 to 31 March 2026, in accordance with the relevant justifications set out in Regulation 72(1)(b) of the Public Contract Regulations 2015;

c) **APPROVE** commencement of procurement for a new Carers' Support Services contract which combines both Carers' Short Breaks and Community Navigation Services (Part B); and

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

## **11 Background Documents**

None

## **12. Report Author**

Ben Campbell  
Commissioning Manager  
03000 417581  
[ben.campbell@kent.gov.uk](mailto:ben.campbell@kent.gov.uk)

### **Relevant Director**

Richard Ellis  
Director Adults and Integrated Commissioning  
03000 410077  
[richard.ellis2@kent.gov.uk](mailto:richard.ellis2@kent.gov.uk)

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## EQIA Submission – ID Number

### Section A

**EQIA Title**

Extension of Carers Support Services

**Responsible Officer**

Ben Campbell - CED SC

**Approved by (Note: approval of this EqIA must be completed within the EqIA App)**

Simon Mitchell - CED SC

### Type of Activity

**Service Change**

No

**Service Redesign**

No

**Project/Programme**

No

**Commissioning/Procurement**

Commissioning/Procurement

**Strategy/Policy**

No

**Details of other Service Activity**

No

### Accountability and Responsibility

**Directorate**

Adult Social Care and Health

**Responsible Service**

Adults and Integrated Commissioning

**Responsible Head of Service**

Simon Mitchell - CED SC

**Responsible Director**

Richard Ellis - AH EK

### Aims and Objectives

**Background**

Around 1.3million unpaid carers in the UK spend over 50 hours a week carrying out their unpaid caring responsibilities.

In Kent, there are an estimated 148,341 adults providing unpaid care each week. KCC aim to support carers to maintain their own identity and live a full life. The support provided by carers can prevent, reduce and delays the need for care and support from both health and social care.

KCC has statutory responsibilities under The Care Act 2014 which include assessing the needs of any adult (cared for or carer) with an appearance of need for care and support, and arranging services and where appropriate meeting the unmet eligible needs of adults living in Kent. Where it appears to the local authority that a carer may have needs for support (whether currently or in the future), a carer's assessment must always be offered.

The Carers Support Services offer a range of support such as a carers assessment, provided through delegation afforded by The Care Act, information and advice, support to access to activities, peer support, training, breaks both planned and unplanned to help carers in their caring role.

**Objective**

The Community Navigation Services contracts (Part B) and the Carers Short Breaks contract are due to expire on 31/03/2025, with no further extensions available.

To prepare for commissioning the new carers support service a range of pre-procurement activity has taken place. Carers Involvement meetings have taken place to work with carers to better understand how the offer can be improved. Co-production with carers will continue throughout the commissioning process.

Approval is being requested to extend the existing carers contracts to allow for continuity of service whilst the recommissioning exercise is completed. Through the recommission we aim to put in place a new service which has a single point of access for carers that is well known, a more local community based approach and improved equity of offer. This equality impact assessment concerns the extension to the existing services. A revised EqIA will be drafted for the new service offer as part of the recommissioning process.

## Section B – Evidence

**Do you have data related to the protected groups of the people impacted by this activity?**

Yes

**It is possible to get the data in a timely and cost effective way?**

Yes

**Is there national evidence/data that you can use?**

yes

**Have you consulted with stakeholders?**

Yes

**Who have you involved, consulted and engaged with?**

We have engaged with unpaid carers who use existing services, service providers, internal and external stakeholders.

**Has there been a previous Equality Analysis (EQIA) in the last 3 years?**

Yes

**Do you have evidence that can help you understand the potential impact of your activity?**

Yes

## Section C – Impact

**Who may be impacted by the activity?**

**Service Users/clients**

yes

**Staff**

yes

**Residents/Communities/Citizens**

yes

**Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?**

Yes

**Details of Positive Impacts**

In Kent, an estimated (2011 census) 148,341 adults aged 16 or over provide hours of unpaid care each week.

- 94,640 provide 1-19 hours of care a week
- 18,131 provide 20-49 hours of care a week
- 35,570 provide 50 hours of care or more a week.

15,252 unpaid carers live in Canterbury and its surroundings, making it the place with the highest total number of carers in Kent. This makes up 12% of the people that live there. The area that has the highest proportion of carers compared to the number of people that live there, is Thanet. Around 14% of people (15,150) in Thanet are unpaid carers.

Kent Adult Carers Strategy sets out the vision: 'Making a difference every day by supporting and empowering you to live a fulfilling life whilst being a carer, as long as you are willing and able'.

This ambition will be achieved by focusing on the following areas:

- Supporting you to be you - to live a full life, carers have told us that they need the right support so they can make time to get everyday tasks done.
- Providing the best support possible - carers have been clear that they, and the people they look after, need to be treated with respect and supported through every stage of their journey - not just during a crisis.
- Positive outcomes - everything we do alongside providers and partner organisations should focus on what makes a real difference and leads to positive change in carers' experiences

Building on the Kent Adult Carers Strategy we intend to commission an improved offer for carers. We have been developing proposals for a future model with carers and through engaging with the market

Leading from what carers told us we are considering introducing a single point of access for carers support services that is well promoted and marketed. We will ensure a greater focus on the benefits of completing a carers assessment so we can better understand the needs of carers. We will introduce a more local community based approach ensure the service has a wider reach into all parts of the community across Kent. This should result in better outcomes and positive impact for protected group. For the extension period the services will continue to deliver as they are currently. Through contract monitoring we will continue to regularly collect equalities data on those accessing the service from protected groups.

## Negative impacts and Mitigating Actions

### 19. Negative Impacts and Mitigating actions for Age

#### Are there negative impacts for age?

Yes

#### Details of negative impacts for Age

Older people are more likely to be unpaid carers and the impact of caring when older will have a greater impact on emotional and physical wellbeing and health.

#### Mitigating Actions for Age

While not exclusively targeted – current and future services are able to provide the support, or work with appropriate providers to deliver the support required for those that are older.

#### Responsible Officer for Mitigating Actions – Age

Lisa Rogers

### 20. Negative impacts and Mitigating actions for Disability

#### Are there negative impacts for Disability?

No

#### Details of Negative Impacts for Disability

Not Completed

#### Mitigating actions for Disability

Not Completed

#### Responsible Officer for Disability

Not Completed

### 21. Negative Impacts and Mitigating actions for Sex

#### Are there negative impacts for Sex

Yes.

#### Details of negative impacts for Sex

National and local data show more women are likely to be an unpaid carer than men. Local Services women are on average two thirds of the carers supported.

<b>Mitigating actions for Sex</b>
Campaigns are supported locally raise awareness of what being a carer entails. Services actively promote their services in a way that would appeal and attract men for support. These services support those that seek the help.
<b>Responsible Officer for Sex</b>
Lisa Rogers
<b>22. Negative Impacts and Mitigating actions for Gender identity/transgender</b>
<b>Are there negative impacts for Gender identity/transgender</b>
No.
<b>Negative impacts for Gender identity/transgender</b>
Not Completed
<b>Mitigating actions for Gender identity/transgender</b>
Not Completed
<b>Responsible Officer for mitigating actions for Gender identity/transgender</b>
Not Completed
<b>23. Negative impacts and Mitigating actions for Race</b>
<b>Are there negative impacts for Race</b>
No.
<b>Negative impacts for Race</b>
Not Completed
<b>Mitigating actions for Race</b>
Not Completed
<b>Responsible Officer for mitigating actions for Race</b>
Not Completed
<b>24. Negative impacts and Mitigating actions for Religion and belief</b>
<b>Are there negative impacts for Religion and belief</b>
No.
<b>Negative impacts for Religion and belief</b>
Not Completed
<b>Mitigating actions for Religion and belief</b>
Not Completed
<b>Responsible Officer for mitigating actions for Religion and Belief</b>
Not Completed
<b>25. Negative impacts and Mitigating actions for Sexual Orientation</b>
<b>Are there negative impacts for Sexual Orientation</b>
No.
<b>Negative impacts for Sexual Orientation</b>
Not Completed
<b>Mitigating actions for Sexual Orientation</b>
Not Completed
<b>Responsible Officer for mitigating actions for Sexual Orientation</b>
Not Completed
<b>26. Negative impacts and Mitigating actions for Pregnancy and Maternity</b>
<b>Are there negative impacts for Pregnancy and Maternity</b>
No.
<b>Negative impacts for Pregnancy and Maternity</b>
Not Completed
<b>Mitigating actions for Pregnancy and Maternity</b>
Not Completed
<b>Responsible Officer for mitigating actions for Pregnancy and Maternity</b>

Not Completed
<b>27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships</b>
<b>Are there negative impacts for Marriage and Civil Partnerships</b>
No.
<b>Negative impacts for Marriage and Civil Partnerships</b>
Not Completed
<b>Mitigating actions for Marriage and Civil Partnerships</b>
Not Completed
<b>Responsible Officer for Marriage and Civil Partnerships</b>
Not Completed
<b>28. Negative impacts and Mitigating actions for Carer's responsibilities</b>
<b>Are there negative impacts for Carer's responsibilities</b>
Yes
<b>Negative impacts for Carer's responsibilities</b>
The services in Kent currently support approximately 15,000 carers countywide – from a potential 150,000 unpaid carers. These services are not able to deal with or see all possible carers in Kent.
<b>Mitigating actions for Carer's responsibilities</b>
The carers assessment service will assess and determine the level of support, and those carers with greater need will be prioritised and support within the services available.
<b>Responsible Officer for Carer's responsibilities</b>
Not Completed

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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:**

24/00113

**For publication** Yes

**Key decision:** Yes

**Title of Decision CARERS' SUPPORT SERVICES**

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

- a) **APPROVE** a direct award of the Carers' Short Breaks contract, for a period of twelve months, from 1 April 2025 to 31 March 2026, in accordance with the relevant justifications set out in Regulation 32(2)(c) of the Public Contract Regulations 2015;
- b) **APPROVE** a modification in the form of an extension of the contract for a period of twelve months for Community Navigation Services (Part B), from 1 April 2025 to 31 March 2026, in accordance with the relevant justifications set out in Regulation 72 of the Public Contract Regulations 2015;
- c) **APPROVE** commencement of procurement for a new Carers Support Services contract which combines both Carers Short Breaks and Community Navigation Services (Part B); and
- d) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

**Reason(s) for decision:** In Kent, there are an estimated 148,341 adults providing unpaid care each week. Kent County Council (KCC) aim to support carers to maintain their own identity and live a full life. The support provided by carers can prevent, reduce and delays the need for care and support from both health and social care.

KCC has statutory responsibilities under The Care Act 2014 which include assessing the needs of any adult (cared for or carer) with an appearance of need for care and support, and arranging services and where appropriate meeting the unmet eligible needs of adults living in Kent. Where it appears to the local authority that a carer may have needs for support (whether currently or in the future), a carer's assessment must always be offered.

The Kent Adult Carers' Strategy 2022 to 2027 describes how KCC will work with all partners to make changes to improve the experiences of unpaid adult carers in Kent. It was developed in partnership with carers, people who draw on care and support, carers organisations, staff, and county councillors.

Kent Adult Carers' Strategy is closely aligned to Kent's strategy for Adult Social Care – Making a Difference Every Day and sets out the vision: 'Making a difference every day by supporting and empowering you to live a fulfilling life whilst being a carer, as long as you are willing and able'.

Building on the Kent Adult Carers' Strategy we want to commission an improved offer for carers. We have been developing proposals for a future model with carers and through engaging with the market.

Leading from what carers told us we are considering introducing a single point of access for Carers'

Support Services which is well promoted and marketed, likely through a lead provider for East Kent and a lead provider for West Kent. We will ensure a greater focus on the benefits of completing a carers' assessment so we can better understand the needs of carers. We will introduce a more local community based approach ensure the service has a wider reach into all parts of the community across Kent.

The Carers' Support Services will offer a range of support such as a carers assessment, provided through delegation afforded by The Care Act, information and advice, support to access to activities, peer support, training, breaks both planned and unplanned to help carers in their caring role.

To prepare for commissioning the new Carers' Support Service a range of pre-procurement activity has taken place. Market engagement has taken place to inform the market of this opportunity and individual meetings have been held with the service providers delivering the current carers support services, to all for the opportunity to ask questions and to get their feedback on future delivery models. Carers' Involvement meetings have taken place to work with carers to better understand how the offer can be improved. Co-production with carers will continue throughout the commissioning process

To support the continuation and conclusion of the procurement of the Carers' Support Services, it is proposed to extend the Community Navigation Services contracts (Part B) and the Carers' Short Breaks contracts, for a maximum of one year, beyond their current terms, in accordance with the relevant justifications set out in Regulation 32 of the Public Contract Regulations 2015. These are due to expire on 31 March 2025, with no further extensions available.

**Financial Implications:** The future budget for Carers' Support Services is to be agreed between the council and NHS Kent and Medway Integrated Care Board. There are no plans from the council to reduce the budget for Carers' Support Services.

At the present time the value of the contracts for the extension period is expected to remain the same. The current total annual value of the services is £6,847,446 and this would be the maximum value for the twelve month extension period.

NHS Kent and Medway Integrated Care Board contributes £1,252,704 to the Community Navigation (Part B) contracts and £779,681 to the Carers' Short Break Service and has confirmed their commitment to the contract will remain for the extension period.

The proposed contract extensions have no impact on the Medium Term Financial Plan (MTFP) and there are no plans to make savings against these services.

### **Legal Implications:**

#### Care Act Implications

KCC has statutory responsibilities under The Care Act 2014 include assessing the needs of any adult (cared for or carer) with an appearance for care and support and arranging services and where appropriate meeting the unmet eligible needs of adults living in Kent. Where it appears to the local authority that a carer may have needs for support (whether currently or in the future), a carers' assessment must always be offered. In summary, the services are necessary and will allow KCC to recommission a new carers offer that better meets the needs of carers.

#### Procurement Regulations Implications

Regulation 72 (3) of PCR2015, requires Contracting authorities which have modified a contract in either of the cases described under Regulation (1)(b) and (c), as is recommended in this paper, should send a notice to that effect for publication, in accordance with Regulation 51. The risk to the council is that an alternate service provider may bring a legal challenge, arguing that the justifications in section 4 of this paper for the modification of the Community Navigation Service do not satisfy Regulation 72. Officers will mitigate the risk of such a challenge by publishing a Notice on

the central government "Find a Tender Service". This will notify the market of the council's intention to award this contract under Regulation 72 and start the 30 day time limit in which procurement challenges must be brought. This will have the effect of flushing out and/or time-barring any procurement challenge, allowing the council to make the modification with confidence once the 30-day time period has expired.

As the Carers' Short Breaks Service has been subject to a previous direct award under Regulation 32(2)(c) of PCR 2015, it is recommended that to mitigate the risk of challenge on the grounds of ineffectiveness (Regulation 99), that the Council publishes a Voluntary Ex-Ante (VEAT) Notice. The Public Contracts Regulations 2015, SI 2015/102, reg 99(3) provides that the above ground for ineffectiveness will not apply if the contracting authority:

- considers the contract award (without prior publication of a contract notice) to be permitted by the Public Contracts Regulations 2015, SI 2015/102, Pt 2
- publishes a voluntary transparency notice indicating its intention to enter into the contract, and
- observes a standstill period of at least ten days beginning with the day after the date the voluntary transparency notice was published.

Commissioners will follow the procurement regulations and Spending the Council's Money in relation to any procurement that is undertaken.

**Equalities implications:** An Equality Impact Assessment has been completed for the activity of recommissioning the service and the contract extensions, The aim of the new service offer will be to deliver a service which is more identifiable to carers, able to reach a greater number of carers from different communities and with different protected characteristics.

**Data Protection Implications:** A Data Protection Impact Assessment (DPIA) initial screening has been completed. No personal identifiable information will be collected for the extension process. A full DPIA will be completed for the procurement of the new service

**Cabinet Committee recommendations and other consultation:** The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 15 January 2025 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

**Any alternatives considered and rejected:**

Option A - Reprocurer the contract within a short timeframe

Preparatory work has already been completed. This includes a range of co-production activity with carers, engagement with the market and other stakeholders to determine the requirements of the future offer. We would not want to lose the benefits of this work by rushing through a procurement exercise which does not continue to involve and engage stakeholders at every stage of the process. The council is also not assured there are currently reasonable alternatives in the market which could mobilise in such a short space of time. Additionally, the procurement will be undertaken under the Procurement Act 2023 Regulations, and as the legislation is new, it is important to ensure that the council does not undertake a rushed exercise and inadvertently breaches the regulations.

Option B - End the contracts on 31 March 2025

Whilst it is recognised that ending these contracts could deliver a significant saving to the council, ending the contract was dismissed at this point for the following reasons:

- Loss of current support to vulnerable people
- People accessing the contract may fall into crisis resulting in a high financial pressure on KCC operational services (negates possible benefit of saving on the contract value)
- Increased isolation and loneliness to unpaid Carers.
- Statutory duties non-compliance under the Care Act 2014.

- Bringing the carers' assessment responsibility back into the council's adult social work teams would incur significant impact on delivery and budget

Option C - Spot purchase services

Officers are of the opinion that it would likely cost the council more money through individual arrangements with providers, lose consistency in service offer and risk oversight and control of the quality of provision. The council would also be in breach of the Procurement Act 2023.

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

.....  
signed

.....  
date

**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 – 15 January 2025

**Subject:** **Fee Uplifts for Adult Social Care Providers for 2025/2026**

**Key Decision :** It affects more than 2 Electoral Divisions  
It involves expenditure or savings of maximum £1m – including if over several phases

**Decision no:** 24/00112

**Classification:** Unrestricted  
**Past Pathway of report:** N/A

**Future Pathway of report:** Cabinet Member Decision

**Electoral Division:** All

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

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**Summary:** This report sets out the proposed approach for fee uplifts for Adult Social Providers for 2025/2026.

**Recommendation(s):** The Adult Social Care Cabinet Committee is asked 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 A) to:

a) **APPROVE** the fee uplifts for Adult Social Care Providers for 2025/2026; and  
b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health, in consultation with the Cabinet Member for Adult Social Care and Public Health to take relevant actions within the overall budget allocation, including any changes to the percentage rates, as necessary to implement the decision.

The Committee is also asked to **NOTE** that the Cabinet Member for Adult Social Care and Public Health will continue to lobby government to exempt social care providers from the employer national insurance changes and fully fund the increase in the National Living Wage.

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## 1. Introduction

1.1 This report sets out the planned approach to uplifting fees paid to care providers delivering adult social care services, for 2025/2026.

- 1.2 The County Council recognises the impact of changes to the National Living and National Minimum wages and Employer's National Insurance Contributions as set out in the Government's Budget report of 30 October 2024. We welcome the increase in the National Living/Minimum Wage, but are very concerned at the lack of funding from Government to meet that additional cost and the cost of the increases in employers' national insurance for the sector.
- 1.3 The Provisional Local Government Finance Settlement (PLGFS) was published on 18 December 2024. The settlement comprises of assumed council tax increases up to the referendum thresholds set by central government, and grants from Ministry of Housing, Communities and Local Government (MHCLG). The council tax referendum thresholds for 2025/2026 are the same as 2024/2025 and for Kent County Council (KCC) allow an increase up to but not equal to or exceeding 5%, comprising of 2% specifically for adult social care and 3% for all services.
- 1.4 In the provisional settlement the government has increased the amount provided to local authorities through the Social Care Grant from £680m, as set out in the policy statement published in November 2024, to £880m, KCC's share of this additional £880m is £20.1m, which is equivalent to circa 3% of spend on commissioned care services. The draft budget proposals include passporting in full the additional funding from Adult Social Care council levy and Social Care Grant, together with a pro rata share of other general funding. The Social Care Grant is un-ringfenced and councils have complete discretion how the funding is spent, the grant is notionally for both adults and children's social care, although due to the particular challenges in adult social care the budget is proposing to use all of the increase available for 2025/2026 on adult social care spending.
- 1.5 The overall increase in core spending power is £88.3m (6.2%) increase on 2024/2025. The core spending power needs to fund spending pressures across the whole range of council services. In adult social care these pressures are not just fee uplifts to contribute to increased employment costs but also include increased activity from demand/complexity and additional cost of placements for new people in receipt of care and support. In balancing the budget there will continue to be difficult choices to be made.
- 1.6 Even with the additional £880m made available for social care in the settlement, the sector as a whole is worse off than before the Autumn Budget because the additional funding councils are receiving is more than outweighed by additional costs imposed from increases in National Living Wage (NLW)/National Minimum Wage (NMW) and employer National Insurance contributions.
- 1.7 It is therefore proposed, based on a balance of the impact of the Autumn Budget changes on providers and the funding provided by Government to KCC, to make provision in the budget of £26.3 m for adult social care commissioned services and direct payments, this is £7.6m more than the £18.7m identified for price uplifts in the draft budget presented to this Committee on 13 November 2024. This excludes the uplift provision for 18-25 Strengthening Independence Services which are subject to a separate decision at this meeting to move

responsibility to Adult Social Care and Health. If that proposal is agreed then the proposed uplift budget allocation will be £28.4m.

- 1.8 This equates to 4% on average, but we will continue to work with provider representatives to determine the optimal distribution of this sum across different care provisions, as the impact of the Autumn Budget changes will not be even across the sector.
- 1.9 We recognise that this will not cover the increased costs of employment imposed by the Autumn Budget, and share the sector's concerns about the impact on the sustainability of some providers. The Cabinet Member for Adult Social Care and Public Health will continue to work with provider representatives in lobbying the Government to address these risks by exempting social care providers from the changes to employer national insurance (or fully funding the cost) and fully funding the increase in the NLW and NMW.
- 1.10 The failure of the Government to fully fund the increases in employment costs is not only a threat to adult social care providers, but will impact on those who draw on the care and support they provide. If providers exit the market, there may be disruption to people's lives and care, and less choice in the future. It is likely that providers will seem to offset some of their increased costs by reducing spend on non-mandatory training, which may impact on the quality of care received.
- 1.11 The fee uplifts need to be finalised by 1 March 2025 to enable them to be applied to the Council's Adult Social Care case management system in time for providers to submit invoices for the revised rates from April 2025. The proposals set out in this report are subject to approval of the budget by the County Council on 13 February 2025.

## **2. Background**

- 2.1 In 2024/2025, we paid a flat rate 4% uplift for framework providers at a cost of £19.4m and set aside £9.4m for negotiated uplifts.
- 2.2 Adult social care contracts include an uplift clause linked to the December Consumer Price Index (CPI) subject to the affordability to the County Council. CPI was 1.7% in September 2024 rising to 2.3% in October and 2.6% in November. The Office for Budget Responsibility (OBR) forecast CPI inflation to average 2.4% in quarter 4 of 2024. The proposed £26.3m provision for the fee uplift in the draft 2025/2026 adult social care budget includes £15.9m in line with this 2.4% forecast, plus an additional £10.4m to raise this to the proposed 4% average uplift for 2025/2026.
- 2.3 In the Budget of 30 October, the Government announced a 6.7% increase in the NLW for those over 21, and 16.3% for those aged 18 to 20 on NMW. Whilst we welcome this increase for low paid workers, the failure to provide for it in the provisional Local Government Settlement is a major concern. Adult social care

providers will struggle to fund the increase and local authorities are not able to increase their fees to reflect it.

- 2.4 The Autumn Budget also increased the Employer's National Insurance Contribution (NIC) rate from 13.8% to 15%, and lowered the threshold at which contributions are payable, from £9,100 to £5,000 per annum. There was some additional relief through the Employment Allowance, which previously allowed small employers with NIC costs of £100k up to £5k reduction on their overall NIC bill. The changes to the Employment Allowance will now allow a discount of £10.5k on all Employer NICs. The Government stated this change would remove the need for any NIC contributions for 865,000 businesses and offset the increases for a much larger number of smaller businesses. Nonetheless, it is predicted that these changes in employment costs will disproportionality impact on the adult social care sector with a high proportion of part-time and lower paid roles.
- 2.5 The impact of these changes on social care providers will vary, with estimates of between a 9 to 11% increase in the costs of employment. The Home Care Association (December 2024) for example calculates the impact at 9.9% excluding other cost increases and a requirement for a £1.8bn cash injection into the sector nationally to cover the increased costs and previous year's funding deficits.
- 2.6 A recent letter from the National Care Association (NCA) requested an uplift of at least 11%. Other requests received to date are in the same ballpark. Whilst we understand the basis of their requests and are very concerned about the impact of the increases in employment costs on the sector, the Provisional Local Government Settlement does not give KCC the financial headroom to be able to afford uplifts of this magnitude. We must also recognise that the fee covers all of the costs of providing care and not just the employment element, although we currently do not undertake a segmented calculation to determine the overall increase proposed in the draft budget.
- 2.7 It is difficult to assess the impact of the Autumn Budget changes on the sector as the sector is made up a significantly varied business types with different cost bases and resilience to cost increases. Industry analysts Laing & Buisson (October 2024) estimate that 10% of the sector is owned by private equity and that Small Medium Enterprises (SME) make up 80-85% of the sector. Approximately half of the sector is local authority funded, with 17% NHS funded and 31% private fee payers, although in older persons care homes it is up to 47% privately funded. The top ten national providers make up 18% of care home provision and 16% of home care and supported living.
- 2.8 There are social care providers who will be able to absorb these cost increases, albeit reluctantly and there will be others where the NIC element will be mitigated to a greater or lesser extent by the changes in the Employment Allowance. But there will be others who will not be able to sustain their businesses. We therefore expect an increase in provider failures in the coming year. There have been very few in the year just gone.



- 2.9 However, the risk is more than just about providers being unable to sustain their business. Some who still have a viable business may still choose to exit the market altogether because profitability levels are no longer attractive. Although some may seek to sell their businesses as going concerns, other may choose to cash in their land assets through sale for general needs housing development.
- 2.10 Equally, some care businesses may choose to retrench and focus mostly or entirely on the private market, and stop accepting placements from local authorities and potentially the NHS. In most cases, we would expect then to stop accepting new referrals rather than seeking to hand back existing care packages.
- 2.11 A combination of these actions will result in a reduction in capacity and more limited choice of care providers. If the level of exits, in all its forms, is significant, it may result in delays in accessing care.
- 2.12 Providers reducing spend on training and reducing the differential between what they pay, and the NLW will impact on the recruitment and retention of care workers. This is difficult enough as it is and having sufficient well motivated and well trained care workers is essential for good quality care.
- 2.13 The impact of this as well as providers exiting from care (either completely or from local authority funded care) will be detrimental to those people who draw on care and support. Choice will be reduced and the inequity between those people who can fund their own care and those who depend on local authority funding will grow. We know that this detriment will particularly affect those with protected characteristics as they are over-represented in adult social care. Older people make up a large proportion of those we support and as do people with disabilities of all ages. The failure to appropriately fund Adult Social Care nationally will therefore disproportionately affect older and disabled people. Women also make up a high proportion of those who draw on care and support, and also of family carers. Disruption to commissioned care places additional burdens on family carers, as new care workers have to learn the needs and wishes of the person they are supporting.
- 2.14 In the event of a provider withdrawing from providing care, adult social care has an established approach to supporting those who draw on the provider's support to access alternative care. However, this is disruptive to the lives of people who draw on care and support, and can result in poorer outcomes for them. Established patterns of support and relationships with care workers can be disrupted, meaning that the person's needs and wishes have to be relearned to be appropriately reflected in the care and support package. In the case of those in a residential care setting it will entail a move of home which can be distressing and may disrupt access by family members.
- 2.15 Managing provider failure, provider exits from the market and the hand back of packages of care is also very time consuming for both operational and commissioning teams as we ensure that needs of those that draw on that care and support continue to be met. Short notice transfers of care are often at

greater cost, as we have to prioritise continuity of care. This then becomes a further pressure on adult social care budgets.

### 3. Other Options Considered and Discarded

- 3.1 **Apply no uplifts across all services:** this was discarded, because although we cannot meet providers' expectations, we have to do what we can within our constrained resources to support providers with their increased costs.
- 3.2 **Fully fund the increase in employment costs:** There is insufficient headroom in the provisional settlement for KCC to meet providers uplift aspirations and meet its duty to set a balanced budget. There is also a policy consideration as to whether it is the Council's role within its statutory obligations to fully fund employment costs imposed on independent businesses by government policy. An uplift of 11% would cost in the region of £66m.
- 3.3 **Allocate the sum available and work with provider representatives to determine the optimal allocation:** Unless the Government responds to the concerns of the sector and provides a more realistic settlement, then the sector will be challenged in the coming year. It is important that we work together to face these challenges and therefore working with providers to determine the best use of limited resources is part of that.

### 4. Financial Implications

- 4.1 Table 1 below shows how the proposed uplift budget allocation is made up

Table 1 – Price Uplift – Budget Impact 2025/2026

£000's	Off-Framework		Framework		Total
	Vulnerable Adults	Older People	Vulnerable Adults	Older People	
Homecare	258.9	955.4	277.9	1,269.3	<b>2,761.5</b>
Older Persons Residential	0.0	1,645.5	0.0	3,930.4	<b>5,575.9</b>
Older Persons Nursing	0.0	1,244.0	0.0	1,605.3	<b>2,849.3</b>
Learning Disability/Physical Disability/Mental Health Residential	1,516.8	0.0	4,211.0	0.0	<b>5,727.9</b>
Supporting Independence Service/Supported Living	1,386.4	16.8	4,574.7	26.8	<b>6,004.7</b>
Supported Accommodation	0.0	0.0	170.9	2.6	<b>173.5</b>
Direct Payments	0.0	0.0	1,592.4	488.9	<b>2,081.3</b>
Carers/Respite	0.0	0.0	85.9	83.4	<b>169.3</b>
Meals	0.0	0.0	0.0	0.1	<b>0.1</b>
Other	0.0	0.0	35.2	0.0	<b>35.2</b>
Daycare	0.0	0.0	507.6	28.5	<b>536.1</b>
Equipment	0.0	0.0	52.0	155.9	<b>207.9</b>
PFI	0.0	0.0	0.0	205.5	<b>205.5</b>
<b>Total</b>	<b>3,162.1</b>	<b>3,861.7</b>	<b>11,507.6</b>	<b>7,796.7</b>	<b>26,328.1</b>
18-25 Strengthening Independence Service					<b>2,067.5</b>

- 4.2 As at the end of quarter 2, the adult social care budget was showing an overspend of £32.5m. Although a large part of the net pressure is due to undelivered savings, there are also significant underlying pressures on demand and price. Price pressures are particularly acute in older persons residential and nursing care, where the average cost of new placements continues to rise.

## **5. Legal implications**

- 5.1 There have been no legal implications identified as it is for local authorities to set their own prices in the light of current market activity and status. Local authorities have a range of statutory duties including through the Care Act 2014 but also has a duty to set a balanced budget within the resources made available through the national funding settlement.

## **6. Equalities implications**

- 6.1 An Equalities Impact Assessment (EQIA) has been completed and is attached as Appendix 1. This is a live document and will continue to be updated as required, but the EQIA outlines how certain client groups will be impacted by the decision, where the full cost of the care is paid, or where the assessed contribution is greater than the full cost. It also sets out the mitigating factors in these instances.

## **7. Data Protection Implications**

- 7.1 A Data Protection Impact Assessment is not required as there are no material changes to the way in which personal data is handled, nor the way in which it is used. Similarly, this work does not involve data profiling or changes to the way in which special category data is handled.

## **8. Other corporate implications**

- 8.1 Some of the services referred to within this report are also provided to transition age clients – those aged between 18-25 – which are overseen by the Children Young People and Education (CYPE) Directorate. The proposed price uplifts will apply to all adults over the age of 18.

## **9. Conclusions**

- 9.1 The funding settlement did not address the dual pressures of demand and cost. The Council has a statutory duty to set a balanced budget and has made available significant additional resources to adult social care. However, given the scale of spending increases for 2025/2026 arising from a combination of realignment for the forecast overspend in 2024/2025, the provisions for annual fee uplift for all contracted providers, increased demand/activity from client numbers/complexity, and increased costs for placing new people drawing on care and support means that there are competing demands on the limited pot available to fund provider uplifts.

9.2 In assessing these competing demands it is also essential to factor in the scale of savings needed from policy, efficiencies and service transformation as well as the income generation necessary to balance the overall net adult social care budget with the resources available from specific funding sources (grant and Adult Social Care council tax) and pro rata share of general funding. The scale of these savings is increased by any undelivered savings in the current year which will be rolled forward into 2025/2026.

**10. Recommendations**

10.1 Recommendations: The Adult Social Care Cabinet Committee is asked 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 A) to:

- a) **APPROVE** the fee uplifts for Adult Social Care Providers for 2025/2026; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health, in consultation with the Cabinet Member for Adult Social Care and Public Health to take relevant actions within the overall budget allocation, including any changes to the percentage rates, as necessary to implement the decision.

The Committee is also asked to **NOTE** that the Cabinet Member for Adult Social Care and Public Health will continue to lobby government to exempt social care providers from the employer national insurance changes and fully fund the increase in the National Living Wage.

**11. Background Documents**

None

**12. Lead Officer**

Richard Ellis  
Director of Adults and Integrated Commissioning  
03000 417156  
Richard.Ellis2@kent.gov.uk

**Lead Director**

Richard Smith  
Corporate Director, Adult Social Care and Health  
03000 416838  
Richard.Smith3@kent.gov.uk

# KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

## DECISION TO BE TAKEN BY:

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

## DECISION NO:

24/00112

**For publication Yes**

**Key decision: YES**

**Title of Decision** Fee Uplifts for Adult Social Care Providers for 2025/2026

**Decision:** As Cabinet Member for Adult Social Care and Public Health, I propose to:  
a) **APPROVE** the fee uplifts for Adult Social Care Providers for 2025/2026; and  
b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health, in consultation with the Cabinet Member for Adult Social Care and Public Health to take relevant actions within the overall budget allocation, including any changes to the percentage rates, as necessary to implement the decision.

**Reason(s) for decision:** We uplift our fees in line with our contract terms and in order to fulfil our duty to ensure a reasonable supply of good quality care. The Provisional Local Government Finance Settlement (PLGFS) was published on 18 December 2024. The settlement comprises of assumed council tax increases up to the referendum thresholds set by central government, and grants from Ministry of Housing, Communities and Local Government (MHCLG). The council tax referendum thresholds for 2025/2026 are the same as 2024/2025 and for Kent County Council (KCC) allow an increase up to but not equal to or exceeding 5%, comprising of 2% specifically for adult social care and 3% for all services.

In the provisional settlement the government has increased the amount provided to local authorities through the Social Care Grant from £680m, as set out in the policy statement published in November 2024, to £880m, KCC's share of this additional £880m is £20.1m, which is equivalent to circa 3% of spend on commissioned care services. The draft budget proposals include passporting in full the additional funding from Adult Social Care council levy and Social Care Grant, together with a pro rata share of other general funding. The Social Care Grant is un-ringfenced and councils have complete discretion how the funding is spent, the grant is notionally for both adults and children's social care, although due to the particular challenges in adult social care the budget is proposing to use all of the increase available for 2025/2026 on adult social care spending.

The overall increase in core spending power is £88.3m (6.2%) increase on 2024/2025. The core spending power needs to fund spending pressures across the whole range of council services. In adult social care these pressures are not just fee uplifts to contribute to increased employment costs but also include increased activity from demand/complexity and additional cost of placements for new people in receipt of care and support. In balancing the budget there will continue to be difficult choices to be made.

Even with the additional £880m made available for social care in the settlement, the sector as a whole is worse off than before the Autumn Budget because the additional funding councils are receiving is more than outweighed by additional costs imposed from increases in National Living Wage (NLW)/National Minimum Wage (NMW) and employer National Insurance contributions.

It is therefore proposed, based on a balance of the impact of the Autumn Budget changes on providers and the funding provided by Government to KCC, to make provision in the budget of £26.3 m for adult social care commissioned services and direct payments, this is £7.6m more than the £18.7m identified for price uplifts in the draft budget presented to this Committee on 13 November 2024. This excludes the uplift provision for 18-25 Strengthening Independence Services which are subject to a separate decision at this meeting to move responsibility to Adult Social Care and Health. If that proposal is agreed then the proposed uplift budget allocation will be £28.4m.

This equates to 4% on average, but we will continue to work with provider representatives to determine the optimal distribution of this sum across different care provisions, as the impact of the Autumn Budget changes will not be even across the sector.

The fee uplifts need to be finalised by 1 March 2025 to enable them to be applied to the Council's Adult Social Care case management system in time for providers to submit invoices for the revised rates from April 2025. The proposals are subject to approval of the budget by the County Council on 13 February 2025.

**Financial Implications:** The table below shows how the proposed uplift budget allocation is made up:

Price Uplift – Budget Impact 2025/2026

£000's	Off-Framework		Framework		Total
	Vulnerable Adults	Older People	Vulnerable Adults	Older People	
Homecare	258.9	955.4	277.9	1,269.3	2,761.5
Older Persons Residential	0.0	1,645.5	0.0	3,930.4	5,575.9
Older Persons Nursing	0.0	1,244.0	0.0	1,605.3	2,849.3
Learning Disability/Physical Disability/Mental Health Residential	1,516.8	0.0	4,211.0	0.0	5,727.9
Supporting Independence Service/Supported Living	1,386.4	16.8	4,574.7	26.8	6,004.7
Supported Accommodation	0.0	0.0	170.9	2.6	173.5
Direct Payments	0.0	0.0	1,592.4	488.9	2,081.3
Carers/Respite	0.0	0.0	85.9	83.4	169.3
Meals	0.0	0.0	0.0	0.1	0.1
Other	0.0	0.0	35.2	0.0	35.2
Daycare	0.0	0.0	507.6	28.5	536.1
Equipment	0.0	0.0	52.0	155.9	207.9
PFI	0.0	0.0	0.0	205.5	205.5
<b>Total</b>	<b>3,162.1</b>	<b>3,861.7</b>	<b>11,507.6</b>	<b>7,796.7</b>	<b>26,328.1</b>
18-25 Strengthening Independence Service					2,067.5

As at the end of quarter 2, the adult social care budget was showing an overspend of £32.5m. Although a large part of the net pressure is due to undelivered savings, there are also significant underlying pressures on demand and price. Price pressures are particularly acute in older persons residential and nursing care, where the average cost of new placements continues to rise.

**Legal Implications:** There have been no legal implications identified as it is for local authorities to

set their own prices in the light of current market activity and status. Local authorities have a range of statutory duties including through the Care Act 2014 but also has a duty to set a balanced budget within the resources made available through the national funding settlement.

**Equality Implications:** An Equalities Impact Assessment (EQIA) has been completed. This is a live document and will continue to be updated as required, but the EQIA outlines how certain client groups will be impacted by the decision, where the full cost of the care is paid, or where the assessed contribution is greater than the full cost. It also sets out the mitigating factors in these instances.

**Data Protection Implications:** A Data Protection Impact Assessment is not required as there are no material changes to the way in which personal data is handled, nor the way in which it is used. Similarly, this work does not involve data profiling or changes to the way in which special category data is handled.

**Cabinet Committee recommendations and other consultation:** The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 15 January 2025 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

**Any alternatives considered and rejected:**

**Apply no uplifts across all services:** this was discarded, because although we cannot meet providers' expectations, we have to do what we can within our constrained resources to support providers with their increased costs.

**Fully fund the increase in employment costs:** There is insufficient headroom in the provisional settlement for KCC to meet providers uplift aspirations and meet its duty to set a balanced budget. There is also a policy consideration as to whether it is the Council's role within its statutory obligations to fully fund employment costs imposed on independent businesses by government policy. An uplift of 11% would cost in the region of £66m.

**Allocate the sum available and work with provider representatives to determine the optimal allocation:** Unless the Government responds to the concerns of the sector and provides a more realistic settlement, then the sector will be challenged in the coming year. It is important that we work together to face these challenges and therefore working with providers to determine the best use of limited resources is part of that.

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

.....  
signed

.....  
date

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## EQIA Submission – ID Number

### Section A

**EQIA Title**

ASC 202526 Provider Uplift decision

**Responsible Officer**

Richard Ellis - AH EK

**Approved by (Note: approval of this EqIA must be completed within the EqIA App)**

Richard Smith - AH CDO

### Type of Activity

**Service Change**

No

**Service Redesign**

No

**Project/Programme**

No

**Commissioning/Procurement**

Commissioning/Procurement

**Strategy/Policy**

No

**Details of other Service Activity**

No

### Accountability and Responsibility

**Directorate**

Adult Social Care and Health

**Responsible Service**

Adult & Integrated Commissioning

**Responsible Head of Service**

Richard Smith - AH CDO

**Responsible Director**

Richard Smith - AH CDO

### Aims and Objectives

To agree the annual uplift of adult social care commissioned services, taking into account cost pressures on adult social care providers, the costs of employment for those who directly employ personal assistants through Direct Payments, the resources made available to Kent County Council by Government and the other financial pressures on the service. For 2025/26 this is particularly challenging given the impact of the Autumn Budget on the costs of employment from the above inflation increase in the National Living Wage and the changes in employer national insurance contributions, which combined increase cost of employment up to 11%. Adult social care providers meet the needs of people who might be vulnerable, who disproportionality have protected characteristics and as a means tested service they are disproportionally economically disadvantaged.

### Section B – Evidence

**Do you have data related to the protected groups of the people impacted by this activity?**

Yes

**It is possible to get the data in a timely and cost effective way?**

Yes

**Is there national evidence/data that you can use?**

Yes

**Have you consulted with stakeholders?**

Yes
<b>Who have you involved, consulted and engaged with?</b>
We have engaged with social care provider representatives and will continue to do so.
<b>Has there been a previous Equality Analysis (EQIA) in the last 3 years?</b>
Yes
<b>Do you have evidence that can help you understand the potential impact of your activity?</b>
Yes
<b>Section C – Impact</b>
<b>Who may be impacted by the activity?</b>
<b>Service Users/clients</b> Service users/clients
<b>Staff</b> No
<b>Residents/Communities/Citizens</b> Residents/communities/citizens
<b>Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?</b>
Yes
<b>Details of Positive Impacts</b>
The aim of the annual uplift process is to try to protect services by reflecting increased costs of delivery in our fee levels. This way we protect the interests of those who draw on care and support. Our contracts refer to December CPI but also the affordability of any uplifts. The proposal is for an average uplift above expected December CPI, but less than the increase in the national living/minimum wage.
<b>Negative impacts and Mitigating Actions</b>
<b>19. Negative Impacts and Mitigating actions for Age</b>
<b>Are there negative impacts for age?</b>
Yes
<b>Details of negative impacts for Age</b>
Older people make up a significant proportion of those that draw on care and support. For KCC it is currently 78.4% of the people we support. Given the increase in employment costs and the inadequate financial settlement, providers may choose to exit care provision or stop accepting placements from KCC. This may limit choice, cause delays in accessing care, or in the case of provider failure or withdrawal a change in care provider or care home.
<b>Mitigating Actions for Age</b>
We have an established process for managing provider failure. We also have a team dedicated to arranging care. We will continue to engage with the sector to try to ensure sufficient provision.
<b>Responsible Officer for Mitigating Actions – Age</b>
Richard Ellis
<b>20. Negative impacts and Mitigating actions for Disability</b>
<b>Are there negative impacts for Disability?</b>
Yes
<b>Details of Negative Impacts for Disability</b>
People with disabilities make up a significant proportion of those that draw on care and support. Given the increase in employment costs and the inadequate financial settlement, providers may choose to exit care provision or stop accepting placements from KCC. This may limit choice, cause delays in accessing care, or in the case of provider failure or withdrawal a change in care provision.
<b>Mitigating actions for Disability</b>
We have an established process for managing provider failure. We also have a team dedicated to arranging care. We will continue to engage with the sector to try to ensure sufficient provision. We can offer direct payments as an alternative if someone who draws on care and support wishes to arrange their own

support.
<b>Responsible Officer for Disability</b>
Richard Ellis
<b>21. Negative Impacts and Mitigating actions for Sex</b>
<b>Are there negative impacts for Sex</b>
Yes
<b>Details of negative impacts for Sex</b>
Women make up 63.5% of the people who draw on KCC arranged care and support. Given the increase in employment costs and the inadequate financial settlement, providers may choose to exit care provision or stop accepting placements from KCC. This may limit choice, cause delays in accessing care, or in the case of provider failure or withdrawal a change in care provision.
<b>Mitigating actions for Sex</b>
We have an established process for managing provider failure. We also have a team dedicated to arranging care. We will continue to engage with the sector to try to ensure sufficient provision. We can offer direct payments as an alternative if someone who draws on care and support wishes to arrange their own support.
<b>Responsible Officer for Sex</b>
Richard Ellis
<b>22. Negative Impacts and Mitigating actions for Gender identity/transgender</b>
<b>Are there negative impacts for Gender identity/transgender</b>
Yes
<b>Negative impacts for Gender identity/transgender</b>
Only 0.1% of people who draw on care and support are recorded as identifying as transgender. A reduction in the number of providers we can work with may further reduce the ability meet transgender people's needs.
<b>Mitigating actions for Gender identity/transgender</b>
When we re-commission our services, we will see if there are providers who are able and willing to meet the needs of gay, lesbian, bisexual or transgender people who draw on care and support.
<b>Responsible Officer for mitigating actions for Gender identity/transgender</b>
Richard Ellis
<b>23. Negative impacts and Mitigating actions for Race</b>
<b>Are there negative impacts for Race</b>
Yes
<b>Negative impacts for Race</b>
1.2% of people who draw on care & support are recorded as Asian/Asian British; 1.2% Black, Black British Caribbean or African; 0.4% Mixed/Multiple ethnic groups, and 0.5% other ethnic groups. In 11.2% of cases ethnicity is not recorded. A reduction in the choice of providers may erode confidence that the needs of people from non-white ethnic backgrounds can be met.
<b>Mitigating actions for Race</b>
Meeting the needs of individuals, including those that arise with different ethnicities, are requirements of our contracts and providers registration with CQC. When we re-commission our contracts we will test whether there are providers who wish to particularly focus on particular communities.
<b>Responsible Officer for mitigating actions for Race</b>
Richard Ellis
<b>24. Negative impacts and Mitigating actions for Religion and belief</b>
<b>Are there negative impacts for Religion and belief</b>
Yes
<b>Negative impacts for Religion and belief</b>
For people who draw on KCC arranged care & support, 36.1% are recorded as being having a faith, 23.8% are recorded as having no religion, and 40.1% are not recorded. A retraction in supply (and therefore choice) may reduce the chances of finding providers who can meet the needs of faith groups.

<b>Mitigating actions for Religion and belief</b>
Meeting the needs of individuals, including those that arise from their faith, are requirements of our contract. When we re-commission our contracts we will test whether there are providers who wish to particularly focus on faith communities.
<b>Responsible Officer for mitigating actions for Religion and Belief</b>
Richard Ellis
<b>25. Negative impacts and Mitigating actions for Sexual Orientation</b>
<b>Are there negative impacts for Sexual Orientation</b>
Yes
<b>Negative impacts for Sexual Orientation</b>
Of those who draw on KCC arranged care and support, 0.5% are recorded as identifying as gay or lesbian,. 0.1% bisexual, 0.2% as other. This is lower than the accepted national prevalence rates. In over 10% of cases it is either not recorded or recorded as 'prefer not to say'. This suggests that there is both a recording issue and an issue of confidence that adult social care will understand and respect their identity.
<b>Mitigating actions for Sexual Orientation</b>
Meeting the needs of individuals, including those that arise from their sexual orientation, are requirements of our contract. When we re-commission our contracts we will test whether there are providers who wish to particularly focus on non-geographic communities.
<b>Responsible Officer for mitigating actions for Sexual Orientation</b>
Richard Ellis
<b>26. Negative impacts and Mitigating actions for Pregnancy and Maternity</b>
<b>Are there negative impacts for Pregnancy and Maternity</b>
No
<b>Negative impacts for Pregnancy and Maternity</b>
Not Applicable
<b>Mitigating actions for Pregnancy and Maternity</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Pregnancy and Maternity</b>
Not Applicable
<b>27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships</b>
<b>Are there negative impacts for Marriage and Civil Partnerships</b>
Yes
<b>Negative impacts for Marriage and Civil Partnerships</b>
28.2% of people who draw on care and support are record as being married, 0.1% as being in civil partnerships, and 1.6% cohabiting. A reduction in choice of providers may make it harder to support couples to remain together.
<b>Mitigating actions for Marriage and Civil Partnerships</b>
Our aim is to support people in a home of their own, including options like Extra Care Housing, which can better support couples to remain together than residential care. Through our accommodation strategy we are aiming to expand the extra care and supported living offer, so it is available to support more people including couples.
<b>Responsible Officer for Marriage and Civil Partnerships</b>
Richard Ellis
<b>28. Negative impacts and Mitigating actions for Carer's responsibilities</b>
<b>Are there negative impacts for Carer's responsibilities</b>
Yes
<b>Negative impacts for Carer's responsibilities</b>
If there is a reduction in providers working with KCC, the care and support that wraps around family and other unpaid carers may be disrupted.
<b>Mitigating actions for Carer's responsibilities</b>

We are re-commissioning our carers support service to ensure that it better meets their needs. In the event of provider failure/withdrawal, we will include carers in the decision making about alternative arrangements.

**Responsible Officer for Carer's responsibilities**

Mark Albiston

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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 - 15 January 2025

**Subject:** Transfer the 18-25 section of the Strengthening Independence Service from the Children Young People and Education Directorate to the Adult Social Care and Health Directorate

**Decision no:** 24/00109

**Key Decision :** Yes - It affects more than 2 Electoral Divisions

**Classification:** Unrestricted

**Past Pathway of report:** None

**Future Pathway of report:** Cabinet decision

**Electoral Division:** All

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

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**Summary:** Transitions involve facilitating young people's move from children's services to adult services and typically occur between ages 18 and 25. The Strengthening Independence Service sits within the Children, Young People and Education Directorate and oversees transitions between 0-25 for those with learning and physical disabilities.

The Director of Adult Social Services at Kent County Council is accountable for assessing local needs and delivering a full range of adult social services. These services support individuals under the provisions of Local Authority Social Services Act 1970 and the law defines an adult as someone aged 18 or over.

The Director of Children's Services at Kent County Council has statutory duties outlined in Section 18 of the Children Act 2004. These duties involve ensuring the delivery of local authority social care functions for children and young people. This includes, but is not limited to, providing services that meet the needs of all children, youth, including the most vulnerable, and their families.

Under the current arrangements the Corporate Director Children, Young People, and Education is overseeing a group falling outside their statutory role.

To address this, the proposal is to transfer the statutory functions delivered by the 18-25 section of the Strengthening Independence Service from the Children, Young People and Education Directorate, to the Adult Social Care and Health Directorate meaning young adults will receive support from adult social care to better support them for independence.

**Recommendation(s):** The Adult Social Care Cabinet Committee is asked to consider and endorse or make recommendations to Cabinet on the proposed decision as attached as appendix A.

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## 1. Introduction

- 1.1 The transitions process centres around the young adult and often includes multiple services such as social care, health and education. There are at present four pathways for transition in Kent County Council (KCC):
- Strengthening Independence Service oversees Transitions between 0-25 for those with learning and physical disabilities
    - Multi-Agency Collaboration
    - Include a Sensory and Young People's Team
  - Adult social care operations manage Post-18 transitions
  - Young adults within the Care Leaving Service (CLS) (18+ services)
  - Young adults (aged 18-25) within the Special Educational Needs (SEND) who have an Education, Health and Care (EHC) Plan who require more time in education or training to achieve their outcomes
- 1.2 The Strengthening Independence Service (SIS) currently oversees Transitions between 0-25 for those with learning and physical disabilities. However, this means the Director of Children's Services (DCS) has responsibility for a cohort of people beyond their legal scope. As of October 2024, the 18-25 section of the Strengthening Independence Service were working with 894 young adults
- 1.3 It is proposed to transfer the statutory functions delivered by the 18-25 section of the SIS from the Children Young People and Education (CYPE) Directorate to the Adult Social Care and Health (ASCH) Directorate from 1 April 2025. This means the young adult's social care needs will be supported by ASCH and overseen by the Director of Adult Social Services (DASS). However, it is important to note there are some statutory duties for this cohort, beyond their social care needs, to remain within remit of the DCS and be retained within CYPE which will require close working with ASCH.
- 1.4 The CLS will continue to support young adults, who are also known to the 18-25 SIS, up to age 25, particularly those aged 18 – 21, to transition from care to independence. The service will continue to provide a Personal Assistant (PA), from age 18 up until the young adults 22nd birthday, who will work with the young adult to provide advice, support and information to make sure the care leaver is ready to leave care and live independently.
- 1.5 The SEND Service will continue to maintain EHCPs for young adults, aged 18 – 25, who require longer to consolidate their education and training and to achieve their outcomes and transition into adulthood. The SEND Service will



- maintain the EHCPs for this cohort, as appropriate, and will review the plan and needs of the young person via the Annual Review process.
- 1.6 The changes will align with the Making A Difference Everyday Adult Social Care vision in Kent which sets KCC's direction of travel to support people to live as full and safe a life as possible and make informed choices. This reflects the core purpose of supporting people to lead the lives they want to live, and in a place they call home, by putting people at the heart of everything we do.
  - 1.7 In addition, this change ensures alignment with the DASS' statutory obligations, providing greater oversight and promotes a more holistic approach to young adult well-being as they transition from children's to adult social care better preparing them for adulthood.
  - 1.8 The proposals will result in greater consistency in adult experiences across KCC against all aspects of intervention. The transfer of service will ensure the DASS has greater oversight of all adult experiences supporting enhanced equality, inclusion, equity and application of social value. Furthermore, the transfer of service will align our practices with the updated Care Quality Commission (CQC) regulations which place a significant emphasis on the quality statement concerning safe systems, pathways and transitions. The function of safety and continuity of care is now a priority throughout people's care journey and it is essential practices are aligned with the updated regulations to ensure the highest quality of care is provided to those we serve.
  - 1.9 Staff moving between directorates are engaged and, although this won't materially change the service, external partners will be engaged to make them aware. People who draw on care and support will be engaged and/or consulted with, should there be any proposals to make changes to the service in the future.

## **2. Key Considerations**

- 2.1 There are a number of issues these proposals will address including:
- 2.2 **Shifting Responsibility:** When a child in Kent becomes an adult, the relationship with the council changes significantly. Parents previously made decisions, but at 16, young people gain legal rights and can make their own choices about social care and their future.
- 2.3 **Transition Gap** Young adults in Kent with a learning disability or physical disability transition into adult social care at the age of 26, between the ages of 18-25 years these young adults are supported by the Strengthening Independence Team. Not all young people however transition to adult social care in this way, examples of this include Children in Care, children who experience mental ill-health or children with Autism who upon turning 18 may be eligible for a Care Act assessment and support to meet any eligible social care needs. For care leavers the needs may develop through trauma, adult life experiences or progressive conditions materialising within early adult life. There are approximately 21,000 children and young people with an EHCP, with around 600 of those open to children's services. The remaining 20,000 plus EHCPs are monitored and reviewed by universal services and community resources and may also make referrals to either CYPE or ASCH for a child and

young adult aged 0-25 (Strengthening Independence Service and Leaving Care), where 18-25 year old individuals would be picked up by ASCH. There are also those young adults who may not have been in receipt of an EHCP and present at the age of 18 having previously been supported by health services such as Child and Adolescent Mental Health Teams. The differing routes and ages of transition can create a disparity of experience for young people, particularly in the identification of those young adults, the timely planning for that transition and the development of the appropriate community resources to meet their needs in alignment with the co-produced strategy 'Making a Difference Every Day'. The move of the Strengthening Independence 18-25 team to ASCH allows for further work on the streamlining our transition offer to address these disparities.

- 2.4 **Improved Oversight:** The DASS will have oversight and assurance on the impact of social care on people's lives through the lens of equity of access, experience and outcomes for people who draw on care and support and unpaid carers, and alignment to key legal and policy drivers.
- 2.5 Implementation plans are developed to transfer the personnel and systems across the directorates and will ensure the transfer seamlessly integrates with the strategic objectives of the council and both CYPE and ASCH. Young adults who draw on care and support will not see or feel a difference and service continuity will be maintained with plans developed to minimize disruption to service delivery.

### 3. Background

- 3.1 The proposed decision supports priority 4 within [Framing Kent's Future - Our Council Strategy 2022-2026](#), with the commitment to 'support the most vulnerable children and families in our county, ensuring social work practice supports manageable caseloads, reflective learning, joined up safeguarding and effective corporate parenting arrangements', and explicitly to: "Act as a good Corporate Parent for those children in the care of KCC and improve support for young people as they transition into adulthood, whilst also improving support for those who transition into the adult social care system."
- 3.2 Transitions is part of [Securing Kents Future - Budget Recovery Strategy](#) and this proposal supports the objectives for:

Preparing for adulthood/transition: Working across both ASCH and CYPE to optimise support for people between the ages of 14-25 as they transition from children to adult services, promoting independence in adult life. Working age people with learning disabilities are now living longer through better long-term management of medical needs, but this increases the need to promote independence earlier so long-term needs can continue to be met at reasonable cost to the council. Joint working with NHS partners will be critical given costs of support are incurred by both the NHS and social care.

- 3.3 Concurrently with this proposed change, KCC is developing a vision for the transition system including:
  - We are committed to delivering a seamless transition for all young people, regardless of their location or need.

- Our shared transitions framework will support us to work together with parents, carers and young people across teams and directorates. It will also foster collaborative work with external partners including Health, Education, Voluntary Sector Community Organisations, Housing providers, District and Borough councils.
- We will create a culture of accountability, integrity, and purpose in KCC, and encourage professionals to strive for continuous improvement.
- We will work with young people to understand their ambitions for the future and shape their transition to support their aspirations. Planning conversations will begin at 14 years old for all young people.
- We will give parents and carers information, advice and support to understand what transition may mean for the future, in time to adapt to these changes.
- We will support young people, parents and carers to connect with their communities, to ensure they are linked with the support and services it delivers
- We will support staff to work in a cohesive approach, enabling them through technology and systems to work efficiently and with compassion.

#### **4. Options considered and dismissed, and associated risk**

- 4.1 There is the option to maintain the service within CYPE; however, this will continue to mean the DCS oversees a group falling outside their statutory role and the DASS will not have streamlined oversight of a cohort of people who will draw on KCC's care and support.
- 4.2 Alternatively, the possibility of a matrix management approach was considered which would enable CYPE to retain the 18-25 SIS Service and introduce additional reporting lines into ASCH. This option was not taken forward as it would require additional roles to be created to make a matrix-management approach feasible, which would not add financial value or create efficiencies to the same or greater extent than the proposal to transfer the 18-25 SIS Service from CYPE to ASCH.

#### **5. Financial Implications**

- 5.1 The budget for the statutory functions delivered by the 18-25 section of the Strengthening Independence Service will transfer from the CYPE Directorate to the ASCH Directorate. The budget to be transferred will include the 2025-2026 budget for 18-25 services, agreed as part of the Budget at County Council in February 2025, including budgets for both placement/support costs and related staffing budgets. The indicative total budget to be transferred, at the time of writing this report, will be approximately £59m, comprising £56m for package costs and £3m for staffing (based on indicative budgets for 2025-2026).

#### **6. Legal implications**

- 6.1 The DASS at KCC is accountable for assessing local needs and delivering a full range of adult social services. These services support individuals under the provisions of Local Authority Social Services Act 1970 and the law defines an adult as someone aged 18 or over.

- 6.2 The DCS at KCC has statutory duties outlined in Section 18 of the Children Act 2004. These duties involve ensuring the delivery of local authority social care functions for children and young people. This includes, but is not limited to, providing services that meet the needs of all children, youth, including the most vulnerable, and their families.
- 6.3 Under the current arrangements the Corporate Director Children, Young People and Education (DCS) is overseeing a group falling outside their statutory role.
- 6.4 If these changes are not implemented, the Corporate Director Children, Young People and Education (DCS) will continue to oversee a group falling outside their statutory role, and the Corporate Director Adult Social Care and Health (DASS) will continue to face a gap in oversight regarding the assessed needs and well-being of young adults aged 18-25 falling under their remit.

## **7. Equalities implications**

- 7.1 An Equality Impact Assessment (EqIA) has been undertaken and is appended to this report. (The EQIA is attached as Appendix B)
- 7.2 Given this is an internal change, the EqIA demonstrates that there should not be any impacts on the cohort of people who will draw on KCC's care and support.
- 7.3 The EqIA will continue to be reviewed as the project continues.

## **8. Data Protection Implications**

- 8.1 An initial Data Protection Impact Assessment (DPIA) screening has been carried out and submitted which determined, in line with KCC's DPIA policy and the requirements of the UK GDPR, a DPIA is required (Attached as Appendix C). A full DPIA will be taken forward as part of the ongoing programme of work as the transfer progresses.

## **9. Governance**

- 9.1 If the proposals are agreed, the Corporate Director Adult Social Care and Health and the Corporate Director Children, Young People and Education will have delegated authority to transfer the statutory functions delivered by the 18-25 section of the Strengthening Independence Service between the CYPE and the ASCH Directorates.
- 9.2 The Corporate Director Adult Social Care and Health will inherit delegated authority for oversight of these statutory functions from 1 April 2025.

## **10. Conclusions**

- 10.1 The DASS at KCC is accountable for assessing local needs and delivering a full range of adult social services. These services support individuals under the provisions of Local Authority Social Services Act 1970 and the law defines an adult as someone aged 18 or over.

10.2 The DCS at KCC has statutory duties outlined in Section 18 of the Children Act 2004. These duties involve ensuring the delivery of local authority social care functions for children and young people. This includes, but is not limited to, providing services that meet the needs of all children, youth, including the most vulnerable, and their families.

10.3 Under the current arrangements the Corporate Director Children, Young People, and Education (DCS) is overseeing a group falling outside their statutory role. To address this and provide the DASS with better oversight of the needs of people who draw on our care and support, along with preparing people for adulthood, it is proposed to transfer the statutory functions delivered by the 18-25 section of the Strengthening Independence Service from the Children Young People and Education Directorate to the Adult Social Care and Health Directorate.

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**11. Recommendation(s):** The Adult Social Care Cabinet Committee is asked to consider and endorse or make recommendations to Cabinet on the proposed decision as attached as appendix A.

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## 12. Background Documents

[The Care Act 2014](#) and related adult social care legislation  
[ADASS Roadmap](#)  
[Mental Capacity Act 2005: DoLS Safeguards](#)  
[Think Local Act Personal strategic priorities](#)  
[House of Lords report "A Gloriously Ordinary Life"](#)  
Kent County Council's strategic priorities "[Securing Kent's Future](#)" and "[Framing Kent's Future](#)"  
Adult Social Care's co-produced strategy "[Making a Difference Every Day](#)"

## 13. Appendices

- Appendix A – Proposed Record Of Decision
- Appendix B – EqIA
- Appendix C – DPIA Screening Tool Outcome

## 14. Contact details

<b>Report Author:</b> Alyson Wagget Assistant Director Thanet South Kent Coastal 3000 412483 <a href="mailto:alyson.wagget@kent.gov.uk">alyson.wagget@kent.gov.uk</a>	<b>Lead Director:</b> Mark Albiston, Director of Adult Social Care and Health 03000 417578 <a href="mailto:mark.albiston@kent.gov.uk">mark.albiston@kent.gov.uk</a>
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# KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

## DECISION TO BE TAKEN BY:

**Cabinet**

## DECISION NO:

To be allocated by  
Democratic Services

## For publication

**Key decision: YES .**

**Title of Decision:** Decision to transfer the 18-25 section of the Strengthening Independence Service (SIS) from the Children Young People and Education directorate to the Adult Social Care and Health directorate from April 2025

### **Decision: Cabinet is asked to:**

Agree to TRANSFER the statutory functions delivered by the 18-25 section of the Strengthening Independence Service, including the transfer of workforce in services, from the Children Young People and Education Directorate to the Adult Social Care and Health Directorate from 1 April 2025; and

DELEGATE authority to the Corporate Director of Adult Social Care and Health and Corporate Director Children, Young People and Education to take the relevant actions, including but not limited to, awarding, finalising the terms of and entering into the relevant contracts or other legal agreements, as necessary, to implement the decision;

### **Reason(s) for decision:**

Transitions involve facilitating young people's move from children's services to adult services and typically occur between ages 18 and 25. The Strengthening Independence Service (SIS) sits within the Children, Young People and Education Directorate and oversees transitions between 0-25 for those with learning and physical disabilities.

The Director of Adult Social Services (DASS) at Kent County Council (KCC) is accountable for assessing local needs and delivering a full range of adult social services. These services support individuals under the provisions of Local Authority Social Services Act 1970 and the law defines an adult as someone aged 18 or over.

The Director of Children's Services (DCS) at KCC has statutory duties outlined in Section 18 of the Children Act 2004. These duties involve ensuring the delivery of local authority social care functions for children and young people. This includes, but is not limited to, providing services that meet the needs of all children, youth, including the most vulnerable, and their families.

Under the current arrangements the Corporate Director Children, Young People, and Education (DCS) is overseeing a group falling outside their statutory role.

To address this, the proposal is to transfer the statutory functions delivered by the 18-25 section of the Strengthening Independence Service from the Children, Young People and Education (CYPE) Directorate, to the Adult Social Care and Health (ASCH) Directorate meaning young adults will receive support from adult social care to better support them for independence.

### **Financial Implications**

The budget for the statutory functions delivered by the 18-25 section of the Strengthening

Independence Service will transfer from the CYPE Directorate to the ASCH Directorate. The budget to be transferred will include the 25-26 budget for 18-25 services, agreed as part of the Budget at County Council in February 2025, including budgets for both placement/support costs and related staffing budgets. The indicative total budget to be transferred, at the time of writing this report, will be approximately £59m, comprising £56m for package costs and £3m for staffing (based on indicative budgets for 25-26).

### **Legal Implications**

The Director of Adult Social Services (DASS) at Kent County Council (KCC) is accountable for assessing local needs and delivering a full range of adult social services. These services support individuals under the provisions of Local Authority Social Services Act 1970 and the law defines an adult as someone aged 18 or over.

The Director of Children's Services (DCS) at KCC has statutory duties outlined in Section 18 of the Children Act 2004. These duties involve ensuring the delivery of local authority social care functions for children and young people. This includes, but is not limited to, providing services that meet the needs of all children, youth, including the most vulnerable, and their families.

Under the current arrangements the Corporate Director Children, Young People, and Education (DCS) is overseeing a group falling outside their statutory role.

If these changes are not implemented, the Corporate Director for Children, Young People, and Education (DCS) will continue to oversee a group falling outside their statutory role, and the DASS will continue to face a gap in oversight regarding the assessed needs and well-being of young adults aged 18-25 falling under their remit.

### **Equality Implications**

An Equality Impact Assessment (EqIA) has been undertaken and given this is an internal change, the EqIA demonstrates that there should not be any impacts on the cohort of people who will draw on KCC's care and support. The EqIA will continue to be reviewed as the project continues.

### **Data Protection Implications**

An initial DPIA screening has been carried out and submitted which determine, in line with KCC's DPIA policy and requirements of the UK GDPR, that a DPIA is required. A full DPIA will be taken forward as part of the ongoing programme of work as the transfer progresses

**Cabinet Committee recommendations and other consultation:** The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 15 January 2025 and the Children, Young People and Education Cabinet Committee on 16 January 2025 and comments will be included in the paperwork which Cabinet will be asked to sign.

### **Any alternatives considered and rejected:**

There is the option to maintain the service within CYPE; however, this will continue to mean the DCS oversees a group falling outside their statutory role and the DASS will not have streamlined oversight of a cohort of people who will draw on KCC's care and support.

Alternatively, the possibility of a matrix management approach was considered which would enable CYPE to retain the 18-25 SIS service and introduce additional reporting lines into ASCH. This option was not taken forward as it would require additional roles to be created to make a matrix-management approach feasible, which would not add financial value or create efficiencies to the same or greater extent than the proposal to transfer the 18-25 SIS service from CYPE to ASCH

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





.....  
signed

.....  
date

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## EQIA Submission – ID Number

### Section A

**EQIA Title**

Proposed transfer of 18-25 year olds to ASCH from CYPE

**Responsible Officer**

Brett Appleton - DCED SRP

**Approved by (Note: approval of this EqIA must be completed within the EqIA App)**

Sharon Howard - CY LDCYP

### Type of Activity

**Service Change**

Service Change

**Service Redesign**

No

**Project/Programme**

No

**Commissioning/Procurement**

No

**Strategy/Policy**

No

**Details of other Service Activity**

No

### Accountability and Responsibility

**Directorate**

Children Young People and Education

**Responsible Service**

CYPE

**Responsible Head of Service**

Sharon Howard - CY LDCYP

**Responsible Director**

Kevin Kasaven - CY SCS

### Aims and Objectives

The movement of the statutory functions delivered by the Strengthening Independence Service from the children's and young people directorate to adult social care and health. This affects individuals who are 18-25 years of age. This includes a transfer of workforce in services.

The statutory duties of the Director of Adult Social Services (DASS) at KCC is accountable for assessing local needs and delivering a full range of adult social services. These services support individuals under the provisions of local authority social services act 1970.

Care Quality Commission (CQC) 2023 framework assesses local authority assurance against statutory duties. The DASS is accountable for all adults receiving Care Act 2014 support and provision under the Inspection Framework. The latest CQC Inspection of KCC took place in October 2024. We are currently awaiting the outcome.

### Section B – Evidence

**Do you have data related to the protected groups of the people impacted by this activity?**

Yes

**It is possible to get the data in a timely and cost effective way?**

Yes
<b>Is there national evidence/data that you can use?</b>
Yes
<b>Have you consulted with stakeholders?</b>
Yes
<b>Who have you involved, consulted and engaged with?</b>
Affected staff have been engaged.  People who use the service and external stakeholders will be engaged with as part of the process.  We will be using CPYE and ASCH networks to link in with stakeholders.
<b>Has there been a previous Equality Analysis (EQIA) in the last 3 years?</b>
Yes
<b>Do you have evidence that can help you understand the potential impact of your activity?</b>
Yes
<b>Section C – Impact</b>
<b>Who may be impacted by the activity?</b>
<b>Service Users/clients</b>
No
<b>Staff</b>
Staff/Volunteers
<b>Residents/Communities/Citizens</b>
No
<b>Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?</b>
Yes
<b>Details of Positive Impacts</b>
The Service will receive oversight from the DASS and be more closely aligned to adult provision and governance ensuring YP receive equity of opportunity and access to the right services at the right time.  ASCH will be in a strong position to implement strategies and the practice framework which supports adults – Making A Difference Every Day. Including a consistent approach to adult safeguarding throughout the authority. And a consist audit process.
<b>Negative impacts and Mitigating Actions</b>
<b>19. Negative Impacts and Mitigating actions for Age</b>
<b>Are there negative impacts for age?</b>
No
<b>Details of negative impacts for Age</b>
Not Applicable
<b>Mitigating Actions for Age</b>
Not Applicable
<b>Responsible Officer for Mitigating Actions – Age</b>
Not Applicable
<b>20. Negative impacts and Mitigating actions for Disability</b>
<b>Are there negative impacts for Disability?</b>
No
<b>Details of Negative Impacts for Disability</b>
Not Applicable

<b>Mitigating actions for Disability</b>
Not Applicable
<b>Responsible Officer for Disability</b>
Not Applicable
<b>21. Negative Impacts and Mitigating actions for Sex</b>
<b>Are there negative impacts for Sex</b>
No
<b>Details of negative impacts for Sex</b>
Not Applicable
<b>Mitigating actions for Sex</b>
Not Applicable
<b>Responsible Officer for Sex</b>
Not Applicable
<b>22. Negative Impacts and Mitigating actions for Gender identity/transgender</b>
<b>Are there negative impacts for Gender identity/transgender</b>
No
<b>Negative impacts for Gender identity/transgender</b>
Not Applicable
<b>Mitigating actions for Gender identity/transgender</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Gender identity/transgender</b>
Not Applicable
<b>23. Negative impacts and Mitigating actions for Race</b>
<b>Are there negative impacts for Race</b>
No
<b>Negative impacts for Race</b>
Not Applicable
<b>Mitigating actions for Race</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Race</b>
Not Applicable
<b>24. Negative impacts and Mitigating actions for Religion and belief</b>
<b>Are there negative impacts for Religion and belief</b>
No
<b>Negative impacts for Religion and belief</b>
Not Applicable
<b>Mitigating actions for Religion and belief</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Religion and Belief</b>
Not Applicable
<b>25. Negative impacts and Mitigating actions for Sexual Orientation</b>
<b>Are there negative impacts for Sexual Orientation</b>
No
<b>Negative impacts for Sexual Orientation</b>
Not Applicable
<b>Mitigating actions for Sexual Orientation</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Sexual Orientation</b>
Not Applicable
<b>26. Negative impacts and Mitigating actions for Pregnancy and Maternity</b>

<b>Are there negative impacts for Pregnancy and Maternity</b>
No
<b>Negative impacts for Pregnancy and Maternity</b>
Not Applicable
<b>Mitigating actions for Pregnancy and Maternity</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Pregnancy and Maternity</b>
Not Applicable
<b>27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships</b>
<b>Are there negative impacts for Marriage and Civil Partnerships</b>
No
<b>Negative impacts for Marriage and Civil Partnerships</b>
Not Applicable
<b>Mitigating actions for Marriage and Civil Partnerships</b>
Not Applicable
<b>Responsible Officer for Marriage and Civil Partnerships</b>
Not Applicable
<b>28. Negative impacts and Mitigating actions for Carer's responsibilities</b>
<b>Are there negative impacts for Carer's responsibilities</b>
No
<b>Negative impacts for Carer's responsibilities</b>
Not Applicable
<b>Mitigating actions for Carer's responsibilities</b>
Not Applicable
<b>Responsible Officer for Carer's responsibilities</b>
Not Applicable



## DPIA Project Information

**Title:**

Strengthening Independence Service (SIS) Transfer from CYPE to ASCH

**Project ID:**

441


**Project Timeframe for Data Collection:**

In less than 3 months

## DPIA Screening Questions

Question Number	Question	Answer
1	I understand that, by selecting Yes, I am confirming I am the project manager for the project or activity for which this DPIA screening tool is being carried out.	Yes
2	I understand that by ticking this box I am confirming that I have undertaken the Data Protection Essentials training module on delta.	Yes
3	Is this project a change to an existing process, or is it a new processing activity?	New processing activity
4	Has a DPIA for this been previously submitted?	No
5	If a DPIA was submitted - Was legal advice recommended?	No
6	When did the planning stage of this project begin?	10/21/2024
7	Is this screening tool for the use of a surveillance camera, including CCTV, dash cam and body worn cameras?	No
8	If Yes - Is this DPIA a proposal for a new deployment, or the expansion of an existing surveillance system?	
9	Which data protection regime will you be processing under?	UK GDPR Data Protection Act 2018 Part 3
10	Please outline the project including the types of data, software, processors, and how the data will be used	There was a decision made to transfer the 18-25 section of the Strengthening Independence Service (SIS) from the Children Young People and Education directorate to the Adult Social Care and Health directorate from April 2025 including a transfer of workforce in services.  Transitions involve facilitating young people's





move from children's services to adult services and typically occur between ages 18 and 25 for those with learning and physical disabilities.

Under the current arrangements the Corporate Director Children, Young People, and Education (DCS) is overseeing a group falling outside their statutory role.

To address this, the proposal is to transfer the statutory functions delivered by the 18-25 section of the Strengthening Independence Service from the Children, Young People and Education (CYPE) Directorate, to the Adult Social Care and Health (ASCH) Directorate meaning young adults will receive support from adult social care to better support them for independence

Staff moving between directorates are engaged and, although this won't materially change the service, external partners will be engaged to make them aware. People who draw on care and support will be engaged and/or consulted with, should there be any proposals to make changes to the service in the future.

Implementation plans are developed to transfer the personnel and systems across the directorates and will ensure the transfer seamlessly integrates with the strategic objectives of the council and both CYPE and ASCH. Young adults who draw on care and support will not see or feel a difference and service continuity will be maintained with plans developed to minimize disruption to service delivery.

To facilitate the changes, HR Oracle will need to be amended for staff and the Strengthening Independence Service (SIS) who currently uses the systems LAS and Liberi will have to transfer over to Mosaic.

It has been agreed that although the Strengthening Independence Service (SIS) new structure of reporting to ASCH will be implemented from April. The transfer of data on LAS and Liberi will not have happened by then so staff will continue to use both Liberi and LAS until Mosaic is ready to go and the data has been



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Within your project are you planning to:

transferred across.

The type of data being transferred  
Liberi would stay as children under 18  
all client data from 18-25, need assessment,  
plans, reviews, case work, child, name, dob,  
address and all demographic of client data

This data will be used for case notes of those  
Young People being supported within the  
Strengthening Independence Service (SIS) and  
payments of care packages.

Use systematic and extensive profiling or  
automated decision making to make significant  
decisions about people?

Process special category data or criminal offence  
data on a large scale?

Systematically monitor a publicly accessible area  
on a large scale?

Make decisions on someone's access to a service  
product opportunity or benefit which is based on  
automated decision making (including profiling),  
or involves the processing of special category  
data?

Carry out profiling on a large scale?

Combine, compare, or match data from multiple  
sources?

Process personal data which could result in a risk  
of physical harm in the event of a personal data  
breach?

12

Or are you planning to:

Process biometric data?

Process genetic data (other than by a GP or  
health professional to provide healthcare)?

Use innovative technology?

Process personal data without providing a  
privacy notice directly to the individual?

Process personal data in a way which involves

tracking individual's online or offline location or behaviour?

Carry out evaluation or scoring?

Carry out systematic monitoring?

Process sensitive data or data of a highly personal nature?

Process personal data on a large scale?

Match or combine datasets?

Process data concerning vulnerable data subjects?

Carry out any innovative use of personal data or apply new technological or organisational solutions?

Carry out any processing which involves preventing data subjects from exercising a right or using a service or contract?

Carry out automated decision making with legal or significant effects?

## DPIA Core Questions

Question Number	Question	Answer
1	What is your project aim?	<p>The aim of this project is to</p> <p>There was a decision made to transfer the 18-25 section of the Strengthening Independence Service (SIS) from the Children Young People and Education directorate to the Adult Social Care and Health directorate from April 2025 including a transfer of workforce in services.</p> <p>Transitions involve facilitating young people’s move from children’s services to adult services and typically occur between ages 18 and 25 for those with learning and physical disabilities.</p> <p>Under the current arrangements the Corporate Director Children, Young People, and Education (DCS) is overseeing a group falling outside their statutory role.</p> <p>To address this, the proposal is to transfer the statutory functions delivered by the 18-25 section of the Strengthening Independence Service from the Children, Young People and Education (CYPE) Directorate, to the Adult Social Care and Health (ASCH) Directorate meaning young adults will receive support from adult social care to better support them for independence</p> <p>Staff moving between directorates are engaged and, although this won’t materially change the service, external partners will be engaged to make them aware. People who draw on care and support will be engaged and/or consulted with, should there be any proposals to make changes to the service in the future.</p> <p>Implementation plans are developed to transfer the personnel and systems across the directorates and will ensure the transfer seamlessly integrates with the strategic objectives of the council and both CYPE and ASCH. Young adults who draw on care and support will not see or feel a difference and service continuity will be maintained with plans developed to minimize disruption to service delivery.</p>

To facilitate the changes, HR Oracle will need to be amended for staff and the Strengthening Independence Service (SIS) who currently uses the systems LAS and Liberi will have to transfer over to Mosaic.

It has been agreed that although the Strengthening Independence Service (SIS) new structure of reporting to ASCH will be implemented from April. The transfer of data on LAS and Liberi will not have happened by then so staff will continue to use both Liberi and LAS until Mosaic is ready to go and the data has been transferred across.

The type of data being transferred Liberi would stay as children under 18 all client data from 18-25, need assessment, plans, reviews, case work, child, name, dob, address and all demographic of client data

This data will be used for case notes of those Young People being supported within the Strengthening Independence Service (SIS) and payments of care packages.

2	Are all of the categories of personal data identified in the data question necessary for you to achieve this aim?
3	What are the categories of data subjects whose data will be processed?
4	What is the nature of the relationship with the individual?
5	Are there any other organisations other than KCC who will be involved in this project?
6	Please name the organisations and their roles.
7	Tick to confirm which of the following you have in place with the organisations
8	How will the personal data be collected?
9	How will the personal data be collected from the individual?
10	Will the data be shared with:

11	Do you have a copy of the privacy notice that data subjects will be provided with at the point their data is collected?
12	Does the privacy notice state that data will be shared with your team for the purpose you will be using it for?
13	How will the data be shared with your team securely?
14	What steps will you take to ensure the data you collect and/or use is accurate?
15	In what system(s) will the data be stored?
16	Where are the servers for the system(s) located?
17	What is the current state of technology in this area?
18	How will the security of the data be ensured when it is transferred outside of the UK?
19	How will the security of the data be ensured in transit and at rest?
20	Are there any prior concerns over this type of processing or any security flaws
21	Please tick to confirm the following statement is true:
22	Describe how the personal data will be used to achieve your project aim
23	How long will the data be retained for?
24	Is the same retention period cited in all documentation?
25	At the end of the retention period will the data be:
26	What processes do you have in place to ensure that the retention period is adhered to?
27	Please tick to confirm the following statement is true
28	Is there a KCC privacy notice for this use of personal data?
29	Please link to the draft/ published privacy notice

30	Is there an easy read privacy notice for this use of personal data?
31	How will you ensure data subjects read the privacy notice and understand how their data will be used at the point of data collection?
32	How will you support data subject rights
33	What measures will you put in place to prevent data being used beyond the purposes outlined in your privacy notice?
34	Are there any current issues of public concern that you should factor in?
35	Consultation: Please summarise the responses of data subjects you have consulted with on the topic of this project.
36	Consultation: ICT Compliance and Risk
37	Consultation: Please summarise the Caldicott Guardian's response and any recommendations
38	Consultation : please summarise the responses and recommendations of any other individuals or organisations you have consulted with.
39	Are you signed up to any approved code of conduct or certification scheme?
40	When is the processing of personal data for this project due to begin?

## Data Collection

<b>Data Category</b>	<b>Data being Collected</b>
<b>Basic Data</b>	Name Date of birth Email address Telephone/mobile number Address Postcode NHS number Identification number
<b>Basic Data</b>	Name Date of birth Email address Telephone/mobile number Address Postcode NHS number Identification number
<b>Basic Data</b>	Name Date of birth Email address Telephone/mobile number Address Postcode NHS number





Identification number

**Basic Data**



Name

Date of birth

Email address

Telephone/mobile number

Address

Postcode

NHS number

Identification number

**Basic Data**



Name

Date of birth

Email address

Telephone/mobile number

Address

Postcode

NHS number

Identification number

**Basic Data**



Name

Date of birth

Email address

Telephone/mobile number

Address

Postcode

NHS number



Identification number

**Basic Data**



Name

Date of birth

Email address

Telephone/mobile number

Address

Postcode

NHS number

Identification number

**Basic Data**



Name

Date of birth

Email address

Telephone/mobile number

Address

Postcode

NHS number

Identification number

**Basic Data**



Name

Date of birth

Email address

Telephone/mobile number

Address

Postcode

NHS number

	Identification number
<b>Basic Data</b>	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Identification number
<b>Basic Data</b>	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Identification number
<b>Basic Data</b>	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number

	Identification number
<b>Basic Data</b>	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Identification number
<b>Basic Data</b>	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number
	Identification number
<b>Basic Data</b>	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
	NHS number



Identification number



**Basic Data**

Name

Date of birth

Email address

Telephone/mobile number

Address

Postcode

NHS number

Identification number



**Basic Data**

Name

Date of birth

Email address

Telephone/mobile number

Address

Postcode

NHS number

Identification number



**Basic Data**

Name

Date of birth

Email address

Telephone/mobile number

Address

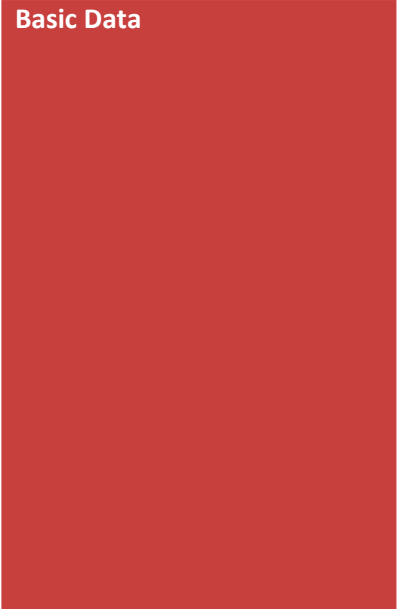
Postcode

NHS number

	Identification number
<b>Basic Data</b>	Name
	Date of birth
	Email address
	Telephone/mobile number
	Address
	Postcode
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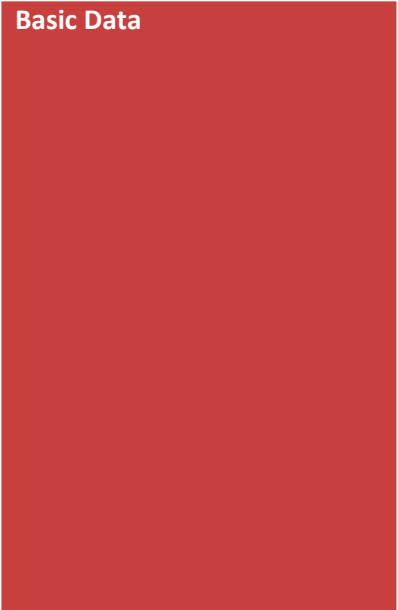
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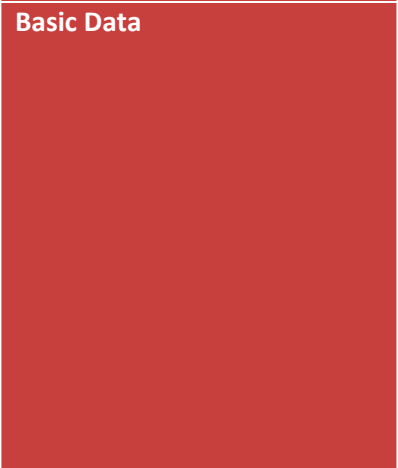
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- Religious or philosophical beliefs
- Physical or mental health
- Sexual orientation or sex life





<b>Criminal Offence Data (UK GDPR)</b>	Criminal Data will be collected
<b>Criminal Offence Data (UK GDPR)</b>	Criminal Data will be collected
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<b>Criminal Offence Data (UK GDPR)</b>	Criminal Data will be collected
<b>Criminal Offence Data (DPA Part 3)</b>	No data is being collected under this category
<b>Surveillance Camera</b>	No data is being collected under this category



## Data Collection Questions

Data Group	Question Number	Question	Answer
Basic Data	1	The Article 6 lawful basis for this processing activity is:	
Basic Data	2	Please outline which element of the project relies on the identified lawful basis	
Special Category Data	1	Please identify the Article 9 basis being relied upon for the processing of special category data	
Special Category Data	2	If you are relying on condition (a) please state which element of the project relies on explicit consent, and outline the process you have for collecting, recording, and withdrawing consent	
Special Category Data	3	If you are relying on condition (b), (h), (i), and/or (j) you must also identify at least one of the additional conditions from Schedule 1, Part 1 of the DPA 2018	
Special Category Data	4	If you are relying on condition (b), (h), (i) and/or (j) you must outline which element of the project relies on this condition	
Special Category Data	5	If you are relying on condition (g) you must identify at least one of the additional conditions from Schedule 1 Part 2 of the DPA 2018	
Special Category Data	6	If you are relying on condition (g) (substantial public interest) you must outline which element of the project relies on this condition	
Special Category Data	7	If you are relying on condition (c), (d), (e), and/or (f) you must outline which element of the project relies on this condition	
Criminal Offence Data (UK GDPR)	1	Where you are processing criminal offence data under the UK GDPR, you must identify at least one of the additional conditions from Schedule 1, Part 3 of the Data Protection Act 2018	



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

**To:** Adult Social Care Cabinet Committee – 15 January 2025

**Subject:** **KENT AND MEDWAY SAFEGUARDING ADULTS BOARD ANNUAL REPORT APRIL 2023 – MARCH 2024**

**Classification:** Unrestricted

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**Summary:** This report presents the Kent and Medway Safeguarding Adults Board’s (KMSAB) Annual Report for April 2023–March 2024. The Annual Report sets out the responsibilities and structure of the Board and details how the multi-agency partnership delivered against its strategic priorities for the year. The report also provides information pertaining to Safeguarding Adults Reviews and safeguarding activity.

**Recommendation(s):**

The Adult Social Care Cabinet Committee is asked to CONSIDER and COMMENT on the Kent and Medway Safeguarding Adults Board Annual Report 2023–2024.

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## 1. Introduction

- 1.1 The Care Act 2014 made it a requirement for each local authority to establish a Safeguarding Adults Board (SAB). Kent County Council’s duty is met through a joint Board with Medway Council; the Kent and Medway Safeguarding Adults Board (KMSAB).
- 1.2 The KMSAB does not provide frontline services, it has a strategic role which is “greater than the sum of the operational duties of the core partners”<sup>1</sup>. The KMSAB sets the strategic direction for adult safeguarding in Kent and Medway and seeks assurance and provides challenge to ensure that adult safeguarding arrangements in Kent and Medway are in place, are effective and are person centred and outcome focused. The KMSAB membership works collaboratively to raise awareness of adult safeguarding and prevent abuse and neglect.

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<sup>1</sup> Care and Support Statutory Guidance. [Care and Support Statutory Guidance \(14.134\)](#)

1.3 Under the Care Act 2014, the KMSAB has three core duties, it must:

- Publish a strategic plan to set out how it will meet its main objectives and what members will do to achieve this. The Board's 2022- 2025 strategic plan is available on the link below:  
<https://kmsab.org.uk/p/about-kmsab-1/annual-report-and-strategic-plan>
- Publish an Annual Report to detail what the Board has done during the year to achieve its main objectives and implement its Strategic Plan, and what each member has done to implement the strategy, as well as detailing the findings of any Safeguarding Adults Reviews and subsequent actions.
- Conduct any [Safeguarding Adults Review \(SAR\)](#) in accordance with Section 44 of the Care Act.

1.4 The Care Act 2014 states that, once the Annual Report is published, it must be submitted to:

- the Chief Executive (where one is in situ) and Leader of the Council
- the local Police and Crime Commissioner and Chief Constable
- the local Healthwatch
- the Chair of the Health and Wellbeing Board.

1.5 The supporting statutory guidance states that “it is expected that those organisations will fully consider the contents of the report and how they can improve their contributions to both safeguarding throughout their own organisation and to the joint work of the Board”<sup>2</sup>. As such, this report presents a the 2023-2024 Annual Report to the Adult Social Care Cabinet Committee, attached as Appendix A. The full 2023-2024 Annual Report will be published on the Kent and Medway Safeguarding Adults Board website, once it has been formally approved.

## **2. KMSAB Annual Report 2023–2024**

2.1 The Annual Report details how the Board delivered against the following strategic priorities in 2023-2024:

- Promote Person Centred Safeguarding
- Strengthen System Assurance
- Embed Improvement and Shape Future Practice.

2.2 Some of the key achievements during the reporting period include:

- The Board continued to implement their quality assurance framework. This included a Self-Assessment Framework (SAF), a series of questions

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<sup>2</sup> [Care and support statutory guidance](#) (14.161)

to measure progress against key safeguarding quality standards. The purpose of the SAF is to enable agencies to evaluate the effectiveness of their internal safeguarding arrangements and identify and prioritise areas needing further development. The Quality Assurance Working Group uses strategic plan priorities, intelligence gathered, best practice (local and national) and learning from SARs when developing the standards to be measured.

- During 2023/2024, Practice, Policy and Procedures Working Group members completed their review and revision of the following documents:
  - Kent and Medway Safeguarding Adults Board Protocol: When Adults at Risk Abuse Each Other
  - Kent and Medway Safeguarding Adults Board - A Quick Guide to Identifying and Responding to Self-Neglect and Hoarding
  - Protocols for Kent and Medway to Safeguard Adults who are at Risk of Exploitation, Modern Slavery and Human Trafficking.
  
- The Board Business Unit continued to deliver 'KMSAB open forum sessions', providing an opportunity for anyone with an interest in adult safeguarding to hear from people with a lived experience of safeguarding, and other subject matter experts. The following sessions were held in 2023-2024:
  - Homelessness and adult safeguarding
  - Scamming and adult safeguarding (linked to learning from SAR Alice)
  - SAR Akram, sharing good practice
  - Adopting a trauma informed approach
  - Suicide prevention and adult safeguarding
  - Carers – an anti-racist perspective
  - Kent fire and Rescue Service, Safe and Well Visit and fire safety equipment (linked to the unpublished SAR Phyllis)
  
- Kent and Medway Safeguarding Adults Board members supported National Safeguarding Adults' Awareness Week, established by the Ann Craft Trust. Members shared safeguarding information with their workforce and used the opportunity, and momentum, to share messages with the public on how to recognise and report abuse and neglect, and to highlight the support and services available for those at risk or experiencing abuse. The campaign led to a significant increase in visits to KMSAB webpages, with a total of 6214 visits to the KMSAB webpages during the week, this included 282 clicks to the 'worried about an adult' page for the public.
  
- As part of National Safeguarding Adults Awareness Week 2023, the KMSAB and Community Safety Partnership hosted a half-day joint seminar, "who cares for the carers?", to share the learning from Kent and Medway's recently completed Safeguarding Adults Reviews and Domestic Homicide Reviews. Over 90 practitioners attended the event, which received positive feedback. The event, and the distribution of the

resource pack beforehand, saw 953 visits to the [‘information for carers’](#) pages on the KMSAB website in one week.

- Members of KMSAB and the Business Unit hosted a stand at the Kent Police Open Day on 3 July, where 10,000 members of the public were in attendance. The aim was to speak to members of the public, share safeguarding resources and raise awareness of how to recognise and respond to adult safeguarding concerns. Approximately 600 people visited the stand and engaged with the facilitators. Highlights of the website data, following the event, included a 169% increase in visits to the “adult safeguarding explained” page, a 361% increase in the ‘report abuse page’ for members of the public and a 794% increase in visits to the “useful resources for the public” page.
  - As professional curiosity has been identified as a theme in Safeguarding Adults Reviews, Domestic Homicide Reviews and other reviews, the KMSAB developed professional curiosity webpages to support practitioners. The page provides a central repository for guidance, resources, videos and useful links. Between 27 July 2023 (the date the website was published) and 31 March 2024 the content was accessed 4994 times.
  - To support the sharing of SAR learning, and in acknowledgement of individuals’ different learning styles and preferences, published SAR reports are now accompanied by a short video summary. The videos are available on the following link: [Kent and Medway SAB - Safeguarding Adult Reviews \(kmsab.org.uk\)](#). The SAR video in respect of [Elizabeth Eastley](#) was shared at a meeting of the national network of Board Managers. Following this Trafford used the video during their safeguarding adults awareness week activities.
  - The KMSAB learning and development managers hosted two half-day self-neglect and hoarding Safeguarding Adults Review workshops in March 2024, with over 140 delegates in attendance. Course content included [‘Keith’s story’](#) – a real life account from a person with lived experience of hoarding. The workshops were interactive and led delegates through a case study drawn from national and local SAR learning. Feedback received indicated that the sessions were valuable, both in terms of content and in providing multi-agency networking opportunities.
- 2.3 Appendix two provides highlights of how partner agencies’ delivered the Board’s three strategic priorities. At the request of members, the returns for the statutory partners have been included in full.
- 2.4 Fourteen safeguarding adults reviews (SARs) have been published since the last annual report. Further details of the reviews, learning from these, and actions taken by the Board, are set out in section three of the annual report. In summary, recommendations relate to:

- Self-neglect and hoarding
- Safe-discharge from hospitals and other settings
- Legal literacy and Making Safeguarding Personal
- The importance of advocacy
- Multi-agency working and information sharing
- Carers assessments
- Suitability of informal carers
- Co-occurring conditions of mental ill-health and substance misuse
- Placement availability
- Transition planning

### 3. Conclusions

- 3.1 During 2023-2024, KMSAB and its partner agencies have built on the good work from the previous year. The Board has continued with its scrutiny and challenge role and continues to share vital messaging on how to recognise and respond to adult safeguarding concerns.

### 4. Recommendations

4.1 Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the Kent and Medway Safeguarding Adults Board Annual Report 2023 –2024.

### 5. Background Documents

None

### 6. Report Author

Victoria Widden  
 Kent and Medway Safeguarding Adults Board Manager  
 03000 416839  
 Victoria.widden@kent.gov.uk

#### Relevant Director

Richard Smith  
 Corporate Director Adult Social Care and Health  
 03000 416838  
 Richard.smith3@kent.gov.uk

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# **Kent and Medway Safeguarding Adults Board**

## **Annual Report – Summary**

**April 2023 – March 2024**

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**Section 1. Role of the Kent and Medway Safeguarding Adults Board (KMSAB)  
– at a glance**

<b>Purpose</b>	The Board <sup>1</sup> is a statutory multi-agency partnership which assures adult safeguarding arrangements in Kent and Medway are in place and are effective. We do not provide frontline services but oversee how agencies, who have a responsibility for adult safeguarding, coordinate services and work together to help keep adults who are, or may be, at risk, safe from harm.
<b>3 core duties</b>	The Care Act 2014 requires that the Board: <ul style="list-style-type: none"> <li>• Develop and publish a Strategic Plan to set out our priorities and how these will be achieved.</li> <li>• Undertake Safeguarding Adults Reviews, where the criteria are met, to establish what happened and what we can learn.</li> <li>• Produce an Annual Report to detail how we achieved the priorities set out in our Strategic Plan.</li> </ul>
<b>Board Members</b>	<p><b>Independent Chair</b> – Andrew Rabey</p> <p><b>Statutory Partners</b> – Kent County Council, Medway Council, Kent and Medway NHS Integrated Care Board, Kent Police</p> <p><b>Other Partner agencies</b> - Advocacy People, Department of Work and Pensions, East Kent Hospitals University NHS Foundation Trust, HM Prison Service, Kent and Medway NHS and Social Care Partnership Trust, Kent Fire &amp; Rescue Service, Maidstone and Tunbridge Wells NHS Trust, Medway NHS Foundation Trust, Public Health (Kent and Medway) Dartford and Gravesham NHS Trust, 12 District and Borough Councils across Kent, HCRG Care Group, Kent and Medway Healthwatch, Kent Community Health NHS Foundation Trust, Kent Integrated Care Alliance Medway Community Healthcare, Probation Service, South East Coast Ambulance Service NHS Foundation Trust</p>
<b>Vision</b>	“Protect and prevent adults with care and support needs from the risk of abuse, or neglect; supporting and promoting their wellbeing, with all partners working together effectively, ensuring that the safeguarding system is always improving through learning”.
<b>Strategic Plan Priorities</b>	The KMSAB Strategic Plan 2022 – 2025 is available <a href="#">here</a> . The priorities are <ol style="list-style-type: none"> <li>1. Promoting Person Centred Safeguarding – putting adults at the centre of our work</li> <li>2. Strengthening system assurance – checking that organisations are working well together to support adults</li> <li>3. Embedding improvements and shaping future practice – helping the organisations we work with to keep getting better.</li> </ol>

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<sup>1</sup> For the purpose of this report the terms ‘Board’ and ‘KMSAB’ will be used interchangeably to refer to the Kent and Medway Safeguarding Adults Board.

### Executive Group

Delivers the responsibilities as set out in the Care Act 2014 and the supporting statutory guidance

## Board structure

### Business Group

- Hold the Working Groups to account for the delivery of the strategic plan and their annual work plans, by scrutinising update reports, monitoring progress and identifying and addressing gaps or risks.
- Accountable for decision making to implement the Strategic Plan and work plans.
- Receive update reports from other partnerships and other Boards to share learning and identify development areas.
- Make recommendations to the Board where decisions require higher level scrutiny and/or agreement, or if there are likely to be budget implications.

### Working Groups (WG) – terms of reference available on this [link](#).

Communications and Engagement (CEWG)	Joint Exploitation (JEG)	Learning and Development (LDWG)	Practice, Policy and Procedures (PPPWG)	Quality Assurance (QAWG)	Safeguarding Adults Review (SARWG)
Develops and updates the Board's communication strategy, for partner organisations to implement. The purpose is to raise awareness of the work of the Board, and wider adult safeguarding issues, both within organisations and with the residents of Kent and Medway, to improve practice and prevent abuse.	This is a joint group with Kent's and Medway's Safeguarding Children Multi-Agency Partnerships. It oversees activity around; sexual exploitation, gangs/county lines, human trafficking/modern slavery, online safeguarding and radicalisation/extremism, to understand current trends and to protect and safeguard the welfare of children and adults at risk.	Co-ordinates the commissioning, delivery and evaluation of the Board's multi-agency safeguarding adults training programme.	Develops, reviews, and updates the Board's policies and procedures, in line with changes in legislation, guidance and good practice - identified through Safeguarding Adults Reviews, research, audit, practice, performance monitoring and feedback from practitioners or those with lived experience.	Designs and co-ordinates quality assurance activity to evaluate the effectiveness of the work of all KMSAB's partner agencies, to safeguard and promote the welfare of adults at risk of abuse or neglect.	Delivers the Board's statutory responsibility to conduct Safeguarding Adults Reviews and holds agencies to account for improvement in practice.

## Section 2. Priorities and Achievements

This section details how we delivered against our strategic priorities during 2023 – 2024. It is recognised that activity can cut across more than one priority.

### Priority - Promote Person Centred Safeguarding - Putting adults at the centre of our work.

#### Objectives:

- Raise awareness of adult safeguarding to ensure that people understand what abuse is, how to recognise the signs and how to seek help.
- Enable residents of Kent and Medway to voice their opinions on the work of the Board.
- Ensure the voice of the person (or their representative) who has been involved with our safeguarding system is heard in respect of their safeguarding experience.
- Seek assurance that each partner agency’s workforce demonstrates ‘professional curiosity’ and has processes in place to allow them to reflect on their practice and receive appropriate supervision.

#### What we achieved:

<b>National Safeguarding Adults Awareness Week</b>	<ul style="list-style-type: none"> <li>• Members supported National Safeguarding Adults’ Awareness Week, raising awareness of adults safeguarding within their organisations and with public. More information on the week is available <a href="#">here</a>.</li> <li>• To support agencies, the Communication and Engagement Working Group updated the Board’s social media package and the <a href="#">toolkit of awareness raising materials</a>.</li> <li>• KMSAB partner agencies participated in the week by sharing the social media messaging and hosting events within their agencies.</li> <li>• Acknowledging that some people do not access digital content, public facing events also took place during the week, such as information stands in shopping centres, hospitals and talks at community events.</li> <li>• There were 6214 visits to the KMSAB webpages during the week, with 282 clicks to the “worried about an adult?” pages for the public.</li> </ul>
<b>‘Who cares for the carers?’ event</b>	<ul style="list-style-type: none"> <li>• The Board and the Community Safety Partnership hosted a half-day joint seminar to share the learning from Kent and Medway’s recently completed Safeguarding Adults Reviews and Domestic Homicide Reviews.</li> <li>• Over 90 practitioners attended the event, which received positive feedback.</li> <li>• The event, and the distribution of the resource pack beforehand, saw 953 visits to the <a href="#">‘information for carers’</a> pages on the</li> </ul>

	KMSAB website in one week.
<b>Engagement with local communities</b>	<ul style="list-style-type: none"> <li>• During 2023/2024, a brief article, titled “Are you concerned about an adult?”, continued to be included in every edition of Medway Matters and December issues of Community Ad magazine.</li> <li>• Members of KMSAB and the Business Unit hosted a stand at the Kent Police Open Day on 2 July, where 7000 members of the public were in attendance.</li> <li>• As part of their work, the Independent Chair of the Board, Board Manager and the Board’s Business Development and Engagement Officer, continued to meet with charities, voluntary sector and other community leads.</li> <li>• To support partner agencies and others to facilitate conversations about adult safeguarding the communication and engagement group developed a ‘key messages and conversations starters guide’. The document also provides links to key resources and contacts.</li> </ul>
<b>Support for relevant targeted awareness campaigns</b>	<ul style="list-style-type: none"> <li>• Support for carers and carer stress have been identified as themes in Safeguarding Adults Reviews and Domestic Homicide Reviews. Another prevalent theme is alcohol and substance dependency and co-occurring conditions. In response to this, the Communication and Engagement Working Group produced materials to support the ‘national carers week’ and ‘alcohol awareness week’ campaigns. These were shared by KMSAB partner agencies. Following the campaigns, there was an increase in visits to the KMSAB webpages.</li> </ul>
<b>Professional Curiosity</b>	<ul style="list-style-type: none"> <li>• To support practitioners, the KMSAB developed professional curiosity webpages, providing a central repository for guidance, resources, videos and useful links.</li> <li>• Between 27 July 2023 (the date the website was published) and 31 March 2024 the content was accessed 4994 times.</li> <li>• The Quality Assurance Working Group asked each agency how they embed ‘professional curiosity’ and what processes are in place to allow them to reflect on their practice and receive appropriate supervision, as part of their Annual Agency Report update.</li> </ul>
<b>Family Involvement in Safeguarding Adults Reviews</b>	<ul style="list-style-type: none"> <li>• The KMSAB is committed to involving individuals, their representatives, family members and friends when undertaking Safeguarding Adults Reviews, to gain an understanding of their experiences and views of safeguarding. At each terms of reference meeting, SAR panel members will determine who should be contacted to be involved in the review, how to facilitate this contact, and to determine what support may be required to enable them to contribute.</li> </ul>
<b>Accessible communication</b>	<ul style="list-style-type: none"> <li>• The KMSAB leaflet which explains how to recognise and respond to abuse is available <a href="#">in 26 different languages</a>. These are promoted widely at in person events and through social media.</li> <li>• The leaflet is also available in easy read and British Sign Language (BSL) friendly formats.</li> <li>• Appreciating different learning styles and accessibility preferences, the KMSAB also makes videos available, such as the</li> </ul>

	<p><a href="#">‘tricky friends’ animation</a> and Hampshire’s <a href="#">adult safeguarding animation</a>.</p> <ul style="list-style-type: none"> <li>• The Board’s website and materials are regularly audited to ensure that they meet the accessibility requirements for public sector bodies.</li> </ul>
<b>Meetings with Healthwatch Kent and Healthwatch Medway</b>	<ul style="list-style-type: none"> <li>• Healthwatch leads met with the Independent Chair of the Board and the Board Manager during the year. The meetings provided the opportunity for Healthwatch to share insights into information that they have received on key areas of safeguarding.</li> <li>• This information is triangulated with other information received by the Board to support existing work or to identify new areas of focus.</li> </ul>
<b>Awareness of Advocacy Services</b>	<ul style="list-style-type: none"> <li>• During 2023-2024 the Board continued to promote advocacy services. In addition to features in the newsletter and advocacy representation at Board meetings: <ul style="list-style-type: none"> <li>○ The Advocacy People hosted a Board open session to raise awareness of the statutory advocacy services available across Kent and Medway.</li> <li>○ The Board’s self-assessment framework included a standard relating to advocacy.</li> </ul> </li> </ul>
<b>Making Safeguarding Personal</b>	<ul style="list-style-type: none"> <li>• Making Safeguarding Personal (MSP) is about professionals working with adults at risk to ensure that they are making a difference to their lives. Considering, with them, what matters to them so that the interventions are personal and meaningful. It must enhance their involvement, choice and control as well as improving quality of life, wellbeing and safety.</li> <li>• The Board continued to update and promote their dedicated MSP <a href="#">webpages</a>. The pages were accessed 7215 times between 1 April 2023 and 31 March 2024</li> <li>• To measure how agencies embed MSP in practice, relevant standards were added to the self-assessment framework 2023.</li> </ul>
<b>Consent to a safeguarding referral.</b>	<ul style="list-style-type: none"> <li>• It is best practice that wherever possible, and safe to do so, consent should be sought from the individual the safeguarding concern relates to, before a referral to the local authority is submitted.</li> <li>• As qualitative data received by the Board indicated that this was an area for development, improvement activity took place, including: <ul style="list-style-type: none"> <li>○ Medway Council and Kent County Council amended their online referral forms, to make the views and wishes of the adult a mandatory reporting field.</li> <li>○ The Board reinforced the message through policy and awareness raising activity.</li> <li>○ The impact of this was measured through quality assurance activity.</li> </ul> </li> </ul>
<b>Provide stakeholders</b>	<ul style="list-style-type: none"> <li>• In addition to supporting safeguarding adults awareness week, agencies are encouraged to share messages about adult safeguarding throughout the year.</li> </ul>



<b>with tools to help them raise awareness of the board and local safeguarding arrangements</b>	<ul style="list-style-type: none"> <li>• To support agencies with this, the Communication and Engagement working group continued to update and promote their <a href="#">toolkit of awareness raising materials</a>. The toolkit includes posters, social media graphics, signature banners and video files (short graphics used on social media to catch attention).</li> <li>• The Board’s newsletters, training, open sessions and one to one meetings, are also used to promote the toolkit.</li> <li>• The <a href="#">Kent Integrated Care Alliance</a>, an independent body who support Local Care Providers in Kent, shared messages within their network on carers’ responsibilities, how people are identified as carers, carers’ stress and the impact of this.</li> </ul>
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## Priority - Strengthen System Assurance – Checking that organisations are working well together to support adults

### Objectives:

- Establish a mechanism to identify system issues and risks to provide assurance to Kent and Medway residents that effective safeguarding arrangements are in place.
- Improving public understanding of the roles and responsibilities of partners.
- Improving interagency understanding of the roles and responsibilities of other partner organisations.
- Agencies discharging their respective responsibilities to safeguard people.
- Ensure effective Board to Board/Partnership arrangements.
- Ensure an effective functioning Board with appropriate support structures.

### What we achieved:

<b>Quality assurance framework</b>	<ul style="list-style-type: none"> <li>• During 2023-2024, Quality Assurance Working Group (QAWG) members reviewed and continued to implement the quality assurance framework, which sets out the methods and tools used to measure the effectiveness of partners’ safeguarding activity.</li> <li>• The Chair of the Quality Assurance Working Group is Lee-Anne Farach, Director of People &amp; Deputy Chief Executive, Medway Council.</li> </ul>
<b>Self-Assessment Framework</b>	<ul style="list-style-type: none"> <li>• One of the most comprehensive quality assurance tools utilised by the Board is the ‘self-assessment framework’ (SAF). All agencies represented on the Board are asked to complete an annual SAF, a series of questions to measure progress against key quality standards. The purpose is to enable them to evaluate the effectiveness of their internal safeguarding arrangements and identify and prioritise areas needing further development.</li> <li>• Agencies were required to assess how well their organisation was achieving each standard/requirement, using a red,</li> </ul>

	<p>amber, green (RAG) rating. They were also required to provide supporting evidence and complete an action plan for any requirements graded red or amber, detailing how compliance would be achieved. Outstanding actions were monitored by the QAWG, with regular reporting to the Business Group.</p> <ul style="list-style-type: none"> <li>• A total of 35 agencies were required to complete the SAF.</li> </ul>
<b>2022 Self-Assessment Framework</b>	<ul style="list-style-type: none"> <li>• In addition to the 2023 SAF, members of the Quality Assurance Working Group continued to measure compliance against the 2022 standards, detailed in the last annual report. These standards were based upon learning from Safeguarding Adults Reviews.</li> <li>• At the time of writing, of the 30 agencies who completed the SAF, 13 agencies had amber standards outstanding (33 standards in total). Agencies have until October 2024 to reach the standard required, following this, the Independent Chair will write to the agencies concerned to advise of the actions outstanding and associated risk.</li> </ul>
<b>Agency Audits</b>	<ul style="list-style-type: none"> <li>• As part of the Board’s Quality Assurance Framework, agencies are asked to present relevant audit activity and findings to the quality assurance working group, to provide assurance and inform future KMSAB activity.</li> </ul>
<b>Annual Agency reports</b>	<ul style="list-style-type: none"> <li>• All KMSAB partner agencies are required to complete an annual agency report to provide examples of how they have delivered the Board’s three priorities over the previous 12 months. The report also provides the opportunity to highlight safeguarding priorities and any areas of challenge.</li> <li>• A total of 31 responses were submitted. <a href="#">Appendix 2</a> provides some good practice highlights from the responses received.</li> </ul>
<b>Use of Qualitative and Quantitative data</b>	<ul style="list-style-type: none"> <li>• The Board is cognisant that work to develop a data dashboard has not progressed at the pace expected and this work will be a priority for 2024/5 to ensure it is delivered within the timeframe allocated in the strategic plan.</li> <li>• Regular data is received from Medway Council and annual data is received from KCC adult social care.</li> <li>• To mitigate, the Board does seek and utilise qualitative data, to identify good practice, system issues and risks, and to provide assurance. Many of these data sources have been referenced throughout this annual report.</li> </ul>
<b>Continuous improvement cycle</b>	<ul style="list-style-type: none"> <li>• The Board utilises the principles of continuous improvement and this is reflected in the way working groups are configured. <b>Intelligence</b> is used to identify where action is required, <b>action is taken</b> (such as amending policy, training delivery, awareness raising and escalation). <b>Assurance is then sought</b> from agencies, through mechanisms such as the SAF. Following this, <b>change is measured</b> (for example through data, feedback from staff and good practice examples). If there is insufficient change more information is sought on the barriers to change so that the cycle can start again.</li> </ul>
<b>Effective Board to Board/Partnership arrangements</b>	<ul style="list-style-type: none"> <li>• Monthly meetings take place between the managers of the following partnerships: <ul style="list-style-type: none"> <li>○ Community Safety Partnership</li> <li>○ Kent Safeguarding Children Multi-Agency Partnership</li> <li>○ Medway Safeguarding Children Partnership</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Domestic Abuse Partnership</li> <li>○ KMSAB</li> <li>○ Multi Agency Risk Assessment Conference (MARAC)</li> </ul> <ul style="list-style-type: none"> <li>● Update reports from the Kent and Medway Health and Wellbeing Boards, Community Safety Partnerships and Safeguarding Children’s Partnerships are received by the Business Group.</li> <li>● Kent and Medway Public Health representatives attend and contribute to Board meetings.</li> <li>● The Joint Exploitation Working Group is a joint subgroup of the Medway Safeguarding Children Partnership (MSCP) and the Kent and Medway Safeguarding Adults Board (KMSAB). Both Kent and Medway Community Safety Partnerships (CSPs) and the Kent Safeguarding Children Multi Agency Partnership (KSCMP) are also part of the group. It is a well-attended meeting. The areas of work overseen by the group are set out in <a href="#">section 1</a> of this report.</li> </ul>
<b>Right Care, Right Person</b>	<ul style="list-style-type: none"> <li>● The ‘right care, right person’ approach was launched in Kent on 2 April 2024. The initiative between police forces nationally and the NHS is designed to ensure that when there are concerns for a person’s welfare linked to mental health, medical or social care issues, the right person with the right skills, training and experience will respond instead of the police being the default first responder.</li> <li>● The KMSAB worked with multi-agency partners during the implementation phase, this included the Independent Chair of the Board facilitating 3 multi-agency practitioner workshops.</li> </ul>
<b>KMSAB Executive Meetings</b>	<ul style="list-style-type: none"> <li>● The Board Executive Membership met on 4 occasions in 2023-2024.</li> </ul>
<b>District Safeguarding Leads Meeting</b>	<ul style="list-style-type: none"> <li>● To improve the sharing of information, intelligence and best practice between the Board and 12 districts councils across Kent, a quarterly Adult Safeguarding District Safeguarding Leads meeting was established. The meeting is Chaired by the Chief Executive of Maidstone Borough Council.</li> </ul>
<b>No surprises principle and Escalation Policy</b>	<ul style="list-style-type: none"> <li>● As detailed in the strategic plan, the Board follows the ‘No Surprises’ principle whereby safeguarding partners, as part of collaborative working, keep each other informed of significant or relevant matters, especially those that may arise in public, in relation to their safeguarding responsibilities.</li> <li>● The Board continued to raise awareness and promote the use of the revised <a href="#">escalation policy</a> for resolving practitioner differences.</li> </ul>
<b>Quarterly Contextual Safeguarding Report</b>	<ul style="list-style-type: none"> <li>● A contextual safeguarding report is shared and discussed with relevant partner agencies at the quarterly Joint Exploitation Group meetings.</li> <li>● These reports provide district level intelligence on areas of concern in each locality, which may impact on children and adults at risk, and what actions are in place to mitigate the risk, for example increased police presence or targeted work.</li> </ul>

<b>Prevent Duty</b>	<ul style="list-style-type: none"> <li>• The KCC and Medway Prevent team deal with <a href="#">Prevent/Channel</a> referrals and deliver extensive work to prevent radicalisation across Kent and Medway as part of the UK counter terrorism strategy CONTEST.</li> <li>• In Kent and Medway innovative work is being delivered in relation to the threat of online extremism, providing support to adults, parents, carers and individuals who have been identified as being vulnerable to radicalisation. This includes delivering Prevent training to KMSAB partners, ensuring that organisations understand new and emerging threats. The Kent and Medway Prevent Duty Delivery Board provides the strategic oversight across the area. Their work is focused on promoting person centred safeguarding, ensuring appropriate and timely support is provided to those at risk of radicalisation.</li> <li>• In February 2024, a hybrid conference on tackling Hateful Extremism across Kent and Medway was held and over 250 in person or online delegates attended.</li> </ul>
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### Priority - Embed Improvement and Shape Future Practice -Helping the organisations we work with to keep getting better.

#### Objectives:

- The voice of the person is listened to and there is evidence that their wishes are respected.
- Learn from experience and have a workforce that is knowledgeable and confident in the application of their safeguarding adults roles and responsibilities.
- Develop the right balance between support and challenge aimed at system improvement.
- Partners will be able to contribute to safeguarding at regional and national level.

What we achieved:

<b>Kent and Medway Safeguarding Adults Board Policy and Procedures</b>	<ul style="list-style-type: none"> <li>• The Board's main policy, <a href="#">"Multi-Agency Safeguarding Adults Policy, Protocols and Practitioner Guidance for Kent and Medway"</a>, is supplemented by a number of <a href="#">additional policies</a>, which are updated in accordance with a policy update schedule.</li> <li>• During 2023/2024, Practice, Policy and Procedures Working Group members completed their review and revision of the following documents: <ul style="list-style-type: none"> <li>○ Kent and Medway Safeguarding Adults Board Protocol: When Adults at Risk Abuse Each Other</li> <li>○ Kent and Medway Safeguarding Adults Board A Quick Guide to Identifying and Responding to Self-Neglect and Hoarding</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>○ Protocols for Kent and Medway to Safeguard Adult who are at Risk of Exploitation, Modern Slavery and Human Trafficking.</li> <li>● As part of the policy update process, working group members are asked to consult with members of frontline staff. An item is also added to the KMSAB newsletter to ask for views and comments, so that these can be incorporated where appropriate.</li> <li>● Additionally, as homelessness had been identified as an emerging theme within Safeguarding Adults Reviews and referrals, a task and finish group was established to develop a practitioner resource.</li> </ul>
<b>Monitoring of Safeguarding Adult Reviews (SAR) Action Plans</b>	<ul style="list-style-type: none"> <li>● As detailed in section 3, learning is identified and responded to at all stages of the SAR process.</li> <li>● <b>Single agency recommendations identified by the SAR author</b> - At the conclusion of each SAR, an action plan is completed to address the recommendations for improvement set by the independent author. The actions are quality assured by the SAR working group to make sure that they are specific, measurable, achievable, realistic and have clear timescales (SMART). Updates are submitted to the SARWG for approval and sign off. They must have the appropriate evidence to support.</li> <li>● <b>Thematic Recommendations</b> - Where a review identifies recommendations and learning that is more systemic or thematic, this is added to the Board's thematic action plan. Each theme has a list of the SARs where the theme was a feature and a summary of the actions taken by the Board and others system partners (such as public health) to address the recommendation/theme.</li> <li>● The themes are shared when a SAR is commissioned, so that we can build on learning rather than replicate it. They key themes are shared with the Board's working groups, so that these can be incorporated into their work programmes.</li> </ul>
<b>Sharing of Good Practice</b>	<ul style="list-style-type: none"> <li>● Safeguarding Adults Reviews are a critical tool to help identify areas for improvements. They also provide the opportunity to highlight and disseminate good practice. An example of this is SAR Akram, as this SAR progressed and more information was received, positive learning was established. In addition to publishing the report and sharing the reflective practice briefing, an open session took place. To enhance reach, this session was recorded and is available <a href="#">here</a>.</li> <li>● Many of the quality assurance tools designed by the Board ask agencies to highlight good practice examples so that these can be shared, as they can be an impactful method of learning. Examples of good practice are regularly included in the Board's <a href="#">newsletter</a> and training.</li> </ul>
<b>National SAB Managers 'We see you – we hear you' Excellence</b>	<ul style="list-style-type: none"> <li>● The 2023 National Safeguarding Adults Excellence Awards were led by Bexley SAB, on behalf of the national network of SAB managers.</li> <li>● Kent and Medway nominees won in 2 categories. A social worker won the Empowerment Champion (individual winner) category and the KCC Community Warden Service, Tonbridge, Maidstone and Malling won the Empowerment and Protection Champion (Team Winner)</li> <li>● Additionally 10 other individuals/teams were nominated.</li> </ul>

<b>Awards</b>	
<b>Learning from SAR referrals that do not meet the criteria</b>	<ul style="list-style-type: none"> <li>As detailed in section 3, when a SAR referral is received, the Board business unit will establish which KMSAB partner agencies have been involved with the individual and will send them a summary of agency involvement form to complete, with relevant and proportionate information relating to their involvement with the adult.</li> <li>The referral and summary of agency involvement forms are considered by the SAR working group's decision making panel.</li> <li>This process is very robust and is similar to a 'rapid review' for each referral. Where a SAR is not commissioned, the group will still highlight any good practice and identify any single agency learning. There may also be occasions where learning is identified that whilst not meeting the SAR criteria, would benefit from awareness raising.</li> <li>Any single agency actions are monitored by the group until they are complete.</li> </ul>
<b>Recruitment of KMSAB Learning and Development Manager</b>	<ul style="list-style-type: none"> <li>During 2023/2024 the KMSAB made the decision to move from commissioning a training provider, to deliver the Board's training offer, to recruiting a full time learning and development manager.</li> <li>Following a successful recruitment campaign, two part time managers commenced their job share in November 2023.</li> <li>They worked closely with Learning and Development Working Group members to develop a training and development proposal, designing course content and materials to commence training in April 2024.</li> </ul>
<b>SAR Video and Reflective Learning Briefings</b>	<ul style="list-style-type: none"> <li>To support the sharing of SAR learning, and in acknowledgement of individuals' different learning styles and preferences, published SAR reports are now accompanied by a short video summary. The videos are available on the following link: <a href="https://kmsab.org.uk">Kent and Medway SAB - Safeguarding Adult Reviews (kmsab.org.uk)</a></li> <li>In addition to the full overview report, Independent SAR Chairs produce a reflective summary briefing. This briefing distils the key learning from the review and poses reflective questions for practitioners to consider themselves, or in team meetings/other training.</li> </ul>
<b>KMSAB Open Sessions</b>	<ul style="list-style-type: none"> <li>The Board Business Unit continued to deliver quarterly 'KMSAB open forum sessions', providing an opportunity for anyone with an interest in adult safeguarding to hear from people with a lived experience of safeguarding, and other subject matter experts.</li> </ul>
<b>KMSAB Newsletter</b>	<ul style="list-style-type: none"> <li>The Board Business Unit continued to produce and circulate a monthly <a href="#">newsletter</a> sharing updates in relation to: Board activity; learning from Safeguarding Adults Reviews; guidance and support; and relevant local and national safeguarding information.</li> <li>Over 410 people/agencies subscribe to the KMSAB newsletter (a 19% increase from 2022/2023), with many cascading it further within their organisations.</li> </ul>
<b>Regional and National Forums</b>	<ul style="list-style-type: none"> <li>The Independent Safeguarding Adults Board (SAB) Chair attends the national SAB Independent Chair Network and chairs the regional meeting of Independent SAB Chairs and SAB Managers.</li> </ul>

	<ul style="list-style-type: none"> <li>• The Board Manager attends the regional meeting and also attends the national SAB Manager’s network, attended by 170 SAB managers.</li> <li>• These network meetings are extremely beneficial and provide the opportunity to share information, resources, best practice, learning and collaborate on joint projects. They also provide the Boards with a stronger national voice, should they wish to escalate concerns to relevant government departments.</li> <li>• The KMSAB used the national <a href="#">SAR escalation protocol</a> to escalate the following: <ul style="list-style-type: none"> <li>○ SARs where out of area placements were a feature</li> <li>○ Risks associated with the non-availability of specialist autism placements.</li> </ul> </li> </ul>
<b>Self Neglect and Hoarding Learning Events</b>	<ul style="list-style-type: none"> <li>• The KMSAB learning and development managers hosted two half-day self-neglect and hoarding Safeguarding Adults Review workshops in March 2024, with over 140 delegates in attendance.</li> <li>• Feedback received indicated that the sessions were valuable, both in terms of content and in providing multi-agency networking opportunities.</li> </ul>
<b>Multi-agency risk management framework (MARM)</b>	<ul style="list-style-type: none"> <li>• In response to SAR findings and recommendations, Board members agreed in principle to a multi-agency risk management process (MARM). Members of the Practice, Policies and Procedures Working Group developed a MARM framework, which was circulated consultation.</li> <li>• The MARM framework is designed to support anyone working with an adult where there is a high level of risk of harm and the circumstances sit outside the statutory adult safeguarding framework, but where a multi-agency approach would be beneficial. It enables a proactive approach which helps to identify and respond to risks before crisis point is reached. It can be initiated by either statutory or non-statutory organisations.</li> </ul>
<b>Embedding new SAR policy</b>	<ul style="list-style-type: none"> <li>• During 2023-2024 members worked to the revised SAR policy, which was designed to ensure greater clarity, consistency, and a focus on establishing the lessons in a timely and rigorous way, without compromising on quality. Of the 12 SARs commissioned, 6 utilised the day and/or practitioner methodology and one will be included in a thematic SAR.</li> </ul>

## Section 3. Safeguarding Adults Reviews

### 3.1. Criteria for Conducting a Safeguarding Adults Review

#### **Mandatory SAR**

Provision 44 of the Care Act 2014 sets out the criteria for Safeguarding Adults Reviews as follows:

An SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if—

- (a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, **and**
- (b) condition 1 or 2 is met.

Condition 1 is met if—

- (a) the adult has died, **and**
- (b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

Condition 2 is met if—

- (a) the adult is still alive, and
- (b) the SAB knows or suspects that the adult has experienced serious abuse or neglect

#### **Discretionary SAR**

An SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs)<sup>2</sup>

More information on the SAR process is available [here](#).

### 3.2. Purpose of a Safeguarding Adults Review

A Safeguarding Adults Review (SAR) is not an enquiry or investigation into how someone died or suffered injury and it does not allocate blame. It stands separately to any internal organisational investigation, or that from Police or a Coroner. The SAR scrutinises case and system findings and analyses whether lessons can be learned about how organisations worked together, or not, as the case may be, to support and protect the person. It also identifies and highlights good practice.

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<sup>2</sup> [Care Act 2014 \(legislation.gov.uk\)](#) section 44.



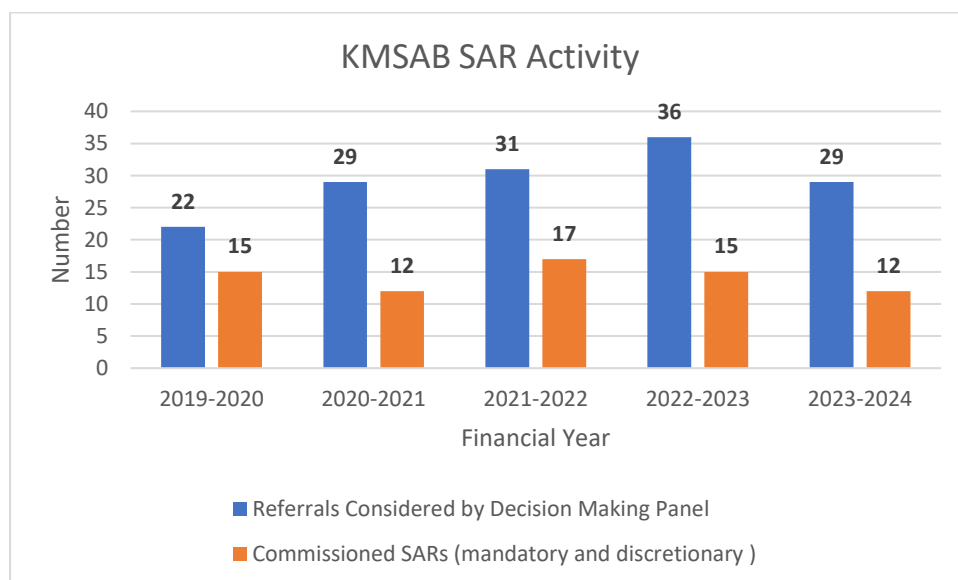
### 3.3. Safeguarding Adults Review Activity

To ensure a robust and consistent process for determining whether a referral/application for a Safeguarding Adults Review meets the criteria, a multi-agency decision-making panel, chaired by a member of the SAR Working Group, is convened. Prior to the meeting, agencies who worked with the adult, are asked to complete a summary of agency involvement form, detailing relevant and proportionate information to inform the discussion and decision on whether the criteria for a SAR is met. The SAR decision making group consider the agency involvement returns and the initial referral and assess whether the referral meets the criteria for a SAR, or whether any other review or action is required. The options for the panel are as follows:

- Commission a mandatory SAR (as detailed in 3.1)
- Commission a discretionary SAR (as detailed in 3.1)
- Criteria not met- should the panel members agree that a situation does not meet the criteria, but consider there to be single agency learning, they can recommend that the relevant agency conduct an internal review. At the end of the review, the agency will be asked to share relevant findings with the Safeguarding Adults Review Working Group.

The recommendation of the panel is sent to the Independent Chair of the KMSAB for a final decision.

2023/2024 saw a reduction in the number of SAR referrals received and commissioned.



The KMSAB received 29 new SAR referrals between April 2023 and March 2024, of these:

- 11 mandatory SARs were commissioned.
- 1 discretionary SAR was commissioned.
- 17 did not meet the criteria and no further action for the Board was required.

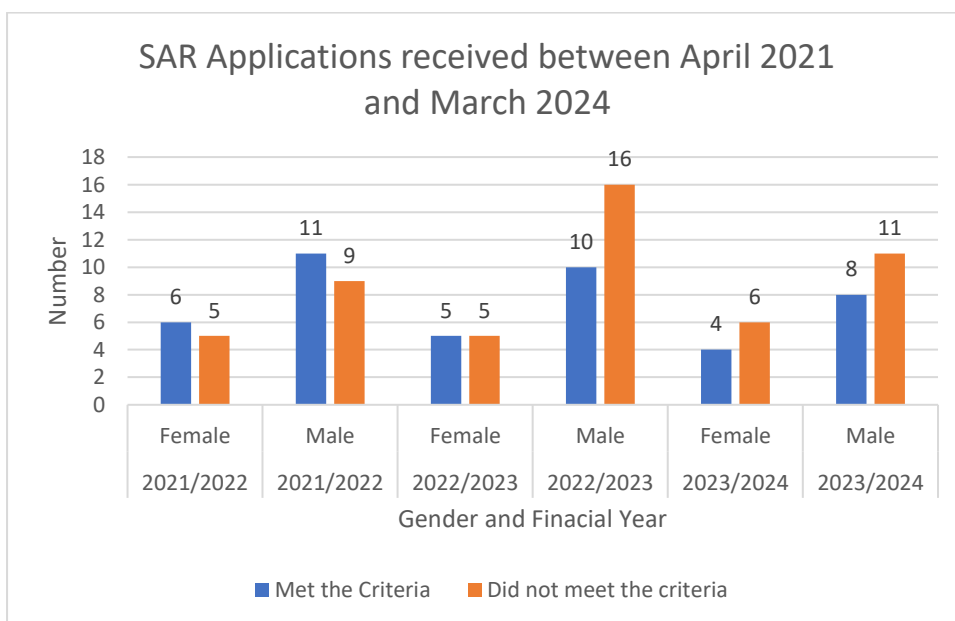
The summary of agency involvement returns allow members to consider information that may not have been available to the person who made the SAR referral, and, in many cases, the additional information evidenced that agencies did work together, so the criteria was not met.

### Gender - SAR applications received between April 2021 and March 2024<sup>3</sup>

There continues to be more SAR referrals for males, including people who identified as male. Of the 29 SAR referrals received between April 2023 and March 2024, 66% were for males and 34% for females. In 2021/2022 the proportion was 35% female to 65% male. In 2022/2023 the proportion was 28% female to 72% male.

The gender breakdown of SARs commissioned reflects the referral rate, with 67% of SARs commissioned relating to males and 33% females.

	Referrals (Number)	Referrals (Percentage)	SARs commissioned (Number)	SARs Commissioned (Percentage)
<b>2023/2024</b>				
Male	19	66%	8	67%
Female	10	34%	4	33%
<b>2022/23</b>				
Male	26	72%	10	67%
Female	10	28%	5	33%
<b>2021/2022</b>				
Male	20	65%	11	65%
Female	11	35%	6	35%



<sup>3</sup> These figures reflect the individuals chosen gender identity.

The conversion rate of application to commissioned SARs for female and males is consistent this financial year, with 42% conversion rate for males and 40% for females. In 2022-2023 the rate was 50% for males and 38% for females.

#### **Ethnicity - applications received between April 2023 and March 2024**

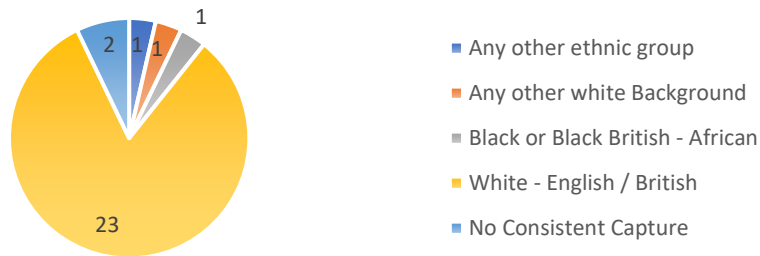
Of the 28 referrals received, 82% of the individuals were 'White British-English'. 4% any other ethnic group, 4% any other white background and 4% Black or Black British – African. 67% of the SARs commissioned were in relation to individuals who were white British/English.

<b>Ethnicity</b>	<b>Total Number of applications</b>	<b>Number of referrals meeting the criteria</b>	<b>Percentage of referrals meeting the criteria</b>
Any other ethnic group	1	1	100%
Any other white background	1	1	100%
Black or Black British – African	1	1	100%
No consistent data capture <sup>4</sup>	2	1	50%
White British/English	23	8	35%

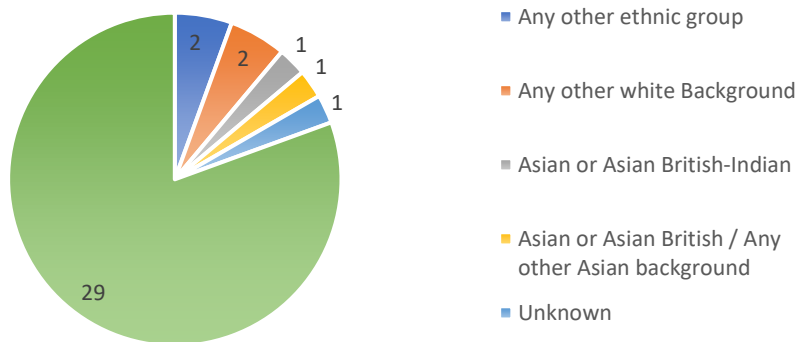
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<sup>4</sup> The ethnicity data captured by agencies differed, with no consensus.

### Total Number of applications by Ethnicity 2023-2024

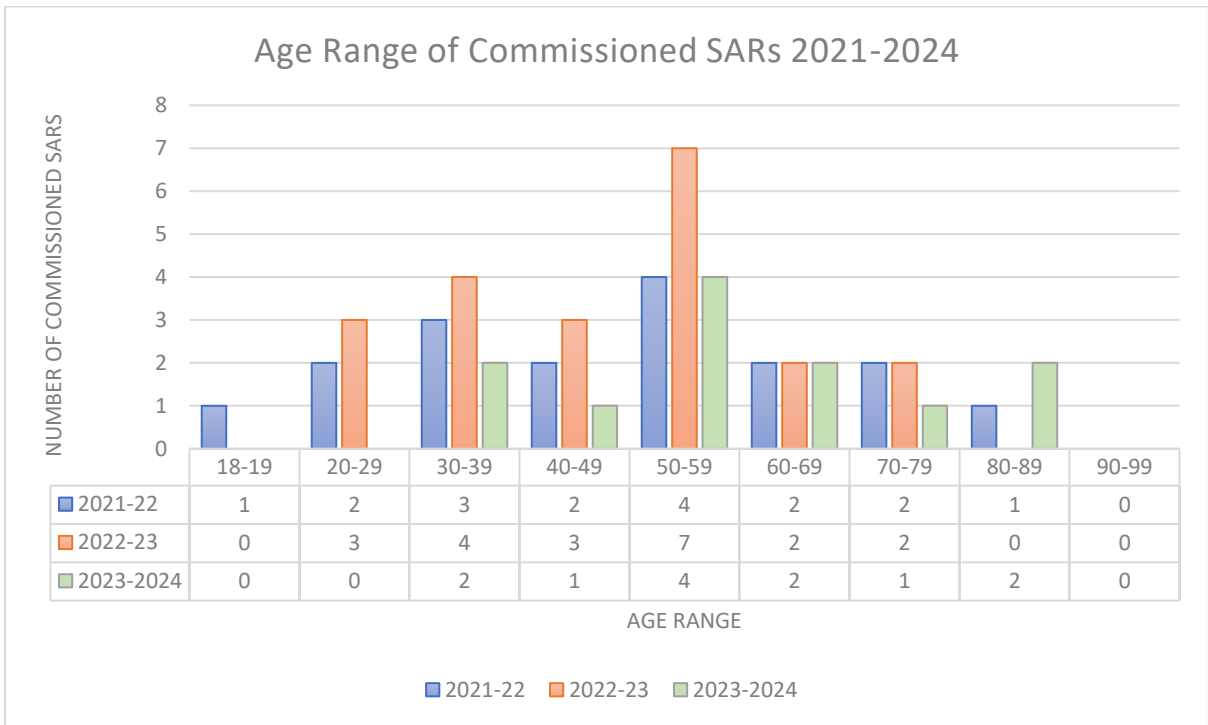
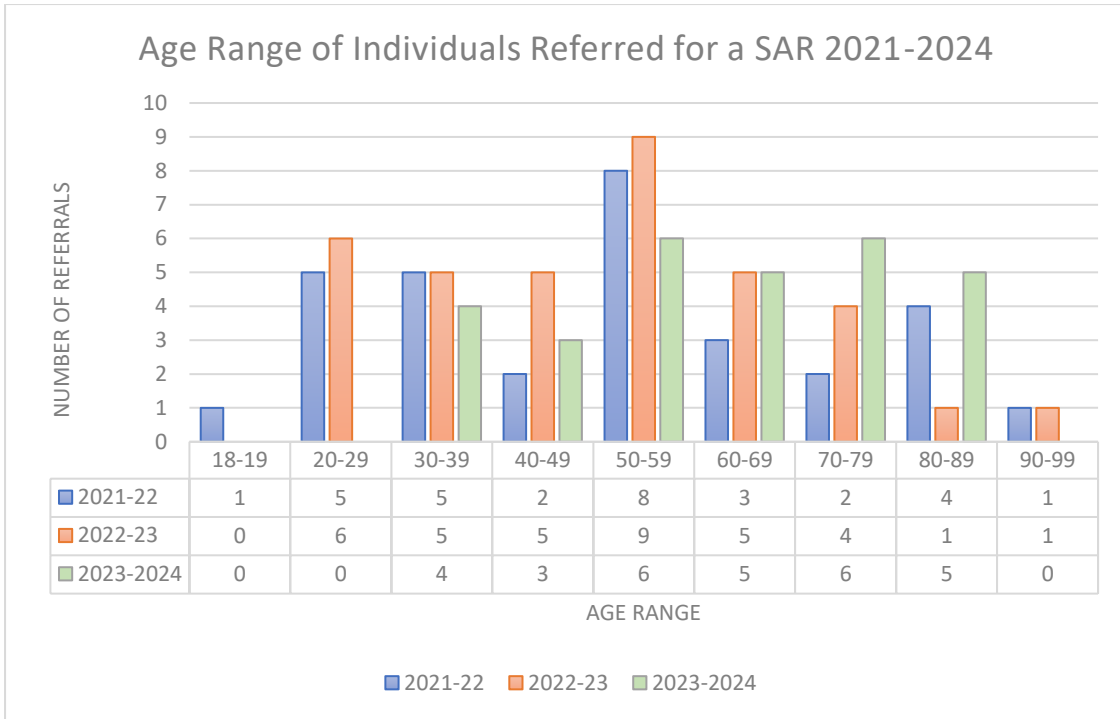


### Total Number of applications by Ethnicity 2022-3



### Age – SAR applications received between April 2023 and March 2024

Of the SAR referrals received, the most frequent categories were the 50-59 age range (as previous years) and the 70-79 range. As expected, due to the numbers received, most SARs were commissioned relating to individuals aged between 50-59. It is noted that within the 70-79 age range, only one of the 6 SAR referrals met the criteria. The Board manager has reviewed the SAR decisions in respect of this category to ensure that there is no unconscious or other bias, this was found not to be the case and the decisions are appropriate, given the additional information available to the decision making panel.



### 3.4. Completed Safeguarding Adults Reviews

Completed reviews are available on the [KMSAB website](#). Since the last annual report, the following SARs have been published: **All names are pseudonyms to protect the identity of those concerned.**

Rivers - <a href="#">Full report</a>	<a href="#">Summary</a>
<b>Published:</b> 11 September 2024	<b>Methodology:</b> Day Review
<b>Recommendations related to: -</b>	
<ul style="list-style-type: none"> <li>• Safe-discharge from hospital</li> <li>• Safe handover of care, information sharing</li> <li>• Single agency action: effective training</li> <li>• Involving Individuals and their families in decision making</li> </ul>	

Glen - <a href="#">Full report</a>	<a href="#">Summary</a> <a href="#">Video</a>
<b>Published:</b> 4 September 2024	<b>Methodology:</b> Traditional review
<b>Recommendations related to: -</b>	
<ul style="list-style-type: none"> <li>• Self-neglect</li> <li>• Legal literacy and <a href="#">Making Safeguarding Personal</a></li> <li>• Advanced decision making, including involvement of families</li> </ul>	

Stuart - <a href="#">Full report</a>	<a href="#">Summary</a>
<b>Published:</b> 4 September 2024	<b>Methodology:</b> Day Review
<b>Recommendations related to: -</b>	
<ul style="list-style-type: none"> <li>• Legal literacy and strengths based practice</li> <li>• Safe-discharge</li> <li>• Whole family approach, carers assessments and wellbeing principle</li> <li>• Domestic abuse</li> <li>• Advocacy</li> <li>• Awareness of policies and procedures</li> </ul>	

Linda - <a href="#">Full Report</a>	<a href="#">Summary</a> <a href="#">Video</a>
<b>Published:</b> 3 June 2024	<b>Methodology:</b> Traditional review
<b>Recommendations related to: -</b>	
<ul style="list-style-type: none"> <li>• Safety and risk assessments</li> <li>• Professionals/multi-agency meetings</li> <li>• Capacity/legal literacy</li> <li>• Self-neglect</li> </ul>	

<b>Nik - <a href="#">Full report</a></b>	<a href="#">Summary</a> <a href="#">Video</a>
<b>Published:</b> 21 August 2024	<b>Methodology:</b> Traditional review
<b>Recommendations related to: -</b>	
<ul style="list-style-type: none"> <li>• Legal literacy</li> <li>• Making Safeguarding Personal, trauma informed practice and safe discharge</li> <li>• Suicide prevention and mental capacity</li> <li>• Deprivation of Liberty Safeguards (<a href="#">DoLs</a>).</li> </ul>	

<b>Charlie - <a href="#">Full Report</a></b>	<a href="#">Summary</a>
<b>Published:</b> Published 10 October 2023	<b>Methodology:</b> Traditional review
<b>Recommendations related to: -</b>	
<ul style="list-style-type: none"> <li>• Suitability of informal carers</li> <li>• Self-neglect and hoarding</li> </ul>	

<b>Adam - <a href="#">Full Report</a></b>	<a href="#">Summary</a> <a href="#">Video</a>
<b>Published:</b> Published 24 May 2024	<b>Methodology:</b> Traditional review
<b>Recommendations related to: -</b>	
<ul style="list-style-type: none"> <li>• Professional curiosity/think family</li> <li>• Self-neglect and hoarding</li> </ul>	

<b>Olivia - <a href="#">Full Report</a></b>	<a href="#">Summary</a>
<b>Published:</b> Published 15 February 2024	<b>Methodology:</b> Traditional review
<b>Recommendations related to: -</b>	
<ul style="list-style-type: none"> <li>• Awareness of Learning Disability Review Guidance provided by NHS England</li> <li>• Workplace Violence</li> </ul>	

<b>Derek- <a href="#">Full Report</a></b>	<a href="#">Summary</a> <a href="#">Video</a>
<b>Published:</b> Published 24 May 2024	<b>Methodology:</b> Traditional review
<b>Recommendations related to: -</b>	
<ul style="list-style-type: none"> <li>• Safe discharge</li> <li>• Police welfare visits</li> <li>• Deprivation of liberty safeguards</li> <li>• Self-neglect and records of decision making</li> </ul>	

Akram - <a href="#">Full Report</a>	<a href="#">Summary</a> <a href="#">Video</a>
<b>Published:</b> Published 27 October 2023	<b>Methodology:</b> Traditional review
<b>Recommendations related to: -</b>	
<ul style="list-style-type: none"> <li>• <b>Sharing good practice from this review</b></li> <li>• <b>Multi-agency working - contact information</b></li> <li>• <b>Commissioning of semi-independent living</b></li> </ul>	

Ethan - <a href="#">Full report</a>	<a href="#">Summary</a>
<b>Published:</b> Published 29 September 2023	<b>Methodology:</b> Traditional review
<b>Recommendations related to: -</b>	
<ul style="list-style-type: none"> <li>• <a href="#">Community Treatment Orders</a></li> <li>• Mental Health Act and <a href="#">Section 117</a></li> <li>• Co-occurring conditions</li> <li>• Commissioning and information sharing</li> </ul>	

Terry - <a href="#">Full Report</a>	<a href="#">Summary</a> <a href="#">Video</a>
<b>Published:</b> Published 10 October 2023	<b>Methodology:</b> Day review
<b>Recommendations related to: -</b>	
<ul style="list-style-type: none"> <li>• Self-Neglect and Legal Literacy (application of the Mental Capacity Act)</li> <li>• Co-occurring conditions, multi-agency working and evidenced decision making</li> </ul>	

Norman - <a href="#">Full report</a>	<a href="#">Summary</a>
<b>Published:</b> Published 16 July 2024	<b>Methodology:</b> Traditional review
<b>Recommendations related to: -</b>	
<ul style="list-style-type: none"> <li>• Self-neglect</li> <li>• Legal literacy, mental capacity</li> <li>• Involving family members, carers assessments</li> <li>• Co-occurring conditions and safe discharge</li> <li>• Specific Learning for the Department of Work and Pensions (DWP)</li> </ul>	



<b>Nora - <a href="#">Full report</a></b>	<a href="#">Summary</a>
<b>Published:</b> Published 7 August 2024	<b>Methodology:</b> Traditional review
<b>Recommendations related to: -</b>	
<ul style="list-style-type: none"> <li>• Specific learning for hospitals in relation to Multiple Sclerosis pathways and business continuity</li> <li>• Specific learning for Adult Social Care in relation to reviews of care plans</li> <li>• Carers assessments</li> <li>• Multi-agency working</li> <li>• Specific learning for GP in relation to safeguarding thresholds and training</li> </ul>	

<b>Stephen - <a href="#">Full Report</a></b>	<a href="#">Summary</a>
<b>Published:</b> Published 24 May 2024	<b>Methodology:</b> Traditional review
<b>Recommendations related to: -</b>	
<ul style="list-style-type: none"> <li>• Trauma informed practice</li> <li>• Commissioning and legal literacy</li> <li>• Autism training</li> <li>• Transition planning</li> <li>• Dynamic Risk Register and evidenced decision making</li> <li>• Placement availability</li> <li>• Long term management of complex cases</li> </ul>	



The Board is reliant on partner agencies to share the learning from reviews and incorporate these into practice. The effectiveness of this is measured through the Board’s self-assessment framework.

As previously highlighted, the KMSAB does not wait until a report is concluded to share and act upon themes and findings. The inter-relationships between the working groups and the role of the business group enables learning to be raised from SAR decision making stage onwards. Themes are then addressed in each working groups’ work programmes. Previous annual reports have identified the work that has taken place to address the recommendations made in the SARs listed above.

The table below provides a summary of additional actions taken during 2023/2024. These are in addition to activity that individual agencies undertake and the information provided in section 2.

Recommendation/Theme	Actions taken by the Board
<p><b>Legal literacy</b></p> <p>This theme was a feature in (9) 60% of the SARs published during this period.</p>	<ul style="list-style-type: none"> <li>• The 2023 self-assessment framework included 8 standards relating to legal literacy.</li> <li>• The KMSAB continued to promote legal literacy through information shared in the newsletter.</li> <li>• The learning and development managers designed the course content for the following multi-agency learning modules, which commenced in April 2024. <ul style="list-style-type: none"> <li>○ Adult legal literacy</li> <li>○ Domestic abuse</li> <li>○ Collaborative working including multi-agency section 42 enquiries</li> <li>○ Self-neglect and hoarding workshop</li> <li>○ Self-neglect and hoarding workshop for non-statutory partners</li> </ul> </li> <li>• The Board continued to promote the <u>KMSAB Legal Framework and Interventions</u> guidance document, which provides a summary of the different enforcement powers that can be used, as appropriate.</li> <li>• A <u>executive functioning grab sheet</u> was shared widely and added to the KMSAB website.</li> </ul>
<p><b>Identifying and responding to self-neglect and hoarding</b></p> <p>This theme was a feature in (7) 47% of the SARs published during this period.</p>	<ul style="list-style-type: none"> <li>• The Practice, Policies and Procedures Working Group (PPPWG) reviewed the <a href="#">Kent and Medway multi-agency policies and procedure to support people that self-neglect or demonstrate hoarding behaviour</a> and the accompanying <a href="#">practitioner guide</a> to ensure that it fully supports frontline practitioners to be able to work with adults at risk who appear to be self-neglecting and/or hoarding. As part of this review, PPPWG members sought feedback from frontline practitioners through a questionnaire, which assisted with understanding how the policy is used in practice, what works well and any barriers that practitioners experience when using the policy.</li> <li>• Articles promoting the KMSAB self-neglect and hoarding policy, and sharing best practice in relation working with people who self-neglect and/or hoard, were included in the newsletter throughout the year. This included a community care article on <a href="#">“Ten top tips when working with adults who hoard”</a>.</li> <li>• The KMSAB Learning and Development Managers hosted two free half day SAR learning events in March 2024, focusing on how to support people experiencing self-neglect and hoarding.</li> </ul>
<p><b>Multi-agency working and</b></p>	<ul style="list-style-type: none"> <li>• Activity to address this theme has been summarised in <a href="#">section 2</a> – “Strengthening system assurance,</li> </ul>

Recommendation/Theme	Actions taken by the Board
<p><b>information sharing</b></p> <p>This theme was a feature in (5) 33% of the SARs published during this period.</p>	<p>checking that organisations are working well together to support adults”.</p> <ul style="list-style-type: none"> <li>• Additionally, the development of the multi-agency risk management framework, detailed in priority 3, was in response to SAR findings and learning from best practice nationally.</li> </ul>
<p><b>Safe-discharge from hospitals</b></p> <p>This theme was a feature in (5) 33% of the SARs published during this period</p>	<p>Board members are aware of the national and local pressures in relation to hospital discharge and have sought updates at Board and related meetings. In addition, safe discharge falls under ‘shared outcome 5’ of the Kent and Medway Integrated Care Strategy.</p> <ul style="list-style-type: none"> <li>• The 2023 self-assessment framework included the following standard, ‘the organisation has processes in place to determine additional vulnerabilities and act where appropriate in relation to planning/discharge planning’. As of June 2024, 53% of the 35 agencies that completed the SAF had achieved a green rating for this standard.</li> <li>• The KMSAB Independent Chair, Board Manager and designated nurses attended the ICB Systems Quality Group to share learning from SARs where safe discharge was a theme and to discuss improvement activity.</li> <li>• SARWG members commissioned a discharge audit. This will identify areas of development, strength and good practice for each provider, which can be collated, considered and shared to support improvement work.</li> <li>• The Board’s newsletter promoted relevant guidance and best practice.</li> <li>• KMPT, KCC and Medway Council are working on a ‘clinically ready for discharge multi-agency policy and practice guidance.’</li> </ul>
<p><b>Carers, including raising awareness of a carers right to a formal carer’s assessment.</b></p> <p>This theme was a feature in (4) 27% of the SARs published during this period</p>	<ul style="list-style-type: none"> <li>• Activity to address this theme has been summarised in <a href="#">section 2</a> – “Promote Person Centred Safeguarding - Putting adults at the centre of our work.”</li> </ul> <p>Additionally,</p> <ul style="list-style-type: none"> <li>• The self-assessment framework included the following measure: <i>“The agency meets its legal obligations under the Care Act so that carers are referred for a Carer’s Assessment, or the need for a Carer’s Assessments is highlighted to the Local Authority”</i>. As of May 2024 53% of the 35 agencies that completed</li> </ul>

Recommendation/Theme	Actions taken by the Board
	<p>the SAF had achieved a green rating.</p> <ul style="list-style-type: none"> <li>• SAR working group members developed a <a href="#">Domestic Abuse - Sibling on Sibling Awareness Briefing</a> which was shared and added to the Board’s website.</li> <li>• KMSAB hosted an open session in March on carers: an anti-racist perspective</li> <li>• Board members were required to produce a statement of assurance to the SARWG detailing measures in place to address the findings relating to this theme.</li> </ul>
<p><b>Working with individuals who are dependent on alcohol or substances. Including co-occurring conditions</b> This theme was a feature in (4) 27% of the SARs published during this period.</p>	<ul style="list-style-type: none"> <li>• Presentations on SAR findings have been delivered to relevant meetings, such as those concerning co-occurring conditions (mental ill health and substance dependency).</li> <li>• Alcohol Change’s research documents; <a href="#">“Learning from Tragedies – an analysis of alcohol related safeguarding adults reviews”</a>; <a href="#">“The Blue Light Approach: Identifying and addressing cognitive impairment in dependent drinkers”</a>, and <a href="#">“How to use legal powers to safeguard highly vulnerable dependent drinkers”</a>, continued to be promoted by the Board and are available on KMSAB webpages, to reach a wider audience.</li> <li>• The SARWG commissioned a thematic review of SARs where alcohol dependency was a factor. This is due for publication by December 2024.</li> <li>• The following measure was included in the 2023 SAF <i>“The organisation promotes awareness of co-occurring conditions (mental health and substance/misuse) and demonstrates processes and person centred practice to overcome any potential barriers to engagement.”</i> As of June 2024 53% of the 35 agencies that completed the SAF, had achieved a green rating for this standard.</li> </ul>
<p><b>Think Family and Person Centred – Strength based practice.</b> This theme was a feature in (4) 27% of the SARs published during this period</p>	<ul style="list-style-type: none"> <li>• Each of the Board’s working groups has continued to incorporate think family, making safeguarding personal and strength based practice in their annual delivery plan actions.</li> <li>• The Communication and Engagement Working Group has promoted advocacy, making safeguarding personal materials and trauma informed practice through newsletters, events, the website and open sessions. For example, KMSAB hosted an open session on SAR ‘Akram’ to highlight working with an asylum-seeking young person.</li> <li>• The Quality Assurance Working Group asked member agencies, through their self-assessment framework return, to evidence the following: <ul style="list-style-type: none"> <li>○ <i>The Making Safeguarding Personal (MSP) approach is embedded into the organisation’s</i></li> </ul> </li> </ul>

Recommendation/Theme	Actions taken by the Board
	<p><i>safeguarding practices. The individual or their advocate/representative is involved throughout, If this has not been possible, the reasons are clearly documented.</i></p> <ul style="list-style-type: none"> <li>○ <i>The organisation gathers and takes into consideration the views and experiences of those at risk of abuse and neglect and uses this to improve safeguarding</i></li> <li>○ <i>Relevant staff are aware of the range of Advocacy Services in their local area and how to make appropriate referrals</i></li> <li>○ <i>The organisation promotes equality and diversity and culturally competent practice.</i></li> <li>○ <i>The organisation seeks feedback from adults with care and support needs (or their advocate/representative) and this informs safeguarding practices and/or the work of the KMSAB</i></li> <li>○ <i>The organisation has a “did not attend/was not brought policy” which takes into account how to work with individuals where engagement is challenging</i></li> </ul> <ul style="list-style-type: none"> <li>● The KMSAB newsletter raised awareness of <a href="#">The Care Act and Whole-Family Approaches document</a> which aims to provide practical guidance for practitioners working in adult social care in relation to carrying out assessments and developing plans which consider the needs of the whole family.</li> <li>● The Policies, Procedures and Practice Working Group ensures that all policy reviews and updates include consideration of making safeguarding personal, think family and the strength based approach.</li> </ul>

As many of the themes identified in SARs extend beyond safeguarding, the Independent Chair of the Board wrote to Kent and Medway Public Health to share the learning and to request an update on the work being undertaken, to promote a system response, to reduce duplication and to incorporate into assurance reports. Public Health representatives attended a SARWG meeting to present their updates.

## Acronyms

ADSS	Alzheimer's and Dementia Support Services
ASC	Adult Social Care
CEWG	Communication and Engagement Working Group
DHR	Domestic Homicide Reviews
DWP	Department of Work and Pensions
ICB	Integrated Care Board
JEG	Joint Exploitation Group
KCC	Kent County Council
KMPT	Kent and Medway NHS and Social Care Partnership Trust
KMSAB	Kent and Medway Safeguarding Adults Board
LDWG	Learning and Development Working Group
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
NHS	National Health Service
PPPWG	Practice, Policy and Procedures Working Group
QAWG	Quality Assurance Working Group
SAF	Self Assessment Framework
SAR	Safeguarding Adults Review
SARWG	Safeguarding Adults Review Working Group
SECAmb	South East Coast Ambulance Service

## Glossary of terms

<p>Care Needs Assessment</p>	<p>If an individual thinks that they have any care and support needs, they are entitled to a free care needs assessment.</p> <p>A care needs assessment provides the opportunity for an individual to share information, with adult social care, about their situation and what changes they would like to make in their life. A care needs assessment looks at how needs impact on wellbeing and the outcomes the individual would like to achieve in their daily life.</p> <p>Adult Social Care will assess care and support needs with the individual and decide if they are at the level where they need support. Needs could be eligible if the individual is not able to do a combination of certain things that significantly affect their wellbeing. These may include:</p> <ul style="list-style-type: none"> <li>• washing themselves</li> <li>• getting dressed</li> <li>• going to work, college or volunteering</li> <li>• keeping the home safe to live in.</li> </ul> <p>More information is available here:  <a href="#">Medway</a>  <a href="#">Kent</a></p>
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<p>Carers Assessment</p>	<p>A carer's assessment is free and anyone over 18 can ask for one. A person can have a carers assessment even if the person they care for does not get any help from the council, and they will not need to be assessed. The assessment might recommend things like:</p> <ul style="list-style-type: none"> <li>• someone to take over caring so the carer can take a break</li> <li>• gym membership and exercise classes to relieve stress</li> <li>• help with taxi fares, if the carer does not drive</li> <li>• help with gardening and housework</li> <li>• training how to lift safely</li> <li>• putting the carer in touch with local support groups</li> <li>• advice about benefits for carers</li> </ul> <p>A carer does not need the permission of the person they are caring for to request a carers assessment. More information is available <a href="#">here</a>.</p>
<p>Care Quality Commission (CQC)</p>	<p>The CQC is the independent regulator of health and social care in England. They monitor, inspect and regulate health care providers to make sure they meet fundamental standards of quality and safety, ensuring the best possible care for patients, service users and their family and friends. More information is available <a href="#">here</a>.</p>
<p>Cerebral Palsy</p>	<p>Cerebral palsy is the name for a group of lifelong conditions that affect movement and co-ordination. It's caused by a problem with the brain that develops before, during or soon after birth. More information is available <a href="#">here</a>.</p>
<p>Clutter Score/Clutter Image Rating</p>	<p>the Clutter Image Rating has been developed to assist in identifying and sharing hoarding concerns. The images can be found <a href="#">here</a>. More information on how to respond to self-neglect and hoarding concerns can be found <a href="#">here</a>.</p>
<p>Community Treatment Order (CTO)</p>	<p>“The purpose of a CTO is to allow suitable patients to be treated in the community rather than under detention in hospital, and to provide a way to help prevent relapse and any harm – to the patient or to others - that this might cause. It is intended to help patients to maintain stable mental health outside hospital and to promote recovery. The principles, in particular, treating patients using the least restrictive option and maximising their independence; and purpose and effectiveness should always be considered when considering CTOs” (Mental Health Act Code of Practice, paragraph 29.5) More information is available <a href="#">here</a> and <a href="#">here</a>.</p>
<p>CONTEST Counter-terrorism strategy</p>	<p>The aim of CONTEST is to reduce the risk from terrorism to the UK, its citizens and interests overseas, so people can live freely and with confidence. More information is available <a href="#">here</a>.</p>
<p>Deprivation of Liberty Safeguards</p>	<p>Deprivation of Liberty Safeguards (DOLS) exists to safeguard individuals when a deprivation of liberty is an unavoidable part of a best interests care plan. Individuals who are identified as potentially deprived of their liberty must be considered on a case-by-case basis and all appropriate steps taken to remove the risk of a deprivation</p>

	<p>of liberty where possible.</p> <p>DOLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty within the meaning of <a href="#">Article 5 of the European Convention on the Human Rights (ECHR)</a> in a hospital or care home, whether placed under public or private arrangements. The safeguards exist to provide a legal framework and protection in circumstances where deprivation of liberty appears to be unavoidable in a person's best interest. More information is available <a href="#">here</a></p>
Diabetic ketoacidosis (DKA)	<p>Diabetic ketoacidosis (DKA) is a serious condition that can happen in people with diabetes. It's where a lack of insulin causes harmful substances called ketones to build up in the blood. It can be life threatening and needs urgent treatment in hospital. More information is available <a href="#">here</a>.</p>
Emotionally Unstable Personality Disorder	<p>Emotionally unstable personality disorder (EUPD) is also known as borderline personality disorder. It is commonly characterised by pervasive instability of interpersonal relationships, self-image and mood and impulsive behaviour. More information is available <a href="#">here</a>.</p>
Hepatitis C	<p>Hepatitis C is a virus that can infect the liver. If left untreated, it can sometimes cause serious and potentially life-threatening damage to the liver over many years. But with modern treatments, it's usually possible to cure the infection, and most people with it will have a normal life expectancy. More information is available <a href="#">here</a>.</p>
Independent Mental Capacity Advocate (IMCA)	<p>IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person. More information is available here: <a href="#">Independent Mental Capacity Advocate (IMCA) - SCIE</a></p>
Integrated Care Board (ICB)	<p>A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the Integrated Care System area.</p>
Integrated Care System	<p>Integrated care systems (ICS) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. More information is available <a href="#">here</a>.</p>
Kent and Medway NHS and Social Care Partnership (KMPT)	<p>KMPT provide secondary mental health services across Kent and Medway, both in the community and within inpatient settings. More information is available <a href="#">here</a></p>
Making Safeguarding	<p>Making Safeguarding Personal (MSP) is about professionals working with adults at risk to ensure that they are making a difference to</p>



Personal	their lives. Considering, with them, what matters to them so that the interventions are personal and meaningful. It should empower, engage and inform individuals so that they can prevent and resolve abuse and neglect in their own lives and build their personal resilience. It must enhance their involvement, choice and control as well as improving quality of life, wellbeing and safety.
Mental Capacity Act 2005 (MCA)	The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves. The MCA is designed to protect and restore power to those vulnerable people who lack capacity. Capacity should also be assumed unless there is a reason to suggest otherwise, in which the MCA applies.
Multi-Disciplinary Team (MDT) – Primary Care	A multidisciplinary team (MDT) is a group of health and care staff who are members of different organisations and professions (e.g., GPs, social workers, nurses), that work together to discuss the care and treatment of individual patients. MDTs are used in both health and care settings.
Multiple sclerosis (MS)	Multiple sclerosis (MS) is a condition that affects the brain and spinal cord. It cannot currently be cured, but treatment can often help manage it. More information is available <a href="#">here</a> .
Neuropathic pain	Neuropathic pain is a type of persistent (or chronic) pain caused by problems with the nervous system. This is the part of the body that helps people feel touch, pressure, pain, temperature, position, movement, and vibration. This can be in muscles, joints, skin, and the layers of tissue just beneath the skin (fascia). More information is available <a href="#">here</a> .
Oesophagitis	Oesophagitis means inflammation of the lining of the oesophagus. Most cases of oesophagitis are due to the reflux of stomach acid which irritates the inside lining of the oesophagus causing the inflammation. More information is available <a href="#">here</a> .
Prevent	The aim of the Prevent Strategy is to stop people becoming terrorists or supporting terrorism. Prevent tackles all forms of extremism – including both Islamist extremism and far right threats. Prevent has 3 key objectives: <ul style="list-style-type: none"> <li>• respond to the ideological challenge of terrorism</li> <li>• support vulnerable people and prevent people from being drawn into terrorism</li> <li>• work with key sectors and institutions to address the risks of radicalisation.</li> </ul>
Schizophrenia	Schizophrenia is a severe long-term mental health condition. It causes a range of different psychological symptoms. Doctors often describe schizophrenia as a type of psychosis. This means the person may not always be able to distinguish their own thoughts and ideas from reality. More information is available <a href="#">here</a> .

<p>Section 117 “Aftercare”</p>	<p>s117 of the Mental Health Act 1983 (Amended 2007) imposes a joint duty on the Local Social Services and the Integrated Care Board (ICB) to plan and provide after-care services, free of charge, to those who have been detained under applicable sections of Mental Health Act (MHA) The ultimate aim of s117 is to enable the individual to remain in the community, with as few restrictions as are necessary, wherever possible. More information is available <a href="#">here</a>.</p>
<p>Section 42 Enquiry</p>	<p>An enquiry is any action taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs.</p>
<p>South East Coast Ambulance Service NHS Foundation Trust (SECAmb)</p>	<p>Respond to 999 calls from the public, urgent calls from healthcare professionals and provide NHS 111 services across the region. <a href="#">More information is available here.</a></p>
<p>Tracheostomy tube</p>	<p>A tracheostomy (also called a tracheotomy) is a procedure where a hole is made at the front of the neck. A tube is inserted through the opening and into the windpipe (trachea) to help the person breathe. More information is available <a href="#">here</a>.</p>



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# Kent and Medway Safeguarding Adults Annual Report 2023-2024 – Appendix One – Safeguarding Data

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## Medway Council Data

## 1. Background to the data

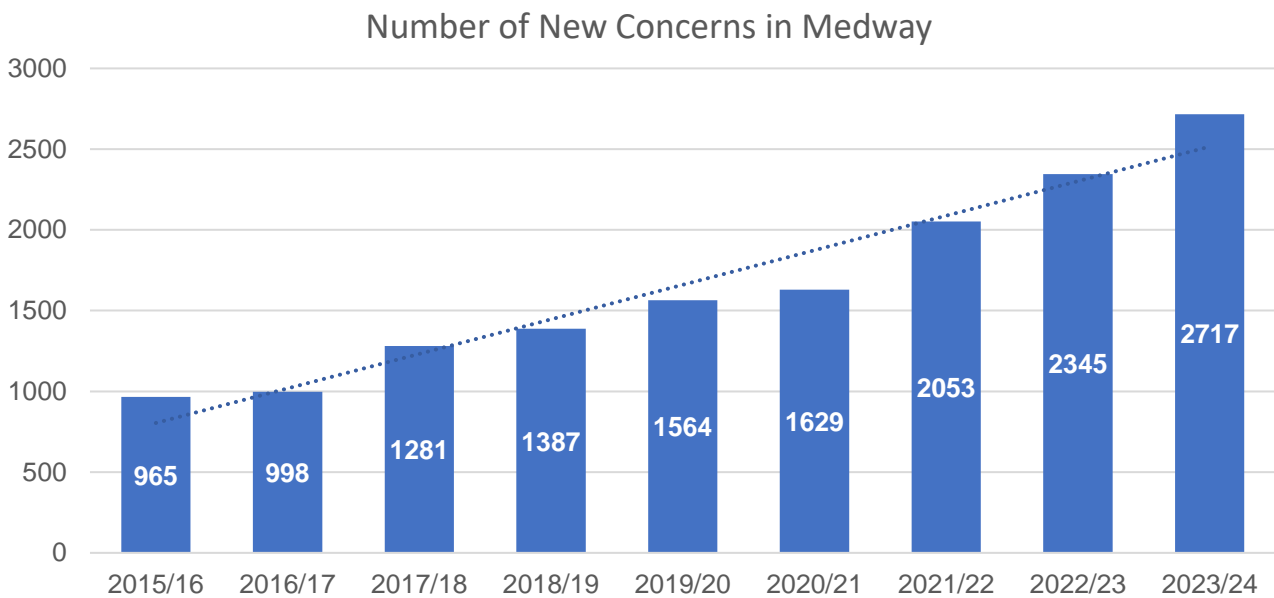
The data in this report is extracted from Medway's electronic monitoring system – MOSAIC.

The data has been submitted to NHS Digital as part of the annual statutory return for safeguarding adults the SAC (Safeguarding Adults Collection).

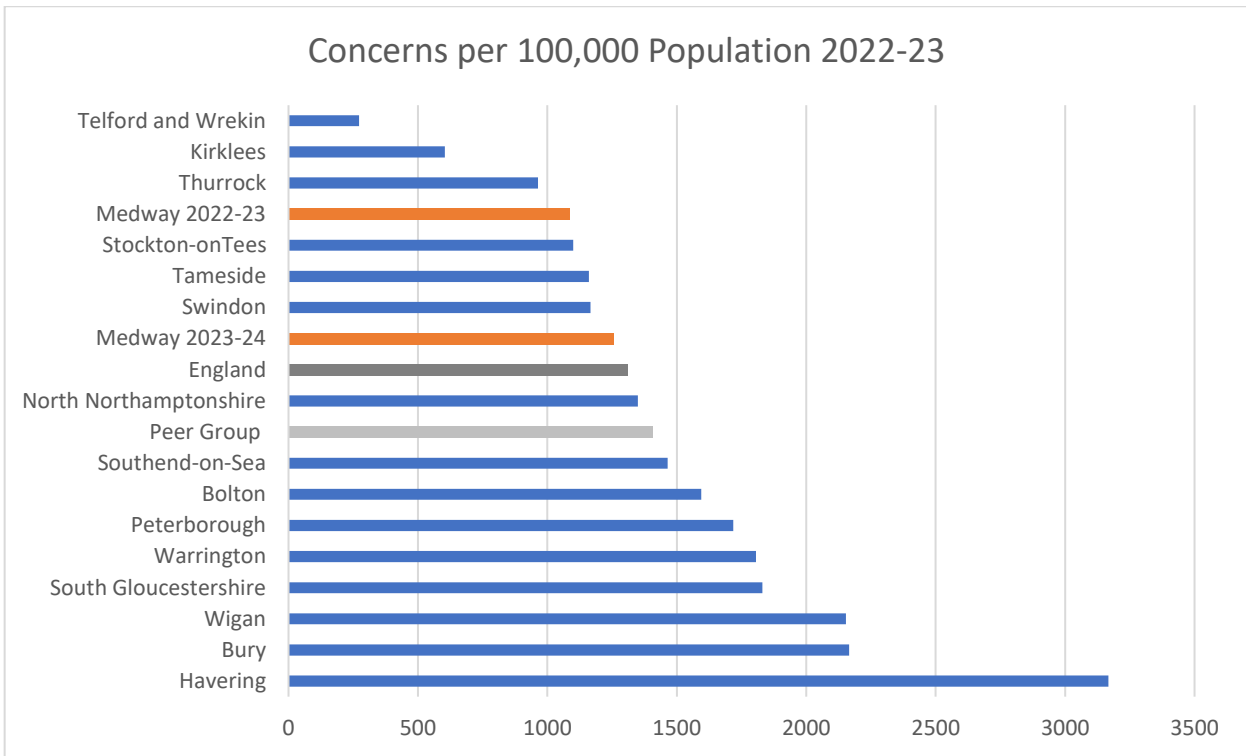
## 2. New Safeguarding Concerns and Enquiries

### 2.1 New Concerns

The following section looks at the number of new concerns and enquiries raised in 2023-24 and the demographics of individuals subject to a new safeguarding enquiry. The analysis covers annual trends and comparisons with other local authorities in Medway's CIPFA (nearest neighbour model) comparator group.



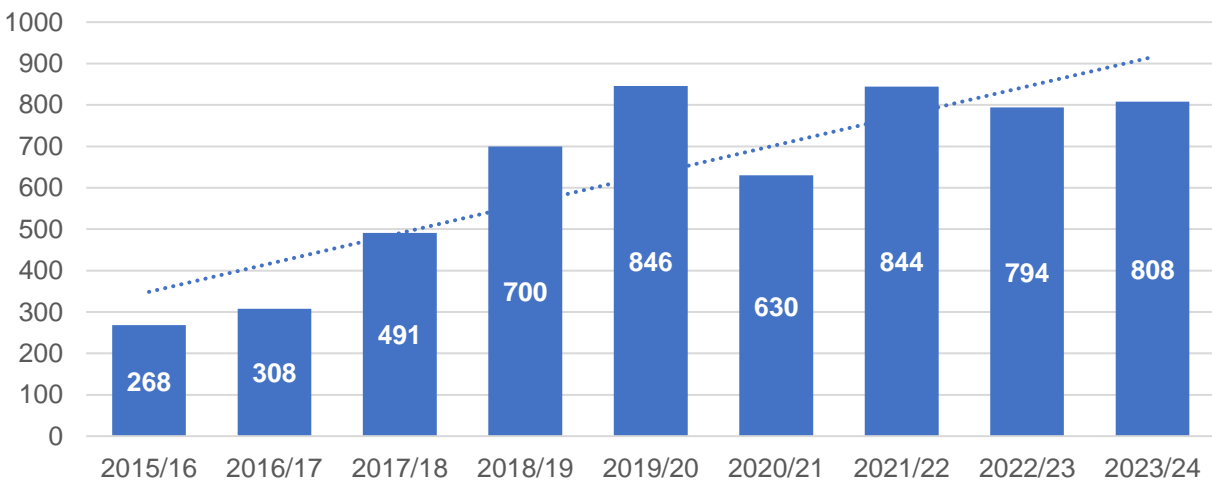
The number of safeguarding concerns raised in 2023/24 was 15.8% higher than in 2022/23 and has increased by 73.7% over the last 5 years.



In 2022-23 Medway ranked 4<sup>th</sup> lowest out of the sixteen local authorities in the Peer Group for new concerns per 100,000 population. This was 17% below the figure seen nationally. The provisional 2023-24 figure for Medway is 1,258 closing the gap to national 2022-23 to 4%.

## 2.2 New Enquiries

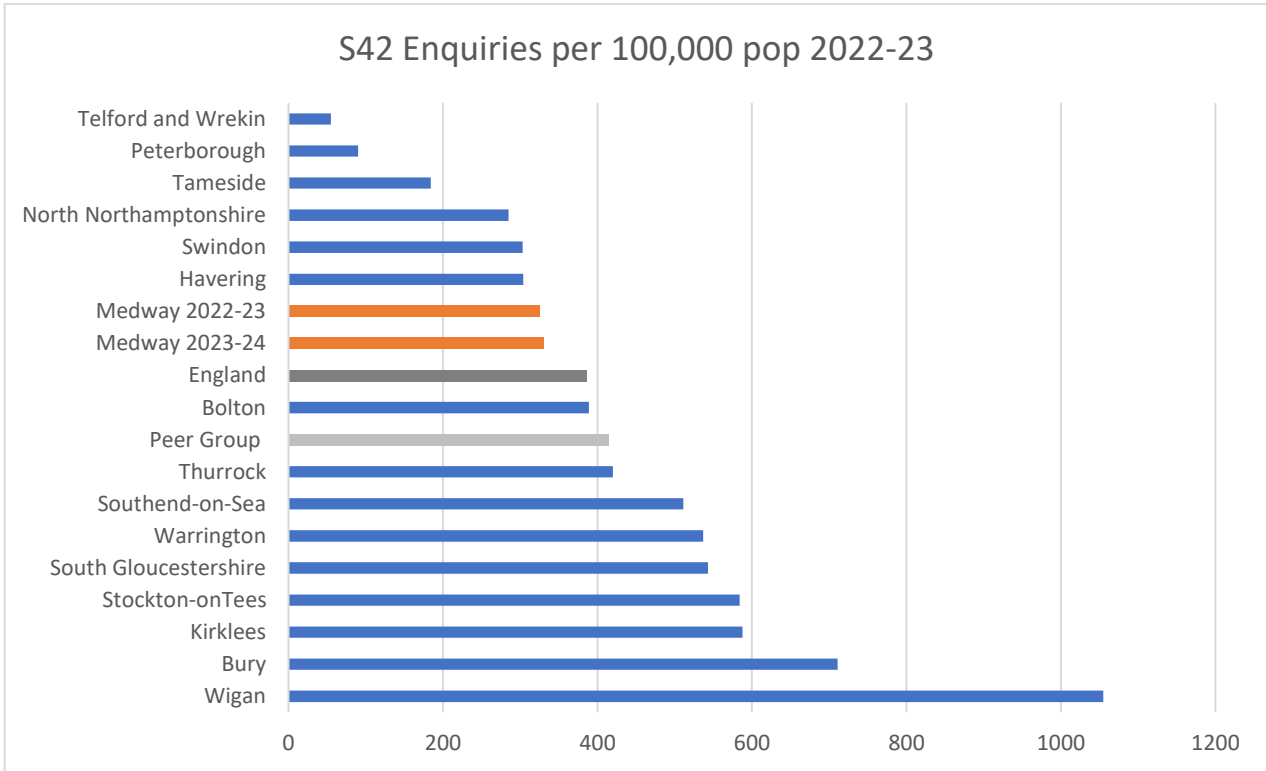
### Number of New Enquiries in Medway



There has been a 1.7% increase in the number of new safeguarding enquiries raised compared to 2022/23. At 808, it is 4.5% below the 2019/20 peak of 846.

New Enquiries	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022-23	2022-23
Section 42	262	281	408	627	727	501	724	704	715
Other	6	27	83	73	119	129	120	90	93
Total	268	308	491	700	846	630	844	794	808
% Section 42	97.8%	91.2%	83.1%	89.6%	85.8%	79.5%	85.8%	88.7%	88.5%

The proportion of new enquiries that were Section 42 has remained consistent with 2022/23.



The number of new Section 42 enquiries per 100,000 sees Medway ranked 7<sup>th</sup> lowest within the peer group; 16% below the national figure. The provisional 2023-24 figure for Medway is 331 closing the gap to national 2022-23 slightly to 14.5%.

### 2.3 Demographics of Adults at Risk

This section looks at the demographics of individuals subject to a new safeguarding enquiry in 2023-24.

#### Gender

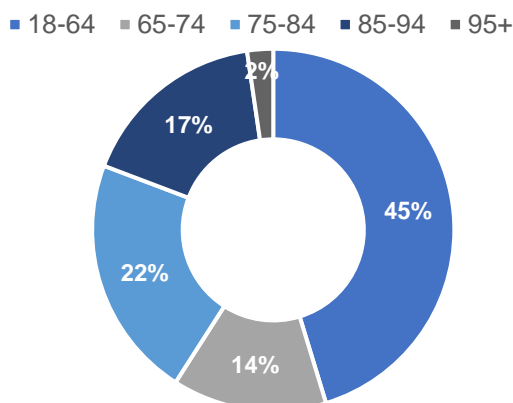
##### In 2023-24



There has been a consistent proportional split across genders in past reporting years. This year there were a number of unknown genders at 4%



### Age Group



45% of individuals subject of a new safeguarding enquiry were aged between 18-64 years. 55% were 65+ with the larger proportions of individuals within the 75-84 and 85-94 age groups jointly accounting for 39% of the total number of individuals.

### Ethnicity

Ethnicity	2019-20	2020-21	2021-22	2022-23	2023-24
<b>White</b>	89.5%	86.4%	84.3%	83.8%	82.0%
<b>Mixed / Multiple</b>	0.5%	0.9%	1.0%	1.1%	1.0%
<b>Asian / Asian British</b>	2.5%	1.9%	1.7%	2.1%	2.3%
<b>Black / African / Caribbean / Black British</b>	1.1%	1.7%	1.5%	1.9%	1.6%
<b>Other Ethnic Group</b>	0.5%	0.9%	0.6%	1.0%	1.4%
<b>Refused</b>	0.1%	0.0%	0.3%	0.0%	0.1%
<b>Undeclared / Not Known</b>	5.7%	8.2%	10.5%	10.1%	11.6%

The proportional split across ethnic groups for individuals subject to a new enquiry has seen those who are white decrease by 7 percentage points since 2019-20, offset by a 1.7 percentage point increase in non-white ethnic groups and a 5.9 percentage point increase in not known.

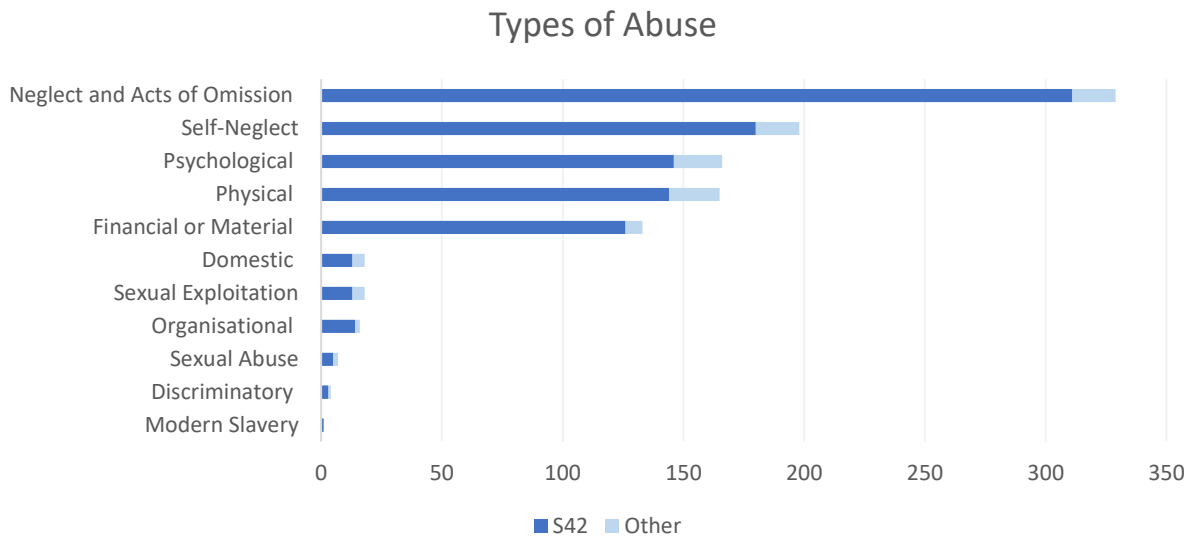
### Primary Support Reason

Primary Support Reason	2019-20	2020-21	2021-22	2022-23	2023-24
<b>Physical Support</b>	42.6%	44.3%	45.3%	40.7%	44.3%
<b>Sensory Support</b>	0.3%	0.3%	1.0%	1.0%	1.0%
<b>Support with Memory &amp; Cognition</b>	2.5%	2.9%	2.0%	1.7%	4.4%
<b>Learning Disability Support</b>	4.4%	8.2%	8.4%	7.5%	8.3%
<b>Mental Health Support</b>	1.4%	8.2%	7.2%	5.4%	8.9%
<b>Social Support</b>	1.4%	1.7%	2.6%	3.3%	12.6%
<b>No Support Reason</b>	43.5%	35.0%	33.5%	40.9%	20.6%
<b>Not Known</b>	0.0%	0.0%	0.0%	0.0%	0.0%

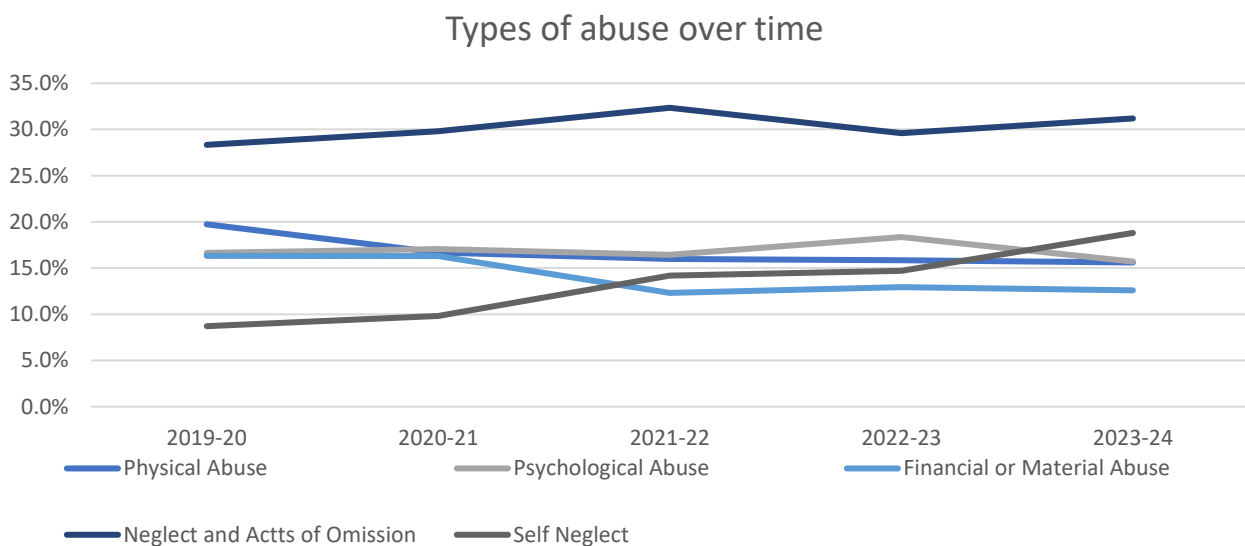
The most predominant primary support reason recorded in enquiries is physical support at 44.3%. The proportion without a support reason has halved this year, resulting in increases in most other Primary Support Reasons, particularly a 9.3 percentage point increase in social support.

### 3. Closed Enquires

#### 3.1 Types and Location of Abuse



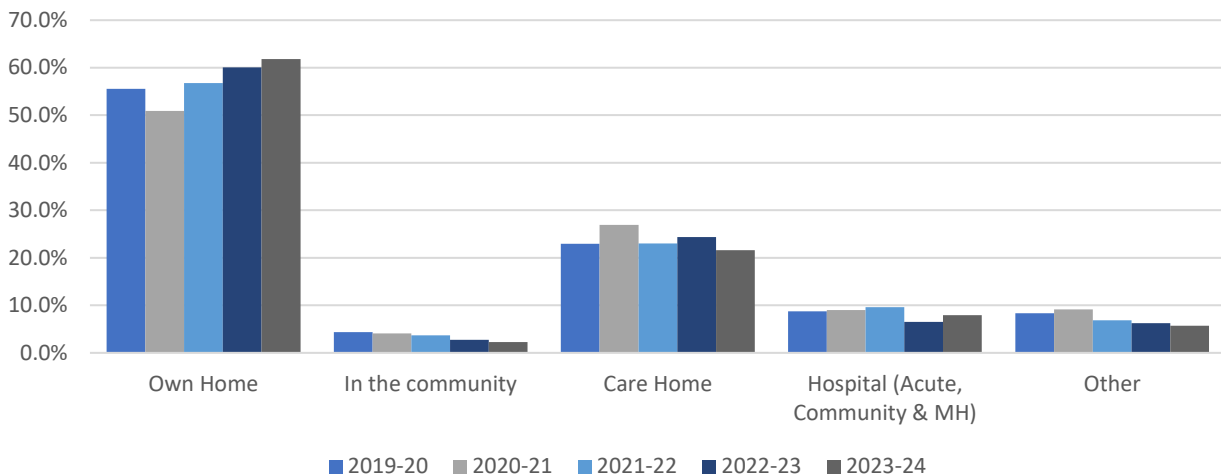
Neglect and acts of omission remains the most prevalent type of abuse recorded in 2023-24. At 31.2%, Medway is in line with the National 2022-23 proportion of 32% of risks.



Assessing the proportions of enquires related to the five main types of abuse over the past five years shows that neglect and acts of omission have always made up the the highest proportion for types of abuse.

Both physical and financial abuse have seen a decline in proportions since 2019-20, while Phychological has seen little change. Self neglect has seen an increase of 116% over the same period, with its rank rising from 4<sup>th</sup> to 2<sup>nd</sup> compared to 2022-23's order.

## Location of risk



The most prevalent location of abuse in closed enquiries has been in the victims own home. In 2023-24 61.8% took place in the alleged victim’s own home, continuing an upward trend which has seen an increase of 6.2 percentage points (11%) since 2019-20.

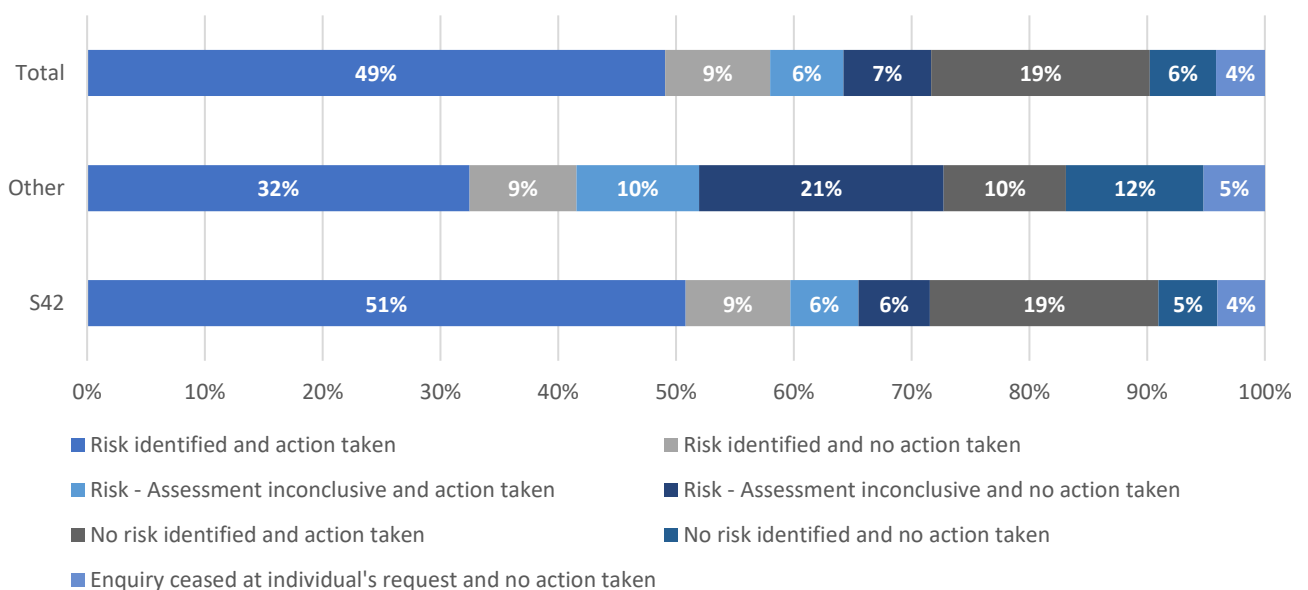
There has been some fluctuation in the proportions of safeguarding incidences in care homes over the last 5 years, averaging 24% of closed enquiries. 2023-24 saw its lowest proportion at 22%.

### 4. Outcomes of Closed Enquiries

The following section looks at the outcomes of closed enquiries, covering the identification of risk and actions taken, then where risk was identified whether the risk remained or was reduced or removed. There are cases where risk will legitimately remain after a safeguarding enquiry has been completed e.g. an individual may want to maintain contact with a family member who was identified as a source of risk.

#### 4.1 Identification of Risk

### Outcome of risk

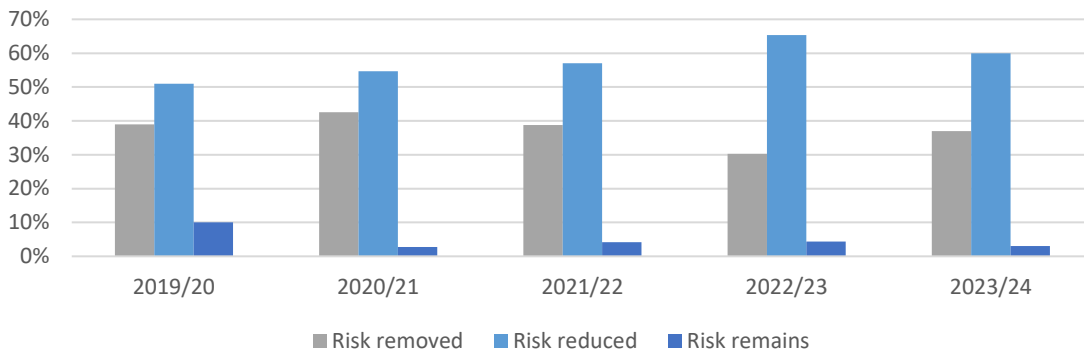


In 2023-24 58% of all closed Enquiries had a risk identified (substantiated), 5 percentage points higher than in 2022-23. 25% had no risk identified, 4 percentage points higher than in 2022-23. 74% had an action taken, whether a risk was identified or not, compared to 68% in 2022-23.

60% of s42 Enquiries had a risk identified compared to 40% of non-statutory. 31% of non-statutory Enquiries were inconclusive compared to 12% of s42 Enquiries.

#### 4.2 Outcome

Outcome where risk identified



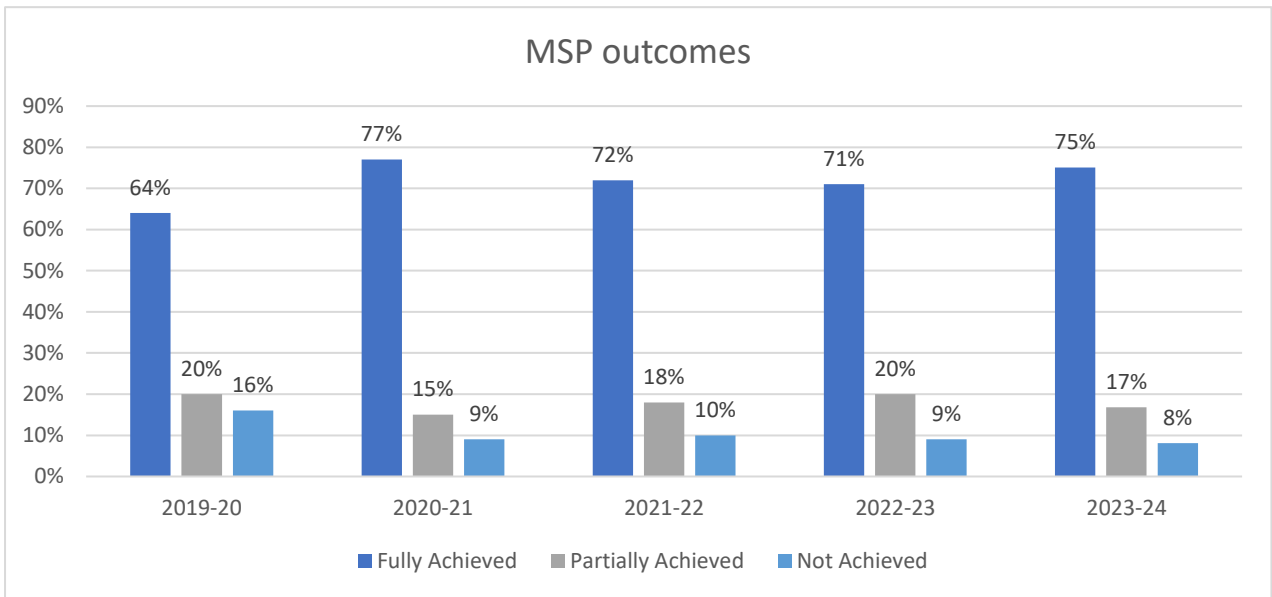
Where a risk was identified in a closed enquiry, 37% saw the risk removed, an increase from 30% in 2022-23, and in 60% of cases the risk was reduced, a decrease from 65%. In the remaining 3% of cases the risk remained.

#### 4.3 Making Safeguarding Personal

Making Safeguarding Personal aims to put the person and their desired outcomes at the centre of safeguarding enquiries so safeguarding becomes a process completed with the alleged victim as opposed to something done to them.

For any safeguarding enquiry, an individual or their representative is asked what their desired outcome of the investigation would be. There has been an increase in the proportion of alleged victims being asked about their desired outcomes from 80% in 2022-23 to 85.6%. Of those asked 88.2% expressed a desired outcome up from 81% in 2022-23. Of those who expressed a desired outcome in 2023-24:





Over the past five years there has been a decline in the proportion of those who expressed a desired outcome not seeing them achieved and higher proportions of cases where the outcomes were fully achieved. In 2023-24 75.1% had their outcomes fully achieved up from 71.2% in 2022-23.

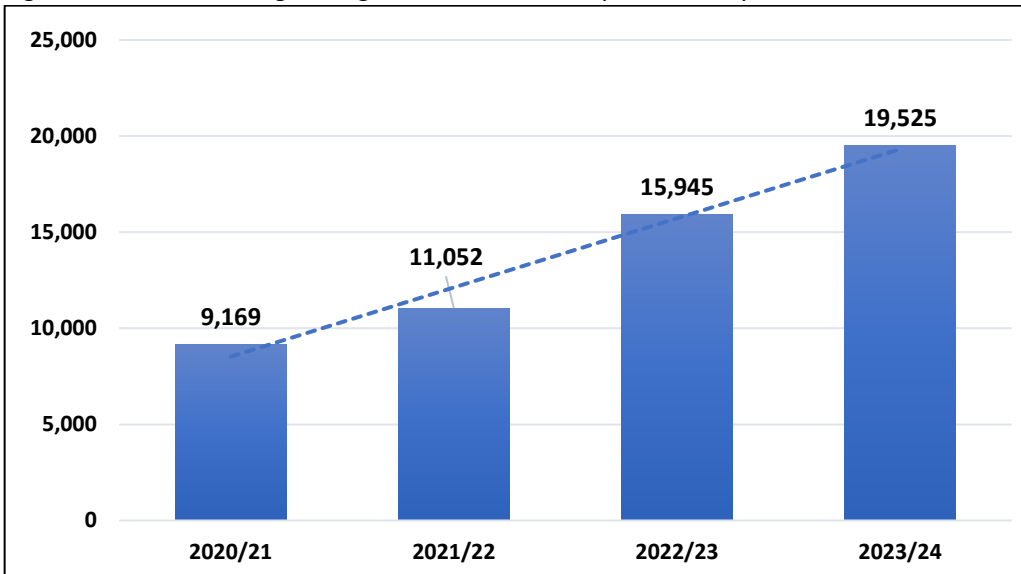
# Kent County Council Data

## Kent County Council Adult Social Care & Health Safeguarding Activity 2023/24:

### 5. Safeguarding Concerns –

In 2023/24, KCC received 19,525 Safeguarding Concerns, this was an increase of 22% on the previous year (as per Figure 1 below).

Figure 1: Number of Safeguarding Concerns Received by Kent County Council



**National Safeguarding Adults Collection (SAC)** – compared to the published figures, Kent has always consistently been below the National rate. However the Safeguarding Concerns received in Kent have been increasing since 2020/21 and for the first time, Kent is now above the National Rate (as illustrated in Figure 2 and 3 below).

At a national level, the number of Safeguarding Concerns have also seen a consistent increase (5% compared to 2022/23).

Figure 2: the rate per 100,000 of Safeguarding Concerns received by Kent and Nationally (source: NHS Digital)

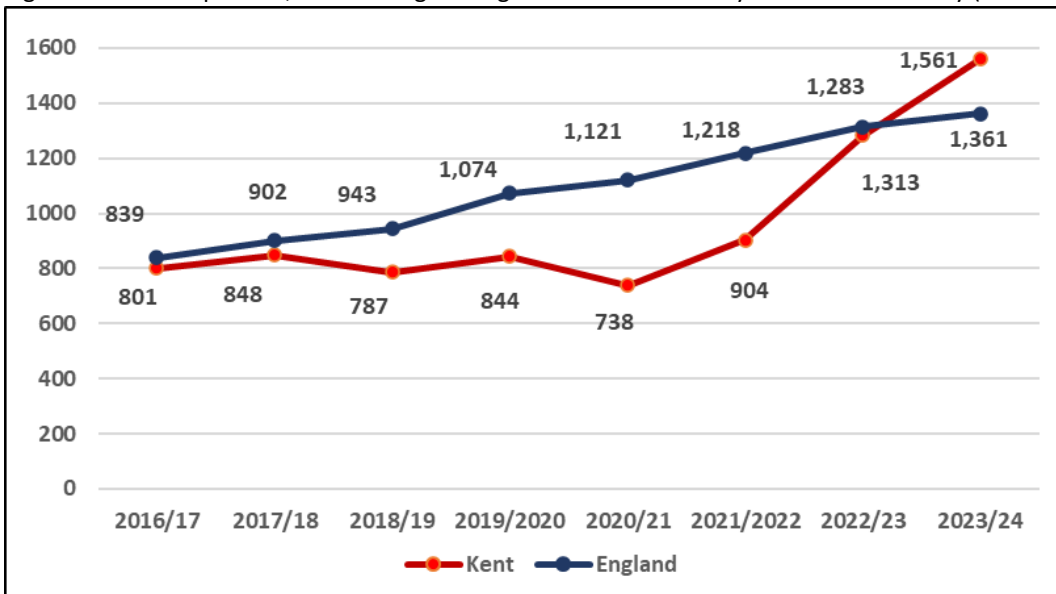
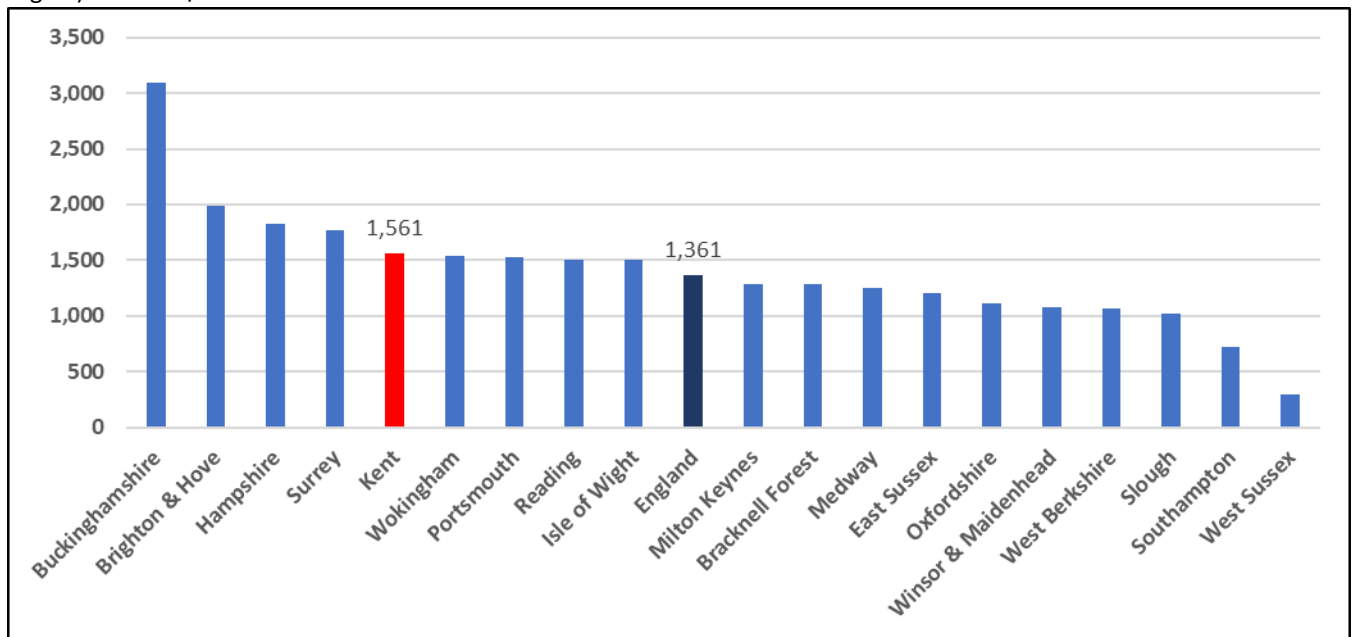


Figure 3: the rate per 100,000 of Safeguarding Concerns received by Kent and South East Regions (source: NHS Digital) for 2023/2024



## 6. Primary Support Reason

In 2023/2024, Physical Support is the most prominent primary support reason for 44% of adults referred to Adult Social Care for a Safeguarding Concern (see Table 1 below).

40% of all adults referred to Adult Social Care for a Safeguarding Concern, have no support reason listed and this may be due to a lack of referral information and/or the adult is not known to Adult Social Care.

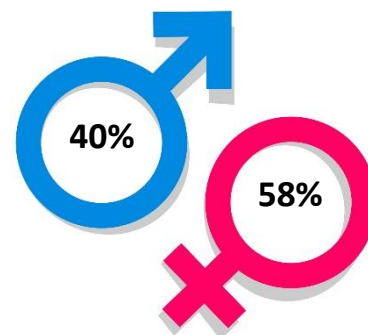
Table 1: Primary Support Reasons for those with a Safeguarding Concern in 2023/2024

Primary Support Reason	2023/24 figures	2023/24 Proportion	% change from 2022/23
Physical Support	4,941	44%	6%
Sensory Support	325	3%	1%
Support with Memory & Cognition	311	3%	0%
Learning Disability Support	1020	9%	1%
Mental Health Support	1,678	15%	1%
Social Support	274	2%	1%
No Support Reason	4,525	40%	7%

\*Figures have been rounded up and down as appropriate therefore will not always total 100%

7. Breakdown of Females and Males with a Safeguarding Concern in 2023/24.

There has been no significant change when compared to last year's figures.



8. Safeguarding Concerns in relation to Age and Ethnicity

Tables 2 and 3 below show the majority of Safeguarding Concerns were for adults who identified as female, mainly aged over 65 years, and recorded as white ethnicity, however there was a large proportion where ethnicity was unknown or not provided by the adult.

The levels of unknown ethnicity across Safeguarding and other areas of Adult Social Care are currently being addressed by KCC's Data Integrity Officer who began extensive work in April 2024, to increase the recording of missing demographics and protected characteristics.

Table 2: Proportions of age band for those with a Safeguarding Concern for 2023/24

Age Band	Kent (Census 2021)	2023/24 Concerns Proportion	% change from 2022/23
18-64	74.2%	48%	1%
65-74	13.7%	12%	1%
75-84	8.7%	19%	0%
85-94	3.1%	18%	-1%
95+	0.3%	3%	-1%

Table 3: Proportion of ethnicity for those with a Safeguarding Concern 2023/2024.

Ethnicity	Kent (Census 2021)	2023/24 Concerns Proportion	% change from 2022/23
Asian / Asian British	3.8%	2%	-1%
Black / African / Caribbean / Black British	2%	2%	0%
Mixed / Multiple	1.1%	1%	0%
Other Ethnic Group	0%	1%	0%
White	90.9%	79%	2%
Not known / Refused	1.5%	16%	-1%

\*figures have been rounded up and may not add up to 100%

9. Conversions from Safeguarding Concerns to Safeguarding Enquiries

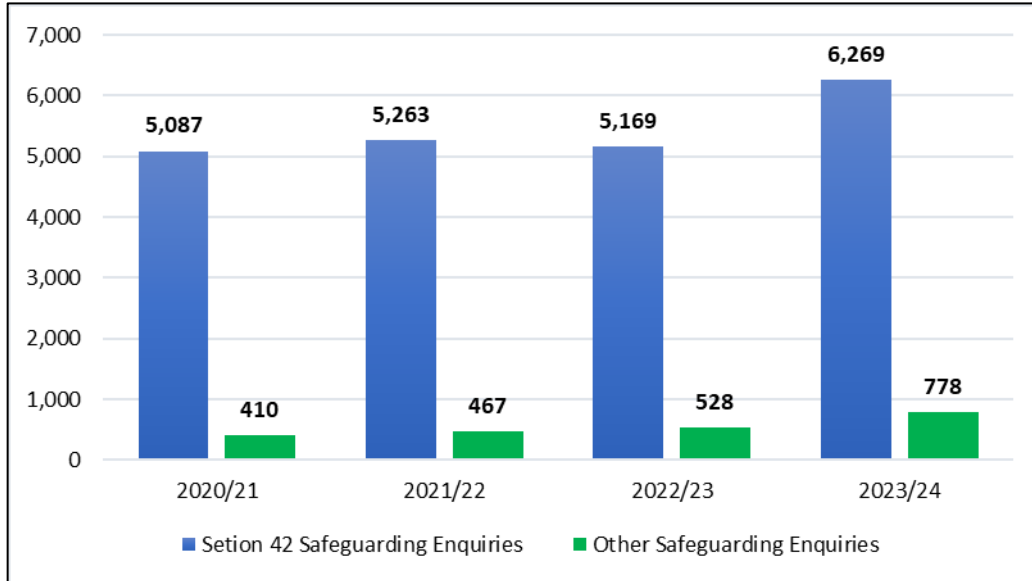
In 2023/24 the conversion rate from Concern to Enquiry was 36%, which remains the same as 2022/23. It is important to highlight that not all Safeguarding Concerns received will meet the Care Act 2014 Section 42 Safeguarding Enquiry criteria, and therefore may be more suitable for different response such as a Care Needs Assessment, or advice and guidance etc. Nationally, the conversion rate of Concern to Enquiry was 31% in 2023/24, which was a slight increase of 2% compared to 2022/23.



## 10. Safeguarding Enquiries Commenced

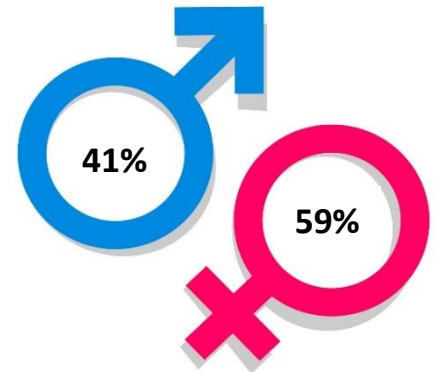
A total of 6,269 Enquiries were commenced in 2023/24 which was a 21% increase on the previous year. At a national level, the amount of Safeguarding Section 42 Enquiries increased by 2% compared to 2022/23 and the number of Safeguarding Enquiries classed as “other” such as Non-statutory Enquires, decreased by 13%.

Figure 4: Number of Safeguarding S42 and Other Enquiries Received



## 11. Breakdown of Females and Males with a Safeguarding Enquiry in 2023/24

The data for Safeguarding Section 42 Enquiries show that there was no change in gender or age difference when compared to last year figures. The split between males and females remains largely the same as 2022/23.



## 12. Safeguarding Enquiries in relation to Age and Ethnicity

Table 4 and 5 below show 55% of adults who were subject to a Safeguarding Enquiry were aged 65+.

The majority of people subject to a Safeguarding Enquiry, were recorded as White (83%) with a 2% increase in recorded ethnicity, compared to 2022/2023. 12% of people did not have a recorded ethnicity.

Nationally, in the majority Safeguarding Enquiries, the adult concerned identified as female, of white ethnicity, aged 85 or over. Also, in line with the Kent data, 12% of people did not have their ethnicity recorded.

Table 4: Proportion of age bands for those with an enquiry 23/24.

Age Band	Kent (Census 2021)	2023/24 Enquiries Proportion	% change from 2022/23
18-64	74.20%	45%	0%
65-74	13.70%	12%	1%
75-84	8.70%	21%	0%
85-94	3.10%	20%	0%
95+	0.30%	3%	-1%

Table 5: Proportion of ethnicity for those with an enquiry 2023/24.

Ethnicity	Kent (Census 2021)	2023/24 Enquiries Proportion	% change from 2022/23
Asian / Asian British	3.80%	2%	-1%
Black / African / Caribbean / Black British	2%	2%	0%
Mixed / Multiple	1.10%	1%	0%
Other Ethnic Group	0.70%	1%	0%
White	90.90%	83%	2%
Not known / Refused	1.50%	12%	-1%

\*figures have been rounded up and may not add up to 100%

### 13. Primary Support Reason

The most common Primary Support Reason this year was Physical Support with 44%. This is also seen at a national level with 39% of people receiving physical support.

The proportion of people subject to a Safeguarding Enquiry who have a support reason of either Physical or Learning Disability have seen the highest increases of 2%, respectively, compared to last year (see Table 6 below).

Table 6: Proportion of Primary Support Reason for those with an enquiry 2023/24.

Primary Support Reason	2023/24 figures	2023/24 Proportion	% change from 2022/23
Physical Support	2324	44%	2%
Sensory Support	151	3%	0%
Support with Memory & Cognition	157	3%	0%
Learning Disability Support	621	12%	2%
Mental Health Support	722	14%	-1%
Social Support	95	2%	0%
No Support Reason	1182	23%	-2%

\*figures have been rounded up and may not add up to 100%

### 14. Safeguarding Enquiries Concluded

In total 5,591 Safeguarding Enquiries were concluded in 2023/24. Out of these, 5,163 were classed as Statutory Section 42 Safeguarding Enquiries and 428 were recorded as other Safeguarding Enquiries.

Figure 5: the rate per 100,000 of Safeguarding Enquiries concluded by Kent and Nationally (source: NHS Digital)

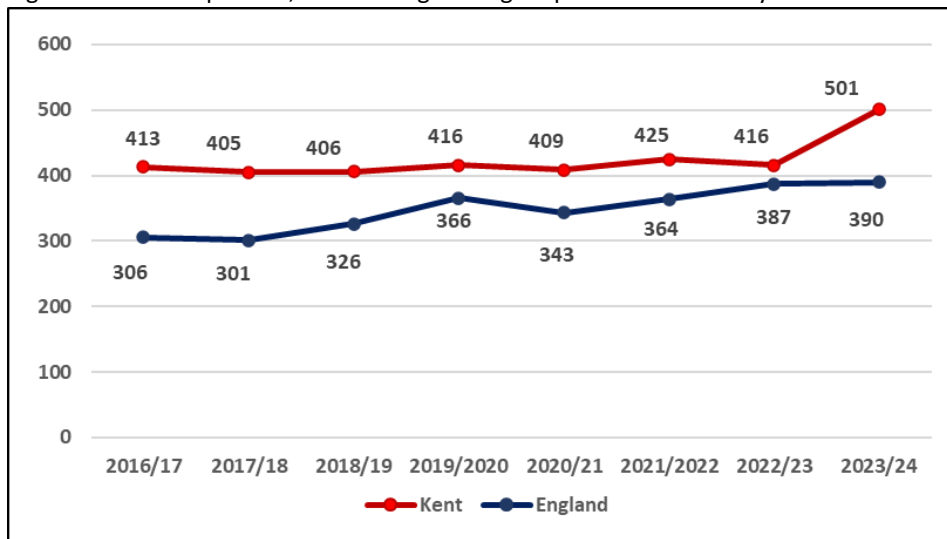
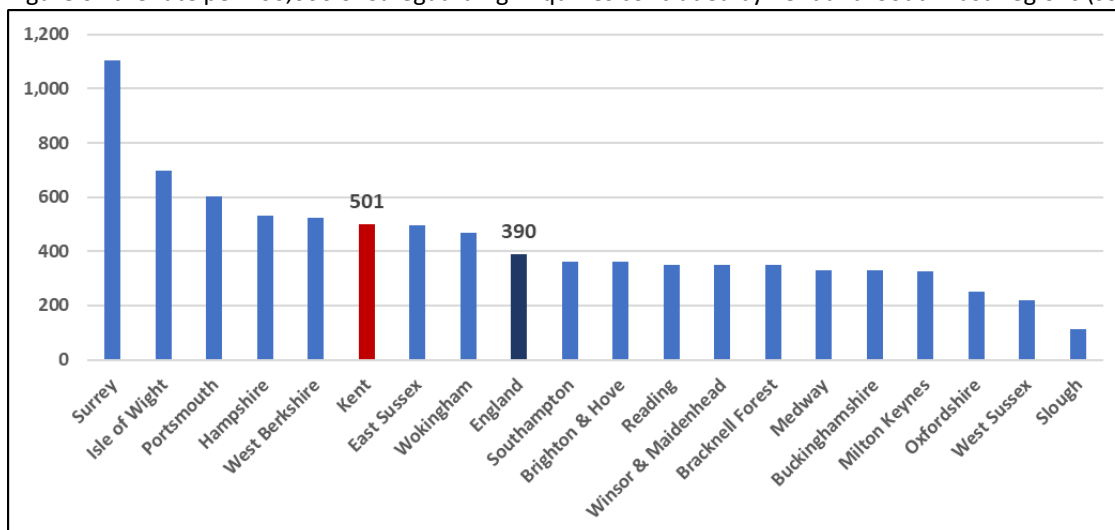


Figure 6: the rate per 100,000 of Safeguarding Enquiries concluded by Kent and South East Regions (source: NHS Digital)

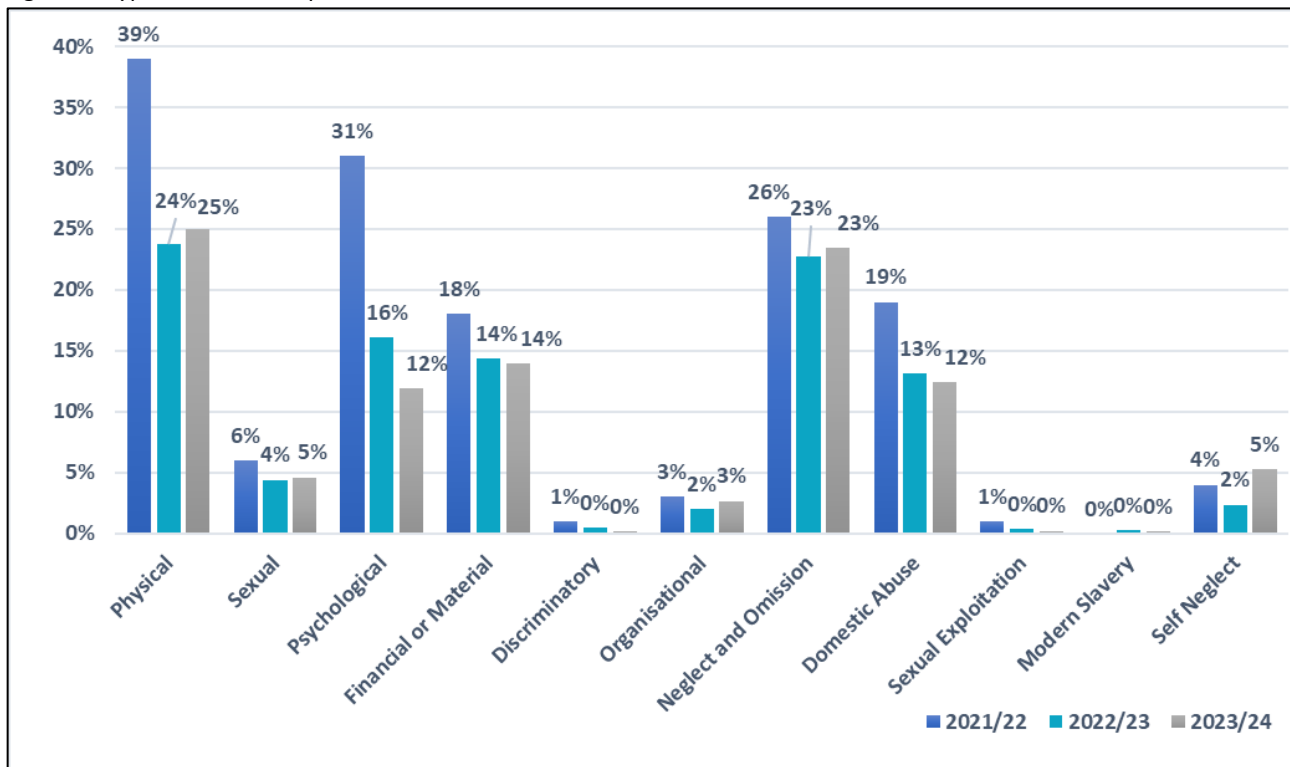


### 15. Types of Abuse in Safeguarding Enquiries

Physical abuse continues to be the main type of abuse identified for the person concerned, accounting for 25% of concluded Safeguarding Enquiries in Kent. Neglect and Omission follows closely with a proportion of 23%. The percentage of Enquiries categorised as Psychological fell by 4% when compared to 2022/23. The proportion of Safeguarding Enquiries concluded and categorised as Self-Neglect rose by 3%.

Nationally, Neglect and Acts of Omission is the main source of risk, followed by Physical Abuse. This is the same position as last year. There was a 0.4% increase for Neglect and Acts of Omission and a 3% decrease for Physical Abuse. The source of risk Nationally, with the highest increase is Self-Neglect, which has risen by 17%.

Figure 7: Type of risk for enquiries from 2021/22 to 2023/24 with KCC

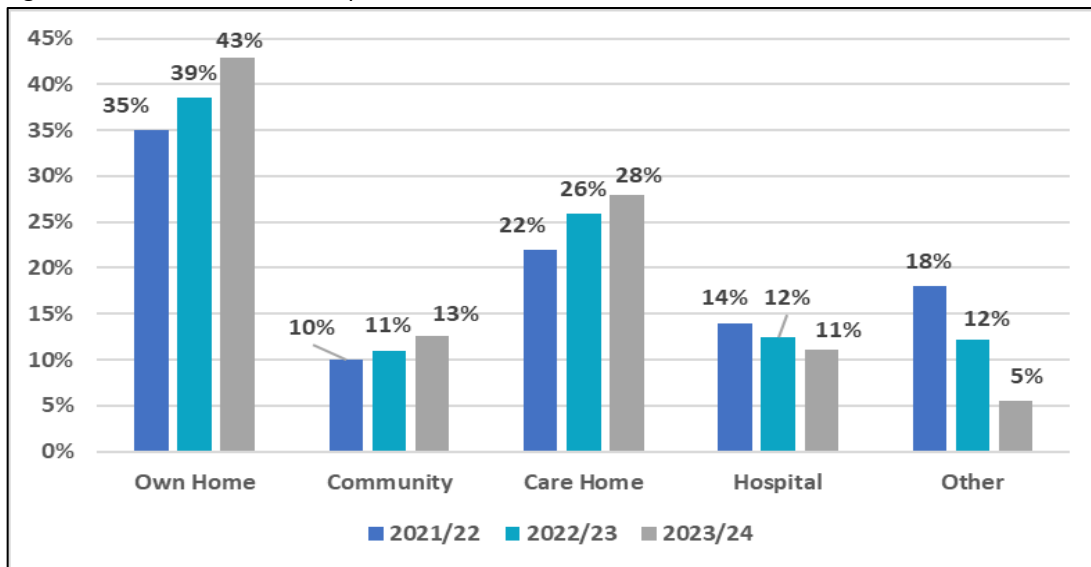


### 16. Location of abuse in Safeguarding Enquiries

As with previous years, Own Home (43%) was the most prevalent location of abuse, followed by Care Homes (28%).

At a national level, as with the Kent, the most common location of abuse was Own Home (46%), followed by Care Homes (32%). Decreases were seen in Nursing Homes (2%) and Mental Health (4%) hospitals.

Figure 8: Location of risk for enquiries from 2021/22 to 2023/24



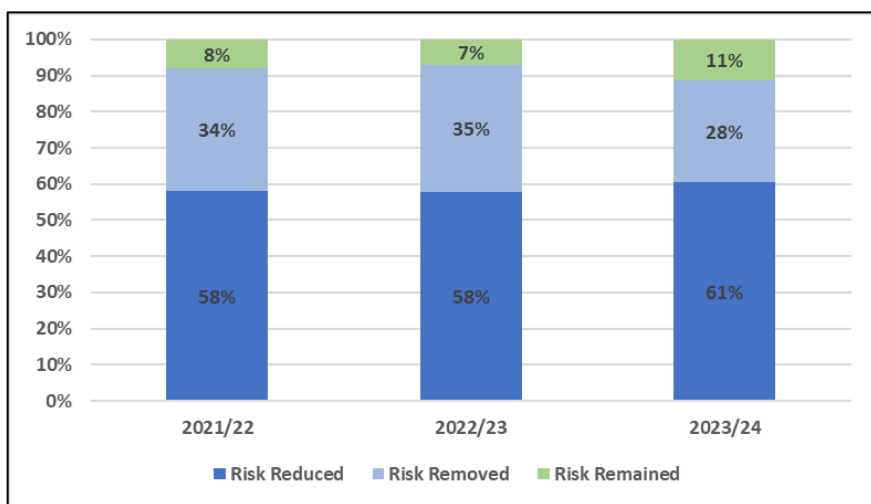
## 17. Risk Assessment Outcomes

This measure in figure 9 below, sets out where a risk was identified and what action was taken.

In Kent, following the conclusion of a Safeguarding Enquiry, the level of risk that remains is assessed. In 2023/24, 28% noted the risk was removed, 61% noted the risk reduced (increase of 3% compared to 2022/23) and 11% noted the risk remained.

At a national level, 25% noted the risk removed (1% increase), 66% noted the risk reduced and 9% noted the risk remained (both figures are the same as the previous year).

Figure 9: Outcomes where the risk was identified 2021/22 to 2023/24



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## Kent and Medway Annual Report 2023/4 Appendix 2. How our strategic partners delivered the KMSAB Safeguarding Priorities in 2023/2024

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## Kent County Council

### Priority 1. Promoting person centred safeguarding - this means putting adults at the centre of our work.

The **KCC Adult Social Care Strategy Making a Difference Every Day** has continued to develop over the last year (2023/24) with the implementation of the new Locality Operating Model on 3 April 2023. The Locality Operating Model means that specialist staff (who worked separately in areas such as learning disability, physical disability, older people and mental health) will retain their expert focus but work much more closely together around a person's needs in 24 geographical teams called Community Teams. This way of working will ensure that people remain at the centre, receiving the support that is right for them, and are less likely to be passed between separate teams. Working in this multi-disciplinary way will also mean that our new teams will be more empowered to work much more collaboratively with their local communities.

The importance of **hearing the persons voice throughout any support provided** remains paramount within Adult Social Care. To further strengthen awareness of [Making safeguarding personal \(MSP\)](#) the KCC Adult Strategic Safeguarding Unit and Digital Services produced a new dedicated page on Kent.gov.uk which went live in September 2023. The information page explains what happens when safeguarding concerns are shared with Adult Social Care, with our promise to keep the person at the heart of the enquiry. This builds on the previous Making Safeguarding Personal project work in Ashford Canterbury and Coastal in Spring 2023; focussing on engaging with adults and practitioners, re-evaluating how we can best enable others to provide meaningful MSP feedback, to help improve how safeguarding works for those people experiencing or at risk of abuse and/or neglect.

The Making Safeguarding Personal page also has a [Feedback form](#) to enable people to share their safeguarding experiences. Practitioners can also use this form to share with the adults they have supported (or their suitable person/advocate). Feedback provides us with valuable insights and contributes towards our ongoing aim to continually improve service delivery, shaped by the people we support.

Data gathered by our Digital Services team shows that the **KCC Safeguarding "Report abuse"** page was viewed 29,407 over the last year, with people accessing it fairly consistent throughout the year. The link for the online Report Abuse form was used a total of 5,766 times in the last year. As part of our ongoing improvements, the KCC Adult Safeguarding page is due for a review in June 2024 to enhance the information available for anyone accessing the page.

KCC remains a committed partner organisation for the **Kent and Medway Suicide Prevention Programme**, working with many agencies who provided support to people in need of services during 2023/24. These agencies include, [Release the pressure](#) who offer free support for anyone, 24hrs a day, 7 days a week. In 2023/24 they provided over 54,000 text conversations, over 3,000 call per month and 23,235 visits to the Release the Pressure website.



Amparo offer free suicide bereavement support and worked with 87 bereaved families and



individuals in 2023/24; 74% of the beneficiaries indicated a positive change to their wellbeing, and feedback received such as “ *She made me feel at ease and able to talk openly about my son’s suicide. I am so grateful to her for helping me through the worst time in my life*”, shows how important services like this are to the people who need it during the most hardest times in their lives.

**In 2023, Safeguarding Adults Awareness Week** events were held week commencing 20<sup>th</sup> November, and provided KCC Adult Social Care with a further opportunity to speak to face to face with people we support or those looking for information and advice.

During the week, Strategic Adult Safeguarding held several events in venues across Kent, including meeting the public in Kent Libraries in the Deal and Dover areas, and working with partner agencies to raise awareness of Safeguarding with East Kent Carers Support and the Department of Work and Pensions.



Across the week of events, we were pleased to be joined by some of our multi-agency colleagues from KCC Sensory Services, Kent and Medway Partnership Trust (KMPT), KCC Community Wardens and Kent Community Health Foundation Trust (KCHFT), which also provided a great opportunity to network with our partner agencies.

Colleagues were fortunate to meet over 40 members of the public within the library events and the feedback from the event was very positive. As well as the libraries, we handed out safeguarding leaflets to the surrounding shops on the high street and we responded to questions from people who had an array of concerns, ranging from, the quality in care of a service, to people who had recently been scammed. This was a great opportunity to sign post and share information in line with the Care Act (2014) ‘prevention’ safeguarding principle.



Strategic Adult Safeguarding Unit (SSU) also represented Adult Social Care at the **Registered Manager’s Conference** held at the Kent County Showground in Detling on 10<sup>th</sup> October 2023. This event is very popular and was attended by over 100 Registered Manager’s from across Kent.

SSU held an information session on the Main stage, with over 90 providers in the audience, to discuss Adult Safeguarding and when to raise a Safeguarding Concern. This provided the opportunity to have a really interesting discussion, with many attendees sharing their experiences around safeguarding, and to clarify the Care Act (2014) guidance for raising a Safeguarding Concern.

SSU also shared a stand at the event with colleagues from the Kent and Medway Domestic Abuse service, promoting the White Ribbon Campaign to end violence against women and girls. We were able to provide information and advice relating to Safeguarding, including information provided from the Kent and Medway Safeguarding Adults Board and Domestic Abuse information produced by the Kent Integrated Domestic Abuse Service (KIDAS).



## Priority 2. Strengthening system assurance - How organisations are working together to support adults

In order for KCC to ensure areas of work such as services provided, policies or processes are truly person-centred, KCC have organised a number of **Co-production groups** with a variety of people who use our services including people who are more likely to receive poor care, support and treatment to remove barriers and reduce inequalities. KCC holds regular meetings such as People's Panel, Learning and Disability Partnership, Direct Payment involvement group, Older People's forum and Carers group. Their input helps form and shape the way we work. However, we know there is more to do to ensure we are truly co-producing to meet the aims of our Strategy.

KCC drafted a **2023 Co-production plan** which is a record of our intentions towards co-production in line with our commitment to the vision and strategy of Making a Difference Every Day and will support us embedding co-production across all levels of the organisation. The Co-production plan gives an overview of where we are now and outlines several actions to improve our approach to co-production. This includes reviewing representation of people with protected characteristics against population data and identifying gaps and opportunities to connect and co-produce more inclusively, and to develop a 'Valuing your voice' policy to ensure that people's time given to support co-production is recognised and rewarded where appropriate.

One of the most recent areas of work reviewed by the Safeguarding Co-production panel, Chaired by Strategic Adult Safeguarding, is the review of the **Kent [Online Safeguarding Form](#)**. The review is to ensure that the form is accessible and easier to complete without compromising on the essential information required by the Local Authority such as the views of wishes of the person at the centre of the concern. This review is currently ongoing and is due for completion in Summer 2024.

Quality assuring our work continues to be a priority. The KCC Quality Assurance Framework was launched in December 2022 and we continue to embed the framework to ensure that the standard of support provided for the people of Kent within Adult Social Care is to the expected standard, supporting the development of a culture of continuous learning. **In 2023/24, Strategic Adult Safeguarding Unit carried out audits on just over 470 Safeguarding Concern and Enquiry closures.** These audits focus on areas such as ensuring the persons voice is heard and their wishes recorded, feedback and communication with partner agencies is evident and legal literacy is demonstrated within decision making by practitioners. Audit findings are collated and provided to Senior Managers to ensure any good practice and areas for development are discussed with their respective teams. The recent audit outcomes from January - March 2024 audit, identified that approximately 80% of Safeguarding Enquiries captured the views and wishes of the person and where no information was recorded, a clear rationale as to the reasons why had been provided, noting an improvement in ensuring the persons voice is heard within the Safeguarding process.

**KCC Adult Social Care continue with their role as a statutory partner agency for the Kent and Medway Safeguarding Adults Board (KMSAB)**, and regularly attend Board and working group meetings, contributing towards the review of multi-agency policies and processes, and provide confidential reports for the Safeguarding Adult Reviews (SARs). The learning from SARs are shared within Adult Social Care and used to ensure operational colleagues are fully informed of the themes highlighted within the Reviews, and learning is incorporated appropriately into related policies and practice improvements.

Strategic Safeguarding Unit also provide bespoke summarised briefings, tailoring the learning specifically for Adult Social Care operational colleagues to further share learning in a succinct and impactful way. Briefings produced this year include learning around strengthening communication with multi-agency colleagues, supporting carers and working in a trauma-informed way. To share the learning, the Senior Management Team agreed that the briefings should be discussed within Adult Social Care operational team meetings.

KCC Adult Social Care work very closely with the Kent Community Safety Partnership (KCSP), particularly in relation to **Domestic Homicide Reviews (DHRs)**. The learning from these reviews are also shared with colleagues through events such as bespoke Lessons Identified Webinars. The Kent Community Safety Partnership held three Webinars over the last year, incorporating the learning from three different DHRs and their related themes. These events included domestic abuse related suicidality and trauma informed practice, a focus on the new offence of non-fatal strangulation and management of perpetrators of abuse, and the 3<sup>rd</sup> event was delivered jointly with KMSAB on “Who cares for the carers?” during Safeguarding Adults week in November 2023. Across the three events, 353 people attended and 96% of those that provided feedback rated the events as excellent, very good or good. Feedback from attendees provides assurance that the learning has been helpful for colleagues, with comments such as *“I have taken away the importance of understanding trauma and an individuals’ response to this as well as reflecting on how we best respond. Including risk of suicide alongside unrealistic expectations of abused mother”, and “The language used around non-fatal strangulation and how it can be hidden/minimise in victim accounts- really helpful for future training.”*

**KCSP also provide the Kent Community Warden Service** who have a proactive and visible presence in Kent communities to improve residents’ quality of life and promote stronger and safer communities. They deliver a trusted community-based service that identifies and addresses local concerns by implementing preventative and early intervention measures. This includes contributing to KCC’s duties under the Care Act 2014 including: [Section 1 Promoting individual well-being](#) and [Section 2 Preventing needs for care and support](#). The work undertaken by the Community Wardens covers a wide range of situations and circumstances including many examples of [social isolation](#), self-neglect and hoarding, substance dependency, dementia cafés, [scams](#), and anti-social behaviour. Adult Social Care colleagues work closely with the Community Warden Service, along with a number of multi-agency partners.

**Community Wardens – Preparing for change and supporting the vulnerable** - a [consultation](#) on proposed changes to the Community Warden service to reduce its annual budget by £1 million by 2024/25 was undertaken from 12 July to 3 October 2023. Over 1100 responses were received, with hard copy responses still being recorded. Work will continue to analyse and incorporate the feedback to the consultation into the final recommendations for the service.

Alongside supporting the promotion of the consultation, wardens have continued with their much valued work of supporting the communities they serve, particularly the elderly and vulnerable, as the following case study shows:





*“One of our wardens was made aware of an elderly lady who had previously broken her hip. They lived up four flights of stairs with no lift access and no access to appropriate Occupational Therapy (OT) equipment. They had not been out of their property for two years. The warden sought support with OT equipment and a Housing Needs Assessment, and also arranged for the library to have books dropped off as the resident was an avid reader and missed going to the library. Due to the warden’s actions the resident is now living in a ground floor housing association flat in a central area and living a fuller more independent life.”*

Photo from the police open day in summer 2023.

A new National Safeguarding Adults Excellence Award was launched in 2021 by Bexley’s Safeguarding Adults Board (BSAB). Each year since, the Board has invited nominations for professionals and teams across England who have gone above and beyond, demonstrating an outstanding commitment to safeguarding adults and their families. The new national award called ‘We See You – We Hear You’ came into being after members of the BSAB agreed on the importance of recognising those who work to make sure adults in the community are safe.



This year’s award ceremony was held on the 23<sup>rd</sup> November 2023. Several nominations were made for individuals and teams across the Kent Community Warden Service. The **Maidstone and Tonbridge and Malling Team, led by Sandra Edmonds (below), won both the Empowerment Team Award and the Protection Team Award** for their work with adults at risk within their communities and through their work identifying, supporting and empowering those vulnerable individuals. **Well done to the winners, nominees and all wardens for the positive impact they continue to make to their communities.**

### Priority 3. Embedding improvement and shaping future practice – organisations keep getting better

As highlighted in Priority 1, **the Making a Difference Every Day – Locality Operating Model was introduced in April 2023**, as part of our ongoing practice improvements. The new model was developed to keep the person central to the support they receive, reducing the need to go to various other teams. This is helped by working dynamically, in multi-disciplinary teams, combining the knowledge and experience of our practitioners.

Safeguarding remains a priority, and to further strengthen the support provided to the person concerned, and to ensure that the volume of Safeguarding Concerns received are addressed in the most robust and efficient way, KCC Adult Social Care introduced Safeguarding Hubs in March 2024. The introduction of the Safeguarding Hubs is part of the continuous improvements following the introduction of the Locality Operating Model. The Hubs have been developed within the four Area Referral Services

situated in Ashford and Canterbury, Thanet South Kent Coast, West Kent and North Kent, to help people receive the right support at the right time. In addition, the Safeguarding Hubs support better and more effective communication with local partners and professionals.

The KCC Adult Social Care Principal Social Worker working collaboratively with Practice Development, Strategic Adult Safeguarding and operational colleagues developed **Safeguarding Operational Practice Guidance for Adult Social Care colleagues**, introduced in October 2023. The internal document compliments the KMSAB Safeguarding Practice, Policy, Protocols and Guidance providing and provides robust and clear guidance for ASC colleagues.



**Care Quality Commission (CQC) Assessment** - As part of the national social care reform changes, a new Care Quality Commission (CQC) assessment process for Adult Social Care statutory functions started in April 2023. CQC's role is to provide an independent assessment to the public of the quality of care in their local area and how we are meeting our duties as part of the Care Act 2014. During March and April 2024, KCC gathered a number of documents for CQC as part of the required information return to inform the first stage of the assessment process. CQC will review this information and start to contact a number of voluntary and community organisations to inform the next stage of assessment.

KCC have undertaken a self-assessment to identify our areas of strengths and areas we need to improve on. This is a live document and therefore we will continue to revisit frequently to update with improvements made in the identified areas to strengthen. To support our continuous improvement, we have sought opportunities for a peer review by the Local Government Association (LGA), to assist with our goal for continuous improvement. This work will continue throughout 2024.

Ongoing staff learning is also gained from the many **themes identified within Safeguarding Adult Reviews (SARs) and Safeguarding Concerns received by the Local Authority.**

**Self-Neglect** continues to be an area of concern. To address this, KCC Strategic Safeguarding Unit provided a number of **Self-Neglect Workshops** for over 600 operational colleagues between December 2023 to March 2024. The workshops covered available guidance including the [Kent and Medway multi-agency self-neglect and hoarding policy and procedures](#), the importance of hearing the person's voice by [Making safeguarding personal](#), highlighting the use of the **Clutter Image Rating tool** which provides clarity and consistency when assessing hoarding situations (appendix 2 of the above Self Neglect policy), and examples of learning from Kent and Medway Safeguarding Adult Reviews. The feedback at the end of the Workshops was very positive, with 96% of attendees feeling "*more confident in using the KMSAB Self Neglect policy*" and felt they had "*an overall greater understanding of the impact of Self-neglect*".

**The Kent Integrated Domestic Abuse Service (KIDAS)** contract has entered its 8th successful year. In 2023/24 the Single Point of Access received over 18,400 referrals; 3602 individuals were then referred on to the KIDAS lead providers for support in refuge and the community. Whilst we have seen a decline in referrals coming through the single point of access we have seen a 73% increase of new entrants being supported by KIDAS when compared to 2022/23. The **Specialist Independent Domestic Violence Adviser (IDVA) service** supported 186 individuals across 2023/24 with 3% of those that receiving support being male.

People who have used the service have reported that interventions delivered through the Enhance Therapeutic Support have increased self-esteem, reduced anxiety, and they feel better able to manage

aspects of their daily lives. This support included 1:1 Adult counselling, Self-esteem and confidence courses and activities to support women recovering from trauma including crafts, art therapy, yoga, gardening, theatre club.

There is a KIDAS Tenancy Support Worker in each area of the county, specifically intended to support women living in refuge with move-on especially those with more complex needs.

**The Hospital IDVA (HIDVA) service** provides IDVA support within the hospital setting. They are able to quickly react to any referrals from hospital staff around suspected domestic abuse. They also work to train staff in recognising and reporting domestic abuse. The HIDVA Service received 440 referrals in 2023/24 of which 425 became clients of the service. At the end of 2023 **KCC launched its first Male refuge pilot** which contains three bedspaces and offers support for male survivors and their accompanying children who are fleeing domestic abuse. This service opened on the 1st December 2023 and was full within 3 weeks.

KIDAS also led on the **'Know, See, Speak Out'** social media campaign which ran across 16 consecutive days in November / December 2023. We significantly increased our reach and engagement on last year, with a more diverse group of organisations and businesses sharing the campaign. The employer champions created 105 champions, 1433 partners and networks engaged with the campaign with 711 books for webinars and a total seen reach across all content of 5.6 million.



Information was shared via BBC South East as well as Heart FM breakfast news and KentLive news article. The SAFER Scheme went live on 1 December 2023. The SAFER Scheme comprises of a Single Point of Access, Property Security (such as security advice, door locks, window locks etc.) and the offer of a support package for occupants of the home that has been made safer (KIDAS for adults 16+ and SASS for children and young people 0-25yrs). The SAFER Scheme is designed to enable victims and survivors the choice to remain in their own home, where it is safe to do so, and where the perpetrator does not live. Alongside enabling people to remain in their own homes, the scheme aims to improve safety, health & well-being and prevent harm. The SAFER scheme supports the Council in expanding its offer of safe accommodation. Up until 31 March 2024 there have been 112 households referred to be made safer by this service, a total of 139 adults and 174 children were residing in these properties. **Of those referred, 86 properties have now been made safer with a total of 119 adults and 146 children who are now living in safe accommodation and have access to support.**

## Kent Police

### Priority 1. Promoting person centred safeguarding - this means putting adults at the centre of our work.

#### **New Neighbourhood Policing Model**

A new Neighbourhood Policing (NHP) model has been implemented by Kent Police, where every ward in Kent has a designated beat officer who receives additional support from their divisional neighbourhood task force to carry out the following duties:

- Crime Prevention - work with partners, support services, and communities to safeguard vulnerable adults to prevent them becoming victims of crime and anti-social behaviour. Working in partnership to ensure adults with care and support needs get the right care by the right person.
- Develop a Problem-oriented Policing approach, working with internal and external stakeholders, sharing information to design solutions to reduce harm, focussing on repeat callers and those with complex needs.
- Use innovative methods to develop specialist knowledge and understanding of methods used to exploit vulnerable adults, identifying those most at risk of exploitation or being coerced or controlled into criminality by those seeking to exploit their circumstances. This will include working with partner agencies to enhance standards of living, ensuring that they are fully supported throughout the process of any police or partners intervention.

#### **Kent Police Open Days**

Kent Police hosted three open days in summer 2023; attended by over 16000 people. These days offered a unique chance to engage with a wide range of individuals to help promote an understanding of policing and offer advice on crime reduction. There were stands dedicated to KMSAB, Kent Fire & Rescue Service, Crime Prevention, Protecting Vulnerable People, Office of the Police and Crime Commissioner and Kent County Council Trading Standards – all promoting safety and signposting to services to support those in need. Feedback from the public on the events has been excellent, and the force received hundreds of positive comments across our social media channels as well as in person on the day.

#### **Violence Against Women and Girls**

Kent Police has continued to strengthen the service we provide over the last year. We have engaged over 7,000 women and girls across Kent, this has enabled us to understand what it is like to live, work and socialise in the county. Some of the events are detailed below:

- 40 VAWG Walk & Talks took place across the county, these events allow Kent Police to walk with women and girls, to see their local areas through their eyes. These events were supported by Neighbourhood Watch, Crimestoppers, Kent Fire and Rescue Service, Department of Work and Pensions, Community Safety Partnership, Violence Reduction Unit, and other support services.
- The force hosted four VAWG engagement events, where members of the public and wider stakeholders were able to engage directly with force VAWG leads, and their local policing teams. These were hybrid events attended either in person at each district or virtually.
- Divisions have mapped their local communities and arranged numerous events with diverse community groups to highlight the work taking place, to seek feedback and build relationships to encourage reporting. One event, held with English for Speakers of Other Language (ESOL) included

a victim sharing her positive experience of Kent Police at the event to give confidence in our service.

VAWG is a priority across the partnership and work continues to understand wider public perception of safety with the objective being to both reassure our communities and ensure that we provide a service capable of meeting all women and girl's needs.

### **Hourglass Independent Domestic Violence Advisor (IDVA) Service**

After its introduction to Kent & Medway last year the Office of the Police and Crime Commissioner has provided additional funding for the Hourglass IDVA Service. This funding has allowed for an additional independent domestic violence advisor (IDVA) in Kent and Medway to provide support to older victims of Domestic Abuse and Sexual Abuse from the point of crisis and beyond recovery. More information can be found at [Hourglass \(wearehourglass.org\)](https://wearehourglass.org)

### **Qwell Pilot**

The Office of the Police and Crime Commissioner has provided funding to pilot the delivery of the Qwell digital emotional wellbeing and mental health service, supporting adult victims of crime in Kent with a special focus on victims of domestic and sexual violence. The service provides structured support with a professional, self-help tools and a community support forum. More information can be found at [Home - Qwell](#).

### **Annual Policing Survey 2023**

As part of his commitment to actively engage with the diverse communities of Kent and Medway, the elected Police and Crime Commissioner (PCC), Matthew Scott, launched his seventh Annual Policing Survey in July 2023. 4,538 survey responses were received overall. Whilst not specifically targeted at Adults at risk of Abuse and neglect the survey did cover several key issues such as how safe people feel and how effective the Police were at dealing with issues such as antisocial behaviour which was seen by the public as the 4<sup>th</sup> biggest crime related issue. Results also showed that on average, residents of Kent and Medway do trust the police and more people think the Force performs well. There was strong support for the approaches of dealing with antisocial behaviour issues via Community Reparation (when unpaid community work is undertaken by the offender) and Restorative Justice (a meeting between the affected individuals and those who caused the harm).

### **Police Visual Handbook (PVH)**

Kent Police has subscribed to the Police Visual Handbook (PVH) website and app. This provides access to regularly updated guidance and best practice covering all aspects of policing, including explaining the law in plain English, legislation changes, powers and procedures and Points to Prove. The PVH contains a section for frontline and investigative staff and officers on Investigating Vulnerable Adult Abuse which includes advice of issues raised during recent Safeguarding Adult Reviews such as mental capacity and self-neglect.



## Priority 2. Strengthening system assurance - How organisations are working together to support adults

### **Policing**

In 2022 Kent Police investigated over 4800 crimes involving adults at risk of abuse and neglect. Furthermore, Kent Police notified the Local Authority of over 2200 safeguarding concerns involving Adults at Risk. This was an increase on previous years and reflects the effectiveness of our new AWARE Adult Risk Assessment, which encourages frontline staff to consider the contextual risk when assessing an individual's care and support needs. The AWARE elements consist of Appearance, Words, Activity, Relationships and Dynamics, and Environment.

### **Right Care Right Person Agreement**

A national partnership agreement was signed in July 2023 to implement a new approach known as 'Right Care Right Person'. Kent Police began rolling out this new approach to dealing with health incidents where policing is not always the best agency to respond. This will mean partners review their approach to managing such incidents and, unless there is a **significant safety risk or crime being committed**, agencies will look to their existing policy and procedures to manage them. This will ensure that Adults at Risk of Abuse or Neglect will receive the Right Care from the start. This process will formally launch in Kent in April 2024. Kent Police has held several information events and briefings with partner agencies in Kent and Medway

### **National Safeguarding Adults Awareness Week Joint Visits**

To help promote awareness of issues identified in Safeguarding Adult Reviews, Kent Police Community Safety units have carried out visits to adults with identified needs for care and support in the community who had been victims of fraud previously. In total, 52 visits took place across the county during the week with a total of 12 further visits attempted but with no reply. Many of these visits were carried out jointly with Kent County Council Wardens. The following issues were identified during these visits and appropriate advice, referrals and/or signposting given:

- Self-neglect and Hoarding
- Carers Needs Assessments
- Advocacy
- Social Isolation
- Call Blocker Initiative to help combat telephone Fraud.

In total 11 referrals were made to partner agencies for further support.

### **Care Quality Commission (CQC)**

Recognising the need to hold care homes responsible for the safety of adults at risk in their care, Kent Police hosted a training event led by the CQC for Investigators to raise awareness of and promote working with the CQC Investigations Team. This training included relevant legislation and how to refer concerns to the CQC. This input was used to create an information page on the Kent Police intranet for all staff to use when investigating relevant cases.

### **Kent & Medway Fraud Panel**

Kent Police has continued to chair the Kent and Medway Fraud Panel. The Fraud Panel has been formed to work collaboratively in investigating allegations of fraud, prosecution of offenders, recovery of

criminal assets and the safeguarding of residents and victims. This co-ordinated approach has resulted in 141 Fraud alerts being circulated via the Kent Fraud Alert System reach 250,000 subscribers and over 2.3 million people via social media. The panel has also developed the Courier Fraud Trigger Plan, with alerts going out the above channels with an estimate estimated 80% success in protecting victims of such frauds. These alerts are also shared with banks to help spot victims and offenders.

### Priority 3. Embedding improvement and shaping future practice – organisations keep getting better

#### National Safeguarding Adults Awareness Week – Multiagency Training Event

Kent Police hosted a multiagency event with several guest speakers from different agencies and additional inputs by the Protecting Vulnerable People (PVP) Development Team which focused on issues identified during Safeguarding Adult Reviews. The following were topics covered:

- Role of Kent Police PVP Command – Kent Police PVP Development Team
- Role of the Kent & Medway Safeguarding Adults Board - KMSAB
- Safeguarding Dependant Drinkers - Alcohol Change UK
- Risk Assessment for Older Adult Abuse - University of Kent
- Professional Curiosity - Kent Police PVP Development Team
- Legal Literacy - Kent Police PVP Development Team

The event was run as a hybrid event taking place simultaneously in the Kent Police College lecture theatre and online via MS Teams. In total 131 people attended the event from a wide range of agencies including Police, Local Authorities, NHS, and Charities. Feedback from attendees was positive with respondents on average rating the day as 9/10 both in terms of relevance to their safeguarding roles and overall quality of the inputs.

#### Internal Staff Training

Throughout 2023/2024 Kent Police has held several internal training events aimed at raising awareness of issues surrounding Safeguarding Adults such as Professional Curiosity, Self-Neglect and Hoarding and legal literacy. These events have been attended by a range of staff and officers including frontline Local Policing Teams, Community Safety Teams and investigation supervisors and managers. Feedback from these courses has been positive.

#### New Interview Planning Form for Vulnerable Victims and Witnesses.

Recognising the need to enhance the accessibility of the criminal justice system for vulnerable victims and witnesses, Kent Police has launched a new form to gather information from such victims/witnesses of crime before evidential statements/interview take place. This is used by police interviewers to ensure they provide the best possible service when interviewing vulnerable victims and witnesses. By using this form investigators can gather information about communication needs of victims/witnesses to ensure the most effective evidence is gathered and to reduce the impact of stress on the individual. This form can then also be used to support applications for special measures at court to support victims and witness through the criminal justice process.

#### Therapy dogs at court: supporting vulnerable victims and witnesses

Vulnerable victims and witnesses attending court can now benefit from the support of a therapy dog. Kent Police introduced the “Support Dogs at Court” scheme in late 2023 to help reduce stress and anxiety for victims and witnesses giving evidence, demonstrating the force’s commitment to supporting and protecting victims, which is one of the core themes within the Kent Police Pledge. Support dogs are permitted at both Maidstone and Canterbury Crown Courts, and Medway and Folkestone Magistrates Courts, with further courts being considered. With enough notice, cases can be listed at an appropriate court to ensure a dog can be present.

### **Achieving Best Evidence (ABE)**

Kent Police have reviewed several videos recorded interviews against new guidance and practice reviews. This has identified opportunities to enhance our response and the course has been re-designed to ensure we get the best evidence and reduce the risk of re-traumatisation.

### **Kent and Medway Safeguarding Adults Board**

Kent Police has continued to fully engage with the work of the Kent and Medway Safeguarding Adults Board over the last year. As a statutory agency Kent Police attend all the working groups and have chaired several Task and Finish Groups looking at policy and practice review on behalf of the Practice, Policy, and Procedures Working Group. Kent Police also played an extensive role in the writing and review of the Agency Self-Assessment Framework on behalf of the Quality Assurance Working Group.

## Kent and Medway Integrated Care Board

### **Priority 1. Promoting person centred safeguarding - this means putting adults at the centre of our work.**

NHS Kent and Medway plan and buy healthcare services to meet the needs of 1.9million people living in Kent and Medway. As a leader in health we work with our partners, to make Kent and Medway a great place to live and where people lead longer, healthier, and happier lives this is supported by our NHS Kent and Medway Integrated Care Strategy <https://www.kmhealthandcare.uk/about-us/vision-and-priorities/kent-and-medway-integrated-care-strategy> .

The points below describe and evidence the ways NHS Kent and Medway have contributed to the Kent and Medway Safeguarding Adults Boards (KMSAB) priority of promoting person centred safeguarding during 2023-24.

- Promoting Adult Safeguarding to the public especially how they can respond if they have concerns that they or someone they know is at risk remains a key aim of the Board. Having a consistent message across agencies is needed. NHS Kent and Medway have actively participated in the KMSAB communication and engagement working group and have shared and supported the KMSAB’s agreed social media content plans throughout the year. Our sharing of social media content plans for safeguarding adults’ week in November 2023 saw a reach of 319 on Facebook and 154 impressions on Twitter. Sharing the message that “noticing is not nosiness” in this way has helped to see a significant increase in people accessing the KMSAB website where they can

access safeguarding information and support.

- NHS Kent and Medway is a commissioning organisation and therefore has limited direct patient facing contact; however triangulation of individuals' lived experience is gathered from Safeguarding Adults Reviews, serious incidents, and local intelligence. This triangulated information is then used to strengthen system assurance and promote a continuous improvement approach. Examples of this include:
  1. Further embedding the Mental Capacity Act (MCA) across NHS Kent and Medway All-Age Continuing Care teams, supporting autonomous decision making and where appropriate the implementation of reasonable adjustments to support those with complex needs.
  2. Thematic safeguarding learning and its application has been consistently shared across the 180 GP Practices of Kent and Medway via GP bulletins, safeguarding lead forums and Primary Care protected learning times with subjects covering Veterans support, Hearing services, Executive dysfunction, Suicide prevention, drug and alcohol dependencies, Hoarding, Self-neglect, maternal mental health, domestic abuse and referral processes. This has supported practitioners to understand and promote safeguarding in their everyday practice.
  3. Last year's NHS Kent and Medway's Annual Report to the KMSAB reflected on the focused work that had been undertaken to support East Kent Hospitals University Foundation Trust. This had included an MCA audit and improvement plan following triangulation of learning from incidents. Work has continued this year with the Trust employing an MCA Lead within their structure. The NHS Kent and Medway Designate has been able to support the Trust to produce and socialise an MCA policy and introduce a new IT solution to ensure Capacity and Best Interest assessments could be easily recorded on the patient electronic record. This IT solution will improve access, quality, and auditability of assessments. The collaborative working process has helped to raise the profile of MCA in the trust and supported the MCA lead in networking opportunities. Findings and experience of the collaborative audit were shared to the KMSAB Quality Assurance Working Group (QAWG) and in November 2023 the Adult Designate aligned to the Trust and the Trusts MCA lead were nominated for a National Safeguarding Adults Board Award in the category of Partnership champions. Both received acknowledgement for changing practice and implementing change for the promotion and practical application of the Mental Capacity Act.
  
- NHS Kent and Medway's role as a health system leader allows for the safeguarding team to have a reach to services across the system and share messages, learning and best practice information. NHS Kent and Medway safeguarding team has shared the messages of adult safeguarding and the roles and responsibilities of the Board at various forums/groups such as
  1. Health Reference Group
  2. Primary Care protected learning time.
  3. Safeguarding lead forums
  4. Advanced clinical practice conference
  5. Representation at the 2023 Kent Police open day
  6. Health care support worker conference



NHS Kent and Medway utilised various platforms to promote the message of safeguarding adults' week.

This included blogs, vlogs, social media content plans, a safeguarding quiz and a presentation to the health and care support worker conference. The activity that the team undertook has supported the visibility of the team in the ICB (Integrated Care Board) and to colleagues across the system.

- Case study of learning in action: A Safeguarding Adults Review made recommendations for a GP Practice to review the guidance from National Institute for Health and Care Excellence in respect of Insomnia. The GP practice exceeded the recommendation and by undertaking their own research producing best practice guidance on the promotion of sleep hygiene instead of pharmaceutical interventions. This had been shared within the practice who have seen a move to patient centred management of insomnia as opposed a pharmacological approach. The practice has agreed for the sharing of this across Kent and Medway.

## Priority 2. Strengthening system assurance - How organisations are working together to support adults

The points below describe and evidence how NHS Kent and Medway has contributed to the Kent and Medway Safeguarding Adults Boards (KMSAB) priority of strengthening system assurance during 2023-2024.

- NHS Kent and Medway provide active representation to the KMSAB Quality Assurance Working Group which co-ordinates quality assurance activity and evaluates the effectiveness of the work of all KMSAB's partner agencies, to safeguard and promote the welfare of adults at risk of abuse or neglect.
- NHS Kent and Medway undertook the KMSAB Self-Assessment Framework (SAF) in November 2023. The SAF process supports agencies to review progress against key standards and learning across the course of the year. The initial peer review at the start of 2024 provided NHS Kent and Medway safeguarding team with some key points to support progress through over the next 18 months. NHS Kent and Medway have completed an action plan demonstrating how compliance with SAF will now be made.
- In last year's KMSAB annual report NHS Kent and Medway shared that an independent audit from a specialist business assurance provider (TIAA) was undertaken feedback was received in

quarter 1 of 2023-2024. Feedback was noted as “reasonable assurance” with some recommendations to provide ratification for the allegation and safeguarding policies. These have now been completed with updates to the TIAA action plan.

- NHS Kent and Medway ensure that quality of safeguarding practice within the ICB is effectively monitored via monthly formal assurance meetings which are attended by an NHSE (NHS England) regional safeguarding representative. This provides a robust safeguarding governance structure.



- NHS Kent and Medway retains responsibility for seeking assurance and monitoring the quality of safeguarding practice in NHS commissioned services across Kent and Medway. Across 2023-2024 assurance monitoring processes have continued to proactively support NHS commissioned services.
- NHS Kent and Medway retain responsibility for supporting and monitoring the quality of safeguarding practice for Primary Care services across Kent and Medway. Across 2023-2024 The team have worked with the NHS Kent and Medway primary care quality team to support practices identified by CQC/system intelligence as requiring additional support to improve safeguarding practice.
- The NHS Kent and Medway safeguarding team have also impacted adult safeguarding assurance outcomes through the delivery of level 3 safeguarding training across all primary care networks to 1629 delegates. Feedback on how training will impact practitioners to change practice was captured.
- The team have undertaken a review of ICB internal staff training, remapping staff competencies. The new face to face delivery ensures that safeguarding roles and responsibilities are included, and all staff receive training on what constitutes a safeguarding concern. Documents produced by the board will continue to be promoted.
- The team have also worked with provider and NHSE regional safeguarding teams to support improvement across the system and example of the benefits of collaborative working is shared below.



## An Integrated Approach: Laying the foundations of cultural supportive change for Mental Capacity



- The SE Region and ICB System have worked together to support EKHUFT with an MCA LPS work plan to support their deliverable plan as part of the CQC assurance.
- We have produced audit tools, networking opportunities and jointly audited 3 sites across EKHUFT in relation to MCA practice.
- We have raised the profile of the MCA lead who has shared practice and development discussions with other regions to reflect on systems and practice.
- We have met with clinical staff and gathered their views on MCA and the systems in place in real time.
- We have highlighted key areas of priority and the Head of safeguarding and the MCA Lead have started operational change including an MCA Policy, Training Strategy bespoke MCA training champions, promotional material for MCA and LPS A key area for required to support the workforce must include systematic changes within the Clinical information system.

## Benefits of Collaboration

- Highlighted key areas of priority for operational change including:**
- Systematic changes to the Clinical information system that will continue to support any upcoming LPS changes and support improvement for future Trust MCA audits.
- an MCA Policy
  - Training Strategy
  - promotional material
- Raised the profile of the MCA in the trust including the profile of the MCA lead**
- Networking opportunities**
- Strengthened relationship between ICB & Trust**
- Shared vision for outcomes
  - Fostered a culture of constructive challenge
  - Supported escalation of concerns
- Improved the quality of MCA application and documentation**
- Trust ability to provide assurance to ICB improved
  - Trust staff have felt listened to as involved in change
  - improved quality of MCA training
- Patients are empowered in decision making**

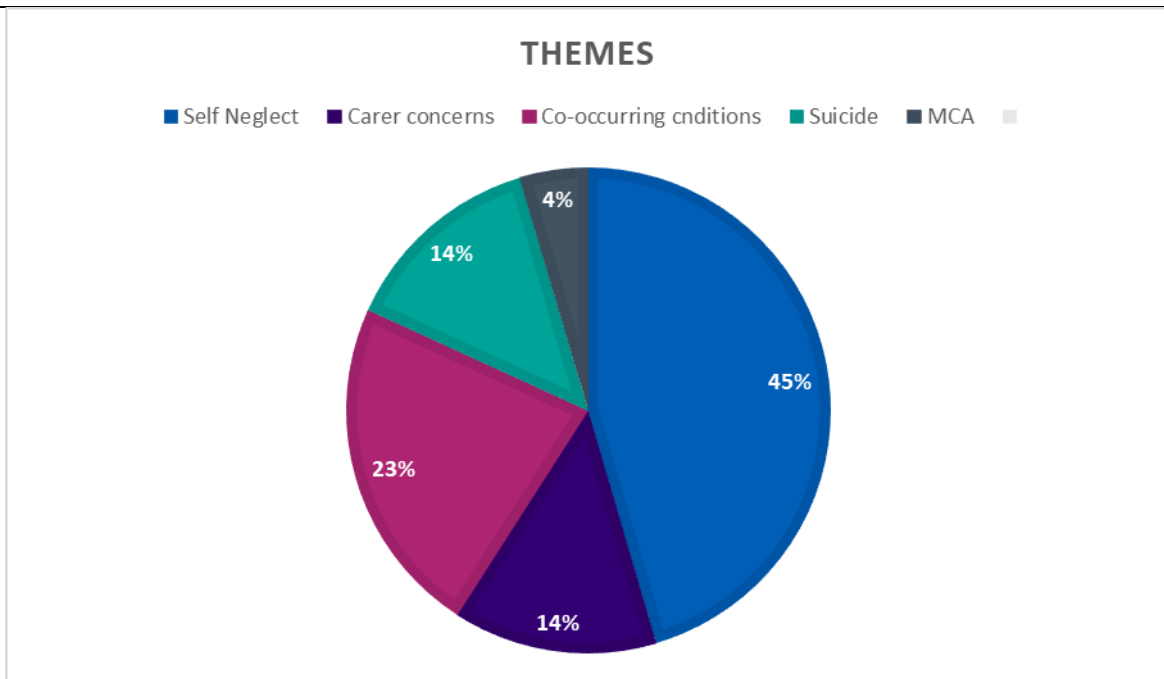


- NHS Kent and Medway has worked collaboratively with system partners to improve multi agency working by undertaking a review of safer discharge. NHS Kent and Medway have looked at multiple approaches to share learning on safer discharge across the system to ensure that safeguarding is considered in all discharge processes. This includes raising awareness of vulnerabilities and complex needs from the point of admission.
- NHS Kent and Medway have raised awareness of the roles and responsibilities of both health and partner organisations through sharing of information relating to:
  1. Right care right person – new roles and responsibilities
  2. Raising concerns – new electronic KCC safeguarding concern forms and changes to Hub models.
  3. Participation in producing cooccurring conditions protocols and promotion of safe accommodation.

## Priority 3. Embedding improvement and shaping future practice – organisations keep getting better

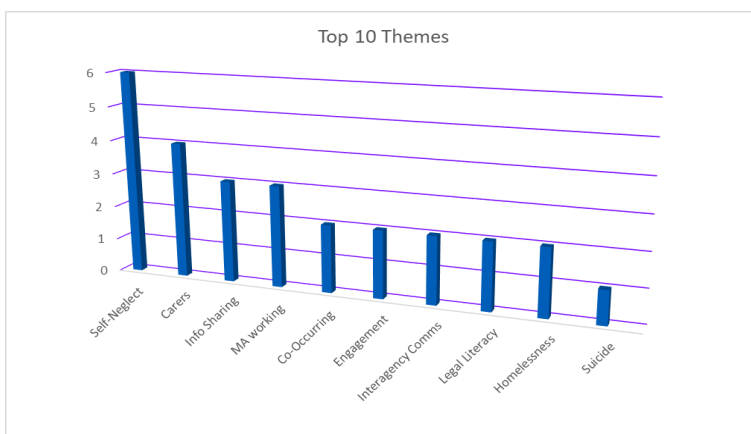
The points below describe and evidence the ways NHS Kent and Medway have contributed to the Kent and Medway Safeguarding Adults Boards (KMSAB) priority of embedding improvement and shaping future practice during 2023-2024.

- All staff working in the ICB can access safeguarding adults training according to the mapped training need.
- All the NHS Kent and Medway adult designate team are trained to health competencies at level 5.
- The team support the culture of learning and have continued to ensure that there is a clear process in place to share learning from SARs to Primary care services across Kent and Medway. This is undertaken by ensuring that learning from reviews is shared via:
  - Regular GP bulletins
  - Reflective synopsis of case learning at monthly safeguarding lead forums
  - Reflective presentations for involved practices.
- NHS Kent and Medway has further shared learning from SARs. 17 new SARs (Safeguarding Adult Reviews) in 2023-24 showed the following themes:



The themes of the newly commissioned SARs are not dissimilar to those of previous years. Self-neglect remains the most common theme and is commonly linked to co-occurring conditions such as substance misuse and poor mental health. The identification and support of carers is a persistent issue surfaced in many SARs, despite remedial work being undertaken to support clinical practitioners. The increase in suicide has been noted and there is currently work being undertaken with Public Health.

There were 13 SARs published during 2023-24, the graph below shows the top ten most prevalent themes:



- Self-neglect was the most prevalent Kent & Medway (K&M) theme, this reflected the national picture where it featured in 60% of the SARs reviewed. Information sharing, multi-agency working, interagency communications & legal literacy were all identified nationally as themes. Co-occurring conditions, homelessness, carers need, and suicide were not identified nationally as an issue; therefore, it can be concluded that these issues are likely to be specific to K&M and cross agency working is required to address them. Work undertaken to address these local themes an



example of this is work undertaken around a co-occurring conditions. From January 2022-December 2023 there were 4 SARs where there were the recommendations for improvements when working with people with co-occurring conditions, since January 2024 none of the SAR (Safeguarding Adults Review) notifications received by NHS Kent and Medway indicate co-occurring conditions is a theme: at this stage this identifies a potential improvement across the health system, particularly primary care and KMPT. The NHS Kent and Medway will continue to gather assurance, track data, and monitor that the new Mental Health Pathways are working to support people living with co-occurring conditions. The theme across 2024-25 will also be monitored using the Statutory Review Tracker and NHSE Database/Dashboard, this will allow identification of whether further work/training is required across Kent and Medway Health system for this area. NHS Kent and Medway will continue to work Mental Health providers to support this work.

- The ICB has highlighted the need for practitioners to consider the role of the carer and to offer carers assessments. Materials and guidance have been shared via GP bulletins, GP PLT sessions and via Safeguarding Awareness Week 2023. The ICB is a partner organisation supporting the work of the Kent & Medway Suicide Prevention Steering Group and has publicised / socialised the K&M suicide prevention strategy to aid practitioners to support those with suicidal ideation.
- Designate Nurse for Safeguarding Adults has shared learning, examples of this included:
  - Presentation of SAR Pablo with the Kent Combatting Drugs Partnership meeting to support a range of senior representatives from agency partners across the Kent system in understanding how they can support front line staff to improve outcomes by considering use of the Kent and Medway Multi Agency Risk Management Framework alongside the Multi Agency Protocol. Sharing the learning supported discussion of how MARM and the Protocol may have improved the outcome for Pablo.
  - Presentation of learning from SAR Rosie & Emma at the Kent Co-occurring conditions away day to support learning in respects of adults at risk living with this need and to promote the new updated multi agency co-occurring protocol to support practitioners across the Kent and Medway system understand how they can use the protocol to improve outcomes.
  - Designate Nurse for Safeguarding Adults wrote a case study for SAR Pablo that now features as a case study example within the new Kent and Medway Multi Agency Risk Management Framework which will support practitioners across the whole Kent and Medway system with understanding the learning and how use of MARM could support an improved outcome in the future.
- Learning from reviews is also shared via NHSE regional safeguarding meetings to enable wider regional and national themes to be reflected upon with the ability to share learning beyond Kent and Medway.
- Learning from reviews is also shared via NHS Kent and Medway commissioning and contract teams to influence changes in processes and pathways. An example of this has been NHS Kent and Medway undertaking work around the availability and commissioning of specialist Learning Disability and Autism placements.
- There have also been independent inquiries which relate to the Kent and Medway health system

that have been published. These include the Kirkup Report in October 2022  
[https://assets.publishing.service.gov.uk/media/634fb083e90e0731a5423408/reading-the-signals-maternity-and-neonatal-services-in-east-kent\\_the-report-of-the-independent-investigation\\_print-ready.pdf](https://assets.publishing.service.gov.uk/media/634fb083e90e0731a5423408/reading-the-signals-maternity-and-neonatal-services-in-east-kent_the-report-of-the-independent-investigation_print-ready.pdf)

and the phase 1 Fuller Report in November 2023

<https://www.gov.uk/government/publications/david-fuller-inquiry-phase-1-report>

NHS Kent and Medway are working with health commissioned services across Kent and Medway seeking assurance and supporting action planning / implementation of recommendations. Outcomes of this assurance process will be reported in next year's annual report.

## Medway Council

**Priority 1. Promoting person centred safeguarding - this means putting adults at the centre of our work.**

**Objective one – Raise awareness of adult safeguarding to ensure that people understand what abuse is, how to recognise the signs and how to seek help.**

Medway Council has information on the Council website to support residents understanding of safeguarding adults. The website includes information about what adult abuse is, enquiry types and how to report abuse. Over the year 2023 -2024 there were 15,736 visits to the safeguarding pages.

Medway Adult Social Care has a monthly Principal Social Worker and Safeguarding newsletter which is circulated to all Adult Social Care staff. The newsletter includes messages and tools from the KMSAB, learning from Safeguarding Adults Reviews and details of any training on offer. KMSAB policies and protocols are included in each edition to support practitioners' knowledge remain up to date.

As part of safeguarding awareness week 2023, Medway Adult Social Care shared the KMSAB posts via social media with a reach of 5.7k people. Information was also shared on the internal weekly staff bulletin, Our Medway, to raise awareness about safeguarding adults work to all council staff. During safeguarding awareness week, Adult Social Care ran an information stand in the Pentagon Shopping Centre. Both the Operational Safeguarding Lead and Councillor Theresa Murray were able to meet some of the residents of Medway and raise their awareness of adult safeguarding by sharing key information, answering questions and signposting to resources and services.

In June 2023, Adult Social Care took part in MP Tracey Crouch's Over 55's Advice and Information Fair to share information on the KMSAB and adult safeguarding. The aim of the fair was to ensure that older people are aware of the services available to them. The stand was well attended by the 450 residents who attended the fair and information was able to be shared to help raise awareness amongst the over 55's cohort and their support networks.

To increase the understanding with partners about safeguarding adults works, Adult Social Care delivered sessions about adult safeguarding as part of the World Homelessness Day conference that

was hosted by Medway housing colleagues in October 2023. The session covered the three-point threshold for safeguarding, what happens when Medway Council receive a safeguarding concern and the KMSAB multiagency document about what makes a good referral. Partners in attendance included care providers, Public Health, The Department for Work and Pensions and health partners.

**Objective two – Enable residents of Kent and Medway to voice their opinions on the work of the Board.**

Medway Adult Social Care has identified the need to further strengthen our engagement with staff, partners, and residents. To support us achieve this a new role of an Engagement Manager Lead, has been created and recruited to. The Engagement Manager is tasked with ensuring residents voices are heard across all aspects of Medway Adult Social Care service delivery, including safeguarding adults work. The feedback from engaging residents will be used to inform strategic and operational plans and strengthen partnership working, where the need for improvement has been identified by individuals and their representatives.

**Objective three – Ensure the voice of the person (or their representative) who has been involved in our safeguarding system is heard in respect of their safeguarding experience.**

Within the safeguarding concern document, the referrer is asked whether they have discussed the concern with the person and sought their views where it is safe to do this. This promotes the ethos of Making Safeguarding Personal from the beginning of the safeguarding process and supports the person to feel in control of the process from the start.

Quarterly safeguarding audits take place and as part of the audits, it is specifically reviewed whether the views of the person or representative were asked. In instances where this has not happened reflection and learning opportunities take place with the Inquiry Officer and the Designated Senior Officer. Our data demonstrates that the number of people being asked about their desired outcome rose from 80.5% in 2022/23 to 85.6% in 2023/24.

There is a formal process in place to seek feedback from individuals about their experience of safeguarding. It has been identified that the current method of seeking feedback can be further strengthened. As part of Adult Social Care's commitment to strengthening the current system we have introduced and recruited to the Engagement Manager post detailed earlier in the report. The feedback gained by the Engagement Manager will feed into the service improvement plan.

To utilise the KMSAB resource about Making Safeguarding Personal, a session was delivered to staff at the Divisional Away Day in October 2023. The session included sharing information about what Making Safeguarding Personal is and how this can be embedded in practice. Attendees took part in a tabletop exercise about what Making Safeguarding Personal looks like in practice. Feedback from this activity has been collated to inform practice going forward.

Medway Adult Social Care has a contract with an advocacy provider to ensure that advocacy can be provided to those who want or need to access advocacy support. Utilising advocates ensures a person who requires or would like support to voice their views can receive this specialist independent support making the safeguarding process more equitable. Advocacy also enables those who lack capacity to have an independent person work in their best interests throughout the safeguarding process, ensuring objectivity and providing independent challenge to the professionals and/or family

involved.

An example of when advocacy has successfully enabled a person to have a voice within the safeguarding process is the example of T. Concerns of financial and material abuse were raised in respect of T and T's spouse. T's spouse refuted the concerns. However, as T was also identified as being at risk, their views needed to be sought. T had some health challenges which meant they required additional support to express their views and wishes. Advocacy was therefore considered and implemented. The advocate was able to seek T's views independently and compiled a report which was read out at the safeguarding meeting. T's views and wishes were expressed and the outcomes that they wanted were able to be achieved. As T had health challenges there was the risk that their views were not sought, and the views of T's spouse only considered. However, T was considered in their own right, and support implemented to ensure that their voice was heard, which resulted in the risks to T and their spouse being removed.

**Objective four – Seek assurance that each partner agency's workforce demonstrates 'professional curiosity' and has processes in place to allow them to reflect on their practice and receive appropriate supervision.**

A Quality Assurance Framework has been developed by the Principal Social Worker and is the process of being embedded across the division by the Heads of Service. The Quality Assurance Framework is the approach used by adult social care to ensure the work undertaken is of the highest quality. The framework provides a mechanism to evaluate not only the effectiveness of practice but also provides opportunities for reflection and learning.

A new post was created and recruited to in November 2023 of Practice Development Manager. Since the introduction of this post an additional Practice Development Manager post has been agreed and recruitment is in process. The introduction of the Practice Development Manager roles has greatly increased the ability and capacity for Adult Social Care to build on practice strengths and start to make improvements in areas identified as requiring development.

The Principal Social Worker has introduced a 3 weekly, Mental Capacity Forum. The forum enables practitioners to present cases and scenarios relating to mental capacity which are complex. At the forum practitioners receive support and supervision from the Principal Social Worker, managers and peers. The impact of the forum is that practice is strengthened as a variety of strategies are contemplated, legal frameworks and implications are considered, and the person's voice kept at the centre of discussions, resulting in well thought out, legally compliant interventions. The forum also provides learning opportunities and promotes professional curiosity as it is also attended by students and newly qualified social workers who listen to the case discussions and contemplations.

## **Priority 2. Strengthening system assurance - How organisations are working together to support adults**

**Objective five – Establish a mechanism to identify system issues and risks to provide assurance to Kent and Medway residents that effective safeguarding arrangements are in place.**

Performance data is used to analyse activity and performance in relation to safeguarding adult's work. The data informs about the volume of safeguarding concerns and enquiries and highlights whether these elements of the process are being completed within the expected timescales. The impact of regularly monitoring performance data is that Adult Social Care are able to be responsive, in relation to increases in demand.

There is a framework in place which enables the Directorate's Senior Management Team to regularly review the safeguarding data. A weekly report is sent to the Director and Assistant Director which highlights demand and any risks or pressures in being able to effectively meet demand. A monthly update is also presented to the Quality Assurance and Performance Improvement Board and the Health and Social Care Oversight Board, which is chaired by the Portfolio Holder, Cllr Theresa Murray. The impact of this senior oversight is that if required, additional resource or agreement to move resource can be agreed promptly, ensuring safeguarding arrangements continue to be effective and responsive to change.

Safeguarding audits take place every quarter. Audit outcomes are shared at the Quality Assurance & Performance Improvement Board. The impact of this is that areas of good work can be shared and if there are areas of concern, this forum provides the opportunity for decisions to be made promptly and for concerns or risks to be escalated quickly and appropriately.

There is a monthly internal high-risk panel where practitioners present cases that are assessed as highly complex or high risk. The Panel provides the opportunity for practitioners to receive guidance and senior management oversight. The impact of the High-Risk Panel is that it enables close oversight of highly complex and risky situations. The additional oversight provides the opportunity for barriers to positive outcomes or risk mitigation to be discussed and management support to remove some of the barriers – for example approaching partners to request flexibility in their referral criteria or to undertake bespoke work.

**Objective six – Improving public understanding of the roles and responsibilities of our partners.**

Please see evidence under Objective 1.

**Objective seven – Improving interagency understanding of the roles and responsibilities of other partner organisations.**

A high number of inappropriate safeguarding concerns continue to be received; the majority being raised by partner agencies. To improve the quality and accuracy of safeguarding concerns received Medway Adult Social care have jointly worked with Kent County Council to develop a safeguarding threshold document which is due to be published. The safeguarding concern document has been redesigned to make clearer what constitutes a safeguarding concern. Impact will be measurable in the coming year.

A digital safeguarding concern form and a professional referral for Care Act assessments have been developed, to enable partner agencies to better understand the correct referral route to take. The impact is still to be measured but the introduction of clear and separate referral routes aims to improve partner agency knowledge about appropriate referral routes.

Public Health colleagues have developed a strategy for engaging with and improving outcomes for disadvantaged and hard to reach groups. The Principal Social Worker makes up part of this strategic group. An outcome of the strategy is that a new team has been created called the Medway Multi Disadvantaged Team. The team consists of a variety of partners from Housing, Health, Social Care, Drug and Alcohol Services, Counselling Services and Mental Health Services. The Team's aims to ensure services working in collective partnership, are transparent in both successes and challenges faced. The team use their collective powers, resources and knowledge to flex and change systems to create opportunities for success for all. The Principal Social Worker wrote a business case and made a successful bid for funding from Public Health for a new social work post to form part of this team and this post has been recruited to. Recruitment to this post has meant that there that there is dedicated social work resource with the skillset to undertake complex capacity assessments and identify those who need enhanced social care support, including those who are Neurodiverse.

A further example of when Adult Social Care have continued to develop positive partnerships is evident in the following example. Adult Social Care were made aware of a situation of a person living in their own flat where there were concerns were raised about cuckooing and illegal activity being carried out in the individual's flat. Good multi-disciplinary teamwork took place, working together to manage the risks and ensure safety. The partners included Adult Social Care, Community Mental Health Team, Kent Police and Medway Council Housing. The individual was supported to move to supported accommodation where they remain safe and well.

**Objective eight – Discharging their respective responsibilities to safeguarding people.**

Medway Adult Social Care has social workers and senior social workers employed to undertake adult safeguarding work specifically. This enables the council to have the skill and resource to respond to safeguarding concerns as they are received.

Senior Social Workers and managers have specific training about undertaking the role of the Designated Senior Officer. This ensures that the Council has staff who are skilled and competent to make decisions about thresholds, safety planning, enquiries and whether the safeguarding episode is appropriate to close.

Performance data is utilised to identify demand, themes and trends and enable effective review of resources to ensure safeguarding duties can be met.

Medway Adult Social Care have completed a right sizing exercise and gained significant investment to ensure that there is permanent additional staffing resource to manage the continued increase in demand.

**Objective nine – Ensure effective Board to Board/Partnership arrangements.**

Adult Social Care has designated representation at the Medway multi agency panels including MARAC, Blue Light, Integrated Locality Review and Vulnerability Panel. This enables collaborative working, to achieve the best outcomes for individuals.

**Objective ten – Ensure effective functioning board with appropriate support structures.**

Medway Adult Social Care is statutory member of the KMSAB and is fully involved in the work of the



KMSAB. There is appropriate representation in all of the working groups and active engagement in relevant task and finish groups. The Director for Adult Social Services is a member of the Board and the Assistant Director for Adult Social Care is the deputy chair and also member of the KMSAB Board thereby providing an appropriate level of seniority.

A Bimonthly Safeguarding Adult Review and Domestic Homicide Review meeting is held and chaired by the Assistant Director of Adult Social Care. The meeting provides the mechanism to monitor and track the progress of actions being undertaken as a result of direct learning from Safeguarding Adult Reviews and Domestic Homicide Reviews.

The KMSAB escalation policy is regularly promoted in the Principal Social Worker and Safeguarding newsletter and utilised as appropriate

### Priority 3. Embedding improvement and shaping future practice – organisations keep getting better

**Objective eleven – The voice of the person is listened to, and there is evidence their wishes are respected.**

Practice guidance has been developed for situations when engaging a person continues to be unsuccessful. The need for this guidance was highlighted by a statutory safeguarding adults review following the death of a person who was known to a significant number of agencies. The guidance was developed to support professionals navigate situations where individuals may resist or refuse support. It aims to promote understanding, respect autonomy, and find alternative ways to aid while considering the person's preferences and choices.

The Engagement Manager post was created and recruited to, to support Adult Social Care capture individual and representative feedback.

The advocacy service continues to be utilised, supporting individuals to voice their views.

Data demonstrates that the number of people being asked about their desired outcome has from 80.5% in 2022/23 to 85.6% in 2023/24.

**Objective twelve – Learn from experience and have a workforce that is knowledgeable and confident in the application of their safeguarding adults' roles and responsibilities**

In response to a safeguarding adults review, operational guidance has been developed regarding assessing risk and the risk assessment tool was reviewed and updated. This updated guidance is supporting staff to identify the level risk present and determine what next steps should be undertaken.

In response to learning from a safeguarding adults review, a range of bite size learning sessions on legal literacy were delivered, including ordinary residence, Sec 117 after care, Care Act duties, S9 and S11 assessment, record keeping and Powers of Attorney.

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**ADULT SOCIAL CARE CABINET COMMITTEE  
WORK PROGRAMME 2024/25  
UPDATED 07/01/2025**

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	September, November, March and May
Draft Revenue and Capital Budget and MTFP	November and January
Risk Management: Adult Social Care	March
Annual Complaints Report	November
Adult Social Care Pressures Plan	November

15 JANUARY 2025 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	Draft Revenue and Capital Budget and MTFP	Annual Item
7	24/00113 Carers' Support Services	
8	24/00112 Adult Social Care Provider Fee Uplifts (2025/2026)	
9	Transfer of the 18-25 section of the Strengthening Independence Service (SIS) from CYPE to ASC	
10	Kent and Medway Safeguarding Adults Board Annual Report	Annual Item
11	Work Programme	Standing Item
5 MARCH 2025 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	Regular Item

7	Risk Management: Adult Social Care	Annual Item	
8	Input from Strategic Safeguarding Team regarding Coroner's Inquest Enquiries and requests		Added November agenda setting meeting
8	Work Programme	Standing Item	
<b>8 JULY 2025 at 2pm</b>			
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	
7	Accommodation Plan		Added at 19/9 Agenda Setting
8	Work Programme	Standing Item	

**ITEMS FOR CONSIDERATION THAT HAVE NOT YET BEEN ALLOCATED TO A MEETING**

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