



Summons to and
Agenda for a
Meeting on
**Tuesday, 17th
December, 2019**
at **10.15 am** or on
**the rising of County
Council which ever
is the later.**



DEMOCRATIC SERVICES
SESSIONS HOUSE
MAIDSTONE

Monday, 9 December 2019

To: All Members of the County Council

Please attend the meeting of the County Council in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 17 December 2019 at **10.15 am or on the rising of the County Council meeting which ever is the later**, to deal with the following business. **The meeting is scheduled to end by 4.30pm.**

Webcasting Notice

Please note: this meeting may be filmed for the live or subsequent broadcast via the Council's internet site or by any member of the public or press present.

By entering into this room you are consenting to being filmed. If you do not wish to have your image captured please let the Clerk know immediately.

Voting at County Council Meetings

Before a vote is taken the Chairman will announce that a vote is to be taken and the division bell shall be rung for 60 seconds unless the Chairman is satisfied that all Members are present in the Chamber.

20 seconds are allowed for electronic voting to take place and the Chairman will announce that the vote has closed and the result.

A G E N D A

1. Apologies for Absence
2. Declarations of Disclosable Pecuniary Interests or Other Significant Interests in items on the agenda
3. Minutes of the meetings held on 17 October 2019 and, if in order, **(Pages 1 - 10)** to be approved as a correct record

4. Corporate Parenting Panel - Minutes for noting Minutes of the meeting held on 17 September 2019. **(Pages 11 - 18)**
5. Chairman's Announcements
6. Questions
7. Report by Leader of the Council (Oral)
8. New Safeguarding Children Multi-agency Partnership Arrangements **(Pages 19 - 26)**
9. Presentation of the Kent Invicta Award to Mr Steve Sherry CMG OBE (Chief Executive of Royal British Legion Industries)
10. Kent Adult Safeguarding Board Annual Report **(Pages 27 - 76)**
11. Adult Social Care and Health - top tier restructure **(Pages 77 - 86)**
12. Bexley and Kent Urgent Care Joint Health Overview and Scrutiny Committee **(Pages 87 - 92)**



Benjamin Watts
General Counsel
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KENT COUNTY COUNCIL

MINUTES of a meeting of the Kent County Council held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 17 October 2019.

PRESENT:

Mrs A D Allen, MBE (Chairman)
Mr G K Gibbens (Vice-Chairman)

Mr M J Angell, Mr M A C Balfour, Mr P V Barrington-King, Mrs C Bell,
Mrs P M Beresford, Mrs R Binks, Mr R H Bird, Mr T Bond, Mr A Booth,
Mr A H T Bowles, Mr D L Brazier, Mr J Burden, Mr D Butler, Miss S J Carey,
Mr P B Carter, CBE, Mrs S Chandler, Mr N J D Chard, Mr I S Chittenden,
Mr J Clinch, Mrs P T Cole, Mr N J Collor, Ms K Constantine, Mr A Cook,
Mr G Cooke, Mr P C Cooper, Mrs M E Crabtree, Mr D S Daley, Mr M C Dance,
Miss E Dawson, Mrs T Dean, MBE, Mr D Farrell, Mrs L Game, Mr R W Gough,
Ms S Hamilton, Mr P M Harman, Mr P M Hill, OBE, Mr A R Hills, Mrs S V Hohler,
Mr S Holden, Mr P J Homewood, Mr E E C Hotson, Mrs L Hurst, Mr J A Kite, MBE,
Mr P W A Lake, Mr B H Lewis, Mr R L H Long, TD, Mr R C Love, OBE, Mr G Lymer,
Mr R A Marsh, Ms D Marsh, Mr J P McInroy, Mr P J Messenger, Mr D D Monk,
Mr D Murphy, Mr M J Northey, Mr P J Oakford, Mr J M Ozog, Mr R A Pascoe,
Mr M D Payne, Mrs S Prendergast, Miss C Rankin, Mr H Rayner, Mr A M Ridgers,
Mr C Simkins, Mrs P A V Stockell, Dr L Sullivan, Mr B J Sweetland, Mr R J Thomas,
Mr M Whiting, Mr M E Whybrow and Mr J Wright

IN ATTENDANCE: Mrs A Beer (Corporate Director of People and Communications),
Mr D Cockburn (Corporate Director Strategic & Corporate Services), Mrs B Cooper
(Corporate Director of Growth, Environment and Transport), Mr M Dunkley CBE
(Corporate Director for Children Young People and Education), Mr A Scott-Clark
(Director of Public Health), Mr D Shipton (Head of Finance - Planning, Policy &
Strategy - and Acting Section 151 Officer), Ms P Southern (Corporate Director, Adult
Social Care and Health) and Mr B Watts (General Counsel)

UNRESTRICTED ITEMS

168. Apologies for Absence

The General Counsel reported apologies from Mr P Bartlett, Mr M Horwood, Mr A Hook, Mr G Koowaree, Ida Linfield, Mr S Manion, Mr K Pugh and Mr I Thomas.

169. Declarations of Disclosable Pecuniary Interests or Other Significant Interests in items on the agenda

(1) Dr Sullivan declared an interest, as her husband was employed by the County Council in the Early Help and Prevention Team.

(2) Mr Lewis declared an interest as his wife was employed by the County Council.

170. Minutes of the meeting held on 12 September 2019 and, if in order, to be approved as a correct record

RESOLVED that the minutes of the meeting held on 12 September 2019 be approved as a correct record and they be signed by the Chairman.

171. Corporate Parenting Panel - minutes for noting

RESOLVED that the minutes from the meeting of the Corporate Parenting Panel on 25 July 2019 be noted.

172. Chairman's Announcements

Mr John Fullarton

(1) The Chairman stated that it was with regret that she had to inform Members of the death of Mr John Fullarton, former Conservative Member for Broadstairs & Sir Moses Montefiore from 1997 to 2009.

(2) Mrs Binks and Mrs Dean paid tribute to Mr Fullarton.

Dr Tony Robinson

(3) The Chairman stated that it was with regret that she had to inform Members of the death of Dr Tony Robinson, former Conservative Member for Tonbridge West from 1997 to 2009. During his time at Kent County Council, Dr Robinson was the first Chairman of the Kent Health Overview and Scrutiny Committee.

(4) Mr Lake, Mr Long and Mrs Dean paid tribute to Dr Robinson.

(5) Following all of the tributes, all Members stood in silence in memory of Mr Fullarton and Dr Robinson.

(6) After the one-minute silence, the Chairman moved, the Vice-Chairman seconded, and it was resolved unanimously that:

“This Council records the sense of loss it feels on the sad passing of Mr Fullarton and Dr Robinson and extends to their family and friends our heartfelt sympathy to them in their sad bereavements.”

Suicide Prevention Programme award

(7) The Chairman congratulated the Kent and Medway Sustainability and Transformation Partnership Suicide Prevention team for their success in the National Positive Practice in Mental Health Awards, as the winners of the All Age Crisis and Acute Care category, and runners-up in the Suicide Prevention category.

New £20 note and the Turner Contemporary

(8) The Chairman informed Members that the new £20 note, which would be issued on 20 February 2020, featured J.M.W Turner and depicted the Turner Contemporary.

173. Questions

In accordance with Procedure Rule 1.17(4), 5 questions were asked and replies given. A record of all questions put and answers given at the meeting are available [online](#) with the papers for this meeting.

174. Strategic Statement Annual Report 2019

Mr Carter moved, and Mr Hotson seconded the following motion:

“County Council is asked to note and comment on the *Increasing Opportunities, Improving Outcomes* Strategic Statement Annual Report 2019”

(2) Following the debate, the motion set out above was agreed without a formal vote.

(3) RESOLVED that the *Increasing Opportunities, Improving Outcomes* Strategic Statement Annual Report 2019 and the comments made by Members be noted.

175. Report by the Leader of the Council (Oral)

(1) The Leader referred to his first speech as Leader of Kent County Council in 2005. He reflected on some of the significant changes that had taken place in the 14 years since he was elected Leader of the Council.

(2) He stated that the last 8 to 10 years had been very much affected by the era of austerity. He had compared some of the statistics that were around 14 years ago to now and the current net revenue budget of this Authority was almost identical to what it was 8 to 9 years ago when austerity started which was quite extraordinary. KCC delivered a complex array of people-based services with the same amount of money that it received 7 to 8 years ago. This was an enormous credit to all involved, especially Members working together with officers.

(3) Mr Carter referred to the substantial growth in reserves over the past 14 years and also the pension fund which over the past 8 – 9 years had probably grown faster than any other Local Government Pension fund.

(4) Mr Carter made reference to the next years budget and stated that with a little bit of his influence Local Government had got a one-year settlement and he hoped that there would soon be a Medium-Term settlement.

(5) Mr Carter highlighted the importance of having a well-motivated staff and mentioned the introduction of performance reward for staff. He emphasised the importance of KCC’s “can-do” approach.

(6) In relation to localism, Mr Carter referred to the lack of devolution to local government. He gave the example of the Regional Schools Commissioner and the extension of the academisation programme across the county.

(7) Mr Carter confirmed that he was a great believer in business/local government partnerships but considered that Local Enterprise Partnerships (LEPs) were not as effective as the previous Local Transport Plan allocation process.

(8) Mr Carter referred to the good progress made with KCC's traded services division, commercial services and other LATCO's and was pleased that after some initial issues these were doing well.

(9) Although Mr Carter considered that KCC had moved ahead in the procurement and commissioning process he expressed the view that more needed to be done to measure how those services were actually being delivered. He gave the example of increased SEN spending achieving less customer satisfaction and the need to work on putting the customer first.

(10) When he became leader in 2005, Mr Carter stated that he had raised the possibility of investing and re-investing in KCC's capital real estate and the establishment of a property company. He explained how he believed this could still be achieved.

(11) In conclusion Mr Carter stated that he was enormously proud of KCC's achievements and expressed his thanks to all those involved.

(12) Mr Bird, the Leader of the Opposition, congratulated Mr Carter on his service and achievements as Leader of Kent County Council and the level of support he had provided for Kent County Council's staff and the residents of Kent. Mr Bird commended Mr Carter's approach to putting Kent first and supporting Kent's most vulnerable and disadvantaged residents.

(13) Mr Bird stated that local authorities had borne the brunt of government cuts and he acknowledged Mr Carter's determination, tenacity and willingness to take tough decisions.

(14) Mr Bird referred to the most significant challenges facing Mr Carter's successor. These included the integration of health and social care, the improvement of vocational education and training, tackling climate change, protecting the environment and encouraging biodiversity, tackling inequalities within Kent and ensuring that Kent's carers were well supported and had respite breaks.

(15) Mr Bird thanked Mr Carter for his past 14 years of service as Leader of the Council.

(16) Mr Farrell, Leader of the Labour Group, emphasised the importance of investing in vocational training and supporting post-16 education in Kent which had been dramatically reduced.

(17) Mr Farrell commended Mr Carter's desire to work to improve the NHS and particularly apprenticeships. He sought Mr Carter's support for the reinstatement of

nursing bursaries in a bid to increase the number of nursing and midwifery course applications.

(18) Mr Farrell congratulated Mr Carter on his service and achievements as Leader of Kent County Council and commended his pragmatic outcome focused approach to the challenges that Kent had been faced with over recent years.

(19) Mr Whybrow, Leader of the Independents Group, supported Mr Bird and Mr Farrell's comments in relation to Mr Carter's Leadership. He expressed his thanks to Kent County Council's officers for the hard work undertaken to ensure that the Council continued to provide vital services to its residents during challenging financial times.

(20) Mr Whybrow referred to Mr Carter's passion for ensuring that every young person in Kent had the best start possible which included support for further education and apprenticeships. One of Mr Carter's last duties as Leader had been to present awards to 22 Kent County Council employees who had completed apprenticeships.

(21) Mr Whybrow stated that Mr Carter had always been very fair and open in his dealings with the opposition. He commended Mr Carter for being a champion for KCC and the whole of local government through his involvement with the County Councils Network.

(22) In relation to the challenges facing the new Leader, Mr Whybrow referred to the need to focus on post-16 education, to ensure that young people had the right skills for the future and he believed that environmental issues should have a higher profile.

(23) Mr Hotson, Mr Love, Mr Oakford, Mr Holden, Mr Lewis, Mr Kite, Mrs Dean and the Chairman paid tribute to Mr Carter in his capacity as Leader of the Council.

(24) Mr Carter thanked the other Leaders of the Opposition groups and Members for their kind and supportive words.

(25) Mr Carter stated that he was proud of his achievements as Leader of the Council and had thoroughly enjoyed the past 14 years as Leader of Kent County Council.

(26) Mr Carter formally resigned as Leader of the Council.

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KENT COUNTY COUNCIL

MINUTES of a meeting of the Kent County Council held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 17 October 2019.

PRESENT:

Mrs A D Allen, MBE (Chairman)
Mr G K Gibbens (Vice-Chairman)

Mr M J Angell, Mr M A C Balfour, Mr P V Barrington-King, Mrs C Bell,
Mrs P M Beresford, Mrs R Binks, Mr R H Bird, Mr T Bond, Mr A Booth,
Mr A H T Bowles, Mr D L Brazier, Mr J Burden, Mr D Butler, Miss S J Carey,
Mr P B Carter, CBE, Mrs S Chandler, Mr N J D Chard, Mr I S Chittenden,
Mr J Clinch, Mrs P T Cole, Mr N J Collor, Ms K Constantine, Mr A Cook,
Mr G Cooke, Mr P C Cooper, Mrs M E Crabtree, Mr D S Daley, Mr M C Dance,
Miss E Dawson, Mrs T Dean, MBE, Mr D Farrell, Mrs L Game, Mr R W Gough,
Ms S Hamilton, Mr P M Harman, Mr P M Hill, OBE, Mr A R Hills, Mrs S V Hohler,
Mr S Holden, Mr P J Homewood, Mr E E C Hotson, Mrs L Hurst, Mr J A Kite, MBE,
Mr P W A Lake, Mr B H Lewis, Mr R L H Long, TD, Mr R C Love, OBE, Mr G Lymer,
Mr R A Marsh, Ms D Marsh, Mr J P McInroy, Mr P J Messenger, Mr D D Monk,
Mr D Murphy, Mr M J Northey, Mr P J Oakford, Mr J M Ozog, Mr R A Pascoe,
Mr M D Payne, Mrs S Prendergast, Miss C Rankin, Mr H Rayner, Mr A M Ridgers,
Mr C Simkins, Mrs P A V Stockell, Dr L Sullivan, Mr B J Sweetland, Mr R J Thomas,
Mr M Whiting, Mr M E Whybrow and Mr J Wright

IN ATTENDANCE: Mrs A Beer (Corporate Director of People and Communications),
Mr D Cockburn (Corporate Director Strategic & Corporate Services), Mrs B Cooper
(Corporate Director of Growth, Environment and Transport), Mr M Dunkley CBE
(Corporate Director for Children Young People and Education), Mr A Scott-Clark
(Director of Public Health), Mr D Shipton (Head of Finance - Planning, Policy &
Strategy - and Acting Section 151 Officer), Ms P Southern (Corporate Director, Adult
Social Care and Health) and Mr B Watts (General Counsel)

UNRESTRICTED ITEMS

176. Apologies for Absence

The General Counsel reported apologies from Mr P Bartlett, Mr M Horwood, Mr A Hook, Mr G Koowaree, Ida Linfield, Mr S Manion, Mr K Pugh and Mr I Thomas.

177. Declarations of Disclosable Pecuniary Interests or Other Significant Interests in items on the agenda

- (1) Dr Sullivan declared an interest, as her husband was employed by the County Council in the Early Help and Prevention Team.
- (2) Mr Lewis declared an interest as his wife was employed by the County Council.

178. Chairman's Announcements

No Chairman's announcements were made

179. Election of the Leader of the Council

Mr Northey proposed, and Mrs Chandler seconded that Mr Gough be elected as Leader of the Council.

Agreed unanimously

180. Statement by the Leader of the Council (Oral)

(1) Mr Gough thanked Members for his election as Leader of the Council. He stated that he was proud to take leadership of a Council that through its dedicated staff delivered so many services to the people of Kent.

(2) Mr Gough paid tribute to his predecessors, Mr Carter and Lord Bruce-Lockhart, and reflected on their achievements as Leaders of the Council.

(3) Mr Gough referred to some of Kent's most significant challenges. These included housing pressures, gaps in skills and opportunities between the west and coastal east of the county, the impact of an ageing population on health and social care services, the pressures on special educational needs, and the impact of social isolation. He also emphasised the positive working relationship between County and District Leaders in Kent in seeking to address issues relating to funding infrastructure.

(4) Mr Gough thanked those Members leaving Executive posts and confirmed that there would be a dedicated Cabinet portfolio for the Environment. A key priority would be the delivery of the energy and Low Emissions Strategy and the ambitious targets for zero carbon.

(5) Mr Gough referred to the privilege of serving the people of Kent and undertook to do his very best in his new role.

(6) Mr Bird, the Leader of the Opposition, Mr Farrell, Leader of the Labour Group, and Mr Whybrow, Leader of the Independents Group, congratulated Mr Gough on his appointment as Leader of the Council and welcomed many of the aspects of his statement.

(7) In replying to the other Leader's comments, Mr Gough thanked the Leaders of the Opposition groups for their kind words and stated that he would seek to work together with them for the good of the people of Kent.

181. Select Committee - Knife Crime

(1) Mr Hill moved and Mr Barrington-King seconded the following motion:
"That County Council is asked to:

- a) Thank the Select Committee for its work and for producing a relevant and balanced document;

- b) Recognise the valuable contribution of the witnesses and others who provided evidence to the Select Committee, and
 - c) Comment on and endorse the report and recommendations of the Select Committee.”
- (2) The motion as set out in paragraph (1) was agreed without a formal vote.
- (3) RESOLVED that
- a) the Select Committee be thanked for its work and for producing a relevant and balanced document.
 - b) the witnesses and others who provided evidence and made valuable contributions to the Select Committee be thanked.
 - c) County Council’s comments on the report be noted and the report be endorsed.

182. Structural Revision of the Constitution

- (1) Mr Gough moved and Mr Hotson seconded the following motion:

“That the County Council is asked to agree the adoption of the revised version of the Constitution.”

- (1) Mr Farrell proposed and Mr Whybrow seconded the following amendment:

“That the County Council agree the adoption of the revised version of the Constitution, ***subject to a new section following section 17.46 reading ‘The Chair of the Scrutiny Committee shall be the Leader of the Opposition.’***”

- (3) Following the debate, the Chairman put the amendment set out in paragraph (2) above to the vote and the voting was as follows:

For (13)

Mr R Bird, Mr J Burden, Mr I Chittenden, Mr J Clinch, Ms K Constantine, Mr D Daley, Mrs T Dean, Mr D Farrell, Mr P Harman, Mr B Lewis, Dr L Sullivan, Mr M Whybrow, Mr J Wright

Against (46)

Mrs A Allen, Mr M Angell, Mr M Balfour, Mr P Barrington-King, Mrs C Bell, Mrs R Binks, Mr A Booth, Mr A Bowles, Mr D Brazier, Mr D Butler, Miss S Carey, Mr P Carter, Mrs S Chandler, Mrs P Cole, Mr A Cook, Mr P Cooper, Mrs M Crabtree, Mr M Dance, Miss E Dawson, Mrs L Game, Ms S Hamilton, Mr M Hill, Mr T Hills, Mrs S Hohler, Mr S Holden, Mr P Homewood, Mr E Hotson, Mrs L Hurst, Mr J Kite, Mr P Lake, Mr R Long, Mr R Love, Mr G Lymer, Ms D Marsh, Mr J McInroy, Mr P Messenger, Mr D Monk, Mr M Northey, Mr P Oakford, Mr J Ozog, Mr M Payne, Mrs S Prendergast, Miss C Rankin, Mr H Rayner, Mr C Simkins, Mrs P Stockell

Abstained (3)

Mr R Gough, Mr D Pascoe, Mr R Thomas

Amendment lost

(4) The Chairman put the motion as set out in paragraph 1 to the meeting and it was agreed without a formal vote

(5) RESOLVED that the revised version of the Constitution circulated with the agenda be adopted.

183. Financial Regulations Scheme of Delegations

(1) Mr Oakford moved and Mrs Crabtree seconded the following motion:

“That County Council is asked to consider and approve the updated Delegated Authority Matrix of Approval Limits (Scheme of Delegation).”

(2) The motion as set out in paragraph (1) was agreed without a formal vote.

(3) RESOLVED that the Delegated Authority Matrix of Approval Limits (Scheme of Delegation) as set out in Appendix 1 to the report, be approved.

KENT COUNTY COUNCIL

CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 17 September 2019.

PRESENT: Mrs A D Allen, MBE (Chairman), Ida Linfield (Vice-Chairman), Ms D Bride, Mr T Byrne, Mr T Doran, Mrs L Game, Ms S Hamilton, Mrs S Hammond, Mr A Heather, Mrs S Prendergast, Ms N Sayer, Mrs T Scott (Substitute for Ms J Bayford), Ms C Smith and Ms S Vaux

ALSO PRESENT: Mr R W Gough

IN ATTENDANCE: Mr M Dunkley CBE (Corporate Director for Children Young People and Education), Mr R Barton (Apprentice Participation Worker, Virtual School Kent), Ms J Carpenter (Participation and Engagement Manager, Virtual School Kent) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS**176. Apologies and substitutes**

(Item 1)

Apologies for absence had been received from Julianne Bayford, Gary Cooke, Stephen Gray, Stuart Griffiths, Geoff Lymer and Michael Northey.

Tracy Scott from the Kent Foster Care Association was present as a substitute for Julianne Bayford.

177. Membership

1. The Democratic Services Officer announced that, since publishing the agenda, she had received news from Stuart Griffiths that he was unable to continue as a Member of the Panel as new work commitments meant he was no longer able to attend meetings.

2. The Chairman placed on record her thanks to Stuart for his participation over the years and for his valuable insight as an experienced foster carer and adopter, in particular his experience of caring for UASC.

178. Minutes of the meeting of the Panel held on 25 July 2019

(Item 2)

It was RESOLVED that the minutes of the meeting held on 25 July 2019 are correctly recorded and they be signed by the Chairman. There were no matters arising.

179. Chairman's Announcements

(Item 3)

The Chairman said how very proud she had been to attend the recent ceremony at Canterbury cricket ground to present young people in care with awards and certificates of achievement. It had been very pleasing to see young people's joy at having their achievements celebrated. She thanked the participation team who had organised and attended the event for the care they had put into the arrangements.

180. MOTION TO EXCLUDE THE PRESS AND PUBLIC FOR EXEMPT ITEMS

It was RESOLVED that, under Section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraphs 1 and 2 of part 1 of Schedule 12A of the Act.

The Chairman explained that the meeting was being closed so a film could be shown which featured children and young people in care attending participation events.

EXEMPT ITEM

181. Verbal Update from Our Children and Young People's Council (OCYPC) *(Item 4)*

1. Tom Byrne and Rob Barton, Apprentice Participation Workers, Virtual School Kent (VSK), gave a verbal update on the work of the OCYPC, the Super Council and Young Adult Council and forthcoming participation events. *The text of this update will be appended to these minutes.*

2. The first part of the update included a film of children and young people enjoying various participation events over the long summer holiday. These covered a range of activities, including gliding, horse-riding and a sports day. Young people attending had also taken part in a discussion about the qualities needed by a good foster carer.

UNRESTRICTED ITEMS (meeting re-opens to public)

182. Verbal Update from Our Children and Young People's Council (OCYPC)

1. The update continued in open session with a second film, made using a new 'Videscribe' animation facility which presented participants as animated figures, with the voices of real young people as a soundtrack. It was noted that this would make it easier for young people to share their views at first hand with a wider audience as they could not be identified and the challenges of protecting their privacy were thus avoided. This new medium and its possible uses were welcomed.

2. It was RESOLVED that the verbal updates be noted, with thanks.

183. Verbal Update by Cabinet Member *(Item 5)*

1. The Cabinet Member for CYPE, Roger Gough, gave a verbal update on the following issues:

Awards ceremony - he agreed with the view of the Chairman that the awards ceremony held on the previous weekend had been a wonderful occasion. The presence of the Panel Chairman as Chairman of the County Council had given the occasion a higher profile than it had had before. Such an event aimed to celebrate all young people in care, not just those who had achieved good academic results. Many were involved in community activities or excelled at sports or the performing arts. He referred to the number of County Council Members who had attended and suggested that more publicity of the event among Members might encourage more to attend.

Unaccompanied Asylum Seeking Children (UASC) – the number of UASC had been increasing for a while. 18 months ago, the number of UASC under 18 in Kent had been 230, which was Kent's 'fair share', using the formula which accompanied the National Transfer Scheme. There were now 353 under 18 and 900 over 18. So far in 2019, just over 200 new UASC had arrived in Kent.

2. He explained that the general position on funding for care leavers, including UASC, had not changed since reporting to the Panel in July. A Government review had increased the rates paid in support of UASC under 18 but there were still outstanding funding issues relating to care leavers over 18. Although the shortfall for this sector was between £500,000 and £600,000, this was the lowest it had been in ten years.

3. It was RESOLVED that the verbal updates be noted, with thanks.

184. Report on Looked After Children and Custody (Item 6)

1. Dan Bride, Assistant Director, Adolescent and Open Access, West, introduced the report and responded to comments and questions from the Panel, including the following:

- a) a Panel member who had visited Cookham Wood Young Offenders Institute praised the education facilities there but expressed concern about the number of children in care in the youth justice system and that 60% of those had special educational needs and disability (SEND). Ms Bride advised that the number of children in care in custody or awaiting sentencing was a challenge not just in Kent but nationally, and work was going on to seek to reduce this number. The Home Office, the Ministry of Justice and the Department for Education were collaborating on a national protocol to reduce the unnecessary criminalisation of children in care and care leavers. Early Help and Preventative Services aimed to achieve very early intervention and an holistic approach, with schools being able to refer young people and families to self-refer. There was also a move to use more out-of-court disposals, for example, restorative justice and community solutions, to avoid young people entering the youth justice system;

- b) asked what role Virtual School Kent (VSK) could play in this work, Tony Doran, Head Teacher, VSK, explained that VSK aimed to improve the school attendance of all young people, not just those with SEND, to keep them away from risk-taking behaviour, but pointed out that VSK was only part of a larger picture. Ms Bride added that 'open access' offers were being reviewed to make these more robust and identify earlier those who might be at risk of becoming involved in criminal behaviour;
- c) asked what would happen to residents of the Medway Secure Training Centre (STC) during its conversion to a school, and how many of those residents were girls, Ms Bride explained that there were no girls currently resident at Medway. Current residents would move to the nearest suitable centre, as close to their foster families as possible. A recent inspection had advised Medway STC that they needed to ensure that a social worker was in post. Asked where any girls would go, Ms Bride *undertook to find out about this and the social worker appointment and advise the questioner outside the meeting*;
- d) asked about health services for young people in custody, Ms Bride advised that some young people coming into care at the time of they entered the youth justice system did not have a GP and hence had health needs which were not being met. There was an established relationship between secure institutions and the North East London NHS Foundation Trust to deliver healthcare services;
- e) asked if the County Council would have any input into the establishment of the first secure school in the UK, Ms Bride advised that, although she would be meeting shortly with the Oasis Charitable Trust, which would run the school, to talk about providing suitable training for staff, the County Council had no jurisdiction over the running of the school;
- f) asked how young people at risk of exploitation could be protected from county lines and gang activity, Ms Bride advised that a model of risk management was being established which would involve joint working and shared intelligence between professionals, as well as mentoring for young people, which had been shown to be effective when used elsewhere; and
- g) asked how the achievements of young people in the youth justice system would be celebrated, compared to other children in care, Ms Bride advised that the youth justice service aimed to establish a scheme by which young people's achievements could be celebrated, replicating the arrangements made by VSK for other children in care. She referred to the excellent work started by Josh, the Youth Justice Apprentice, who had since moved on to a new role. The aim now was to establish a Youth Justice Apprentice in each of the four regional teams, rather than one to cover the whole county,

and that their work would focus on black, Asian, and minority ethnic (BME), children in care and care leavers, as these groups were over-represented in the youth justice system.

2. It was RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and that a further update report be presented to the Panel in six months' time.

185. Performance Scorecard for Children in Care (Item 7)

Chris Nunn, Senior Management Information Officer, was in attendance for this item.

1. Mr Nunn introduced the report and explained that pattern changes had arisen from the re-inclusion of UASC in the figures and the completion of fewer initial health assessments. Nancy Sayer, Designated Consultant Nurse for Looked After Children, Kent Clinical Commissioning Groups, added that there had been a large increase in the first half of 2019 in the number of both children in care and those placed in Kent by other local authorities, especially in East Kent, and this had stretched resources to breaking point. Health assessment interviews for UASC were necessarily more complicated than for other children in care as UASC required interpreters, came with no health records and hence could have all manner of hitherto unidentified and unmet health needs. Asked about the long-term impact of this and how long it might take to clear the backlog, Ms Sayer said this was not easy to predict. She explained, however, that additional capacity would be made available later in the autumn and more nursing resources would be requested in instalments thereafter. This would hopefully include specialist paediatricians with experience of working with children in care and UASC. Sarah Vaux, Chief Nurse, Medway Clinical Commissioning Group, agreed that resourcing initial health assessments for children and young people coming into care was an ongoing concern.

2. It was RESOLVED that the performance data set out in the report and the information given in response to comments and questions be noted, with thanks.

186. Kent Adoption Service Annual Report 2018/2019 and Kent Adoption Service Business Plan 2019 (Item 8)

Sarah Skinner, Head of Adoption Service, was in attendance for this item.

1. Ms Hammond and Mrs Skinner gave an update on the regional adoption agency (RAA) and explained the work which was continuing to establish it. The Government had committed to the development of an RAA involving Kent, Medway and Bexley Councils, and those three councils had formally agreed to work together, which meant their respective staffs would have no change of employer or terms and conditions of employment. Mrs Skinner would be the Interim Head of the RAA, as well as retaining some of her responsibilities at Kent County Council, and her County

Council post would be back-filled. Executive and operational boards for the RAA had been set up and stakeholder events organised for social workers, the NHS, young people and others. There would be an Adoption Advisory Board event in November 2019.

2. Mrs Skinner then responded to comments and questions from the Panel, including the following:-

- a) the Chairman commented that the Adoption Annual Report was not just a regular report of activity but a celebration of the work of Kent's Adoption service;
- b) although there was a target timespan during which a child should be matched with suitable adopters, it was surely more important that the match ultimately made was the right one. Mrs Skinner advised that the target timespan was set by the Government and was required to be met; and
- c) Mrs Skinner explained that the aim of the adoption service was to meet the needs of all children awaiting adoption, in the best way possible for each child. Sometimes the needs of children were so great that they may need to be the only child in a family at a point in time. Mrs Skinner emphasised that any decision to separate siblings would be taken only after much thought and only by weighing up how the needs of each child could best be met in a secure permanent placement, which would avoid unnecessary future moves. Although some siblings may not be placed together, every effort would be made to keep them as geographically close as possible, and to encourage contact between their adoptive families, so they could still see their siblings while being parented by different adults.

3. It was RESOLVED that the information set out in the Kent Adoption Annual Report 2018/19 and Business Plan 2019 and given in response to comments and questions, be noted, the excellent work of the adoption team be welcomed and celebrated and all adoption staff be sent the Panel's thanks for their work.

187. Special Educational Needs and Disability (SEND) Action Plan/Children in Care with Education, Care and Health Plans (ECHPs) (6 monthly review)
(Item 9)

Lesley Burnand, Special Educational Needs County Manager, was in attendance for this item.

1. Ms Burnand introduced the report and responded to comments and questions from the Panel, including the following:-

- a) the facilities for delivering an alternative curriculum to young people excluded from school were impressive and were praised. Ms Burnand set out some of the innovative and creative projects which were in place, including one which encouraged young people to learn to maintain a bicycle and plan and undertake cycle rides. This would develop the practical skills of mechanics, route planning and orienteering as well as encouraging them to get out into the fresh air and take regular exercise. Such schemes would be run alongside other educational provision, and in a young person's education record this would be listed as 'other education'. Mr Doran added that the success of such schemes was evidenced by the reduced number of young people with an Education, Care and Health Plan who were not in education, employment or training (NEET); and
- b) asked if there were any schools specialised in working with 'school refusers', Ms Burnand explained that some independent providers offered outreach packages and mentoring schemes.

2. The Corporate Director, Matt Dunkley, suggested that one role of a corporate parent could be that of a 'pushy parent', to champion and pursue what any other parent might pursue for their child. He added that the recent integration of the Child Disability, Early Help and Children's Social Care teams provided one co-ordinated, integrated service for children with special needs. As a service provider, the County Council needed to be responsible for the whole service provision and, as such, would seek to achieve a first class and outstanding service.

3. It was RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and a further update report be made to the Panel in six months' time.

188. Looked After Children Annual Report for the Kent Clinical Commissioning Groups, April 2018 - March 2019

(Item 10)

1. Ms N Sayer introduced the report and explained that she had a statutory duty to report annually on the health services provided to looked after children in Kent and priorities for future work. She responded to comments and questions from the Panel, including the following:-

- a) concern was expressed about there being only one designated nurse for looked after children in Kent, against the recommended total of five. Ms Sayer advised that, since writing the report, two deputy designated nurses had been appointed and interviews for a third appointment were due to take place shortly;
- b) Ms Sayer advised that an interim designated doctor for looked after children, Dr Leather, had been appointed substantively in July 2019,

working two days a week. She hoped that Dr Leather could attend a future Panel meeting to talk about her work. It was hoped also to be able to appoint three deputy designated doctors, at least one of whom could be a GP;

- c) asked about the funding available to recruit more designated doctors and nurses, and if this funding could be protected until suitable appointments could be made, Ms Sayer confirmed that the funding was reserved and would be protected while suitable staff were being sought. Recruitment of such staff could take a long time as the subject area was very specialised and required a very specific skills set;
 - d) asked if other local authorities placing their children in care in Kent made a contribution to the costs of their health care, Ms Sayer advised that there was a national tariff for health assessments which other CCGs in the placing local authorities were required to pay, but no formal arrangement for them to pay for any other, secondary health services the child may need during their placement in Kent. Some authorities, in particular London authorities, had limited placements near to their boundaries and so had to place them elsewhere, and many London children came to Kent; and
 - e) asked about funding for training about gang activity and knife crime, Ms Sayer advised that one-off funding had been made available by NHS England, but no further training was being planned.
2. It was RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and the opportunity to meet a designated doctor at a future Panel meeting be welcomed.

By: Roger Gough, Leader
 Sue Chandler, Cabinet Member for Integrated Children's Services
 David Cockburn, Head of Paid Service/Corporate Director of
 Strategic and Corporate Services
 Matt Dunkley, Corporate Director of Children, Young People and
 Education

To: County Council – 17 December 2019

Subject: **NEW SAFEGUARDING CHILDREN MULTI-AGENCY
 PARTNERSHIP ARRANGEMENTS**

Classification: Unrestricted

Electoral Divisions: All

Summary: This report provides overview information about the recently established Kent Safeguarding Children Multi-agency Partnership (KSCMP) because of changes to the Children Act 2004. This is the new statutory body that has replaced the former local safeguarding children board which has ceased to exist.

Recommendation: The County Council is asked to NOTE the establishment of a new safeguarding children multi-agency partnership.

1. Introduction

- 1.1 In December 2015, the Government asked Sir Alan Wood to undertake a review into the effectiveness of local safeguarding children's boards (LSCBs). His review, published in May 2016, concluded that LSCBs did not work effectively and should be abolished. The Wood Review proposed a new model of collective working that would ensure better multi-agency collaboration, placing responsibilities on three key agencies to take a strategic lead on safeguarding and the promotion of child welfare in each local authority area. The Wood Review recommendations formed a central part of the Children and Social Work Act 2017.
- 1.2 Under the Children Act 2004, as amended by the Children and Social Work Act 2017, local safeguarding children boards, set up by Local Authorities, had to be replaced. The revised legislation requires the three 'Safeguarding Partners', that is the Local Authority, the Chief Officer of Police, and Clinical Commissioning Groups to make arrangements to work together with relevant agencies, as they consider appropriate, to safeguard and protect the welfare of children in the area.
- 1.3 The Key Decision (19/00035) to adopt the new partnership was taken by the Cabinet Member for Children, Young People and Education on 15 May 2019. Information about the new arrangements which is contained in the multi-agency safeguarding arrangements document can be found via this link: <https://www.kscmp.org.uk/about-kscb/newarrangements>.

- 1.4 The purpose of this report is to inform the County Council about the new children's safeguarding multi-agency partnership arrangements which have replaced the previous local safeguarding children board, better known as Kent Safeguarding Children Board (KSCB).

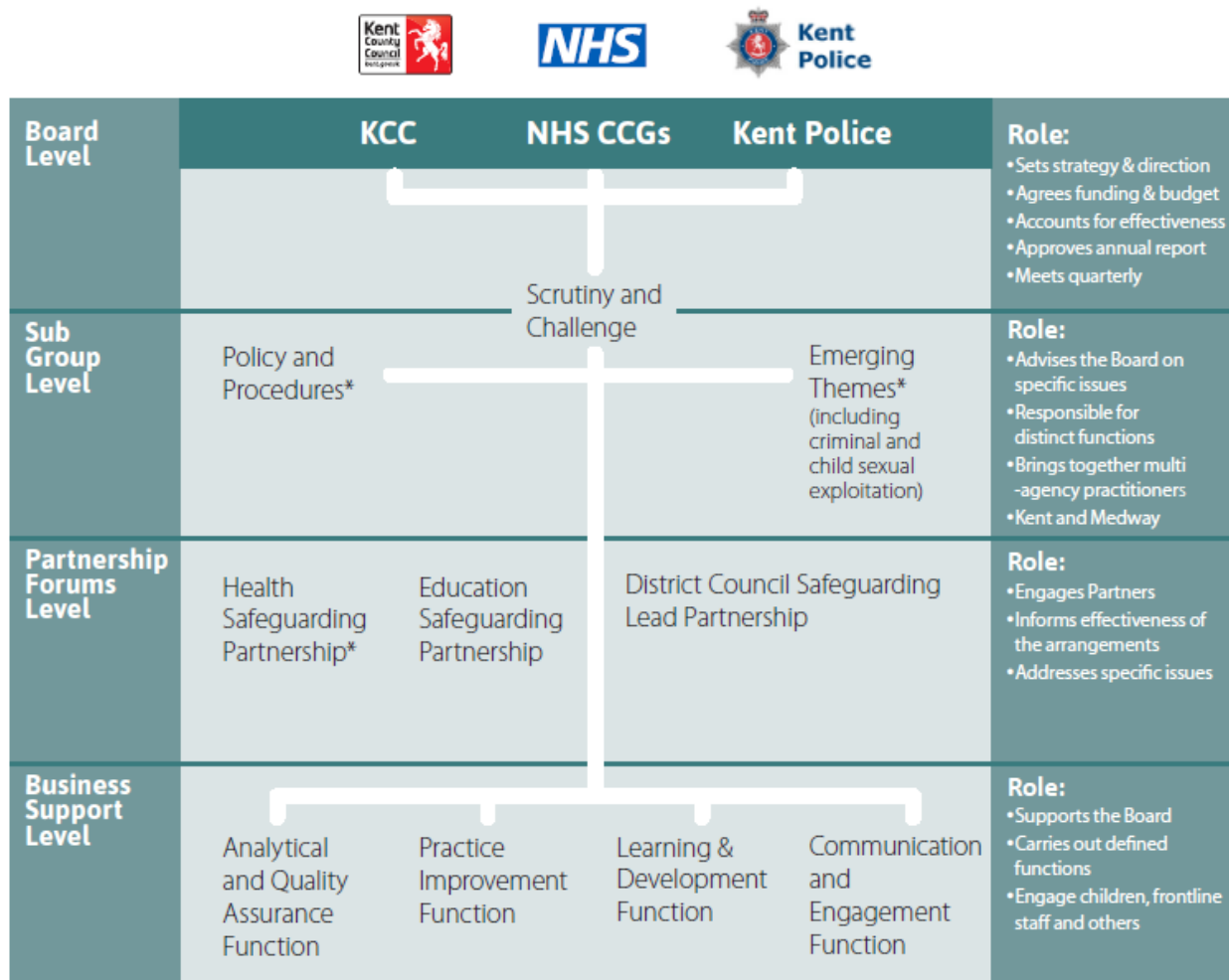
2. Policy context

- 2.1 The statutory duties to establish the new multi-agency local safeguarding arrangements are placed on the statutory officers of the 'Safeguarding Partners'. The Chief Officers, namely, the Head of Paid Service (KCC), the Accountable Officer (CCGs) and the Chief Officer (Kent Police) have a *'shared and equal duty'* for the local safeguarding multi-agency partnership arrangements. The Chief Officers must be assured that the functions of the new arrangements are being delivered effectively. The Chief Officers have delegated their responsibility to the Corporate Director for Children, Young People and Education and the statutory Director of Children's Services (DCS); the Chief Nurse of West Kent and Medway Clinical Commissioning Groups; and the Chief Superintendent for Protecting Vulnerable People Command Kent Police. The senior officers with delegated responsibilities will play a lead role in ensuring that relevant partners play a full and active role in the new partnership arrangements.
- 2.2 The statutory guidance from 2013 which sets out the roles of statutory Director of Children's Services (DCS) and the Lead Member for Children's Services (LMCS) remains in place. The statutory guidance requires the LMCS to be *"a 'participating observer' of the LSCB; they may engage in discussions but not be part of the decision-making process in order to provide the LMCS with the independence to challenge the DCS (and others) when necessary"*. So, although local safeguarding children's boards have been abolished, to allow the LMCS to continue to fulfil this statutory function within the new partnership, they will become a member of the Scrutiny and Challenge Group within the new partnership arrangements. All elected Members will have oversight of, and assess the effectiveness of the new partnership arrangements, through existing mechanisms to hold the statutory DCS and LMCS to account, e.g. Cabinet, the Children's, Young People and Education Cabinet Committee, the Corporate Parenting Panel, the Children's Assurance Board. The County Council itself will continue to receive annual reports on the new partnership activity just as it did under the previous local safeguarding children board.
- 2.3 The purpose of the new partnership arrangements, which is to 'safeguard and promote the welfare of children and young people', aligns with the broad thrust of the KCC Strategic Statement outcomes. Specifically, in relation to *'Children and young people in Kent get the best start in life'* outcome. The new arrangements are also in line with the Kent Joint Health and Wellbeing Strategy outcome 1 - *'Every child has the best start in life'* by supporting families, communities and universal settings within local districts to support all children and young people to do well and to stay safe.

3. New safeguarding partnership arrangements

- 3.1 As mentioned earlier, the new multi-agency local safeguarding arrangements are known as Kent Safeguarding Children Multi-agency Partnership (KSCMP). A Partnership Executive Board has been established and it is comprised of senior representatives from the three Safeguarding Partner organisations. The Executive

Board held its first meeting on 30 October 2019. The Partnership Executive Board is assisted by the three subgroups - Policy and Procedures, Challenge & Scrutiny and Emerging Themes (including criminal and child sexual exploitation). Subject specific partnership groups covering health, education and district councils have also been established. It should be noted that some of the subgroups* function across Kent and Medway and not just Kent. The outline of the agreed governance structure is shown in the diagram below.



* Kent and Medway groups

- 3.2 The Lead Member for Children’s Services will play a key role in the KSCMP Scrutiny and Challenge Group. The Cabinet Member for Integrated Children’s Services will act alongside the Independent Scrutineer and the Partnership Executive Board to lead on the system of challenge and holding partners to account, in order to demonstrate evidence of system performance. Consequently, the Cabinet Member for Integrated Children’s Services will play a vital role in driving the multi-agency partnership to improve the overall system performance and effectiveness.
- 3.3 The new arrangements further underline the fact that all Members and officers share a joint role and responsibility as corporate parents to safeguard and support the children within their care and, to make sure that Safeguarding Partners have the right systems and structures in place to fulfil the County Council’s corporate parenting duties, in the best and most effective way. In practice, this means that Members should take a strategic overview and set the authority’s direction in relation to

promoting the wellbeing of children and young people and challenging the system whenever there is emerging evidence of deterioration in system performance.

- 3.4 Safeguarding partners are also under an obligation to select Relevant Agencies from a specified list of agencies whose involvement the Safeguarding Partners consider is required to safeguard and promote the welfare of children in Kent. Designation as Relevant Agencies carries certain responsibilities which are set out in the statutory guidance. These include acting in accordance with the local arrangements, collaborating and contributing to the funding of the arrangements. Given the size of Kent and the number of organisations in the county, it is not possible to include every organisation. The summary list of the selected Relevant Agencies is shown in the table below.

Relevant Partner	Role	Represented by
Education	Educates children in schools, colleges, and early years setting	Education Safeguarding Group
Health Provider Trusts	Provides primary, community and secondary health care provision	Health Safeguarding Group
Additional Social Care	Provides fostering, adoption, children's home, residential family centres and holiday schemes	Sector Forum
District Councils	Provides housing, waste collection and local planning	Council Partnership Group
National Probation Service	Supervises offenders and released prisoners in the community	Scrutiny and Challenge Group
Community Rehabilitation Companies	Provides probation and prison-based rehabilitation service for offenders	Scrutiny and Challenge Group
Children and Family Court Advisory and Support Service	Looks after the interests of the children involved in family proceedings	Scrutiny and Challenge Group
Kent Fire and Rescue Service	Provides statutory fire and rescue service	Scrutiny and Challenge Group

- 3.5 The changes introduced by the Children Act 2004, as amended, are significant for several reasons. Unlike the previous arrangement which was the sole responsibility of the local authority to establish, the new partnership falls equally to the local authority, CCGs and police to establish and, for all three safeguarding partners to be held to account. The changes also include two types of safeguarding reviews. There is now a child safeguarding practice review (which operates across England as the National Panel) and a local child safeguarding practice review (rapid review for looking into serious cases). It is worth noting that local partners must now decide within 15 days as to whether to hold a local review or if the case is serious enough to refer it to the National Panel. Another significant change brought about by the changes is the role of the independent person (scrutineer) whose remit is to provide assurance on the effectiveness of the arrangements to protect children and to provide a robust scrutiny and constructive challenge.

4. The outgoing KSCB

- 4.1 The Kent Safeguarding Children Board published its final Annual Report in October 2019. The report includes a Foreword by Gill Rigg, the outgoing Independent Chair, which outlines the significant work of the Board and its Sub-Groups and its key multi-agency achievements. Full details of the year's activities and developments can be found in Appendix 1.
- 4.2 The Board's Programme Development Officer developed and implemented the electronic Child Death Overview Panel (eCDOP) system, which has now been adopted as the national Child Death management process.
- 4.3 The Board have also driven the County's activity around better insight and management of episodes of missing children where significant work has been undertaken to join Police and Social Care data around children who go missing. This had led to a greater understanding of the incidents, reasons why children go missing and the use of information that has been obtained from Return Home Interviews conducted with young people. This has resulted in a marked reduction in the number of missing episodes reported to services.
- 4.4 The Board's determined drive around the understanding and identification of Child Sexual Exploitation (CSE) led to early recognition of the issue and the establishment of a dedicated Multi-Agency Sexual Exploitation sub-group. This showed proactive thinking and assisted in the development of a County multi-agency sexual exploitation team. The associated county-wide training programme and establishment of multi-agency CSE Champions has ensured that the key work around preventing young people becoming victims of CSE has remained a core focus for the Board. Building on the eCDOP initiative, a multi-agency Intelligence system (eINTEL) has also been developed, where partner agency staff can submit CSE intelligence reports to the Police to assist in the development of the wider understanding of the CSE picture in Kent.
- 4.5 The Board's multi-agency training programme has continued to develop, with increasing numbers of staff receiving either face to face or e-learning as a result of the Board's offer. The training continues to be offered free of charge (with the occasional exception due to the cost of specialist trainers) and is seen as one of the Board's flagship activities. It must also be noted that the Board's Programme Development Officer received the national accolade of being the winner of the NSPCC Trainer of the Year 2018-19.
- 4.6 The Board has been required to undertake a significant number of Serious Case Reviews (SCR) over the past year, some of which are ongoing, and this has created an increase in demand of the key safeguarding leads and frontline staff in all partner agencies. The support offered by partners in the undertaking of these reviews is recognised and the resulting learning from those reviews undertaken is going a long way to assist in the provision of improved services to young people and children of Kent, and their families. The Board also developed an electronic SCR case management system (eCR) that has supported those engaged in the actual production and management of reports required by the Reviews.

- 4.7 The Kent Safeguarding Children Board was required to continue to carry out all its statutory functions, including commissioning Serious Case Reviews where the criteria are met until 17 September 2019, which was the date on which the new multi-agency partnership arrangements became operational.
- 4.8 During the past 12 months, the Board has been working towards the transition to the new Safeguarding Children Partnership. A programme of work has been undertaken to ensure that the Board has continued to undertake its statutory role whilst supporting development of the new Safeguarding Arrangements. The Board has provided assurance to the new Partnership that a seamless transfer of responsibilities would take place, with specific reference to SCRs and multi-agency learning in line with the requirements set out in the Working Together Transition guidance, 2018.

5. Conclusion

- 5.1 Amendments to the Children Act 2004 have placed a 'shared and equal duty' on the Safeguarding Partners (the local authority, clinical commissioning groups and police). The three safeguarding partners were required to publish a partnership document which explains their new arrangements by 29 June 2019. Following the publication, they had until 29 September 2019 to implement the new arrangements. Information about the new arrangements in Kent was published on 17 June 2019 and the partnership was put into effect on 17 September 2019. KSCB formally ceased to exist (except for relevant residual functions) at the point of the implementation of the new multi-agency local safeguarding arrangements.

Recommendation: The County Council is asked to NOTE the establishment of a new safeguarding children multi-agency partnership.

6. Appendix

Appendix 1: Kent Safeguarding Children Board Annual Report 2018/19
<https://www.kscmp.org.uk/about-kscb/kscb/kscb-annual-report-2018-2019>

7. Background Documents

Kent Safeguarding Children Multi-agency Partnership Arrangements
<https://www.kscmp.org.uk/about-kscb/newarrangements>.

Scrutiny and Assurance Framework
<https://www.kscmp.org.uk/about-kscb/newarrangements>.

Working Together to Safeguard Children 2018
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

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By: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Penny Southern, Corporate Director, Adult Social Care and Health

Deborah Stuart-Angus, Independent Chair, Kent and Medway Safeguarding Adults Board

To: County Council – 17 December 2019

Subject: KENT AND MEDWAY SAFEGUARDING ADULTS BOARD ANNUAL REPORT APRIL 2018 – MARCH 2019

Classification: Unrestricted

Summary: This report introduces the Kent and Medway Safeguarding Adults Board's (KMSAB) Annual Report for April 2018–March 2019. The Annual Report sets out the responsibilities and structure of the Board and details how the multi-agency partnership delivered against its priorities for the year. The report also provides information pertaining to Safeguarding Adults Reviews, funding arrangements and safeguarding activity information. The Annual Report was endorsed by the KMSAB on 5 November 2019. An easy read version of the report has been commissioned and will be made available on the Board's website

Recommendation: County Council is asked to **COMMENT** on the progress and improvements made during 2018-19, as detailed in the Annual Report from the Kent and Medway Safeguarding Adults Board and **ENDORSE** the 2018-19 Annual Report attached as Appendix 1.

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 SAB 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'. The KMSAB sets the strategic direction for 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.
- 1.3 Safeguarding continues to be a key priority of the KCC Adult Social Care and Health Directorate. In meeting this responsibility, the Directorate plays a key role in the workings of the Kent and Medway Safeguarding Adults Board.

1.4 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 KMSAB Strategic Plan is available on the link below:
- <https://www.kent.gov.uk/about-the-council/partnerships/kent-and-medway-safeguarding-adults-board#tab-1>
- Publish an Annual Report detailing 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](#) in accordance with Section 44 of the Care Act.

1.5 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 the Chair of the Health and Wellbeing Board. This report presents the 2018-19 Annual report to KCC full Council.

2. Increasing Opportunities, Improving Outcomes

2.1 The work of the Kent and Medway Safeguarding Adults Board, which is detailed within the Annual Report, plays a key role in supporting KCC's Strategic Statement 2015-2020 'Increasing Opportunities, Improving Outcomes':

"Older and vulnerable residents are safe and supported with choices to live independently".

3. The 2018–2019 Annual Report

3.1 The Annual Report details how the Board delivered against its strategic priorities of 'prevention', 'awareness' and 'quality' during 2018 – 2019. Some of the key achievements during the reporting period include:

- The Board's multi-agency training offer for 2018-19 was delivered to 661 members of multi-agency staff. Board members used the tools in the Training Evaluation Framework to ensure the multi-agency training programme remained up to date and relevant and made a positive difference to practice.

Members reviewed and updated key policy documentation such as: the Multi-agency Protocol for Dealing with Cases of Domestic Abuse to Safeguard Adults with Care and Support Needs; the Protocols for Kent and Medway to Safeguard Adults who are at Risk of Sexual Exploitation, Modern Slavery and Human Trafficking; and Kent and Medway Multi-Agency Policy and Procedures to Support People that Self- Neglect and Demonstrate Hoarding Behaviour.

- In response to service user feedback, “Shout Out” (an independent self-advocacy group for adults with learning disabilities in Medway) assisted with a redesign of the easy read version of the Board’s “abuse and what to do about it” booklet. This made key messages about adult safeguarding more accessible.
- Members developed a new quality assurance framework, setting out the measures and tools to be used to measure the effectiveness of partner safeguarding activity.
- Board members continued to monitor action plans developed in response to the findings of Safeguarding Adults Reviews, to ensure these were progressed and completed. The complex action plans have now been fully completed for three of the four review cases.
- To help share the message on how to recognise and report abuse and neglect and highlight the support and services available for those at risk or experiencing abuse, Board members arranged and held a safeguarding adults awareness raising campaign. The theme for the campaign was “Isolation and Exploitation”, linking with the wider agenda of loneliness and isolation and the relationship between this and safeguarding. The week included targeted information days on: cuckooing and mate crime; self-neglect and hoarding; scamming; domestic abuse; modern slavery and human trafficking.
- Safeguarding Adults Review Working Group members developed a leaflet, including easy read, for families, friends and carers, who may be asked to be involved in a Review. The leaflet details what to expect from the SAR process

3.2 The 2018-2019 Annual Report also provides examples of how partner agencies are meeting the Board’s three strategic priorities.

4. Conclusion

- 4.1 During 2018-19, KMSAB and our partner agencies have built on the good work from the previous year. The Board has continued with its scrutiny and challenge role through stricter governance and clearer lines of accountability, implementing more robust arrangements to reflect clear Board deliverables.

5. Recommendation

5.1 Recommendations: County Council is asked to **COMMENT** on the progress and improvements made during 2018-19, as detailed in the Annual Report from the Kent and Medway Safeguarding Adults Board and **ENDORSE** the 2018-19 Annual Report attached as Appendix 1.

6. Background Documents

None

7. Report Author

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Kent and Medway Safeguarding Adults Board

Annual Report

April 2018 – March 2019

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Message from Deborah Stuart-Angus, Independent Chair,

Kent and Medway Safeguarding Adults Board

It gives me great pleasure to present the Annual Report of the Kent and Medway Safeguarding Adults Board.

This Report is only a brief acknowledgement of the wide range of work that is undertaken to effectively safeguard vulnerable people who may be at risk, across our region. I am continuously in debt to our Board Members and Partners, who undertake this work with commitment, dedication and vigour.

The achievements that we have made together, give me pride in being the Chair of the Kent and Medway Safeguarding Adults Board and I give my sincere thanks to all of those who contribute to making Kent and Medway a safer place.



Deborah Stuart-Angus

Independent Chair of the Kent and Medway Safeguarding Adults Board

Section 1. Role of the Kent and Medway Safeguarding Adults Board (KMSAB)

About us

The Kent and Medway Safeguarding Adults Board (KMSAB) does not provide frontline services. It is a statutory multi-agency partnership which assures that adult safeguarding arrangements in Kent and Medway are in place, and are effective. It oversees how agencies co-ordinate services and work together to help keep adults who are, or may be, at risk, safe from harm. We promote wellbeing, work to prevent abuse, neglect and exploitation, and help to protect the rights of our citizens. Our work also focuses on the development of the multi-agency policies and procedures, providing consistency and setting high safeguarding standards, which all our partner agencies sign up to.

For expediency, herein, the terms 'Board' and 'KMSAB' will be used interchangeably to refer to the Kent and Medway Safeguarding Adults Board.

Our Purpose

Our responsibilities include:



publishing a Strategic Plan, detailing our priorities and how these will be met



assuring safeguarding practice continuously improves, to bring about better outcomes for those experiencing or at risk of abuse



assuring that we make safeguarding personal



holding our partners to account, gaining assurance that effective safeguarding arrangements are in place



producing multi-agency policies and procedures, and monitoring their impact



undertaking Safeguarding Adults Reviews to establish what happened, and what we can learn



produce an annual report, detailing what we have done to achieve the priorities in our Strategic Plan



working collaboratively and with effective governance to promote wellbeing and prevent abuse and neglect



setting the strategic direction to protect and empower adults at risk across Kent and Medway

Our Membership

KMSAB has an Independent Chair, Deborah Stuart-Angus, who provides leadership, vision and support. The statutory partners are:

- Medway Council
- Kent County Council
- Kent Police
- NHS Clinical Commissioning Groups across Kent and Medway

In addition to the statutory members, the Board and/or its Working Groups include representation from:

Advocacy for All	Maidstone and Tunbridge Wells NHS Trust
Dartford and Gravesham NHS Trust	Medway Community Healthcare
District and Borough Councils	Medway NHS Foundation Trust
East Kent Hospitals University NHS Foundation Trust	National Probation Service
HM Prison Service	NHS England
Kent and Medway NHS and Social Care Partnership Trust	Rapport Housing and Care
Kent Autistic Trust	SeAp (Advocacy)
Kent Community Health NHS Foundation Trust	South East Coast Ambulance Service NHS
Kent Fire & Rescue Service	Foundation Trust
Kent Integrated Care Alliance	Virgin Care
Kent Surrey and Sussex Community Rehabilitation Company	

Engagement is not limited to the agencies listed above. We are committed to inviting other organisations to contribute and are actively increasing our contacts with faith groups and service user networks.

Our Structure

The structure of the Board is detailed on the next page. The terms of reference and membership for each group are reviewed annually, they can be found on the [KMSAB Website](#).

We also work closely with other strategic groups and partnerships, such as local Safeguarding Children Boards, Community Safety Partnerships and Health and Wellbeing Boards, to ensure key priorities are shared, to promote efficiency, joint working and to reduce duplication. We share the Risk Threats and Vulnerabilities Working Group with Kent and Medway's local Safeguarding Children Boards (known as Partnerships, from September 2019).

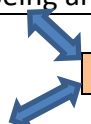
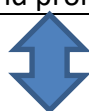
Medway Safeguarding Adults Executive Group (MSAEG) was established in 2016 to bring together senior representatives from the key agencies responsible for the effective delivery of Adult Safeguarding in Medway. MSAEG works collaboratively to deliver the strategic priorities of the Kent and Medway Safeguarding Adults Board, strengthening local delivery, oversight and governance. Our Business Group is regularly updated on both Medway and Kent County Council's progress.

Our Board is supported by the KMSAB Business Unit, which comprises of a part time Board Manager, two full time equivalent Senior Administration Officers and a Business Development and Engagement Officer.

Kent and Medway Safeguarding Adults Board

Responsibilities

- Oversee the governance arrangements and budget of KMSAB.
- Seek assurance that safeguarding arrangements are in place and partners act accordingly, to help protect adults at risk in Kent and Medway.
- Challenge each other and other organisations if there is a belief that actions or inactions are increasing the risk of abuse and/or neglect.
- Work together to promote the prevention and protection of adults with care and support needs, by making strategic decisions and ensuring that effective systems and processes are in place.
- Ratify and adopt the Strategic Plan and ratify the Annual Business Plan and ensure its delivery.
- Ratify and share the Annual Report and consider how to improve contribution to safeguarding.
- Take overarching responsibility for Safeguarding Adults Reviews, ensure that learning is shared and that remedial actions are robust and lead to practice improvement and improved outcomes for adults at risk.
- Adopt the principle of continuous learning and improvement across the partnership to collaborate, safeguard and promote the wellbeing and empowerment of adults.



Medway Safeguarding Adults Executive Group

Kent and Medway Safeguarding Adults Board - Business Group

Responsibilities

- Hold the Working Groups to account to deliver the Strategic Plan, the Business Plan and each Group's Annual Work Plan, by scrutinising update reports, monitoring progress, identifying and addressing gaps or risks.
- Be accountable for decision making to implement the Strategic Plan and delivery plans.
- Receive update reports from partners 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.



The Board's Working Groups

Communications and Engagement (CEWG) Became operational in April 2019	Raising awareness within organisations and communities about the Board's work, and the need to safeguard adults at risk. Encouraging participation and engagement to promote practice improvement, prevention of abuse and early intervention - to make Kent and Medway a safer place.
Learning and Development (LDWG)	Co-ordinating, commissioning, delivery and evaluation of the Board's multi-agency safeguarding adults training programme.
Practice, Policy and Procedures (PPPWG)	Reviewing and updating the "Multi-agency Safeguarding Adults Policy, Protocols and Practitioner Guidance for Kent and Medway", and associated documents - maintaining a modern approach with a continuous review cycle.
Quality Assurance (QAWG)	Co-ordinating the delivery of quality assurance, evaluating and assessing the effectiveness of safeguarding activities from our partner agencies.
Risk Threats and Vulnerabilities (RTV) – Joint working group	Overseeing multi-agency activity regarding human trafficking, radicalisation, counter terrorism and gang violence by sharing information and developing and implementing an integrated strategy.
Safeguarding Adults Review (SARWG)	Delivering our statutory responsibility to conduct Safeguarding Adults Reviews and other learning reviews, such as Complex Case Audits, holding agencies to account for improvement.

Section 2. Priorities and Achievements

This section details how we delivered against our priorities for 2018 – 2019. It is recognised that activity can cut across more than one priority. For example, Safeguarding Adults Awareness week met the priority for both Prevention and Awareness.



Priority One: PREVENTION

"I want to feel and be safe in the community where I live"

Our priority is to deliver a preventative approach in all that we do. We will:

- assure that agencies are clear about their obligation to deliver safeguarding and that they understand that this constitutes the prevention of abuse, crime, neglect and self-neglect;
- assure accountability of our partners;
- raise public awareness of the work of the KMSAB and of adult safeguarding; and
- listen to the voice of the adult at risk and make sure safeguarding is made personal, wherever possible.

What we have achieved

1. Consulting on Our Strategic Plan

Having agreed our vision, our mission statement and our strategic priorities, Board Members developed a three-year strategy and business plan, detailing our achievement intentions, and how and when we would deliver. The strategic plan, easy read version and accompanying equality impact assessment were published for public consultation. A 'you said, we did' document was produced to respond to the feedback received.

You Said	We Did
There is no clarity about who is in the partnership and at what level they are represented.	We published our terms of reference on the Board's website which sets out who our partners are and at what level they are represented. Our statutory partners are; Kent County Council; Medway Council; Kent Police; and all Clinical Commissioning Groups in Kent and Medway. The KMSAB webpage is https://www.kent.gov.uk/about-the-council/partnerships/kent-and-medway-safeguarding-adults-board#null
Has the vision statement been agreed by the KMSAB partners?	We advised that the vision and mission statements of the Board were agreed by all partners and advised that the statements are subject to annual review at a full Board meeting.
There may be merit referencing identification of adults at risk and incorporating this within the Vision Statement.	We will consider rewording the vision statement in relation to this, and discuss at the next Business Group.

<p>How is the Board going to quality assure when it is reliant on partners to deliver this?</p> <p>And</p> <p>Do you review the work of others as well as your own?</p>	<p>We advised that the Board has a Quality Assurance Framework, (managed by the Quality Assurance Working Group), directing how partner agencies are reviewed, identifying good practice and where organisations could have worked better together. This ensures agencies are meeting our key quality standards, identified via a Self-Assessment Framework, where outcomes are assessed by peer professionals. All quality assurance activity is scrutinised by the Board.</p>
<p>I have a complaint about the number of changes to social work staff.</p>	<p>We advised that the Board operates at a strategic level and is not an operational group and that complaints about Medway or Kent Adult Social Care and Health can be made at Kent Adult Social Care Complaints and Comments and Medway Adult Social Care Complaints and Comments</p>
<p>District Councils should be more involved with the work of the Board, as they have a lot of contact with vulnerable adults.</p>	<p>We advised that all District Councils are members of the Board and we continuously look to improve professional engagement from our partner agencies.</p>
<p>What training does the Board provide?</p>	<p>We advised that the Board commissions multi-agency safeguarding adults training largely for statutory partners, with regard to delivering Section 42 Enquiries. Relevant and thematic lessons learnt seminars are held following the publication of Safeguarding Adults Reviews. We advised that we are currently reviewing our training offer, to ensure maximum impact.</p>
<p>Will the implementation of this strategy take into account how a person's protected characteristics will affect how they are able to feel safe?</p> <p>And</p> <p>With regards to improving engagement with local communities, will your impact assessment pick up the different groups and communities that could benefit from an improved understanding of adult safeguarding?</p>	<p>We advised that agencies have to adhere to the principles of 'Making Safeguarding Personal' to make safeguarding activity person centred and personally outcome focused, which moves away from 'process driven' procedures. Our Communications and Engagement Working Group will be using Equality Profiles and intelligence to develop a Communications and Awareness Delivery Plan, detailing target areas and preferred communication methods.</p>
<p>Has this been presented at the Adult Social Care and Health (ASCH) Equality Group?</p>	<p>We advised that the consultation and strategy was shared with the group.</p>
<p>Can you build equality assurance into your governance frameworks? Will the consideration of equality, diversity and human rights be built into learning and performance and quality assurance frameworks?</p>	<p>We advised that all major documents will be required to have an accompanying Equalities Impact Assessment.</p>

Do your audits include equality analysis?	We advised that, other than Safeguarding Adults Reviews, the Board does not undertake multi-agency practice audits, however all Safeguarding Adults Reviews and Complex Case Audits address equality and diversity issues.
There is little mention of mental disabilities within the EIA for those with long term disabilities or mention of those who may not be deemed to have capacity.	We advised that this high-level strategy aims to ensure that anyone experiencing abuse of any kind, can recognise it, know how to report it and be aware of what may happen as a result. It is the responsibility of individual partners to ensure that all vulnerable people have equal access to being safeguarded. Our Communications and Engagement Working Group will be working to reach those who may not have capacity to identify if they are experiencing abuse. This could include raising awareness amongst agencies who work directly with people who may lack capacity or who have long term disabilities, and working directly with particular service user networks.

2. Delivery of Our Strategic Plan

To support the high-level strategic plan, each Working Group produces an ‘annual delivery plan’, detailing the tasks to be carried out in order to meet the priorities of Prevention, Awareness and Quality. Medway Safeguarding Adults Executive Group has also developed a delivery plan. The Chairs of each Working Group provide a progress update at each Business Group meeting and the following ratings are used to measure progress against each action:

Blue	Action complete.
Green	Action on track and progressing to plan, no problems that will impact on schedule. No action required from KMSAB.
Amber	Some problems and or delays with the action but expected to recover. Highlighted to inform KMSAB, to be monitored and reviewed.
Red	Major problems and issues threatening the action, behind schedule and not expected to recover. Requires intervention from KMSAB.

If tasks are rated amber or red, Working Group Chairs must give reasons and advise on mitigation.

3. Delivery of Our Training Offer

We commissioned multi-agency safeguarding adults training predominantly for staff from the statutory sector, supporting the effective delivery of their roles and responsibilities in relation to Section 42 Enquiries. The programme comprised of:

Section 42 Implementation, Care Act (2014)

- Policies, Procedures and Agency Responsibilities
- Undertaking and Managing s42 Enquiries
- Effective Contribution and Collaboration in Decision Making

Each agency’s introductory/foundation training sits ‘underneath’ the workshops and agencies supplement the Board offer, with their own training programmes. The training provider is notified of any policy updates so that training can be updated accordingly.

The Board’s multi-agency training offer for 2018-19 was delivered to 661 staff, attendance levels were:

KMSAB Multi Agency Safeguarding Adults Training April 2018 to March 2019 Attendance Figures										
Course Name	No of Workshops Held	Total Attendance	KCC	Medway Council	Health - KMPT	Health - Other	Police	KFRS	Probation	Other
Policies, Procedures and Agency Responsibilities (one day)	17	268	137	43	12	24	39	1	5	7
Undertaking and Managing Enquiries (one day)	17	233	113	42	15	26	30	1	0	6
Effective Contribution and Collaboration in Decision Making (two days)	10	160	76	35	4	16	24	2	0	3
Totals	44	661	326	120	31	66	93	4	5	16

Measures used to assure quality and impact of this training are set out under Priority Three.

4. Kent and Medway Safeguarding Adults Board Policy and Procedures

The Board’s main policy document is the “Multi-Agency Safeguarding Adults Policy, Protocols and Practitioner Guidance for Kent and Medway”, which sets out legal responsibilities for agencies to deploy, when working together. It also provides guidance on how to recognise and respond to actual or suspected abuse against adults at risk.

The policy is supported by a subset of additional policies such as; self-neglect; hoarding; modern slavery and human trafficking. All the Board’s policy documents are available [here](#).

The Practice, Policy and Procedures Working Group runs a policy update schedule, ensuring incorporation of legislative change; national advice; thematic learning from Safeguarding Adults Reviews, Complex Case Audits, Domestic Homicide Reviews and outcomes from Children’s reviews.

In accordance with the update schedule the following documents were updated:

a) Multi-Agency Safeguarding Adults Policy, Protocols and Practitioner Guidance for Kent and Medway

As detailed in the last KMSAB annual report, it was recognised that the Board’s main policy, protocols and guidance document required a full rewrite for the 2018-19 update. As this is particularly complex and highly labour intensive, a task and finish group with multi-agency representation was established to lead this work. Task and finish group members developed and circulated a questionnaire to practitioners from all agencies to ask for their views on the existing document and what improvements they would like made. During 2018-2019 members completely rewrote the document and sent it to partner agencies and wider for further consultation. One of the main priorities for the update was to ensure that ‘making safeguarding personal’ and hearing the voice of the adult ran through the whole document, not just as a separate section. The

feedback received was extremely positive. Consultation feedback was considered at the Practice Policies and Procedures Working Group and incorporated as appropriate.

b) Kent and Medway Protocol for Dealing with Cases of Domestic Abuse to Safeguard Adults with Care and Support Needs

This document provides guidelines to assist Police, the local authorities and where appropriate health services to work together to address the issues of Domestic Abuse where they affect adults with care and support needs. It is reviewed annually; the 2018 update was approved by the KMSAB membership in July 2018.

c) Kent and Medway Protocols to Safeguard Adults at Risk of Sexual Exploitation, Modern Slavery and Human Trafficking

This document provides guidance to professionals and volunteers from all agencies involved in safeguarding and promoting the welfare of all trafficked and exploited adults. It is reviewed annually; the 2018 update was approved by the KMSAB membership in July 2018.

d) Kent and Medway Multi-Agency Policy and Procedures to Support People who Self- Neglect and Demonstrate Hoarding Behaviour

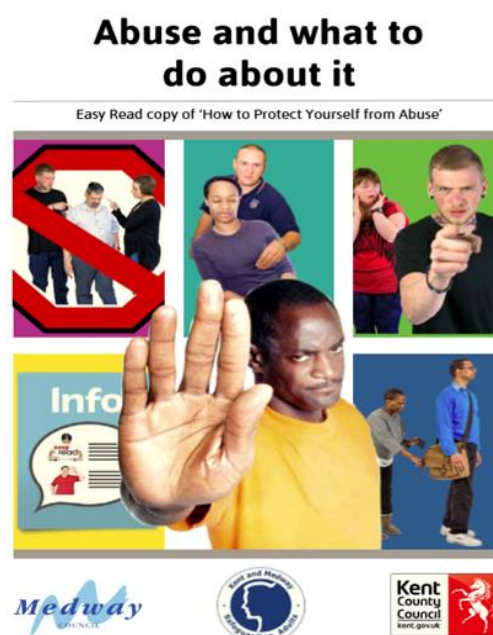
The Self-Neglect Policy was strengthened in response to the findings from of a Safeguarding Adults Review and was further updated to include hoarding behaviours and interventions.

The quality assurance measures used to assure the dissemination and impact of these policies are set out under Priority Three.

5. Redesign of the easy read document “Abuse and What to do about it”

In response to our service user feedback, “Shout Out” (an independent self-advocacy group for adults with learning disabilities in Medway) assisted with the redesign of the easy read version of the Board’s “abuse and what to do about it” booklet. This made key messages about adult safeguarding more accessible. The new document was shared widely as part of safeguarding adults awareness week and is available [here](#) and on our website.

We have received feedback about how well the publication has been received.



6. Procedure for a Safeguarding Adults Review (SAR)

Safeguarding Adults Review Working Group members updated the SAR Procedure, clarifying criteria and revising the delivery methodologies which can be used to undertake a SAR. The focus of the policy is to ensure the most effective and efficient methodology is used to identify good practice and lessons learned, whilst maintaining consistency and legal compliance to improve safeguarding practice.

7. Some of our Partner Highlights

As part of our quality assurance framework, agencies report on how they are meeting our three delivery priorities. The next section reflects just some of the good work taking place.

“Tunbridge Wells Borough Council’s private sector housing team is maximising our Better Care Fund to help vulnerable adults. They are jointly funding a health and housing hospital discharge co-ordinator who is based at Pembury Hospital. This person works directly with the discharge teams at the hospital and will arrange for works to be carried out to a person’s home if they are ready for discharge but unable to return home due to the adaptations being required. This scheme is

“Tunbridge Wells Borough Council also funds another Peabody post – a hoarding expert – who works with local residents to address their hoarding issues and to assist them to improve their living conditions and to help prevent them becoming homeless or admitted to hospital.”

“Monthly training for taxi drivers takes place which includes the completion of a safeguarding test”
Tonbridge and Malling Borough Council.

“A ‘Rough Sleepers Task and Finish Group’ has been established to identify rough sleeping in the borough and look at what action/support can be offered to help them into accommodation and off the streets.” Tonbridge and Malling Borough Council.

“Updated ‘My Safety’ section on Kent Fire & Rescue Service website, including guidance on how to protect yourself against abuse and guidance on what actions to take if you suspect abuse is taking place”. Kent Fire & Rescue Service

“Integrated Offender Management (IOM) is now well embedded in Kent and Medway. This multi-agency approach to working with those identified as either committing serious acquisitive crime, domestic abuse or those vulnerable to gang involvement or presenting as very complex cases requiring a multi-agency approach, is proving very successful. The combined community-based cohort have committed 180 offences whilst on IOM, this is a reduction of 378 (-67.7%) compared to their offending within the same time period directly prior to IOM”. Kent Surrey and Sussex Community Rehabilitation Company

“Medway Community Healthcare (MCH) utilises personalised care plans for all patients with on-going healthcare needs, to ensure care provision matches the individual’s own goals and needs. This ensures collaborative decision-making regarding treatment and care. Training and policy reiterate the need to ensure adults are involved and consent to referrals for safeguarding concerns, unless the risk is considered to be too high or the individual is lacking the capacity to consent.”
MCH

“The Safeguarding team has a high profile within Medway Foundation Trust, which has increased over the past year, this in turn has generated increased awareness of safeguarding and our team are frequently contacted for safeguarding advice and support.”

Medway Council has “Integrated Making Safeguarding Personal into our local processes. This builds on our ‘3 conversations’, strength-based practice approach, which focuses on the goals and priorities of service users.” Medway Council

“Kent Surrey and Sussex Community Rehabilitation Company has a well embedded Service User Council, which remains the key mechanism by which we gather service user feedback in relation to the impact of service delivery on service users and their families. Surgeries are carried out for service users in each office by members of the Service User Council who report back issues and recommendations to the Service User Council which are then taken forward for development.”
KSSCRC

“Kent Surrey and Sussex Community Rehabilitation Company (KSSCRC) has developed a multi-agency hub with our partner agencies in Folkestone including Police, Social Services, Housing, Folkestone Council and Substance Misuse Services with the funding from the Community Safety Unit (...)which is proving to be a real success in reducing anti-social behaviour”. KSSCRC

“A safeguarding forum is in place, which is chaired by the Safeguarding Officer and attended by the safeguarding champions – one from each department within the Council.”
Thanet District Council

“The hospital communication team cascades information to staff via weekly email messages, which often includes safeguarding information and patient safety messages. They also provide information to the public through the hospital newsletter and also social media, e.g. twitter and facebook, and the local press.” Medway NHS Foundation Trust

“Training is offered to partner agencies and professionals – this has included suicide awareness, dementia awareness and loan shark workshops.” Dover District Council

“Safeguarding champions raise awareness within their teams and feed into communications campaigns.” Thanet District Council

“Thanet District Council has a Community Development Officer in post who engages with different community groups and feeds back to the Community Safety Unit and Safeguarding Officer.”
Thanet District Council

“Safeguarding cards produced, to raise awareness of key safeguarding issues for staff.”
Sevenoaks District Council

“Swale Borough Council is working with Maidstone and Mid Kent Mind to raise funding for a hoarding officer, who will be able to engage with and support, not only those more serious cases, but also with those identified at an earlier stage.” Swale Borough Council.

“East Kent Hospitals University NHS Foundation Trust (EKHUFT) Adult Safeguarding Team has worked with external agencies such as Oasis, setting up the Independent Domestic Violence Advocacy Service in William Harvey Hospital Accident and Emergency.” EKHUFT

“Due to an increase in reports from staff of vulnerable customers who have made threats to harm themselves, Dartford Borough Council has recently arranged suicide prevention awareness training for staff, to help them know how to assess the levels of risk and what action to take, based on the different levels of risk.” Dartford Borough Council

“Dartford Borough Council’s Community Safety Team has now established links with Darent Valley Hospital (DVH) and attends monthly “frequent attenders” meetings, where individuals who are frequent users of DVH Accident and Emergency Department are discussed. This again enables the information sharing and joint action planning required to support some of the Borough’s most vulnerable people who have not come to notice elsewhere.” Dartford Borough Council

“The Hospital Independent Domestic Abuse Advisors are based within the Trust and are able to offer training to staff as well as advice and support to patients/staff within the hospital setting.”
Dartford and Gravesham NHS Trust

“The [Clinical Commissioning Group] Designated Professionals use triangulation of safeguarding data against data from serious incident reporting, complaints and friends and family test to validate provider data and identify where constructive challenge or additional mentoring may be required.”
Kent and Medway NHS Clinical Commissioning Groups

“Housing Team uses “Voices” for Care Act assessments, ensuring assessments are carried out with input from clients. Vulnerable adults in need of advocacy are referred to Advocacy for All and Young Lives Foundation (for Care Leavers) to ensure their voices are heard.”
Canterbury City Council

“Kent Community Health NHS Foundation Trust (KCHFT) has patient representation at meetings such as the Mortality Surveillance Group, which the Head of Safeguarding for KCHFT attends and presents recommendations from Safeguarding Adults Reviews, Domestic Homicide Reviews and Serious Case reviews.” KCHFT

“In partnership with operational teams, the Central Referral Unit (CRU) in Kent has improved the multi-agency response to vulnerable children and adults through early identification and intervention. The Central Referral Unit in Kent provides, to all staff and partner agencies, a central point of access for vulnerability and is responsible for conducting consistent risk assessments, referrals and providing consistent advice and signposting 24 hours a day.” Kent Police

“There are dedicated liaison officers for missing adults (MALO) who work with vulnerable adults that go missing and are a conduit between the Police and other agencies to prevent missing episodes where a person is considered at risk. This role was widely highlighted in 2018 as part of the National Dementia Awareness Week.” Kent Police

“Hoarding Co-ordinator in place in the District (employed by Peabody) – Home Straight project”
Folkestone and Hythe District Council



Priority Two: AWARENESS

“I know what abuse is and where to get help”

Our priority is to improve awareness of adults at risk and safeguarding within, and across, our partner agencies and communities. We will:

- improve awareness across Kent and Medway;
- improve engagement with local communities; and
- assess the effectiveness of the work we do, and review and share the learning.

What we have achieved

1. Safeguarding Adults Awareness Week 8-12 October 2018

Safeguarding Adults Boards have a duty under the Care Act, 2014, to prevent harm and “raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect”¹. Successful awareness raising campaigns can make a significant contribution to the identification and prevention of abuse. It is also good practice to raise awareness.

To help share the message on how to recognise and report abuse and neglect and highlight the support and services available for those at risk or experiencing abuse, Board members arranged and held a safeguarding adults awareness raising campaign. The theme for the campaign was “Isolation and Exploitation”, linking with the wider agenda of loneliness and isolation and the relationship between this and safeguarding. The week included targeted information days on: cuckooing and mate crime; self-neglect and hoarding; scamming; domestic abuse; modern slavery and human trafficking.

Posters, social media messages and promotional material was produced to help agencies share key messages. This was supported by a range of scheduled activities provided by many agencies, which included:

- public information stalls; attendance at community groups, such as libraries, coffee mornings and day centres. ‘Cake for a pledge’ worked well and encouraged people to make a personal pledge of a change they could make to help reduce isolation in their own community;
- awareness raising through social media, information bulletins and press coverage;
- staff workshops and events;
- a conference on isolation and exploitation for care providers;
- fraud and scam awareness sessions at banks;
- cybercrime awareness training;
- domestic abuse training;
- a conference on professional curiosity.



¹ [Care and Support Statutory Guidance Issued Under the Care Act 2014](#)

Examples of feedback received were:

- *Community Wardens had really good engagement from the public*
- *all agencies involved in events have given good, positive feedback and have stated they felt the event was worthwhile and would be happy to engage again*
- *very informative*
- *good signposting*
- *good to talk to professionals*
- *the public feedback received was very positive and the events were well attended*
- *providers and professionals attending the conference have fed back on how good and informative the day was.*

2. Communications and Engagement Working Group

The Kent and Medway Safeguarding Adults Board agreed to establish a Communications and Engagement Working Group to lead on engaging with service users, carers and the public, providing ways for them to influence the work of the Board and empower and enable them to contribute to safeguarding in Kent and Medway. The group will be responsible for raising the profile of the work of the Board and of adult safeguarding to ensure that important messages and learning are shared and understood.

The first meeting of the group was held in April 2019 when members developed terms of reference and an annual delivery plan setting out the work programme for the year. Some of the planned activity includes:

- Creation and circulation of a monthly newsletter.
- The Independent Chair of the Board and Board business unit members have met with representatives from faith groups, Healthwatch and Sports England among others to seek their support.
- Undertaking analysis required develop a communications strategy
- Briefing on the work of the Board to Kent County Council Members
- Attendance at events and meetings throughout the year to raise awareness and encourage engagement.

3. Business Development and Engagement Officer

This new post was created within the Board's Business Unit and will support the work of the Communications and Engagement Working Group.

4. Safeguarding Adults Review (SAR) Information Leaflet for Families, Friends and Carers

This leaflet was developed to enable people to understand what to expect if they are involved with the SAR process. An easy read version of this document has also been produced.

5. Some of our Partner Highlights

As part of our quality assurance framework, member agencies report on how they are meeting the Board's three delivery priorities. Below are some examples reflecting the good work taking place.

“Information on safeguarding has been included at the annual Tonbridge and Malling Seniors (TAMS) Information day. The event attracts over 30 different support agencies and is well attended by the local community”. Tonbridge and Malling Borough Council

“New Kent Fire & Rescue Service research team in place to ensure new activities/campaigns are based on customer insight, research and effectiveness evaluated.” Kent Fire & Rescue Service

“Kent and Medway NHS Partnership Trust (KMPT) is also proud of our team of more than 300 volunteers, who provide a range of support to our clients and communities including chaplaincy, gardening and befriending. All volunteers have access to a Safeguarding Programme and access to the safeguarding team should they have concerns or enquiries, to enable a safeguarding community approach.” KMPT

“In 2018 a PREVENT training drive was launched in KMPT in a challenge to increase the referral rate into the Channel programme to prevent clients from radicalisation. This training drive has been well received by KMPT staff members.” Kent and Medway NHS and Social Care Partnership Trust (KMPT)

“Links to the work of the Kent and Medway Safeguarding Adults Board are available to all staff and the general public via the intranet/internet. They are also disseminated via an internal newsletter and a Safeguarding Links network. All services are required to have a Safeguarding Link representative and quarterly meetings are held to provide additional information, training and feedback from services regarding safeguarding practice.” Medway Community Healthcare

“This year’s Mental Capacity Act (MCA) audit showed a good general awareness of MCA and assessment across Medway Community Healthcare (MCH), with some excellent areas of practice within services that work with the most vulnerable groups such as Stroke Support and Dementia Support.” MCH

Medway Council “delivered a range of events for safeguarding adults awareness week. During the week we held a conference on the theme of Isolation and Exploitation. This was hosted by Cllr Brake and Ian Sutherland (Director of People) and attended by over 100 delegates. Presentation topics included; drug and gang exploitation of vulnerable and isolated people, including cuckooing; loan sharks; domestic abuse; coercion, isolation and online safety; isolation strategy in Medway; KFRS work with isolated people; self-neglect; new homelessness legislation and rough sleepers; and working with isolated people and people who hoard.” Medway Council

Medway Foundation Trust set up a “Vulnerable Adults Group to address concerns regarding patients being admitted to the Emergency Department and the wards, looking at what support can be put in place for these patients and the staff caring for them, to improve the care that they receive. Some suggestions currently being looked into are the possible use of ‘wanderguards’ for patients, provision of a ‘bus stop’ inside the Emergency Department for patients with Dementia to use, looking into improving the hospital environment by use of paintings, murals, etc. to make it more relaxing/interesting for service users. Recent opening of dementia garden.”

Medway NHS Foundation Trust

“Pressure ulcers was one of the concerns that our community nurses and therapists came across when caring for patients who self-neglect. However, it was noted that the use of a personalised care plan, devised within North Kent Business Unit, to support these adults helped to involve the individual in their care plan and encouraged them to review their choice of self-neglect by coming to an agreement with the professional, working with them to reduce the risk of pressure ulcer deterioration caused by self-neglect and non-concordance with care.” Virgin Care

“The Council is signed up to the Armed Forces Covenant which provides support and advice to ex forces personnel.” Dover District Council

“Police and Crime Commissioner (PCC) has awarded funding to support the provision of a Homeless Day Hub.” Ashford Borough Council

“The authority has a Domestic Abuse Co-ordinator and runs a weekly one-stop-shop based from one of our Children’s Centres.” Ashford Borough Council

“Isolation and loneliness are identified as risk factors in both the assessment and management of statutory services users. It is highlighted in individual Risk Management Plans, Sentence Plans and addressed through Integrated Offender Management, Multi-agency Public Protection Arrangements and MARAC (Multi-Agency Risk Assessment Conference) forums for those we supervise.” National Probation Service

“Throughout 2018/19 the Trust’s Clinical Audit Department undertook an audit of the organisation’s mental capacity processes. The aim of this audit was to ensure that there is sufficient documentary evidence of capacity assessments and best interest decisions.”
South East Coast Ambulance Service NHS Foundation Trust

“We have developed an online directory of services for the community (and for practitioners) to use. SPOTLIGHT enables organisations or community groups to list their services, which include mental and physical wellbeing services that people can be signposted to.”
Folkestone and Hythe District Council

“East Kent Hospitals University Foundation Trust Adult Safeguarding Team has worked with external agencies such as Oasis setting up the Independent Domestic Violence Advocacy Service in William Harvey accident and emergency.”

“Hackney Carriage and Private Hire Drivers – Dartford Borough Council’s Taxi Licencing Policy contains a requirement for mandatory training modules concerning child sexual exploitation and the ‘Prevent’ element of counter terrorism, for all new taxi drivers and those renewing their licences in order for them to be granted their respective licences to work in the Dartford Borough.”
Dartford Borough Council

“Provided bystander and exploitation training for taxi drivers. Latest edition of the Council’s magazine that goes out to all residents featured a double spread covering spotting the signs of county lines, modern slavery, cuckooing, terrorism and child sexual exploitation.”
Canterbury City Council

“Work with partner agencies to raise awareness about the Duty to Refer under the Homelessness Reduction Act has influenced hospital discharge procedures and more early intervention for clients who are about to be homeless.” Canterbury City Council

“Liaison and communication between prisons and the Regional Team with links to other establishments and national resources supporting safer custode and safeguarding.”
HM Prison Service

“Kent Community Health Foundations Trust’s Safeguarding Team facilitate an annual safeguarding conference.” Kent Community Health NHS Foundation Trust

“To complement and support front line delivery, in August 2018 the central Protecting Vulnerable People (PVP) Team set up a Force working group for adults at risk. This group is made up of representatives around the Force including Community Safety Units, Vulnerability Investigation Teams, Corporate Communications, Fraud, Volunteers and analysts. Chaired by central PVP, the group is focused on improving the services of Kent Police to adults at risk. The group is action driven and has been effective at raising awareness of the KMSAB internally, improving engagement with local communities and assessing the effectiveness of the work we do, whilst sharing best practice and lessons learnt.” Kent Police

“Margate Taskforce, along with Thanet District Council, carries out “street weeks”, which target local streets in Thanet that are identified as the most deprived and in possible need of multi-agency input to help support the residents.” Thanet District Council

Virgin Care “maintains transparency around incidents and is continually encouraging services users to raise concerns through different platforms, ‘you said we did’, ‘friends and family test’, ‘tea with the matrons’ and/or by disclosing concerns with a member of our team. Last year during the Kent and Medway Safeguarding Adults Awareness Week, our stands in Gravesham Community Hospital and the Isle of Sheppey saw a good number of the public engaging in conversations about safeguarding and their understanding of abuse.” Virgin Care



Priority Three: QUALITY

“I am confident that professionals will work together and with me to achieve the best outcome for me”

Our priority is to quality assure our work, learn from experience and consequently improve practice. We will:

- ensure agencies are accountable for having competency and quality in practice;
- ask for feedback, learn from people’s experiences and put learning into practice; and
- define our quality parameters and measure performance accordingly.

What we have achieved

1. Revised Quality Assurance Framework

As said, one of our main responsibilities is to hold our partners to account. This involves gaining assurance that safeguarding arrangements are in place, that they are effective and they deliver the outcomes that people want. It also involves respectfully challenging partners. Quality Assurance Working Group members developed a new quality assurance framework, which sets out the measures and tools we use to measure effectiveness of partner safeguarding activity.

The framework recognises that quality assurance is just one aspect of the continuous improvement cycle and includes:



The tools detailed in the framework include:

- a) **An Annual Self-Assessment Framework (SAF)** - All agencies complete a self-assessment to measure progress against key quality standards, and supply supporting evidence. Responses are RAG (red, amber, green) rated and peer assessed. Red and amber ratings initiate regular update reports to the Working Group and to the Board, ensuring standards are achieved and sustained. It is also expected that partners have their own quality assurance frameworks and audit mechanisms in place.

The 2018 Self-Assessment Framework contained 26 requirements based on:

- Participation
- Leadership
- Service Delivery
- Effective Practice
- Performance and Resource Management
- Self-Neglect

Examples of some questions relating to participation for the 2018 SAF were:

- Does your organisation have information, in a variety of formats, accessible to adults at risk and their families about safeguarding, including who to contact if they are concerned about an adult at risk?
- How does your organisation seek the views of those that experience your services and how often is this analysed?
- What are the themes and trends from service user feedback and how has this information been used?
- Can your agency demonstrate that service users are invited and supported to attend safeguarding meetings?
- Demonstrate how the views of adults at risk are specifically listened to.

To help mitigate against different interpretation of requirements, to instil more rigor in the process and to ensure greater consistency, a 'Peer Review Panel' was established to review 2018 SAF returns. Agency leads presented their SAF analyses and evidence to the Panel. Feedback was that this was a beneficial exercise, which has now been fully incorporated in the Quality Assurance Framework.

Quality measures were being fulfilled throughout the reporting year and many agencies were exceeding the original 26 requirements and it was agreed that a 'full' self-assessment would be carried out every two years and that focused assessments of emerging areas would take place in between. Consequently for 2019, a shorter assessment was issued. Example assessment questions are set out below;

- **Making Safeguarding Personal** - demonstrate how your agency involves the individual in safeguarding decision making and include details of how they are involved from the point of referral through to the investigation and conclusion.

- **Exploitation** - How does your agency identify and respond to potential exploitation of individuals in your area? This could involve gangs, county lines, modern slavery, sexual exploitation and 'Prevent'.
 - **Work of the Board and Policy** - Detail how your agency disseminates and promotes policy updates from the Board, including what form of media is used. How does your agency ensure that any changes made are understood and embedded? Who is responsible for identifying any problems with implementation? How does the agency introduce staff to the work of the Board and advise them about the website and information provided by the Board that is pertinent to their area of work?
 - **Safeguarding Adult Reviews (SARs)** - How does your agency make the decision to submit a SAR? What opportunities are there for staff to discuss cases and decide whether a case meets the criteria for submission? Who makes the decision to refer? In light of the wide-ranging information contained in the published Executive Summaries following completion of a SAR, how does your agency ensure that 'lessons learnt' are taken on board and incorporated into the agency's policies where appropriate (regardless of whether the agency has been involved in the original SAR)?
 - **Timeliness** - How does your agency monitor and seek to improve the time taken from initial referral to the resolution of safeguarding concerns raised?
- b) **Annual Agency Reports** - All agencies complete a report which sets out how they have; met our priorities, improved effectiveness, identified good practice and any gaps for their own organisation. Agencies are also asked to report on any pertinent findings from internal adult safeguarding audits when completing their annual agency report.
- c) **Service User feedback** – local authorities use a range of methods to seek the views of people using safeguarding services and use the information to improve safeguarding responses. This approach supports 'Making Safeguarding Personal', promoting personalised and inclusive safeguarding to support service users to achieve the outcomes they want.

2. Recruitment of Independent Safeguarding Adults Review Chairs and/or Authors

A joint task and finish group led by both the Chair of the Safeguarding Adults Review Working Group and the Domestic Homicide Review (DHR) Steering Group, reviewed and strengthened the terms of author assignments, contracts and job descriptions for those undertaking DHRs, SARs and Complex Case Audits. Following a successful recruitment campaign, five additional Chairs/Authors were appointed.

3. Training Evaluation Framework

Learning and Development Working Group Members continued to use the tools in the training evaluation framework to ensure the training course content remained up to date and relevant to all partner agencies and reflective of; the Care Act and other key legislation; learning from best practice; and learning points from local SARs as well and relevant Domestic Homicide Reviews, Safeguarding Children Reviews and LeDeR reviews. The Framework was also used to seek views of attendees and their managers, about course content, delivery, relevance and practice improvements.

Following analysis of Information gathered, members agreed that, albeit the training programme was of a high standard and well regarded, after two years it was due for revision in line with delivering our Board priorities. Deborah Stuart-Angus, the Independent Chair of the KMSAB, facilitated a scoping workshop in February 2019 to focus on vision, aims and delivery objectives. This initiated the programme's redesign process and consequent early planning for commissioning.

4 Monitoring of Safeguarding Adult Reviews (SAR) Action Plans

Following the completion of a Safeguarding Adults Review (SAR), agencies involved must detail the actions they will take to respond to any recommendations made for improvement. SAR Working Group members quality assure these action plans at every meeting, requesting remedial actions if required, and escalate concerns to the KMSAB Business Group. The SAR Working Group also monitors actions arising from out of area SARs that have involved KMSAB agencies.

5. Some of our Partner Highlights:

As part of our Quality Assurance Framework, agencies report on how they meet the Board's priorities some examples are set out below.

"Weekly monitoring of caseload, case activity and quality assurance has resulted in improvements both in record keeping and activity." Kent Fire & Rescue Service

"KMPT holds Trust wide safeguarding group meetings bi-monthly, in which the Executive Director for Nursing and Quality along with the Trust Named Safeguarding Doctor, Head of Safeguarding, Head of Services, Care Group Leaders and Designated Nurses from the CCG attend, to ensure safeguarding is intrinsic to practice and information and learning is shared systematically at all levels, whilst quality assurance and oversight is accomplished."
Kent and Medway NHS and Social Care Partnership Trust

Kent Surrey and Sussex Community Rehabilitation Company's (KSS CRC) research department, the first and only unit of its kind in any CRC in England and Wales, is currently conducting research regarding probation practice and working with families to support the service user in their rehabilitation journey. This research is being conducted across regional, national and international probation practice. Our service users and their families are being asked to contribute to the research with the aim to improve how KSS CRC work with them." KSS CRC

Kent Surrey and Sussex Community Rehabilitation Company women's strategy was launched in 2018 in response to evidence showing that women's pathways into offending are different to that of men, more likely to be sentenced to prison than men for non-violent crime and be victims of domestic abuse. To support our work with women, we have trained our women's leads to facilitate a trauma informed approach in their work with women. The leads have also been trained to facilitate our Believe and Succeed Women's Offender Behaviour Programme designed in conjunction with Brighton's Women's Centre which has been well received by our women's service users."

“Each year any organisation that is funded from NHS money to provide healthcare must produce a report, which clearly outlines the quality of their services. These are known as their Quality Accounts. The Department of Health instructs us on what should be included in this quality account, which is a review of what is working well and where there is room for improvement now or in the future. Our quality account allows us to build upon and demonstrate our continuous improvement and to show our commitment to delivering high quality, people centred services.” Medway Community Healthcare.

Medway Council has “local standards for completing safeguarding work. Decision relating to concerns (e.g. whether to progress to an enquiry) should be made within 48 hours; and an explanation is required if this timescale is breached. Enquiries should be completed within 90 days, with an explanation if this timescale is breached. Our performance dashboard is monitored at the monthly performance forum and relevant corrective actions are agreed. It is also scrutinised and Medway Safeguarding Adults Executive Group.”

Virgin Care “undertake Mental Capacity Act (MCA) audits quarterly to ensure that there is an understanding with the application of MCA, and that people are given opportunities to make a decision and not judged based on the clinician’s bias. The audit results demonstrated 96% assurance based on staff undertaking MCA assessment regarding care and treatment.

“Clinical Commissioning Groups are utilising the safeguarding assurance/self-assessment framework to support GP practices. The toolkit has been disseminated to GP practices to support them in meeting and evidencing their statutory safeguarding duties. The completion of the toolkit by GP practices has been unpredictable and consideration needs to be given to how the toolkit can be further promoted.” Kent and Medway NHS Clinical Commissioning Groups.

“The increase in demand on CCG resources for Domestic Homicide Reviews (DHRs) and Safeguarding Adults Reviews (SARs) has been a challenge. However, through communication and peer support, the Designates have been able to meet the increased demand. From 2019 the CCGs Safeguarding Teams in Kent and Medway have aspired to become a joint system wide service, working closely together to fulfil the duties and responsibilities of representing the Kent and Medway CCGs across the spectrum of safeguarding meetings and reviews.”
Kent and Medway NHS Clinical Commissioning Groups

“In cases where the threshold for a Safeguarding Adults Review has not been met, internal reviews have taken place to look to see if practice could be improved to achieve better outcomes.”
Canterbury City Council

“Local quality assurance processes, underpinned by peer audits and national inspections.”
HM Prison Service

“Through audit it was identified that, although staff undertook mental capacity assessments (MCA), these were not always documented. The MCA lead, with support from the safeguarding team, has developed documentation that is now being piloted within community hospitals across the Trust”
Kent Community Health NHS Foundation Trust

“Multi-agency safeguarding supervision supports the retention of staff and encourages the sharing of good/best practice in supporting those adults at risk.”
Kent Community Health NHS Foundation Trust

“In alternate months, patients will be invited to the Trust Board Meeting to tell their story. The Trust Board welcomes these opportunities to hear directly from the patient about their experiences, both good and bad.” Maidstone and Tunbridge Wells NHS Trust

Section 3. Safeguarding Adults Reviews

1. Purpose of a Safeguarding Adults Review

The KMSAB is lawfully required to review what has happened in cases when an adult who needs care and support either dies, or suffers serious harm, when abuse or neglect is thought to have been a factor. This is called a Safeguarding Adults Review, or SAR for short. This 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.

2. Criteria for Conducting a Safeguarding Adults Review

KMSAB must arrange for there to be SAR for 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:

- An adult at risk dies (including death by suicide), **and** abuse or neglect is known or suspected to be a factor in their death;
- An adult at risk has sustained any of the following:
 - A life threatening injury through abuse or neglect
 - Serious sexual abuse
 - Serious or permanent impairment of development through abuse or neglect;

Or

- Where there are multiple victims
- Where the abuse occurred in an institutional setting
- A culture of abuse was identified as a factor in the enquiry;

And

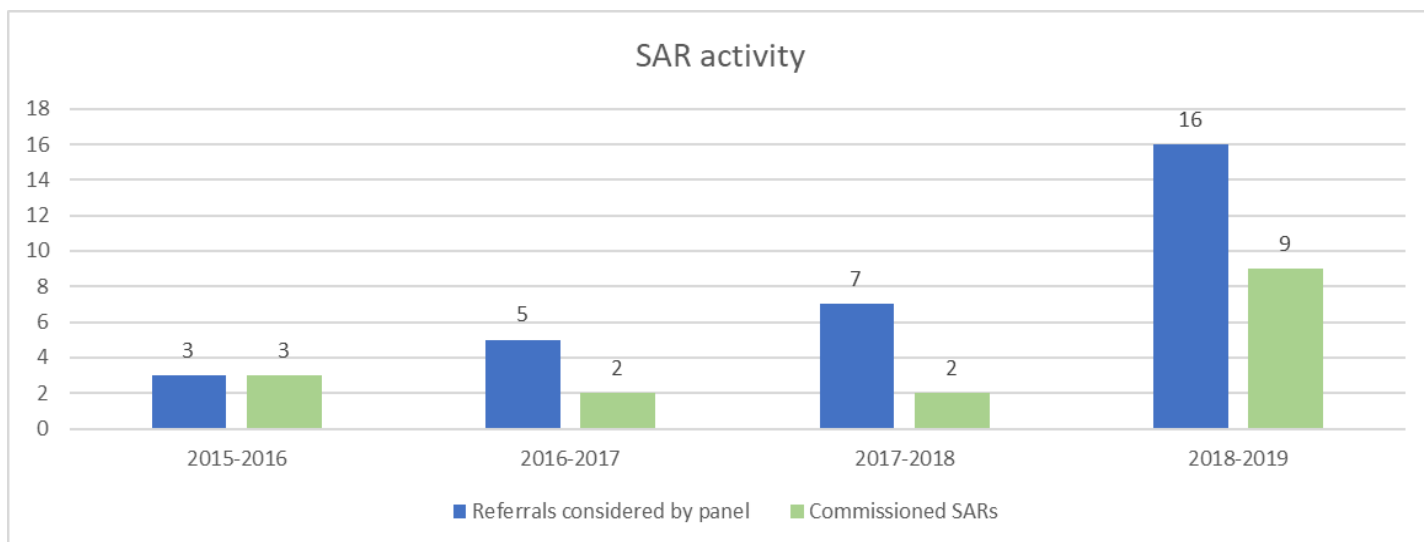
The case gives rise to concern about the way in which professionals and services worked together to protect and safeguard the adult(s) at risk.

KMSAB must also arrange a SAR if the same circumstances apply where an adult is still alive but has experienced serious neglect or abuse. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults, and can include exploring examples of good practice. More information on the SAR process is available [here](#).

3. Safeguarding Adults Review Activity

To ensure a robust and consistent process for determining whether a case referred for a Safeguarding Adults Review meets the criteria, a multiagency decision-making panel, chaired by a member of the SAR working group, is convened when a new referral is received. Each agency brings a summary of their involvement, these are considered to assess if the referral meets the criteria for a SAR or whether any other review or action is required. The recommendation of the panel is sent to the Independent Chair of the KMSAB for a final decision.

We are lawfully required to report to you on our SAR activity and the following diagram sets this out:



The KMSAB received 16 new SAR applications between April 2018 and March 2019, of these:

- 4 cases progressed using the Complex Case Audit methodology
- 5 cases progressed with traditional SAR methodology
- 7 cases did not meet the criteria and no further action for the Board was required

As highlighted above, the volume of SAR activity increased significantly during 2018-19. Whilst it is not possible to measure what caused the increased activity, it is hypothesised that it is probably attributable to an increased awareness of SARs following the delivery of our well received lessons learnt seminars, in Spring 2018, along with awareness raising from the new Self-Assessment Framework.

4. The General Data Protection Regulation Review of the Board's SAR processes

Following specific risk factors identified by the Independent Chair of the Board, and the absence of guidance from central government on how Boards should conduct safeguarding adults reviews in respect of the new GDPR guidance, Kent and Medway Safeguarding Adults Board members agreed to place all SAR activity on hold until a full legal GDPR review of the Board's SAR processes had been completed and Board insurance secured. The review was undertaken by Counsel from Chambers, private legal and full legal advice has now been received. Safeguarding Adults Review Working Group members developed an action plan to address the recommendations made. The plan was approved by Board members at their meeting in March 2019 when SAR activity re-commenced. The work we have achieved has gained national interest.

5. Completed Safeguarding Adults Reviews

As reported in last year's Annual Report, the following SARs were completed and signed off by KMSAB members. (Please note all names are pseudonyms). Despite the hold on SARs, members continued to monitor the progress of action plans to ensure delivery. The complex action plans have been fully completed for three of the four cases.

Anonymised name	Completion Date	Recommendations	Actions	% of action plan completed (June 2018)
Mrs D	17 July 2017	6	40	100
Mrs C	30 October 2017	17	63	100
Violet Hughes	30 October 2017	18	30	100
Beryl Simpson	10 January 2018	10	23	87

6. Themes of recent SARs

To date, the themes highlighted in recent reviews have included issues regarding:

- quality of record keeping
- case co-ordination and case management
- the importance of clarifying leadership in complex case management when multiple agencies are involved
- the importance of effective deployment of the Mental Capacity Act in safeguarding
- strengths that good multi-agency/collaborative working brings
- leadership and the importance of case oversight and ownership
- professional curiosity – What do professionals need to know? What are they concerned about? How are they going to find out? How can appropriate lawful actions assist?
- analytical skills and what happens to the information gathered? How it is utilised and deployed?
- self-neglect and clarifying the threshold for safeguarding involvement.

Section 4. KMSAB Funding

The Kent and Medway Safeguarding Adults Board is funded by Kent County Council, Medway Council, Kent Police, Kent Fire & Rescue Service, Clinical Commissioning Groups and commissioned Health provider organisations. Each of these agencies made the following percentage contributions in 2018-19:

- Kent County Council – 40.4%
- Medway Council – 8.2%
- Kent Police – 14%
- Kent and Medway NHS – 35.8%
- Kent Fire & Rescue Service – 1.7%

The budget covers Board salaries for the Independent Chair, Safeguarding Adults Board Manager, Business Development and Engagement Officer and Senior Administration Officer posts. It also covers the administration costs for the multi-agency group meetings, Safeguarding Adults Reviews, including the commissioning of Independent Authors/Chairs, and covers the whole provision of the multi-agency training programme.

The table below sets out the budget contributions for the past three years

	2016-2017 Agreed contribution (£000's)	2017-2018 Agreed contribution (£000's)	2018-2019 Agreed contribution (£000's)
KCC	80.8	82.0	105.6
Medway Council	16.5	16.7	21.6
Local Health Commissioners and Providers	71.5	72.5	93.6
The Office of the Police and Crime Commissioner	28.1	28.5	36.7
Kent Fire & Rescue Service	3.3	3.3	4.3
Reserve	10.0	20.0	0
Total	210.2	223.0	261.0

Appendix 1 - Safeguarding Activity

Background to Data

Data was extracted from Kent County Council social care system (SWIFT) and the Medway Council Adult Social Care database (Framework I). Data collection and inclusion is consistent with the Department of Health (DoH) statutory requirement return: Safeguarding Adults Return 2014-15, and Safeguarding Adults Collection (SAC) for 2015-16, 2016-17, 2017-18 and 2018-19.

Following the implementation of the Care Act 2014, terminology now used within safeguarding refers to safeguarding concerns and safeguarding enquiries. The first part of this information looks at new adults safeguarding concerns, which is a sign of suspected abuse or neglect that is reported to the local authority or identified by the local authority, and new safeguarding enquiries. Safeguarding enquiries are defined as the action taken, or instigated, by the local authority in response to a concern that abuse or neglect may be taking place.

The second part of the information summarises the outcome of safeguarding enquiries in Kent and Medway.

National comparator data was not available at the time this document was finalised. It is expected to be available on the [NHS Digital](#) site in December 2019. To help interpret the data, NHS Digital has also developed an [Interactive Power-BI Tool](#).

New Safeguarding Concerns and Enquiries

This section presents the number of safeguarding concerns that have been reported to each local authority. Anyone may report concerns regarding actual, alleged or suspected abuse or neglect and reports can be made by phone, e-mail or in writing. Safeguarding concerns can include all types of risk, including domestic abuse, sexual exploitation, modern slavery, and self-neglect. Each local authority will then need to engage with referrers to determine whether the concerns raised constitute the need to undertake a safeguarding enquiry.

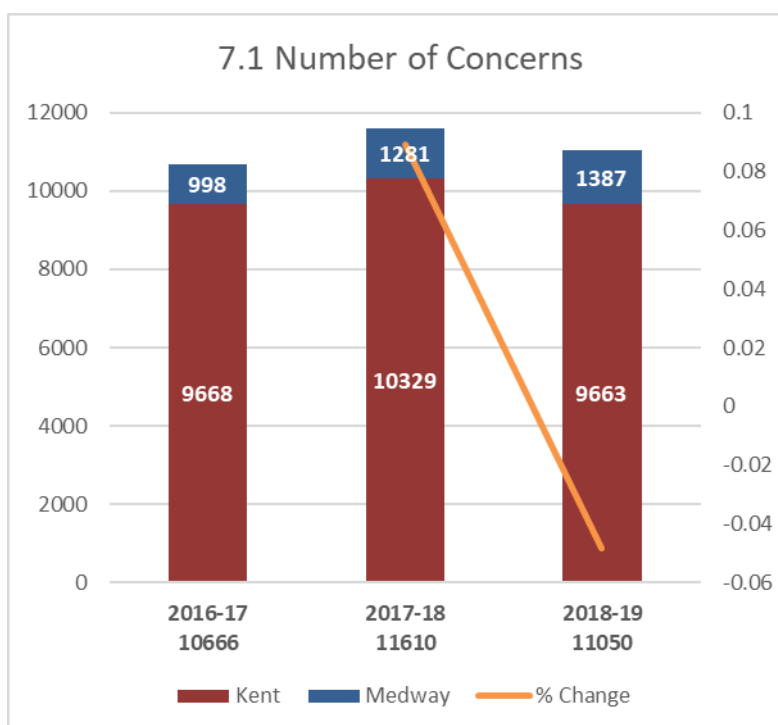


Fig 7.1: Number of safeguarding concerns received in Kent (red) and Medway (blue)

The number of concerns received represents significant activity in both Kent and Medway. There is an increase in the number of concerns in 2018-19 is observed in Medway compared to the previous year, rising by 8.3%. Kent saw a decrease of 6.4%, however this is attributable to improved recording practices over the past year and is not necessarily indicative of reduced demand.

Number of Safeguarding Enquiries and Rate of Change

6,524 new safeguarding enquiries were started during 2018-19, which reflects a 3.2% increase from the year before.

- Kent - the number of enquiries initiated during 2018-19 was down just over 1% with 60 fewer than the year before
- Medway - a 42.6% increase was observed in 2018-19, up 209 compared to the year before

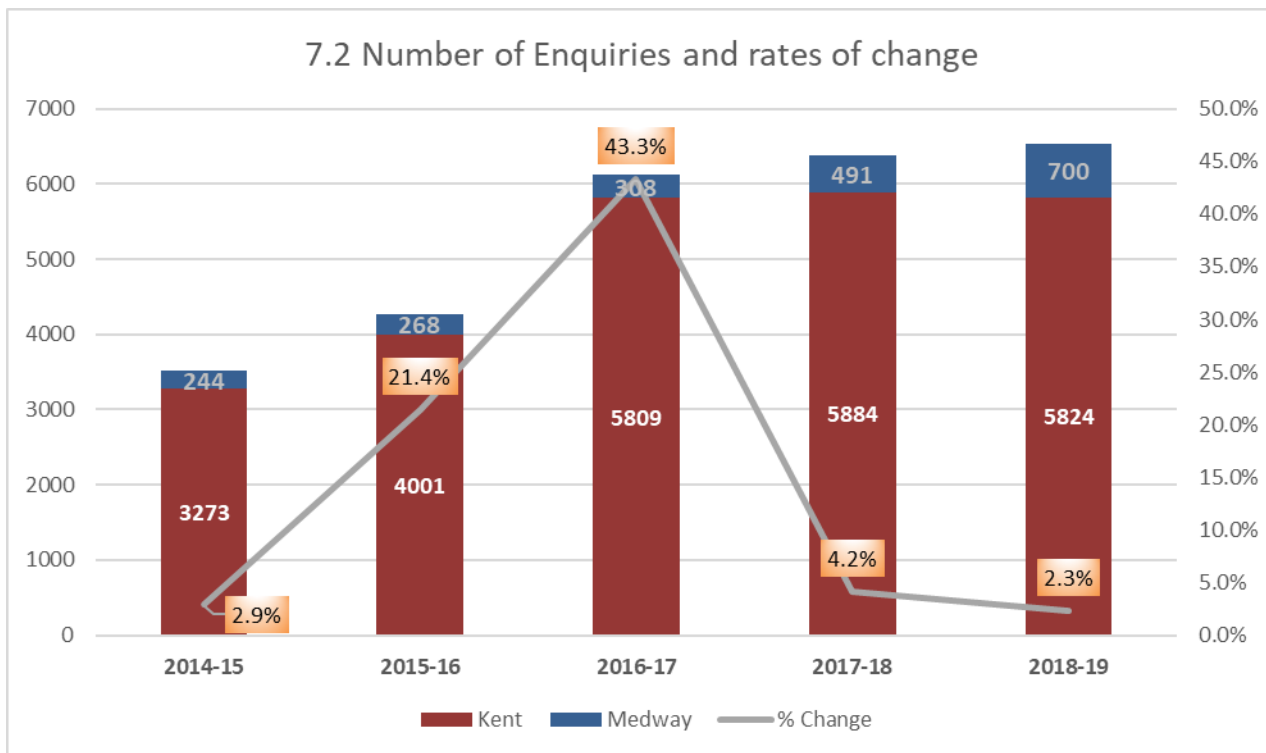


Fig 7.2: Number of enquiries year on year, and rate of change 2014-15 to 2018-19 (grey)

The increase in Enquiry levels seen in recent years can be attributed to operational changes introduced in October 2015 to ensure compliance with the Care Act, 2014. The increases seen in 2017-18 and 2018-19 are far smaller than those observed during the two years prior, now that new processes have been embedded, and normalised.

The increasing number of safeguarding enquiries alongside the more modest increases in the number of safeguarding concerns has resulted in an improved conversion rate, up over 4% in the past year to 59%.

Age of Alleged Victims

The majority of all safeguarding enquiries were related to the 18-64 age group at 39% (2,570), representing a 1.3% increase from 2017-18. This is followed by the second majority falling in the 85+ age group with 24.9% (1,637), down by 2.4%.

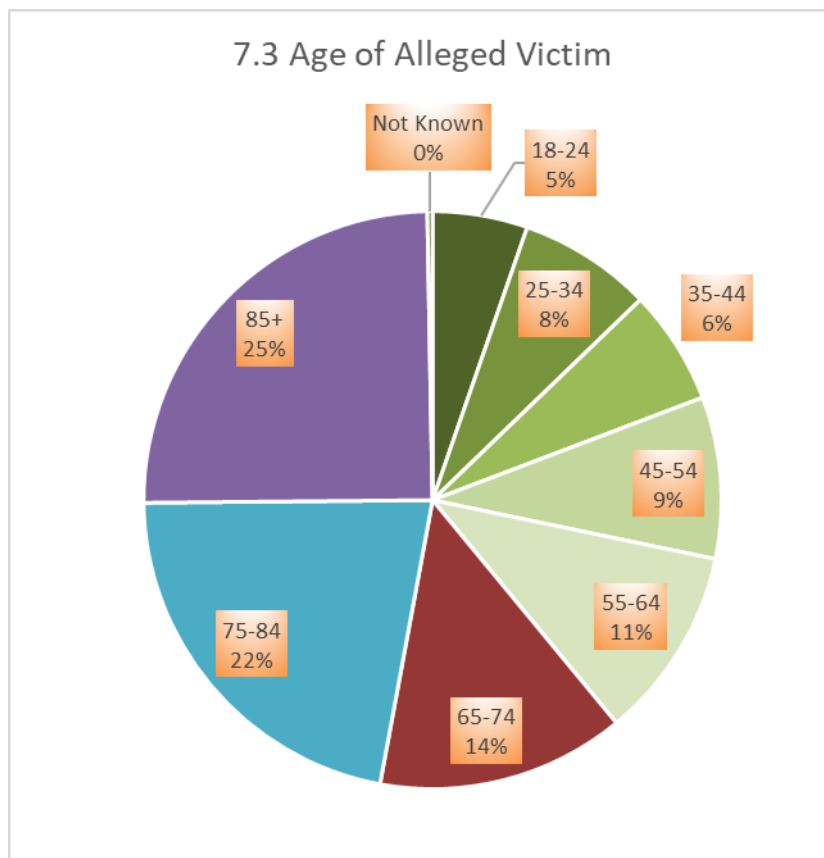


Fig 7.3: Age breakdown of alleged victims for 2018-19

NB: Caution should be taken if comparing the 18-24 age group, as this age group represents a smaller age band than all other age bands

In the 18-64 age group, the highest proportion of enquiries relates to people aged 55-64 (10.8% - 708) followed by the 45-54's (9% - 596). The 18-24 age band accounts for 5.3% (350) of enquiries, however, if equated with a 10-year age band, it would represent an 8.6% figure.

The percentage of people in the 65-74-year age category has risen slightly, with a 0.3% increase seen this year. The percentage of enquiries where the age of the alleged victim is unknown has remained level at 0.3%.

Gender of Alleged Victims

In 2018-19 the highest proportion of alleged victims remains female, at 60.6% (3,955). Overall, the proportions remain fairly level with last year, although there is a small increase in the level observed in the *Indeterminate Gender* category, rising from 0.1% in 2017-18 to almost 0.3% in 2018-19.

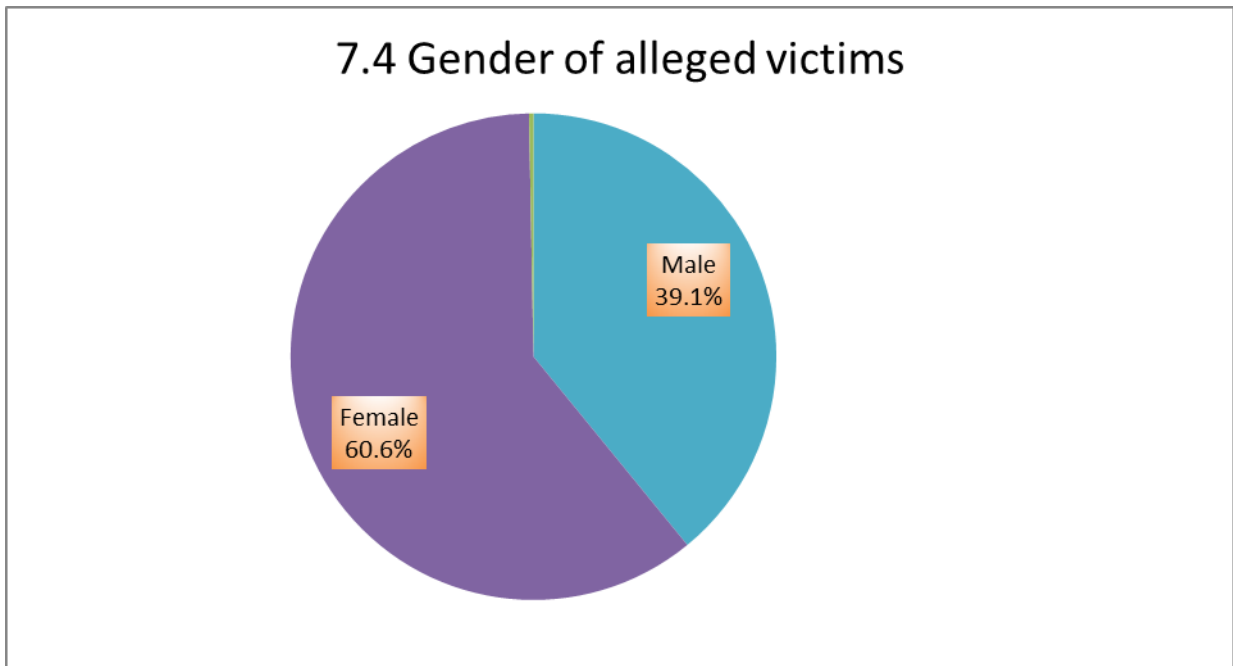


Fig 7.4: Gender of alleged victims 2018-19

Ethnicity of Alleged victims

Of all safeguarding enquiries initiated during 2018-19, 80.7% related to people from a white ethnic background, down from 83% in 2017-18. For the fourth year running, an increase has been observed in the percentage of enquiries relating to people from a black and minority ethnic background, increasing 0.1% to 4.3% (figures in the table below). However, there remains a substantial cohort of enquiries where ethnicity data was unavailable. A person may have declined to supply information, but in the majority of circumstances information was not identified or recorded. Both authorities continue to promote the recording of this data, in particular the implementation of MOSAIC (new client recording system) in Kent, which will have the KASAF (Kent safeguarding referral form) embedded. This is expected to increase visibility of data fields relating to protected characteristics, including ethnicity, and should lead to more comprehensive recording.

Ethnic Group	2015-16		2016-17		2017-18		2018-19	
	Number	%	Number	%	Number	%	Number	%
White*	3,544	84.9%	5,181	86.0%	5,291	83.0%	5,264	80.7%
BME **	136	3.3%	222	3.7%	265	4.2%	279	4.3%
Not stated/ obtained	494	11.8%	620	10.3%	819	12.8%	981	15.0%
Total	4,174	100%	6,023	100%	6,375	100%	6,524	100.0%

Table 7.5: Breakdown of Ethnic Group for the periods 2015-16 to 2018-19

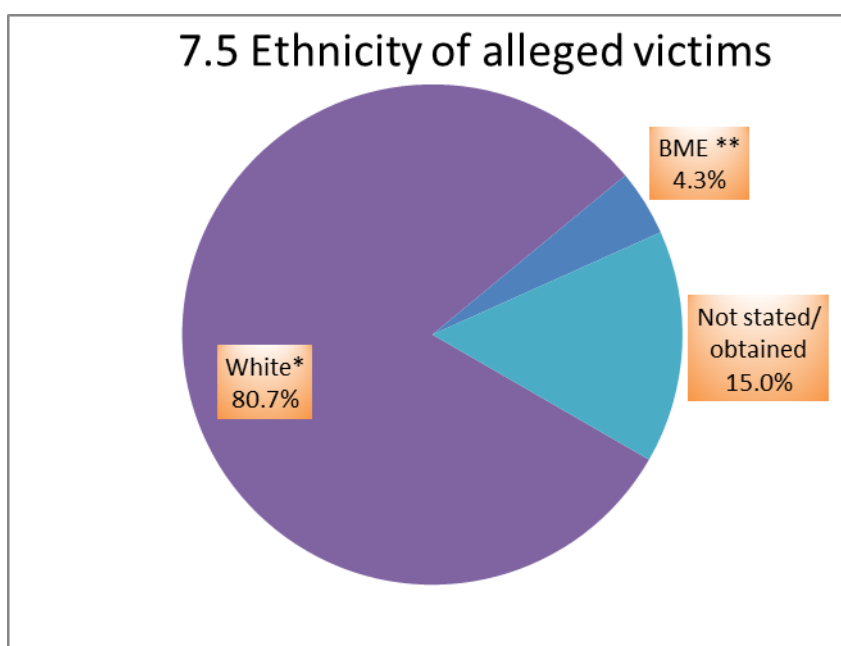


Fig 7.5: Breakdown of Ethnic Group 2018-19

* 'White' contains the DoH ethnic groups of White British, White Irish, Traveller of Irish Heritage, Gypsy/Roma, Other White Background

** 'BME' includes all Asian or Asian British, Black or Black British, Mixed and Other groups

Primary Support Reason of Alleged Victims

As in previous Annual Reports, in both Kent and Medway the most prevalent support reason remains *Physical Support*. This is then followed by *No Support Reason* at the time of the alleged incident, with Kent and Medway reflecting 29.2% (1,700) and 32% (224) of cases respectively. The percentage of cases with no support reason are in line with those previously reported and is to be expected, as individuals subject to a safeguarding referral will not always be receiving support from local authorities.

Primary Support Reason	Kent	Kent %	Medway	Medway %	Aggregated
Physical Support	2,089	35.9%	359	51.3%	37.5%
No Support Reason	1,700	29.2%	224	32.0%	29.5%
Learning Disability Support	555	9.5%	50	7.1%	9.3%
Mental Health Support	882	15.1%	39	5.6%	14.1%
Support with Memory & Cognition	445	7.6%	13	1.9%	7.0%
Social Support	66	1.1%	12	1.7%	1.2%
Sensory Support	87	1.5%	3	0.4%	1.4%
Total	5,824	100%	700	100%	100%

Table 7.6: Breakdown of Primary Support Reason (PSR) for the period 2018-19

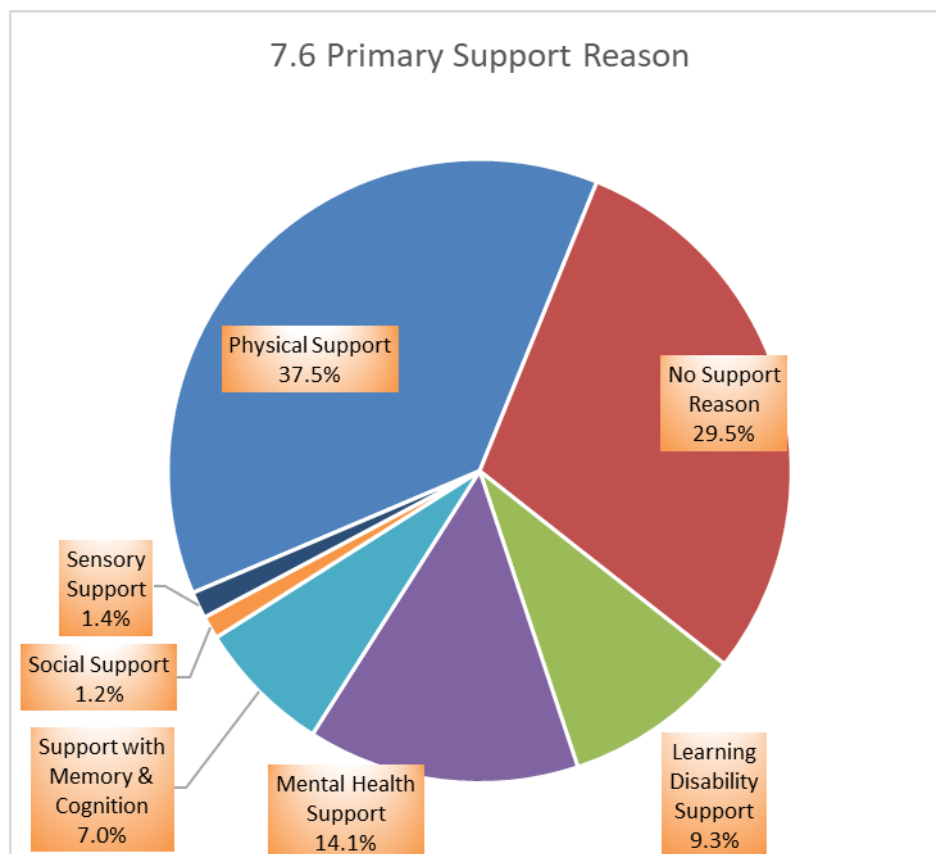


Fig 7.6: Breakdown of Primary Support Reason (PSR) for the period 2018-19 (aggregated)

Location of Alleged Abuse

(From 2015-16 the method of calculating the location of alleged abuse was based on closed enquiries in the reporting year. Therefore, the total number of enquiries will not correlate with earlier sections of the report which details the number of enquiries received within the reporting period).

In 2018-19 the most prominent location for incidents of alleged abuse remained within the alleged victim's own home, representing 43.9% of all incident locations (3,424). This represents a moderate increase of 1.1% compared to 2017-18. The care home setting is also a main setting of alleged incidences of abuse at 31.1% (2,423).

Location of Alleged Abuse	2015-16		2016-17		2017-18		2018-19	
	Number	%	Number	%	Number	%	Number	%
Own Home	1262	34.7%	2,223	41.1%	3,145	42.8%	3,424	43.9%
In the community (exc. community services)	-	-	190	3.5%	248	3.4%	257	3.3%
In a community service	111	3.1%	199	3.7%	258	3.5%	261	3.3%
Care Home*	1528	42.0%	1,932	35.7%	2,481	33.8%	2,423	31.1%
Care Home - Nursing	-	-	420	7.8%	615	8.4%	623	8.0%
Care Home - Residential	-	-	1,512	27.9%	1,866	25.4%	1,800	23.1%
Hospital**	171	4.7%	420	7.8%	655	8.9%	450	5.8%
Hospital - Acute	-	-	181	3.3%	422	5.7%	384	4.9%
Hospital - Mental Health	-	-	148	2.7%	151	2.1%	4	0.1%
Hospital - Community	-	-	91	1.7%	82	1.1%	62	0.8%
Other***	563	15.5%	451	8.3%	554	8.3%	979	8.3%
Not Known	-	-	-	-	-	-	-	-

Table 7.7: Location of alleged abuse for the periods 2014-15 to 2018-19

The following conventions apply to table 7.7 above:

- Care home location is broken down into residential and nursing settings
- Hospital settings are broken down by acute, mental health hospital and community hospital locations
- The location of public place has been recorded under the setting of *In the community (excluding community services)*.

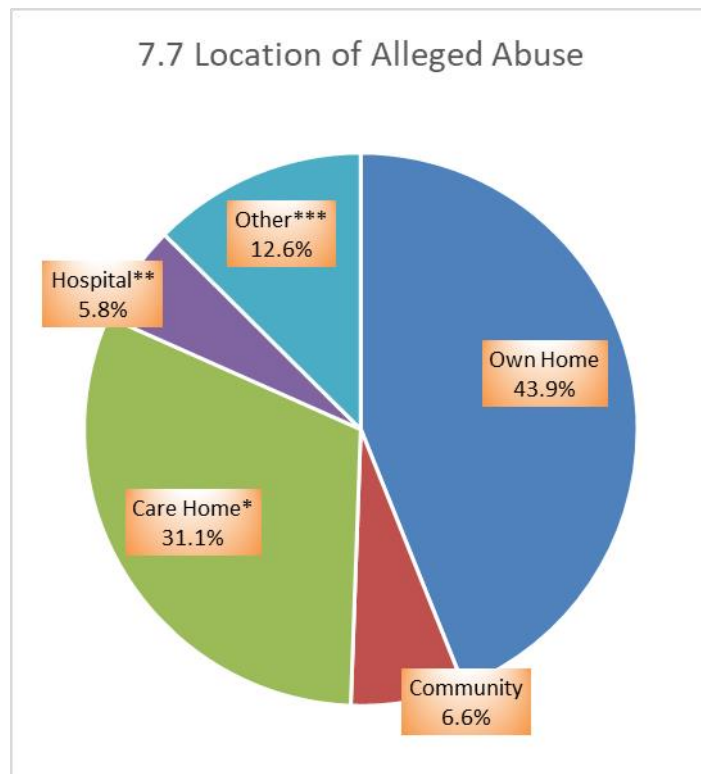


Fig 7.7: Location of alleged abuse for 2018-19

** All care home settings, including nursing care, permanent and temporary*

*** Acute, community hospitals and other health settings*

**** Includes any other setting that does not fit into one of the above categories including Not Known.*

Category of Alleged Abuse

Based on concluded safeguarding enquiries, the most predominant type of risk has remained physical abuse over the four reporting years as shown in table 7.8, however this has been proportionally decreasing since 2014-15 culminating in a further 2.5% fall in 2018-19. Neglect and Acts of Omission has remained the second most prevalent type of risk but has also decreased in comparison to last year, falling by 1%. The Self-Neglect category has remained fairly level during 2018-19, with a numeric increase (up 17) but proportional drop (down 0.35). Professional awareness of self-neglect following the introduction of the Care Act, 2014, remains high.

Category of alleged abuse	2015-16		2016-17		2017-18		2018-19	
	Number	%	Number	Number	%	%	Number	%
Physical Abuse	1,482	40.8%	2,063	38.1%	2,687	36.6%	2,661	34.1%
Neglect and Acts of Omission	1,090	30.0%	1,477	27.3%	2,040	27.8%	2,092	26.8%
Psychological Abuse	656	18.0%	1,017	18.8%	1,383	18.8%	1,470	18.9%
Financial or Material Abuse	600	16.5%	841	15.5%	1,151	15.7%	1,407	18.1%
Sexual Abuse	215	5.9%	302	5.6%	366	5.0%	397	5.1%
Organisational Abuse	91	2.5%	135	2.5%	155	2.1%	187	2.4%
Domestic Abuse	75	2.1%	165	3.0%	238	3.2%	244	3.1%
Self-Neglect	62	1.7%	405	7.5%	683	9.3%	700	9.0%
Discriminatory Abuse	24	0.7%	37	0.7%	81	1.1%	67	0.9%
Sexual Exploitation	5 or less	<1%	37	0.7%	63	0.9%	54	0.7%
Modern Slavery	5 or less	<1%	7	0.1%	16	0.2%	11	0.1%

Table 7.8: Category of alleged abuse for the periods 2015-16 to 2018-19

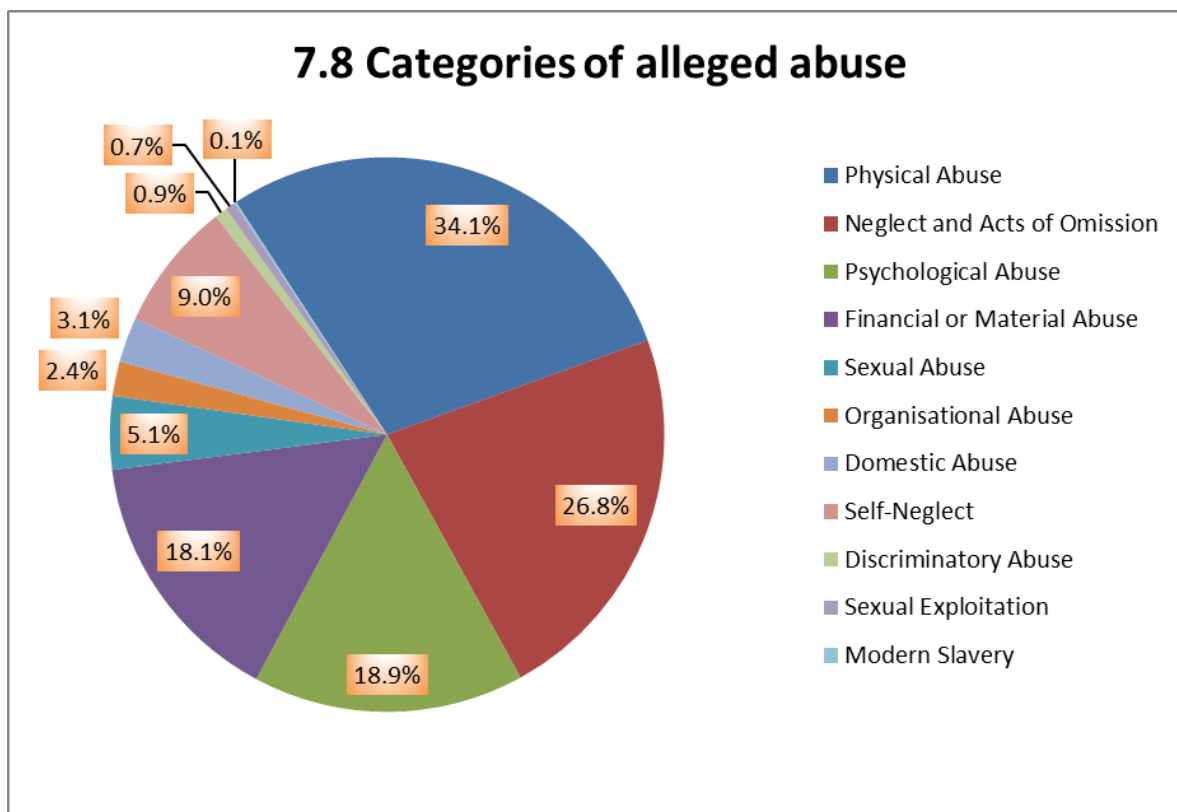


Fig 7.8: Category of alleged abuse, 2018-19

NB: an enquiry may have multiple categories of alleged abuse recorded; as the percentage figures relate to the proportion of all concluded safeguarding enquiries, columns may therefore sum to more than 100%

Source of Safeguarding Concern Leading to Safeguarding Enquiry

Table 7.9 below shows the comparison of the sources of safeguarding concerns leading to safeguarding enquiries over the past four years. The majority of enquiries continue to come from social care staff, consistent with previous annual reports, however there has been a further 4.4% percentage point decrease from 2017-18 in the reporting. Health staff form the next group where the majority of referrals come from, although this also sees a proportional decrease from 2017-18.

Both Kent and Medway have safeguarding websites and marketing materials, accessible to members of the public. Safeguarding Adults Awareness Week is key to increasing safeguarding awareness amongst members of the public.

Source of safeguarding concern leading to enquiry	2015-16		2016-17		2017-18		2018-19		2017-18 to 2018-19	
	No.	%	No.	%	No.	%	No.	%	% point change	
Social Care staff	1,701	43.5%	2,654	44.1%	2,680	42.0%	2,456	37.6%	-4.4%	
Health Staff	1,032	26.4%	1,937	32.2%	1,892	29.7%	1,735	26.6%	-3.1%	
Other	553	14.2%	546	9.1%	879	13.8%	951	14.6%	0.8%	
Police	158	4.0%	225	3.7%	301	4.7%	377	5.8%	1.1%	
Family member	135	3.5%	109	1.8%	131	2.1%	174	2.7%	0.6%	
Care Quality Commission	125	3.2%	162	2.7%	119	1.9%	85	1.3%	-0.6%	
Self-Referral	105	2.7%	18	0.3%	17	0.3%	29	0.4%	0.2%	
Housing	66	1.7%	189	3.1%	162	2.5%	190	2.9%	0.4%	
Friend/Neighbour	23	0.6%	17	0.3%	20	0.3%	39	0.6%	0.3%	
Education/Training/Workplace	6	0.2%	23	0.4%	11	0.2%	13	0.2%	0.0%	
Other Service User	5 or less	<1%	5 or less	<1%	5 or less	<1%	5 or less	<1%	0.0%	
Unknown	5 or less	<1%	139	2.3%	163	2.6%	473	7.3%	4.7%	
Total	3906	100%	6023	100%	6375	100%	6,524	100%	-	

Table 7.9: Source of safeguarding concern leading to enquiry - for the periods 2015-16 to 2018-19

NB: The 2015-16 information does not include Medway data as this data was not collated.

Prior to review of Medway Council's computer system in Spring 2016, the data relating to referral source was manually input into the computer system and was difficult to report on. Following review of the safeguarding adults computer system, this data can now be collected and Medway will run a report and analyse this data on a quarterly basis to determine high level of referrals and areas where referral numbers are low or non-existent. This will focus local awareness raising activity.

Closed Referrals

Outcome of Closed Enquiries

The greatest proportion of case outcomes for Kent County Council relate to substantiated cases (32.1%), with 2,285 cases wholly substantiated and 304 (4.3%) partially substantiated. The biggest increase relates to the *Not Substantiated* outcomes, reflecting a 4.2% increase. The number of enquiries with a Not Determined/Inconclusive outcome has fallen by 4.1% to 27.3%.

In Medway, the highest proportions of cases are also Substantiated at 30.6% (205), up 0.7% percentage points from 2017-18, and 12.3% Partially Substantiated (82 enquiries).

Area	Substantiated		Partly Substantiated		Not Substantiated		Not Determined/ Inconclusive/ Other Interventions		Investigation ceased at request of individual	
	No.	%	No.	%	No.	%	No.	%	No.	%
Kent	2,285	32.1%	304	4.3%	2,096	29.4%	1,947	27.3%	496	7.0%
<i>Last Year:</i>	<i>2,341</i>	<i>33.7%</i>	<i>319</i>	<i>4.6%</i>	<i>1,751</i>	<i>25.2%</i>	<i>2,182</i>	<i>31.4%</i>	<i>346</i>	<i>5.0%</i>
Medway	205	30.6%	82	12.3%	199	29.7%	117	17.5%	66	9.9%
<i>Last Year:</i>	<i>121</i>	<i>29.9%</i>	<i>52</i>	<i>12.8%</i>	<i>124</i>	<i>30.6%</i>	<i>65</i>	<i>16.0%</i>	<i>43</i>	<i>10.6%</i>
Total	2,490	31.9%	386	5.0%	2,295	29.4%	2,064	26.5%	562	7.2%
<i>Last Year:</i>	<i>2,462</i>	<i>33.5%</i>	<i>371</i>	<i>5.1%</i>	<i>1,875</i>	<i>25.5%</i>	<i>2,247</i>	<i>30.6%</i>	<i>389</i>	<i>5.3%</i>

Table 7.10: Outcome of closed enquiries in Kent and Medway 2017-18 and 2018-19

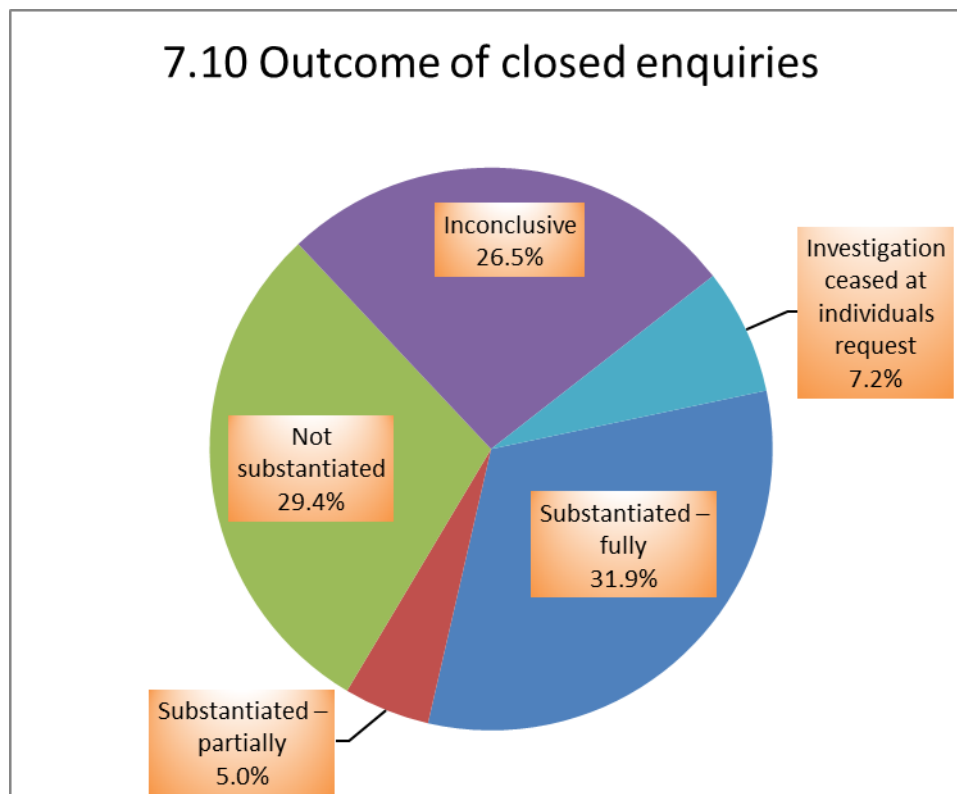


Fig 7.10: Outcome of closed enquiries in Kent and Medway 2018-19

The aggregated proportion of cases falling into the *Not Substantiated*, *Not Determined/Inconclusive* and *Ceased* categories across both Kent and Medway is 63.1% in 2018-19, up 1.7% from last year.

Risk Outcomes for Closed Enquiries

This section looks at where a risk was identified and what happened to the risk following action being taken. Action can include anything that has been done as a result of the safeguarding concern or enquiry. For example, disciplinary action for the source of risk or increased monitoring of the individual at risk.

Area	Risk Remained		Risk Reduced		Risk Removed	
	No.	%	No.	%	No.	%
Kent	149	4.2%	2,969	83.8%	426	12.0%
<i>Last Year:</i>	<i>160</i>	<i>4.3%</i>	<i>2,970</i>	<i>80.6%</i>	<i>557</i>	<i>15.1%</i>
Medway	49	17.1%	157	54.7%	81	28.2%
<i>Last Year:</i>	<i>13</i>	<i>7.5%</i>	<i>76</i>	<i>43.9%</i>	<i>84</i>	<i>48.6%</i>
Total	198	5.2%	3,126	81.6%	507	13.2%
<i>Last Year:</i>	<i>173</i>	<i>4.5%</i>	<i>3,046</i>	<i>78.9%</i>	<i>641</i>	<i>16.6%</i>

Table 7.11: Risk Outcomes for closed safeguarding enquiries 2018-19
Note: Only presents information for cases where a risk was identified

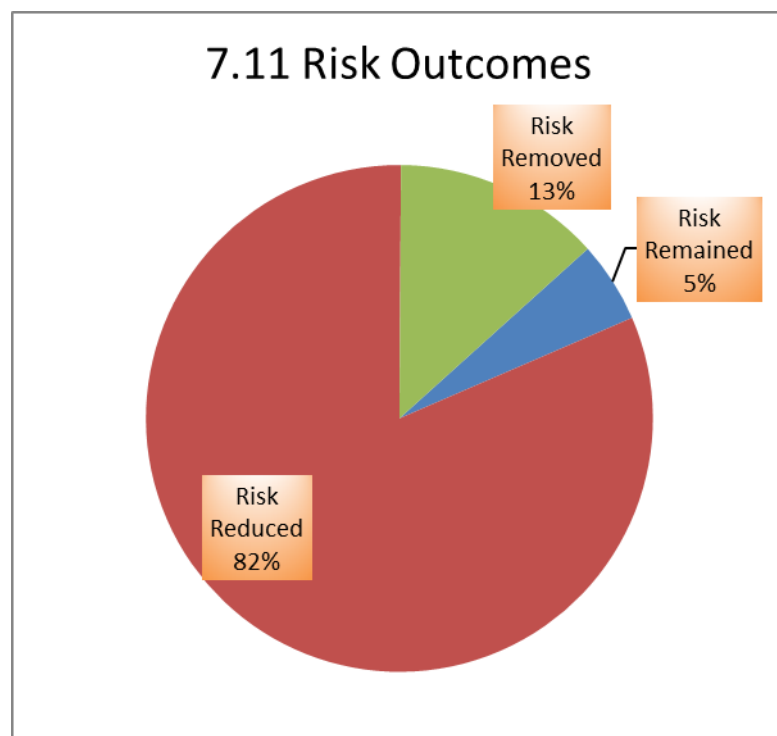


Fig 7.11: Risk Outcomes for closed safeguarding enquiries 2018-19

In Kent, there were 4.2% of cases where the circumstances causing the risk were unchanged and the same degree of risk remained, down from 4.3% last year. In Medway this risk outcome represents 17.15% of cases, up from 7.5% in 2017-18. It should be acknowledged that there are valid reasons that a risk could remain, for example in the case of an individual wanting to maintain contact with a family member who was the source of the risk (in such an example, action could still be taken to refer a person to an alternative provision, such as counselling, should they wish it).

Table 7.11 demonstrates that in both Kent and Medway the greatest proportions relate to risk being reduced or removed; in 98.8% of cases where a risk was identified in Kent the risk was either reduced or removed with the majority of cases falling into the *Reduced* category. In Medway a similar picture is presented - in 82.9% of cases where risk was identified this was reduced or removed.

Glossary

Abuse	Includes physical, sexual, emotional, psychological, financial, material, neglect and acts of omission, self-neglect, modern slavery, sexual exploitation, discriminatory and institutional abuse.
Advocacy	Is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.
CEWG	Communication and Engagement Working Group. This Working Group of the Board has responsibility for raising awareness of the Board and adult safeguarding issues, both within organisations and with the residents of Kent and Medway to incite change, encourage engagement, improve practice and prevent abuse.
DHR	<p>A Domestic Homicide Review is a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by —</p> <ul style="list-style-type: none">(a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or(b) a member of the same household as himself, <p>held with a view to identifying the lessons to be learnt from the death.</p>
LDWG	Learning and Development Working Group. This Group is responsible for the co-ordination, commissioning, delivery and evaluation of the KMSAB multi-agency safeguarding adults training programme.
LeDeR	Learning Disabilities Mortality Review Programme aims to improve the standard and quality of care for people with learning disabilities by reviewing premature deaths.
MARAC	A Multi-agency Risk Assessment Conference (MARAC) is a victim focused information sharing and risk management meeting attended by all key agencies, where high risk cases of domestic abuse are discussed. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety.
MCA	<p>Statutory Principles of the Mental Capacity Act (MCA) 2005 are underpinned by five key points which are explained in the MCA Code of Practice:</p> <ul style="list-style-type: none">• a presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;• the right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions;• that individuals must retain the right to make what might be seen as eccentric or unwise decisions;• best interests - anything done for or on behalf of people without capacity must be in their best interests; and• least restrictive intervention - anything done for or on behalf of people without capacity should be an option that is less restrictive of their basic - as long as it is still in their best interests.

MSAEG	Medway Safeguarding Adults Executive Group brings together senior representatives from the key agencies responsible for the effective delivery of Adult Safeguarding in Medway. The MSAEG works collaboratively to deliver the strategic priorities of the Kent and Medway Safeguarding Adults Board, strengthening local delivery, oversight and governance.
MSP	The Making Safeguarding Personal programme has been running since 2010. It emphasises that safeguarding adults should be person centred and outcomes focused and advocates a move away from being ‘process’ driven.
Policy	KMSAB policy documents deal with legal responsibilities that everyone has under the Care Act 2014 and other associated legislation with regards to safeguarding adults at risk.
PPPWG	Practice, Policy and Procedures Working Group. This Group reviews and updates the multi-agency safeguarding adults Policy, Protocols and Guidance for Kent and Medway, and associated documents.
Practice	The actual application or use of an idea or method, as opposed to the theories relating to it.
Procedure	An established or official way of doing something via a series of actions conducted in a certain order or manner.
Protocol	KMSAB protocol documents detail how organisations and people work together to achieve the best outcomes for safeguarding adults at risk.
QAWG	Quality Assurance Working Group. This Group 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.
SAAW	Safeguarding Adults Awareness Week. An annual event where the Board and partner agencies seek to promote awareness of types of abuse, how to seek help and report abuse within Kent and Medway.
SAF	Self-Assessment Framework. An annual set of questions posed to agencies by the Board to measure progress against key quality standards.
Safeguarding Concern	is a sign of suspected abuse or neglect, that is reported to the local authority or identified by the local authority.
Safeguarding Enquiry	is defined as the action taken, or instigated, by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry is triggered when the safeguarding threshold is met, which is when someone who has care and support needs, is being or suspected of being abused or neglected, and cannot protect themselves due to those care and support needs.
SAR	The criteria for a Safeguarding Adults Review is detailed in section 3. Safeguarding Adults Reviews look at any lessons to be learnt about the way all local professionals and agencies worked together.

SARWG Safeguarding Adults Review Working Group. This Group ensures that KMSAB carries out its statutory responsibilities in respect of Safeguarding Adults Reviews and other learning reviews, such as case audits, and monitors action plans resulting from these reviews.

SCR Kent Children’s Serious Case Review takes place when a child has died or sustained serious abuse, and investigates the involvement of organisations and professionals to determine any lessons to be learnt.

Substantiated Where evidence has been provided to support or prove the truth of an allegation.

By: Roger Gough - Leader
 David Cockburn – Head of Paid Service

To: County Council – 17 December 2019

Subject: Proposed changes to Top Tier posts in Adult Social Care and Health Directorate

Classification: Unrestricted

Summary: This paper sets out proposals to realign the responsibilities of the two current Director roles in the Adult Social Care and Health Directorate, creating two new Director of Adult Social Care and Health roles.

Recommendations:

The County Council is asked to endorse the recommendation of Personnel Committee to:

- delete the current posts of Director of Partnerships and Director of Operations in the Adult Social Care and Health Directorate
- introduce two new Director ASCH roles as described in Appendix 1
- agree that the two Director roles are organised on a geographical basis with one covering East Kent and the other North and West Kent as shown in the structure chart at Appendix 2.

1 INTRODUCTION

1.1 The overall structure of the organisation down to third tier level is approved by the County Council on the advice of the Head of Paid Service and the Leader, as laid out in section 24.7 of the Constitution.

1.2 Changes are proposed to the senior structure of the Adult Social Care and Health (ASCH) Directorate.

1.3 These changes were discussed by the Personnel Committee on 12 November 2019 and the Committee agreed to endorse the proposals, which are set out and explained in the Personnel Committee report attached at Appendix 3.

2 PROPOSED CHANGES

2.1 It is proposed that the two existing Director posts in ASCH are deleted and replaced with two new Director of Adult Social Care and Health posts

organised on a geographical basis, one covering East Kent and the other North and West Kent. The job description for the roles is attached at Appendix 1.

2.2 Both posts would report to the Corporate Director Adult Social Care and Health, as shown on the structure chart at Appendix 2.

2.3 If the new structure is approved by the County Council, a Personnel Committee -Member Selection panel will be held on 5 February 2020 to make appointments to these posts.

3 RECOMMENDATIONS

3.1 The County Council is asked to endorse the recommendation of Personnel Committee to:

- delete the current posts of Director of Partnerships and Director of Operations in the Adult Social Care and Health Directorate
- introduce two new Director ASCH roles as described in Appendix 1
- agree that the two Director roles are organised on a geographical basis with one covering East Kent and the other North and West Kent as shown in the structure chart at Appendix 2

4 CONTACT DETAILS:

Relevant Director: Amanda Beer Corporate Director People and Communications

Telephone number: 03000 415835

E-mail address: amanda.beer@kent.gov.uk

Kent County Council

Job Description: **Director of Adult Social Care and Health**

Date: updated 2019

Directorate:	Adult Social Care and Health
Grade:	KR17
Division	ASCH Operations
Responsible to:	Corporate Director –Adult Social Care and Health

Job Purpose

As a member of the Directorate senior leadership team, provide strong systems and strategic leadership for operational delivery and lead on commissioning requirements relating to Adult Social Care & Health, ensuring that services are procured and delivered within budget and in accordance with local, national and statutory requirements.

Use expert understanding of the changing demographic profile of adults and increasingly complex demand within a challenging financial environment to enable adults to live independently and exercise choice and control over their lives.

Challenge and influence partners and communities to achieve a whole system approach to health and social care integration including the innovative use of resources and maximising digital solutions to manage demand through the prevention, reduction and delay in the need for social care support.

Accountabilities

Directors will work within the KCC Corporate Responsibilities Senior Officers. In addition, as members of Extended Corporate Management Team, Directors and Corporate Directors will work together to make strategic decisions on the most effective use of the Council's agreed budget, resources and policies and enhance the reputation of Kent as a place as well as Kent County Council as the democratic agent of change in the region.

Contribute to the strategic direction for Adult Social Care, and direct service provision to comply with legislation, government guidance and regulations within the appropriate statutory framework.

Ensure the delivery of effective services within the legislative framework, reflecting and developing national themes ~~to~~ promote independence and maximise opportunities from the local health and social care economy

Manage an Adult Social Care budget in line with Government and KCC financial regulations and, with the senior leadership team, set the direction and lead the development of strategies to meet the Medium-Term plan.

Lead the development and implementation of Adult Social Care & Health integrated operating models, working with others in the senior leadership team, partners and agencies to ensure high quality, person-centered, efficient services are delivered that meet current and future needs.

Be responsible for ensuring vulnerable adults in Kent are safeguarded through robust multi-agency arrangements and that safeguarding frameworks and protocols are adhered to throughout the directorate.

As part of a strategic leadership team, work with the Strategic Commissioner to ensure the development of key commissioning strategies meet current and future demand, and influence and be a partner to Health Directors

Provide professional and strategic advice to Members on matters relating to operational delivery and service development, ensuring that they are fully briefed on all relevant issues relating to the operational business.

Provide a collaborative approach to developing innovative solutions to respond to the changing needs of the health and social care offer.

Act as a Deputy to the Corporate Director in terms of the provision of the full range of services in this area of the business. Lead, on behalf of the Corporate Director, on cross cutting projects that have a significant impact on the directorate. Act as Duty Director on the KCC rota for Systems resilience.

This job description sets out the accountabilities specific to the role. These should be read in conjunction with the Corporate Responsibilities that apply to the Corporate Director and Director roles.

Scope and accountability

For details of the scope and accountability of the role, please read the information on these links:

'Local Account for adult social care': <http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/local-account-for-adult-social-care>

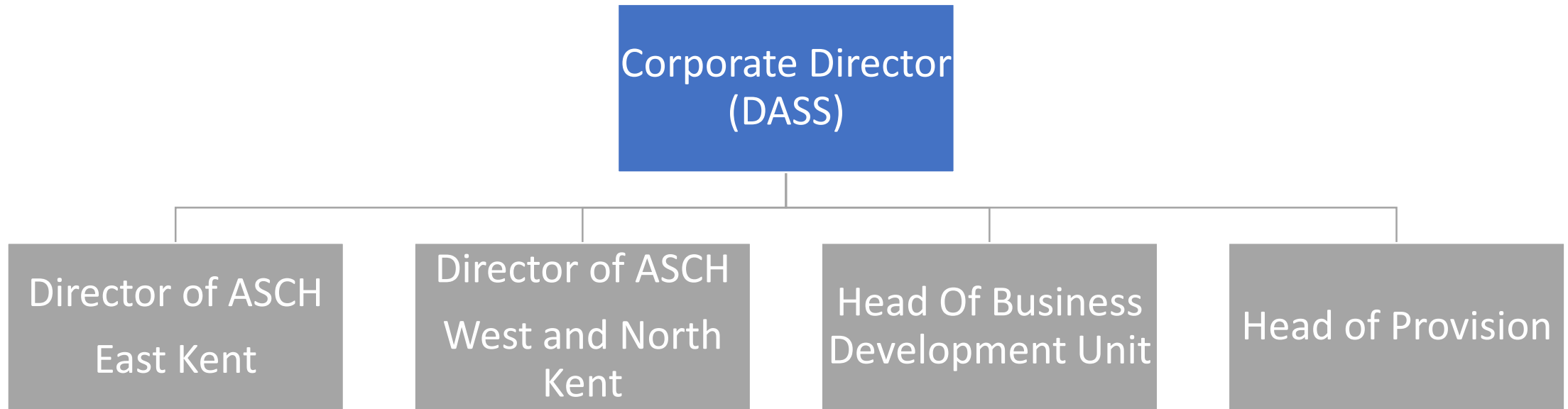
'Health and Wellbeing Strategy': <https://www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/joint-health-and-wellbeing-strategy>

'Being Digital Strategy': <https://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/being-digital-strategy>

Adult Social Care and Health

Appendix 2

Proposed top tier structure



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(Report Unrestricted following approval at Personnel Committee)

By: Penny Southern – Corporate Director Adult Social Care and Health
Amanda Beer – Corporate Director People and Communications

To: Personnel Committee

Date: **12th November 2019**

Subject: Adult Social Care & Health – top tier restructure

Classification: **Restricted**

SUMMARY: This paper sets out proposals to realign the responsibilities of the two current Director roles in the Adult Social Care and Health Directorate, creating two new Director of Adult Social Care and Health roles. Endorsement of the proposal is sought from Personnel Committee prior to a recommendation to the full County Council in December 2019.

1. INTRODUCTION

- 1.1 In April 2019, a new senior structure for Adult Social Care and Health was introduced to provide strategic leadership and management to the services in the Directorate.
- 1.2 The structure introduced four functions designed to deliver service priorities and integration with Health through the Sustainability and Transformation Plan (STP). The four functions were Operations; Partnerships; Business Delivery Unit and Service Provision and there were two new Director posts – Director of Operations and Director of Partnerships.
- 1.3. Anne Tidmarsh was appointed to the Director of Partnerships role. A decision was made by the Corporate Director Adult Social Care and Health to put recruitment to the Director of Operations post on hold pending a further review of the senior management roles within the Operations function of the new operating model.
- 1.4. As a result of this decision, interim arrangements have been in place since April 2019. These include an interim Portfolio Manager post, held by Richard Smith, an interim Head of Older People and Physical Disability (OPPD), Janice Duff, and interim Area Manager posts across both OPPD and Mental Health.

- 1.5. Further organisation design work has been completed to review the interim arrangements, and to consider if the Director of Operations post which was part of the original approved structure will provide sufficient capacity at a strategic level to deliver ASCH services.

2 REASONS FOR CHANGE TO THE DIRECTOR ROLES CONFIGURATION

- 2.1 The interim arrangements have highlighted the need for significant senior capacity in the Directorate to support the Corporate Director in the strategic development of the activity in ASCH, and to oversee and deliver the services provided, both directly and through commissions, by the Directorate.
- 2.2 The period since April 2019 has confirmed the view that a single operational role at Director level is not sustainable given the size and scale of the ASCH Directorate.
- 2.3 Over the same period, the Director of Partnership, Anne Tidmarsh, has made significant progress in achieving what was required from a distinct function, by developing partnerships with Health at a local level. Partnership work with the voluntary sector on prevention has also been progressed and the links with Districts and Borough councils on this agenda strengthened. As the workforce lead for health and social care, Anne has established a clear foundation for taking workforce issues and innovation forward through the Design and Learning Centre.
- 2.4 The existence of the Director of Partnership role has provided more clarity on what is needed going forward in the Directorate. The focus on integration with Health remains a priority but the existence of a distinct role on the leadership team is no longer required and is now likely to be less productive than sharing responsibility for these relationships, and the required level of integration, more widely across the management team.

3 PROPOSED TOP TIER DIRECTORATE STRUCTURE

- 3.1 Given the size and complexity of the ASCH Directorate, there is no doubt that two Director posts continue to be required. This appropriately reflects the level of activity, significant risk and strategic influence that is needed at a senior level.
- 3.2 The new Director of ASCH posts will combine the Operations and Partnership functions to avoid creating siloes and a disconnect between operations and partners. The job description is shown at Appendix 1. The three most senior level posts in the Directorate, working alongside the Head of the Business Delivery Unit and the Head of Provision, will provide collective strategic and operational leadership, work collaboratively to ensure a cohesive approach to partnership working across the Directorate. They will be able to ensure local

and operational information influences the senior level decision making and a consistent way of working, and view on Directorate priorities is communicated to all staff across ASCH services.

- 3.3 The Business Delivery Unit and Service Provision functions, which are both whole directorate functions, will also ensure consistency across all client pathways and areas within the Operations function.
- 3.4 The two new Directors of ASCH will be generic roles, each with accountability for all client groups within a geographic area. This enables one conversation with partners at Director level in the area and will support succession planning. One geographic area covers East Kent and the second West and North Kent. A structure chart of the top two tiers is shown at Appendix 2.
- 3.5 It is not the intention to align fully with the Health geography at the present time. However, the proposed structure clearly provides increased capacity to respond to future health models and align fully if appropriate.
- 3.6 The accountability and responsibility for influencing Health partners will lie with the Corporate Director, ASCH. Specific responsibilities previously falling to the Director of Partnerships will be transferred to the new Director posts and the Head of the Business Delivery Unit.

4 CONSULTATION

- 4.1 There is one individual directly affected by the proposal to change the Director level posts. Individual consultation has been undertaken with the Director of Partnerships, Anne Tidmarsh, about the changes to the senior structure and the content of the new director roles. The detail of the job descriptions and accountabilities has been developed in consultation with Anne and the wider Directorate leadership team. Should the structure be agreed, further discussions will be held with Anne about her preferences for the future.

5 FINANCIAL CONSIDERATIONS

- 5.1 The ASCH salary budget already includes allocation for two Director posts at KR17. The grade of the new posts remains the same, so there are no budget implications.

6 NEXT STEPS

- 6.1 Further work is required to ensure activity levels are evenly distributed at the levels below the top tier roles. However, the new structure will enable the sustainability of the new, successful operational model in Older People and will be used to shape the Local Care offer for Adult Community Services.

6.2 A recruitment process will follow for the Director of ASCH posts. This will involve an internal and external recruitment campaign commencing early December. A Personnel Committee – Member Appointment panel has been provisionally convened on 5 February 2020.

7. RECOMMENDATIONS

7.1 Personnel Committee is invited to agree:

- the deletion of the posts of Director of Partnerships and Director of Operations in the Adult Social Care and Health Directorate
- the introduction of two new Director ASCH roles, as described in Appendix 1
- that the two Director roles are organised on a geographical basis with one covering East Kent and the other North and West Kent.
- Subject to agreement to the above, that the recruitment process for the new roles can begin immediately but that no appointment would be made prior to the full County Council agreeing the revised structure at its December meeting.

Amanda Beer
Corporate Director People and Communications
Ext 415835

Background Documents:

Proposed changes to top tier posts in Adult Social Care and Health – Personnel Committee 11 October 2018.

From: Paul Bartlett – Vice-Chair of Health Overview Scrutiny Committee

To: County Council – 17 December 2019

Subject: Bexley and Kent Urgent Care Joint Health Overview and Scrutiny Committee (JHOSC)

Summary: This report seeks approval for the establishment of a new Joint Health Overview and Scrutiny Committee of Kent County Council and Bexley Council to meet the requirements of health scrutiny legislation in relation to consultation by the NHS with these local authorities on proposed changes to Urgent Care Services in Dartford, Gravesham and Swanley.

1. Introduction

- 1.1 The NHS has a duty to consult the relevant local authority (or authorities) whenever it is proposing a substantial development of, or variation to, the local health services.¹
- 1.2 Where a local authority deems a proposal to be a substantial variation of service, it has the power to refer the contested reconfigurations to the Secretary of State for Health and Social Care.
- 1.3 Dartford, Gravesham and Swanley Clinical Commissioning Group (DGS CCG) have been consulting on their Urgent Care Review programme. The CCG proposes to bring urgent care services, currently located across a number of centres, together under one Urgent Treatment Centre (UTC). The two options for the location of the UTC are:
- Gravesham Community Hospital; or
 - Darent Valley Hospital.

2 Establishing a Joint Committee

- 2.1 Where the relevant Overview and Scrutiny Committee of more than one authority has determined the same proposal(s) to be a substantial variation of service, this will entail the establishment of a Joint Health Overview and Scrutiny Committee (JHOSC).

¹ (Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013)

- 2.2 Where a JHOSC has been established, the Kent HOSC is deemed to have delegated its function to scrutinise the specific proposal(s) to the JHOSC until it has concluded its consideration and made any recommendations to the authorities represented on the JHOSC. These recommendations will be reported to a meeting of the Kent HOSC. The Kent HOSC is not required to accept these recommendations but may do so.
- 2.3 The Kent HOSC at no time delegates the power of referral to any JHOSC. The establishment of committees, the determination of their size and terms of reference, the allocation of seats to political groups and the appointment of Members to serve on committees is a matter for decision by the full Council.
- 2.4 The establishment of a Joint Committee involving more than one local authority has to be approved by each of the participating Councils.
- 2.5 DGS CCG first made the Kent HOSC aware of their Urgent Care Review programme in 2014. Since then, the CCG has attended a number of HOSC meetings with updates.
- 2.6 In January 2019 (once proposals become more defined), KCC's HOSC determined that the proposed changes amounted to a substantial variation of service.
- 2.7 In October 2019, Bexley Council's Communities Overview and Scrutiny Committee also deemed the proposed changes to be a substantial variation of service for their residents.
- 2.8 As per the regulations set out in paragraph 2.1, KCC and Bexley Council must now establish a JHOSC to scrutinise the DGS Urgent Care Review proposals. Only the JHOSC can make comments, require the provision of information and the attendance at meetings by the relevant NHS bodies.
- 2.9 The proposed Terms of Reference for the joint committee are set out in Appendix 1 to this report.
- 2.10 Under the Terms of Reference, both local authorities will reserve the right of referral to the Secretary of State to themselves rather than confer this power on the JHOSC.
- 2.11 It has been agreed by the Chairs of Kent's HOSC and Bexley's Communities Overview and Scrutiny Committee to recommend that the new Joint Committee should comprise 6 Members with a composition of four members from Kent and two from Bexley. This reflects the relatively smaller population affected by the DGS Urgent Care review in Bexley.

2.12 In line with proportionality requirements², the allocation of the four Kent seats on the new Joint HOSC would therefore be three seats for the Conservative Group and one for the Liberal Democrat Group. This does not generate a need to make any other changes to the overall allocation of seats across other Council Committees.

3. Recommendation

The County Council is asked to:

- a) **approve** the establishment of a new Bexley and Kent Urgent Care Joint Health Overview and Scrutiny Committee for the duration of the review; and
- b) **approve** the Terms of Reference.

4. Background Documents:

Appendix 1 - Draft Terms of Reference: Kent and Bexley Urgent Care Joint Health Overview and Scrutiny Committee

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² As set out in the Local Government and Housing Act 1989 Council's must allocate seats on committees to political groups in accordance with the size of each group on the Council as a whole

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Appendix 1

Bexley and Kent Urgent Care Joint Health Overview and Scrutiny Committee (JHOSC)

(a) Terms of Reference

- (1) To consider information and make comments on proposals for a substantial variation to urgent care services in Kent which are also accessed by and may have an impact on Bexley residents, and which are under consideration by NHS Dartford, Gravesham and Swanley Clinical Commissioning Group.
- (2) To exercise the right to make comments under regulations 23(4) and 30(5) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the 2013 Regulations) on behalf of LB Bexley and Kent County Council on proposals relating to urgent care services in Kent which are also accessed by and may have an impact on Bexley residents. These proposals are under consideration by NHS Dartford, Gravesham and Swanley Clinical Commissioning Group and have been deemed a substantial variation of service by the relevant Committees of both authorities.
- (3) To make recommendations to the relevant Overview and Scrutiny Committees of LB Bexley and Kent County Council as to any further actions these Committees may choose to take. These actions may, if deemed appropriate, include referral to the Secretary of State under regulation 23(9) of the 2013 Regulations in line with their respective Constitutions. The relevant Overview and Scrutiny Committees of LB Bexley and Kent County Council shall receive any recommendations made by the JHOSC but shall not be bound by them.
- (4) The exercise of the power to make a referral to the Secretary of State has not been delegated to the JHOSC.

(b) Rules

- (1) Regulation 30 of the 2013 Regulations states that where a relevant NHS body or a relevant health service provider consults more than one local authority on any proposal which they have under consideration for a substantial development of, or variation to, the provision of a health service in the local authorities' areas, those local authorities must appoint a Joint Overview and Scrutiny Committee (JHOSC) for the purposes of the review and only that Committee may make comments.
- (2) There will be a Joint Health Overview and Scrutiny Committee, for the Urgent Care Review, comprising of:

2 Members of Bexley Council
4 Members of Kent County Council

- (3) The quorum of the Bexley and Kent Joint Health Overview and Scrutiny Committee is 3 Members with at least one Member from each constituent Authority present.
- (4) The JHOSC will appoint a Chair and Vice-Chair at its first meeting in each municipal year. (It is expected that the Chair and Vice-Chair will be appointed from among the Bexley and Kent Members on an annually rotating basis). Where a review is unfinished at the end of a municipal year, the Committee may agree that the previous year's Chair (if still a member of the Committee) may continue to preside over consideration of matters relating to that review.
- (5) The formal response of the JHOSC will be reached as far as is reasonably practicable by consensus and decided by a majority vote if necessary. Notwithstanding the formal response of the JHOSC, the key points of the meeting of the JHOSC shall be communicated to the NHS as soon as practicable to ensure the views of all Members are represented.