SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

Friday, 4th October, 2013

10.00 am

Darent Room, Sessions House, County Hall, Maidstone

AGENDA

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

Friday, 4 October 2013, at 10.00 am
Darent Room, Sessions House, County Hall, Maidstone

Ask for: **Theresa Grayell**
Telephone: **01622 694277**

Tea/Coffee will be available 15 minutes before the start of the meeting

Membership (13)

Conservative (8):	Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, Mr A H T Bowles, Mr R E Brookbank, Mrs P T Cole, Mrs V J Dagger and Mr P J Oakford
UK Independence Party (2):	Mr L Burgess and Mrs M Elenor
Labour (2):	Ms C J Cribbon and Mrs S Howes
Liberal Democrat (1):	Mr S J G Koowaree

Webcasting Notice

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

The Chairman will assume that all Members will read the reports before attending the meeting. Officers are asked to assume the same when introducing reports.

A. COMMITTEE BUSINESS

A1 Introduction/Webcast Announcement

A2 Substitutes

A3 Declarations of Members' Interest in items on today's Agenda

A4 Minutes of the Meeting of this Committee held on 12 June 2013 (Pages 7 - 20)

A5 Minutes of the Meetings of the Corporate Parenting Panel held on 11 April and 20 June 2013, for information (Pages 21 - 34)

A6 Chairman's Announcements

B. ITEMS RELATING TO ADULT SOCIAL CARE

B1 Oral Updates by Cabinet Member and Director

B2 The Integration Transformation Fund (Pages 35 - 42)

B3 Adult Social Care Transformation and Efficiency Partner Update (Pages 43 - 48)

Key or Significant Cabinet or Cabinet Member Decision/s for Recommendation or Endorsement

B4 13/00066 - Future of TRACS Community Day Service, Longfield, Dartford (Pages 49 - 68)

C. ITEMS RELATING TO SPECIALIST CHILDREN'S SERVICES

C1 Oral Updates by Cabinet Member and Director

Key or Significant Cabinet or Cabinet Member Decision/s for Recommendation or Endorsement

C2 Shaping the future of Children's Centres in Kent Consultation (Pages 69 - 112)

D. ITEMS RELATING TO PUBLIC HEALTH

D1 Oral Updates by Cabinet Member and Director

Key or Significant Cabinet or Cabinet Member Decision/s for Recommendation or Endorsement

D2 Kent Public Health Grant 2013/14 and 2014/15 (Pages 113 - 120)

D3 13/00073 - Tendering for an integrated model of Sexual Health services in Kent (Pages 121 - 126)

D4 Mandated Public Health programmes (Pages 127 - 132)

E. PERFORMANCE MONITORING ITEMS

E1 Adult Social Care and Public Health portfolio and Specialist Children's Services portfolio Financial Monitoring 2013/14 (Pages 133 - 192)

E2 Families and Social Care Performance Dashboards (Pages 193 - 220)

E3 Update on Children's and Young People's Mental Health Service (CAMHS) (Pages 221 - 232)

E4 Public Health Performance (Pages 233 - 242)

E5 Adult and Children's Social Care Annual Complaints Report (2012 - 2013) (Pages 243 - 270)

E6 Kent Safeguarding Children Board 2012/13 Annual Report (Pages 271 - 302)

F. OTHER ITEMS FOR COMMENT OR RECOMMENDATION TO THE LEADER, CABINET, CABINET MEMBER/S OR OFFICERS

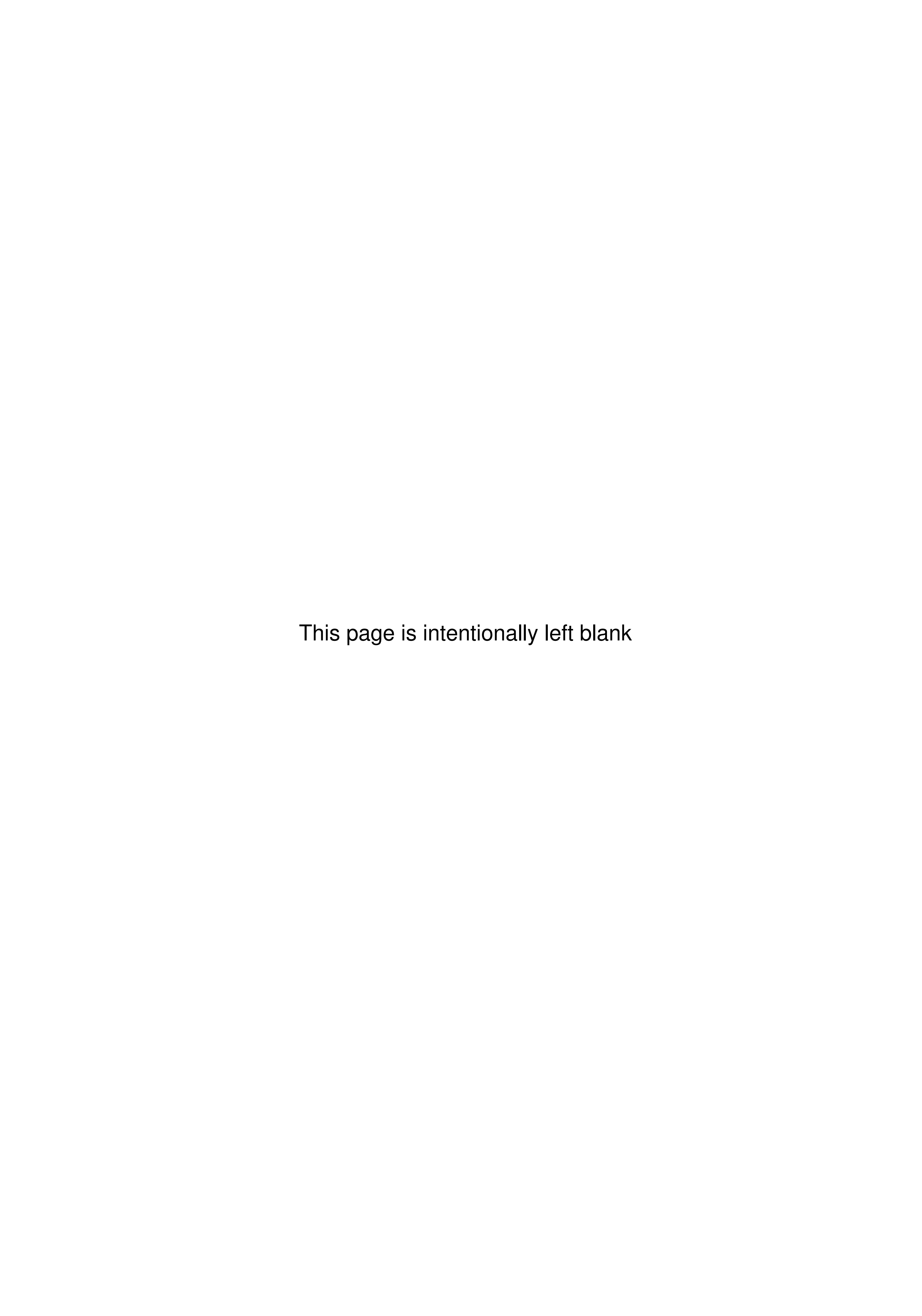
F1 Medium Term Financial Outlook (Pages 303 - 312)

EXEMPT ITEMS

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

Peter Sass
Head of Democratic Services
(01622) 694002

Thursday, 26 September 2013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KENT COUNTY COUNCIL

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Social Care and Public Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 12 June 2013.

PRESENT: Mr C P Smith (Chairman), Mrs A D Allen, Mr R E Brookbank, Mr L Burgess, Mrs P T Cole, Ms C J Cribbon, Mrs V Dagger, Mrs S Howes, Mr S J G Koowaree, Mr G Lymer, Mr R A Marsh (Substitute for Mr A H T Bowles) and Mr P J Oakford

ALSO PRESENT: Mr G K Gibbens and Mrs J Whittle

IN ATTENDANCE: Mr A Ireland (Corporate Director, Families and Social Care), Ms M Peachey (Kent Director Of Public Health), Mrs J Duff (Head of Service Ashford & Shepway OPPD), Mr M Lobban (Director of Strategic Commissioning), Ms M MacNeil (Director, Specialist Children's Services), Mr A Scott-Clark (Director of Public Health Improvement), Ms P Southern (Director of Learning Disability and Mental Health) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

3. Election of Vice-Chairman
(Item A3)

1. Mr C P Smith proposed and Mr R E Brookbank seconded that Mr G Lymer be elected Vice-Chairman of the Committee.

Agreed without a vote

Mr G Lymer was duly elected Vice-Chairman of the Committee

4. Declarations of Members' interest in items on today's agenda

Members made general declarations of interest as follows:-

- Mrs A D Allen as a Trustee of Dartford Age Concern
- Mr R E Brookbank as Chairman of Darent Valley Age Concern
- Ms J Cribbon as a Trustee of Gravesham Age Concern
- Mr S J G Koowaree as his daughter works at a children’s centre and he has a grandson in the care of the County Council
- Mr P Oakford as he and his wife are registered foster carers

5. Minutes of the Meetings of this Committee held on 21 March and 23 May 2013
(Item A5)

RESOLVED that the Minutes of the meetings of the Cabinet Committee held on 21 March 2013 and 23 May 2013 are correctly recorded and they be signed by the Chairman. There were no matters arising.

6. Minutes of the Meeting of the Corporate Parenting Panel held on 28 February 2013, for information
(Item A6)

RESOLVED that the Minutes of the meeting of the Corporate Parenting Panel held on 28 February 2013 be noted.

7. Chairman's Announcements
(Item A7)

The Chairman welcomed Members to the first meeting of the Cabinet Committee since the May elections. He referred to the broad remit of the Committee, which is concerned with the work of Adult Social Care, Specialist Children's Services and Public Health, three major areas of the County Council's work which are all currently undergoing change. He set out the role of the Committee as being to contribute views and steer the two Cabinet Members on decisions which they are required to take, and monitor performance in the three areas of work listed.

8. Oral Updates by Cabinet Member and Director
(Item B1)

1. Mr Gibbens gave an oral update on the following issues:-

Spoke at South East England Forum on Ageing Symposium on 15 May in his capacity as the Chairman of South East Councils Adult Social Care (SECASC). The forum had shown up much commonality around issues.

Dementia Awareness Week – this is a good opportunity to raise the focus on and awareness of dementia, and in particular the need for early diagnosis and the issues raised by early-onset dementia.

Safeguarding Awareness Week, 10 – 14 June. As often highlighted in previous meetings, safeguarding has a very high priority and is everyone's responsibility.

Paulina Stockell's appointment as the new Older People's Champion was welcomed

Ann Allen's appointment as the new Learning Disability Champion was welcomed

2. Mr Ireland then gave an oral update on the following issues:-

Department of Health visit to West View, a health and social care centre in Tenterden. Department of Health visitors were impressed by Kent's innovative projects and schemes, and Kent will apply to have 'pioneer' status in this field.

Publication of a report by the Local Government Ombudsman – the Local Government Ombudsman had published findings arising from a complaint by a carer about how an assessment was done and the County Council's provisional charging of service users awaiting financial assessment. The Ombudsman had found against the Council, which had accepted the findings and made restitution to the family concerned. In line with the Ombudsman's recommendations, the Council no longer makes provisional charges, with work being undertaken to identify all others who have been provisionally charged and to reimburse them.

Adult Services performance deep dives are going on across all areas of Adult Services to identify key issues.

Prime Minister's Challenge on dementia – Mrs A Tidmarsh and Ms E Hanson lead on this. A recent event in which young people met and worked with people with dementia to broaden their understanding of issues was very successful.

3. The oral updates were noted.

9. Oral Updates by Cabinet Member and Director
(Item C1)

1. Mrs Whittle gave an oral update on the following issues:-

Children's Services Improvement Panel – this had been established following Ofsted's report and Improvement Notice two years ago, with the purpose of addressing the issues covered by that Notice. The Panel's work relates primarily to Kent's children in care but must also have regard to children in care placed in Kent by other local authorities. Mrs Whittle will write to all KCC Members to reform the Panel following the recent elections.

Children Missing from Care – the County Council has responsibility for approximately 200 unaccompanied asylum seeking children (UASC), 1,800 Kent children in care and 1,200 children in care placed by other local authorities (although, for the latter, the County Council is not the corporate parent), and the issue of children who go missing from care is one which it takes very seriously. Much effort is put in to identify those who repeatedly go missing and the Council's work in this field has input from care leavers, foster carers and the Dartington Hall trust.

2. Mr Ireland then gave an oral update on the following issues:-

Adoption inspection – a draft report and comments following the March inspection have now been received and publication of the final formal report is awaited. The Council's response to the report will include a comment on the excessive time taken for the report to be received.

Changes to the Ofsted inspection framework – the Council had expected that future inspections of services would be undertaken separately, but a joint inspection

of the Council's Safeguarding and Children in Care services is now expected in September 2013.

Publication of a report by the Local Government Ombudsman – the Local Government Ombudsman had published findings against the County Council arising from a case two years ago of a young man not having been identified by the correct 'looked after' status, which then compromised his legal status upon reaching 18 and meant he missed out on housing services and support to which he would have been entitled. The Ombudsman's recommendations have been accepted, including paying compensation to the young man. Subsequent training has addressed staff's understanding of the issues raised by the case, and arrangements have been clarified and tightened.

Formal opening of the Ashford Multi-Agency Service Hub (MASH) which brings together NHS and Social Care teams. This is one of three such hubs in Kent, the others being in Sittingbourne and Margate.

3. Mrs Whittle, Mr Ireland and Ms MacNeil responded to comments and questions as follows:-

a) a Member commented that the Ombudsman's report suggested that issues around the transition from children's to adult services should be revisited. Another Member added that work done on transition issues since the case in question had made it much harder for the Ombudsman to find against the County Council now. Ms MacNeil added that practices and record keeping had changed and improved much since then, and intervention levels are now clearer. Some advice given to the young man in question had failed to warn him fully of the likely future impact of his situation;

b) in response to questions about teenagers in care being accompanied by adults when being advised and making decisions about their future options, Ms MacNeil explained that advice is given direct to young people in writing. Many young people prefer not to be accompanied by an adult, and an 'appropriate adult' is only involved when required by law, eg at a police interview with a young person aged under 16. For every young person to be accompanied by an adult would be very resource intensive. Mrs Whittle took up the point that having an adult present when a young person is making decisions about their future would be a good practice to adopt and undertook to take forward this idea; and

c) Members were advised that the cost of the compensation that the County Council had been directed to pay to the young man concerned was £3,000.

4. The oral updates were noted.

10. 13/00045 - Kent County Council Sufficiency Strategy
(Item C2)

Ms H Jones, Head of Strategic Commissioning, and Ms S Brunton-Reed, Interim Manager, Access to Resource Team, were in attendance for this item.

1. Ms Jones introduced the report and explained that the Sufficiency Strategy brought together for the first time a number of duties which the County Council already had in other forms. Ms Jones and Ms Brunton-Reed responded to comments and questions from Members and the following points were highlighted:-

a) special guardianship orders are an alternative form of accommodation for a child who does not wish or is unable to live with their own family;

b) the Sufficiency Strategy is a helpful tool that the county council can use in helping to enforce a reduction in the number of children in care placed in Kent by other local authorities; and

c) the final bullet point of key objective 4 should read 'to *eliminate* the use of bed and breakfast accommodation ... '.

2. RESOLVED that:-

a) the decision proposed to be taken by the Cabinet, to adopt and publish the County Council's Sufficiency Strategy, be endorsed, and Members' comments on the Strategy, set out above, be noted; and

b) annual update reports on the Strategy be made to the Cabinet Committee.

11. 13/00051 - Local Children's Services Arrangement
(Item C3)

Mr M Thomas-Sam, Strategic Business Adviser, was in attendance for this item.

1. Mr Thomas-Sam introduced the report and explained that the arrangements proposed will give the County Council a better platform from which to deliver the new duties arising from the Children and Families Bill. The proposed arrangements had been considered and endorsed by the Health and Wellbeing Board and the Kent Children and Young People's Joint Commissioning Board, and the Cabinet Committee is being invited to consider the proposals and give a final view. Mr Thomas-Sam responded to comments from Members and the following points were highlighted:-

a) a Dartford Member said the Local Children's Trust Board arrangements there had been particularly good, and it had been hoped that the new arrangements would build on this success and not lose the impact of it. In this regard, he considered the present proposal to be disappointing;

b) concern was expressed that, as clinical commissioning groups are not yet developed to a consistent level in all areas, to bring in the new arrangements by July 2013 seems hurried;

c) the role proposed for head teachers in the new arrangements was supported, *and Mr Thomas-Sam confirmed that head teachers will be*

represented on the Health and Wellbeing Board so will be able to have input; and

d) the length of time taken for children to access speech and language services is an historical challenge which urgently needs to be addressed and shortened.

2. The Cabinet Member, Mrs Whittle, acknowledged and appreciated the concerns expressed by Members about changing the current arrangements. The KCC needs to use the new arrangements to influence service provision, eg by encouraging clinical commissioning groups to add children's services issues to their agendas.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Specialist Children's Services, to approve the local children's services arrangements, after taking into account the views expressed by the Cabinet Committee, be endorsed.

12. Local Government Ombudsman Report
(Item C4)

Ms M Lowe, Performance and Quality Assurance Officer (Children in Care), was in attendance for this item.

1. Ms Lowe introduced the report and explained that the County Council's protocols for preventing youth homelessness were revised in 2009 following the Southwark judgement. The case referred to in Minute 9 above had led to the Ombudsman directing the County Council to undertake an audit of how its protocols are implemented. It is encouraging that the protocols themselves are not recommended for audit.

2. The report mentions a good pilot project currently running in the Dartford area, working with families with long-term major problems who need support if a teenager has left home but wishes to return. This pilot includes a 'crash pad' facility, which offers a young person an emergency bed at the YMCA in Dartford, giving them and their family some short-term respite. It is hoped that this type of support model can be rolled out across Kent so many more families can benefit from it. Members welcomed news of this pilot and its success in helping to reduce the number of young people who go into care, and Ms Lowe undertook to provide the Committee with more detail of the scheme in a future report.

3. RESOLVED that the findings of the audit report and the actions resulting from it be noted and a further report giving detail of the 'Dartford model' be presented to a future meeting of this Committee.

13. Children's Centre Future Service Options Programme
(Item C5)

1. Mr Lobban introduced the report and responded to questions from Members. The following points were highlighted:-

a) the timetable in section 8 of the report will need to be revised as the dates of the autumn meetings of this Committee have since been changed. This Committee will now have the opportunity to discuss and contribute views to the consultation on 4 October (instead of on 13 September), and discuss the decision on 5 December (instead of on 8 November) prior to it being taken by Graham Gibbens;

b) it is not yet known what potential further savings might arise from the programme, beyond those mentioned in the report, but it is planned that those savings will be able to be identified during the review; and

c) the review will include a Member briefing on the issues involved, to which clinical commissioning groups and other partners such as children's centres will also be invited.

2. RESOLVED that the aims of the future service options programme and the proposed timetable be noted, the level of Member involvement proposed be welcomed, and a Member briefing be arranged, to which clinical commissioning groups and other partners such as children's centres will also be invited.

Note: Before leaving the meeting at this point, Mr S J G Koowaree submitted a list of comments and questions arising from this item, which was later passed to Ms MacNeil. A written response to these points was subsequently prepared and sent to Mr Koowaree.

14. 13/00053 - Child Poverty Strategy
(Item C6)

Ms D Exall, Strategic Relationships Advisor, and Mr T Woolmer, Policy Officer, Strategic Relationships, were in attendance for this item.

1. Ms Exall introduced the report and explained that the Strategy had been built on a robust needs analysis and the experience of several years' work to reduce child poverty. She highlighted key findings, including the fact that more than half of children in poverty in Kent have at least one parent in work, and that national research indicates that at least one third of children in Kent are likely to have experienced episodes of poverty in the last three years, although the current snapshot figure is 18%. The breadth of the issues involved means that all County Council directorates have a contribution to make towards reducing child poverty or its impact in order to ensure that children are able to achieve their full potential.

2. In discussion, Members made the following comments:-

a) surprise was expressed at the extent of child poverty and the number of families affected by it;

b) Members welcomed the strategy and supported its emphasis on getting people into work. Poverty needs to be tackled at its source;

c) there are no quick fixes and no short-term solutions. *Ms Exall advised that one way to start addressing child poverty is to improve the*

provision of advice and information about how families can access support and help funds;

d) it is necessary to use a range of methods – eg breakfast clubs - to address child poverty quickly, even though the underlying causes will take longer to address;

e) education is vital to creating a positive work ethic in young people, to avoid passing worklessness on to the next generation; and

f) the County Council needs to ensure that children from poorer families get the best education it can give them, by putting the best teachers into schools in the areas of greatest deprivation. The challenge will be to identify the most needy areas, as there are pockets of deprivation everywhere.

3. RESOLVED that the content of the Child Poverty Strategy be welcomed and Members' comments on it be noted, prior to the final strategy being approved by the Cabinet Member for Specialist Children's Services.

15. Oral Updates by Cabinet Member and Director
(Item D1)

1. Mr Gibbens gave an oral update on the following issues:-

Welcoming Public Health Team to KCC – Public Health is now fully part of KCC.

More Member briefings on new Public Health responsibilities are planned in the next three months.

An article in the Times newspaper on 11 June covered local authorities' role in Public Health and how they are held to account and challenged, citing an example of health inequalities between Wokingham and Manchester. Kent also needs to address health inequalities.

2. Ms Peachey gave an oral update on the following issues:-

Public Health is now part of the County Council, and so are the responsibilities – Ms Peachey added that the Public Health team in Kent is the best she has worked with.

House of Lords reception on Sexual Health Services – new guidelines were issued by a Parliamentary working group in 2012, stating that access to sexual health services should be open.

Visit to Barton Junior School with the school nurse team leader – this is a good example of a school holding a 'health day' to identify and address health issues. This ties in with the launch of the Kent Community Health Trust 'Ready For School' initiative; some children arrive at reception class not fully toilet trained, and school nurses are working to address this. Not all school nurse services have the support from head teachers that they could have.

NICE is extending evidence reviews to social care – this arose at the annual conference. There is no one model programme of evidence gathering.

3. The oral updates were noted.

16. Progress update on Genito-Urinary Medicine (GUM) service transfer from Darent Valley Hospital to Gravesham Community Hospital
(Item D2)

Dr F Khan, Consultant in Public Health, and Ms W Jeffreys, Public Health Specialist, Head of Sexual Health Commissioning, were in attendance for this item.

1. Dr Khan introduced the report and, with Ms Jeffreys and Ms Peachey, responded to questions from Members. The following points were highlighted:-

a) the accessibility of services via public transport had been one of the aspects covered by the consultation on the interim arrangements. The public transport links to Gravesham Community Hospital are better than those to Darent Valley Hospital;

b) the services have no 'catchment area' and can be accessed by residents from anywhere across the county. However, in practice, most of those who access services there come from the north of the county. Many people who need to access such services try to do so at a little distance from their home area;

c) the current arrangements are interim and the best model of provision will be further considered at the time of tendering for the permanent contract; and

d) HIV testing and treatment are funded separately and differently. Testing is funded by and delivered as part of the Public Health service but the cost of drugs and treatment for HIV patients is met by NHS England. The Kent Public Health service arranges treatment for HIV patients and claims reimbursement of the costs from NHS England.

2. The Cabinet Member, Mr Gibbens, advised the Committee that the delivery of GUM and sexual health services will be monitored as part of the regular Public Health performance monitoring, to ensure that services are delivered as effectively as possible and achieve the best value for public money.

3. RESOLVED that the update on the transfer of GUM and sexual health services from Darent Valley Hospital to Gravesham Community Hospital be noted.

17. Update on the Measles outbreak in England
(Item D3)

Dr F Khan, Consultant in Public Health, was in attendance for this and the following item.

1. Dr Khan introduced the report and responded to questions from Members. The following points were highlighted:-

a) the current large number of unimmunised 10 – 16 year olds stems largely from the national controversy over the use of the MMR vaccine years ago. This number also includes those from immigrant families who have not been immunised in their home country before coming to the UK; and

b) child health records are generally good around the county and can help identify young people who are unimmunised or only partly immunised. The parents of these young people are contacted and asked to make an appointment for immunisation, and the child's health records are then updated.

2. RESOLVED that the actions taken in Kent in response to the measles outbreak, as part of the new health protection duties of the County Council, be noted and approved.

18. Health Protection Assurance
(Item D4)

1. Dr Khan introduced the report. In response to a question, Ms Peachey and Mr Ireland explained that health and social care colleagues work together to monitor extremes of hot and cold weather to assess the level of support likely to be needed by the most vulnerable residents.

2. RESOLVED that the reporting arrangements and organisational structures designed to ensure health protection assurance and deliver the new health protection duties of the County Council be noted.

19. Children's Services Improvement Plan Update
(Item E1)

Mr M Gurrey, Assistant Director of Safeguarding, was in attendance for this item.

1. Mr Gurrey introduced the report and set out recent developments since inspections in November and January, and what inspections were expected in the next few months. A new Improvement Notice, received since the most recent inspection, has changed the focus; the emphasis is now on partner involvement.

2. RESOLVED that the update on the Children's Services Improvement Plan be noted.

20. Child and Adolescent Mental Health Services (CAMHS) update
(Item E2)

Ms H Jones, Head of Strategic Commissioning, Mr I Darbyshire, NHS Commissioning Manager, and Ms S Mullin, KCC Commissioning Manager for Emotional Wellbeing Services, were in attendance for this item.

1. Ms Jones and Mr Darbyshire introduced the report and set out key advances since last reporting to the Committee and work which is currently going on. They and Ms Mullin responded to comments and questions from Members and the following points were highlighted:-

a) a Member referred to a GP practice in his local area which has experienced severe problems with waiting times. Having to wait a long time for a CAMHS appointment leads to further problems for a young person. He said that he hoped to see an improvement in waiting times very soon;

b) another Member supported this point and commented that the CAMHS service, in its current state, would let down the County Council in an inspection;

c) to what extent do staff shortages cause or contribute to long waits? *Mr Darbyshire responded that some staff shortages in West Kent have led to a backlog of cases. He undertook to give the questioner more detail of staffing levels outside the meeting;*

d) what can be done to prevent a backlog recurring? *Mr Darbyshire responded that more young people are now seen at the 'front end' of the service and so have no need to wait. The way in which the service is delivered has also changed and the process improved. Ms Mullin added that the staffing structure was previously rather 'top-heavy' so has been reviewed to provide more staff at the level at which assessments are undertaken. Offering appointments at evenings and weekends has also helped to reduce the backlog. Ms Jones added that close partnership working and regular fortnightly meetings help to provide coherent data and address issues;*

e) what is the waiting time between assessment and treatment? *Mr Darbyshire responded that data systems will be in place shortly which can provide this information to a future meeting of the Committee;*

f) how was the CAMHS service provided before the current provider was engaged? *Mr Darbyshire responded that, across Kent, CAMHS had previously been provided by six different providers. Ms Jones added that, up to two years ago, there had been no strategic commissioning and no monitoring. There is now a complete strategy with close partnership working and monitoring*; and

g) are staff moved around to address shortfalls in particular areas? *Mr Darbyshire responded that staff have indeed been moving from East to West Kent to address demand. East Kent has shorter waiting times but has a few other issues, eg in helping young people with Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD). CAMHS is a finite resource and must ensure that it targets the most needy young people.*

2. The Cabinet Member, Mrs Whittle, added that it is important for the Committee to receive regular monitoring reports. A great amount of work has been done to move

the service on from its previously uncoordinated state. Kent has made good investment in its CAMHS services compared to other local authorities, but needs to ensure it deploys services well to address the backlog and the issues which have been identified. A quarterly update report to this Committee would be a good idea.

3. RESOLVED that:-

a) the information set out in the report and given in response to comments and questions be noted, with thanks; and

b) a quarterly update report be made to this Committee. Members expressed their expectation that significant reductions in waiting times will be shown in future reports.

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21. Kent County Council Local Account for Adult Social Care for 2012 - 2013
(Item E3)

Mrs S Abbott, Head of Performance and Information Management, was in attendance for this and the following item.

1. Mrs Abbott introduced the report and announced that there would be a briefing arranged within two weeks of the Cabinet Committee meeting to allow Members of the Committee to see and comment on the first draft of the 2012-13 Local Account document .

2. RESOLVED that progress in the development of the 2012-13 Local Account report be noted.

22. Families and Social Care Performance Dashboards for 2012/13 for Adult Social Care, March 2013
(Item E4)

RESOLVED that the performance dashboards and end of year business plan reports for Adult Services be noted.

23. Families and Social Care Performance Dashboard for 2012/13 for Specialist Children's Services
(Item E5)

Mr C Nunn, Member Information Officer, was in attendance for this item.

RESOLVED that the performance dashboards and end of year business plan reports for Specialist Children’s Services be noted.

24. Public Health Performance Dashboard - Health Improvement Performance Report
(Item E6)

1. Mr Scott-Clark introduced the report and gave a brief update on a couple of aspects, as follows:-

- although the monitoring year has not yet quite finished, it is expected that the number of smoking quits will fall slightly short of the target at the end of the year. Guidance recently received from NICE on the use of e.cigarettes is that users who switch to them cannot be counted as having successfully quit smoking.

- health checks have been completed this year in East Kent for 18.8% of the total eligible population, and in West Kent for 10.4% of the total eligible population. The national target is to invite 20% of the eligible population each year to attend for a health check, thus reaching 100% over a five year period. The current national average of health check invitations is 16.6%, which shows that, comparatively, East Kent is doing well. West Kent is a year behind in implementation than East Kent; however West Kent is performing better when compared with East at the same point in implementation.

2. RESOLVED that the information set out in the report and given in the oral update be noted, with thanks.

25. 13/00010 - Appointment of Efficiency Partner for Delivery of Transformation Programme - Exempt Minute from 21 March meeting
(Item F1)

RESOLVED that the minute of the discussion which took place in the closed part of the meeting held on 21 March 2013 is correctly recorded and it be signed by the Chairman.

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KENT COUNTY COUNCIL

CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Waterton Lee, Invicta House, County Hall, Maidstone on Thursday, 11 April 2013.

PRESENT: Mrs A D Allen (Chairman), Mr R E Brookbank, Mrs T Carpenter, Mrs E Green, Mr P W A Lake and Mrs J Whittle

IN ATTENDANCE: Ms S King (Assistant Director East Kent, Children in Care), Mrs S Skinner (Service Business Manager, Virtual School for Kent) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

33. Minutes of the meeting held on 28 February 2013
(Item A2)

RESOLVED that the minutes of the meeting held on 28 February 2013 are correctly recorded and they be signed by the Chairman. There were no matters arising.

34. Cabinet Member's Oral Update
(Item A4)

1. Mrs Whittle gave an oral update on the following issues:-

- **Adoption:** Kent's Adoption service was inspected by Ofsted three weeks ago, and the draft letter setting out the assessment rating will be released after the election.

- **UASC:** There was a £3m gap in funding last year in the cost of supporting young people who have exhausted all rights to remain in the UK (ARE cases), and an ongoing conflict between the view of the Home Office and the content of the Children Act about the role of local authorities in supporting these young people. Kent is seeking a court statement to clarify its responsibility, and Mrs Whittle said she is confident that this statement will support the KCC's view of what its responsibilities should be. It is also seeking to limit the cost to the KCC of accommodating ARE cases to £99 per week.

2. In response to a question, she explained that, while it is true that Kent and a few other local authorities take in a disproportionate number of UASC – Kent currently has 200 under 18s and 700 care leavers – these authorities do receive some grant funding. There is, however, a shortfall between the level of grant and the actual cost of supporting them.

3. Panel members commented that it is a challenge for young people to live on £99 per week and reiterated concerns expressed at previous meetings that UASC awaiting repatriation are vulnerable and the KCC should be able to offer them a safety net.

3. The oral update was noted, with thanks.

35. Recruitment and Retention of Qualified Social Workers in Specialist Children's Services
(Item B1)

Ms Karen Ray, Human Resources Business Partner, Families and Social Care, was in attendance for this item.

1. Ms Ray introduced the report and set out key points as follows:-
- the proportion of experienced and inexperienced social workers is currently 66% and 30%, respectively. This compares well to the proportion in other local authorities.
- since preparing the report and stating the vacancy rate as 14.8%, it has now risen to 18%.
- many agency staff have served Kent for a long time and have contributed much expertise to Kent during their employment.
- East Kent and Tunbridge Wells are currently 'hot spots' for recruitment are.
- the recent Ofsted inspection had highlighted not only the need to recruit experienced social workers but social work managers. East Kent in particular has a shortage of team managers.

2. Ms Ray and Ms King responded to comments and questions from Panel members and the following points were highlighted:-

a) one Panel member who is a Foster Carer explained that she serves on an employment panel for fostering social workers and recognised the issues relating to social. These social workers need experience in children and families work, and some are identified via Compass events. They could gain some of this experience by working in the voluntary sector, but many find this experience difficult to access. Recruitment advertisements specify the need for experience but do not specify any length of experience, and it is important to exercise judgement about the value of experience gained and how much weight this should be given in the selection process;

b) there is a two-year intensive recruitment programme in East Kent which is looking at initiative and incentives. Key themes identified by this are housing and travel. Work to profile recruitment issues across Kent is being lead by Mark Gurrey, the Interim Assistant Director for Safeguarding. Outcomes from work going on will take a while to become apparent;

c) although new staff can claim relocation expenses of up to £8,000, many rent property for a while when they first move into an area;

d) social workers choosing to work in Kent rather than anywhere else are looking for something over and above what they are offered elsewhere;

e) Kent's recruitment strategy could look at addressing issues around securing school places for the children of prospective employees. In other work sectors, staff posted abroad have an 'ex-pat' support service

which co-ordinates all issues around their relocation, eg housing and school places, and Kent could look at the possibility of establishing something similar;

f) inexperienced staff need support while they gain experience. Social workers leaving the KCC are given an exit interview, and information arising from these interviews is analysed, although it is limited to what people choose to share. Issues cited most often are workload and work-life balance;

g) Kent compares its social work employment packages to those offered by neighbouring shire authorities, although some details of other local authorities' packages are harder to find out about. London Boroughs present the most challenging competition for recruitment;

h) there has been low take-up of a scheme which offers a contribution toward car insurance, although it had been expected that this would attract young people starting out in a career;

i) it is important also to retain existing professional staff, and a 'toolkit' is being developed to address this. Some people choose to reduce their working hours or move to an agency instead of leaving the profession altogether. Overall, Kent does well at retaining its staff;

j) Panel members reported that issues they had found when shadowing social workers included practical arrangements such as 'hot-desking' and access to car parking which does not involve needing to move a car frequently through the day;

k) all agency staff are engaged via Kent Top Temps and many have stayed a long time and contributed much valuable experience, with some moving to substantive posts. Low turn-over of staff generally helps to minimise disruption to children in care. KCC has a good relationship with the agency and is able to select good staff on competitive rates of pay; and

l) as with asking departing staff why they are leaving, it could be useful to ask new staff what attracted them to take up a job in Kent.

3. RESOLVED that the information set out in the report and given in response to Panel members' comments and questions be noted, with thanks, and a further update report be made to a future meeting of the Panel.

36. Briefing on the Views of Children in the Care of Kent County Council
(Item B2)

1. Mrs Skinner introduced the report and highlighted the following:-
   - preparing the report in response to the Panel's request had presented a good opportunity to look at what sources of information are available.
   - activity events now held by VSK in each school holiday have provided much of the feedback included in the report, which is evaluated and used to shape future events. These events have allowed broader

scope to engage with young people and seek their views. An extensive survey was also undertaken last year, and work is ongoing with Eileen McKibbin, Research and Evaluation Manager.

- much information has become available via use of the e.Pep, which is a good tool for monitoring, valued by schools and VSK. Questionnaires issued from various sources can be combined to avoid duplication, and the questions asked can be geared to collect information which is useful to the broadest audience possible.
- Panel members are being invited to say what information they would like VSK to collect on their behalf, and with what frequency.

2. Panel members made the following comments:-

a) feedback received can be used to evidence how well the Panel is engaging with young people;

b) activity days are a good source of feedback from young people and have had a good outcome. However, some dates clash with other events for young people and Foster Carers, so it is not always possible for everyone who wishes to attend to do so. *Mrs Skinner explained that the aim is to arrange events in every school holiday and to have four weeks of activity – in North, South, East and West Kent – in the long summer holidays*;

c) the feedback on the work of Independent Reviewing Officers (IROs) does not seem to fully encapsulate what they do. Future feedback reports could include examples of IROs' work in the form of anonymised case studies. Panel members gave examples of their good experiences of the IRO service and considered how best to reflect the range and depth of IROs' work;

d) information gleaned from complaints made by children and young people had highlighted the number of disputed decisions about placements. *Mrs Skinner explained that there is not a procedure around the 'staying put' initiative to address these disputes but one will be established in the near future. KCC also needs to consider how it can best support young people who wish to remain in foster placements;*

e) Foster Carers do not receive payment for housing young people who have returned home to them during the holidays from higher education, but it should be possible for them to access Supported Accommodation payments. If the purpose and rules of the Supported Accommodation scheme were made clearer, more young people and their Foster Carers could access and benefit from it. *Ms King suggested a workshop for carers and young people and this was welcomed.* There is no option for young people in care to stay anywhere else during holiday periods as University accommodation is not available; and

f) it is always useful to have feedback and views from as many young people as possible, and Panel members should seek to have as much contact with young people as possible. *Mrs Skinner added that any*

Panel member is welcome to attend any activity day as an observer, and undertook to supply the dates of activity days to the Democratic Services Officer to share with Panel members. Miss Grayell explained that Panel meetings do not usually take place in school holidays so the dates should not clash.

3. RESOLVED that:-

a) the information set out in the report and comments made by Panel members be noted, with thanks; and

b) similar reports be made to the Panel every six months, including anonymised case study examples of IROs' work and plenty of good news stories.

37. Update on Adoption Service
(Item B3)

Ms R Murdock, Interim Manager, Adoption and Special Guardianship Support Team, was in attendance for this item.

1. Ms Murdock introduced the report and responded to comments and questions from Panel members. The following points were highlighted:-

a) adoption is a life-long commitment, and it is helpful to try to anticipate issues as far as possible. Challenges which arise during adoption placements and possibly cause the placement to break down are largely those which would arise in the course of any child's upbringing; they do not necessarily arise as a result of the child having been adopted;

b) research has shown that the experiences children have in their very early years, and even before birth (eg of a parent who abuses drugs or alcohol) continue to affect them for a long time. The experience of being separated from a birth parent and going into care can stay with a young person for a very long time and needs to be managed. There are support services geared to helping young people manage this but there is room for improvement;

c) for some young people it is not appropriate for them to stay in an adoption placement, and if social workers and IROs decide that the placement has broken down irretrievably it is right to end the placement; and

d) KCC spends more than other local authorities on post-adoption support and will need to consider how sustainable this is. There are some post-adoption support projects in London but more local ones are needed. A Family Futures package could be used to help address either of the above.

2. RESOLVED that the information set out in the report and given in response to Panel members' comments and questions be noted, with thanks, and a further update report be made to the Panel's June meeting.

38. Update on the Assisted Boarding School Scheme
(Item B4)

1. Mrs Whittle commented that the scheme had not been well described in paragraph 2.2 of the report and said it was about children who do not have particular behavioural issues but need support to avoid going into care.

2. Mrs Skinner introduced the report and responded to comments and questions from Panel members. The following points were highlighted:-

a) some schools have a strong pastoral care culture, which could be of great benefit to young people, but they are not willing to share their facilities with children whom they perceive to be 'unruly' or 'disruptive'. Schools' understanding of the aims of the scheme needs to be improved;

b) the scheme could help to minimise Adoption breakdowns;

c) what is most important about the scheme is that the placement is right for the young person concerned. Some young people struggle in a family environment yet much prefer to be in that environment; and

d) the scheme could be suitable for young people who need support to stay in a family placement, and they could perhaps attend as a day pupil.

3. RESOLVED that the information set out in the report and given in response to Panel members' comments and questions be noted, with thanks, and a further update report be made to a future meeting of the Panel.

CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Seminar Lecture Theatre, Sessions House, County Hall Maidstone on Thursday, 20 June 2013.

PRESENT: Mrs A D Allen, Mr R E Brookbank, Mrs T Carpenter, Mrs P T Cole, Mr J Elenor (Substitute for Mr B Neaves), Mr P J Oakford, Mr R Truelove, Mr M J Vye and Mrs Z Wiltshire

ALSO PRESENT: Mrs J Whittle

IN ATTENDANCE: Ms M MacNeil (Director, Specialist Children's Services), Mr P Brightwell (Performance and Quality Assurance Manager, Children in Care), Mr T Doran (Head Teacher of Looked After Children - VSK), Ms T Gallagher (County Manager, UASC), Ms Y Shah (Coram/KCC Project Officer) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

39. Membership
(Item A1)

The Democratic Services Officer reported that Mrs Z Wiltshire had joined the Panel in place of Mrs M Elenor.

40. Election of Chairman
(Item A3)

1. Mr R E Brookbank proposed and Mr M J Vye seconded that Mrs A D Allen be elected Chairman of the Panel.

Agreed without a vote

2. There being no other nominations, Mrs A D Allen was thereupon elected Chairman of the Panel and took the chair.

41. Minutes of the meeting held on 11 April 2013
(Item A5)

RESOLVED that the minutes of the meeting held on 11 April 2013 are correctly recorded and they be signed by the Chairman. There were no matters arising.

42. Chairman's Announcements
(Item A6)

The Chairman welcomed new Members to their first meeting of the Panel since the May County Council elections. She advised that she would like to delay the election of a Vice-Chairman to consider the idea of this position being filled by a co-opted Panel member. This suggestion met with the agreement of other Panel members.

43. Cabinet Member's Oral Update
(Item A7)

1. Mrs Whittle gave an oral update on the following issues:-

- **Reasons for taking on the Specialist Children's portfolio** – Mrs Whittle had taken on the portfolio in 2010/11 due to her personal experience of her own mother having grown up in care in Kent, and her personal interest in improving services following the County Council receiving an 'inadequate' rating and an Improvement Notice in 2011.
- **Children's Services Improvement Panel** – Mrs Whittle is eager to resurrect this following the May elections, and will write to Members shortly, seeking Membership and offering a first meeting date, probably in late July. The Improvement Panel has four key areas of focus – young people who are the subject of a Child Protection Plan for 2 years or more, reasons why arrangements break down for young people aged 16+, the number of children in care placed in Thanet by other local authorities and children missing from care. Suggestions of agenda items from Members are welcomed. It is important to tackle what isn't working but also to hear about what is working.
- **Corporate Parenting training** – newly-elected Members were recommended to go on the 'shadow a social worker' scheme.
- **Publication of Ofsted report following March inspection** – the final formal report has now been received; Kent's adoption service has been rated 'adequate'.
- **Partnership working with Coram** over the last 18 months to improve the County's adoption service has been very productive. Coram's work has both boosted the recruitment of adopters and the support which is made available to them.

44. Update regarding the work of the Head Teacher of Virtual School Kent
(Item B1)

1. Mr Doran introduced the report and set out the background of Virtual School Kent (VSK) as an introduction to new members of the Panel. He highlighted the following:-

- as Kent is a very large county, VSK is delivered from 6 locations across the county. Panel members were invited to visit any of these locations;
- VSK works with six apprentice participation workers, which is proving to be a successful innovation;
- results across all performance indicators – attendance, exclusion, attainment and participation – have improved much since they were last reported to the Panel;
- two activity events are arranged in every school holiday - one in West Kent and one in East, alternating at various locations – and attendance at these is increasing each time;
- a high proportion of the children VSK works with are unaccompanied asylum seeking children (UASC). Two of the VSK apprentice participation workers were themselves UASC;
- work is ongoing with pupils who attend school only on a part-time basis to re-integrate them into full-time school as soon as possible. To benefit a child, any part-time schooling arrangement needs to be for a minimum of 50% of the regular school hours;

- VSK's performance reporting will benefit from the same new 'Protocol' information management system as will be used for the general Specialist Children's Services performance scorecard. 'Protocol' is expected to come on line in September;
- the second annual VSK achievement awards ceremony will take place on 22 September at St Lawrence Cricket Ground in Canterbury and will have a science and nature theme. Panel members were invited to attend if they wish and Mr Doran undertook to send them details.

2. Mr Doran and Ms MacNeil responded to comments and questions and the following points were highlighted:-

a) all children in care will continue beyond compulsory school age to enter further or higher education or training. Mr Doran is a member of Young Care Leavers in Post-Compulsory Education (YCLPE), which is chaired by a former Panel member, Graham Razey. A County Council select committee on transition was covened a few years ago and its report would be useful to review now to see what has changed for children in care;

b) participation and engagement events are vital for young people in care as they prevent them from becoming isolated;

c) it is difficult to say what involvement VSK has in helping young people to access Special Educational Needs (SEN) services. Children in Care Nurses have good links to mental health services, but access to SEN services is sometimes difficult, and is not immediate. Mr Doran undertook to look into figures and advise the questioner on the length of time it takes to access SEN services. One of the Assistant Head Teachers for VSK is an SEN co-ordinator;

d) the age range of UASC varies over time; the youngest is currently aged eight but most UASC are in their late teens. For many, age is difficult to identify clearly as they arrive with no personal papers. Their countries of origin also vary and will depend on where in the world there is currently political or civil unrest;

e) a useful introduction and background to Kent's population of children in care could be gained from the data updates that were once regularly supplied to County Council members via the former Children's Champions Board. It would be useful to resurrect these updates for the benefit of the Panel and all County Council Members so they can each be aware of the number of children in care in their area; and

f) the large number of children in care placed in Thanet is a long-standing problem, but Panel members were assured that Kent does not place any of its own children in care in Thanet who do not originate from Thanet. Many are placed there by other local authorities, mainly London Boroughs. Mr Doran emphasised that VSK exists primarily for the benefit of Kent's own children in care, and any Kent child in care is automatically covered by VSK.

3. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks.

45. Performance Scorecard for Children in Care
(Item B2)

1. Mr Brightwell introduced the report and explained that the systems from which the scorecard is prepared are still evolving. It had previously been hoped that the new data management system 'Protocol', which will replace the Integrated Children's System (ICS), would be available in June, but this is now expected to come online in September. He responded to comments and questions from Panel members, as follows:-

a) some of the County Council's targets are very ambitious, and, in this regard, compare very well to those of other local authorities; and

b) there are some variations in performance between East and West Kent, and a series of deep dive studies will look into the reasons behind this.

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

46. Independent Reviewing Officer (IRO) Management Report 2012/13
(Item B3)

1. Mr Brightwell introduced the report and explained that it a was a statutory requirement that he, as manager of the Independent Reviewing Officer service, produce an annual report on the service's activity and performance and present it to the County Council's elected Members for their scrutiny. He outlined key aspects of the service, as follows:-

- Kent's IRO service is one of the biggest in the UK, with 22 full-time IROs. Between them, they attend 5,396 reviews in a year;
- work is underway to aim to increase the amount of time each IRO spends with children and young people in care, for example by reducing the time spent travelling and condensing some administrative tasks like writing minutes of reviews;
- IRO managers monitor the quality of each IRO's work by auditing one case per IRO per year;
- the number of children and young people chairing their own care reviews is increasing, up from 9 to 21% in the last year;
- feedback from children and young people, their families and carers about the IRO service is much valued, and Mr Brightwell offered to send Panel members a more detailed report of the outcome of feedback surveys, once this is ready to share;
- interviews are undertaken with children and young people when they leave care, and summaries of these will also be shared with the Panel;
- a review of the number of initial health assessments for children and young people in care which are completed within the required timeframe of within 20 days of entering care is soon to be completed, but initial findings suggest that some 67% of assessments are completed on time. The monitoring of these assessments has recently passed from the IRO service to the children in care nurses working within Virtual School Kent.

2. RESOLVED that:-

a) the Independent Reviewing Officer management report be approved, with thanks; and

b) a more detailed report of the outcome of feedback surveys with young people be sent to Panel members, once this is ready to share.

47. Trafficking issues in Kent County Council
(Item B4)

1. Ms Gallagher introduced the report and set out key issues arising from the unaccompanied asylum seeking children (UASC) team’s work, such as young people’s fearfulness around their immigration status making them difficult to engage with and help, and the ongoing issue of the high number of young people in care who go missing. She responded to comments and questions from Panel members, as follows:-

a) trafficking of young people is an international crime, and the County Council on its own is limited in how much it can do to make any impact upon this. Trafficking needs to be addressed at a national or international level. Ms Gallagher cited one case in which she had liaised with the Moroccan consulate with some success, and this suggests that involving consulates would be a good way to move forward on addressing this; and

b) verifying the identity of family members named by unaccompanied asylum seeking children upon arrival is a challenge as many young people arrive with incomplete papers, and although DNA tests can be done to identify kin, these are extremely costly. While efforts to investigate and verify family links are undertaken, the young people remain the responsibility of the County Council.

2. RESOLVED that:-

a) the information set out in the report and given in response to comments and questions be noted, with thanks, and the work of the UASC team be commended; and

b) further update reports be made to future meetings of the Panel.

48. Update on Adoption Service
(Item B5)

1. Ms Shah introduced the report and highlighted key points, including:-

- approximately 70 children at any one time are waiting for adoptive families. Many of these children have complex needs;
- a Family Finding team is making a big difference to the speed at which families are identified for children who need them. To help this, placements are now sought earlier that they are legally required to be;

- recent example case studies were shared with Panel members to illustrate how quickly adoption placements are now achieved;
- medical assessments for children awaiting adoption need to be completed more quickly, but this is complicated by them being undertaken by four different health trusts;
- the County Council will host its first ever adoption activity day on 7 July, at which prospective adopters have the opportunity to meet children waiting for adoptive families. It is the first large local authority to pilot such a scheme.

2. Ms Shah and Ms MacNeil responded to comments and questions from Members and the following points were highlighted:-

a) Members thanked Ms Shah and the Coram team for their work in the last 18 months on improving the County Council's adoption service and congratulated them on the progress which has been made. Mrs Whittle referred to the need to sustain the progress that has been made and said that Coram's involvement in overhauling the County Council's practices has been excellent, and that she wished to continue Coram's involvement beyond 2014, the current planned end date;

b) Ms Macneil explained that the number of children who are adopted in Kent is below the national average, but children being adopted are younger on average than previously as they pass through the care system faster than before. The number of children in care in Kent has not reduced as far as had previously been hoped, but Panel members were assured that those in care are those who need to be there. However, children also leave care faster than before as they are either placed for fostering or adoption or return home;

c) many children being adopted have complex needs, so their adoptive families need support to cope with those needs. The professional team supporting adopters needs a different mix of skills than previously and needs to be able to offer more flexible support, eg at evenings and weekends;

d) members expressed concern that the time taken to approve adopters and match them to a child is too long, and this long wait may deter prospective adopters. Ms Shah explained that work has been going on to reduce the length of time taken to approve new adopters. This includes giving a faster response to initial enquiries, more frequent regular monthly information sessions at which prospective adopters can find out what is involved, and follow-up calls to those who attend these sessions;

e) Ms MacNeil outlined the constructive liaison work going on to reduce the time for cases to go through the courts process to a maximum of 26 weeks. Courts have been booking blocks of extra sessions to clear backlogs of cases. She explained that a few historical cases have been particularly complicated, and that it is sometimes necessary to take longer over a case to ensure that adopters are properly prepared when taking on a child who has very complex needs;

f) the County Council has tried to appoint a permanent head officer for the adoption service on several occasions but each time the candidates coming forward have not had the range of skills required. The size of Kent as an adoption authority – Kent and Birmingham are the two largest in the UK – makes recruitment to this post a particular challenge. To move ahead with an innovative new adoption service will need fresh thinking and new ideas; and

g) Panel members were asked to comment on the helpfulness of the information presented, and commented that statistics needed to be in a more concise and easier-to-read format.

3. RESOLVED that:-

a) the information set out in the report and given in response to comments and questions be noted, with thanks;

b) a report on post-adoption support given to adopters be included in the update report to the next meeting of this Panel; and

c) member comments on the style and content of reports, set out above, be taken into account when preparing future reports.

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From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Ireland, Corporate Director, Families and Social Care

To: Social Care and Public Health Cabinet Committee - 4 October 2013

Subject: The Integration Transformation Fund

Classification: Unrestricted

Summary:

The £ 3.8 bn Integration Transformation Fund (ITF) announced by the Government dramatically accelerates the timescale for achieving the integration of health and social care services. Government expectations are that a fully integrated system should be in place by 2018 based on actions identified to start in 2014-15 and begin significant delivery in 2015-16. The funding consists of a number of existing components as well as new allocations from CCG budgets.

Plans to spend the funding must be agreed by Health and Wellbeing Boards who must assume responsibility for monitoring the achievement of the targets required, agree contingency plans for re-allocating funding if targets are missed, and be satisfied that providers, especially acute hospital trusts, have been effectively engaged in the planning process.

Recommendations:

The Social Care and Public Health Cabinet Committee is asked to:

(i) Acknowledge the timescales involved for the preparations of the Kent plan for the Integration Transformation Fund

(ii) Recognise the need to align integration activity with the requirements of delivering through the ITF in Kent.

1. Introduction

The Integration Transformation Fund was announced in the Comprehensive Spending Review It follows the NHS “Call to action” that identified a £ 30 bn shortfall in NHS funding in 2020 unless action to manage demand is taken. This has also spawned the integrated care “Pioneer Programme”.

The funding is described as “a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities”

Funding will be awarded to local plans, based on a Health and Wellbeing Board footprint and with Boards as the leaders for implementation. Health and Wellbeing Boards will need to agree plans to spend the money to deliver agreed outcomes.

Plans will also need to take account of the implications for the acute sector of service transformation and set out arrangements for the redeployment of funding within the system if outcomes are not reached.

There will need to be some oversight and ministerial sign off of plans but it is intended that this be "light touch".

The funding is a pooled budget, not a transfer, and local authorities and the NHS are equal partners. It is not necessarily confined to social care and other LA functions may be relevant. It is expected that the funding will be allocated under s256 arrangements.

A great deal of effort is already being devoted to furthering integration across Kent and there is a sound basis to build upon. The Integration Transformation Fund seriously increases the pace and the scale at which these developments need to deliver. The government expects "that each area moves to a wholly integrated approach to health and care by 2018" (Refreshing the Mandate to NHS England: 2014 – 2015 Consultation)

2. ITF Funding components

Half the ITF funding will come from existing commitments:

- £1.9bn of existing funding continued from 14/15 – this is money already allocated across the NHS and social care to support integration and including:
- £300m of CCG re-ablement funding
- £130m of CCG carers' break funding
- £900m existing transfer from health to social care plus £200m for the joint fund
- c. £350m in capital grants from government departments including £220 m of Disabled Facilities Grant

Whilst it is not expected that these components will be diverted into funding other services the implication is that the plan associated with spending the ITF must show how each of these elements will contribute to the overall aim of achieving integrated services by 2018.

There is an additional element of £1.9 bn from NHS allocations which includes funding to cover demographic pressures in adult social care and some costs associated with the Care Bill.

Of this £1bn has been designated as "at risk money". This will be paid dependent upon performance with particular reference to taking pressure off the acute sector and improving patient experience. If not paid the funding will revert to the general NHS budget. The "at risk" funding will be split over the 15/16 financial year:

£0.5 bn at start of 15/16 dependent upon performance in 14/15

£0.5 bn at end of 15/16 dependent upon performance in 15/16

This £1.9 bn contribution from core CCG budgets equates to £10m from an "average" CCG.

3. Conditions of the full ITF

The ITF will be a pooled budget that can be deployed locally on social care and health, subject to the following national conditions which will need to be demonstrated in the plans:

- joint agreement between local authorities and the NHS through the Health and Wellbeing Board.
- protection for social care services (not spending)
- as part of agreed local plans, 7-day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
- better data sharing between health and social care, based on the NHS number (it is recognised that progress on this issue will require the resolution of some Information Governance issues by the Department of Health)
- ensure a joint approach to assessments and care planning
- ensure that, where funding is used for integrated packages of care, there will be an accountable professional
- risk-sharing principles and contingency plans if targets are not met – including redeployment of the funding if local agreement is not reached
- agreement on the consequential impact of changes in the acute sector.

4. Timetable

Money is for 1 year with no guarantee of repeat funding. There will be a general election and a further Comprehensive Spending Review in 2015. Funding is to establish practice that can be incorporated into allocation of base budgets in following years.

Further guidance and support will be issued in the Autumn to enable consideration within CCG commissioning plans for 14/15 with more events and engagement planned over the Autumn

However guidance states: "we think it is essential that CCGs and local authorities build momentum in 2014/15 using the additional £200 mil due to be transferred to local government from the NHS to support transformation. In effect there will need to be two-year plans for 2014/15 and 2015/16, which must be in place by March 2014. To this end we would encourage local discussions about the use of the fund to start now in preparation for more detailed planning in the Autumn and Winter".

5. Key Messages

- This will only work if services are redesigned to move activity from the acute sector to the community and primary care.

- Successful implementation of plans may lead to significant hospital reconfiguration. Potential impact on providers (acute trusts) needs to be part of the planning process. Changes to service that are not properly planned could potentially destabilise providers. This led to emphasis being placed on involvement of providers with an urgent need to revisit how they engage with the commissioners and the Health and Wellbeing Board.

- This is urgent – get on with it. There are early wins to be had regarding winter pressures and in any event Boards need to start building momentum towards 14/15.

6. Outcome measures

Measures to determine progress and success have not yet been established. The general view is that any outcome measures should be taken from existing outcome frameworks and should not generate extra data collection for new indicators.

Some new measures may be necessary to demonstrate how issues such as better data sharing based on use of the NHS number have progressed

7. Timetable and Alignment with Local Government and NHS Planning Process

Plans for use of the pooled budgets should not be seen in isolation. They will need to be developed in the context of:

- local joint strategic plans

- other priorities set out in the NHS Mandate and NHS planning framework due out in November/December. (CCGs will be required to develop medium term strategic plans as part of the NHS Call to Action)

- the announcement of integration pioneer sites in October, and the forthcoming integration roadshows

- The outline timetable for developing the pooled budget plans in 2013/14 is broadly as follows:

- August to October: Initial local planning discussions and further work nationally to define conditions etc

- November/December NHS Planning Framework issued

- December to January: Completion of Plans

- March: Plans assured

8. National next steps

NHS England and the LGA and ADASS will work with DH, DCLG, CCGs and local authorities over the next few months on the following issues:

- Allocation of Funds
- Conditions, including definitions, metrics and application
- Risk-sharing arrangements
- Assurance arrangements for plans
- Analytical support e.g. shared financial planning tools and benchmarking data packs.

9. Other Issues

Analysis from Greater Manchester highlighted the scale of the issue. Their advice is that partners should agree how much money needs to move across sectors in the system. Their calculation was that Greater Manchester needed to transfer £250m worth of activity from acute to community and primary care which translated into a potential 25% of hospital activity. There was concern whether existing systems such as HR and finance can cope with the required shift of resources and personnel around the system at this scale. Greater Manchester's experience also demonstrated the need for robust financial modelling and the need to "develop investable propositions".

10. Kent Workforce

Locally some discussions have already been held about how workforce planning needs to respond to the challenge posed by the integration agenda, including representatives from social care and KCHT. These discussions have led to the following summary for the Board:

The health and social care economy is reliant on the right staff and multi-professional teams being available at the right time, in the right place to deliver the right care and service. As we face the challenge of ensuring our services are sustainable for the future, meeting the need for improving outcomes and experience of patients whilst making best use of the public pound, a key factor in delivery will be workforce availability. This workforce stretches from carers through volunteers and on to registered health and social care professionals. How will HWBB commissioning partners be assured that the necessary workforce, with the right skills and competencies for future models of health and social care is being developed?

Health Education England (HEE) is the national NHS and social care body responsible for the education and development of the health workforce. The local presence of HEE is HE Kent Surrey Sussex who have a local partnership arrangements in Kent and Medway. The HEE work with their local membership of health providers and education

institutes to ensure there are comprehensive workforce strategies and plans in place so that resources are appropriately focused. In order for providers to have detailed and deliverable workforce plans they need to have a clear strategic steer as to the future services to be commissioned. There is clearly a potential role for the HWBB partners to clearly describe the strategy for service change and development into the future in a way that enables HEKSS to respond.

The pioneer bid for integration provides an ideal and clear opportunity to test the new governance, roles and responsibilities with a focus on delivery. The HWBB should consider how it adequately describes the future service strategy in a way that the Local Partnership group, chaired by Marion Dinwoodie can consider how they provide assurance to the HWBB that plans are in place to implement the necessary changes in workforce that this may require. It is recommended that the Local partnership Board be asked to set out how local partners will develop the workforce to meet the requirements of the bid.

11. Issues for the Kent Health and Well Being Board

The Integration Transformation Fund raises a number of issues for the Health and Wellbeing Boards across Kent apart from the pace and scale of the changes required. The level of involvement in the planning process, oversight of effectiveness and responsibility to redeploy resources if plans are unsuccessful brings the Kent Board closer to being a joint-commissioning body and the group that manages risk within the wider system. The need to engage the acute trusts and others emphasises the importance of ongoing discussions about how to involve providers with the business of the Board.

In delivering the requirements of the Integration Transformation Fund it will be important that we bring all relevant resources to bear and there are a number of existing initiatives that can be deployed:

The Pioneer programme derived from the current bid could provide a focus for delivery of the plan

The local Health and Wellbeing Boards with their associated Integrated Commissioning Groups will be an essential element in developing plans.

The Board may wish to consider other ways the planning and delivery of the Integration Transformation Fund may be supported in Kent. In particular the Board will need to be assured that it can address the following questions.

What processes and mechanisms do we need to establish to deliver the ITF in Kent ?

Does the Pioneer Programme provide the vehicle for delivery ?

What will be the involvement and responsibility of local Health and Wellbeing Boards ?

How will providers, especially the hospital trusts, be engaged ?

Are local support systems including those for finance and Human Resources robust enough to deal with the scale of change within the system ?

How will the pooled funding be managed ?

Who will write the plan?

12. Considerations for the Social Care and Public Health Cabinet Committee

Integration of services and commissioning between the NHS and social care has been a priority for a long time and a great deal is already being done across the county to achieve this. The requirements of the Integration Transformation Fund mean that these initiatives must now be considered and evaluated within the context of the plans associated with the fund in order to achieve the agreed outcomes.

Recommendations:

The Social Care and Public Health Cabinet Committee is asked to:

(i) Acknowledge the timescales involved for the preparations of the Kent plan for the Integration Transformation Fund

(ii) Recognise the need to align integration activity with the requirements of delivering through the ITF in Kent.

13. Background Documents:

None

14. Contact details

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From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health and Andrew Ireland, Corporate Director Families and Social Care

To: Social Care and Public Health Cabinet Committee - 4th October 2013

Subject: Adult Social Care Transformation and Efficiency Partner Update

Classification: Unrestricted

Past Pathway of Paper: FSC DMT

Electoral Division: All divisions

Summary: This report provides a progress update on adult social care transformation programme.

Recommendation:

No specific decision is required.

The Cabinet Committee is asked to note the information provided in the report.

1. Background

1.1 In January 2012, the Cabinet Committee for Social Care and Public Health supported FSC's proposal to deliver a significant level of savings through the transformation of the way we deliver adult social care - rather than applying cuts to the current business model. Recognition was given to the amount of time and work that would be needed to successfully transform the many parts of the adult social care system.

1.2 In May 2012, FSC set out the vision for transforming adult social care in the 'Adult Social Care Transformation Programme Blueprint and Preparation Plan' which was endorsed by County Council on 17th May 2012.

1.3 In October 2012, an efficiency specialist (Newton Europe) was brought in to analyse and review our adult social care business. Newton Europe identified significant opportunities for adult social care to transform as well as to achieve future savings.

1.4 Following a robust tender process, Newton Europe was identified as the strongest bidder to become the adult social care 'transformation and efficiency partner'. This decision to appoint Newton Europe was endorsed by Cabinet Committee on 21 March 2013 and the key decision to appoint Newton Europe was made on 2 April 2013.

1.5 In taking this decision, the Cabinet Member for Adult Social Care & Public Health gave a commitment that progress reports will be provided to the Cabinet Committee every six months. This is because of the importance that the transformation of adult social care has for the people of Kent and because it will potentially affect a significant number of businesses within the social care sector. This is the first update report since Cabinet Committee last discussed adult social care transformation on the 21 March 2013.

2. Update

2.1 Following the decision to appoint Newton Europe as the adult social care 'transformation and efficiency partner' in early April, it took a month to finalise contractual details and for Newton Europe to deploy key staff. As a result, Newton Europe commenced their 2 year contract on 7th May 2013.

2.2 During May 2013 a small team of 4 Newton Europe staff worked to develop detailed plans for the 3 programmes of work. In early June the rest of the team were phased in to manage the full range of projects sitting within each of the 3 programmes. Consequently, a team of 16 consultants are now working to help FSC deliver adult social care transformation.

2.3 Newton Europe is working in partnership with KCC on 3 major programmes:
- Care Pathways
- Optimisation
- Commissioning and Procurement

2.4 More detail about these programmes, and how they will improve the social care outcomes for the people of Kent, is provided in Appendix A.

2.5 It should be noted that the transformation portfolio is not only made up of the 3 programmes run in partnership with Newton Europe, but also other initiatives which were already in progress - such as the Health and Social Care Integration programme, the Good Day programme and other transformative projects. All programmes will contribute to the transformation of adult social care both in terms of improved outcomes for the people of Kent and savings.

2.6 The success of future transformation is in planning the right activities and engaging stakeholders to implement the changes in a way that ensures success. As activity gathers pace over the next six months we will expect to start making savings. The size of these savings will increase as more changes are made - across more localities and more areas of the business. Transformation will take 4- 6 years to complete and some changes will take longer to implement than others. For example – benefits from retendering some of our services will be subject to long tendering processes and even then the benefits will need to accumulate over time.

2.7 Newton Europe's work over the last few months has provided both FSC and BSS Finance with an increased level of confidence that the level of savings range identified in October 2012 (£26.7m to £40.7m) is realistic and achievable.

3. Recommendation

Recommendation:

No specific decision is required. The Cabinet Committee is asked to note the information provided in the report.

4. Background Documents

4.1 Item 9 – Kent County Council, 17th May 2012 Adult Social Care Transformation Blueprint and Preparation Plan, May 2012
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=113&MId=3905&Ver=4

4.2. Item B2 - Social Care and Public Health Cabinet Committee, 21 March 2013 - 13/00010 - Appointment of a Transformation and Efficiency Partner - Adult Social Care Transformation Programme
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=747&MId=5129&Ver=4

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Appendix A - Overview of the programmes run in partnership with Newton Europe

Care Pathways Programme

This programme will design care pathways to enable us to better address the needs of our service users. It will ensure that people entering the system receive the most appropriate support, and that this support focuses on enabling independence and reducing dependence. Between July 2013 and January 2014, three pilot projects will be initiated in two localities (South West Kent and Thanet & Dover). These projects will trial new models for enablement, assistive technology and promoting independence reviews. Once these models are running successfully, these projects will be rolled out across all localities. This is expected by June 2014. Following this, improvements to other parts of the care pathway will be considered.

Enablement is non chargeable intensive short term support (1-6 weeks) which can be used to support people to learn or re-learn skills for everyday life. Enablement is particularly effective when combined with equipment and/or assistive technology. Enablement provides the opportunity for people to increase their level of independence. Feedback from those who have received the service shows that it significantly increases people's confidence and self-esteem. Although Enablement has been running in Kent for some years, this project will ensure that many more people have access to the service and its benefits. An example of a recent success was where long term support package (at a cost of £50 per week) was being considered to help a man with right sided weakness to dry himself after a shower. Following an enablement assessment, the man was offered a full body drier, at a one off cost of £200, which meant that the man was able to look after himself and the long term support package was no longer needed.

Assistive technology equipment is specifically designed to help manage risk - such as door sensors, bed sensors, flood detectors, falls detectors, property exit detectors, etc. This equipment can be used to manage the safety of people living independently in their own homes and to support both clients and their family to better cope with their individual circumstances. Although assistive technology has been used very successfully in Kent to date, this project will ensure that even more people benefit. An example of a recent success is a case where a woman with dementia was being cared for by her daughter. The daughter was finding it difficult to sleep due to worrying about her mother wandering at night. The daughter contacted KCC to discuss whether her mother needed residential care. However, use of a door sensor reduced the daughter's worry about her mother's wandering and her mother did not need to go into residential care.

Promoting independence reviews will enable those who are already receiving homecare the opportunity to discuss alternative ways to meet their care needs such as enablement, assistive technology and other local community support. In many cases this will help to reduce dependence. During the initial stages of the pilot we have seen examples of where simple things like talking to client's GP to develop prompts for the client taking their medication and raising the height of the milk dispenser have made the individual's life easier and reduced the level of homecare support needed.

The expanded use of assistive technology, enablement and promoting independence reviews (especially in combination) will enable more people to continue to live independently in their own homes. Savings can be made by re-profiling our investment into services and equipment which reduce demand for more costly services. More importantly, this approach can help avoid the often negative emotional and financial impact of entering residential care or relying on substantial homecare support. A reduction in dependency can help both the client and their family to feel more positive about the future.

Commissioning and Procurement Programme

The vision for the future is to move to a model where a consolidated market will be better positioned to transform and deliver a broader suite of services, through an outcome focussed delivery model. Ultimately, the aim is to move to integrated health and social care provision and commissioning and to shape the market through strategic engagement with key primary suppliers. Due to the level of change needed to achieve this vision, it will be delivered in waves, each of which is likely to include a tendering process. Each tender will include a quality audit as part of tender process. This will set a standard quality benchmark that our clients will benefit from.

For homecare, it is likely that the 3 waves required will take 3-4 years to complete and is dependent on the success of the previous stage(s) and engagement with partners. This vision will enable KCC to move away from buying homecare from suppliers in 30 minute time slots in which tasks defined by the our care managers are carried out. It could also allow us to offer our clients more ability to choose what sort of support they get, how it is delivered and the ability to flex their support to meet changing needs and preferences. It could also enable KCC to move to a model where suppliers are paid based on the outcomes that they successfully achieve, rather than the time allocated with each client. Incentives and commitment to larger volumes of clients to primary suppliers could be used to remove the disincentive of suppliers losing on-going business by successfully increasing the independence of individuals.

Optimisation Programme

This programme will work closely with the Care Pathways programme and will ensure the systems and processes are designed to provide efficiency and effectiveness. It will encompass the whole scope of service design, across all localities, client groups and services - improving and transforming how we work, how we spend our time, what systems we use and what activities we do. Work has already been initiated in the Older People/Physical Disability area of our business and work will start with in the Learning Disability area of our business early next year. This work will continue during 2014. Once implemented, it will be possible to commit resources to optimising other parts of the adult social care business.

Adult social care will look at its own internal processes to drive out inefficiencies within the business. Business process redesign will be used to speed up how quickly our clients can be helped, make moving through the process less frustrating for clients and staff and achieve better value for money for KCC.

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From: Graham Gibbens, Cabinet Member for Adult Social Care & Public Health

Andrew Ireland, Corporate Director Families & Social Care

To: Social Care and Public Health Cabinet Committee – 4 October 2013

Decision No: 13/00066

Subject: Future of TRACS Community Day Service, Longfield, Dartford

Classification: Unrestricted

Past Pathway of Paper: DMT on 28/08/13

Social Care and Public Health Cabinet Committee on 04/10/13

Electoral Division: Longfield, Dartford

Summary:

A report on the outcome of formal consultation undertaken at TRACS Community Day Service seeking feedback on the proposal to move the TRACS Service from its existing base at Longfield and to continue the Service as a more inclusive, accessible community based Service that operates from a range of community hubs.

Recommendation(s): The Social Care and Public Health Cabinet Committee is asked to consider and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposal to move the TRACS Service from its existing base at Longfield and to continue the Service as a more inclusive, accessible community based Service operating from a range of community hubs.

1. Introduction

1(1) This report outlines the views expressed during a 12 week formal consultation regarding TRACS Community Day Service.

1(2) The Consultation focussed on the proposal to move the Learning Disability Service away from its segregated and relatively inaccessible leased site at Longfield, to a range of community facilities within Dartford.

1(3) The proposed model has already been implemented in other districts by The Good Day Programme and has afforded people with learning disabilities greater access to mainstream activities and enhanced community networks.

2. Financial Implications

2(1) Capital

The Good Day Programme has identified and secured capital to support the remodelling and enhancement of Dartford Learning Disability Services over the next three years- having obtained Project Approval Group (PAG) approval to spend in December 2012.

The capital will continue to be invested in a range of local community facilities (see main body of report) to develop meeting spaces and changing places that will not only open up the service to those with additional physical needs but also enable existing Service Users greater community presence.

It is important to note that Changing Place facilities in public buildings such as the Library will also benefit other Dartford residents as well as visitors with disabilities.

2(2) Revenue

a) The 2011/2012 **Property Subjective Outturn** for the current TRACS building (as supplied by corporate landlord) totalled £64,055.79 including rental and utility costs.
This property revenue budget is already held by Corporate Landlord and in remodelling the Service the property revenue subjective will need to be re-badged against the proposed new hubs. At this stage the exact level of efficiencies is unknown as there is a need to complete further Day Service modernisation across Dartford and indeed the county.

b) It is anticipated that remodelling the TRACS service and transferring to the town centre will reduce the dependence on in-house transport and enable a reduction in the transport fleet and its associated staffing.
Therefore it is reasonable to suggest that some **FSC revenue** will need to be transferred from use on mini-buses and their associated costs, to the local commissioning team who will oversee any revised transport needs.

c) In terms of FSC staffing revenue, it is important to note that the Staff have already been restructured.
However it is recognised that in the transition period (whilst promoting a full range of community options), there will be a shift in the way revenue is utilised, which may result in some initial double-funding for a short period.

Ultimately it is anticipated that as TRACS is moving to some already existing KCC buildings, the remodelling will prove cost neutral.

3. Bold Steps for Kent and Policy Framework

3(1) a) Bold Steps for Kent – The Medium Term Plan to 2014/15

Remodelling Dartford Learning Disability Services and relocating TRACS Community Day Service to Dartford is in line with KCC's Bold Steps Strategy in that it will:

- **Tackle disadvantage** – The new community model is based on a strong commitment to be inclusive, specifically ensuring that its facilities meet the

needs of people with a range of disability and are located in more accessible venues.

- **Put the citizen in control** – The proposed hubs including The Bridge Community Campus and Dartford Library have a real willingness to embrace all members of the local community, young and old. They are sited in convenient locations and aim to be responsive local resources. Relocation will open up more opportunities and enable the Service to be more person centred in its approach.
- **Grow the economy** – The new developments will open up new economic and employment opportunities and will support the needs of local residents living in Dartford.

b) Valuing People - March 2001 / Valuing People Now 2009

Valuing People is the government's plan for making the lives of people with learning disabilities, their families and carers better. It was written in 2001 and it was the first White Paper for people with learning disabilities for 30 years.

It is based on the principle of people with learning disabilities:

- exercising their rights as citizens
- being included in local communities
- having choice in daily life
- having real chances to be independent

The modernisation of day services for people with learning disabilities is seen as a major part of the implementation of Valuing People.

c) Think Local, Act Personal - Next Steps for Transforming Adult Social Care

This is a proposed sector wide partnership agreement moving further towards personalisation and community based support. This document sets down the thinking of policy direction in adult social care. The priority for adult social care is to ensure efficient, effective and integrated partnerships and services that support individuals, families and the community.

It requires commissioners to reduce duplication across the system, improve outcomes, engage in targeted joint prevention interventions and provide information and advice for people using the services to make the most appropriate choices to meet their outcomes. Commissioners should draw upon voluntary and community action and facilitate an environment where various models of commissioning and purchasing can emerge to support people to make more personalised choices.

The two main focus of reform are:

- A community-based approach for everyone
- Personalisation

d) The Good Day Programme - KCC's strategy for improving days for people with learning disabilities.

In 1999 and 2008, Members agreed to a Kent wide strategy (in line with national strategy) to move away from segregated centres for people with learning disability to a range of services in the community. The Good Day Programme was devised in order to deliver this across Kent and its vision statement 'Better days for People

with Learning Disabilities in Kent' 2008 looks at how individuals can be supported to be part of their local communities and have the same opportunities as others, in employment, education and training, leisure etc.

4(1) Background

Families and Social Care Directorate is engaged in a process to modernise the way it carries out its responsibilities in order that the service outcomes for the people of Kent are improved. In 1999 and 2008, Members agreed to a Kent wide strategy (in line with national strategy) to move away from segregated centres for people with learning disability to a range of services in the community. The Good Day Programme was devised in order to deliver this across Kent and its vision statement 'Better days for People with Learning Disabilities in Kent' 2008 looks at how individuals can be supported to be part of their local communities and have the same opportunities as others, in employment, education and training, leisure etc.

In line with other districts, TRACS Community Day Service has been working towards community inclusion for a number of years, partnering with a range of local organisations in order to promote opportunity and participation for people with learning disabilities across the Dartford and Gravesham area;

4(2) Community Capacity

Prior to consultation, The Good Day Programme had already invested Capital and Social Care Reform Grant in order to ensure new opportunities are accessible and sustainable for not only existing service users, but other members of the community;

- Cascades Leisure Centre - A Mobile hoist and steps were funded for use with the trampoline in Rebound Therapy sessions for both adults and children with disabilities.
- Training for both KCC and Leisure Centre staff has been funded across West Kent in order to support sustainability.
- Cyclopark – The Good Day Programme funded and commissioned a range of accessible bikes, outdoor accessible adult gym equipment, sensory garden and a changing place.
- Wheels for All training was commissioned for West Kent Day Service Staff, OTs, Physios and volunteers in order to promote use and greater flexibility at Cyclopark**.**
- Fairfield Pool - The Good Day Programme funded Boccia equipment and training for both Leisure Centre and Day Service Staff

In order to support the priorities of Valuing People and Valuing People Now, individuals accessing TRACS have (over the last few years) also had the opportunity to take advantage of a number of key innovations:

- Person Centred Planning (PCP)
  £25k was secured from the Transforming Social Care Reform Grant to fund a PCP worker based at TRACS and employed by CVS. With this support TRACS Service Users have had the opportunity to develop and action their personalised plans.

- Taster sessions and new opportunities
  £10k funding was also secured to fund taster and discovery sessions; new activities that were identified through person centred planning.

- Employment Support
  £23k Transforming Social Care Reform Grant funded dedicated employment support from Kent Supported Employment, with the aim of supporting TRACS individuals in pre-employment skills and work experience. A number of individuals have been supported to secure voluntary work and work experience placements, valuing the opportunity to make a difference to the lives of others; sustaining placements in organisations such as The British Heart Foundation Charity Shop and Dartford Football Club.

- Sports development
  A Sportslink post was funded in partnership with Sencio Leisure and covered West Kent helping develop partnerships with local leisure centres.

Within the local community there have been links with Adult Education, Libraries, Churches, Community Centres, Youth Services, Voluntary Groups, etc.

4(3) Implications for KCC's Property Portfolio and the identified community venues

The current TRACS building is leased, with a full maintenance and renewal lease that is due to end in December 2013. As such, transferring the Service to existing centrally located KCC facilities is considered both efficient and timely. It represents value for money and is in line with local and national agendas.

Prior to Consultation, alternative more inclusive "bases" were identified to support TRACS transferring to a community based model, these included the following:

a) The Bridge Learning and Community Campus

Completed in 2010 at a cost of £9.5million, The Bridge Learning and Community Campus includes a Two Form Entry School, Childrens Centre, Youth Service, Local Church as well as 135 sqm of space designed to meet the needs of people with learning and physical disabilities (which includes a sensory room, changing place and accessible kitchen).

TRACS have fully embraced use of the building as a community hub, with up to 7 service users going each day and enjoying travel training, independent living skills and sports. It is therefore anticipated that this resource will continue to be a vital facility in any new community based model.

b) 2 Essex Road, Dartford

2 Essex Rd, Dartford is a detached KCC freehold building that not only offers a convenient town centre location but also residential proportions; making it attractive and informal to both people with learning disabilities and their carers. With over **£100,000 Capital** having been approved for investment in Essex Rd, works are due to be completed the end of September 2013.

Once completed the building (previously known as Dartford Family Centre) will have an accessible kitchen and meeting space for up to 15 people a day, as well office accommodation and further rooms on the first floor.

It has enough space for people to meet up and plan the things they want to do in town, hold special activities and also be able to get away from the busy town centre, if needed.

It will also facilitate a good administration base, enabling staff and management to be in the centre of things and providing a base from which staff and Service Users are supported and activities co-ordinated.

c) Dartford Library

Libraries and registration have commissioned and completed a feasibility to appraise remodelling options for Dartford Library which include the possibility of a changing place and access works, as well as good meeting and activity space for TRACS Service Users.

The feasibility confirmed that meeting space, a changing place and an accessible kitchen are viable additions to the library and discussions are taking place as to the next steps.

Dartford Library is considered a vital component of the Dartford Learning Disability Day Service remodelling strategy. It is a community building that offers an excellent location and genuine opportunities for partnership and community inclusion.

As an existing KCC resource, careful redesign will ensure that the Library makes more effective use of its space, and enhancements (including improved toilet facilities and a Changing Place) will benefit both people with Learning Disabilities and other residents and visitors to Dartford.

At this stage of the project, the proposed level of capital investment from The Good Day Programme is **£125,000**.

d) Lowfield Street

Although significantly delayed, this new mixed retail and residential development in Lowfield Street could still prove valuable in delivering the Learning Disability Dartford Town Centre Strategy.

This development involves the adoption of a previously agreed land transfer agreement that will secure 278 sqm of space for KCC, on a 99 year lease.
Tesco are developing a mixed use site with a large retail store, additional commercial retail units and residential units.

The space being offered to KCC could offer a part re-provision for Learning Disability Day Services along with a new Occupational Therapy Assessment Suite for older people.

Recently the developers revised their planning application, which has caused delay. However Dartford Borough Council have made it clear to Tesco (and their developers) that the development needs to get underway and KCC legal and Estates teams are following this up.

In terms of facilities for Learning Disability Services, this new community venue could facilitate meeting/activity areas, a large fully accessible kitchen with space for people to both cook and eat, as well as a full changing place with hoist and changing bench. In addition, it is proposed that there is a shared reception area and a full OT assessment suite used by Older People, as well as hot desking facilities for FSC staff.

The proposed Lowfield Street development could prove a crucial town centre facility, but as it is not due to be completed in the immediate future it is therefore considered one part of a coordinated learning disability remodelling strategy that includes a range of community hubs designed to meet the needs of current and future Service Users and particularly those with complex disabilities.

Once delivered, all identified community venues will deliver enough facilities and floor space to re-design LD day services in Dartford, facilitating a much needed coordinated community-based service model.

4(4) Consultation Process and timetable

The purpose of the TRACS consultation was to:

- Find out from service users and other interested groups what they valued about their existing service.
- Explore how we might enhance the service
- Identify any gaps either within the service provision or community infrastructure.

a) The Variation of Service Procedure was invoked on 21st May 2013. A twelve week consultation period followed, ending on 13th August 2013.

b) Consultation has been extensive, with information and questionnaires cascaded to all relevant groups and individuals. This included Service Users, Parent/Carers, Staff, Trade Unions, Advocacy Groups, Residents, Community Partners, Integrated Teams, Parish Councillors, Borough Councillors and KCC Members.

c) A number of individual and group meetings have been held to talk through the proposal, promoting involvement and collating feedback.

Consultation Timetable:

Action	Date
Approval from Corporate Director – Families & Social Care	**W/C 6th May**
Approval to Consult agreed by Cabinet Member for Adult Social Care	**W/C 6th May**
Decision included on Forward Plan	**21st May**
Letters informing Service Users, Parents/Carers, Staff and Unions and all Stakeholders of the start of the consultation process. Communication via website / newsletters to be available	**21st May**

Borough and County Members briefed on proposals Service User briefing meeting Staff and Union briefing meeting	**21st May**
12 Week consultation period formally commenced **Website** live with proposal and questionnaire	**21st May**
A range of meetings held during the 12 week consultation period with • Carers • Services Users • Staff • Wider Stakeholders	
12 Week consultation process ended	**13th Aug**

4(5) Outcome of the Consultation and Issues raised during the Consultation

a) 272 people were written to as part of the consultation and invited to give their views on the proposal.

b) 41 people attended the briefing meetings held on the 21st May September 2013.

c) Advocacy services undertook thorough consultation with Service Users, working in a variety of ways; with individuals, as well as group workshops, ensuring that Service Users not only understood the proposal but have had a very real opportunity to develop their own viewpoint and to express this. They visited individuals in a variety of settings include their homes, in the TRACS building at Longfield, The Bridge Community Campus, Cyclopark, Hesketh Park etc

d) Views have been collated in a variety of ways, including adapted questionnaires, flip charts, verbal feedback, etc.

e) A Total of 44 completed questionnaires were received

4(6) Service User Feedback

a) Advocacy for All were commissioned to provide independent support to those currently attending the TRACS Service. Two advocates worked with Service Users in group and 1:1 sessions to promote understanding and gather feedback.

b) Advocacy worked in an unbiased way, using photographs and drawings to ensure people understand what is being proposed and are able to give their views. Using a range of communication mediums and styles, the majority of responses were surprisingly accepting, keen to get involved with design elements, keen to visit the proposed new hubs and keen to undertake a range of activities.

c) Service Users told Advocacy Services that they would value having a broader range of choice of activities. Many said that they value increased independence, particularly bus travel, and the opportunity to meet wider social networks. Surprisingly, and unlike many other consultations, several individuals noted that they would be keen to change some of the group dynamics, keen to be in smaller groups and get away from personality clashes that can occur in large groups.

   Whilst people value friendships and "get togethers" there was a distinct theme that people were keen to "regroup", which the new model can facilitate.

d) Individuals expressed concern about the "unknown" elements including wanting to know what the new hubs will be like, how transport will work and the content of the revised timetable.
   As a result, visits to the various sites have been arranged, minibus routes reconsidered to improve travel arrangements and the management are working in partnership with staff and Service Users to update the timetable.

e) Appendix 1 lists remarks and direct quotes made by Service Users

4(7) Family Carers Feedback

a) Of the 47 Parent/Carers invited to take part in the consultation only six requested 1:1 meetings, with one family member calling to say she did not require a meeting as she thought the proposal was "clear and marvellous".

b) Only 6 questionnaires were completed and returned by Carers.

c) Of the six Carers who requested a meeting, two specifically wanted to discuss the timetable and were keen to hear that there would be structure to each day and that downtime would be minimised. The management team at TRACS are already looking at the content of the timetable with a view to creating more choice, more person centred activities and less downtime.

d) Two Carers wanted to discuss their individual circumstances, as one already receives Direct Payments (for morning support) and was keen to ensure that this would not be disrupted, the other works full time and required a carer's assessment which has already been instigated.

e) Mostly the feedback (whether verbal or written) has been positive and constructive, with the following range of comments having been made:

   "I originally thought it was a cost cutting exercise- now I'm quite keen, everyone seems enthusiastic. I work in Dartford so if anything happens I can be there."

   "I think TRACS using hubs in the community is a lovely idea."

   "Our daughter attends TRACS 3 days a week and has been doing so for some years. She loves it. Has enjoyed exciting days and mixes well with other users. Longfield has in the past been helpful to us as parents as we live quite close. Now she is in care, we are not required as much. We hope this type of service continues and will not be subject to cuts which are the norm these days."

   "It should be a positive move forward"

"We think that what has been put forward has been well documented, but what does concern us is that there are many different needs for the clients. If centres like TRACS are to close, will these other options cover all these needs?"

"I think that a service based in Dartford will be much better for all the people that attend TRACS"

"I would like to think that the needs of all the people that use TRACS will be carefully considered when choosing a new centre"

"Only worries I have are getting to and from different hubs, but we live locally and our daughter can travel on the bus and trained to use different routes. Think it's a great idea!"

4(8) Staff Feedback

a) As well as staff members at the meetings there were the following people: Unison and GMB representatives Human Resources Officers
b) At the initial briefing staff said they had been waiting for the new model to formally come about, as they want to facilitate community services that are local and ensure the TRACS Service is fit for the future.
c) General feedback by staff has been positive with the team feeling that their role would not be very different from what it is now. They have said they are keen for the new, more centrally based hubs to be developed.
d) Staff had questions regarding parking and were informed of the parking available at Essex rd, they also noted how important storage would be in all venues
e) Staff have embraced the opportunity to assist Service Users in exploring design ideas for Essex Rd as well as scoping yet more partnerships and opportunities across Dartford.

4(9) Wider Feedback

Attendance at the two open information sharing sessions was poor but those that did attend were positive about the proposal:

- Those attending endorsed the proposal as they noted the benefits of relocation and thought it was " a very positive step forward" and "a positive move for younger people" coming into Adult Services.
- They were keen to see that existing Service Users are supported with the transition and were keen to hear that Service Users were being supported;

1. By advocacy for All to inform the proposal and give feedback
2. To take ownership of the changes by getting involved in design choices
3. To get involved in smaller incremental changes to the Service and its timetable

- Questions were raised regarding transport arrangements, and it was noted that some minibuses may still be used, as well as opening up other opportunities and choices such as travel training and taxis.

5. Legal Implications

a) The public sector equality duty created by section 1 of the Equality Act 2000 came into force on 5 April 2011. The section provides that:

"An authority to which this section applies [which includes county councils] must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage"

b) Section 149 of the Act provides that:
A public authority must, in the exercise of its functions, have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

6. Equality Impact Assessments

6(1) The Equality Impact Assessment (EIA) for TRACS Community Day Service is in addition to the overarching Good Day Programme EIA.

a) There is a requirement on all public bodies to comply with the 'due regard' duties. To take account of the impact of the decision to implement the new service model and consider practical measures that might lessen the impact on existing and new service users. The consideration of equality issues must inform the decisions reached. The impact assessment can assist in ensuring that the 'decision-maker' comes to a decision with reference to 'due regard' and is able to do so in a considered and informed manner.

b) In line with equality duty and KCC's Equality Impact Assessment Policy, an assessment was carried out for TRACS Service Users during the formation stage of the new service model. This impact assessment will be revised again at each stage of the remodelling to ensure it addresses the range of need.

c) Full Adult Changing Facilities will be placed in some of the new hubs to increase accessibility for individuals with a learning disability and the wider community. Designated space will be available within all the identified community buildings to provide an area to maintain privacy and dignity for those requiring additional support.

d) In addition to this a comprehensive specification detailing all requirements will be adhered to when enhancing community buildings. The specification will be drawn up with a variety of stakeholders, including people with a learning disability and KCC's Access Officer.

e) It is considered that other specific groups with protected characteristics (based on gender, ethnicity, religion or belief and sexual orientation) will not be disadvantaged by the changes.

7. Risk and Business Continuity Management

7(1) With a range of community hubs any risk to business continuity is reduced as the new service model will be able to facilitate a service from within a greater range of facilities and partnerships.

8. Sustainability and Rural Proofing Implications

a) The new model for future services is based on personalisation, with everyone having choice and control over the shape of their support. Capital investment across the Dartford area (in a range of hubs and partnerships) will also provide sustainability for the future. Sharing facilities will ensure better use of the existing revenue, value for money and greater personalised support.

b) It is important to note, evidence from “Valuing People Now” and learning disability groups, highlights that a lot of young people leaving school do not want to go to traditional style building based services. In addition we also know that those coming through transition have additional physical disabilities and cannot currently access the TRACS building.

c) TRACS already supports individuals from across the Dartford, Gravesham and Swanley area and this will continue, with the new service model anticipated to offer greater capacity to those individuals with additional needs.

9. Conclusions

9(1) The 12 week consultation has proved beneficial in that it has meant that people with an interest in TRACS have been afforded a sufficient period in which to understand what is being proposed, gather their views, experience community operations and feed back through meetings, questionnaires, website and email.

9(2) Over this period the service has had the opportunity to address some of the practical issues raised and to make considered plans for the future. Throughout this, individuals have continued to be encouraged to speak up and inform viable future opportunities. Person centred planning has continued and although two individuals have moved on, this has been circumstantial, one of which moved out of area, to residential care and the other for health reasons.

9(3) The number of written responses from carers and other stakeholders has been low but the majority of those that have taken time to feedback have been very positive about the proposal.

In terms of Service User feedback and unlike previous consultations, Advocacy reported a fairly passive response to the proposal with the majority of individuals showing little affinity with the existing TRACS building. Instead demonstrating more interest in future activities, the timetable, group dynamics, the new hub designs and travel. It is anticipated that this is because the Service has already been operating from a range of community locations and some individuals have already become “disconnected” from the Longfield site.

In essence, there has been very little negative response to the proposal, with the consultation period proving a vital opportunity to hear ideas and to mitigate any concerns.

9(4) Staff and Carers have been reassured by the fact that cost saving is not the driver behind the proposal and with both capital and revenue already identified, the model is financially viable and enables FSC to redirect funds away from a leased rural location to a more accessible community focussed service.

Whilst capital is required to make existing and new facilities fit for purpose, this is seen as a worth while longer term investment, as it will;

1) Update, enhance and make better use of existing KCC assets

2) Make Dartford town centre accessible to a wider range of individuals

3) Future proof Learning Disability Services by providing town centre enhanced facilities and creating greater choice and opportunity across a wide range of need.

9(5) Initial indications are that the revised community model is affordable within the existing revenue allocation.

9(6) Whilst there have been a small number of reservations, the majority of feedback has been positive and therefore a continued community presence is recommended, in order that people with learning disabilities continue to access and develop a full range of opportunities and networks.

9(7) With current, daily attendance varying from 25 people on a Monday and Tuesday to 18 people on a Friday, we are confident that transferring services away from Longfield will deliver improved outcomes for all.

10. Recommendation(s)

10(1) The Social Care and Public Health Cabinet Committee is asked to consider and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposal to move the TRACS Service from its existing base at Longfield and to continue the Service as a more inclusive, accessible community based Service operating from a range of community hubs.

Background documents

- Briefing Report
- Consultation Pack
- Presentation
- Appendix 1- Service User Comments

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Appendix 1

Comments made by Service Users during TRACS Consultation and activities wanted

- “It’s going to be a good change.”
- “I would like to be involved in choosing the decoration and would like to do social clubs.”
- “The changes in general worry me.”
- “I would like to be involved in what TRACS looks like.”
- “I would like to be able to do different activities every week e.g. first week archery, bridge out and fishing. I like gardening, its important.”
- “I like doing gardening, I like doing my own thing. I dislike the centre being too small.”
- “I like going to the art room sometimes, lovely building, plenty of room, lovely staff, talking to friends. I dislike how far away TRACS is from home, too long walk from art room to reception, Can't use wheelchair, car-park is awkward and it’s difficult to get out of the car-park because there’s not much space. “
- “I would like to help design the places.”
- “I like being able to be involved in mood boards and helping to design new TRACS. I would like to be involved in deciding on furniture.”
- “I like drama when it’s in small groups of people. I would like work experience in a big factory. I would like to be able to do nail and beauty care.”
- “I like travelling by bus, reading in the library, going out and having drinks and cycling.”
- “I would like staff to smile when they are telling me about the changes. I'd like to visit the TRACS building.”
- “I'd like to get a job; I want more activities to do. I would like to help decorate TRACS.”
- “I am very happy about moving to a new centre. I would like to visit the new centre and other facilities we will be using.”
- “Set up a video club so we can watch films. I would like TRACS to support me to have a relationship as I am very lonely. I would like singing to be included in music sessions. I would like to go to the cinema and go bowling with TRACS.”
- “It will be easier to get to. I will be able to use buses to get to the new TRACS.”

- “I'm really worried I could get bullied when TRACS moves. It happened when I was 17 and I'm worried it could happen again.”

- “Going to miss TRACS building… Lockers will need another key but happy about the change.”

- “Give timetables so we know where to go. I would like to know where all the buildings are.”

- “Keep doing BBQ's and group activities!”

- “Change will make no difference.”

Comments made by Service Users during TRACS Consultation and activities wanted

- “I would like ramps to be able to get in and out of buildings in my wheelchair. Proper doors- big enough for wheelchairs to get through. I would like automatic doors. I would like fast track buses to take service users from one of the hubs to the other. Paintings on the walls in each hub. Radio and CD's to listen to in each hub.”

- “I would like to help make decisions about how new TRACS looks. Wallpaper or paint colours. I would like to learn bangla dancing.”

- “I feel a little nervous going to a new building- want someone to show me the new buildings. Talk to me about the buildings.”

- “I'll be going to new buildings. I won't have to stay with everyone. New friends.”

- “Know the timetable, know the staff, and know the activities.”

- “I like going to the shops. Going to Asda to do food shopping. I dislike people putting me in a bad mood, I get uptight sometimes.”

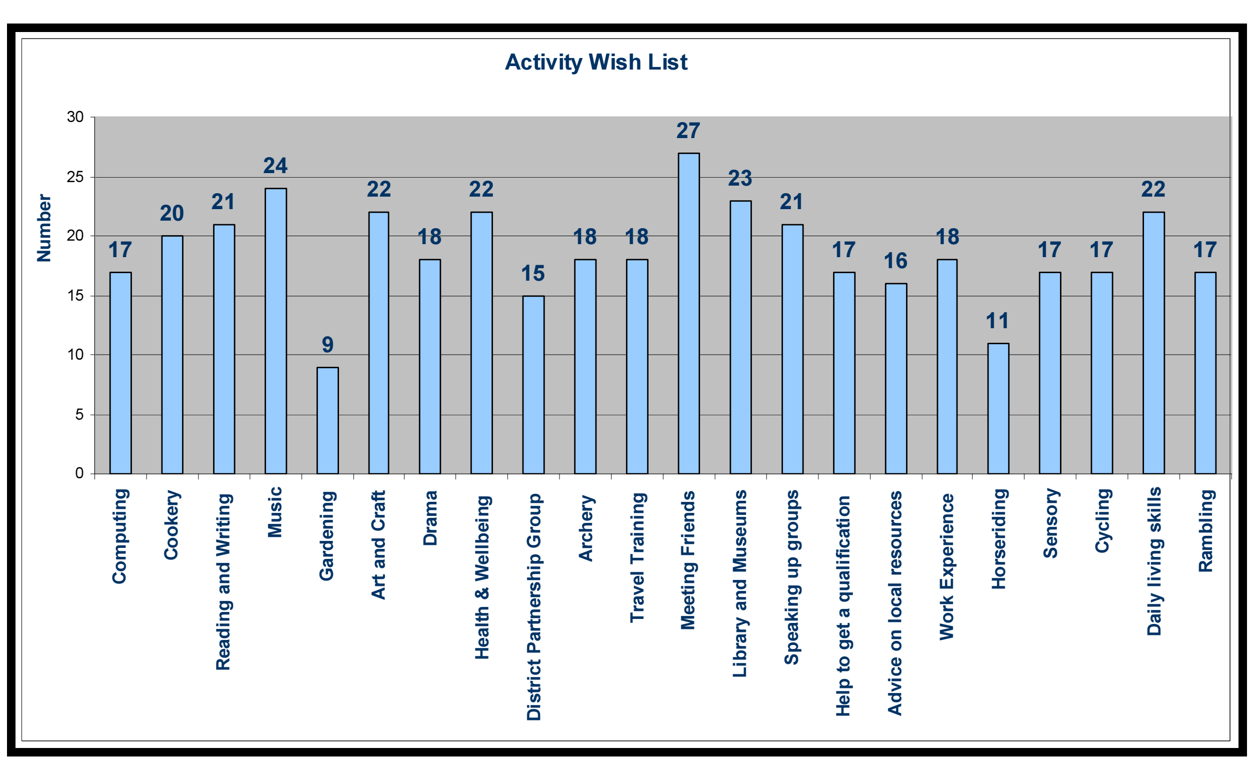
- “I'll be nervous about going to Dartford (hubs) because it’s somewhere different.”

- “I’m worried that some staff might not be coming.”

- “I'll get to go to the Bridge. New carpets in the new buildings.”

- “I can't go back to TRACS. It takes a bit of time to get to the Bridge because I live in Gravesend and the school traffic takes a long time. It’s going to be a big step. When I go to Dartford there are a lot of places I get to go to.”

- “I can't see anything worrying me.”


Activity Wish List
Number
30
25
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18
27
23
21
17
16
18
11
17
17
22
17
Computing
Cookery
Reading and Writing
Music
Gardening
Art and Craft
Drama
Health & Wellbeing
District Partnership Group
Archery
Travel Training
Meeting Friends
Library and Museums
Speaking up groups
Help to get a qualification
Advice on local resources
Work Experience
Horseriding
Sensory
Cycling
Daily living skills
Rambling

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Mr G K Gibbens, Cabinet Member for Adult Social Care and Public Health	13/00066

For publication

Subject:
Future of TRACS Community Day Service, Longfield, Dartford

Decision:

As Cabinet Member for Adult Social Care and Public Health, I agree to move the TRACS Service from its existing base at Longfield, Dartford.

Reason(s) for decision: The relocation will allow the service to continue as a more inclusive, accessible, community-based service which operates from a range of community hubs.

Cabinet Committee recommendations and other consultation:
To be entered after the meeting and considered by the Cabinet Member when taking the decision.

Any alternatives considered:

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

....
signed

....
date

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From: Jenny Whittle, Cabinet Member for Specialist Children's Services

Andrew Ireland, Corporate Director for Families and Social Care

To: Social Care and Public Health Cabinet Committee – 4th October 2013

Decision No: For Information

Subject: SHAPING THE FUTURE OF CHILDREN'S CENTRES IN KENT CONSULTATION

Classification: Unrestricted

Past Pathway of Paper: N/A

Future Pathway of Paper: N/A

Electoral Division: All

Summary: The purpose of this report is to provide the Cabinet Committee with the opportunity to comment on the 'Shaping the Children's Centres in Kent' Consultation.

This includes outlining the proposals, providing a summary of consultation responses to date and updating members on the timetable for decision following consultation.

Recommendation(s): The Social Care and Public Health Cabinet Committee is asked to;

(a) Comment on the proposal.

(b) Note the proposed timetable for member decision.

1. Introduction

1(1) The nationally prescribed core purpose of a Children's Centre is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers through a combination of the following universal and targeted services;

Universal Services:
- High quality, inclusive, early learning and childcare
- Information and activities for families
- Adult learning and employment support
- Integrated child and family health services

Targeted Services:
- Parenting and Family Support
- Targeted evidence-based early intervention programmes
- Links with Specialist Services

1(2) The Children's Centre Future Service Programme aims to;

- Deliver better, earlier support to those children and families who need it
- Continue to provide Children's Centre services to improve health, education and social care outcomes
- Strengthen the working relationship between Children's Centres, early years settings, schools and health services
- Meet budget savings (of at least £1.5 million by 1 April 2014) and address areas that could be improved further

2. Financial Implications

2(1) The Children's Centre Future Service Programme is required to meet efficiency savings of at least £1.5 million in the 2014/15 financial year.

3. Bold Steps for Kent and Policy Framework

3(1) At the heart of **Bold Steps for Kent** is the need to change the way we work, not only to improve our own services, but also to reflect the changing shape of wider public services. Increasingly, those directly responsible for delivering front line services will be empowered to design and commission services that better fit the needs of parents, children and communities. Therefore, we must adopt an approach that is both inclusive and sees prevention and intervention as a continuum so that it is never deemed too late to positively intervene and prevent the deterioration in an individual child or young person's circumstances.

3(2) KCC's Children and Young People's Strategic Plan 2012-2015, Every Day Matters, provides the overarching framework within which KCC's children's services work together seamlessly to deliver integrated services and the best possible outcomes for all children and young people in Kent. Kent's Children's Centres and the Futures Service Options Programme support the delivery of the strategic priorities as set out in Every Day Matters;
- Safeguarding and protection
- Early help, prevention and intervention
- Community ambition, health and wellbeing
- Learning and achievement
- Better use of resources

3(3) Kent's Early Intervention and Prevention Strategy (August 2012) sets out that Children's Centres need to strengthen their working relationship with early years settings and schools in order to improve the quality of early year's education, improve readiness to learn and ensure young children and their families in need of early support can access this at the earliest point.

3(4) Kent Integrated Adolescent Support Service provides the model for early intervention and prevention services for young people aged 11-19. The new service delivery model aligns professionals and integrates activity through a Framework of Integrated Adolescent Support so that young people access the right services, at the right time, in the right place. Children's Centres across Kent are actively supporting this service to reduce teenage pregnancy rates and improve outcomes for teenage parents and are developing a model of integration 0-11 to provide transition into this service.

3(5) Facing the Challenge: Whole Council Transformation - The organisation will position itself to meet the anticipated financial challenges over the medium-long term. It outlines a future vision for the council, an outline service delivery model to support that vision, and a whole-council transformation approach that will begin the journey to transition the authority towards a new operating model. This will ensure that KCC can continue to deliver against its strategic priorities within a sustainable budget.

3(6) Action on Health Visiting Programme (designed to define and implement an improved health visiting service and an expanded health visiting workforce to deliver improved health and social outcomes for children), sets out its intention to deliver improved outcomes through delivery of a public health and Healthy Child Programme aligned service for children aged 0-5 years and their families.

4. 'Shaping the future of Children's Centres in Kent' Consultation

4(1) The Social Care and Public Health Cabinet Committee received a paper on the 12th June 2013 which outlined the aims of the Future Service Options Programme and the proposed timetable which included the 'Shaping the Future of Children's Centres in Kent' consultation.

4(2) The consultation on "Shaping the future of Children's Centres in Kent" was launched at 9am on Thursday 4th July. The consultation will run for approximately 3 months, closing at 5pm on Friday 4th October.

4(3) One proposal is being consulted on which includes;

- Reducing the number of Children's Centres

- Linking Children's Centres to reduce management and administrative costs
- Reducing hours at some Children's Centres

4(4) We are proposing to;

- Close 22 Children's Centres (the proposal includes either The Village or Folkestone Early Years Centre with services relocated to the remaining building which will become a 'Children's Centre Plus')
- Close and merge 2 Children's Centres and relocate them to an existing building in Dover Town Centre.
- Reduce the hours to part-time at 13 Centres.

4(5) Centres have been identified for potential closure or a reduction in hours based on robust analysis which has been undertaken in conjunction with input from local managers. Those centres proposed for closure will be ones which serve areas that require less of our support , currently deliver limited services from the building , already act as a signposting facility for services delivered elsewhere, or those where most of the families using them also use other Children's Centres nearby which will remain open. KCC will continue to support Centres in communities of high need and those which are well used by families.

4(6) Full details of the proposals are provided in the consultation document at Appendix 1. These are also available online at www.kent.gov.uk/childrenscentres where there is also a link to the online consultation questionnaire, frequently asked questions, legal requirements, data relating to the proposal, equality impact assessments, summary selection criteria and maps.

4(7) Emails advertising the consultation have been sent to all key stakeholders including those registered with a Children's Centre on eStart, amounting to over 40,000 emails, of which 35,000 are users.

4(8) Copies of the consultation document, summary leaflets and posters are available in all Children's Centres. Leaflets have also been distributed to libraries within 800m of an affected Children's Centre. A poster to raise the profile of the consultation has been distributed to all libraries, gateways, early years settings and primary schools that share a site with a Childrens' Centre.

4(9) District Children's Centre Managers (DCCM's) and Community Engagement Officers are facilitating the consultation locally, including raising awareness of the consultation with service users and professionals, engaging with specific target groups, distributing materials where appropriate and ensuring that

parents, carers and members of the public are able to complete the questionnaire in a suitable format.

4(10) Throughout July and August 2013 District Children's Centre Managers (DCCM's) and Community Engagement Officers had attended or supported a large number of events to facilitate the consultation locally. This activity will continue throughout September 2013 to continue to engage the public, particularly Ofsted target groups.

4(11) 21 Member led visits to affected Children's Centres have also been undertaken or are planned to be undertaken during the consultation period.

4(12) Appendix 2 provides a Frequently Asked Questions document which is also available at www.kent.gov.uk/childrenscentres. This has been updated throughout the consultation.

5. Consultation Responses to date

5(1) On the 27th August 2013, 8 weeks into the 13 week consultation, a total of 3641 questionnaires had been completed. 1883 questionnaires had been completed in paper format and 1758 had been completed online.

5(2) Approximately 21% of responses were from professionals and 79% from the public. Of the public responses approximately 91% were from Children's Centre users.

5(3) With the exception of parents in armed forces, a response had been made from all Ofsted target groups including, Lone Parents, Fathers, Teenage Parents, Gypsy, Roma and Traveller families, Parents with English as an Additional Language and parents of children from low income backgrounds.

5(4) 7 petitions have been set up as a result of the consultation. These petitions relate to both specific proposals and the countywide proposal in general. 2 of these proposals are hosted at kent.gov.uk. KCC has no obligation to recognise any petitions which are not hosted at this website and individuals who have established petitions elsewhere have been advised of this.

5(5) In addition, 44 written responses have been sent in reply to letters relating to the consultation.

6. Timetable

6(1) Cabinet Committee is asked to note the timetable below;

Activity	Date
Initial discussion at Social Care and Public Health Cabinet Committee	12th June 2013
Preparation of proposals for formal consultation	June/July 2013
Formal public consultation and opportunity for engagement (12 weeks)	9am on 4th July to 5pm on 4th October 2013
Opportunity for Public Health and Social Care Cabinet Committee to discuss and to contribute its views to the consultation	4th October 2013
Analysis of consultation responses and preparation of recommendations for decisions	October 2013
Report to Public Health and Social Care Cabinet Committee for discussion prior to the decision being taken	5th December 2013
Decision taken	December 2013
Implementation	1st April 2014

7. Conclusions

7(1) Children's Centres are required to deliver efficiency savings of £1.5 million in 2014/15. A proposal identifying how this saving could be made is currently the subject of a public consultation, entitled 'shaping the future of Children's Centres in Kent'.

8. Recommendation(s)

The Social Care and Public Health Cabinet Committee is asked to;

(a) Comment on the proposal
(b) Note the proposed timetable for member decision

9. Background Documents

Full details of the proposals are provided online at www.kent.gov.uk/childrenscentres. This also includes supporting criteria by Centre, Equality Impact Assessments, the hypothesis-led supporting analysis, analysis of the district engagement workshops held in February 2013 and Frequently Asked Questions.

Sure Start Children's Centres Statutory Guidance (April 2013)
http://www.clusterweb.org.uk/userfiles/CHC/file/CC%20Staff%20Documents/Home%20Page/childrens%20centre%20stat%20guidance%20april%202013.pdf

Ofsted Framework for Children's Centre Inspections (April 2013)
http://www.ofsted.gov.uk/resources/framework-for-childrens-centre-inspection-april-2013

Sure Start, Early Years and Childcare Grant and Aiming High For Disabled Children Grant Capital Guidance (DfE capital 'clawback')
http://media.education.gov.uk/assets/files/pdf/s/capital%20guidance.pdf

Report to Social Care and Public Health Committee on 12th June 2013
https://democracy.kent.gov.uk/mgConvert2PDF.aspx?ID=40679

10. Contact details

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Shaping the future of

Children's Centres in Kent

Children's Centres Consultation Document (July 2013)

www.kent.gov.uk/childrenscentres

Foreword

Children's Centres play a significant role in providing effective early childhood services for families and young children, particularly those who are recognised as being in most need of help and support. They provide an ideal means of bringing together services such as health visiting, midwifery, employment services and adult learning into one place, sometimes alongside child care and more targeted services for children and families in need of them.

Kent County Council is committed to ensuring that there continues to be quality provision for young children and their families that will improve:

- The readiness of children for school
- Support for parents and their ability to meet their responsibilities
- Parents' opportunity to develop personal skills, education and ability to get work
- The development of healthy lifestyles for children
- Parents' ability to keep their children safe, including when online
- Children's chances of reaching their full potential and reduce inequality in their health and development.

The proposals outlined in this document, if implemented, will enable children and families to continue to access a range of advice and support services through Kent's extensive Children's Centre network. The expanding health visitor workforce, serving the county's children and families, will be supported by early years professionals and social workers when needed.

However, it is also important we achieve all of these objectives in the most efficient way possible and make maximum use of those buildings and facilities which are well used by families. In the current economic climate, it is vital that the Council sets out a model which is sustainable for the long-term future. These proposals set out how resources can be more focused on actual services for children and less on buildings and other overheads. They will deliver savings of at least £1.5m whilst ensuring wide coverage across the county and continued access to a nearby service for those who need it most.

We believe that focusing our resources, working more closely with health and delivering services where they are most needed, will maximise what our excellent Children's Centres can achieve.

We would very much like to know what you think of this proposal. The consultation will be running until 4 October. If you want to contribute to the consultation, have any queries, want further information or have alternative suggestions, please do get in touch.

Jenny Whittle
Cabinet Member for
Children's Services

Andrew Ireland
Corporate Director for
Families and Social Care

www.kent.gov.uk/childrenscentres
cc.consultation@kent.gov.uk

What is a Children's Centre?

A Children's Centre is a place or a group of places where parents with children under 5 years old can access early support services. These services may be provided at the Centre, or advice and assistance may be given to find services somewhere else.

Early support services include:

- Nursery provision
- Social services functions for young children, parents and expectant parents
- Health services for young children, parents and expectant parents
- Training and employment services to assist parents or expectant parents
- Information and advice services for parents and expectant parents.

There are currently 97 Children's Centres in Kent (excluding Medway).

Kent's vision for its Children's Centres

Children's Centres deliver high quality services meaning every child gets the healthiest start in life and is ready for school. Children's Centres meet the needs of the most vulnerable children and their families at the earliest opportunity, working together with other professionals to deliver easy access to the services when and where they are needed. They also work with pre-school children and their primary aged siblings to make sure families get the best all-round help.

Why are we consulting?

- Public funding for Children's Centres is reducing and we need to make sure that the available money can be focused more on actual services for children and their families and less on running buildings and other overhead costs.
- We need to change the way we work so that we can still meet the needs of our children and their families, particularly those who need our support most.

We have reviewed the Children's Centre Programme in Kent and have developed a proposal which aims to:

- Deliver savings of at least £1.5 million
- Protect services which improve health, education and social care
- Continue to offer parents and expectant parents a choice about which Centre they use
- Ensure we give support to those children and families who need it most
- Improve co-ordination and access to a range of services for families with children aged 0-11 where at least one child in the family is under 5 years old.

What has been considered in putting our proposal together?

- The need to save money whilst protecting current and future services
- The differences across Kent and the fact that services need to reflect the communities they serve, particularly those who need our support most
- The ways we can improve access to specialist services locally
- How Children's Centres are currently accessed and used. Some Children's Centres are more popular than others, the majority of families use more than one Centre, and most families do not use Centres after 3pm
- The different ways services are and could be run in the community
- What the law says we must do.

What information have we used?

- Information collected about attendance at and usage of Children's Centres for one year
- Analysis of children's and families' needs
- Children's Centres in Kent have undertaken two Countywide Parental Satisfaction Surveys
- Local knowledge and parent and carer feedback
- Compliments and complaints
- Local engagement workshops held in every District in Kent in February 2013
- Equality Impact Assessments.

Further information is available at www.kent.gov.uk/childrenscentres

What are we consulting on?

We are consulting on one proposal which includes:

1. Reducing the number of Children's Centres
2. Linking Children's Centres to reduce management and administrative costs
3. Reducing hours at some Children's Centres.

The following pages explain these proposals in more detail and show what they mean for different parts of Kent.

1. **To reduce the number of Children's Centres**
We want to create an affordable Children's Centre programme in Kent that continues to deliver good quality services. To do this we propose to reduce the number of Children's Centre buildings, but we will consider increasing our off site delivery in some areas.

We propose to close the following Children's Centres:

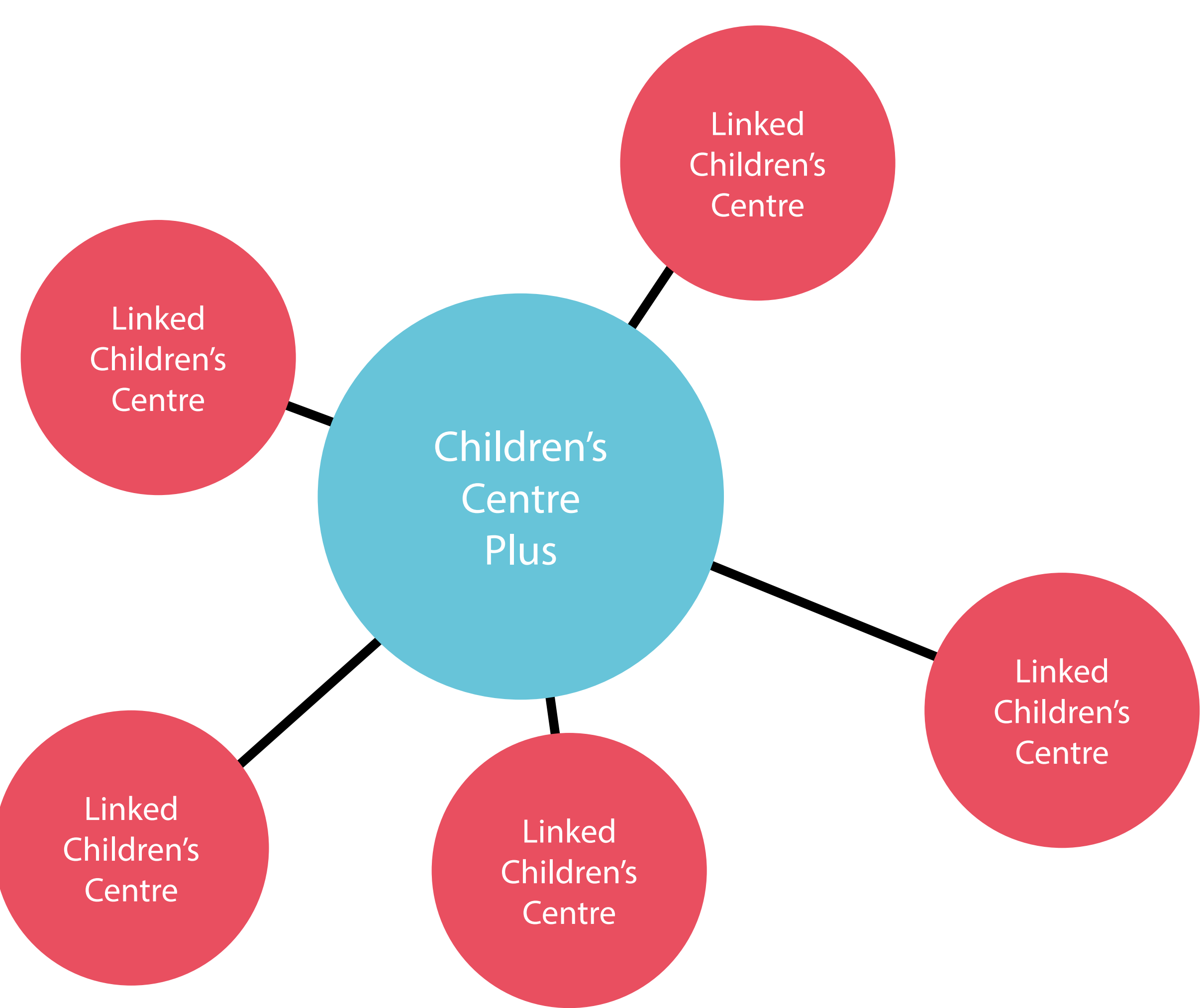
District	Children's Centre	See Page
Ashford	Cherry Blossom (Wye) Squirrel Lodge (Furley Park)	9
Canterbury	Apple Tree (Chartham) Briary Little Bees (Littlebourne) Swalecliffe Tina Rintoul (Hersden)	12
Dartford	Maypole	15
Dover	The Buttercup (St. Radigund's) and The Daisy (Tower Hamlets) to merge and relocate to an existing building in Dover town centre Primrose (North Deal)	9
Gravesham	Daisy Chains (Meopham) Little Painters (Painters Ash)	15
Maidstone	Loose Marden	18
Sevenoaks	Dunton Green Merry-Go Round (Westerham)	18
Shepway	New Romney The Village (Folkestone) or Folkestone (currently Folkestone Early Years)	9
Swale	St. Mary's (Faversham) Woodgrove (Sittingbourne)	12
Thanet	No Centre closures	12
Tonbridge & Malling	Hadlow/East Peckham Larkfield	18
Tunbridge Wells	Pembury	18

Some Children's Centres share their buildings with pre-schools or nurseries. These services are not provided by the Children's Centre directly and Children's Centres do not pay for them. Nurseries and pre-schools are excluded from this proposal.

2. **Linking Children's Centres to reduce management and administrative costs**
We want to ensure that the majority of the money is used to provide services. We will do this through reducing management and administrative costs by linking Centres.

We have identified 16 Lead Centres which are generally bigger buildings in communities where larger numbers of children and families need early support services. The Lead Centre, a "Children's Centre Plus", will co-ordinate services across the linked Centres including working with local Schools, GPs, Health Visitors, Childminders, Nurseries, Social Services, Health Specialists, Job Centre Plus and the Voluntary Sector to improve access to services. They may also deliver more support than they do now.

Proposed future operating model (the number of linked Centres may vary)



3. To reduce hours at some Children's Centres

We know that many Children's Centres have fewer users at certain times of the day. We are proposing to reduce hours at 13 Centres across the County to 18 hours a week (opening hours are to be agreed locally).

District	Reduced Hours	See page
Dartford	Temple Hill	13
Dover	Samphire (Aycliffe)	7
Sevenoaks	West Kingsdown	13
Shepway	Dymchurch Hawkinge and Rural Hythe Bay Lydd'le Stars (Lydd)	7
Swale	Beaches (Warden/Leysdown) Lilypad (Minster)	10
Thanet	Birchington Callis Grange Garlinge	10
Tunbridge Wells	Harmony (Rusthall)	16

What does this proposal mean?

- In some communities, Centres will close or Centre opening hours will be reduced
- Parents will still be able to access Children's Centre services in other Centres and we will continue to bring services to you
- Children's Centres will also support families where at least one child is under 5 years old to access services for their other children aged 5 -11
- All Centres will work together to deliver services. Some Children's Centres (a "Children's Centre Plus") may deliver more support than they do now
- The closure of a Children's Centre does not mean the closure of the nursery or pre-school
- Some Children's Centre services may not be delivered directly by Kent County Council.

How much will this proposal save?

This proposal will save at least £1.5 million. These savings will be from a reduction in administration, management and accommodation costs.

How can I get involved and have my say?

We are committed to keeping you involved and are keen to listen to your views.

Please let us know what you think by visiting the website at www.kent.gov.uk/childrenscentres and completing the online consultation questionnaire.

Alternatively, you can complete the consultation questionnaire on Page 21. Please return it to Freepost RTER-RZXC-HCJH Children's Centres, Facts International, Ashford, TN24 8FL or drop it into any Children's Centre.

If you are completing the consultation questionnaire in a professional capacity (i.e. in connection with your job), please complete the online questionnaire at www.kent.gov.uk/childrenscentres. Alternatively, any Children's Centre can provide you with a paper version of the correct questionnaire.

Contact us:
Email - cc.consultation@kent.gov.uk
Phone – 0300 333 5540
Post – Freepost RTER-RZXC-HCJH, Children's Centres, Facts International, Ashford, TN24 8FL

What happens next?

We will be consulting on these proposals until 4th October 2013 at 5pm.

Once the consultation finishes we promise to tell you the outcomes of the consultation at www.kent.gov.uk/childrenscentres. Feedback information will also be available at your local Children's Centre. A decision is expected in December 2013.

Further information is available at www.kent.gov.uk/childrenscentres

Ashford, Dover and Shepway

What does this mean for Ashford, Dover and Shepway?

District	Children's Centre Plus	Linked Children's Centre	Closure
Ashford	The Willow	Ray Allen Sure Steps Little Explorers Bluebells Waterside	Cherry Blossom Squirrel Lodge
Dover	Dover Town Centre (relocation of The Daisy and The Buttercup)	Buckland and Whitfield The Sunflower Aylesham *(currently Snowdrop*)* Blossom **Samphire**	Primrose The Daisy The Buttercup
Shepway	The Village or Folkestone (currently Folkestone Early Years*)	Caterpillars **Hythe Bay** *(currently Hythe Bay School*)* **Dymchurch** **Hawkinge and Rural** **Lydd'le Stars**	The Village or Folkestone (currently Folkestone Early Years*) New Romney

It is proposed that Centres shown in **bold** become part time.

* Services currently delivered within these Centres may be delivered by another organisation. Legally, Kent County Council is required to allow other organisations to bid to run these services. This means that the organisation that provides services at these Centres may change. In some cases the services may relocate to a different building, but the building will be within the same local area.

Why are we proposing to close these Centres?

- **Cherry Blossom** – Cherry Blossom Children's Centre currently signposts to services. It does not deliver services at the Children's Centre which is at Wye School. The Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre. Cherry Blossom Children's Centre is near Wye Library. The library will be used to support families to access services.
- **Squirrel Lodge** – Squirrel Lodge Children's Centre is at Furley Park Primary School. Evidence suggests that the Centre currently signposts a large number of its users to other Centres. The Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre.
- **Primrose** – Primrose Children's Centre is at Sandown School. Primrose Children's Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre. Primrose Children's Centre is near Deal Library, which registers births, and will be used to support families to access more services.
- **The Daisy and The Buttercup** – It is proposed that The Daisy Children's Centre and The Buttercup Children's Centre are merged and relocated to an existing building in Dover Town Centre. We believe that this will improve access to the Centres and increase opportunities for partnership working. The majority of users at both Centres also attend another Children's Centre.

- **The Village or Folkestone Early Years Centre -** The Village Children's Centre is approximately 950 metres from Folkestone Early Years Children's Centre. Children's Centre closures are unavoidable and we believe it makes sense to close one of these two Centres. Both Centres have similar numbers of users and a number already attend both Centres. If one of these buildings is chosen for closure, services will continue to be delivered in the remaining building.

This proposal does not affect the pre-school at The Village Children's Centre which is not delivered by the Children's Centre. However depending on the building chosen for closure there may be an impact on nursery provision at Folkestone Early Years Children's Centre.

- **New Romney –** New Romney Children's Centre serves an area where smaller numbers of children and families need early support services. The majority of users attend another Children's Centre. New Romney Children's Centre is near New Romney Library. The library will be used to support families to access services.

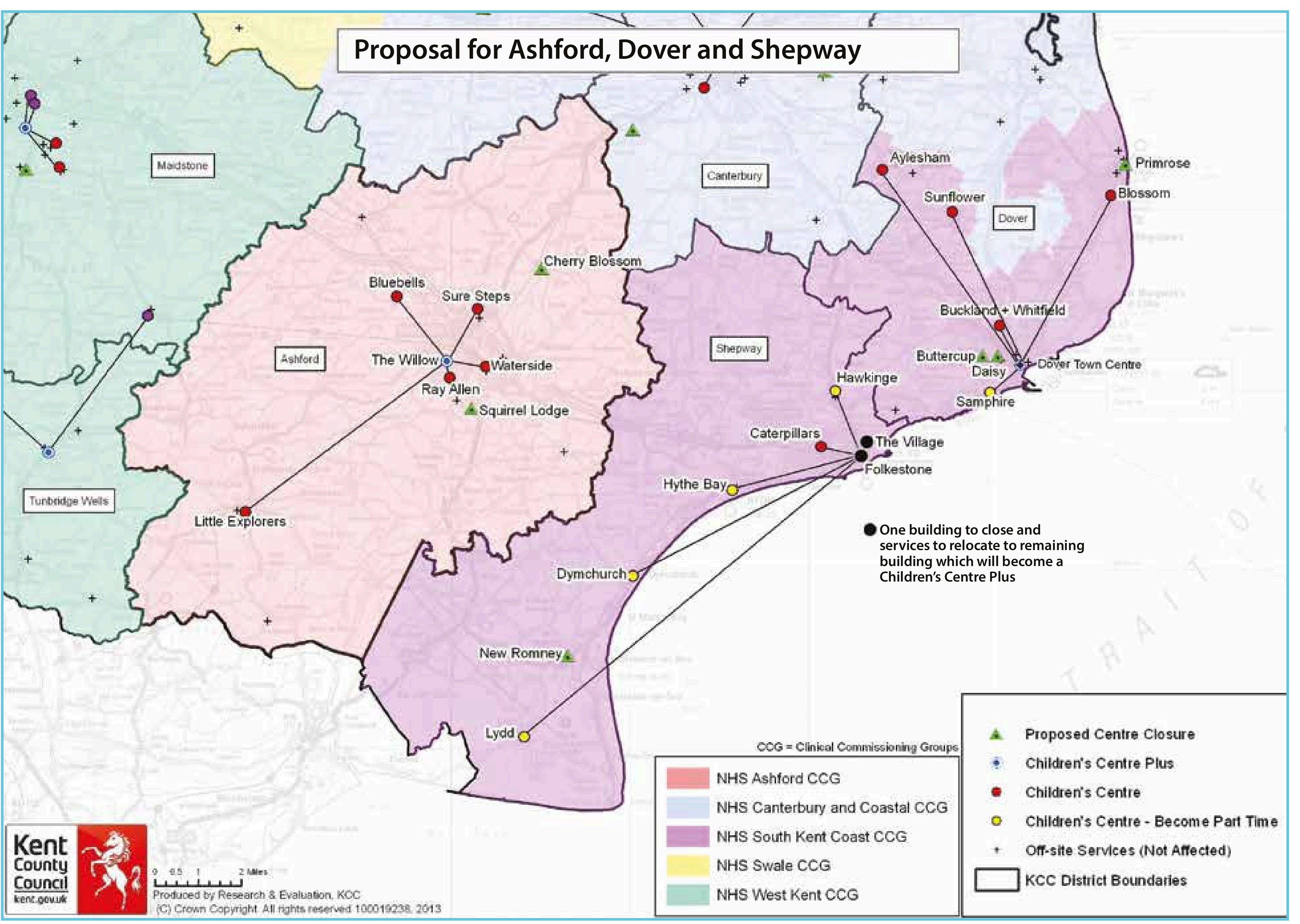
Why are we proposing to make these Centres part time?

- **Shepway Children's Centres -** Due to the rural locations of some Centres, the majority of users only access their local Centre. With this in mind, and the fact that we cannot afford the current level of service we propose that the following Centres open part time.
    - Hythe Bay (Hythe Library is nearby and will be used to support families to access services when the Children's Centre is closed)
    - Dymchurch
    - Hawkinge and Rural
    - Lydd'le Stars (Lydd Library is nearby and will be used to support families to access services when the Children's Centre is closed.)

- **Caterpillars (Morehall)** - Serves an area where larger numbers of children and families need early support services and will remain full time.

- **Samphire –** Samphire Children's Centre is at Aycliffe Primary School. Samphire Children's Centre does not serve one of the areas identified as having larger numbers of children and families needing early support services. The majority of Centre users also attend another Children's Centre.

This proposal does not affect the nursery provision at the Children's Centre which is not delivered by Kent County Council.



Proposal for Ashford, Dover and Shepway
Maidstone
Tunbridge Wells
Canterbury
Ashford
Shepway
Dover
Aylesham
Primrose
Sunflower
Blossom
Cherry Blossom
Bluebells
Sure Steps
The Willow
Waterside
Ray Allen
Squirrel Lodge
Little Explorers
Buckland + Whitfield
Buttercup
Daisy
Dover Town Centre
Hawkinge
Samphire
Caterpillars
The Village
Folkestone
Hythe Bay
Dymchurch
New Romney
Lydd
One building to close and services to relocate to remaining building which will become a Children's Centre Plus
CCG = Clinical Commissioning Groups
NHS Ashford CCG
NHS Canterbury and Coastal CCG
NHS South Kent Coast CCG
NHS Swale CCG
NHS West Kent CCG
Proposed Centre Closure
Children's Centre Plus
Children's Centre
Children's Centre - Become Part Time
Off-site Services (Not Affected)
KCC District Boundaries
Kent County Council
kent.gov.uk
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Canterbury, Swale and Thanet

What does this mean for Canterbury, Swale and Thanet?

District	Children's Centre Plus	Linked Children's Centre	Closure
Canterbury	Canterbury City Centre *(currently Riverside*)*	The Poppy Joy Lane Little Hands	Apple Tree Briary Little Bees Swalecliffe Tina Rintoul
Swale	Milton Court	Bysing Wood *(management linked to Canterbury City Centre Children's Centre)* Grove Park Murston	St. Mary's Woodgrove
	Sheerness *(currently Seashells*)*	Ladybird **Beaches** **Lilypad**	
Thanet	Priory	Newington Newlands **Birchington**	No Closures
	Six Bells	Dane Valley *(currently Millmead*)* **Garlinge** **Callis Grange** Cliftonville	

It is proposed that Centres shown in **bold** become part time.

* Services currently delivered within these Centres maybe delivered by another organisation. Legally, Kent County Council is required to allow other organisations to bid to run these services. This means that the organisation which provides services at these Centres may change. In some cases the services may relocate to a different building, but the building will be within the same local area

Why are we proposing to close these Centres?

- **Apple Tree** – Apple Tree Children's Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre.
- **Briary** – Briary Children's Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre.
- **Little Bees** – Evidence suggests that Little Bees Children's Centre currently signposts a large number of its users to other Centres. The Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre.
- **Swalecliffe** - Swalecliffe Children's Centre is at Swalecliffe Community Primary School and serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre.

This proposal does not affect the pre-school provision at Swalecliffe Children's Centre which is not delivered by Kent County Council.

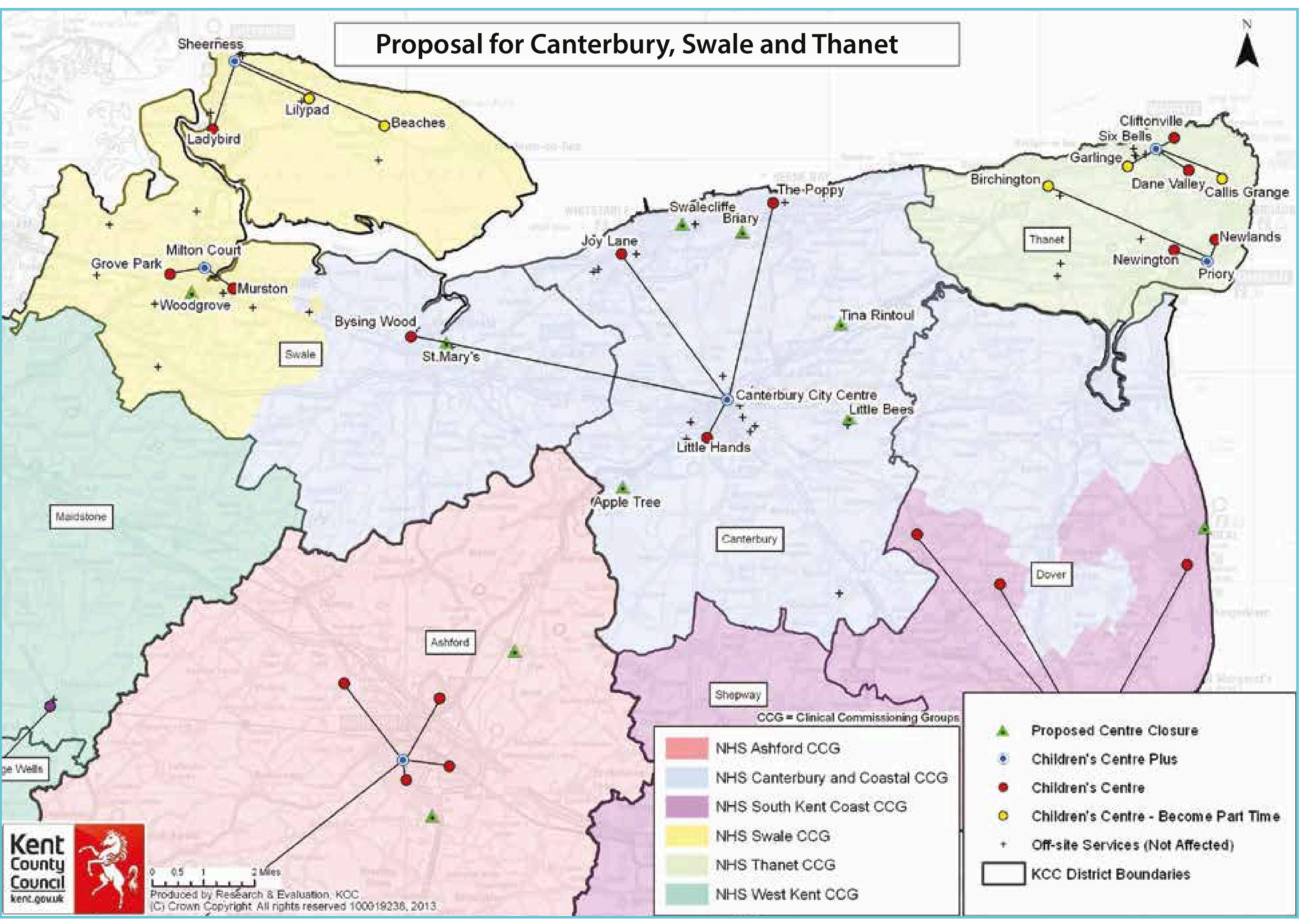
- **Tina Rintoul –** Tina Rintoul Children's Centre serves an area where smaller numbers of children and families need early support services. Tina Rintoul is the least used Centre in the Canterbury district.
- **St. Mary's –** St. Mary's Children's Centre is at St. Mary's of Charity CE Primary School and does not serve one of the areas identified as having larger numbers of children and families needing early support services. Many Centre users also attend Bysing Wood Children's Centre. St. Mary's Children's Centre is near Faversham Library, which registers births, and will be used to support families to access more services.
- **Woodgrove -** Woodgrove Children's Centre does not serve one of the areas identified as having larger numbers of children and families needing early support services. The majority of Centre users also attend one of the other three Children's Centres in Sittingbourne. Woodgrove Children's Centre is near Sittingbourne Library, which registers births, and will be used to support families to access more services.

This proposal does not affect the nursery provision at the Children's Centre which is not delivered by Kent County Council.

Why are we proposing to make these Centres part time?

- **Swale Children's Centres –** Lilypad and Beaches operate as one Children's Centre. Due to there rural location, the Centres serve areas where smaller numbers of children and families need early support services. The majority of Lilypad and Beaches users do not access other Centres in Kent. Part time hours at both will ensure that one of the two sites is open. Lilypad Children's Centre is near Minster-in-Sheppey Library. The library will be used to support families to access services.
- **Thanet Children's Centres –** Centres serve areas where more children and families need early support services. With this in mind, and the fact that we cannot afford the current level of service, we propose that the following Centres open part time.
  - Birchington (Birchington Library is nearby and will be used to support families to access services when the Children's Centre is closed)
  - Garlinge
  - Callis Grange

These Centres serve areas where smaller numbers of children and families need early support services, compared to other areas in Thanet.


Proposal for Canterbury, Swale and Thanet
N
Sheerness
Lilypad
Beaches
Ladybird
Grove Park
Milton Court
Murston
Woodgrove
Swale
Bysing Wood
St.Mary's
Joy Lane
Swalecliffe
Briary
The-Poppy
Tina Rintoul
Canterbury City Centre
Little Bees
Little Hands
Apple Tree
Canterbury
Birchington
Thanet
Cliftonville
Six Bells
Garlinge
Dane Valley
Callis Grange
Newlands
Newington
Priory
Dover
Shepway
Ashford
Maidstone
CCG = Clinical Commissioning Groups
NHS Ashford CCG
NHS Canterbury and Coastal CCG
NHS South Kent Coast CCG
NHS Swale CCG
NHS Thanet CCG
NHS West Kent CCG
Proposed Centre Closure
Children's Centre Plus
Children's Centre
Children's Centre - Become Part Time
Off-site Services (Not Affected)
KCC District Boundaries
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Dartford, Gravesham and Swanley

What does this mean for Dartford, Gravesham and Swanley?

District	Children's Centre Plus	Linked Children's Centre	Closure
Dartford	Brent	Knockhall Swanscombe Oakfield **Temple Hill** Greenlands at Darenth *(management linked to Swanley Children's Centre)*	Maypole
Gravesham	Little Pebbles	Kings Farm Little Gems Riverside Bright Futures	Daisy Chains Little Painters
Swanley	Swanley	New Ash Green **West Kingdown**	No Closures

It is proposed that Centres shown in **bold** become part time.

Information for Sevenoaks is on Page 18.

Why are we proposing to close these Centres?

- **Maypole** – Maypole Children's Centre is at Maypole Primary School and does not serve one of the areas identified as having larger numbers of children and families needing early support services. Many Centre users also attend another Children's Centre. Very few Centre users attend Maypole regularly. Maypole Children's Centre is near Summerhouse Drive library. The library will be used to support families to access services.

- **Daisy Chains** – Daisy Chains Children's Centre serves an area where smaller numbers of children and families need early support services. Most services run by Daisy Chains are delivered off site (and will not be affected under this proposal).

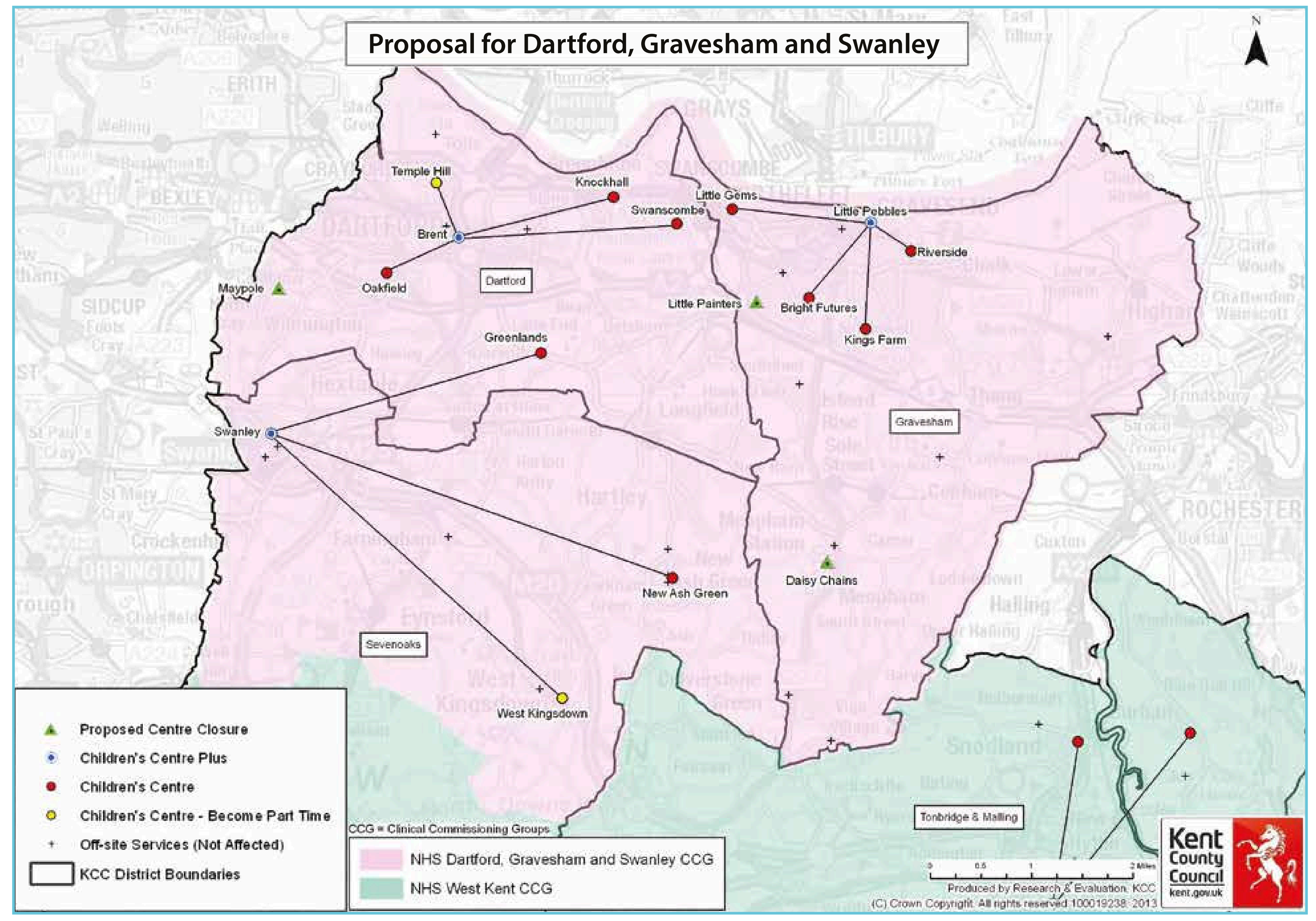
- **Little Painters** – Little Painters Children's Centre serves an area where smaller numbers of children and families need early support services. Evidence suggests that the Centre currently signposts a large number of its users to other Centres .The majority of Centre users also attend another Children's Centre. Little Painters currently opens part time. Most services run by Little Painters are delivered off site (and will not be affected under this proposal).

Why are we proposing to make these Centres part time?

- Temple Hill – We believe that the Children's Centre at Temple Hill is not in the best place to encourage families to attend. However, as the Centre serves an area where larger numbers of children and families need early support services, we propose to keep the Centre open with part time hours. This will allow us to increase the number of hours we can deliver services off site at other local community venues. Temple Hill Children's Centre is near Temple Hill library. The library will be used to support families to access services when the Children's Centre is closed.

This proposal does not affect the nursery provision at the Children's Centre which is not delivered by Kent County Council.

- West Kingsdown – West Kingsdown Children's Centre serves an area where smaller numbers of children and families need early support services. West Kingsdown Children's Centre has the fewest number of Centre users of the Children's Centres in the Swanley area. The majority of Centre users do not attend another Children's Centre and therefore we propose to reduce hours rather than close the Centre. West Kingsdown Children's Centre is near West Kingsdown library. The library will be used to support families to access services when the Children's Centre is closed.


Proposal for Dartford, Gravesham and Swanley
N
Temple Hill
Knockhall
Little Gems
Swanscombe
Little Pebbles
Brent
Riverside
Oakfield
Dartford
Maypole
Little Painters
Bright Futures
Kings Farm
Greenlands
Gravesham
Swanley
Daisy Chains
New Ash Green
Sevenoaks
West Kingsdown
Tonbridge & Malling
Proposed Centre Closure
Children's Centre Plus
Children's Centre
Children's Centre - Become Part Time
Off-site Services (Not Affected)
KCC District Boundaries
CCG = Clinical Commissioning Groups
NHS Dartford, Gravesham and Swanley CCG
NHS West Kent CCG
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Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells

What does this mean for Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells?

District	Children's Centre Plus	Linked Children's Centre	Closure
Maidstone	Sunshine	Greenfields The Meadow Eastborough (currently part-time) Howard de Walden (currently part-time) Headcorn (currently part-time) *(management linked to Cranbrook Children's Centre)* Westborough *(management linked to Woodlands Children's Centre)*	Loose Marden
Sevenoaks	Sevenoaks Town Centre (currently Spring House*)	Edenbridge	Dunton Green Merry-Go Round (Westerham)
Tonbridge & Malling	Woodlands	Little Foxes (Long Mead) *(management linked to Sevenoaks Children's Centre)* Borough Green (currently part-time) *(management linked to Sevenoaks Children's Centre)* Burham Snodland South Tonbridge *(management linked to Little Forest Children's Centre)*	Hadlow/East Peckham Larkfield
Tunbridge Wells	Little Forest	Southborough / High Brooms The Ark **Harmony**	Pembury
	Cranbrook	Paddock Wood (currently part-time)	

It is proposed that Centres that are currently part-time remain part-time and that Centres shown in **bold** become part time.

* Services currently delivered within these Centres maybe delivered by another organisation. Legally, Kent County Council is required to allow other organisations to bid to run these services. This means that the organisation which provides services at these Centres may change. In some cases the services may relocate to a different building, but the building will be within the same local area.

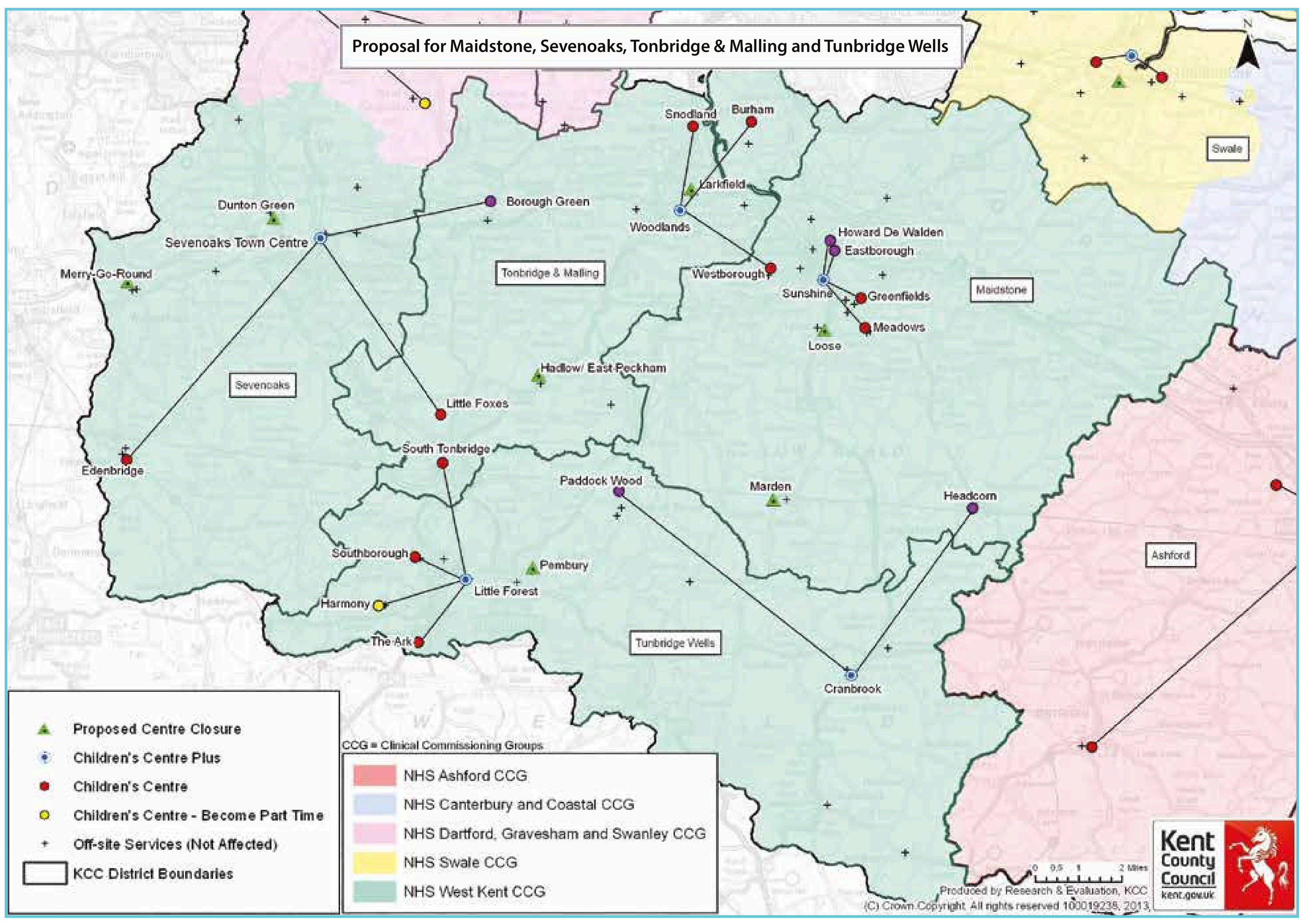
Information for Swanley is on Page 15.

Why are we proposing to close these Centres?

- **Loose –** Loose Children's Centre serves an area where smaller numbers of children and families need early support services. Evidence suggests that the Centre currently signposts a large number of its users to other Centres. The majority of Centre users also attend another Children's Centre. Loose Children's Centre currently opens part time.
- **Marden –** Marden Children's Centre serves an area where smaller numbers of children and families need early support services. Evidence suggests that the Centre currently signposts a large number of its users to other Centres. The majority of Centre users also attend another Children's Centre. Marden Children's Centre is near Marden Library. The library will be used to support families to access services. Marden Children's Centre currently operates part time.
- **Dunton Green –** Dunton Green Children's Centre serves an area where smaller numbers of children and families need early support services. Evidence suggests that the Centre currently signposts a large number of its users to other Centres. The majority of Centre users also attend another Children's Centre.
- **Merry-Go Round –** Merry-Go Round Children's Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre. Merry-Go Round Children's Centre is near Westerham Library. The library will be used to support families to access services.
- **Hadlow / East Peckham –** Hadlow Children's Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users attend another Children's Centre. Hadlow Children's Centre is near Hadlow Library. The library will be used to support families to access services. Hadlow Children's Centre services are currently open part time.
- **Larkfield –** Larkfield Children's Centre serves an area where smaller numbers of children and families need early support services. Evidence suggests that the Centre currently signposts a large number of its users to other Centres. The majority of Centre users also attend another Children's Centre. Larkfield Children's Centre is near Larkfield Library, which registers births. The library will be used to support families to access more services, a number of which are currently run at the library. Larkfield Children's Centre currently opens part time.
- **Pembury -** Pembury Children's Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre. Most services run by Pembury Children's Centre are delivered off site (and will not be affected under this proposal).

Why are we proposing to make these Centres part time?

- **Harmony –** Harmony Children's Centre serves an area where smaller numbers of children and families need early support services. The majority of users do not attend another Children's Centre and therefore we propose to reduce hours rather than close the Centre. Harmony Children's Centre is near Rusthall Library. The library will be used to support families to access services when the Children's Centre is closed.


Proposal for Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells
Swale
Maidstone
Ashford
Tonbridge & Malling
Sevenoaks
Tunbridge Wells
Snodland
Burham
Larkfield
Woodlands
Westborough
Howard De Walden
Eastborough
Sunshine
Greenfields
Meadows
Loose
Dunton Green
Borough Green
Sevenoaks Town Centre
Merry-Go-Round
Hadlow/ East Peckham
Little Foxes
Edenbridge
South Tonbridge
Paddock Wood
Marden
Headcorn
Southborough
Pembury
Little Forest
Harmony
The Ark
Cranbrook
Proposed Centre Closure
Children's Centre Plus
Children's Centre
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NHS Dartford, Gravesham and Swanley CCG
NHS Swale CCG
NHS West Kent CCG
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Shaping the Future of Children's Centres in Kent:
Public Consultation Questionnaire

We are committed to keeping you involved and are keen to listen to your views.

Please let us know what you think by visiting the website at www.kent.gov.uk/childrenscentres and completing the online consultation questionnaire.

Alternatively, you can complete this consultation questionnaire. Please return it to **Freepost RTER-RZXC-HCJH Children's Centres, Facts International, Ashford, TN24 8FL or drop it into any Children's Centre**.

Q1 Please tick all that apply

I am a parent/carer of children aged under 5	
I am a parent/carer of children aged 5-11	
I am a parent/carer of children aged 12-18	
I will be a parent soon	
None of these	

If you are completing the consultation questionnaire in a professional capacity (i.e. in connection with your job), please complete the online questionnaire at www.kent.gov.uk/childrenscentres. Alternatively, a Children's Centre can provide you with a paper version of the correct questionnaire.

Q2 How often do you usually use Children's Centre services in Kent?

Two or more times a week		
Once a week		
Once a month		
Less often than once a month		
Never		→ PLEASE GO STRAIGHT TO Q4

Q3 Which Children's Centre(s) do you use most often? (PLEASE WRITE IN)

1
2
3

PROPOSAL 1: REDUCING THE NUMBER OF CHILDREN'S CENTRES

Q4 To what extent do you agree or disagree with the proposal to reduce the number of Children's Centres (Proposal 1)?

Strongly agree		→ PLEASE GO STRAIGHT TO Q6
Agree		→ PLEASE GO STRAIGHT TO Q6
Neither agree nor disagree		→ PLEASE GO STRAIGHT TO Q6
Disagree		→ PLEASE ANSWER Q5
Strongly disagree		→ PLEASE ANSWER Q5
Don't know		→ PLEASE GO STRAIGHT TO Q6
I do not wish to comment on this proposal		→ PLEASE GO STRAIGHT TO Q8

Q5 If you disagree with the proposal, is it the proposed closure of any particular Centre(s) that you object to? (PLEASE TICK ALL THAT APPLY)

Ashford, Dover and Shepway		Canterbury, Swale and Thanet	
Cherry Blossom		Apple Tree	
Squirrel Lodge		Briary	
The Buttercup		Little Bees	
The Daisy		Swalecliffe	
Primrose		Tina Rintoul	
New Romney		St. Mary's	
The Village		Woodgrove	
Folkestone Early Years Centre			

Dartford, Gravesham and Swanley		Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells	
Maypole		Loose	
Daisy Chains		Marden	
Little Painters		Dunton Green	
		Merry-Go Round	
		Hadlow/East Peckham	
		Larkfield	
		Pembury	

My objections don't relate to any particular Centre(s)	

Q6 What impact (if any) will the proposed reduction in the number of Children's Centres have on you? (PLEASE TICK ALL THAT APPLY)

No impact	
I will use Children's Centre services less often	
I will not use Children's Centres at all	
I will attend alternative (non-Children's Centre) activities *(e.g. swimming, visiting friends, attending other local groups etc.)*	
I will attend another Children's Centre instead	
Other (PLEASE WRITE IN)	
Don't know	

Q7 Could you tell us why you say that?

PROPOSAL 2: LINKING CHILDREN'S CENTRES TO REDUCE MANAGEMENT AND ADMINISTRATIVE COSTS

Q8 To what extent do you agree or disagree with the proposal to reduce management and administrative costs through linking Children's Centres (Proposal 2)?

Strongly agree		→ PLEASE GO STRAIGHT TO Q10
Agree		→ PLEASE GO STRAIGHT TO Q10
Neither agree nor disagree		→ PLEASE GO STRAIGHT TO Q10
Disagree		→ PLEASE ANSWER Q9
Strongly disagree		→ PLEASE ANSWER Q9
Don't know		→ PLEASE GO STRAIGHT TO Q10
I do not wish to comment on this proposal		→ PLEASE GO STRAIGHT TO Q10

Q9 If you disagree with the proposal to link Centres to reduce management and administrative costs, please tell us why.

PROPOSAL 3: TO REDUCE OPENING HOURS AT SOME CHILDREN'S CENTRES

Q10 To what extent do you agree or disagree with the proposal to reduce the opening hours at some Children's Centres (Proposal 3)?

Strongly agree		→ PLEASE GO STRAIGHT TO Q12
Agree		→ PLEASE GO STRAIGHT TO Q12
Neither agree nor disagree		→ PLEASE GO STRAIGHT TO Q12
Disagree		→ PLEASE ANSWER Q11
Strongly disagree		→ PLEASE ANSWER Q11
Don't know		→ PLEASE GO STRAIGHT TO Q12
I do not wish to comment on this proposal		→ PLEASE GO STRAIGHT TO Q14

Q11 If you disagree with the proposal, is it the proposed reduction of opening hours at any particular Centre(s) that you object to? (PLEASE TICK ALL THAT APPLY)

Ashford, Dover and Shepway		Canterbury, Swale and Thanet	
Samphire		Beaches	
Dymchurch		Lilypad	
Hawkinge and Rural		Birchington	
Hythe Bay		Callis Grange	
Lydd'le Stars		Garlinge	

Dartford, Gravesham and Swanley		Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells	
Temple Hill		Harmony	
West Kingsdown			

My objections don't relate to any particular Centre(s)	

Q12 What impact (if any) will the proposed reduction in opening hours at some Children's Centres have on you? (PLEASE TICK ALL THAT APPLY)

No impact	
I will use Children's Centre services less often	
I will not use Children's Centres at all	
I will attend alternative (non-Children's Centre) activities *(e.g. swimming, visiting friends, attending other local groups etc.)*	
I will attend another Children's Centre instead	
Other (PLEASE WRITE IN)	
Don't know	

Q13 Could you tell us why you say that?

FURTHER COMMENTS

Q14 Please use this space if you would like to add any further comments about any of the proposals for Children's Centres:

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. To help us we are asking you for some information about yourself. This information will only be used to help us make decisions about our services and for the purposes of service improvement.

If you would rather not answer any of these questions, you do not have to.

Q15 How old are you?

Under 20		20-25		26-30		31-35	
36-40		41-45		46-50		Over 50	
I prefer not to say							

Q16 What is your home postcode?

Q17 Are you?

Male		Female		I prefer not to say	

Q18 Is your Gender the same as it was at birth?

Yes		No		I prefer not to say	

Q19 To which of these ethnic groups do you feel you belong?

White		Mixed		Asian or Asian British		Black or Black British	
British		White & Black Caribbean		Indian		Caribbean	
Irish		White & Black African		Pakistani		African	
Gypsy/Roma		White & Asian		Bangladeshi		Other*	
Irish Traveller		Other*		Other*			
Other*		Arab		Chinese		I prefer not to say	

***Other Ethnic Group -** if your ethnic group is not specified in the list, please describe it here:

Q20 Is English your main language?

Yes		No		I prefer not to say	

Q21 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Yes, limited a lot		Yes, limited a little		No		I prefer not to say	

Q22 What is your religion?

No religion		Christian		Buddhist		Hindu	
Jewish		Muslim		Sikh		Any other religion	
I prefer not to say							

Q23 Which of the following best describes your marital status?

Married/Civil Partnership/Cohabiting	
Separated/Divorced/Widowed	
Single	
I prefer not to say	

Q24 Are you…?

Bi/Bisexual		Gay woman/Lesbian		Other	
Heterosexual/Straight		Gay man		I prefer not to say	

Thank you for providing this information, your feedback is important to us.

We have completed Equality Impact Initial Assessments to see if the proposals could affect anyone unfairly. We welcome your views on the assumptions we have made and the conclusions we have drawn. To view the documents, please go to www.kent.gov.uk/childrenscentres or contact us:

Email – cc.consultation@kent.gov.uk
Phone – 0300 333 5540
Post – Freepost RTER-RZXC-HCJH Children's Centres, Facts International, Ashford, TN24 8FL

Notes

This document is available in alternative formats and languages.
Please phone 0300 333 5540 or speak to a member of staff at your
Children's Centre who can phone on your behalf.
Text Relay: 18001 0300 333 5540

Appendix 2 – “Shaping the Future of Children’s Centres in Kent” – Frequently Asked Questions

This was updated on 27.08.2013 to incorporate a number of questions asked through the consultation period so far.

NEW Is the consultation information available in alternative formats and languages?

If you require the consultation document and questionnaire in an alternative format of language please phone 0300 333 5540 or speak to a member of staff at your Children’s Centre who can phone on your behalf.

NEW How do I create a petition?

We have become aware of a number of petitions which have been set up as a result of the consultation. These petitions relate to both specific proposals and the countywide proposal in general. It is important that any petition which is set up is hosted at the following address;

http://www.kent.gov.uk/your_council/have_your_say/petitions.aspx

KCC has no obligation to recognise any petitions which are not hosted at this website. If you are aware of any petitions which currently exist outside of formal site, please contact cc.consultation@kent.gov.uk

NEW When will a decision be made and when will the changes take place?

A decision will not be made about any Centre until the consultation has finished on the 4th October 2013 and feedback responses have been analysed and reported upon.

A decision is expected in December 2013.

We promise to tell you the outcomes of the consultation on these web pages. Feedback information will also be available at your local Children’s Centre.

Any changes will start to take place from April 2014.

NEW I have commented on Facebook and have not received a reply. Why is this? Will my views still be captured?

Staff are not permitted to respond to any questions or comments regarding the consultation via Social Media and views made in comments will not be fed into the consultation. To have your say, please visit www.kent.gov.uk/childrenscentres and complete the online questionnaire.

NEW It is proposed that the hours at my Centre reduce. If this happens, when will it be open?

It is proposed that any part time Centres are open for 18 hours a week. The actual operating times have not been prescribed as we would like with families and the local community to have a say in the opening hours that they would like. If it is agreed that a Centre will become part time then Centre staff will work with families and the local community to identify most appropriate operating hours to maximise families’ ability to access the Centre and other community services.

NEW Will my Children’s Centre service that is currently delivered at a venue other than the actual Children’s Centre continue? (off-site/outreach)

The consultation does not propose any changes to services that are delivered off-site. This includes services provided by KCC partners, such as Health Visitors. The locations of many of these KCC services are marked on the maps in the consultation document with a cross (labelled ‘off-site service not affected). We are aware that not all current off-site services are shown on the maps.

However, every year Children's Centres review what services are delivered, where these services are delivered and how they are delivered in line with the needs of local communities. This service planning process will continue in the future as it has done for a number of years.

NEW My Centre is a proposed closure where can I access alternative services?

Details of alternative Centres or off-site delivery are contained within the consultation document .You can also download a map to show the nearest alternative Centre or off-site delivery. Information is available by **district**. Alternatively members of staff in any Children's Centre will be able to provide you with a copy of the consultation document.

We will consider increasing our off site delivery in some areas if a Children's Centre is closed. This will be based on needs of local communities.

NEW Where in Dover Town Centre would the proposed new Children's Centre be?

We are looking at all alternative available accommodation in Dover Town Centre, this includes the Dover Discovery Centre.

NEW Is it true 99% of 0-4 year olds will still be able to access a Children's Centre within a 15 minute drive time if the proposed Centres close?

The drive time analysis that has been undertaken identifies that 99% of households with a child aged 0-4 will be able to access at least one of Kent's Children's Centres within a 15 minute drive time from their home if the proposed 23 Centres close.

This may not necessarily be the Centre a user currently visits and assumes that the population has access to a car.

NEW Have you looked at access by Public Transport if the proposed Centres are closed?

Yes. This identifies that 98% of 0-4 year old KCC population are within 0- 90 minute of a Centre by public transport and that 78% of 0-4 year old KCC population are within 0- 20 minute of a Centre by public transport if the proposed 23 Centres close.

This may not necessarily be the Centre a user currently visits and assumes that the population can access public transport.

NEW Why is Beaches shown as being located in Eastchurch and not Leysdown? Is it proposed that Beaches moves?

It is not proposed that Beaches is relocated. This is an unfortunate error in the consultation document. An updated map can be viewed online at www.kent.gov.uk/ChildrensCentres

NEW What is MOSAIC?

Mosaic Public Sector designed by Experian (http://www.experian.co.uk/public-sector/index.html) is a comprehensive analysis of residents at postcode and household level. It provides deep insight into the socio-demographics, lifestyles, culture and behaviour of residents. Using data from a wide range of public and private sources, Mosaic Public Sector has been linked to specific data sources from health, education, criminal justice and local and central government. This data has been combined to create 13 distinct groups based on their characteristics, behaviours and attitudes. This provides a picture of residents which can indicate their requirements for public services. We have used this information to help us identify the potential impact of our proposals on certain groups across Kent.

Why are you consulting?

In the current economic climate efficiency savings must be made so it is vital that the council sets out a new model for its Children's Centres which is sustainable for the long-term future .We have come up with a proposal, and **want to know your views.** There is also a legal requirement within the Childcare Act 2006 to consult.

How much money does KCC have to save from its Children's Centre programme?

In 2014/2015 we need to save at least £1.5 million.

When does the consultation close?

We will be consulting on the proposals from 9am on Thursday 4 July until 5pm on Friday 4 October 2013.

How much does each district have to save?

We have not set targets for individual districts to save. We have decided to undertake a countywide approach to reaching our savings target to make sure that children and their families across the county continue to receive the services they need.

Are all Children's Centres included in the consultation?

Yes. Kent currently has 97 Children's Centres. All Centres are included in the consultation proposal.

What are you consulting on?

We are consulting on one proposal which includes:

1. reducing the number of Children's Centres from 97 to 74
2. linking Children's Centres to reduce management, administrative and building costs
3. reducing hours at 13 Children's Centres.

How did you select Centres for closure?

Centres were identified using extensive data and local knowledge. In summary we identified Centres for closure based on:

- those serving areas where the need for our support is 'low'
- if the Centre serves an area of 'low' need and only signposts to services at other Centres
- at least 50% of users attending other Children's Centres in the locality that are not proposed for closures
- access to other community facilities suitable for signposting to Children's Centre services.

NEW Further information is available at -
http://www.kent.gov.uk/education_and_learning/childcare_and_early_education/childrens_centres/shaping_the_future_of_centres/countywide.aspx

How have Children's Centre Plus Centres been identified?

The 'Children's Centre Plus' Centres included in the consultation are based on:

- Centres located in areas of highest support
- Centre buildings/ location better suited to offer additional services and/or accommodate extra staff.

How have part time Centres been identified?

Part time Centres have been identified using the same data and local knowledge used to identify Centres for closure. Additional factors such as high numbers of families and children accessing only one Centre, rural location and operating patterns have suggested a need to retain a presence but to alter operating hours.

What impact will there be on pre-schools and nurseries operating within Children's Centres?

Some Children's Centres share their buildings with pre-schools or nurseries. Nurseries and pre-schools are excluded from this proposal.

What will happen to the buildings at Children's Centres proposed for closure?

A number of options are being considered for the use of buildings, all of which are being investigated further during through the consultation period. Any affected Centres will be individually considered.

Has the proposal been Equality Impact Assessed?

Equality Impact Assessments (EQIA) initial screenings have been completed at a Centre level for Centres that are a proposed closure or reduction to part time hours. A countywide EQIA has also been undertaken. Copies are available by **district.**
The consultation questionnaire asks respondents for protected characteristic information. A number of full impact assessments will be completed following the consultation period (as required).

What will happen to the staff in the Centres proposed for closure?

It should be stressed that this is NOT a consultation regarding staffing structures .We will not be formalising structures until we know the results of the consultation and a decision has been made. Proposals may vary considerably as a result of the consultation and therefore we cannot fully determine any impact on staff at this time.
A decision regarding the service delivery model of Children Centres is planned for December 2013. Once this is agreed we will be able to consult with staff about any structure changes.
KCC processes and procedures will be followed at all times and staff supported through times of change and uncertainty.

What will be happening with Children's Centres delivered by another organisation?

We are consulting on the proposal to "link Children's Centres." The proposed future shape of Children's Centres does not include any "stand alone" Children's Centres. Centres currently delivered by another organisation will be required to integrate into the new model of working which is proposed.

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Meradin Peachey, Director of Public Health

To: Social Care and Public Health Cabinet Committee

Date: 4th October 2013

Subject: Kent Public Health Grant 2013/14 and 2014/15

Classification: Unrestricted

Summary: In April 2013 responsibilities for Public Health transferred from the NHS to Local Authorities along with a ring fenced public health grant. The grant was higher than previously identified spend in the Primary Care Trusts.

A process was established to consider additional programmes that could form part of the Public Health programme, funded through this Public Health Grant. This paper sets out the process undertaken to date, the challenges, and the programmes recommended for available funding.

Recommendation(s):
The Committee is asked to note that establishing baseline spend against the public health grant is a challenge in 2013/14, and that this challenge was anticipated by the Department of Health.

The Committee is asked to agree that the approach to implementation of programmes must minimise financial risk.

The Committee is asked to consider and make recommendations to the cabinet member for an initial phase of programmes for funding as attached in Appendix 1 in relation to Mental Health, Health and Social Care Integration and Universal Services.

1. Introduction

1.1. In April 2013 KCC became a responsible Public Health Authority. A ring fenced grant for public health has been allocated to the value of £49.8m for 13/14 and £54.8m for 14/15. This allocation was higher than identified spend within Primary Care Trusts in recognition of historic underfunding into Public health services.

1.2. The performance of public health will be measured against a set of national indicators laid out in the Public Health Outcomes Framework. [1]

[1] http://www.phoutcomes.info/

The grant spend is monitored by the Department of Health against specific reporting lines. Terms and Conditions set out that any underspend in year 1 should be placed in reserve for year 2. However repeated underspend could result in reduced allocation in future years.

1.3. On the 23rd July 2013 Public Health was asked to present a 100 day plan to KCC Corporate Board. This laid out aims and ambition for the programme against 5 key themes. It included investment of £2,250,000 against the following programmes of work: Mental Health £750 000, Health and Social Care Integration £750 000 and Universal Services in West Kent £750 000.

1.4. A Public Health Board was established in July 2013 and agreed to consider programmes in September 2013 for allocation of these funding streams, in order to provide recommendations to the Adult Social Care and Public Health Committee on October 4th 2013.

2. **Financial Context**

2.1. The process for establishing the baseline for the public health grant was complicated both locally and nationally. Much work took place between KCC and PCT finance and contracting teams. However DH anticipated that discrepancies were likely to arise due to the significant system change. DH set out that in 2013/14 local negotiation between LA and PCT's should take place wherever needed.

2.2. A business team was established in Public health, in part to work with finance to ensure full understanding of the grant, and to establish robust monitoring and reporting which comply with DH returns.

2.3. Through this work significant potential underspend has been forecast for 13/14 on the grant. In part this is because activity and spend in relation to programmes prioritised through the October Adult Social Care and Cabinet Committee will be part year effect. It is also due to the work of the business team in identifying efficiencies in the contracts transferred from the PCT's.

2.4. However there is significant risk in confirming underspend at this time as the baseline grant position is still to be clarified. There is pressure on the grant to be negotiated with Clinical Commissioning Groups. There is also areas of spend where KCC needs at least 2 quarters of invoicing to have confidence in forecast spend. It is possible that further pressures will be placed on the budget.

2.5. Therefore a process (as described below), has been undertaken to identify those programmes which address gaps in need. However implementation of these programmes will be taken in a phased approach which does not risk overspend on the grant.

3. **Prioritisation process**

3.1. Following the Public Health Board in July 13 a process was established to prioritise programmes that could be funded through the public health grant. Colleagues from within the public health directorate who had already worked in partnership with internal and external colleagues, were invited to propose

programmes for spend. These could be existing programmes, programmes at risk due to funding reductions or new programmes of work.

3.2. A 3 stage approach was used to screen the proposals. This method looked at viability of programmes and alignment to public health priorities and the grants conditions. It incorporated a health inequalities impact assessment tool, considered current performance indicators, the needs identified by the related Joint Strategic Needs Assessment and also inequity of service provision.

3.3. The funding for the programmes was considered within the following criteria:

3.3.1. New or existing programmes to be funded through the 13/14 £2.25m investment into Mental Health (£750k), Health and Social care Integration (£750k) and Universal programmes (£750k)
3.3.2. Current time limited or recurrent programmes at risk, which are appropriate and eligible to be funded through underspend on the grant.
3.3.3. Core existing programmes which are eligible to be funded through the Public Health grant in 14/15.

3.4. The process has identified the programmes outlined in Appendix 1 to be recommended for funding. Priority proposals have been aligned to mental health, health and social care, and universal services.

3.5. During the process it was established that some proposals could be supported via improved partnership working rather than direct funding. Others were specific to one geographical area only, and it was agreed that these would be further considered from any underspend. The same process for prioritisation would be applied.

3.6. The core existing programmes submitted require further work across KCC.

4. Conclusion

4.1. The increase in the public health grant recognised historic underinvestment in core public health programmes and offers KCC the opportunity to address these gaps. Significant work has been undertaken to establish where this additional spend should be targeted.

4.2. Full understanding in the budget position is complicated this financial year due to a range of factors associated with the system transfer from the NHS to the Local Authority. Therefore a phased approach should be taken to implementation of programmes which does not risk overspend. The terms and conditions of the Public Health grant which allow a 2 year approach to the budget, enables this safe implementation of programmes.

4.3. Decisions on programmes within phase 1 will be taken individually, in keeping with the statutory requirements, but it is not planned that they will be reported to the Cabinet Committee individually. Decisions will each appear in the regular list of forthcoming executive decisions (FED) and will be advertised to Members for comment (before being taken) and the opportunity for call-in (before implementation). In addition, Members will be notified of any proposed spend decision which affects their local area.

5. Recommendations

Recommendation(s):
The Committee is asked to note that establishing baseline spend against the public health grant is a challenge in 2013/14 and that this challenge was anticipated by the Department of Health.

The Committee is asked to agree that the approach to implementation of programmes must minimise financial risk.

The Committee is asked to consider and make recommendations to the Cabinet Member for an initial phase of programmes for funding as attached in Appendix 1 in relation to Mental Health, Health and Social Care Integration and Universal Services.

6. Background documents - none

7. Contact Details

Report Author

- Karen Sharp, Head of Public Health Commissioning
- 0300 333 6497
- karen.sharp@kent.gov.uk

Appendix 1 Recommended programmes for Funding

Health and Social Care Integration £750 000

Business plan priority	Ref	Name of proposal	Brief Description
BP6	EE: 22	Health and Sustainability Impact Assessment / Toolkit	Develop an evidence based toolkit for embedding public health policy in the planning framework.
BP6	BP6/14, CC: 8	Workplace Health	Working with KCC and SMEs, particularly those in manual and retail, through ‘Healthy Business’ programme to improve health and wellbeing of working age population.
BP6	BP6/1	Reducing Health Inequalities – locality funding	Locality pots to support programmes identified in local Mind the Gap plans– funding would support improved service redesign. Commissioned programmes will have improved targeting of high risk groups to reduce inequalities.
BP6	BP6/11	Reasonable adjustments	Framework for ensuring that reasonable adjustments are made where possible to support people with LD when they access routine services
BP6	BP6/2, BP6/3, FSC: 30	Postural Stability/ Falls Prevention	Prepare the market and commission workforce training for postural stability instructors.

Mental Health

Business plan priority	Ref	Name of proposal	Brief Description
BP7	BP7/9, MH 13	Implementation and evaluation	To ensure all the mental health programmes are effectively evaluated additional funding has been allocated to cover any anticipated costs.
BP7	MH9, BP7/8	Mental Health Awareness Training and Healthy Working Lives (includes suicide)	The training package on mental health first aid will help front facing staff and managers across a range of sectors to intervene early and reduce mental health illness. It will also include some specific work on suicide prevention.
BP7	BP7/9, MH7	Library – Community care and resilience wellbeing hubs in libraries	Libraries can play a greater role in supporting community resilience and can offer a wider range of interventions and campaign platforms to support and promote wellbeing. This resource will build and enhance current interventions to promote wellbeing and will encourage greater use of the library and use library resources to provide outreach support to groups who are at risk of poor mental wellbeing.
BP7	BP7/9, BP 6, MH6	Sheds	Men's Sheds' is a programme that supports and improves men's mental health and wellbeing by providing support, camaraderie, structure, activity, learning and skills development. Research has shown that many men prefer to learn and be supported 'shoulder to shoulder' with other men, rather than formal adult learning environments. 'Men's Sheds' have been successfully piloted to improve wellbeing across UK and Ireland but do not exist in Kent.
BP7	MH5 BP7/9	Live it well website uplift & project worker	Mental health has been identified as a priority area and this post and website will help ensure the is a communication platform for the whole programme including the Six Ways to Wellbeing Campaign.
BP7	BP7/9, MH 4	Workplace wellbeing support	This project will be developed with the internal wellbeing leads at KCC and look to pilot an approach that will help keep staff well. The approach could then be rolled out to other local authorities and businesses if successful
BP7	BP7/9, MH 3	Wellbeing campaign resources and conferences	Improving mental wellbeing has been highlighted as a priority area and the Six Ways to Wellbeing campaign will help to increase awareness and support other projects and interventions.
BP7	BP7/9, MH2	Mindful pilot for schools	Web based low intensity whole population counselling service and in school mentoring and training in mental wellbeing for young people. This is an innovative pilot project that will be tested in a number of Kent schools and is also being piloted in other areas of the UK.
BP7	BP7/9, MH1	Resilience and asset mapping research	This investment plan is to work with KCC Policy team to take an assets based approach to the voluntary and community sector and its impact on social and economic development. The aim is to use best practice methods from international and national community asset mapping and development to gain insight that will both inform public policy and the Joint strategic needs assessment.

BP7	BP7/, MH 12	Tackling isolation in priority communities	National guidance has indicated that tackling isolation and loneliness is a priority. Tailored interventions will reduce symptoms of depression; increase social support; improve social function, subjective wellbeing; increase social engagement e.g. civic participation, leisure activities, cultural engagement, and social activity.
BP7	BP7/9, MH 11	Parenting – Families and Schools support 2014/15/evidence based parenting	The Parenting Support Service has been commissioned to deliver Evidence Based Parenting Programmes has been in place since April 2013. This course is for parents with a child from 0-6 months and is a natural programme for young parents who do not meet the criteria for FNP. Incredible Years is recognised by NICE as an important programme to support ADD and ADHD.
BP7	BP7/9 MH 8	Young People Assets Mapping	This funding will support KIASS to carry out work on resilience and asset mapping. Both are fundamental to wellbeing and gaining a greater understanding will help to ensure young people are supported to stay well.

Universal Services

Business plan priority	Ref	Name of proposal	Brief Description
BP2	BP2/2	School nursing	Uplift in school nursing to address inequality between East and West Kent. Supporting universal services in schools is a priority area.
BP6	BP6/13	Health trainer for Roma community	Additional health trainer support for the Roma Community where needed, areas identified include Thanet.
BP6	BP6/6	Health trainers for people with learning disabilities	Specialist Health Trainers to promote healthy lifestyles and improve access to care for people with LD
BP 1	Agreed by CB	Health trainers uplift	To address inequality of provision across the County.

Decision No 13/00073

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Meradin Peachey, Director of Public Health

To: Social Care and Public Health Cabinet Committee

Date: 4th October 2013

Subject: Tendering for an integrated model of sexual health services in Kent

Classification: Unrestricted

Summary

The commissioning of sexual health services is now the responsibility of local authorities.

There will be changes made to the delivery of sexual health services, based upon the findings of the review conducted.

The tendering of sexual health services will commence in October 2013.

Recommendation

Members of the Social Care and Public Health Cabinet Committee are asked to consider and endorse, comment or make recommendations on the proposed decision to be taken by Cabinet Member for Adult Social Care and Public Health to:

Tender for services as detailed within the report.

1. Introduction

The purpose of this paper to set out the proposed changes to the sexual health services in Kent. Cabinet committee are requested to have regard to the content of the report.

2. Background

2.1 Review of current services

In February 2013, a decision was taken by the Director of Public Health to commission through West Kent PCT for West Kent:

- An external consultancy to engage and consult with users of the services, professionals and managers to identify views on the quality of service provision and potential changes and
- An external public health organisation to review the access, availability and activity levels of services and population sexual health outcomes such as the rates of infection

Audit of enhanced services provided by GPs and community pharmacists to provide long acting reversible contraception and emergency hormonal contraception were undertaken by public health supported by the local medical committee and local pharmacy council..

In June 2013 a decision was taken by the Cabinet Member Adult Social Care & Public Health, Graham Gibbens, to go out to tender on sexual health services across Kent. Specific engagement with stakeholder and users was conducted in East Kent through the surveys used in West Kent. East Kent professionals had participated in the external review and East Kent services have been incorporated into the external review of services.

Assessments of population groups needs have been reviewed or undertaken such as the sexual health needs of those with learning disabilities.

2.1.1 The review identified three key recommendations:

- An integrated model of delivery;
- Improved accessibility to services;
- Improved communication about services.

2.1.2 Proposed change to service delivery

The model of delivery will be a hub and spoke. This will give a located service in every district based upon the differing population needs. The sexual health services will be integrated with one another and with other services such as drug and alcohol or Kent Integrated Adolescent Support Services (KIASS).

To improve access to services, providers will be expected to:

- ensure that outreach work becomes a significant and flexible component of service delivery.
- offer appointments and drop in options. Provide services at the weekends, before 9am and after 5pm

and that there is a single telephone number for all services.

The promotion of services and information about service delivery points will be provided through the creation of an integral sexual health services and sexual health information website.

3.0 Implications

Sexual Health is one of the mandated services, as outlined in the Health and Social Care Act that Local Authorities have responsibility to commission. These include community contraception services, emergency contraception, pharmacy sexual health provision, Genitourinary medicine (GUM) services, Local HIV prevention and sexual health promotion.

The proposed service changes enable potentially new providers to offer their expertise and services thereby bringing increased competition into the market.

4.0 Financial consequences

The sexual health budget is the largest within public health. Going out to tender will offer better value for money and efficiencies through integration of services.

5.0 Planned timeframe

Notice will be served to current providers at the end of November 2013. A mobilisation period of at least four months is needed and therefore a contract start date is planned for July 1st 2014.

6. Recommendation

- Members of the Social Care and Public Health Cabinet Committee are asked to consider and endorse, comment or make recommendations on the proposed decision to be taken by Cabinet Member for Adult Social Care and Public Health to:

  Tender for services as detailed within the report

7. Contact Details

Wendy Jeffreys, Public Health Specialist.
wendy.jeffreys@kent.gov.uk

8. Background documents

None

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Graham Gibbens	**13/00073**

For publication

Subject:
The tender and procurement of sexual health services in Kent

Decision:

As Cabinet Member for Adult Social Care and Public Health Cabinet Committee, I agree to the tender of sexual health services as proposed.

Reason(s) for decision:
Sexual health services have been reviewed. Consultation identified that changes need to be made to: the delivery model, the information about and accessibility to services. Some services are currently in secondary care but movement to an integrated model will support change in this. The tender process is required to commence shortly.

Cabinet Committee recommendations and other consultation:
To be entered after the meeting and considered by the Cabinet Member when taking the decision.

Any alternatives considered:
Continuation of current contract was considered but would not have met the needs identified within the review**.**

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:
None

....
signed

....
date

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By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Meradin Peachey, Director of Public Health

To: Social Care & Public Health Cabinet Committee

Date: 4 October 2013

Subject: Mandated Public Health Programmes

Classification: Unrestricted

Summary: Following the reforms of the National Health Service (NHS) and the transfer of public health functions to local authorities from April 2013 this report provides an update on three of the five mandated services the County Council is now responsible for commissioning:

- NHS Health Checks
- National Childhood Measurement Programme
- Provision of Public Health advice to Clinical Commissioning Programmes

Updates on the Sexual Health mandated services are included in another paper on the same agenda for the October Social Care and Public Health Cabinet Committee.

Recommendation: The Social Care and Public Health Cabinet Committee is asked to note the report.

1. Introduction

As part of the provisions of the Health and Social Care Act 2012, the County Council assumed statutory responsibility for key elements of the new national public health system from April 2013. This includes the commissioning and delivery of public health improvement programmes, some of which are mandatory.

This paper provides an update on mandated services and specifically on:

- NHS Health Checks
- National Childhood Measurement Programme
- Provision of Public Health Advice to NHS Clinical Commissioning Groups

2. NHS Health Checks

In 2008 the Department of Health announced that there would be an implementation of “NHS health checks” from April 2009. The programme has been phased with full implementation expected by 2013.

The programme is aimed at patients aged between 40 to 74 years who are being invited for a free NHS health check to assess their risk of cardiovascular disease, including coronary heart disease, stroke, diabetes and kidney disease, with a new additional screen for dementia. All those people that are on relevant disease registers are excluded from the programme.

Circulatory diseases including stroke, diabetes and renal disease as well as heart attack and heart failure account for a third of the deaths in Kent[1]. The Kent Joint Strategic Needs Assessment (JNSA) highlights the importance of the health check programme for the delivery of health priorities across Kent. Cardiovascular disease (CVD) provides a generic term covering all these conditions. In 2007/8 cardiovascular diseases represented 34.6% of the top five causes of death of males in the Kent County Council area and 34.3% of female deaths[2]. Addressing the risk factors for CVD also contributes positively to the prevention of other lifestyle linked diseases such as cancers and dementia.

The health check programme seeks to facilitate improvements in premature mortality from heart disease. The programme is an important strand in the delivery of the Kent Health and Wellbeing Strategy and for CCGs who have obligations to reduce premature mortality rates, particularly cardiovascular disease

3. Delivery of the programme in Kent

Kent Community Healthcare NHS Trust (KCHT) is currently commissioned to deliver the county wide programme, as of the 1st April 2013; previously in East Kent the Primary Care Trust commissioned GPs and a number of other providers directly through a Locally Enhanced Service. In West Kent, Kent Community Trust was previously responsible, and remains the responsible provider. KCHT are responsible for directly contracting with GPs to provide the service, contracting with community pharmacies in areas where there is no or little coverage, provide opportunistic health checks (aimed at people that are less likely to take up a health check, or are not registered with a GP) and roll out a software support tool in GP practices that enables better internal management of the programme at practice level.

4. Current Performance

Results from the most recent quarter (Q1 2013/14) have shown an increase in the number of invites for a health check issued (87% of target) with a reduction in number of invites transformed into an actual health check, however, depending on when the actual invites were issued which is likely to be more towards the end of the quarter, then these should be picked up in Q2.

We are currently RAG (Red Amber Green) rating performance for the first quarter as Red based upon the uptake of health checks but do expect performance to improve.

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[1] Kent 2011 Joint Strategic Needs Assessment http://www.kmpho.nhs.uk/jsna
[2] We are the people of Kent, 2009 edition.
https://shareweb.kent.gov.uk/Documents/facts-and-figures/people-of-kent-2009-final.pdf

A full report of progress is contained within the PH Performance report included in the agenda for the Cabinet Committee

5. Financial Envelope

Rather than in the previous year where we had a block contract with KCHT to deliver the programme we have moved the contracting of the service to a performance related contract with a maximum payment target based on uptake of health Checks. A block payment has been made to cover staff and associated costs of £466K with the maximum payment available £2.2m

6. National Childhood Measurement Programme

The National Childhood Measurement Programme (NCMP) was established in 2005 and involves the annual weighing and measuring of all eligible children in reception year and Year 6 at state-maintained and middle schools including academies. Local delivery of the programme was previously overseen by PCTs, and from April 2013, following reforms to the NHS and public health system, the programme became a public health function of local authorities, with the surveillance elements being mandated.

The initial core purpose of the programme was to gather local-level surveillance data on child weight, status across England. This was extended in 2008 to provide parents with feedback on their child's weight status. National evaluation and research have consistently shown that parents want to receive their child's results, and sharing a child's weight status with their parent is an effective mechanism for raising awareness of the potential associated health consequences.

Data from Reception Year shows that in Kent 8.6% of Reception year children are obese (compared with an England average of 9.5%) and 18.3% of Year six children in Kent are obese (compared with 19.2%).

7. Delivery of the Programme in Kent

The NCMP is delivered through the block contract novated to KCC from the 1st April 2013 with Kent Community Healthcare NHS Trust by the School Nursing Service. The delivery of this surveillance programme is in addition to the School Nursing services primary role, which is to deliver the National Healthy Child Programme 5 to 19 years of age.

Given the importance of the whole Healthy Child and the NCMP plus other functions schools nurses undertake (e.g. school based vaccination) public health are undertaking a needs assessment, service review and engagement process on the model of care to ensure we commission a robust service in the future programme. The review is due to be completed by November 2013.

8. Current Performance

The NCMP aims to measure a minimum of 85% of eligible children in each of the two school cohorts (reception year and Year 6). In Kent the most recent academic year

with data available is year 2011 to 2012 with 93.7% of Reception year participating in the programme and 95% of Year six, both above the national target.

The NCMP is currently RAG (Red, Amber, and Green) rated as Green.
Data from the academic year 2013/14 is expected to be published in December, in Kent we have been assured the continuing Green RAG rating.

9. Financial Envelope

NCMP is currently an element of the School Nursing service provided by KCHT within a contract total of £4.2m.

We have recognised an under provision of school nursing in the West of the county are working with KCHT to increase their staffing baselines.

10. Provision of Advice to Clinical Commissioning Groups

Part of the function of Consultants in Public Health is to advise on the commissioning of health services through needs assessments, service reviews and evidence base for models of care. Through the reforms of the NHS and public health system, one of the requirements of local authorities is to ensure senior Public Health advice to Clinical Commissioning Groups.

In Kent with 7 Clinical commissioning groups, we have agreed a Memorandum of Understanding between KCC Public Health Directorate and the CCGs. Accordingly we have also aligned Public Health Consultants and specialist to CCGs as follows:

NHS Dartford Gravesham and Swanley CCG	Dr Su Xavier
NHS Swale CCG	Dr Faiza Khan
NHS West Kent CCG	Malti Varshney
NHS Ashford CCG	Dr Marion Gibbon
NHS Canterbury CCG	Dr Marion Gibbon
NHS South Kent Coast	Jess Mookherjee
NHS Thanet CCG	Andrew Scott-Clark

These Public Health Consultants are invited members of each of the CCG Boards, and additionally attend other CCG meetings such as Commissioning meeting and Quality and Safety.

Public Health Consultants also attend the sub-structure Health and Wellbeing Boards and led on local District matters such as local groups that feed into the substructure Health and Wellbeing Boards.

In this way, the county are discharging their mandated duty to provide public Health advice to clinical commissioning groups.

11. Recommendations

Recommendations The Social Care and Public Health Cabinet Committee is asked to note the report.

12. Background Documents

None

13. Contact Details

Report Author

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From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Jenny Whittle, Cabinet Member for Specialist Children's Services

Andrew Ireland, Corporate Director - Families and Social Care

Meradin Peachey, Director – Public Health

To: Social Care and Public Health Cabinet Committee – 4th October 2013

Subject: Adult Social Care & Public Health Portfolio & Specialist Children's Services Portfolio Financial Monitoring 2013/14

Classification: Unrestricted

Summary:
This report provides for the Committee relevant information from the quarter's full budget monitoring report for 2013/14 reported to Cabinet on 16th September 2013.

Recommendation:
The Social Care and Public Health Cabinet Committee is asked to note the revenue and capital forecast variances from budget for 2013/14 for the Adult Social Care and Public Health Portfolio and Specialist Children's Services Portfolio based on the first quarter's full monitoring to Cabinet.

1. Introduction

1.1 This is a regular report to this Committee on the forecast outturn for Adult Social Care & Public Health Portfolio and Specialist Children's Services Portfolio

2. Background

2.1 A detailed monitoring report is presented to Cabinet, usually in September, December and March and a draft final outturn report in either June or July. These reports outline the full financial position for each portfolio together with key activity indicators and will be reported to Cabinet Committees after they have been considered by Cabinet. These quarterly reports also include financial health indicators, prudential indicators, the impact on the revenue reserves of the current monitoring position and staffing numbers by directorate. In the intervening months a mini report is made to Cabinet outlining the financial position for each portfolio. The first quarter's monitoring report for 2013/14 is attached.

2.2 The attached relevant annexes from the Cabinet report are presented in the pre-election portfolio format. The Cabinet Member for Finance and Procurement is currently assessing the resource implications of mapping the information to the post-election portfolio structure, in light of the current change programme. An update on this position will be reported verbally at this meeting.

3. Financial Forecast 2013/14 - Revenue

3.1 There are no exceptional revenue changes since the writing of the attached quarter 1 report.

3.2 The table below shows a summary of the overall forecast position for the FSC directorate at the end of the first quarter of 2013/14:

Portfolio	Forecast Variance £m
Specialist Children's Services	+5.164
Adult Social Care & Public Health	-0.415
Total	+4.749

3.3 The table below summarise the forecast variances for Specialist Children's Services.

	Variance £m
Looked After – Residential Care	+0.555
- Fostering	+0.539
- Legal Costs	+0.755
Adoption	+0.331
Children's Staffing	+1.640
Preventative Services	+0.437
Leaving Care	+0.876
Asylum	+0.380
Directorate Mgt & Support	+0.280
Children's Centres	+0.037
VSK	+0.032
Specialist Children's Services Total	+5.164

The detail and reasons for these variances can be found in the full monitoring report (Annex 2) between pages 5 and 24.

3.3 The table below summarises the forecast variances for Adult Social Care and Public Health

	Variance £m
Older People	+0.596
Physical Disability	+0.344
Learning Disability	+1.396
Mental Health	+0.021

Assessment of Vulnerable Adults	+0.847
Safeguarding	+0.051
Directorate & Management Support	+0.365
Public Health	+0.359
Adult Social Care and Public Health Total	+0.415

The detail and reasons of these variances can be found in the full monitoring report (Annex 3 & Annex 6) between pages 25 and 61

4. Financial Forecast 2013/14 - Capital

4.1 There are no exceptional capital changes since the writing of the attached quarter 1 report.

4.2 The table below shows a summary of the overall forecast position for the portfolios at the end of the first quarter of 2013/14. (There are currently no capital programmes in place for Public Health)

Portfolio	Forecast Variance £m
Specialist Children's Services	0.000
Adult Social Care	-0.179
Total	-0.179

5. Social Care Debt Monitoring

5.1 The latest position on Social Care debt can be seen in Annex 3 (Page 54 - 56)

6. Recommendation

The Social Care and Public Health Cabinet Committee is asked to note the revenue and capital forecast variances from budget for 2013/14 for the Adult Social Care and Public Health Portfolio and Specialist Children's Services Portfolio based on the first quarter's full monitoring to Cabinet.

7. Contact details

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FAMILIES & SOCIAL CARE DIRECTORATE SUMMARY
CHILDREN'S SERVICES SUMMARY
JUNE 2013-14 FULL MONITORING REPORT

1. REVENUE

1.1

	Cash Limit	Variance Before Mgmt Action	Management Action	Net Variance after Mgmt Action
Total excl Asylum (£k)	+149,203	+4,784	-2,100	+2,684
Asylum (£k)	+280	+380	-	+380
Total (£k)	**+149,483**	**+5,164**	**-2,100**	**+3,064**

1.2 The cash limits which the Directorate is working to, **and upon which the variances in this report are based**, include adjustments for both formal virement and technical adjustments, the latter being where there is no change in policy. The Directorate would like to request formal virement through this report to reflect adjustments to cash limits required for the following changes:

- The reallocation of 2013-14 approved pressures and savings between A-Z service lines which have been reallocated in light of the 2012-13 outturn expenditure and activity levels and the latest service transformation plans, whereas the budget was set based on forecasts from several months earlier.

Cash limits have also been adjusted to reflect a number of technical adjustments to budget, including realignment of gross and income to more accurately reflect current levels of services and income to be received, totalling +£4,524k gross and -£4,524k income. Significant changes included within this are:

- The inclusion of the Adoption Reform Grant of (+£3,646k gross and +£3,646k income).
- Adjustment to more accurately reflect the gross and income budget (+£725k gross and -£725k income).
- Allocation of health monies (+£153k gross and -£153k income).

There are also a number of other corporate adjustments which total -£188k gross, which are predominantly related to further centralisation of budgets and where responsibilities between directorates/portfolios are still being refined.

The overall movements are therefore an increase in gross of £4,336k (+3,646+725+153-188) and income of -£4,524k (-3,646-725-153). This is detailed in table 1a.

Some of the adjustments have impacted upon affordable levels of activity reported in section 2 of this annex, which have been amended from the levels reported to Cabinet on 15 July within the outturn report.

Table 1a shows:

- The published budget,

- The proposed budget following adjustments for both formal virement and technical adjustments, together with the inclusion of 100% grants (i.e. grants which fully fund the additional costs) awarded since the budget was set.
- The total value of the adjustments applied to each A-Z budget line.
- Please note that changes to cash limits to reflect the decisions made by Cabinet on 15 July regarding the roll forward of underspending from 2012-13 are not reflected in this report, but will be included in the July monitoring report, to be presented to Cabinet in October.

Cabinet is asked to approve these revised cash limits.

Table 1b shows the latest monitoring position against these revised cash limits.

1.3 **Table 1a** below details the change in cash limit by A to Z budget since the published budget:

Budget Book Heading	Original Cash Limit			Revised Cash Limit			Movement		
	G	I	N	G	I	N	G	I	N
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Specialist Children's Services portfolio									
Strategic Management & Directorate Support budgets	4,080.6	-175.0	3,905.6	3,939.8	-175.0	3,764.8	-140.8	0.0	-140.8
Children's Services - **Children in Care (Looked After)**									
- Fostering	35,712.1	-237.0	35,475.1	38,164.1	-336.0	37,828.1	2,452.0	-99.0	2,353.0
- Legal Charges	6,502.0	0.0	6,502.0	7,345.4	0.0	7,345.4	843.4	0.0	843.4
- Residential Children's	15,586.7	-2,144.0	13,442.7	15,379.2	-1,799.9	13,579.3	-207.5	344.1	136.6
- Virtual School Kent	2,701.9	-704.1	1,997.8	2,163.6	-718.9	1,444.7	-538.3	-14.8	-553.1
	60,502.7	-3,085.1	57,417.6	63,052.3	-2,854.8	60,197.5	2,549.6	230.3	2,779.9
Children's Services - **Children in Need**									
- Children's Centres	17,141.8	-139.0	17,002.8	16,257.4	-112.6	16,144.8	-884.4	26.4	-858.0
- Preventative Services	16,295.0	-1,092.1	15,202.9	16,098.0	-1,759.0	14,339.0	-197.0	-666.9	-863.9
	33,436.8	-1,231.1	32,205.7	32,355.4	-1,871.6	30,483.8	-1,081.4	-640.5	-1,721.9
Children's Services - **Other Social Services**									
- Adoption	8,517.0	-49.0	8,468.0	11,088.7	-3,707.5	7,381.2	2,571.7	-3,658.5	-1,086.8
- Asylum Seekers	11,883.3	-11,603.3	280.0	11,883.3	-11,603.3	280.0	0.0	0.0	0.0
- Leaving Care (formerly 16+)	5,039.1	0.0	5,039.1	4,556.9	0.0	4,556.9	-482.2	0.0	-482.2
- Safeguarding	4,591.5	-316.0	4,275.5	4,407.4	-495.5	3,911.9	-184.1	-179.5	-363.6
	30,030.9	-11,968.3	18,062.6	31,936.3	-15,806.3	16,130.0	1,905.4	-3,838.0	-1,932.6

Budget Book Heading	Original Cash Limit			Revised Cash Limit			Movement		
	G	I	N	G	I	N	G	I	N
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Assessment Services									
- Children's social care staffing	42,925.9	-4,846.6	38,079.3	44,028.6	-5,122.2	38,906.4	1,102.7	-275.6	827.1
Total SCS portfolio	**170,976.9**	**-21,306.1**	**149,670.8**	**175,312.4**	**-25,829.9**	**149,482.5**	**4,335.5**	**-4,523.8**	**-188.3**

1.4 **Table 1b** below details the revenue position by A-Z budget against adjusted cash limits as shown in table 1a above:

Budget Book Heading	Cash Limit			Variance	Explanation		Management Action/ Impact on MTFP
	G	I	N	N			
	£'000	£'000	£'000	£'000	£'000		
Specialist Children's Services portfolio							
Strategic Management & Directorate Support budgets	3,939.8	-175.0	3,764.8	-280	-297	underspend on Commissioning staffing budget	
					+17	Other small minor variances	
Children's Services - **Children in Care (Looked After)**							
- Fostering	38,164.1	-336.0	37,828.1	+539	+471	In House: Forecast 1,238 weeks above affordable level	
					+194	In House: Forecast unit cost £3.55 above affordable level	
					+21	In House: Other minor variances	
					+902	Independent Sector (IFA): Forecast 998 weeks above affordable level	
					-379	Independent Sector (IFA): Forecast unit cost £35.18 below affordable level	

Budget Book Heading	Cash Limit			Variance	Explanation		Management Action/ Impact on MTFP
	G	I	N	N			
	£'000	£'000	£'000	£'000	£'000		
					-523	Independent Sector: management action to reduce pressure	The recent in-house fostering recruitment campaign is expected to result in more in-house and fewer independent sector placements, which will reduce costs. Also, new IFA placements will be purchased under a new framework contract which should result in lower cost placements. This will be reflected in the forecast activity shown in sections 2.2 & 2.3 once there is evidence that this management action is starting to take effect.
					-131	small reduction in fostering related payments, and Kinship placements	
					-16	Other small minor variances	
- Legal Charges	7,345.4	0.0	7,345.4	+755	+455	Increase in legal fees and court charges, due to an increase in number of proceedings.	
					+300	Increase in court fee pricing	This pressure will need to be addressed in the 2014-17 MTFP
- Residential Children's Services	15,379.2	-1,799.9	13,579.3	+555	+1,204	Independent residential care: Forecast 392 weeks above affordable level	
					-430	Independent residential care: Forecast unit cost £180.44 below affordable level	
					+32	Independent residential care: small reduction in income	

ANNEX 2

Budget Book Heading	Cash Limit G	Cash Limit I	Cash Limit N	Variance N	Explanation		Management Action/ Impact on MTFP
	£'000	£'000	£'000	£'000	£'000		
					-423	Independent residential care: management action to reduce pressure	Savings are expected from (i) migration from residential to IFA placement (ii) seeking higher level of joint funding and (iii) reduced unit costs from establishing a framework for purchasing residential placements.
					+132	Pressure on staffing	
					+40	Other small minor variances	
- Virtual School Kent	2,163.6	-718.9	1,444.7	-32			
	63,052.3	-2,854.8	60,197.5	+1,817			
Children's Services **- Children in Need**							
- Children's Centres	16,257.4	-112.6	16,144.8	-37			
- Preventative Services	16,098.0	-1,759.0	14,339.0	+437	+540	Pressure on commissioned services	
					-103	Other small minor variances	
	32,355.4	-1,871.6	30,483.8	+400			
Children's Services - **Other Social Services**							
- Adoption	11,088.7	-3,707.5	7,381.2	+331	+117	Increase in number of adoption payments	
					+144	Increase in number of guardianship payments	
					+70	Other small minor variances	
- Asylum Seekers	11,883.3	-11,603.3	280.0	+380	+1,067	Pressure relating to under 18 UASC due to costs exceeding grant payable	
					+115	Pressure relating to under 18 UASC due to ineligibility	
					+1,300	Pressure relating to over 18's due to ineligibility, of which £861k relates to All Rights Exhausted (ARE) clients	
					+1,098	Pressure relating to over 18's due to costs exceeding grant payable (see activity section 2.6 below), of which £288k relates to ARE clients	

Budget Book Heading	Cash Limit			Variance	Explanation		Management Action/ Impact on MTFP
	G	I	N	N			
	£'000	£'000	£'000	£'000	£'000		
					-995	Gateway grant not required for infrastructure costs and therefore available to offset other pressures	
					-2,205	Invoice to Home Office for net pressures outlined above, excluding costs for the first 25 care leavers, naturalised clients, care leavers age 21 and over not in education and care leavers age 24 and over (as these clients either fall within KCC's social care responsibilities or we should no longer be supporting them at all)	
- Leaving Care (formerly 16+)	4,556.9	0.0	4,556.9	+876	+375	Pressure on staffing budgets	
					+501	Additional young people requiring this service	
- Safeguarding	4,407.4	-495.5	3,911.9	0			
	31,936.3	-15,806.3	16,130.0	+1,587			
<u>Assessment Services</u>							
- Children's social care staffing	44,028.6	-5,122.2	38,906.4	+1,640	+1,640	Pressure on staffing budgets. Partly due to appointment of agency staff to bridge the gap until new cohort of social workers take up posts in October	
Total SCS portfolio	**175,312.4**	**-25,829.9**	**149,482.5**	**+5,164**			

Budget Book Heading	Cash Limit			Variance	Explanation		Management Action/ Impact on MTFP
	G	I	N	N			
	£'000	£'000	£'000	£'000	£'000		
Assumed Mgmt Action							
- SCS portfolio				-2,100		At this early stage we are still reliant on a significant number of agency staff. We are continuing with a recruitment drive and this, along side the newly qualified social workers due to start in the Autumn should reduce the overall pressure on staffing budgets. Also, a diagnostic is currently underway and the Efficiency Board is to review all of the specific management action plans once the diagnostic is complete.	
Total Forecast <u>after</u> mgmt action	**175,312.4**	**-25,829.9**	**149,482.5**	**+3,064**			

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

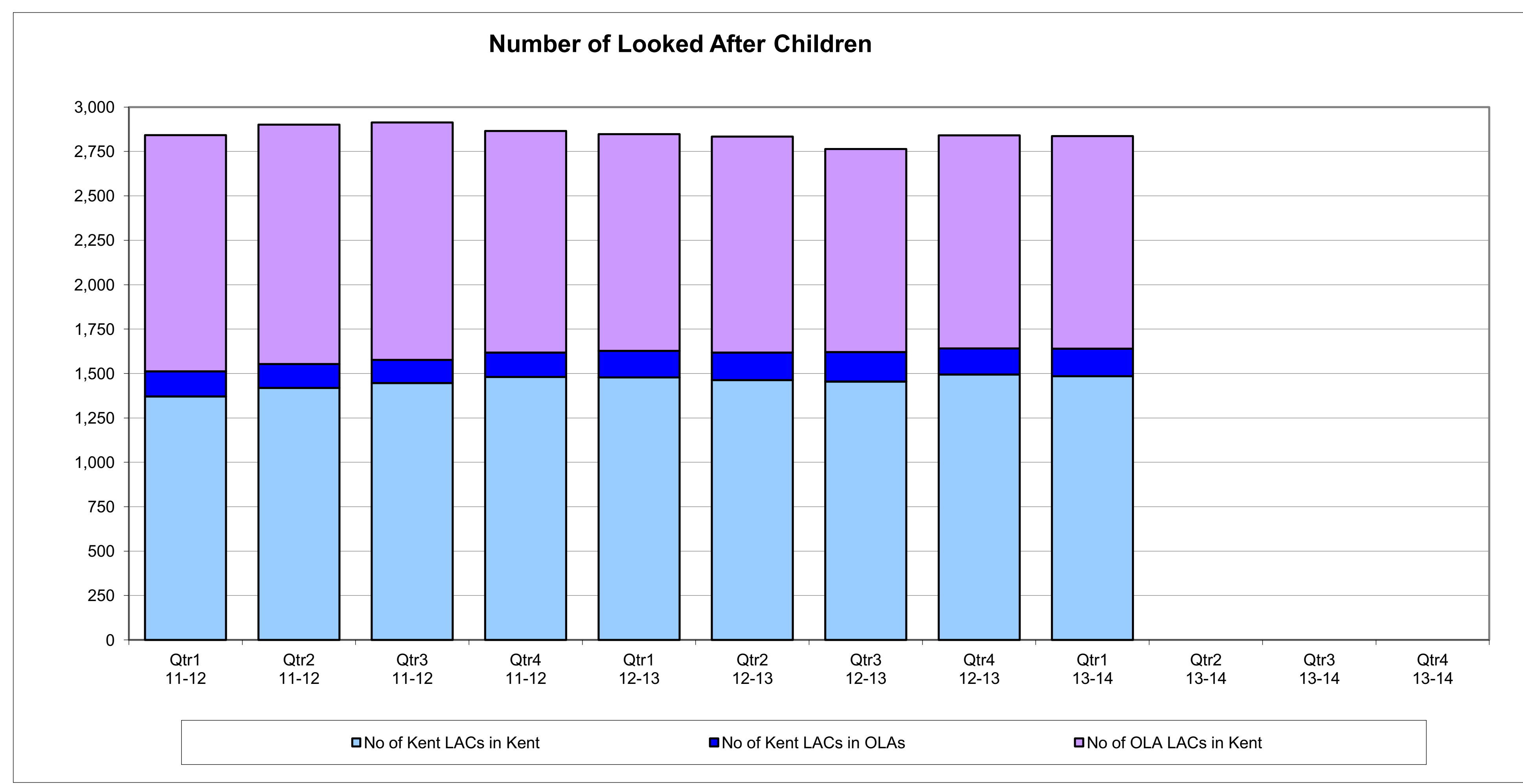
2.1 **Number of Looked After Children (LAC)** (excluding Asylum Seekers):

		No of Kent LAC placed in Kent	No of Kent LAC placed in OLAs	**TOTAL NUMBER OF KENT LAC**	*No of OLA LAC placed in Kent*	***TOTAL NUMBER OF LAC IN KENT***
2011-12	Apr to Jun	1,371	141	**1,512**	*1,330*	***2,842***
	Jul to Sep	1,419	135	**1,554**	*1,347*	***2,901***
	Oct to Dec	1,446	131	**1,577**	*1,337*	***2,914***
	Jan to Mar	1,480	138	**1,618**	*1,248*	***2,866***
2012-13	Apr to Jun	1,478	149	**1,627**	*1,221*	***2,848***
	Jul to Sep	1,463	155	**1,618**	*1,216*	***2,834***
	Oct to Dec	1,455	165	**1,620**	*1,144*	***2,764***
	Jan to Mar	1,494	147	**1,641**	*1,200*	***2,841***
2013-14	Apr to Jun	1,485	155	**1,640**	*1,197*	***2,837***
	Jul to Sep					
	Oct to Dec					
	Jan to Mar					

Comments:

- Children Looked After by KCC may on occasion be placed out of the County, which is undertaken using practice protocols that ensure that all long-distance placements are justified and in the interests of the child. All Looked After Children are subject to regular statutory reviews (at least twice a year), which ensures that a regular review of the child's care plan is undertaken.
- The figures represent a snapshot of the number of children designated as looked after at the end of each quarter, it is not the total number of looked after children during the period. Therefore although the number of Kent looked after children has reduced by 1 this quarter, there could have been more (or less) during the period. Although the overall snapshot number of looked after children has remained static this quarter, the numbers within each placement grouping have changed, with an increase in higher cost placements such as Independent Sector Fostering and Residential Care, but a reduction in lower cost placements such as Placed for Adoption and Related Fostering, resulting in an overall increase in the pressure on the Specialist Children's Services budget.
- The increase in the number of looked after children since the 2013-14 budget was set (Q3 12/13) has placed additional pressure on the services for looked after children, including fostering and residential care. £1.5m of rolled forward underspending from 2012-13 was approved by Cabinet on 15 July to address this issue. The forecasts within this report already take into account this additional £1.5m of funding (although this is not yet reflected in the cash limit as explained in section 3.5 of the executive summary report).

- The OLA LAC information has a confidence rating of 71% and is completely reliant on Other Local Authorities keeping KCC informed of which children are placed within Kent. The Management Information Unit (MIU) regularly contact these OLAs for up to date information, but replies are not always forthcoming. This confidence rating is based upon the percentage of children in this current cohort where the OLA has satisfactorily responded to recent MIU requests.



ANNEX 2

2.2 Number of Client Weeks & Average Cost per Client Week of Foster Care provided by KCC:

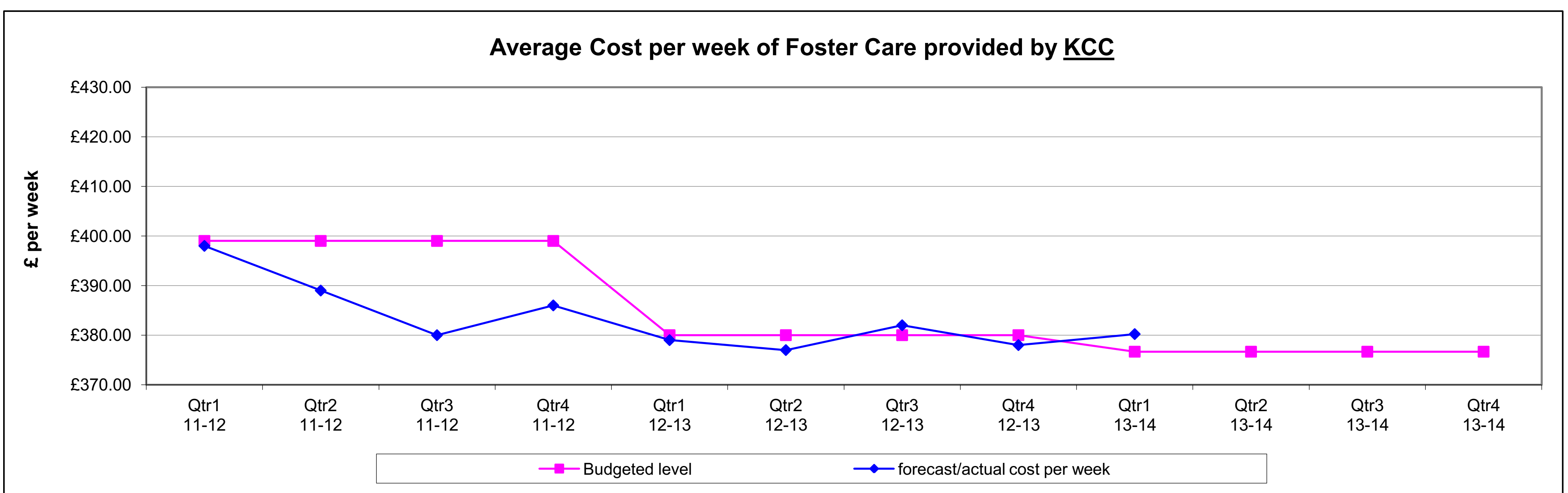
	2011-12				2012-13				2013-14			
	No of weeks		Average cost per client week		No of weeks		Average cost per client week		No of weeks		Average cost per client week	
	Budget level	actual	Budget level	forecast /actual	Budget level	actual	Budget level	forecast /actual	Budget level	actual	Budget level	forecast
Apr to Jun	12,219	13,926	£399	£398	13,718	14,487	£380	£379	13,659	14,014	£376.67	£380.22
Jul to Sep	12,219	14,078	£399	£389	13,718	14,440	£380	£377	13,658		£376.67	
Oct to Dec	12,219	14,542	£399	£380	13,718	13,986	£380	£382	13,658		£376.67	
Jan to Mar	12,219	14,938	£399	£386	13,718	14,462	£380	£378	13,658		£376.67	
	48,876	**57,484**	**£399**	**£386**	**54,872**	**57,375**	**£380**	**£378**	**54,633**	**14,014**	**£376.67**	**£380.22**

Number of Client Weeks of Foster Care provided by KCC

16,000
15,500
15,000
14,500
14,000
13,500
13,000
12,500
12,000
11,500

Qtr1 11-12 | Qtr2 11-12 | Qtr3 11-12 | Qtr4 11-12 | Qtr1 12-13 | Qtr2 12-13 | Qtr3 12-13 | Qtr4 12-13 | Qtr1 13-14 | Qtr2 13-14 | Qtr3 13-14 | Qtr4 13-14

Budgeted level — actual client weeks



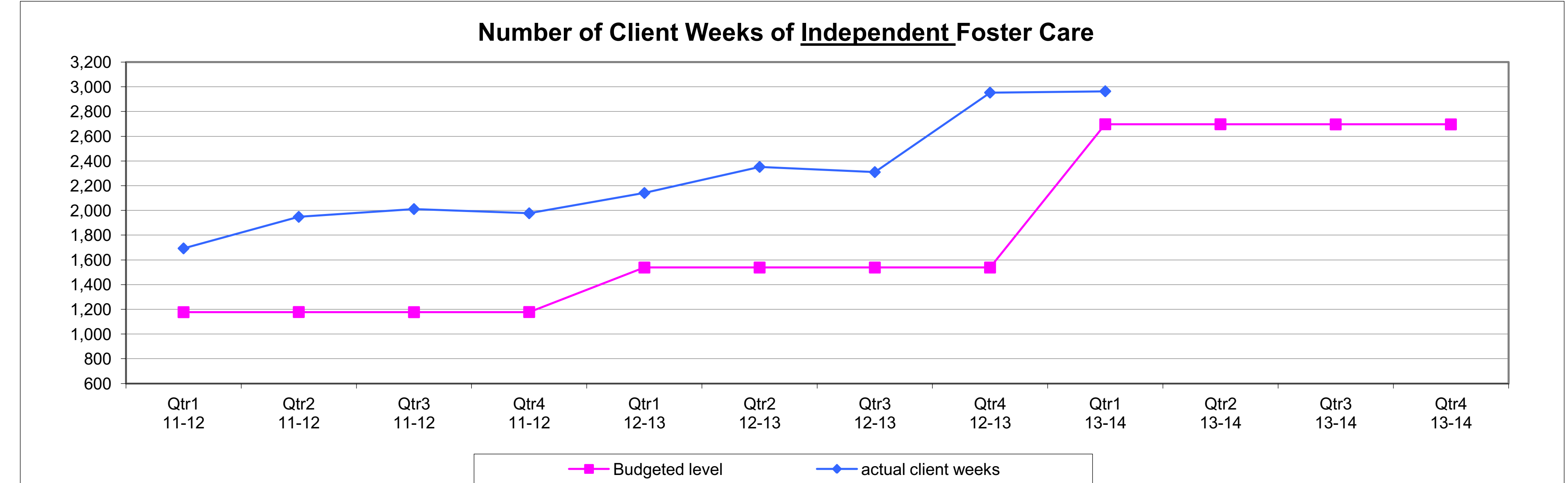
Comments:

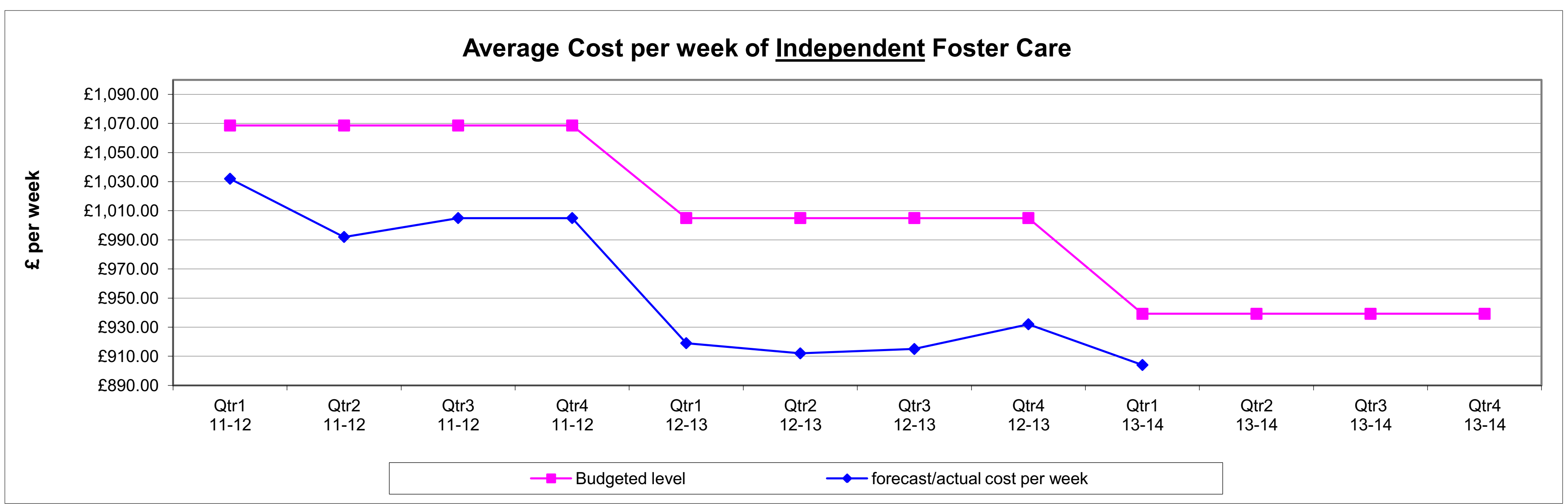
- The actual number of client weeks is based on the numbers of known clients at a particular point in time. This may be subject to change due to the late receipt of paperwork.
- The budgeted level has been calculated by dividing the budget by the average weekly cost. The average weekly cost is also an estimate based on financial information and estimates of the number of client weeks and may be subject to change.
- The 2013-14 budgeted level has changed from what was reported to Cabinet on 15 July in the 2012-13 outturn report, reflecting the realignment of budgets as detailed in section 1.2 of this annex.
- The forecast number of weeks is 55,871 (excluding asylum), which is 1,238 weeks above the affordable level. At the forecast unit cost of £380.22 per week, this increase in activity gives a pressure of £471k, as shown in table 1b.
- The forecast unit cost of £380.22 is +£3.55 above the budgeted level and when multiplied by the budgeted number of weeks, gives a pressure of +£194k, as shown in table 1b.
- Overall therefore, the combined gross pressure on this service is £665k (£471k + £194k).

ANNEX 2

2.3 Number of Client Weeks & Average Cost per Client Week of Independent Foster Care:

	2011-12				2012-13				2013-14			
	No of weeks		Average cost per client week		No of weeks		Average cost per client week		No of weeks		Average cost per client week	
	Budget level	actual	Budget level	forecast /actual	Budget level	actual	Budget level	forecast /actual	Budget level	actual	Budget level	forecast
Apr to Jun	1,177	1,693	£1,069	£1,032	1,538	2,141	£1,005	£919	2,697	2,964	£939.19	£904.01
Jul to Sep	1,178	1,948	£1,069	£992	1,538	2,352	£1,005	£912	2,697		£939.19	
Oct to Dec	1,177	2,011	£1,069	£1,005	1,538	2,310	£1,005	£915	2,696		£939.19	
Jan to Mar	1,178	1,977	£1,069	£1,005	1,538	2,953	£1,005	£932	2,696		£939.19	
	4,710	**7,629**	**£1,069**	**£1,005**	**6,152**	**9,756**	**£1,005**	**£932**	**10,786**	**2,964**	**£939.19**	**£904.01**



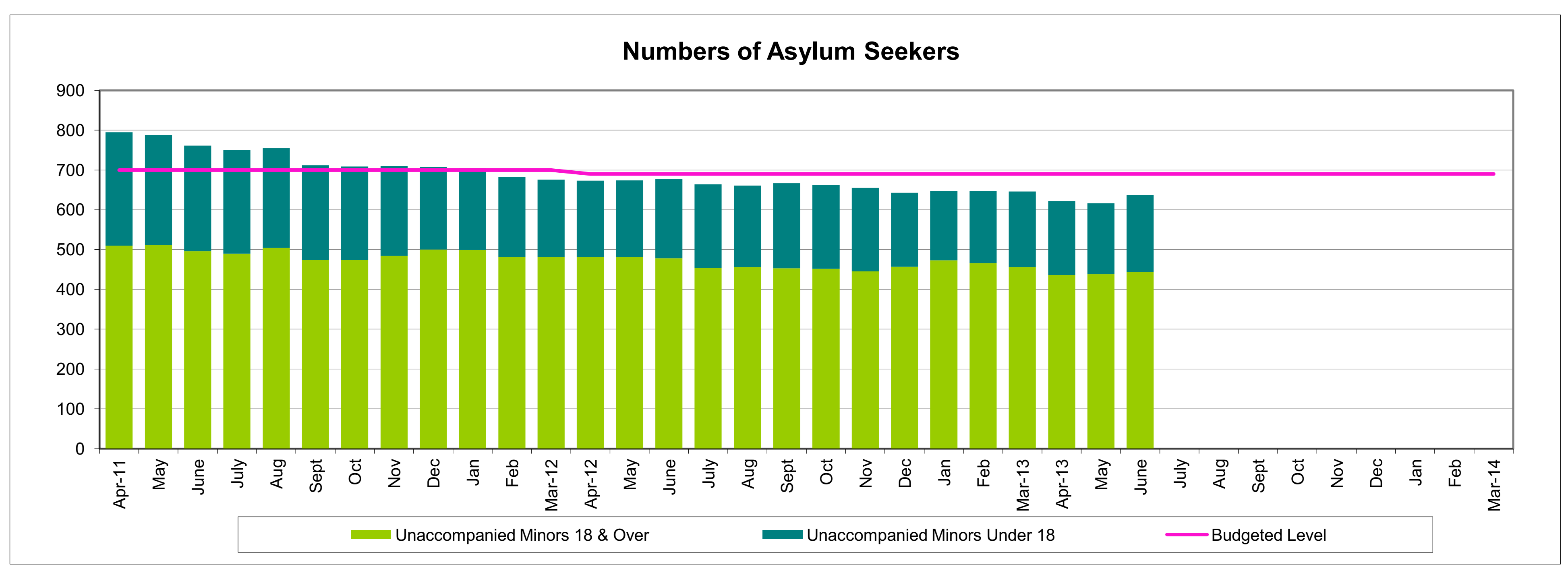


Comments:

- The actual number of client weeks is based on the numbers of known clients at a particular point in time. This may be subject to change due to the late receipt of paperwork.
- The budgeted level has been calculated by dividing the budget by the average weekly cost. The average weekly cost is also an estimate based on financial information and estimates of the number of client weeks and may be subject to change.
- The 2013-14 budgeted level has changed from what was reported to Cabinet on 15 July in the 2012-13 outturn report, reflecting the realignment of budgets as detailed in section 1.2 of this annex.
- The forecast number of weeks is 11,784 (excluding asylum), which is 998 weeks above the affordable level. At the forecast unit cost of £904.01 per week, this increase in activity gives a pressure of £902k as shown in table 1b.
- The forecast unit cost of £904.01 is £35.18 below the budgeted level and when multiplied by the budgeted number of weeks, gives a saving of -£379k as shown in table 1b.
- Overall therefore, the combined gross pressure on this service is £523k (£902k - £379k)
- The forecast average unit cost of £904.01 includes some mother and baby placements, which are subject to court orders. These placements often cost in excess of £1,500 per week.
- The IFA Framework contract commenced in June 2013 and unit costs are expected to reduce as a result of this, which will be reflected in future months monitoring reports.

2.4 Number of Unaccompanied Asylum Seeking Children (UASC):

	2011-12			2012-13			2013-14		
	Under 18	18 & Over	**Total**	Under 18	18 & Over	**Total**	Under 18	18 & Over	**Total**
Apr	285	510	**795**	192	481	**673**	186	436	**622**
May	276	512	**788**	193	481	**674**	178	438	**616**
Jun	265	496	**761**	200	478	**678**	194	443	**637**
Jul	260	490	**750**	210	454	**664**			**0**
Aug	251	504	**755**	205	456	**661**			**0**
Sep	238	474	**712**	214	453	**667**			**0**
Oct	235	474	**709**	210	452	**662**			**0**
Nov	225	485	**710**	210	445	**655**			**0**
Dec	208	500	**708**	186	457	**643**			**0**
Jan	206	499	**705**	174	473	**647**			**0**
Feb	202	481	**683**	181	466	**647**			**0**
Mar	195	481	**676**	190	456	**646**			**0**

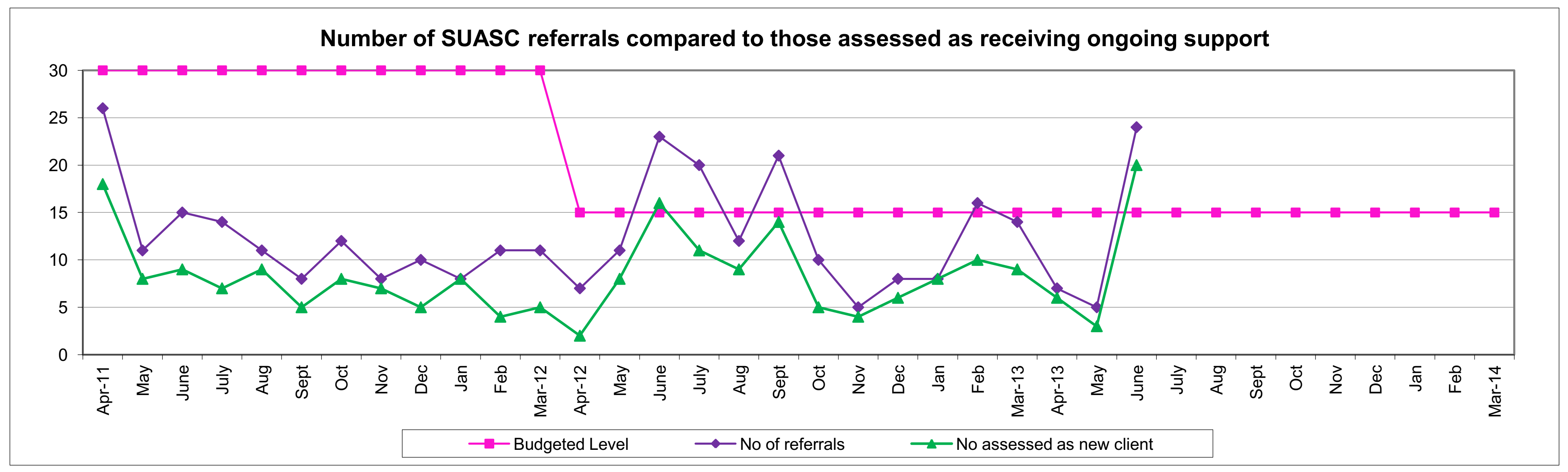


Comments:

- The overall number of children has remained fairly static so far this year. The current number of clients supported is below the budgeted level of 690.
- The budgeted number of referrals for 2013-14 is 15 per month, with 9 (60%) being assessed as under 18.
- Despite improved partnership working with the UKBA, the numbers of 18 & overs who are All Rights of appeal Exhausted (ARE) have not been removed as quickly as originally planned.
- In general, the age profile suggests the proportion of 18 & overs is decreasing slightly and, in addition, the age profile of the under 18 children is increasing.
- The data recorded above will include some referrals for which the assessments are not yet complete or are being challenged. These clients are initially recorded as having the Date of Birth that they claim but once their assessment has been completed, or when successfully appealed, their category may change.

2.5 Number of Unaccompanied Asylum Seeking Children (UASC):

	2011-12			2012-13			2013-14		
	No of referrals	No. assessed as new client	%	No of referrals	No. assessed as new client	%	No of referrals	No. assessed as new client	%
Apr	26	18	69%	7	2	29%	7	6	86%
May	11	8	73%	11	8	73%	5	3	60%
Jun	15	9	60%	23	16	70%	24	20	83%
Jul	14	7	50%	20	11	55%			
Aug	11	9	82%	12	9	75%			
Sep	8	5	63%	21	14	67%			
Oct	12	8	67%	10	5	50%			
Nov	8	7	88%	5	4	80%			
Dec	10	5	50%	8	6	75%			
Jan	8	8	100%	8	8	100%			
Feb	11	4	36%	16	10	63%			
Mar	11	5	45%	14	9	64%			
	145	**93**	**64%**	**155**	**102**	**66%**	**36**	**29**	**81%**

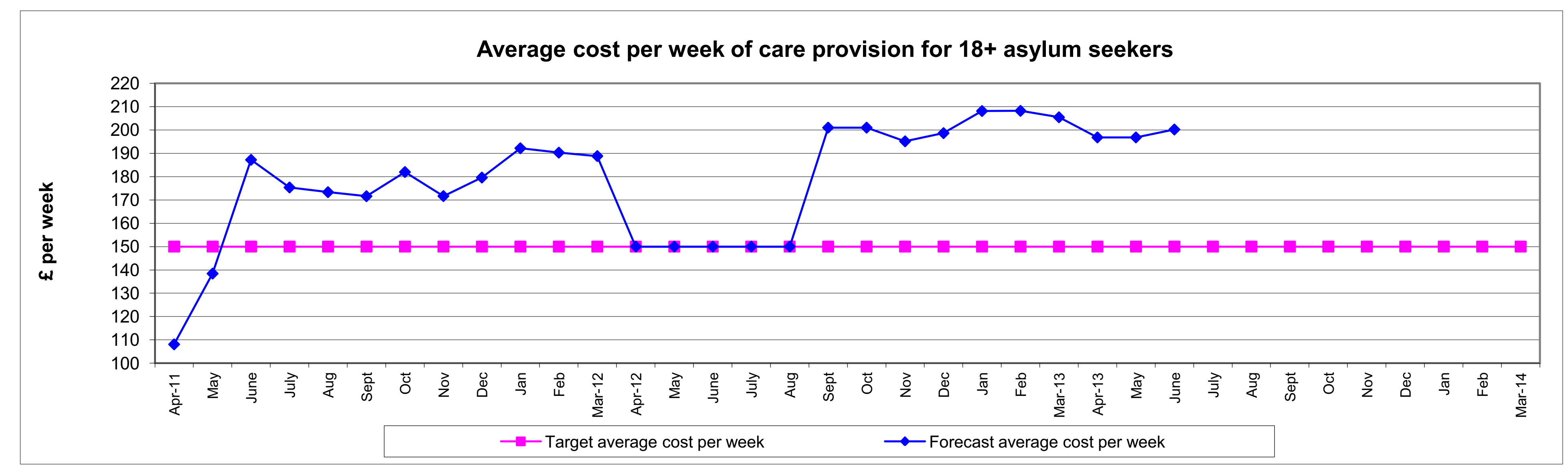


Comments:

- The average number of referrals per month is now 12, which is below the budgeted number of 15 referrals per month.
- The number of referrals has a knock on effect on the number assessed as new clients. The budgeted level is based on the assumption 60% of the referrals will be assessed as a new client. The average number assessed as new clients is now 81%.
- The budget assumed 9 new clients per month (60% of 15 referrals) but the average number of new clients per month is currently 10 i.e. a 11% increase.
- Where a young person has been referred but not assessed as a new client this would be due to them being re-united with their family, assessed as 18+ and returned to UKBA or because they have gone missing before an assessment has been completed.

2.6 Average monthly cost of Asylum Seekers Care Provision for 18+ Care Leavers:

	2011-12		2012-13		2013-14	
	Target average weekly cost £	Forecast average weekly cost £p	Target average weekly cost £	Forecast average weekly cost £p	Target average weekly cost £	Forecast average weekly cost £p
Apr	150	108.10	150	150.00	150	196.78
May	150	138.42	150	150.00	150	196.78
Jun	150	187.17	150	150.00	150	200.18
Jul	150	175.33	150	150.00	150	
Aug	150	173.32	150	150.00	150	
Sep	150	171.58	150	200.97	150	
Oct	150	181.94	150	200.97	150	
Nov	150	171.64	150	195.11	150	
Dec	150	179.58	150	198.61	150	
Jan	150	192.14	150	208.09	150	
Feb	150	190.25	150	208.16	150	
Mar	150	188.78	150	205.41	150	



Comments:

- The local authority has agreed that the funding levels for the Unaccompanied Asylum Seeking Children's Service 18+ grant agreed with the Government rely on us achieving an average cost per week of £150, in order for the service to be fully funded, which is also reliant on the UKBA accelerating the removal process. In 2011-12 UKBA changed their grant rules and now only fund the costs of an individual for up to three months after the All Rights of appeal Exhausted (ARE) process if the LA carries out a Human Rights Assessment before continuing support. The LA has continued to meet the cost of the care leavers in order that it can meet its' statutory obligations to those young people under the Leaving Care Act until the point of removal.
- As part of our partnership working with UKBA, most UASC in Kent are now required to report to UKBA offices on a regular basis, in most cases weekly. The aim is to ensure that UKBA have regular contact and can work with the young people to encourage them to make use of the voluntary methods of return rather than forced removal or deportation. As part of this arrangement any young person who does not report as required may have their Essential Living Allowance discontinued. As yet this has not resulted in an increase in the number of AREs being removed. The number of AREs supported has continued to remain steady, but high and a number of issues remain:
    - For various reasons, some young people have not yet moved to lower cost properties, mainly those placed out of county. These placements are largely due to either medical/mental health needs or educational needs.
    - We are currently experiencing higher than anticipated level of voids, properties not being fully occupied. Following the incident in Folkestone in January 2011, teams are exercising a greater caution when making new placements into existing properties. This is currently being addressed by the Accommodation Team.
    - We are still receiving damages claims relating to closed properties.
- As part of our strive to achieve a net unit cost of £150 or below, we will be insisting on take-up of state benefits for those entitled.
- The current forecast average weekly cost for 2013-14 is £200.18, £50.18 above the £150 claimable under the grant rules. This adds £1,098k to the forecast outturn position. We are invoicing the Home Office for the majority of this shortfall in grant income each month and negotiations are ongoing regarding payment.

3. CAPITAL

3.1 The Families and Social Care Directorate - Children's Services has a working budget for 2013-14 of £1,325k. The forecast outturn against the 2013-14 budget is £1,325k giving a variance of £0k.

3.2 **Table 2** below details the FSC CS Capital Position by Budget Book line.

Budget Book Heading	Three year cash limit (£000)	2013-14 Working Budget (£000)	2013-14 Variance (£000)	Variance Break-down (£000)	Rephasing / Real Variance and Funding Stream	Explanation of In-Year Variance	Project Status [1]	Explanation of Project Status	Actions
Individual Projects									
Transforming Short Breaks	1,074	1,074	0	0			Green		Additional grant available therefore request cash limit increase of £600.453k
Service Redesign (Inc Intensive Parenting Centres)	251	251	0	0			Green		
Total	**1,325**	**1,325**	**0**	**0**					

1. Status:

Green – on time and within budget
Amber – either delayed completion date or over budget
Red – both delayed completion and over budget

FAMILIES & SOCIAL CARE DIRECTORATE SUMMARY
ADULTS SERVICES SUMMARY
JUNE 2013-14 FULL MONITORING REPORT

1. REVENUE

1.1

	Cash Limit	Variance Before Mgmt Action	Management Action	Net Variance after Mgmt Action
Total (£k)	**+334,647**	**-56**	**-**	**-56**

1.2 The cash limits which the Directorate is working to, **and upon which the variances in this report are based**, include adjustments for both formal virement and technical adjustments, the latter being where there is no change in policy. The Directorate would like to request formal virement through this report to reflect adjustments to cash limits required for the following changes:

- The allocation of NHS Support for Social Care Grant where further information regarding allocations and spending plans has become available since the budget setting process this involves an adjustment between A-Z budget lines. There is an overall gross and income budget adjustment of -£153k gross and +£153k income to reflect the transfer of health funding to the Specialist Children's Services Portfolio. Further allocations are expected during the year once plans have been finalised.
- The realignment of direct service budgets in light of the 2012-13 outturn expenditure and activity, whereas the budget was set based on forecasts from several months earlier (-£93.4k Gross and +£93.4k Income).
- The reallocation of 2013-14 approved pressures and savings between A-Z service lines to reflect the latest service transformation plans and agreed pricing strategy (+£0k Gross and -£0k Income).

Cash limits have also been adjusted to reflect a number of technical adjustments to the budget, including realignment of gross and income to more accurately reflect current levels of services and income to be received, totalling +£1,582.5k gross and -£1,582.5k income. This is predominately due to the recommissioning of the Carers strategy to reflect a new S256 agreement currently being developed with CCGs to jointly commission Adult Carers Assessment and Support Services from 2013-14. KCC are the lead partner in this arrangement, resulting in an additional £1,525,2k gross and -£1,525.2k income budget to reflect health's contribution towards this service.

There are also a number of other corporate adjustments which total +£518.7k gross, which are predominantly related to where responsibilities between directorates/portfolios are still being refined, including the transfer back to FSC from the Contact Centre of the Kent Contact & Assessment Service (KCAS) service and the transfer back from BSS of trainers for the SWIFT client activity system.

The overall movements are therefore an increase in gross of £1,854.8k (-153 - 93.4 + 1,582.5 + 518.7) and income of -£1,336.1k (+153 + 93.4 - 1,582.5). This is detailed in table 1a.

Some of the adjustments have impacted upon affordable levels of activity reported in section 2 of this annex, which have been amended from the levels reported to Cabinet on 15 July within the outturn report.

Table 1a shows:

- The published budget,
- The proposed budget following adjustments for both formal virement and technical adjustments, together with the inclusion of 100% grants (i.e. grants which fully fund the additional costs) awarded since the budget was set.
- The total value of the adjustments applied to each A-Z budget line.
- Please note that changes to cash limits to reflect the decisions made by Cabinet on 15 July regarding the roll forward of underspending from 2012-13 are not reflected in this report, but will be included in the July monitoring report, to be presented to Cabinet in October.

Cabinet is asked to approve these revised cash limits.

Table 1b shows the latest monitoring position against these revised cash limits.

1.3 **Table 1a** below details the change in cash limit by A to Z budget since the published budget:

Budget Book Heading	Original Cash Limit			Revised Cash Limit			Movement		
	G	I	N	G	I	N	G	I	N
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Adult Social Care & Public Health portfolio									
Strategic Management & Directorate Support budgets	5,460.6	-180.7	5,279.9	6,556.8	-943.5	5,613.3	1,096.2	-762.8	333.4
Support to Frontline Services:									
- Adults Social Care Commissioning & Performance Monitoring	3,418.2	0.0	3,418.2	3,547.9	-140.2	3,407.7	129.7	-140.2	-10.5
Adults & Older People:									
- Direct Payments									
- Learning Disability	14,266.8	0.0	14,266.8	15,579.0	0.0	15,579.0	1,312.2	0.0	1,312.2
- Mental Health	822.4	0.0	822.4	817.2	0.0	817.2	-5.2	0.0	-5.2
- Older People	6,711.5	0.0	6,711.5	6,797.2	0.0	6,797.2	85.7	0.0	85.7
- Physical Disability	9,717.9	0.0	9,717.9	10,586.9	0.0	10,586.9	869.0	0.0	869.0
Total Direct Payments	31,518.6	0.0	31,518.6	33,780.3	0.0	33,780.3	2,261.7	0.0	2,261.7
- Domiciliary Care									
- Learning Disability	4,320.3	-626.6	3,693.7	4,285.0	-726.6	3,558.4	-35.3	-100.0	-135.3
- Older People	44,186.1	-10,045.3	34,140.8	42,637.5	-1,362.7	41,274.8	-1,548.6	8,682.6	7,134.0

ANNEX 3

Budget Book Heading	Original Cash Limit			Revised Cash Limit			Movement		
	G	I	N	G	I	N	G	I	N
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
- Physical Disability	7,098.3	0.0	7,098.3	7,576.3	0.0	7,576.3	478.0	0.0	478.0
Total Domiciliary Care	55,604.7	-10,671.9	44,932.8	54,498.8	-2,089.3	52,409.5	-1,105.9	8,582.6	7,476.7
- Non Residential Charging									
- Learning Disability	0.0	-2,974.7	-2,974.7	0.0	-2,569.3	-2,569.3	0.0	405.4	405.4
- Older People	0.0	-10,140.6	-10,140.6	0.0	-11,627.0	-11,627.0	0.0	-1,486.4	-1,486.4
- Physical Disability	0.0	-1,215.8	-1,215.8	0.0	-1,459.5	-1,459.5	0.0	-243.7	-243.7
Total Non Residential Charging Income	0.0	-14,331.1	-14,331.1	0.0	-15,655.8	-15,655.8	0.0	-1,324.7	-1,324.7
- Nursing & Residential Care									
- Learning Disability	77,188.5	-6,570.7	70,617.8	76,795.1	-6,219.8	70,575.3	-393.4	350.9	-42.5
- Mental Health	7,280.2	-762.4	6,517.8	7,380.2	-768.4	6,611.8	100.0	-6.0	94.0
- Older People - Nursing	47,678.5	-24,719.0	22,959.5	48,603.9	-24,365.0	24,238.9	925.4	354.0	1,279.4
- Older People -	75,482.5	-32,773.8	42,708.7	82,192.3	-32,741.2	49,451.1	6,709.8	32.6	6,742.4
- Physical Disability	13,968.5	-2,020.4	11,948.1	12,718.9	-1,752.0	10,966.9	-1,249.6	268.4	-981.2
Total Nursing & Residential Care	221,598.2	-66,846.3	154,751.9	227,690.4	-65,846.4	161,844.0	6,092.2	999.9	7,092.1
- Supported Accommodation									
- Learning Disability	31,821.1	-1,538.7	30,282.4	32,672.7	-1,425.0	31,247.7	851.6	113.7	965.3
- Older People	4,555.7	-4,350.0	205.7	4,540.1	-4,350.0	190.1	-15.6	0.0	-15.6
- Physical Disability / Mental Health	3,686.3	-234.4	3,451.9	3,430.9	-248.9	3,182.0	-255.4	-14.5	-269.9
Total Supported Accommodation	40,063.1	-6,123.1	33,940.0	40,643.7	-6,023.9	34,619.8	580.6	99.2	679.8
- Other Services for Adults & Older People									
- Contributions to Vol Orgs	19,483.7	-5,511.3	13,972.4	17,868.5	-4,244.0	13,624.5	-1,615.2	1,267.3	-347.9
- Community Support Services for Mental Health	1,072.7	-34.4	1,038.3	1,265.3	-34.3	1,231.0	192.6	0.1	192.7
- Day Care									
- Learning Disability	12,575.9	-174.1	12,401.8	12,715.1	-174.1	12,541.0	139.2	0.0	139.2
- Older People	2,711.6	-63.1	2,648.5	2,455.5	-63.1	2,392.4	-256.1	0.0	-256.1
- Physical Disability	1,263.9	-4.7	1,259.2	1,040.0	-4.7	1,035.3	-223.9	0.0	-223.9
Total Day Care	16,551.4	-241.9	16,309.5	16,210.6	-241.9	15,968.7	-340.8	0.0	-340.8

Budget Book Heading	Original Cash Limit			Revised Cash Limit			Movement		
	G	I	N	G	I	N	G	I	N
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
- Other Adult Services	12,740.1	-7,989.1	4,751.0	4,117.4	-15,623.0	-11,505.6	-8,622.7	-7,633.9	-16,256.6
- Safeguarding	1,108.2	-261.6	846.6	1,107.2	-261.6	845.6	-1.0	0.0	-1.0
Total Other Services for A&OP	50,956.1	-14,038.3	36,917.8	40,569.0	-20,404.8	20,164.2	-10,387.1	-6,366.5	-16,753.6
Assessment Services									
- Adult Social Care Staffing	39,139.0	-1,438.4	37,700.6	42,326.4	-3,862.0	38,464.4	3,187.4	-2,423.6	763.8
Total ASC&PH portfolio	**447,758.5**	**-113,629.8**	**334,128.7**	**449,613.3**	**-114,965.9**	**334,647.4**	**1,854.8**	**-1,336.1**	**518.7**

1.4 **Table 1b** below details the revenue position by A-Z budget against adjusted cash limits as shown in table 1a above:

Budget Book Heading	Cash Limit			Variance	Explanation		Management Action/ Impact on MTFP
	G	I	N	N			
	£'000	£'000	£'000	£'000	£'000		
Adult Social Care & Public Health portfolio							
Strategic Management & Directorate Support budgets	6,556.8	-943.5	5,613.3	+373	+294 +79	Legal Charges forecast based on 12-13 outturn Other minor variances	
Support to Frontline Services:							
- Adults Social Care Commissioning & Performance Monitoring	3,547.9	-140.2	3,407.7	-8			
Adults & Older People:							
- Direct Payments							
- Learning Disability	15,579.0	0.0	15,579.0	+14	-370 +349 +175 -110 -30	Forecast -1,380 weeks below affordable level of 59,234 weeks Forecast average unit cost +£5.90 above affordable level of £262.50 one-off direct payments recovery of unspent funds from clients Other minor variances	Demographic pressures & savings will need to be addressed in the MTFP

Budget Book Heading	Cash Limit G	Cash Limit I	Cash Limit N	Variance N	Explanation		Management Action/ Impact on MTFP
	£'000	£'000	£'000	£'000	£'000		
- Mental Health	817.2	0.0	817.2	+111	-72 +150 +33	Forecast -846 weeks below affordable level of 10,803 weeks Forecast average unit cost +£13.88 above affordable level of £71.40 Other minor variances	Demographic pressures & savings will need to be addressed in the MTFP
- Older People	6,797.2	0.0	6,797.2	-357	-828 +425 +179 -133	Forecast -5,172 weeks below affordable level of 45,113 weeks Forecast average unit cost +£9.42 above affordable level of £150.67 one-off direct payments recovery of unspent funds from clients	Demographic pressures & savings will need to be addressed in the MTFP
- Physical Disability	10,586.9	0.0	10,586.9	-694	-968 +217 +237 -180	Forecast -5,056 weeks below affordable level of 56,463 weeks Forecast average unit cost +£3.84 above affordable level of £187.50 one-off direct payments recovery of unspent funds from clients	Demographic pressures & savings will need to be addressed in the MTFP
Total Direct Payments	33,780.3	0.0	33,780.3	-926			
- Domiciliary Care							
- Learning Disability	4,285.0	-726.6	3,558.4	-194	-229 +52 -17	Independent Sector: forecast -15,941 hours below affordable level of 94,500 hours Independent Sector: forecast average unit cost +£0.55 above affordable level of £13.80 Other minor variances	Demographic pressures & savings will need to be addressed in the MTFP
- Older People	42,637.5	-1,362.7	41,274.8	-462	-694 +157 +119	Independent Sector: forecast -46,178 hours below affordable level of 2,240,067 hours Independent Sector: forecast average unit cost +£0.07 above affordable level of £14.95 Independent sector: costs incurred relating to 2012-13 where insufficient creditors were set up	Demographic pressures & savings will need to be addressed in the MTFP

Budget Book Heading	Cash Limit			Variance	Explanation		Management Action/ Impact on MTFP
	G	I	N	N			
	£'000	£'000	£'000	£'000	£'000		
					-110	Underspend on Older People Kent Enablement at Home Service (KEAH) (offset by pressure on physical disability KEAH. See below)	
					+66	Other minor variances	
- Physical Disability	7,576.3	0.0	7,576.3	-22	-342	Independent Sector: forecast -25,300 hours below affordable level of 518,335 hours	Demographic pressures & savings will need to be addressed in the MTFP
					+197	Independent Sector: forecast average unit cost +£0.38 above affordable level of £13.15	
					+141	Pressure on Physical Disability Kent Enablement at Home Service (KEAH) (offset by underspend on older people KEAH. See above)	
					-18	Other minor variances	
Total Domiciliary Care	54,498.8	-2,089.3	52,409.5	-678			
- Non Residential Charging							
- Learning Disability	0.0	-2,569.3	-2,569.3	-147	-147	The forecast over-recovery of client contributions towards non-residential care services is linked to the current pressure being forecast on other learning disability community based services (such as Domiciliary, Day Care, Direct Payments & Supported Accommodation) highlighted in this report	Demographic pressures & savings will need to be addressed in the MTFP
- Older People	0.0	-11,627.0	-11,627.0	+661	+661	The forecast under-recovery of client contributions towards non-residential care services is linked to the current underspend being forecast on other older people community based services highlighted in this report	

Budget Book Heading	Cash Limit G	Cash Limit I	Cash Limit N	Variance N	Explanation		Management Action/ Impact on MTFP
	£'000	£'000	£'000	£'000	£'000		
- Physical Disability / Mental Health	0.0	-1,459.5	-1,459.5	-185	-185	The forecast over-recovery of client contributions towards non-residential care services suggests the average unit income is greater than budgeted and is offsetting the under-recovery of client income linked to the current underspend being forecast on other physical disability and mental health community based services highlighted in this report	
Total Non Residential Charging Income	0.0	-15,655.8	-15,655.8	+329			
- Nursing & Residential Care							
- Learning Disability	76,795.1	-6,219.8	70,575.3	+990	+1,552	Independent Sector: forecast +1,239 weeks above affordable level of 39,993 weeks	Demographic pressures & savings will need to be addressed in the MTFP
					-108	Leading to an increase in client contributions	
					+209	Independent Sector: forecast average unit cost +£5.23 above affordable level of £1,247.27	
					-147	Independent Sector: forecast average unit client contribution -£3.68 above affordable level of -£83.43	
					-995	Preserved Rights Independent Sector: forecast -1,073 weeks below affordable level of 27,124 weeks	
					+105	Leading to a shortfall in client contributions	
					+392	Preserved Rights Independent Sector: forecast average unit cost +£14.47 above affordable level of £913.28	
					-105	Preserved Rights Independent Sector: forecast average unit client contribution -£3.87 above affordable level of -£94.37	
					+87	Other minor variances	

Budget Book Heading	Cash Limit G	Cash Limit I	Cash Limit N	Variance N	Explanation		Management Action/ Impact on MTFP
	£'000	£'000	£'000	£'000	£'000		
- Mental Health	7,380.2	-768.4	6,611.8	+533	+570	Independent Sector: forecast +934 weeks above affordable level of 9,895 weeks	Demographic pressures & savings will need to be addressed in the MTFP
					+46	Independent Sector: forecast average unit cost +£4.66 above affordable level of £605.75	
					-83	Other minor variances	
- Older People - Nursing	48,603.9	-24,365.0	24,238.9	+91	+544	Independent Sector: forecast +1,128 weeks above affordable level of 83,300 weeks	Demographic pressures & savings will need to be addressed in the MTFP
					-198	Leading to an increase in client contributions	
					+2	Independent Sector: forecast average unit cost +£0.03 above affordable level of £481.80	
					-302	Independent Sector: forecast average unit client contribution -£3.63 above affordable level of -£172.12	
					+45	Other minor variances	
- Older People - Residential	82,192.3	-32,741.2	49,451.1	+1,148	+766	Independent Sector: forecast +1,901 weeks above affordable level of 146,064 weeks	Demographic pressures & savings will need to be addressed in the MTFP
					-319	Leading to an increase in client contributions	
					+329	Independent Sector: forecast average unit cost +£2.25 above affordable level of £400.60	
					-32	Independent Sector: forecast average unit client contribution -£0.22 above affordable level of -£167.74	
					+289	Under-recovery of client contributions for in-house residential care services	
					+115	Other minor variances	

Budget Book Heading	Cash Limit G	Cash Limit I	Cash Limit N	Variance N	Explanation		Management Action/ Impact on MTFP
	£'000	£'000	£'000	£'000	£'000		
- Physical Disability	12,718.9	-1,752.0	10,966.9	+255	+410 -227 +72	Independent Sector: forecast +481 weeks above affordable level of 12,933 weeks Independent Sector: forecast average unit cost -£17.57 below affordable level of £868.96 Other minor variances	Demographic pressures & savings will need to be addressed in the MTFP
Total Nursing & Residential Care	227,690.4	-65,846.4	161,844.0	+3,017			
- Supported Accommodation							
- Learning Disability	32,672.7	-1,425.0	31,247.7	+560	+469 +504 -210 -142 -61	Independent Sector: forecast +46,782 hours above affordable level of 3,149,888 hours Independent Sector: forecast average unit cost +£0.16 above affordable level of £9.87 unrealised creditors raised in 12-13 Underspend following the closure of the Bridge Resource Centre. This underspend partially offsets the pressure on in-house day care services (see below) Other minor variances	Demographic pressures & savings will need to be addressed in the MTFP
- Older People	4,540.1	-4,350.0	190.1	+47			
- Physical Disability / Mental Health	3,430.9	-248.9	3,182.0	-199	-180 +295 -167 -77 -70	Physical Disability Independent Sector: forecast -23,351 hours below affordable level of 238,011 hours Physical Disability Independent Sector: forecast +£1.24 above affordable level of £6.46 Mental Health Independent Sector: forecast -15,742 hours below affordable level of 151,107 hours Mental Health Independent Sector: forecast -£0.51 below affordable level of £11.09 Other minor variances	Demographic pressures & savings will need to be addressed in the MTFP

ANNEX 3

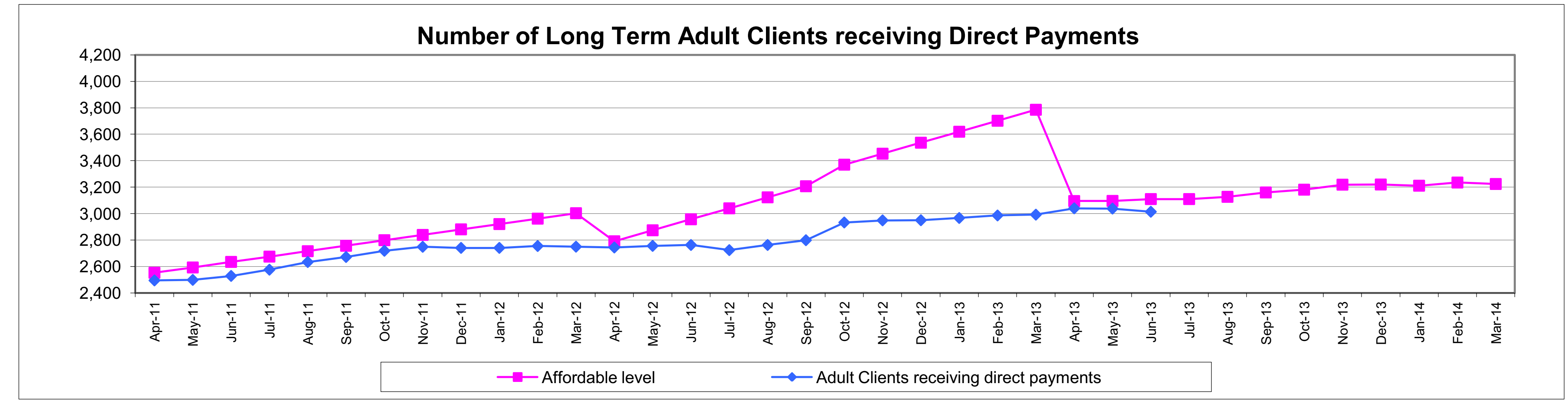
Budget Book Heading	Cash Limit			Variance	Explanation		Management Action/ Impact on MTFP
	G	I	N	N			
	£'000	£'000	£'000	£'000	£'000		
Total Supported Accommodation	40,643.7	-6,023.9	34,619.8	+408			
- Other Services for Adults & Older People							
- Contributions to Vol Orgs	17,868.5	-4,244.0	13,624.5	+72			
- Community Support Services for Mental Health	1,265.3	-34.3	1,231.0	-74			
- Day Care							
- Learning Disability	12,715.1	-174.1	12,541.0	+263	+174	Unachievable savings target on in-house day care services following the day services review. The underspend following the closure of the Bridge (see LD Supported Accommodation above) is helping to offset this pressure.	
					+89	Other minor variances	
- Older People	2,455.5	-63.1	2,392.4	-34			
- Physical Disability	1,040.0	-4.7	1,035.3	+188	+188	Current demand for services provided by both the independent sector and the resource centre	
Total Day Care	16,210.6	-241.9	15,968.7	+417			
- Other Adult Services	4,117.4	-15,623.0	-11,505.6	-2,088	-2,084	This budget line holds both transformation savings and some of the investment NHS support for care monies, including those required to fund additional winter pressures. Plans are being further developed and implemented with the NHS to ensure that health outcomes are being met from the investments, At this early stage of the financial year pressures are being shown against their respective budget s and the compensating funding stream is being reflected here. As the year progresses this situation will be realigned.	
					-4	Other minor variances	

Budget Book Heading	Cash Limit			Variance	Explanation		Management Action/ Impact on MTFP
	G	I	N	N			
	£'000	£'000	£'000	£'000	£'000		
- Safeguarding	1,107.2	-261.6	845.6	-51			
Total Other Services for A&OP	40,569.0	-20,404.8	20,164.2	-1,724			
Assessment Services							
- Adult Social Care Staffing	42,326.4	-3,862.0	38,464.4	-847	-409	Net effect of delays in the recruitment to known vacancies within the older people and physical disability assessment teams and usage of locum/agency staff.	
					-497	Delays in the recruitment to known vacancies within the Mental Health assessment teams and the usage of locum/agency staff. This is partly due to recent staffing reviews along with general difficulties in recruiting to speciality mental health practitioners	
					+59	Other minor variances	
Total ASC&PH portfolio	**449,613.3**	**-114,965.9**	**334,647.4**	**-56**			
Assumed Mgmt Action							
- ASC&PH portfolio							
Total Forecast after mgmt action	**449,613.3**	**-114,965.9**	**334,647.4**	**-56**			

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

2.1 Direct Payments - Number of Adult Social Services Clients receiving Direct Payments:

	2011-12			2012-13			2013-14		
	Affordable level for long term clients	Snapshot of long term adults rec'ing direct payments	Number of one-off payments made during the month	Affordable level for long term clients	Snapshot of long term adults rec'ing direct payments	Number of one-off payments made during the month	Affordable level for long term clients	Snapshot of long term adults rec'ing direct payments	Number of one-off payments made during the month
Apr	2,553	2,495	137	2,791	2,744	169	3,095	3,040	150
May	2,593	2,499	89	2,874	2,756	147	3,096	3,038	145
Jun	2,635	2,529	90	2,957	2,763	133	3,110	3,014	90 **
Jul	2,675	2,576	125	3,040	2,724	156	3,110		
Aug	2,716	2,634	141	3,123	2,763	167	3,127		
Sep	2,757	2,672	126	3,207	2,799	147	3,160		
Oct	2,799	2,719	134	3,370	2,933	185	3,181		
Nov	2,839	2,749	122	3,453	2,949	119	3,219		
Dec	2,881	2,741	111	3,536	2,950	109	3,220		
Jan	2,921	2,741	130	3,619	2,967	117	3,211		
Feb	2,962	2,755	137	3,702	2,986	127	3,235		
Mar	3,003	2,750	117	3,785	2,992	105	3,224		
			1,459			**1,681**			**385**



Comments:

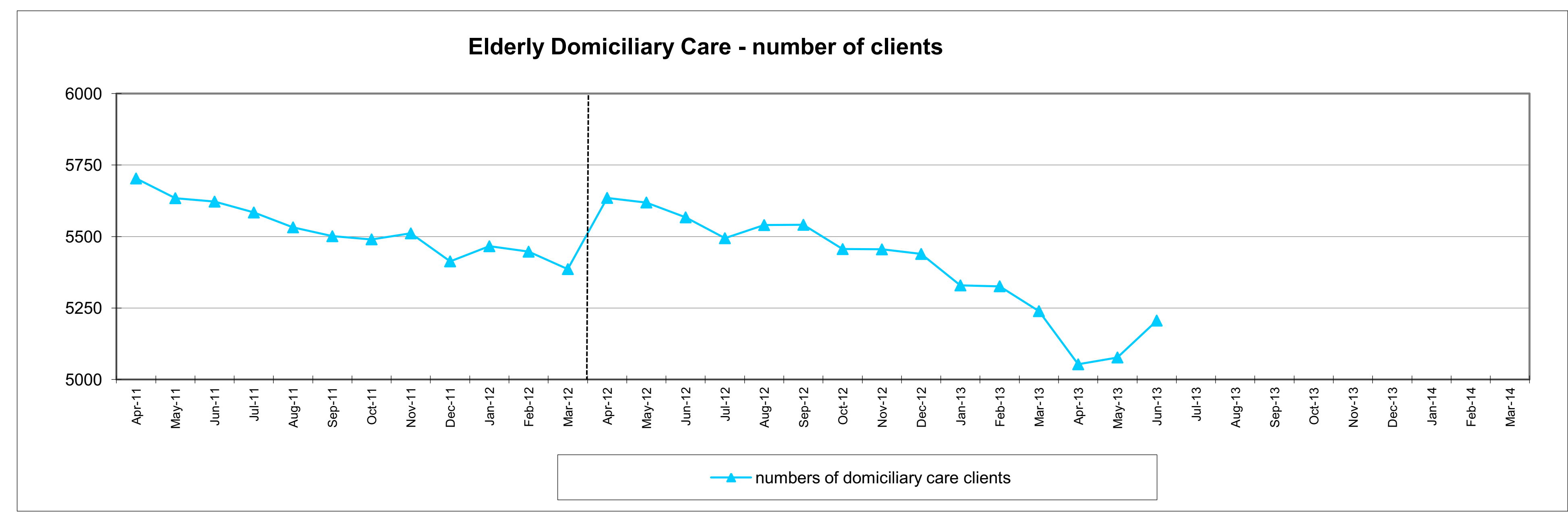
- The presentation of activity being reported for direct payments changed in the 2012-13 Q2 report in order to separately identify long term clients in receipt of direct payments as at the end of the month plus the number of one-off payments made during the month. Please note a long term client in receipt of a regular direct payment may also receive a one-off payment if required. Only the long term clients are presented on the graph above.

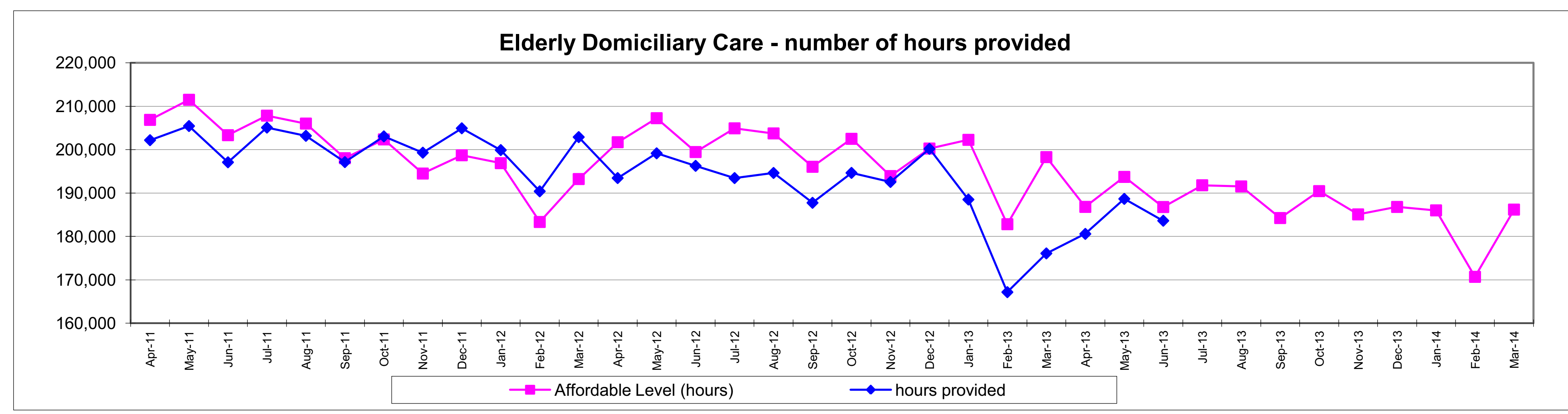
- Please note that due to the time taken to record changes in direct payments onto the client database the number of clients and one-off direct payments for any given month may change therefore the current year to date activity data is refreshed in each report to provide the most up to date information.

** Please note the number of one-off payments in June is likely to be understated due to delays in recording payments and will be updated in future reports.

2.2 Elderly domiciliary care – numbers of clients and hours provided in the independent sector

	2011-12			2012-13			2013-14		
	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients
Apr	206,859	202,177	5,703	201,708	193,451	5,635	186,809	180,585	5,053
May	211,484	205,436	5,634	207,244	199,149	5,619	193,717	188,656	5,077
Jun	203,326	197,085	5,622	199,445	196,263	5,567	186,778	183,621	5,206
Jul	207,832	205,077	5,584	204,905	193,446	5,494	191,791		
Aug	206,007	203,173	5,532	203,736	194,628	5,540	191,521		
Sep	198,025	197,127	5,501	196,050	187,749	5,541	184,242		
Oct	202,356	203,055	5,490	202,490	194,640	5,456	190,446		
Nov	194,492	199,297	5,511	193,910	192,555	5,455	185,082		
Dec	198,704	204,915	5,413	200,249	200,178	5,439	186,796		
Jan	196,879	199,897	5,466	202,258	188,501	5,329	186,006		
Feb	183,330	190,394	5,447	182,820	167,163	5,326	170,695		
Mar	193,222	202,889	5,386	198,277	176,091	5,239	186,184		
	2,402,516	**2,410,522**		**2,393,092**	**2,283,814**		**2,240,067**	**552,862**	





Comments:

- Figures exclude services commissioned from the Kent Enablement At Home Service.
- Please note, from April 2012 there has been a change in the method of counting clients to align with current Department of Health guidance, which states that suspended clients e.g. those who may be in hospital and not receiving a current service should still be counted. This has resulted in an increase in the number of clients being recorded. For comparison purposes, using the new counting methodology, the equivalent number of clients in March 2012 would have been 5,641. **A dotted line has been added to the graph to distinguish between the two different counting methodologies, as the data presented is not on a consistent basis and therefore is not directly comparable.**
- The current forecast is 2,193,889 hours of care against an affordable level of 2,240,067, a difference of -46,178 hours. Using the forecast unit cost of £15.02 this reduction in activity reduces the forecast by -£694k, as shown in table 1b.
- To the end of June 552,863 hours of care have been delivered against an affordable level of 567,303, a difference of -14,440 hours. Current activity suggests that the forecast should be lower on this service. However, although the budgeted level assumes a continual reduction in client numbers in line with previous years activities, the current forecast assumes a slowing of this trend based on current client activity.
- Domiciliary for all client groups are volatile budgets, with the number of people receiving domiciliary care decreasing over the past few years as a result of the implementation of Self Directed Support (SDS). This is being compounded by a shift in trend towards take up of the enablement service. However, as a result of this, clients who are receiving domiciliary care are likely to have greater needs and require more intensive packages of care than historically provided - the 2010-2011 average hours per client per week was 7.8, whereas the average figure for 2012-13 was 8.0. For 2013-14, the current forecast average hours per client per week is 8.3.

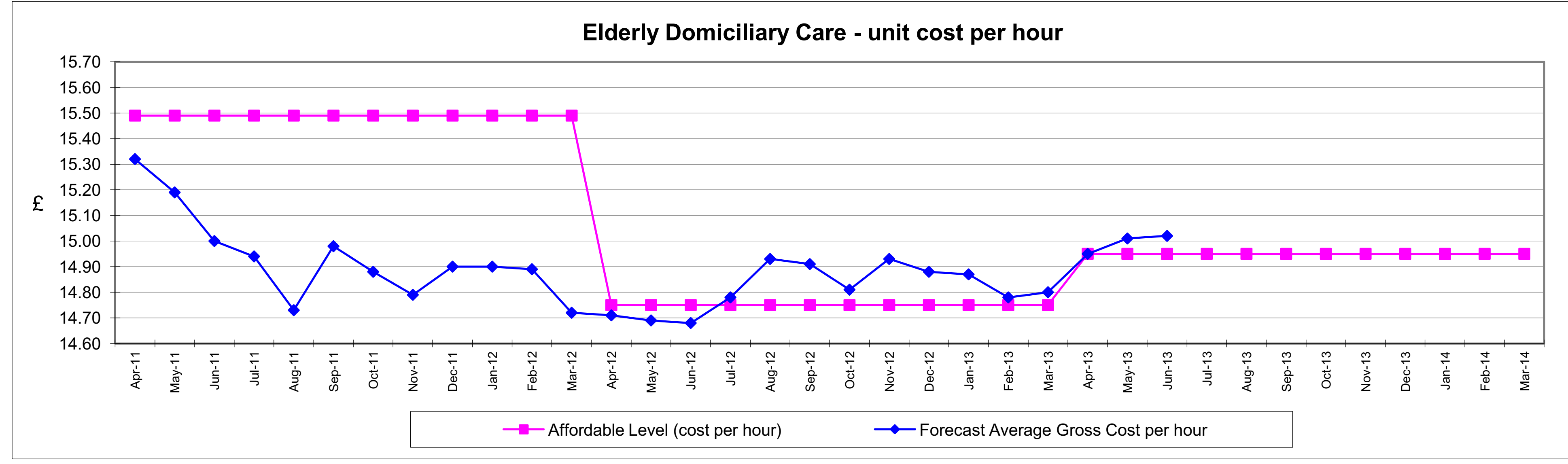
2.3 Average gross cost per hour of older people domiciliary care compared with affordable level:

	2011-12		2012-13		2013-14	
	Affordable Level (Cost per Hour) £p	Forecast Average Gross Cost per Hour £p	Affordable Level (Cost per Hour) £p	Forecast Average Gross Cost per Hour £p	Affordable Level (Cost per Hour) £p	Forecast Average Gross Cost per Hour £p
Apr	15.49	15.32	14.75	14.71	14.95	14.95
May	15.49	15.19	14.75	14.69	14.95	15.01
Jun	15.49	15.00	14.75	14.68	14.95	15.02
Jul	15.49	14.94	14.75	14.78	14.95	
Aug	15.49	14.73	14.75	14.93	14.95	
Sep	15.49	14.98	14.75	14.91	14.95	
Oct	15.49	14.88	14.75	14.81	14.95	
Nov	15.49	14.79	14.75	14.93	14.95	
Dec	15.49	14.90	14.75	14.88	14.95	
Jan	15.49	14.90	14.75	14.87	14.95	
Feb	15.49	14.89	14.75	14.78	14.95	
Mar	15.49	14.72	14.75	14.80	14.95	

Comments:

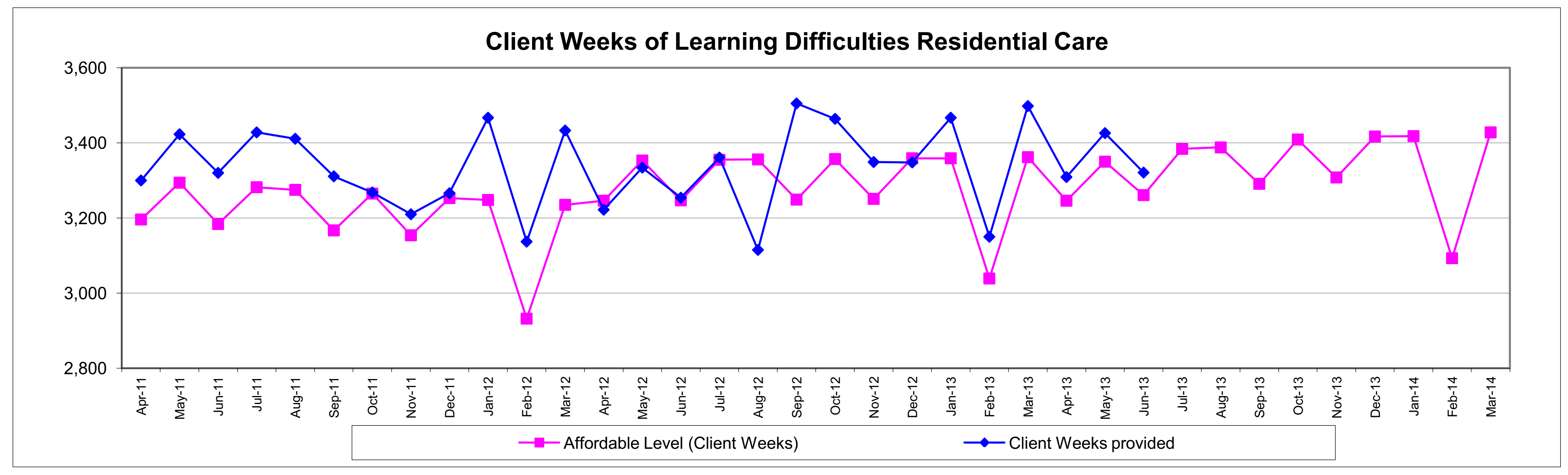
- The unit cost has been showing an overall general reducing trend due to current work with providers to achieve savings however, the cost is also dependent on the intensity of the packages required.

- The forecast unit cost of £15.02 is slightly higher than the affordable cost of £14.95 and this difference of +£0.07 increases the forecast by £157k when multiplied by the affordable hours, as shown in table 1b.



2.4 Number of client weeks of learning disability residential care provided compared with affordable level (non preserved rights clients):

	2011-12		2012-13		2013-14	
	Affordable Level (Client Weeks)	Client Weeks provided	Affordable Level (Client Weeks)	Client Weeks provided	Affordable Level (Client Weeks)	Client Weeks provided
Apr	3,196	3,300	3,246	3,222	3,246	3,309
May	3,294	3,423	3,353	3,334	3,350	3,426
Jun	3,184	3,320	3,247	3,254	3,261	3,321
Jul	3,282	3,428	3,355	3,361	3,384	
Aug	3,275	3,411	3,356	3,115	3,388	
Sep	3,167	3,311	3,249	3,505	3,291	
Oct	3,265	3,268	3,357	3,464	3,409	
Nov	3,154	3,210	3,251	3,349	3,308	
Dec	3,253	3,266	3,359	3,348	3,417	
Jan	3,248	3,467	3,359	3,467	3,418	
Feb	2,932	3,137	3,039	3,150	3,093	
Mar	3,235	3,433	3,362	3,498	3,428	
	38,485	**39,974**	**39,533**	**40,067**	**39,993**	**10,056**

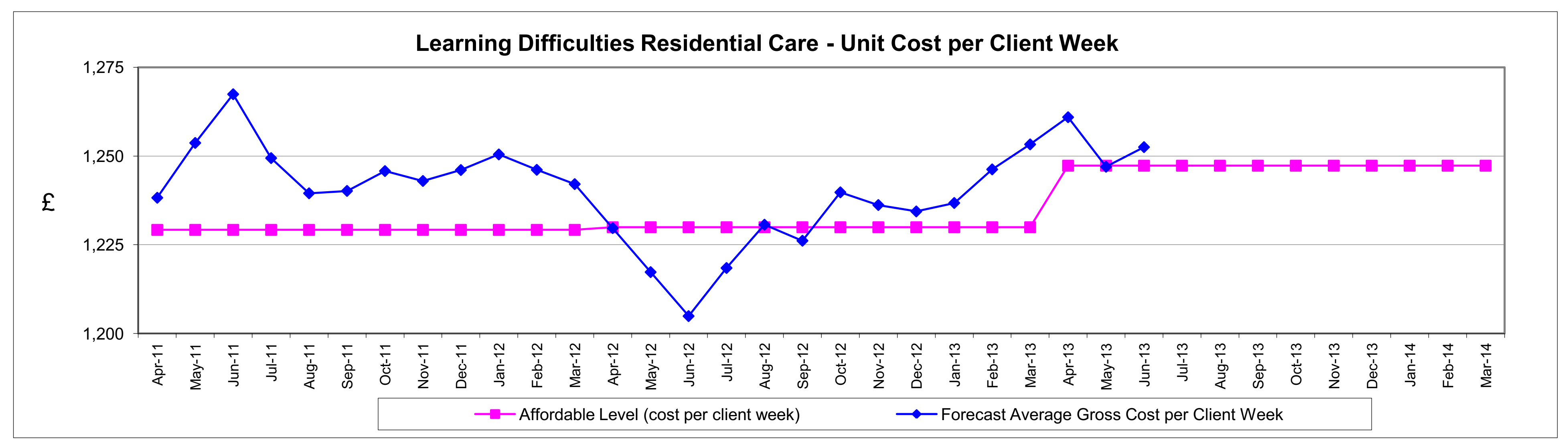


Comments:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in LD residential care at the end of 2011-12 was 746, at the end of 2012-13 it was 764 and at the end of June 2013 it was also 764. This includes any ongoing transfers as part of the S256 agreement with Health, transitions, provisions and Ordinary Residence.
- The current forecast is 41,232 weeks of care against an affordable level of 39,993, a difference of +1,239 weeks. Using the forecast unit cost of £1,252.50 this additional activity increases the forecast by £1,552k, as shown in table 1b.
- The forecast activity for this service is based on known individual clients including provisional and transitional clients. Provisional clients are those whose personal circumstances are changing and therefore require a more intense care package or greater financial help. Transitional clients are children who are transferring to adult social services.
- To the end of June 10,056 weeks of care have been delivered against an affordable level of 9,857, a difference of +199 weeks. The current year to date activity suggests a lower level of activity than forecast, however, this is mainly due to the recording of non-permanent residential care services on the activity database as it appears the year to date activity is not up to date and is therefore understated. This is currently being investigated and an update will be given in the July monitoring reported to Cabinet in October.

2.5 Average gross cost per client week of learning disability residential care compared with affordable level (non preserved rights clients):

	2011-12		2012-13		2013-14	
	Affordable Level (Cost per Week) £p	Forecast Average Gross Cost per Client Week £p	Affordable Level (Cost per Week) £p	Forecast Average Gross Cost per Client Week £p	Affordable Level (Cost per Week) £p	Forecast Average Gross Cost per Client Week £p
Apr	1,229.19	1,238.24	1,229.93	1,229.69	1,247.27	1,260.92
May	1,229.19	1,253.68	1,229.93	1,217.30	1,247.27	1,246.97
Jun	1,229.19	1,267.40	1,229.93	1,204.91	1,247.27	1,252.50
Jul	1,229.19	1,249.41	1,229.93	1,218.46	1,247.27	
Aug	1,229.19	1,239.50	1,229.93	1,230.65	1,247.27	
Sep	1,229.19	1,240.17	1,229.93	1,226.14	1,247.27	
Oct	1,229.19	1,245.76	1,229.93	1,239.77	1,247.27	
Nov	1,229.19	1,242.97	1,229.93	1,236.19	1,247.27	
Dec	1,229.19	1,246.05	1,229.93	1,234.39	1,247.27	
Jan	1,229.19	1,250.44	1,229.93	1,236.77	1,247.27	
Feb	1,229.19	1,246.11	1,229.93	1,246.23	1,247.27	
Mar	1,229.19	1,242.08	1,229.93	1,253.27	1,247.27	

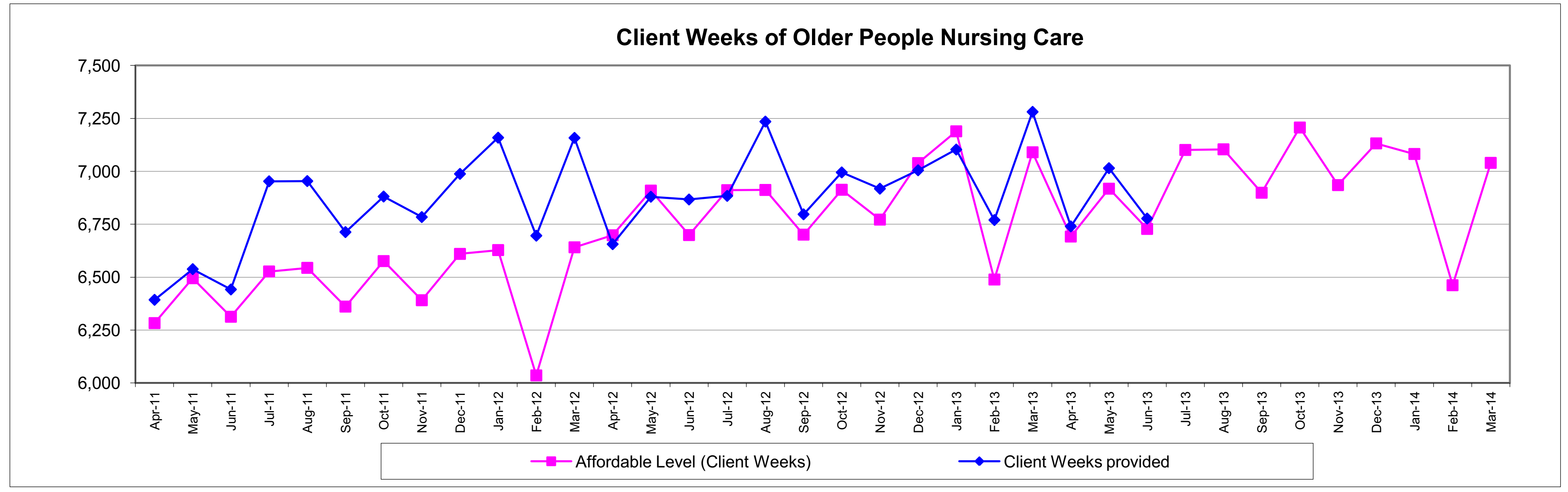


Comments:

- Clients being placed in residential care are those with very complex and individual needs which make it difficult for them to remain in the community, in supported accommodation/supporting living arrangements, or receiving a domiciliary care package. These are therefore placements which attract a very high cost, with the average now being over £1,200 per week. It is expected that clients with less complex needs, and therefore less cost, can transfer from residential into supported living arrangements. This would mean that the average cost per week would increase over time as the remaining clients in residential care would be those with very high cost – some of whom can cost up to £2,000 per week. In addition, no two placements are alike – the needs of people with learning disabilities are unique and consequently, it is common for average unit costs to increase or decrease significantly on the basis of one or two cases.
- The forecast unit cost of £1,252.50 is higher than the affordable cost of £1,247.27 and this difference of +£5.23 adds +£209k to the position when multiplied by the affordable weeks, as shown in table 1b.

2.6 Number of client weeks of older people nursing care provided compared with affordable level:

	2011-12		2012-13		2013-14	
	Affordable Level (Client Weeks)	Client Weeks provided	Affordable Level (Client Weeks)	Client Weeks provided	Affordable Level (Client Weeks)	Client Weeks provided
Apr	6,283	6,393	6,698	6,656	6,692	6,740
May	6,495	6,538	6,909	6,880	6,918	7,015
Jun	6,313	6,442	6,699	6,867	6,728	6,777
Jul	6,527	6,953	6,911	6,884	7,101	
Aug	6,544	6,954	6,912	7,235	7,104	
Sep	6,361	6,713	6,701	6,797	6,899	
Oct	6,576	6,881	6,913	6,995	7,207	
Nov	6,391	6,784	6,772	6,918	6,935	
Dec	6,610	6,988	7,039	7,005	7,132	
Jan	6,628	7,159	7,189	7,103	7,082	
Feb	6,036	6,696	6,489	6,770	6,462	
Mar	6,641	7,158	7,090	7,281	7,040	
	77,405	**81,659**	**82,322**	**83,391**	**83,300**	**20,532**



Comments:

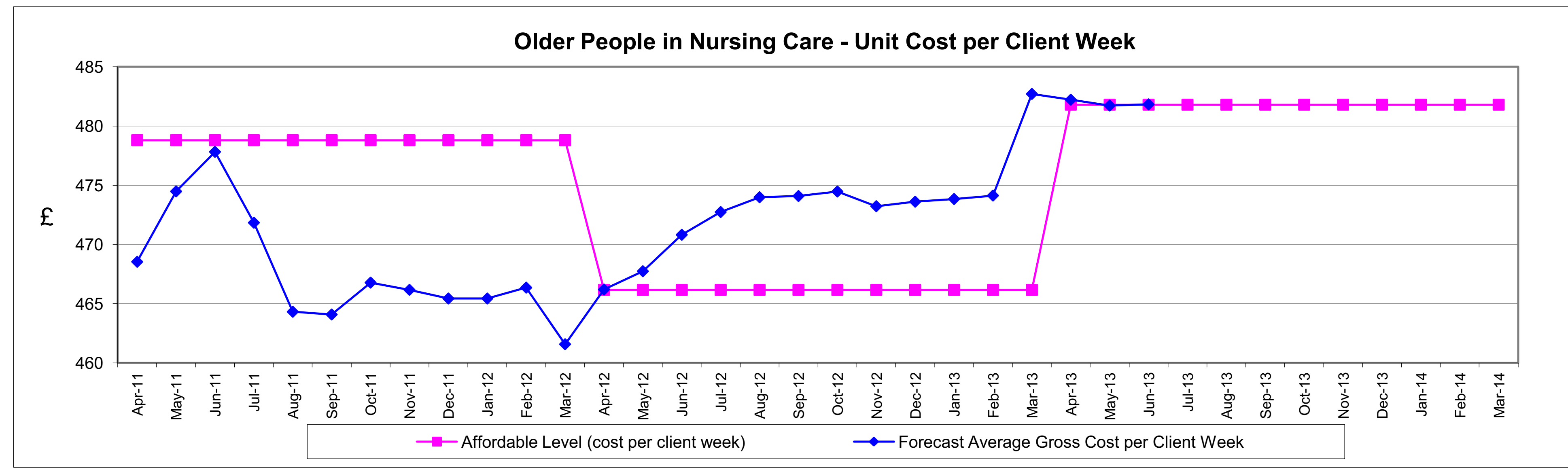
- The graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people nursing care at the end of 2011-12 was 1,479, at the end of 2012-13 it was 1,469 and at the end of June 2013 it was 1,496.
- The current forecast is 84,428 weeks of care against an affordable level of 83,300, a difference of +1,128 weeks. Using the actual unit cost of £481.83, this increased activity adds +£544k on the forecast, as shown in table 1b.
- To the end of June 20,532 weeks of care have been delivered against an affordable level of 20,338, a difference of +194 weeks. The current year to date activity suggests a lower level of activity than forecast, however, this is mainly due to the recording of non-permanent residential care services on the activity database as it appears the year to date activity is not up to date and is therefore understated. This is currently being investigated and an update will be given in the July monitoring reported to Cabinet in October.

2.7 Average gross cost per client week of older people nursing care compared with affordable level:

	2011-12		2012-13		2013-14	
	Affordable Level (Cost per Week) £p	Forecast Average Gross Cost per Client Week £p	Affordable Level (Cost per Week) £p	Forecast Average Gross Cost per Client Week £p	Affordable Level (Cost per Week) £p	Forecast Average Gross Cost per Client Week £p
Apr	478.80	468.54	466.16	466.20	481.80	482.22
May	478.80	474.48	466.16	467.74	481.80	481.73
Jun	478.80	477.82	466.16	470.82	481.80	481.83
Jul	478.80	471.84	466.16	472.74	481.80	
Aug	478.80	464.32	466.16	473.99	481.80	
Sep	478.80	464.09	466.16	474.09	481.80	
Oct	478.80	466.78	466.16	474.47	481.80	
Nov	478.80	466.17	466.16	473.23	481.80	
Dec	478.80	465.44	466.16	473.61	481.80	
Jan	478.80	465.44	466.16	473.84	481.80	
Feb	478.80	466.36	466.16	474.13	481.80	
Mar	478.80	461.58	466.16	482.71	481.80	

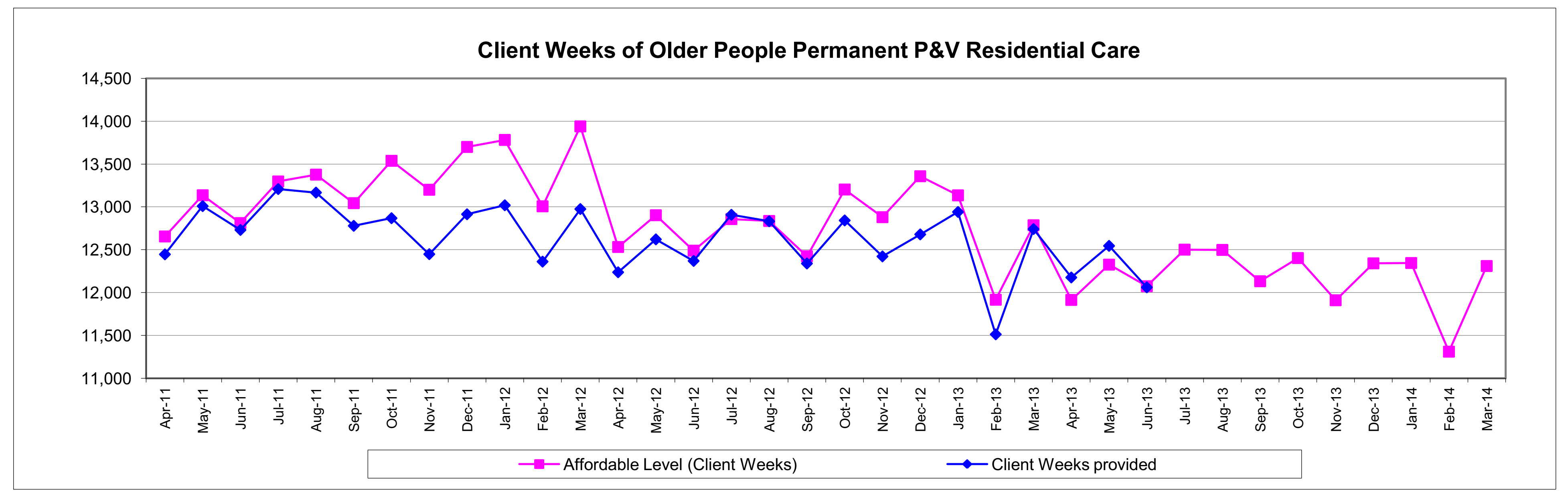
Comments:

- As with residential care, the unit cost for nursing care will be affected by the increasing proportion of older people with dementia who need more specialist and expensive care, which is why the unit cost can be quite volatile and in recent months this service has seen an increase of older people requiring this more specialist care.
- The forecast unit cost of £481.83 is slightly higher than the affordable cost of £481.80 and this difference of +£0.03 adds £2k to the position when multiplied by the affordable weeks, as shown in table 1b.



2.8 Number of client weeks of older people permanent P&V residential care provided compared with affordable level:

	2011-12		2012-13		2013-14	
	Affordable Level (Client Weeks)	Client Weeks provided	Affordable Level (Client Weeks)	Client Weeks provided	Affordable Level (Client Weeks)	Client Weeks provided
Apr	12,655	12,446	12,532	12,237	11,914	12,176
May	13,136	13,009	12,903	12,621	12,326	12,545
Jun	12,811	12,731	12,489	12,369	12,074	12,061
Jul	13,297	13,208	12,858	12,908	12,501	
Aug	13,377	13,167	12,836	12,832	12,498	
Sep	13,044	12,779	12,424	12,339	12,132	
Oct	13,538	12,868	13,203	12,842	12,403	
Nov	13,200	12,448	12,880	12,422	11,910	
Dec	13,700	12,914	13,358	12,679	12,341	
Jan	13,782	13,019	13,135	12,941	12,345	
Feb	13,007	12,361	11,916	11,512	11,310	
Mar	13,940	12,975	12,786	12,741	12,310	
	159,487	**153,925**	**153,320**	**150,443**	**146,064**	**36,782**



Comments:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people permanent P&V residential care at the end of 2011-12 was 2,736, at the end of 2012-13 it was 2,653 and at the end of June 2013 it was 2,687. It is evident that there are ongoing pressures relating to clients with dementia who require a greater intensity of care.

- It is difficult to consider this budget line in isolation, as the Older Person's modernisation strategy has meant that fewer people are being placed in our in-house provision, so we would expect that there will be a higher proportion of permanent placements being made in the independent sector which is masking the extent of the overall reducing trend in residential client activity.

- The current forecast is 147,965 weeks of care against an affordable level of 146,064, a difference of +1,901 weeks. Using the forecast unit cost of £402.85 this increased activity adds £766k to the forecast, as shown in table 1b.

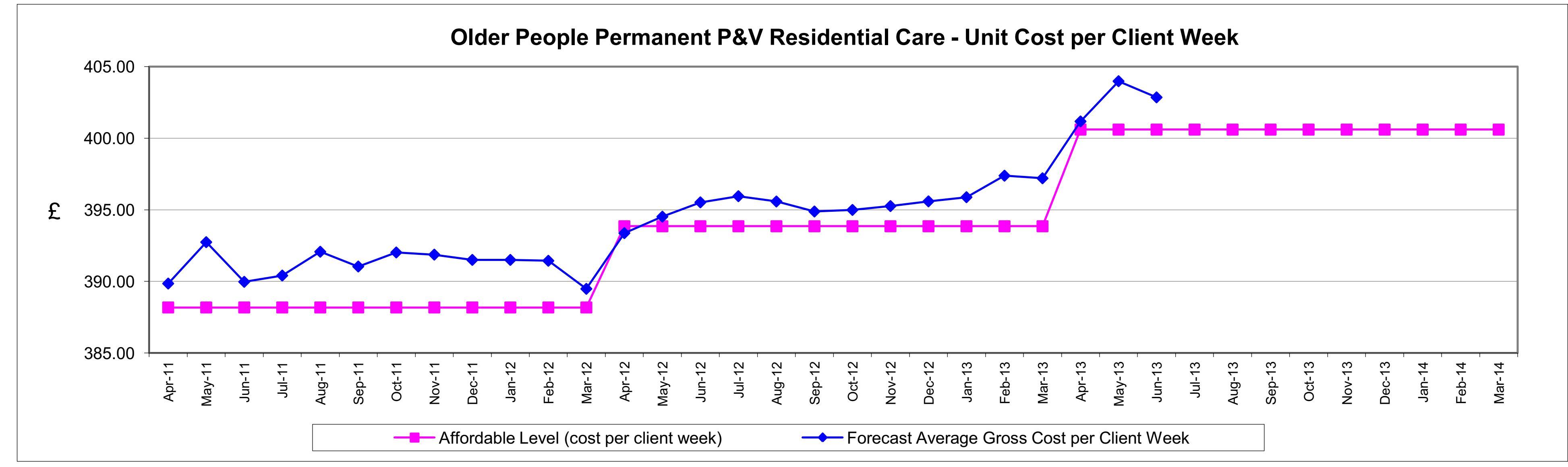
- To the end of June 36,782 weeks of care have been delivered against an affordable level of 36,314 a difference of -468 weeks. The forecast number of weeks reflects an increase in activity expected during the winter months, this is also reflected in the profile of the budgeted level.

2.9 Average gross cost per client week of older people permanent P&V residential care provided compared with affordable level:

	2011-12		2012-13		2013-14	
	Affordable Level (Cost per Week) £p	Forecast Average Gross Cost per Client Week £p	Affordable Level (Cost per Week) £p	Forecast Average Gross Cost per Client Week £p	Affordable Level (Cost per Week) £p	Forecast Average Gross Cost per Client Week £p
Apr	388.18	389.85	393.85	393.37	400.60	401.17
May	388.18	392.74	393.85	394.52	400.60	403.98
Jun	388.18	389.97	393.85	395.52	400.60	402.85
Jul	388.18	390.41	393.85	395.95	400.60	
Aug	388.18	392.07	393.85	395.58	400.60	
Sep	388.18	391.04	393.85	394.88	400.60	
Oct	388.18	392.02	393.85	394.99	400.60	
Nov	388.18	391.87	393.85	395.26	400.60	
Dec	388.18	391.50	393.85	395.59	400.60	
Jan	388.18	391.50	393.85	395.88	400.60	
Feb	388.18	391.44	393.85	397.38	400.60	
Mar	388.18	389.48	393.85	397.20	400.60	

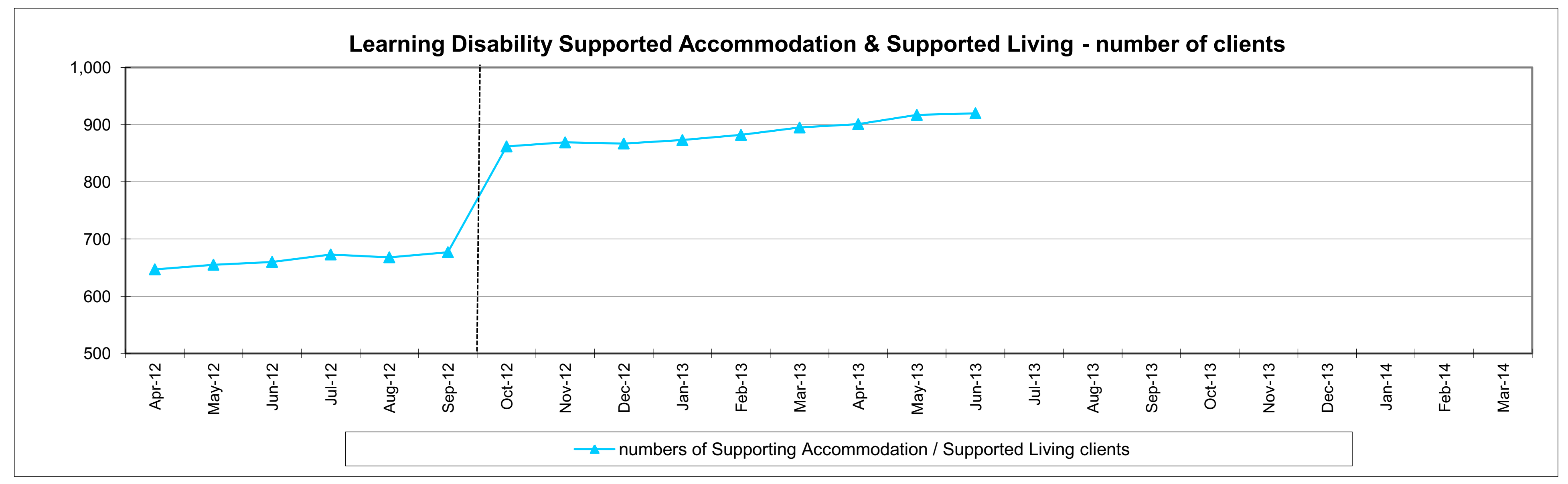
Comments:

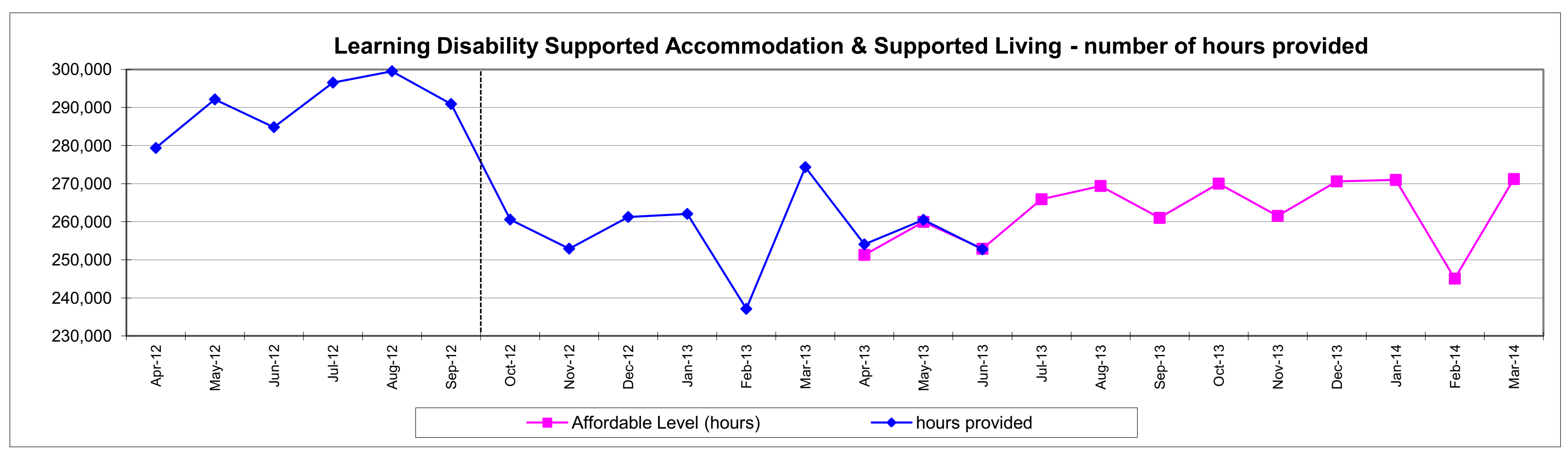
- The forecast unit cost of £402.85 is higher than the affordable cost of £400.60 and this difference of +£2.25 adds +£329k to the position when multiplied by the affordable weeks, as shown in table 1b. This higher average unit cost is likely to be due to the higher proportion of clients with dementia, who are more costly due to the increased intensity of care required, as outlined above.



2.10 Learning Disability Supported Accommodation/Supported Living – numbers of clients and hours provided in the independent sector

	2012-13			2013-14		
	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients
Apr		279,365	647	251,296	254,067	901
May		292,122	655	259,973	260,503	917
Jun		284,835	660	252,902	252,761	920
Jul		296,532	673	265,914		
Aug		299,521	668	269,394		
Sep		290,914	677	261,013		
Oct		260,574	862	270,019		
Nov		252,932	869	261,522		
Dec		261,257	867	270,596		
Jan		262,070	873	270,974		
Feb		237,118	882	245,074		
Mar		274,334	895	271,211		
	0	**3,291,574**		**3,149,888**	**767,331**	





Comments:

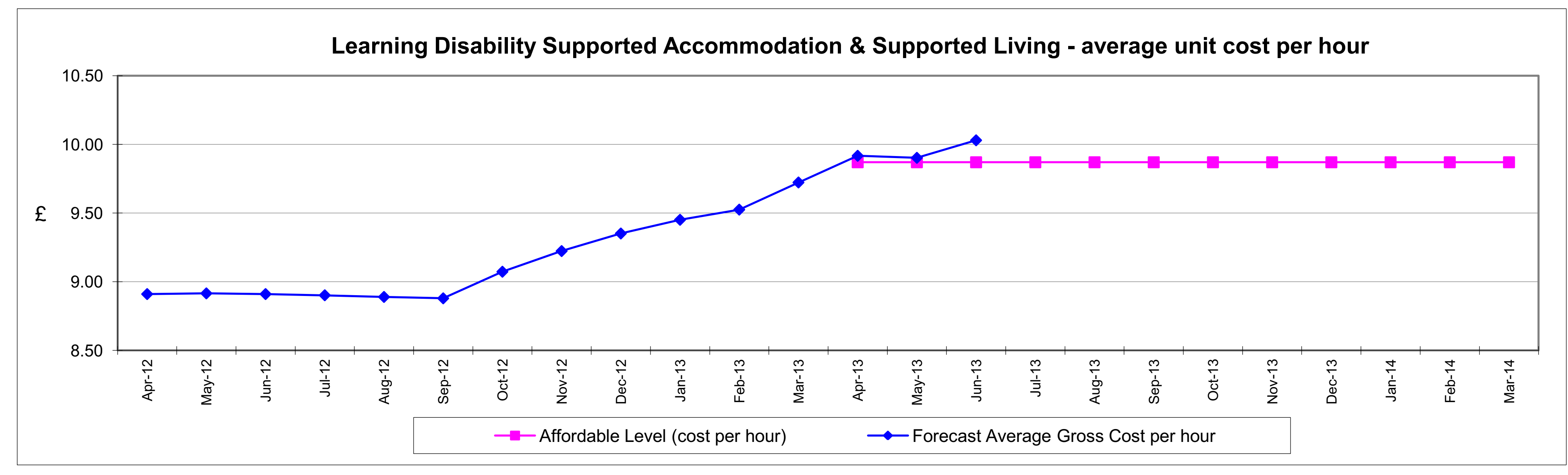
- This indicator has changed from 2013-14 to include the Supporting Independence Service contract. This measure now incorporates 3 different supported accommodation/living arrangements; the adult placement scheme, supported accommodation (mainly S256 clients) and Supporting Independence Service. The level of support required by individual clients can vary from a few hours a week to 24 hours a day therefore to better reflect the activity related to this indicator, the service is now recorded in hours rather than weeks. In addition, the details of the number of clients in receipt of these services will be given on a monthly basis.
- The Supporting Independence Service Contract was introduced in October 2012-13 and involved the transfer of specific clients previously in receipt of services categorised as domiciliary care, extra care sheltered housing and supported accommodation to this new contract. As part of this transfer, some clients chose to receive a direct payment instead. The result of this transfer was an overall net increase in the total number of clients categorised as receiving a supported accommodation/living support service however the average number of hours provided per client reduced. **A dotted line has been added to the graphs above to illustrate the introduction of the new Supporting Independence Service, and the consequent transfer of clients, as the data presented either side of the dotted line is not on a consistent basis and is therefore not directly comparable.**
- The current forecast is 3,196,670 hours of care against an affordable level of 3,149,888, a difference of +46,782 hours. Using the forecast unit cost of £10.03 this increase in activity increases the forecast by +£469k, as shown in table 1b.
- To the end of June 767,331 hours of care have been delivered against an affordable level of 764,171, a difference of +3,160 hours. The forecast number of weeks reflects an increase in activity expected in future months that is also reflected in the profile of the budgeted level. However, the current year to date activity still suggests a lower level of activity than forecast, which is mainly due to a delay in the recording of transitional and provisional clients on the activity database.

2.11 Average gross cost per hour of Supported Accommodation/Supported Living service compared with affordable level:

	2012-13		2013-14	
	Affordable Level (Cost per Hour) £p	Forecast Average Gross Cost per Hour £p	Affordable Level (Cost per Hour) £p	Forecast Average Gross Cost per Hour £p
Apr		8.91	9.87	9.92
May		8.92	9.87	9.90
Jun		8.91	9.87	10.03
Jul		8.90	9.87	
Aug		8.89	9.87	
Sep		8.88	9.87	
Oct		9.07	9.87	
Nov		9.22	9.87	
Dec		9.35	9.87	
Jan		9.45	9.87	
Feb		9.53	9.87	
Mar		9.72	9.87	

Comments:

- This measure comprises 3 distinct client groups and each group has a very different unit cost, which are combined to provide an average unit cost for the purposes of this report.
- The costs associated with these placements will vary depending on the complexity of each case and the type of support required in each placement. This varies enormously between a domiciliary type support to life skills and daily living support.
- The forecast unit cost of £10.03 is higher than the affordable cost of £9.87 and this difference of +£0.16 increases the forecast by +£504k when multiplied by the affordable hours, as shown in table 1b.



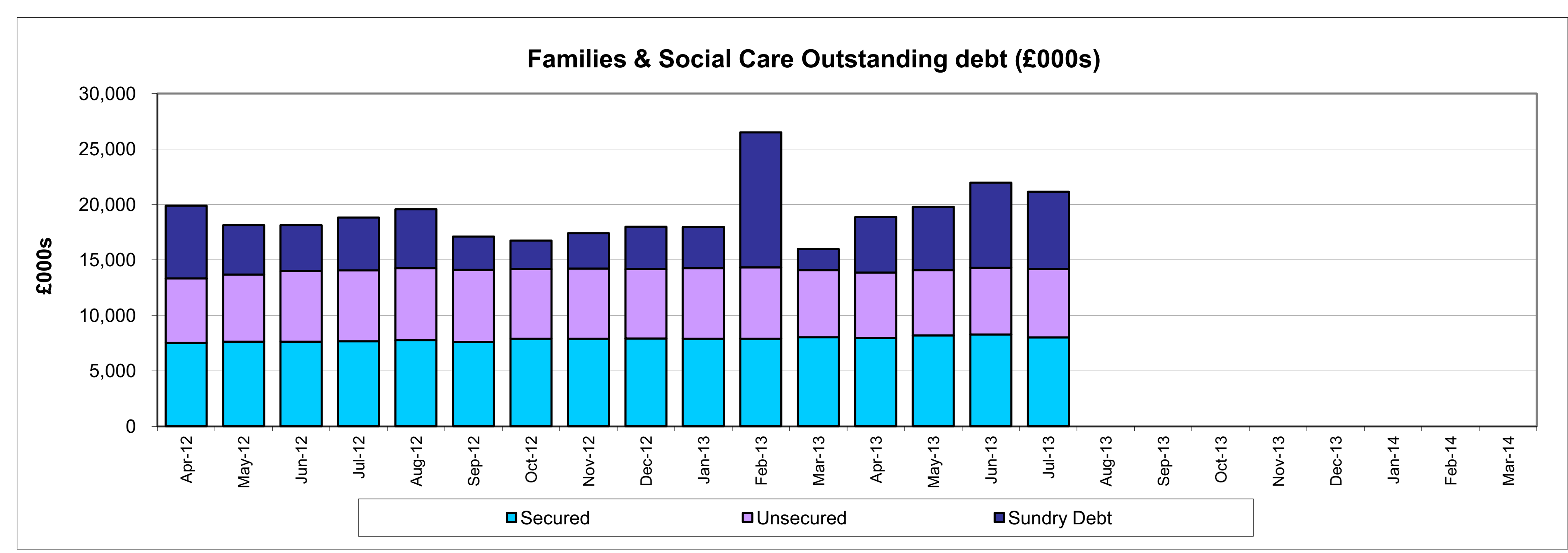
2.12 SOCIAL CARE DEBT MONITORING

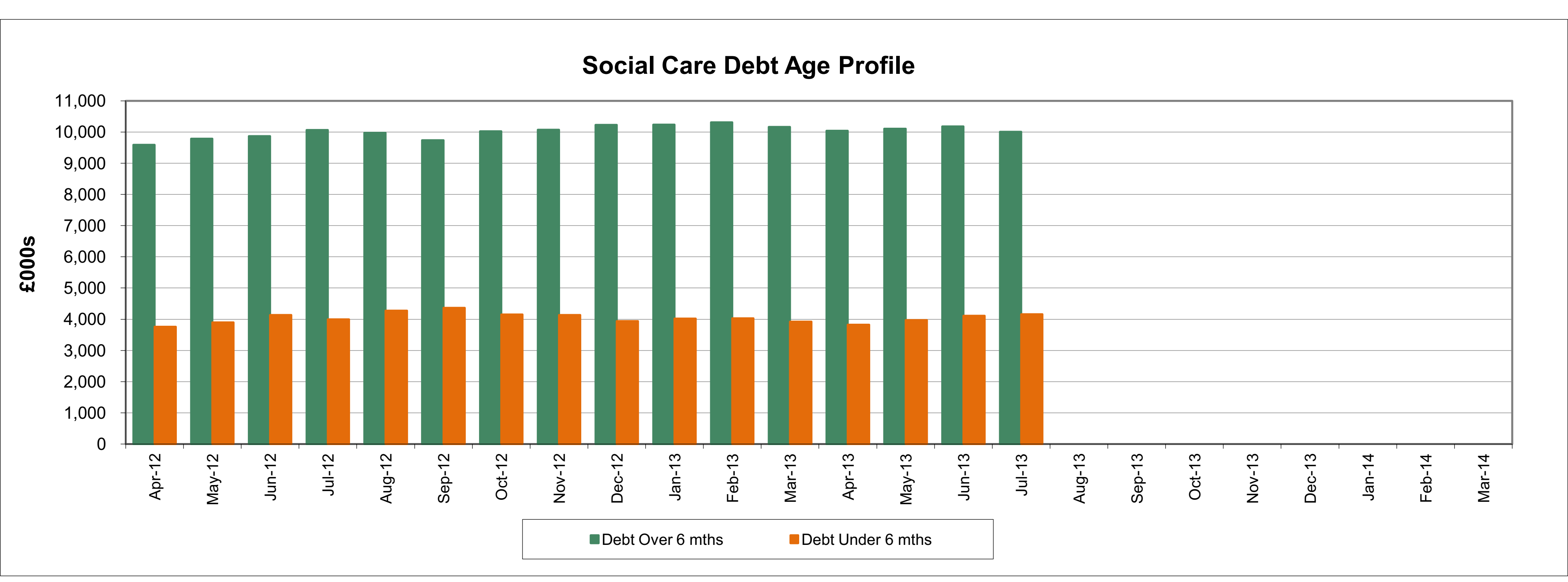
The outstanding debt as at the end of July was £21.146m compared with March's figure of £15.986m (reported to Cabinet in July) excluding any amounts not yet due for payment (as they are still within the 28 day payment term allowed). Within this figure is £6.978m of sundry debt compared to £1.895m in March. The amount of sundry debt can fluctuate for large invoices to Health. Also within the outstanding debt is £14.168m relating to Social Care (client) debt which is a small increase of £0.077m from the last reported position to Cabinet in July. The following table shows how this breaks down in terms of age and also whether it is secured (i.e. by a legal charge on the client's property) or unsecured, together with how this month compares with previous months. For most months the debt figures refer to when the four weekly invoice billing run interfaces with Oracle (the accounting system) rather than the calendar month, as this provides a more meaningful position for Social Care Client Debt. This therefore means that there are 13 billing invoice runs during the year. The sundry debt figures are based on calendar months.

			Social Care Debt				
	Total Due Debt (Social Care & Sundry £000s	Sundry Debt £000s	Total Social Care Due Debt £000s	Debt Over 6 months £000s	Debt Under 6 months £000s	Secured £000s	Unsecured £000s
Apr-12	19,875	6,530	13,345	9,588	3,757	7,509	5,836
May-12	18,128	4,445	13,683	9,782	3,901	7,615	6,068
Jun-12	18,132	4,133	13,999	9,865	4,134	7,615	6,384
Jul-12	18,816	4,750	14,066	10,066	4,000	7,674	6,392
Aug-12	19,574	5,321	14,253	9,977	4,276	7,762	6,491
Sep-12	17,101	3,002	14,099	9,738	4,361	7,593	6,506
Oct-12	16,747	2,574	14,173	10,020	4,153	7,893	6,280
Nov-12	17,399	3,193	14,206	10,069	4,137	7,896	6,310
Dec-12	17,996	3,829	14,167	10,226	3,941	7,914	6,253
Jan-13	17,965	3,711	14,254	10,237	4,017	7,885	6,369
Feb-13	26,492	12,153	14,339	10,312	4,027	7,903	6,436
Mar-13	15,986	1,895	14,091	10,165	3,926	8,025	6,066
Apr-13	18,859	4,995	13,864	10,037	3,827	7,969	5,895
May-13	19,789	5,713	14,076	10,106	3,970	8,197	5,879
Jun-13	21,956	7,662	14,294	10,183	4,111	8,277	6,017
Jul-13	21,146	6,978	14,168	10,005	4,163	8,015	6,153
Aug-13							
Sep-13							
Oct-13							

			Social Care Debt				
	Total Due Debt (Social Care & Sundry £000s	Sundry Debt £000s	Total Social Care Due Debt £000s	Debt Over 6 months £000s	Debt Under 6 months £000s	Secured £000s	Unsecured £000s
Nov-13							
Dec-13							
Jan-14							
Feb-14							
Mar-14							

In addition the previously reported secured and unsecured debt figures for April 2012 to July 2012 were amended slightly between the 2012-13 Quarter 1 and Quarter 2 reports following a reassessment of some old debts between secured and unsecured.





Social Care Debt Age Profile
£000s
11,000
10,000
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
Jun-13
Jul-13
Aug-13
Sep-13
Oct-13
Nov-13
Dec-13
Jan-14
Feb-14
Mar-14
Debt Over 6 mths
Debt Under 6 mths

3. CAPITAL

3.1 The Families and Social Care Directorate - Adult Services has a working budget for 2013-14 of £12,359k. The forecast outturn against the 2013-14 budget is £12,180k giving a variance of - £179k.

3.2 **Table 2** below details the FSC Adult Services Capital Position by Budget Book line.

Budget Book Heading	Three year cash limit (£000)	2013-14 Working Budget (£000)	2013-14 Variance (£000)	Variance Break-down (£000)	Rephasing / Real Variance and Funding Stream	Explanation of In-Year Variance	Project Status [1]	Explanation of Project Status	Actions
Rolling Programmes									
Asset Modernisation	0	373	0	0			Green		
Home Support Fund	6,600	2,474	0	0			Green		
Individual Projects									
Kent Strategy for Services for Older People (OP):							Green		
Community Care Centre - Ebbsfleet	544	0	0	0			Green		
Community Care Centre - Thameside Eastern Quarry	500	0	0	0			Green		
OP Strategy - Transformation / Modernisation	7,800	762	0	0			Green		
Kent Strategy for Services for People with Learning Difficulties/Physical Disabilities:									
Learning Disability Good Day Programme- Community Hubs	3,318	2,609	0	0			Green		
Learning Disability Good Day Programme- Community Initiatives	2,430	2,477	0	0			Green		
Rusthall	0	45	-45	-45	Rephasing		Green		
Mental Health Strategy	264	264	-134	-134	Rephasing		Amber - delayed	Various smaller schemes less than £100k rephased to 14-15	

ANNEX 3

Budget Book Heading	Three year cash limit (£000)	2013-14 Working Budget (£000)	2013-14 Variance (£000)	Variance Break-down (£000)	Rephasing / Real Variance and Funding Stream	Explanation of In-Year Variance	Project Status [1]	Explanation of Project Status	Actions
Active Care / Active Lives Strategy:									
PFI - Excellent Homes for All - Development of new Social Housing for vulnerable people in Kent	66,800	0	0	0			Green		
Developing Innovative and Modernising Services:									
Lowfield St (formerly Trinity Centre, Dartford)	1,073	450	0	0			Green		
Information Technology Projects e.g. Swift Development / Mobile Working	2,477	2,178	0	0			Green		
Public Access Development	1,052	727	0	0			Green		
Total	**92,858**	**12,359**	**-179**	**-179**					

1. Status:

Green – on time and within budget
Amber – either delayed completion date or over budget
Red – both delayed completion and over budget

ANNEX 6

BUSINESS STRATEGY & SUPPORT DIRECTORATE SUMMARY
PUBLIC HEALTH SUMMARY
JUNE 2013-14 FULL MONITORING REPORT

1. REVENUE

1.1

	Cash Limit	Variance Before transfer to Public Health Reserve	Transfer to Public Health Reserve	Net Variance after transfer to Public Health Reserve
Total (£k)	**+384**	**-809**	**+450**	**-359**

1.2 **Table 1** below details the revenue position by A-Z budget:

Budget Book Heading	Cash Limit G	Cash Limit I	Cash Limit N	Variance N	Explanation		Management Action/ Impact on MTFP
	£'000	£'000	£'000	£'000	£'000		
Adult Social Care & Public Health portfolio							
Public Health:							
- Public Health Management & Support	441.3	-57.0	384.3	-359	-359	Underspend against KCC budget as costs are reflected against the grant in the service lines below, mainly Public Health Staffing & Related Costs	
- Children's Public Health	6,496.4	-6,496.4	0.0	0			
- Drug & Alcohol Services	662.7	-662.7	0.0	0			
- Healthy Weight	2,476.8	-2,476.8	0.0	0			
- NHS Health Check	2,321.8	-2,321.8	0.0	0			
- Other Public Health Services	6,166.5	-6,166.5	0.0	0			
- Public Health Staffing & Related Costs	4,585.5	-4,585.5	0.0	-450	*-450*	*PH grant variance: slippage on recruitment and vacancy savings*	
- Sexual Health Services	11,852.0	-11,852.0	0.0	0			
- Stop Smoking Services & Interventions	2,688.0	-2,688.0	0.0	0			
- Tobacco Control	600.0	-600.0	0.0	0			
	38,291.0	-37,906.7	384.3	-809			

ANNEX 6

Budget Book Heading	Cash Limit			Variance	Explanation		Management Action/ Impact on MTFP
	G	I	N	N			
	£'000	£'000	£'000	£'000	£'000		
- *tfr to(+)/from(-) Public Health reserve*				***+450***	***+450***	*Transfer of underspend on staffing to reserve*	
Total ASC&PH portfolio (Public Health)	**38,291.0**	**-37,906.7**	**384.3**	**-359**			

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

2.1 As the majority of services are commissioned from providers on a block contract basis there will be little or no variation in terms of actual expenditure during 2013-14. The decision to commission on a block contract basis was taken to ensure continuity of services in this transitional period. It is expected that the use of block contracts next year will be significantly reduced as services are re-commissioned based on activity and payment by results; the experience gained within the Division during 2013-14 will also inform this process. Until that time no activity indicators are reported for Public Health.

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
Jenny Whittle, Cabinet Member for Specialist Children's Services
Andrew Ireland, Corporate Director for Families and Social Care

To: Social Care & Public Health Cabinet Committee

Date: 4 October 2013

Subject: **Families and Social Care Performance Dashboards**

Classification: Unrestricted

Summary: The Families & Social Care performance dashboards provide members with progress against targets set for key performance and activity indicators for:

- Adult Social Care
- Specialist Children's Services

Recommendation: Members are asked to note the Families & Social Care performance dashboards

---

Introduction

1. Appendix 2 Part 4 of the Kent County Council Constitution states that:

   "Cabinet Committees shall review the performance of the functions of the Council that fall within the remit of the Cabinet Committee in relation to its policy objectives, performance targets and the customer experience."

2. To this end, each Cabinet Committee receives performance dashboards.

Adults' Performance Report

3. The main element of the Performance Report can be found at Appendix A, which is the Adults Social Care dashboard which includes latest available results for the key performance and activity indicators

4. The Adult Social Care dashboard is a subset of the detailed monthly performance report that is used at team, DivMT and DMT level. The indicators included are based on key priorities for the Directorate, as outlined in the business plans, and include operational data that is regularly used within Directorate. The dashboard will evolve for Adults Social Care as the transformation programme is shaped.

5. Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes, and this will be a key element for reviewing the dashboard

Children's Performance Report

6. The dashboard for Specialist Children's Services (SCS) is attached as **Appendix B.**

7. The SCS performance dashboard includes latest available results, and year out-turn for 2013/14 for the key performance and activity indicators.

8. The indicators included are based on key priorities for Specialist Children's Services, as outlined in the business plans, and includes operational data that is regularly used within Directorate. Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes.

9. Where frequent data is available for indicators the results in the dashboard are shown either with the latest available month and a year to date figure, or where appropriate as a rolling 12 month figure.

10. Members are asked to note that the SCS dashboard is used within the FSC Directorate to support the Improvement Plan.

Performance dashboard

11. With both the Adults' and the Children's reports, a subset of these indicators are used within the quarterly performance report, which is submitted to Cabinet.

12. As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.

13. Performance results are assigned an alert on the following basis:

    Green: Current target achieved or exceeded

    Red: Performance is below a pre-defined minimum standard

    Amber: Performance is below current target but above minimum standard.

Recommendations

14. Members are asked to:
    REVIEW the Families & Social Care performance dashboards.

Background documents: none

Contact Information

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Adult Social Care Dashboard

July 2013

Key to RAG (Red/Amber/Green) ratings applied to KPIs

GREEN	Target has been achieved or exceeded
AMBER	Performance is behind target but within acceptable limits
RED	Performance is significantly behind target and is below an acceptable pre-defined minimum *
↑	Performance has improved relative to targets set
↓	Performance has worsened relative to targets set

* In future, when annual business plan targets are set, we will also publish the minimum acceptable level of performance for each indicator which will cause the KPI to be assessed as Red when performance falls below this threshold.

Adult Social Care Indicators

The key Adult Social Care indicators are listed in summary form below, with more detail in the following pages. A subset of these indicators feed into the Quarterly Monitoring Report, for Cabinet, and a subset of these indicators feed into the Bold Steps Monitoring. This is clearly labelled on the summary and in the detail.

Some indicators are monthly indicators, some are annual, and this is clearly stated.

All information is as at July 2013 where possible, with a few indicators still requiring some update, with new targets and indicators being chosen.

Following months will provide all information.

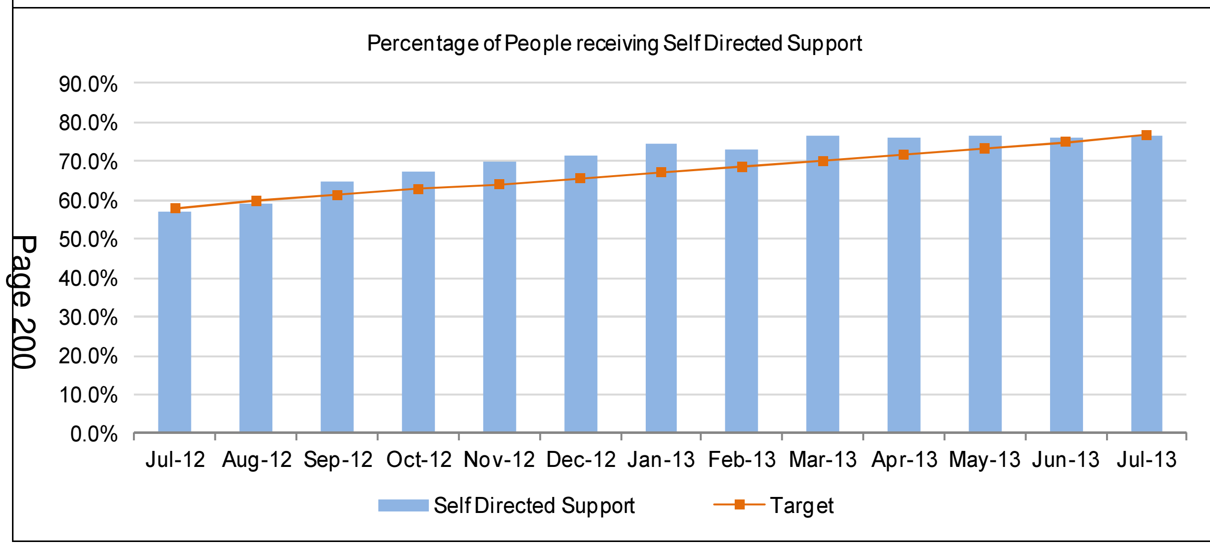
APPENDIX A

Summary of Performance for our KPIs

Indicator Description	Bold Steps	QPR	2012-13 Outturn	Current 2013-14 Target	Current Position	Data Period	RAG	Direction of Travel
1. Percentage of adult social care clients with community based services who receive a personal budget and/or a direct payment	Y	Y	76%	76%	**76%**	12M	GREEN	↔
2. Proportion of personal budgets given as a direct payment	Y		21.7%	30%	**24.0%**	12M	**See Page 5**	↑
3. Number of adult social care clients receiving a telecare service	Y	Y	1596	1600	**2051**	Cumulative	GREEN	↑
4. Percentage of people with short term intervention that had no further service	Y	Y	45.5%	42%	**46.5%**	12M	GREEN	↑
5 Percentage of clients satisfied that desired outcomes have been achieved at their first review		Y	74%	75%	**74%**	Month	AMBER	↑
6. Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services			84%	85%	**89%**	Month	GREEN	↑
7. Delayed transfers of care	Y		5.68	5.40	**5.93**	12M	AMBER	↓
8. Admissions to permanent residential care for older people			149	130	**127**	12M	GREEN	↑
9. People with learning disabilities in residential care	Y		1265	1260	**1255**	Month	GREEN	↑
10. Proportion of adults in contact with secondary mental health in settled accommodation	Y		86%	75%	**83.9%**	Quarterly	GREEN	↔
11. Percentage of contacts resolved at source		Y	26.3%	25%	**29.5%**	Month	GREEN	↑

APPENDIX A

1. Percentage of adult social care clients with community based services who receive a personal budget and/or a direct payment			GREEN ⇔
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh/ Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability /Learning Disability and Mental Health



Data Notes.

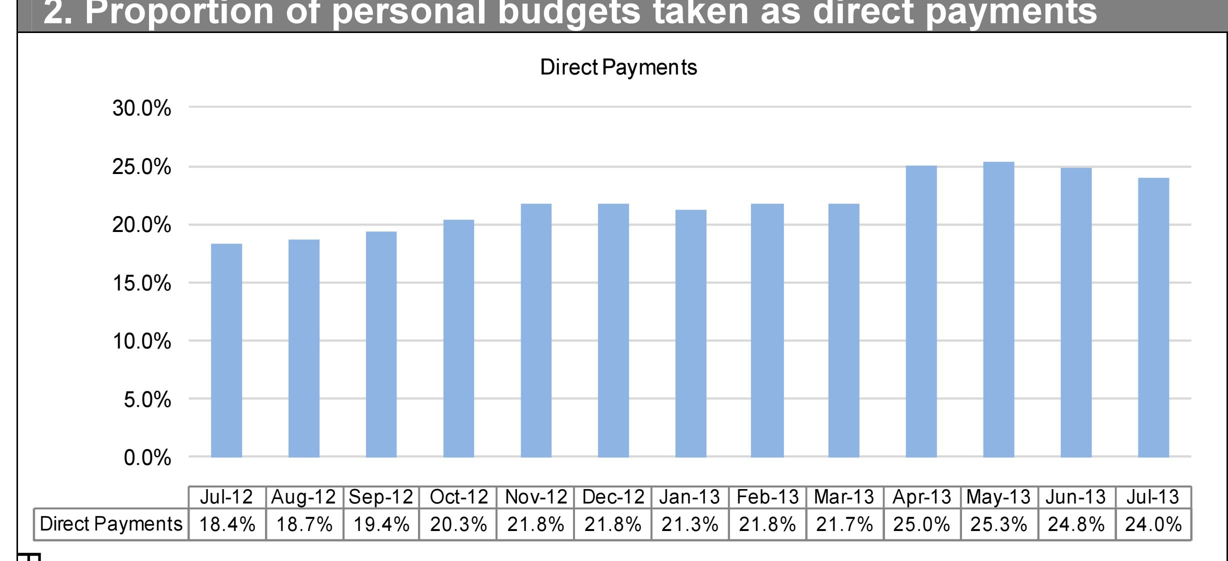
Units of Measure: Percentage of people with an open service who have a Personal Budget or Direct Payment
Data Source: Adult Social Care Swift client System – Personal Budgets Report

Data is reported as the snapshot position of current clients at the quarter end.

Quarterly Performance Report Indicator
Bold Step Indicator

Trend Data	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13
Percentage	57%	59%	65%	67%	70%	71%	74%	73%	76%	76%	77%	76%	76%
Target	**58%**	**60%**	**61%**	**63%**	**64%**	**66%**	**67%**	**69%**	**70%**	**72%**	**73%**	**75%**	**76%**
Client Numbers	10453	10865	10612	11541	11595	11732	12192	12099	12225	12090	12239	12623	12614
RAG Rating	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

2. Proportion of personal budgets taken as direct payments



	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13
Direct Payments	18.4%	18.7%	19.4%	20.3%	21.8%	21.8%	21.3%	21.8%	21.7%	25.0%	25.3%	24.8%	24.0%

Data Notes.

Units of Measure: Percentage of Personal Budgets taken as a Direct Payment

Data Source: Adult Social Care Swift client System – Personal Budgets & Direct Payments Reports

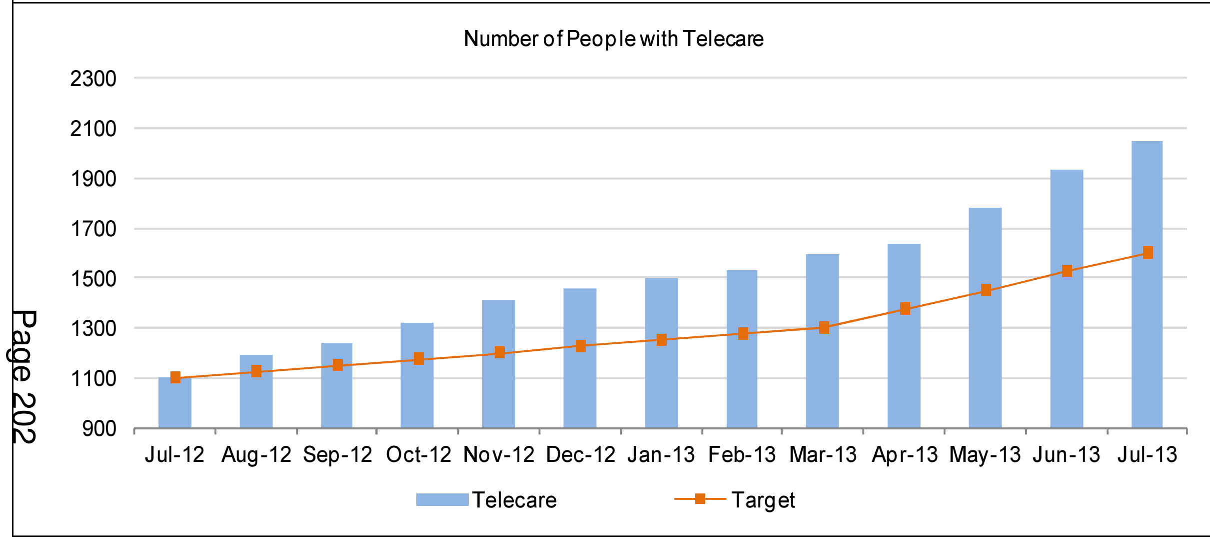
Bold Steps indicator

Commentary

There continues to be progress with the allocation of personal budgets. This has been achieved through the teams focussing on reviewing clients and ensuring that support plans are in place. Updated review and support planning policies have been reissued, together with a simpler data collection process. The allocation of personal budgets is part of the review and support plan process.
Targets have been in place for the teams all year, which they are continuously monitored against. There are reports available for managers to use in supervision with their staff to ensure that clients are reviewed, have support plans and personal budgets.
Continued emphasis and local monitoring of progress will continue, which will also ask Managers to raise training needs for both operational practice and system input in their teams so that this can be dealt with quickly.

NB: As discussed previously at Cabinet Committee, the direct payment indicator is not RAG rated because direct payments are a choice that service users take.

3. Number of adult social care clients receiving a telecare service			GREEN ⇧
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh/ Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability/ Learning Disability and Mental Health



Data Notes.
Units of Measure: Snapshot of people with Telecare as at the end of each month
Data Source: Adult Social Care Swift client System

Quarterly Performance Report Indicator
Bold Step Indicator

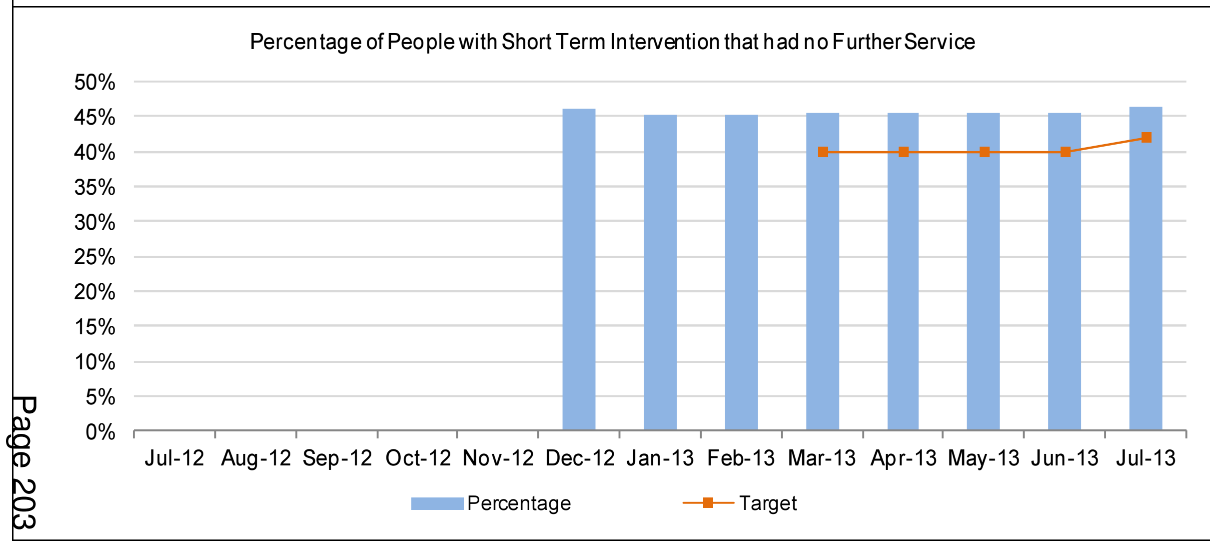
Trend Data	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13
Telecare	1102	1192	1240	1321	1407	1460	1497	1534	1596	1638	1784	1937	2051
Target	**1100**	**1125**	**1150**	**1175**	**1200**	**1225**	**1250**	**1275**	**1300**	**1375**	**1450**	**1525**	**1600**
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

Telecare is now a mainstream service, after being managed centrally. The teams are now more experienced in considering telecare at every opportunity when assessing and reviewing clients as a means for maintaining independence. In addition, there is improved communication between the hospitals, the teams and the equipment store so data input is timelier. Targets have been set for all teams during the year, which are monitored on a monthly basis. There will be a further indicator in future reports which look at the types of equipment being provided.

APPENDIX A

4. Percentage of people with short term intervention that had no further service			GREEN ⇧
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability



Data Notes.

Units of Measure: Number of people who had a ST Intervention that had no further Service

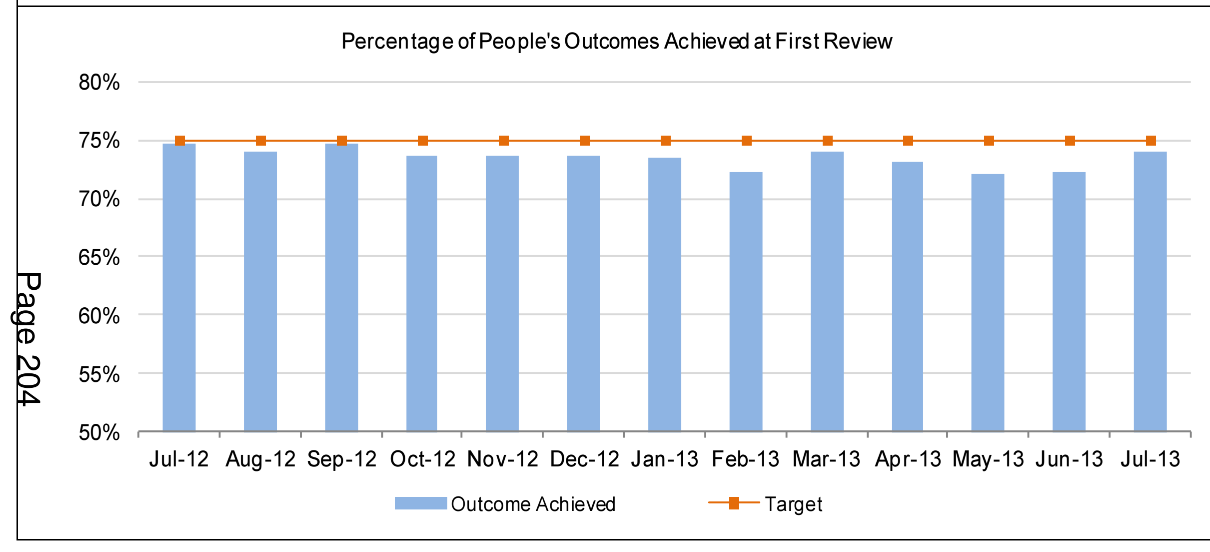
Data Source: SALT report

Quarterly Performance Report indicator
Bold Steps Indicator

Trend Data	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13
Percentage						46.2%	45.2%	45.2%	45.5%	45.6%	45.6%	45.6%	46.5%
Target									**40%**	**40%**	**40%**	**40%**	**42%**
RAG Rating									GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
This is a new indicator, based on the new national data collection. It supports one of the key objectives of Adult Social care and aims to measure the effectiveness of short term intervention, looking at the percentage of people who are successfully enabled to stay at home with no further support from Social Care. This will include the provision of services such as enablement, intermediate care and equipment. The target associated with this indicator is incremental over the year with an end year target of 60%.

5. Percentage of social care clients who are satisfied that desired outcomes have been achieved at their first review			AMBER ⇧
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh/ Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability /Learning Disability and Mental Health



Data Notes.
Tolerance: Higher values are better
Unit of measure: Percentage
Data Source: Adult Social Care Swift client system

Data is reported as percentage for each quarter.

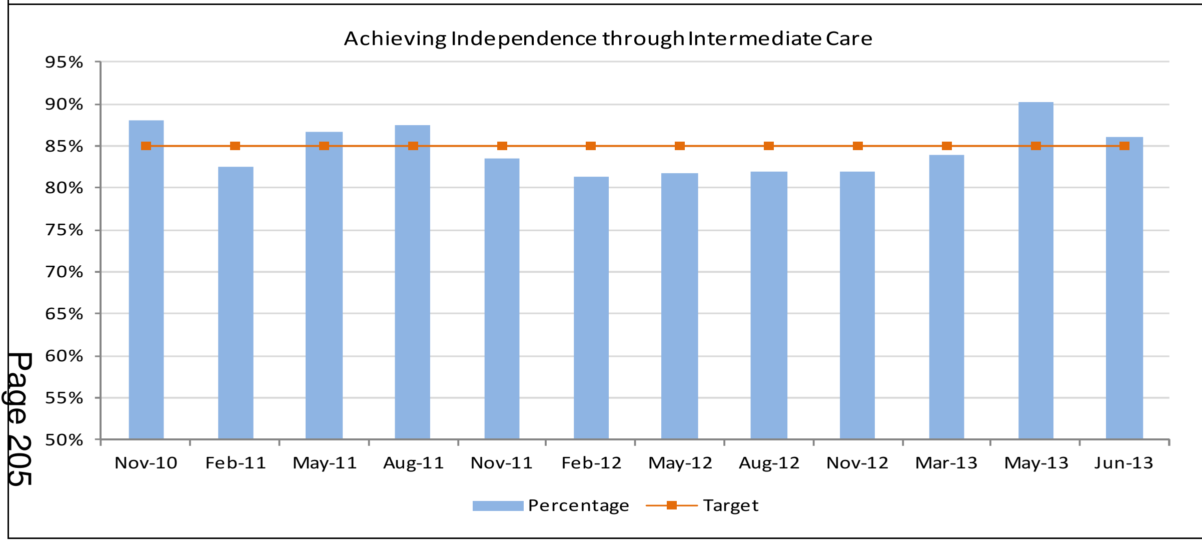
No comparative data is currently available for this indicator.

Quarterly Performance Report Indicator

Trend Data	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13
Achieved	75%	74%	75%	74%	74%	74%	73%	72%	74%	73%	72%	72%	74%
Target	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**
RAG Rating	GREEN	AMBER	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary
People's needs and outcomes are identified at assessment and then updated at review, in terms of achievement and satisfaction. Workshops have started to provide additional training and guidance in respect of identifying outcomes.

6. Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services			GREEN ⇧
Bold Steps Priority/Core Service Area	Support the transformation of health and social care in Kent	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability

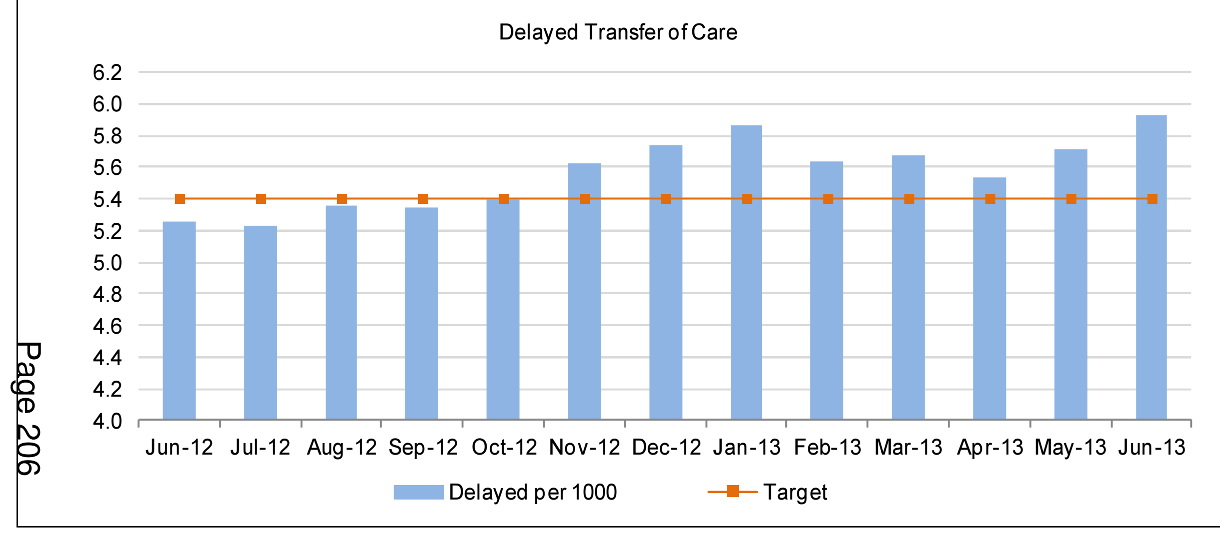


Data Notes.
Units of Measure: Percentage of older people achieving Independence and back home after receiving Intermediate Care following discharge from hospital
Data Source: Manual Data Collection

Trend Data	Nov-10	Feb-11	May-11	Aug-11	Nov-11	Feb-12	May-12	Aug-12	Nov-12	Mar-13	May-13	Jun-13	Jul-13
Percentage	88%	83%	87%	87%	84%	81%	82%	82%	82%	84%	90%	86%	89%
Target	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**
RAG Rating	AMBER	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN

Commentary
This indicator identifies where patients are **three months** after receiving intermediate care and relies on health and social care data being compared. There are about 400 referrals a month which are supported from hospital and into intermediate care. This position continues to be monitored, particularly in light of the increasing pressures being experienced from the hospitals, including ward closures and where there are some waiting lists for intermediate care, which can put pressure on the teams to make residential and nursing placements.

7. Delayed transfers of care			AMBER ⇩
Bold Steps Priority/Core Service Area	Support the transformation of health and social care in Kent	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability



Data Notes.
This indicator is displayed as the number of delays per month as a rate per 100,000 population.

Bold Step Indicator

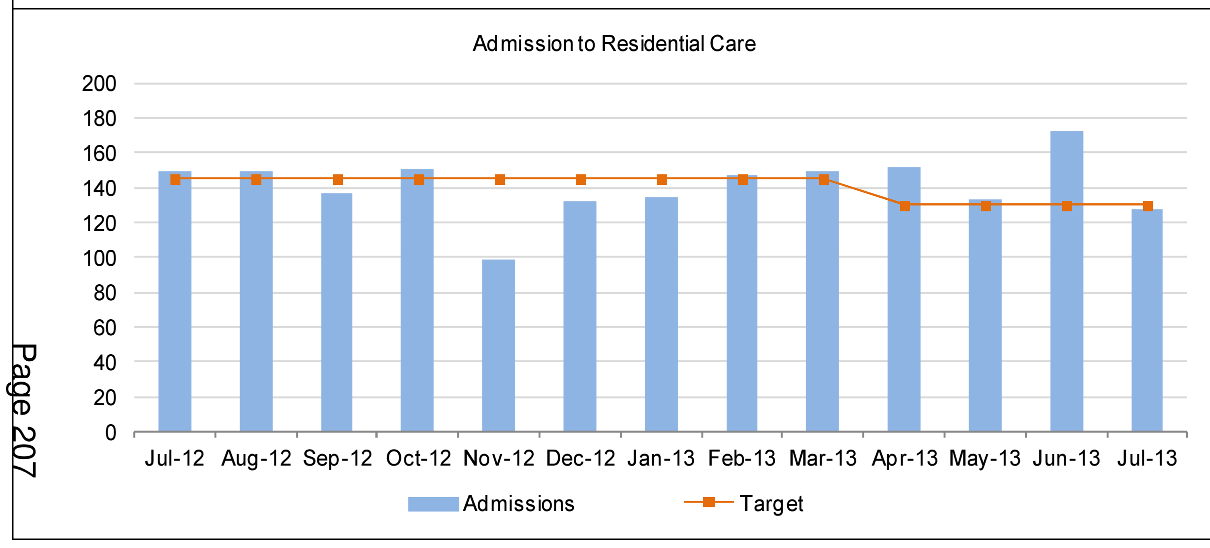
Trend Data	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
People	5.26	5.23	5.36	5.35	5.40	5.62	5.74	5.86	5.63	5.68	5.53	5.71	5.93
Target	**5.40**	**5.40**	**5.40**	**5.40**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary

Delay transfers can be affected by many factors, mainly client choice and health based reasons. Whilst there are ongoing pressures to find social care placements, these have been eased with support such as intermediate care, and step down beds. Information relating to delayed transfers of care is collected from health on a monthly basis, and reasons for delays are routinely examined. Currently about 25% delays are attributable to Adult Social Care. The top three reasons for delays includes: Waiting NHS non-acute care, patient choice and then Social care assessment.

APPENDIX A

8. Admissions to permanent residential care for older people			GREEN ⇧
Bold Steps Priority/Core Service Area	Support the transformation of health and social care in Kent	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People & Physical Disability



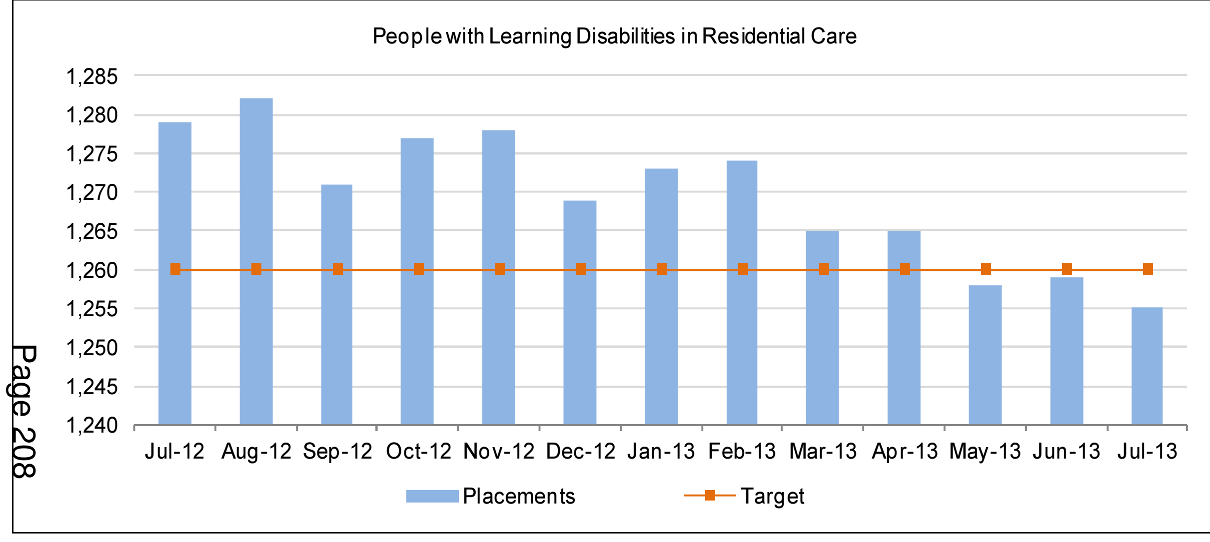
Data Notes.
Units of Measure: Older People placed into Permanent Residential Care per month.
Data Source: Adult Social Care Swift client System – Residential Monitoring Report

Trend Data	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13
Admissions	149	150	137	151	99	132	135	147	149	152	133	173	127
Target	**145**	**145**	**145**	**145**	**145**	**145**	**145**	**145**	**145**	**130**	**130**	**130**	**130**
RAG Rating	AMBER	AMBER	GREEN	AMBER	GREEN	GREEN	GREEN	AMBER	AMBER	RED	AMBER	RED	GREEN

Commentary

Reducing admissions to permanent residential or nursing care is a clear objective for the Directorate. Many admissions are linked to hospital discharges, or specific circumstances or health conditions such as breakdown in carer support, falls, incontinence and dementia. As part of the monthly budget and activity monitoring process, admissions are examined, to understand exactly why they have happened. The objectives of the transformation programme will be to ensure that the right services are in place to ensure that people can self manage with these conditions, and ensure that a falls prevention strategy and support is in place to reduce the need for admission. In the meantime, there are clear targets set for the teams which are monitored on a monthly basis, and an expectation that permanent admissions are not made without all other alternatives being exhausted.

9. People with learning disabilities in residential care			GREEN ⇧
Bold Steps Priority/Core Service Area	Improve services for the most vulnerable people in Kent	**Bold Steps Ambition**	To tackle disadvantage
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	Learning disability



Data Notes.
Units of Measure: Number of people with a learning disability in permanent residential care as at month end.
Data Source: Monthly activity and budget monitoring.

Bold Steps Indicator

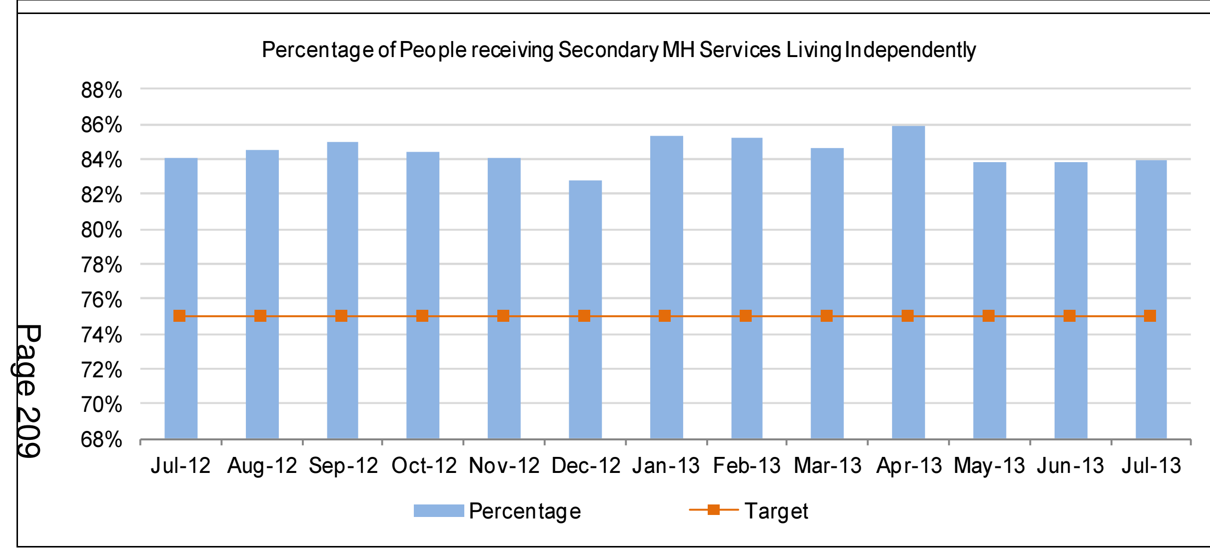
Trend Data	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13
Placements	1279	1282	1271	1277	1278	1269	1273	1274	1265	1265	1258	1259	1255
Target	**1260**	**1260**	**1260**	**1260**	**1260**	**1260**	**1260**	**1260**	**1260**	**1260**	**1260**	**1260**	**1260**
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN

Commentary

It is a clear objective of the Directorate to ensure that as many people with a learning disability live as independently as possible. All residential placements have now been examined to ensure that where possible, there will be a choice available for people to be supported through supported accommodation, adult placements and other innovative support packages which enable people to maintain their independence. In addition, the teams continue to work closely with the Children's team as young people coming into Adult Social Care through transition from the majority of the new residential placements.

APPENDIX A

10. Proportion of adults in contact with secondary mental health services living independently, with or without support			GREEN ⇔
Bold Steps Priority/Core Service Area	Improve services for the most vulnerable people in Kent	**Bold Steps Ambition**	To tackle disadvantage
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	People with Mental Health needs



Page 209

Data Notes.
Units of Measure: Proportion of all people who are in settled accommodation
Data Source: KPMT – quarterly

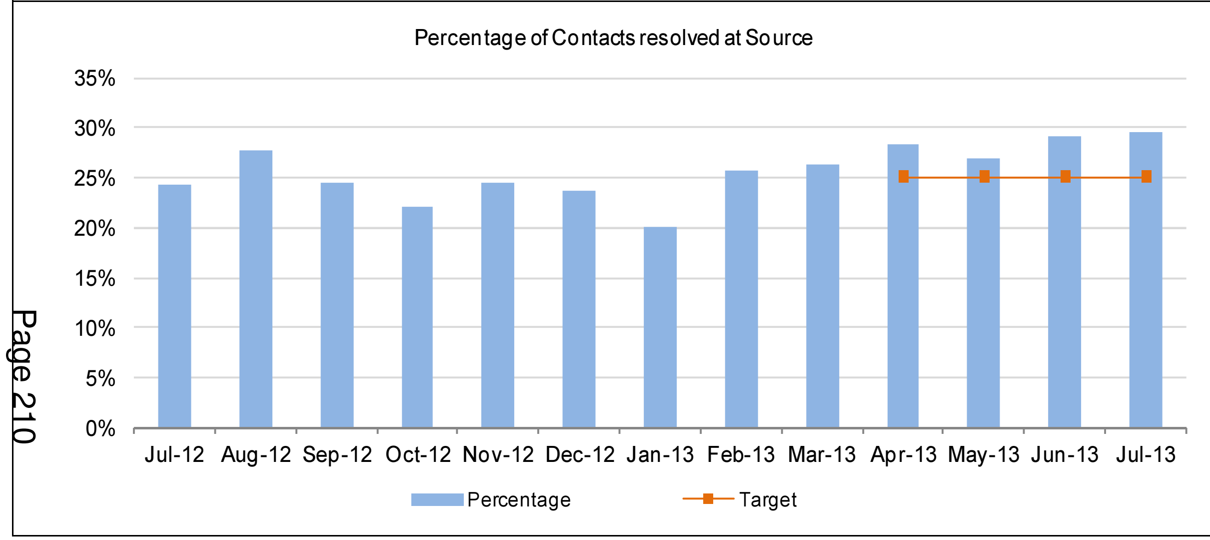
Bold Step Indicator

Trend Data	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Percentage	84%	85%	85%	84%	84%	83%	85%	85%	85%	86%	84%	84%	84%
Target	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

This has been included for the first time, including data from KPMT and will be updated on a quarterly basis. Settled accommodation "Refers to accommodation arrangements where the occupier has security of tenure or appropriate stability of residence in their *usual* accommodation in the medium- to long-term, or is part of a household whose head holds such security of tenure/residence."
It provides an indication of the proportion of people with mental health needs who are in a stable environment, on a permanent basis.

11. Percentage of contacts resolved at source			GREEN ⇧
Bold Steps Priority/Core Service Area	Improve services for the most vulnerable people in Kent	**Bold Steps Ambition**	To tackle disadvantage
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	People with Mental Health needs



Data Notes.
Data Source: SWIFT report but this will be monitored using the Locality Referral Management Service information.

Trend Data	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13
Percentage	24.3%	27.8%	24.5%	22.0%	24.6%	23.8%	20.1%	25.8%	26.3%	28.4%	27.0%	29.1%	29.5%
Target										**25%**	**25%**	**25%**	**25%**
RAG Rating										GREEN	GREEN	GREEN	GREEN

Commentary
The provision to Information, advice and guidance is a critical element of prevention for the Directorate. The recent set up of the Locality Referral Management System teams will assist with this. The target associated with this is incremental over the year, with an end of year target of 35%.

Families and Social Care

Specialist Children's Services
Performance Management Scorecard

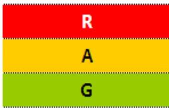
July 2013

Guidance Notes

POLARITY

H	The aim of this indicator is to achieve the highest number/percentage possible.
L	The aim of this indicator is to achieve the lowest number/percentage possible.
T	The aim of this indicator is to stay close to the target that has been set.

RAG RATINGS



A red rating indicates that the current performance is signficantly away from the target set.
An amber rating indicates that the current performance is close to the target set.
A green rating indicates that the current performance has met the target that has been set.

DIRECTION OF TRAVEL (DOT)

A green arrow indicates that performance has improved this month when compared to last month. Depending on the polarity of the indicator, an improvement in performance could either be a reduction or increase in numbers/percentage.

An amber arrow indicates that performance has remained the same as last month.

A red arrow indicates that performance has worsened this month when compared to last month. Depending on the polarity of the indicator, a worsening in performance could either be a reduction or increase in numbers/percentage.

KEY TO ABBREVIATIONS

YTD	Year to Date (April to March)	CA's	Core Assessments
Num	Numerator	CIN	Child in Need
Denom	Denominator	CP	Child Protection
R12M	Rolling 12 Months	LAC	Looked After Children
CAF	Common Assessment Framework	IN	Improvement Notice
TAF	Team around Family	IP	Improvement Plan
PEP	Personal Education Plan	SGO	Special Guardianship Order
QSW	Qualified Social Worker	UASC	Unaccompanied Asylum Seeking Children
IA's	Initial Assessments	SS	Snapshot

PERFORMANCE INDICATOR GRAPHS AND CHILD LEVEL DATA

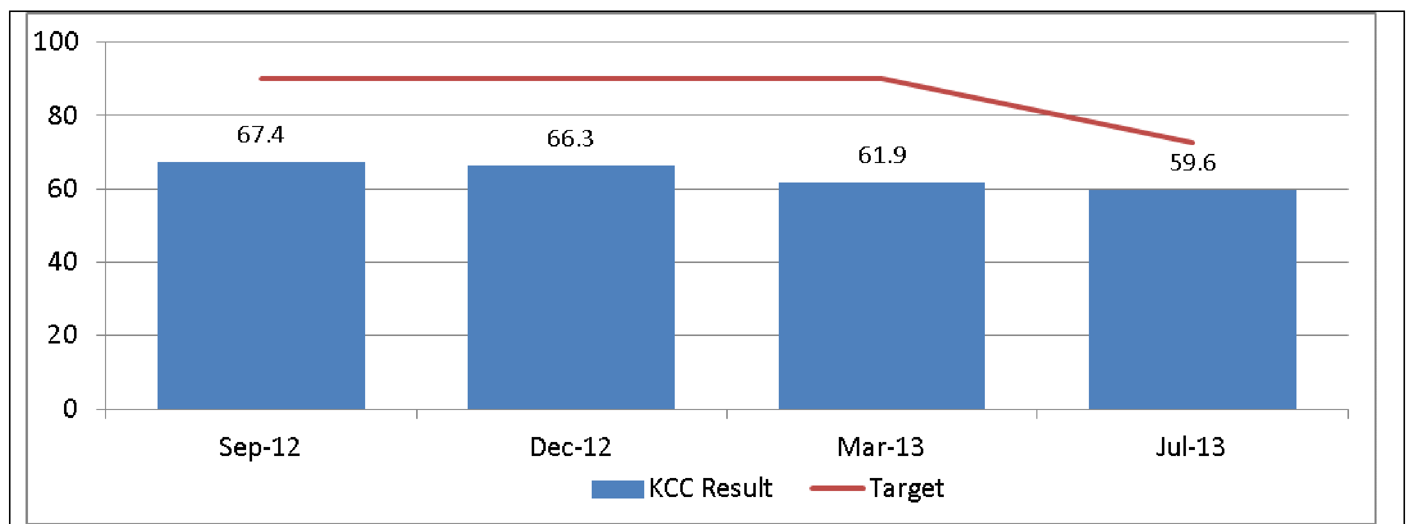
The latest graphs and Child level data are published on the SCS Performance Management website

Scorecard - Kent, inc UASC

Jul 2013

Indicators	Polarity	Data Period	Latest Result and RAG Status (Latest Result)		Num (Latest Result)	Denom (Latest Result)	Target for 13/14 (Latest Result)	Previous Reported Result (Previous Result)	DoT from previous to latest result (Previous Result)	Outturn (March 12) Result (Outturn Result)	DoT from outturn to latest result (Outturn Result)
CAF/PREVENTATIVE SERVICES											
Number of CAFs completed per 10,000 population under 18	H	R12M	97.5	G	3149	322813	72.0	91.5	↑	75.7	↑
Percentage of TAFs closed where outcomes achieved or closed to single agency	H	YTD	59.6%	R	725	1216	72.5%	61.4%	↓	61.9%	↓
REFERRAL AND ASSESSMENTS											
Number of Referrals per 10,000 population under 18		R12M	538.2		17375	322813	597.6	507.4		443.0	
Percentage of Referrals going on to Initial Assessment	T	YTD	69.6%	G	4471	6426	70.0%	69.6%	↓	73.6%	↑
Percentage of referrals with a previous referral within 12 months	L	YTD	25.0%	A	1608	6426	22.0%	25.4%	↑	22.8%	↓
Number of Initial Assessments per 10,000 population under 18		R12M	361.8		11680	322813	390.4	345.8		325.1	
Percentage of IA's that were carried out within 10 working days of referral	H	YTD	86.1%	A	3761	4366	90.0%	87.6%	↓	91.2%	↓
Initial Assessments in progress outside of timescale	L	SS	53	G			100	71	↑	94	↑
Percentage of Children seen at Initial Assessment (excludes unborn/progress to strat)	H	YTD	94.6%	A	2785	2943	95.0%	94.5%	↑	91.8%	↑
Number of New & Updated Core Assessments per 10,000 population under 18		R12M	352.8		11390	322813	195.4	342.4		326.6	
Percentage of new CA's that were carried out within 45 working days or referral	H	YTD	81.3%	A	2071	2548	85.0%	81.6%	↓	86.9%	↓
Core Assessments in progress outside of timescale	L	SS	125	A			100	107	↓	142	↑
Percentage of Children seen at Core Assessment (excludes unborn)	H	YTD	98.5%	G	4007	4066	98.0%	98.6%	↓	98.2%	↑
CHILDREN IN NEED											
Number of CIN per 10,000 population under 18 (includes CP and CIC)		SS	300.9		9712	322813	323.8	299.8		287.3	
Percentage of Private Fostering Initial Assessments completed in timescale	H	YTD	87.5%	G	7	8	80.0%	85.7%	↑	72.3%	↑
Percentage of Private Fostering Visits completed in timescale - Year 1	H	SS	66.7%	R	4	6	85.0%	60.0%	↑	76.8%	↓
Percentage of Private Fostering Visits completed in timescale - Subsequent years	H	SS	65.5%	R	19	29	85.0%	65.5%	⇨	66.7%	↓
Numbers of Unallocated Cases for over 28 days (Business) (includes CP and CIC)	L	SS	0	G	0	0	0	8	↑	0	⇨
CHILD PROTECTION											
Numbers of Children with a CP Plan per 10,000 population under 18		SS	34.9		1128	322813	34.9	33.5		30.8	
Percentage of Current CP Plans lasting 18 months or more	L	SS	6.8%	G	77	1128	10.0%	7.2%	↑	8.4%	↑
Percentage of children becoming CP for a second or subsequent time within 24 months	T	YTD	8.5%	G	46	541	7.5%	10.9%	↑	10.8%	↑
Child protection cases which were reviewed within required timescales	H	SS	99.6%	G	707	710	98.0%	99.0%	↑	98.5%	↑
Child Protection Plans lasting 2 years or more at the point of de-registration	L	YTD	3.8%	G	15	398	6.0%	4.8%	↑	8.0%	↑
Percentage of CP Visits held within timescale (Current CP only)	H	SS	89.6%	A	8868	9893	90.0%	89.5%	↑	86.9%	↑
Number of S47 Investigations per 10,000 population under 18		R12M	122.1		3942	322813	103.6	119.4		109.5	
Percentage of S47 Investigations proceeding to Initial CP Conference	T	YTD	36.3%	R	536	1478	45.0%	34.7%	↑	35.7%	↑
Percentage of Children seen at Section 47 enquiry (excludes unborn)	H	YTD	97.1%	A	1366	1407	98.0%	97.2%	↓	97.1%	↓
Number of Initial CP Conferences per 10,000 population under 18		R12M	50.8		1640	322813	42.8	49.0		42.9	
Percentage of ICPC's held within 15 working days of the S47 enquiry starting	H	YTD	64.2%	G	359	559	60.0%	65.6%	↓		
Percentage of Initial CP Conferences that lead to a CP Plan	T	YTD	89.0%	G	541	608	88.0%	87.0%	↑	88.7%	↓
CHILDREN IN CARE											
Children in Care per 10,000 population aged under 18 (Excludes Asylum)		SS	50.5		1629	322813	48.7	50.8		50.8	
CIC Placement Stability: 3 or more placements in the last 12 months	L	SS	10.9%	A	200	1827	9.0%	10.9%	↓	9.5%	↓
CIC Placement Stability: Same placement for last 2 years	H	SS	68.3%	A	345	505	70.0%	68.4%	↓	69.0%	↓
Percentage of CIC in Foster Care (KCC Foster Care, IFA, Relatives & Friends)	H	SS	77.7%	G	1419	1827	75.0%	79.6%	↓	80.6%	↓
Percentage of CIC in Foster Care placed within 10 miles from home (Excludes Asylum)	H	SS	61.7%	A	814	1320	65.0%	61.9%	↓	61.4%	↑
Percentage of CIC aged 5 to 16 with a Personal Education Plan (PEP)	H	SS	96.2%	G	1099	1142	95.0%	96.6%	↓	93.6%	↑
Participation at CIC Reviews	H	YTD	96.5%	G	1393	1443	95.0%	96.4%	↑	96.7%	↓
CIC cases which were reviewed within required timescales	H	SS	99.2%	G	1670	1684	98.0%	99.5%	↓	96.7%	↑
CIC Dental Checks held within required timescale	H	SS	93.5%	G	1490	1594	90.0%	93.5%	↑	93.7%	↓
CIC Health assessments held within required timescale	H	SS	92.7%	G	1477	1594	90.0%	92.9%	↓	95.8%	↓
% of children who wait < 21 mths between becoming CIC and being placed for adoption	H	YTD	60.9%	G	28	46	56.0%	67.9%	↓	51.0%	↑
Percentage of Children leaving care who were adopted	H	YTD	14.4%	G	44	305	13.0%	17.4%	↓	11.9%	↑
Percentage of Children leaving care who were made subject to a SGO	H	YTD	7.5%	G	23	305	7.0%	8.1%	↓	7.6%	↓
ONLINE CASE AUDIT											
Percentage of Case File Audits judged adequate or better	H	YTD	91.4%	A	85	93	100.0%	91.4%	↑	74.0%	↑
Percentage of Case File Audits completed	H	YTD	35.0%	R	93	266	90.0%	29.0%	↑		
STAFFING											
Percentage of caseholding posts filled by agency staff (Agency Staff ÷ Establishment)	L	SS	17.4%	R	86.9	500.7	10.0%	17.2%	↓	15.0%	↓
Percentage of caseholding posts filled by QSW (QSW posts exc Agency ÷ Establishment)	H	SS	77.0%	R	385.6	500.7	90.0%	79.4%	↓	82.0%	↓
Average Caseloads of social workers in CIC Teams (District Teams Only)	L	SS	15.7	A	1335	85.3	15.0	14.9	↓	14.4	↓
Average Caseloads of social workers in non CIC Teams (District Teams Only)	L	SS	20.8	A	5121	246.7	20.0	19.3	↓	18.4	↓

Percentage of Team Around Family (TAF) closed where outcomes achieved or closed to single agency			Red
Cabinet Member	Jenny Whittle	Director	Mairead MacNeil
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Sep 12	Dec 12	Mar 13	Jul 13
KCC Result	67.4	66.3	61.9	59.6
Target	90	90	90	72.5
RAG Rating	Red	Red	Red	Red

Districts have been reviewing open Teams Around the Families (TAFs) to ensure that where a TAF is no longer actively working with a family that the case is marked as closed. This work has increased total TAF closures: in the period April-July 2013 1216 TAFs were closed, this compares to 521 for the same period in 2012. A large number of closed cases are historic and a new 'management decision' closure code was introduced in February to assist districts. As of July 2013, 9.9% cases have been closed under this new code, which has had an impact on performance against this measure. Use of the new code is expected to tail off once historic cases have been looked at and a decision taken about whether the TAFs should be closed or re-activated, but because of the large numbers already closed, it may have an impact on ability to meet the target for this year.

Data Notes

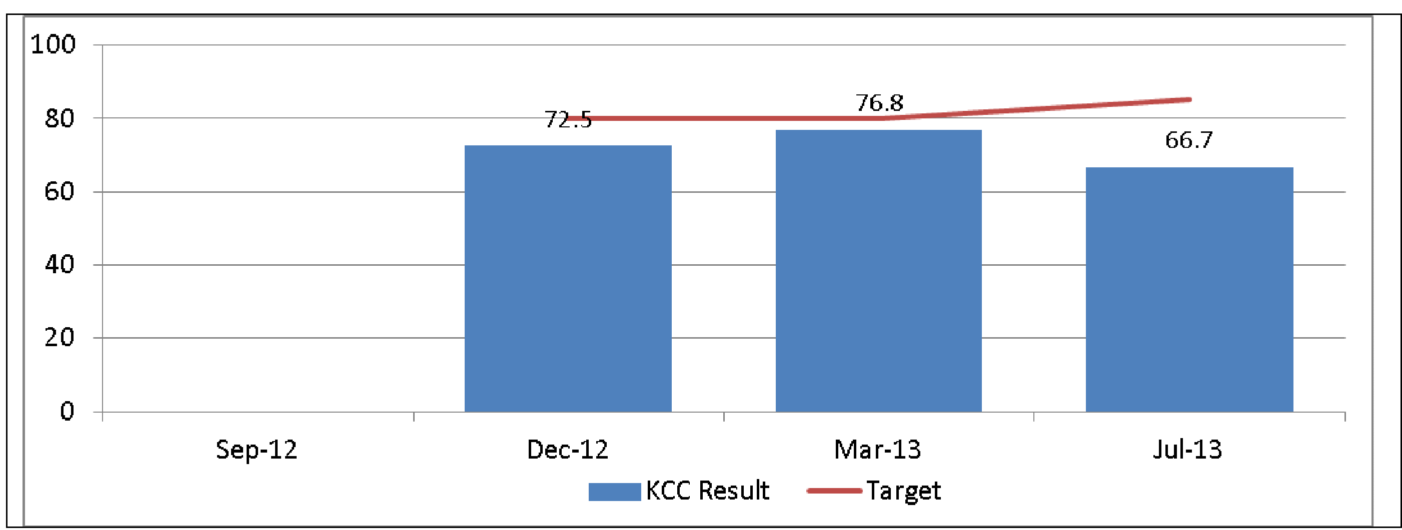
Target: Target set following analysis of outcomes achieved for 2012/13. Target will be phased across the financial year, increasing from 70% in Q1, 72.5% in Q2, 75% in Q3 and Q4

Tolerance: Higher values are better

Data: Figures shown are Year to Date. For example, the July 13 result is based on data from April 13 to July 13.

Data Source: Integrated Processes Team

Percentage of Private Fostering Visits completed in timescale – Year 1			Red
Cabinet Member	Jenny Whittle	Director	Mairead MacNeil
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Sep 12	Dec 12	Mar 13	Jul 13
KCC Result	-	72.5	76.8	66.7
Target	-	80	80	85
RAG Rating		Amber	Amber	Red

Although showing as having a Red RAG rating the numbers relating to this measure are extremely low. There were 6 visits due, 4 of which were recorded as being carried out within the 6 week timescale. The remaining 2 visits had taken place but had not been recorded on the Integrated Children's System (ICS). The ICS records for these two children have now been updated and monthly checks have been established to ensure that data for all outstanding Private Fostering visits are validated to prevent future delays in data input to ICS.

Data Notes

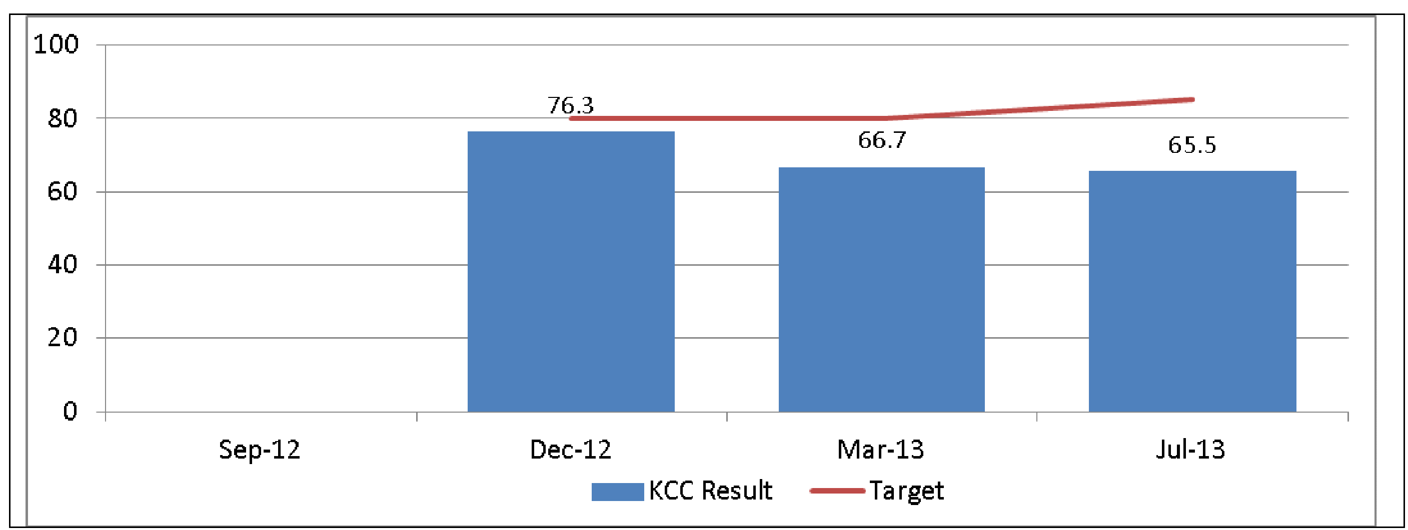
Target: Target has been set to achieve improved performance and has been based on an average between the national/SN comparisons and best performing authorities.

Tolerance: Higher values are better

Data: Figures shown are Year to Date. For example, the July 13 result is based on data from April 13 to July 13.

Data Source: Integrated Children's System (ICS)

Percentage of Private Fostering Visits completed in timescale – Subsequent Years			Red
Cabinet Member	Jenny Whittle	Director	Mairead MacNeil
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Sep 12	Dec 12	Mar 13	Jul 13
KCC Result	-	76.3	66.7	65.5
Target	-	80	80	85
RAG Rating		Amber	Red	Red

Although showing as having a Red RAG rating the numbers relating to this measure are extremely low. There were 29 visits due, 19 of which were carried out within the 12 week timescale.

The 10 visits outside timescales were due to transfer of the cases between social workers, and cancellations of visits by Private Fostering Carers.

Data Notes

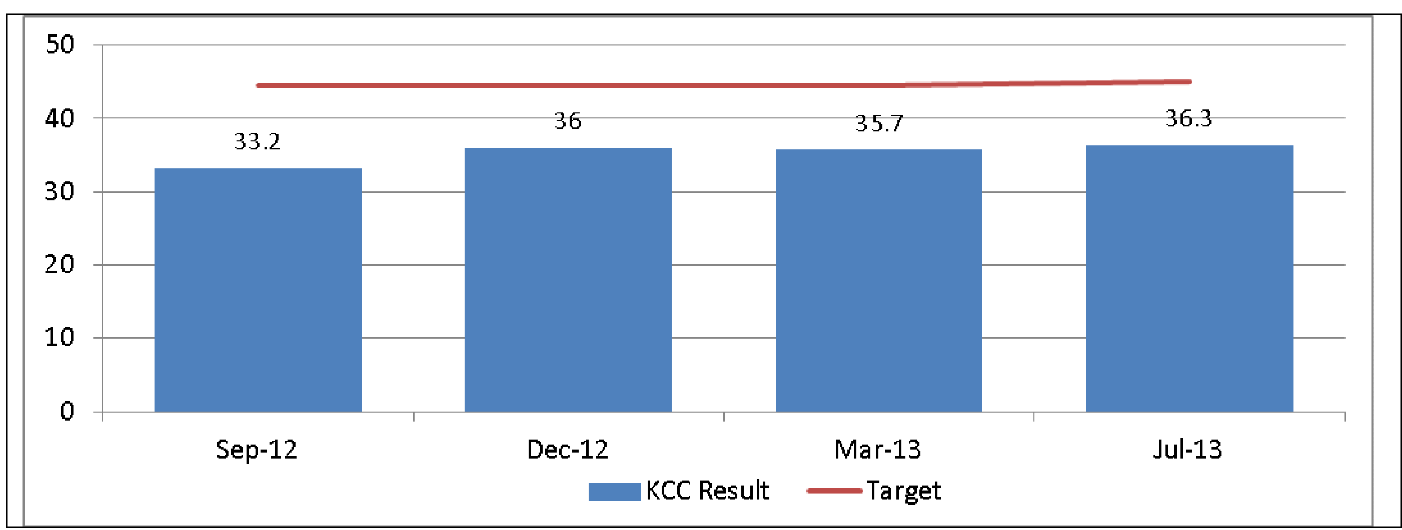
Target: Target has been set to achieve improved performance and has been based on an average between the national/SN comparisons and best performing authorities.

Tolerance: Higher values are better

Data: Figures shown are Year to Date. For example, the July 13 result is based on data from April 13 to July 13.

Data Source: Integrated Children's System (ICS)

Percentage of Section 47s proceeding to Initial Child Protection Conference			Red
Cabinet Member	Jenny Whittle	Director	Mairead MacNeil
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Sep 12	Dec 12	Mar 13	Jul 13
KCC Result	33.2	36.0	35.7	36.3
Target	44.5	44.5	44.5	45
RAG Rating	Red	Red	Red	Red

The percentage of cases where a child protection investigation is instigated which subsequently lead to an Initial Child Protection Conference remains lower than the anticipated target of 45%.

An audit of those cases not proceeding to an Initial Child Protection Conference is to be conducted by the Safeguarding Unit. This will include an analysis of the reasons and will determine whether any action is necessary.

Data Notes

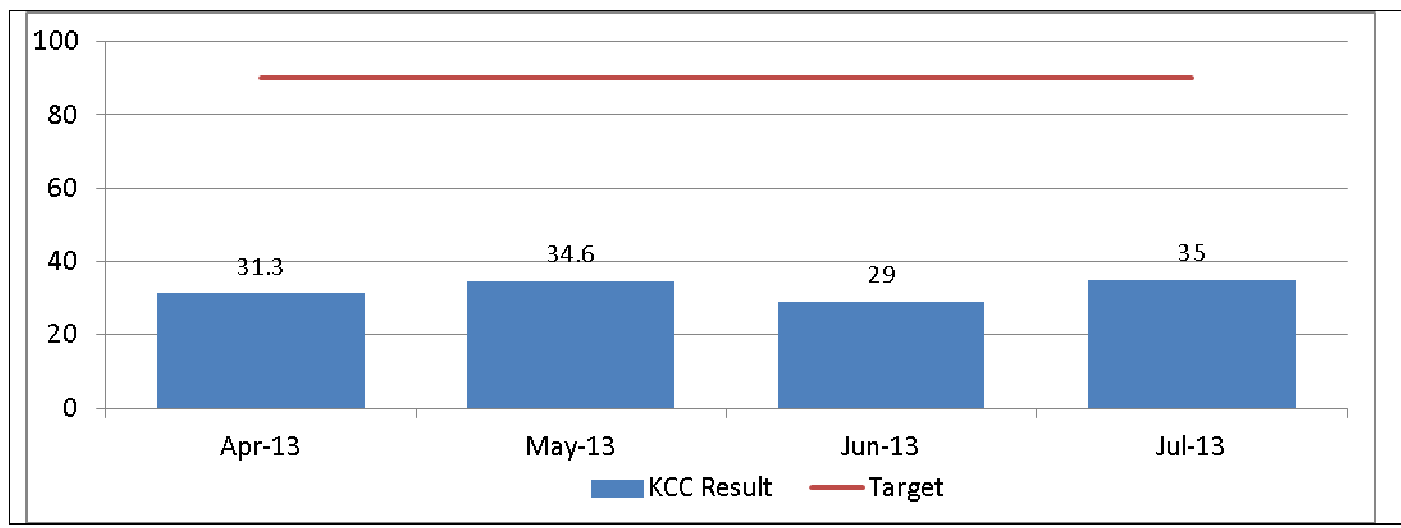
Target set at National Average

Tolerance: As close to target as possible. Should not be too low or too high

Data: Figures shown are Year to Date. For example, the July 13 result is based on data from April 13 to July 13.

Data Source: Integrated Children's System (ICS)

Percentage of On-line Case File Audits Completed			Red
Cabinet Member	Jenny Whittle	Director	Mairead MacNeil
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Apr 13	May 13	Jun 13	Jul 13
KCC Result	31.3	34.6	29.0	35
Target	90	90	90	90
RAG Rating	Red	Red	Red	Red

A review of the on-line audit process for specialist children's services electronic records resulted in process and system changes.

The introduction of system changes resulted in some technical issues which impacted upon the number of audits completed. These issues have now been resolved. The changes to the process introduced an additional step with involvement of Social Workers at the start of the audit – which made it a four stage process. This proved too challenging in terms of the timescales for completion within a four week period so this stage of the audit has been removed.

Additional improvements made to increase the number of on-line audits completed include earlier notification of the case allocation for audit, and mid-month reporting on the status for each auditor. The completion rate of on-line audits for the month of July was 53%.

It should be noted that the on-line audits reflect only one form of audits completed on children's case files, a significant number of audits take place outside of this process.

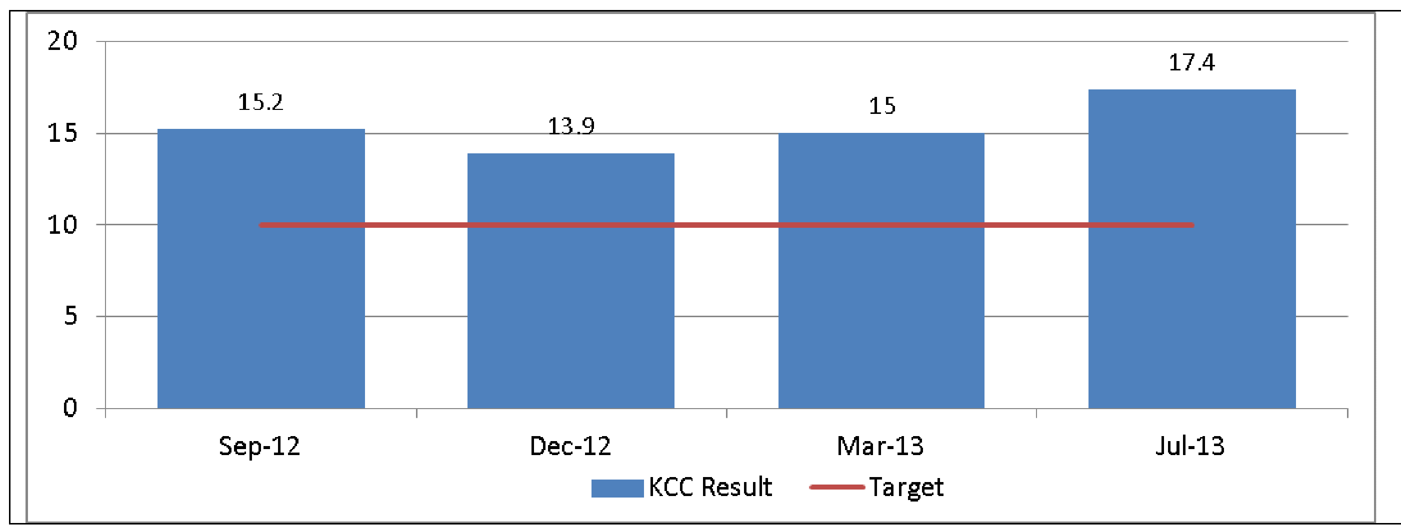
Data Notes

Tolerance: Higher values are better

Data: Figures shown are Year to Date. For example, the July 13 result is based on data from April 13 to July 13.

Data Source: Digital Services Online Audit Tool

Percentage of caseholding posts filled by agency staff			Red
Cabinet Member	Jenny Whittle	Director	Mairead MacNeil
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Sep 12	Dec 12	Mar 13	Jul 13
KCC Result	15.2	13.9	15.0	17.4
Target	10	10	10	10
RAG Rating	Red	Amber	Amber	Red

Continuing efforts to attract staff include a refreshed branding and recruitment campaign, access to additional incentives for accommodation and a focus on the professional development and practice improvement that social workers value.

It is recognised that some districts have greater difficulty in attracting staff for reasons connected to location, cost of housing and travel time/costs. Specific activities have taken place to address these. For example a meeting focusing on the issues facing Thanet has been held and a number of ideas are being developed arising from this. Local advertising in Tonbridge/ Tunbridge Wells has been used to address specific needs for applicants in these areas.

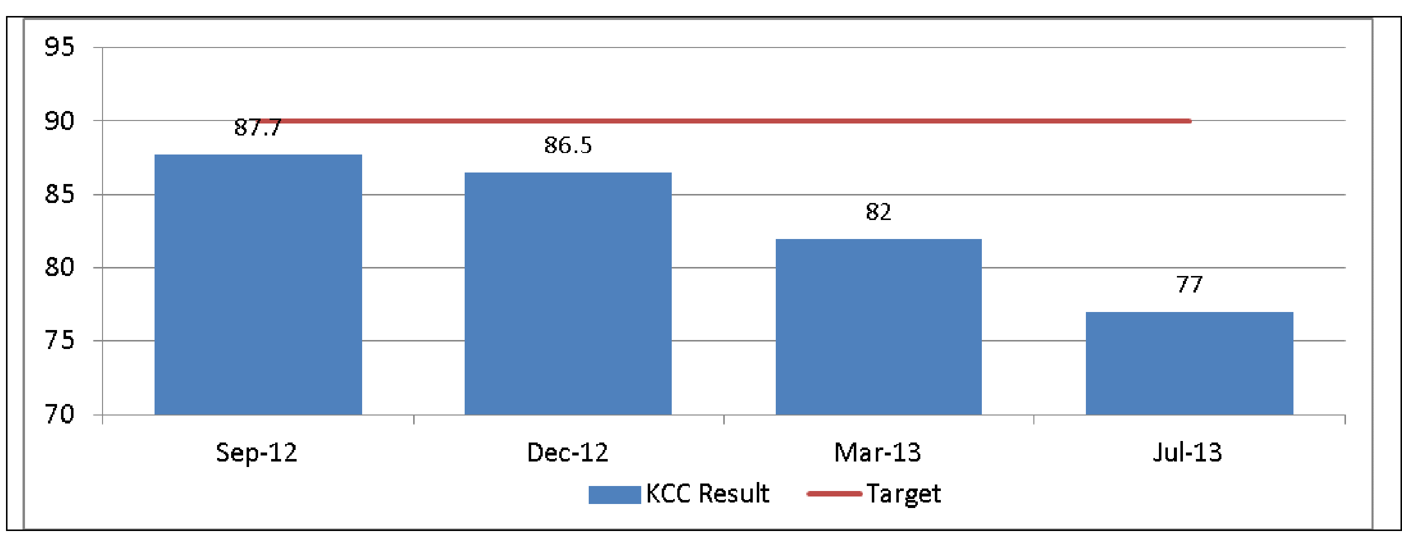
Data Notes

Tolerance: Lower values are better

Data: Data is provided as a snapshot on the day the report was run

Data Source: Integrated Children's System (ICS) and district staffing returns

Percentage of caseholding posts filled by Qualified Social Workers			Red
Cabinet Member	Jenny Whittle	Director	Mairead MacNeil
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Sep 12	Dec 12	Mar 13	Jul 13
KCC Result	87.7	86.5	82.0	77.0
Target	90	90	90	90
RAG Rating	Amber	Amber	Amber	Red

The number of vacant posts has increased due to the expansion of some of the operational teams in order to meet demand. This has increased the number of posts to be filled. The vacancy rate will be reduced by the recruitment of 48 newly qualified social workers who will be starting in September 2013.

It is recognised that some districts have greater difficulty in attracting staff for reasons connected to location, cost of housing and travel time/costs. Specific activities have taken place to address these. For example a meeting focusing on the issues facing Thanet has been held and a number of ideas are being developed arising from this. Local advertising in Tonbridge/ Tunbridge Wells has been used to address specific needs for applicants in these areas.

Data Notes

Tolerance: Higher values are better

Data: Data is provided as a snapshot on the day the report was run

Data Source: Integrated Children's System (ICS) and district staffing returns

From: Jenny Whittle, Cabinet Member for Specialist Children's Services
Andrew Ireland, Corporate Director for Families and Social Care

To: Social Care and Public Health Cabinet Committee – 4 October 2013

Subject: **Update on Children & Young People's Mental Health Service**

Classification: Unrestricted

Summary: Updates Cabinet Committee on the progress with the Community Children and Young Peoples Mental Health Service (CAMHS)

Recommendation: Members are asked to NOTE and COMMENT on the attached CAMHS update report.

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1. Along with the wider health sector, the community mental health service for children and young people (CAMHS) has under gone significant changes in the last couple of years. In 2011, KCC Cabinet Members and NHS Kent & Medway agreed to align funding in order to jointly commission new emotional well-being and mental health services for children and young people to improve the services.

2. In 2012, KCC became the lead commissioner for the Emotional Wellbeing Service (Tier 1) which is delivered in universal settings by the Young Health Minds consortia which is led by the Kent Children's Fund Network. NHS Kent & Medway became the lead commissioner for the Community CAMHS (Tier 2) and Specialist Mental Health Services (Tier 3) and from the 1 Sept 2012 these services have been provided by the Sussex Partnership Health Trust.

3. Cabinet Committee received a report on these changes on the 12 July 2012 and further update reports on the 11 January, 21 March and 12 June 2013.

4. With the establishment of Clinical Commissioning Groups in April 2013, the West Kent CCG took over as the lead commissioner for the mental health services. Ian Ayres, Accountable Officer for West Kent CCG will attend this meeting to discuss progress with the service. Attached, as Appendix A, is his update report. KCC officers have provided input into this report in relation to the parts which KCC funds.

Recommendations

5. Members are asked to NOTE and COMMENT on the attached CAMHS update report.

Andrew Ireland
Corporate Director for Families & Social Care
01622 696083

Appendix A: Update on community children and young people's mental health service (CAMHS)

Background documents: none

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Update on community

Patient focused

By: Ian Ayres Chief Officer/Accountable Officer, West Kent Clinical Commissioning Group.

To: Social Care & Public Health Cabinet Committee 4th October 2013.

1. Introduction

1.1 Members have asked for quarterly reports on the community mental health service for children and young people and this paper provides an update on the service and progress in addressing the waiting lists.

2. Background

2.1 In July 2011, NHS Kent & Medway PCT and Kent County Council Cabinet Members agreed to align funding in order to jointly commission new emotional well-being and mental health services for children and young people in Kent. This decision was made in response to significant evidence, notably the Department of Health National Support Team (NST) visit to Kent and Ofsted/CQC inspection in 2010, identifying the need to establish a more integrated system that would enable interventions to be delivered to children and young people in a more targeted and timely fashion.

2.2 NHS Kent and Medway PCT led on the re-commissioning of the mental health service, which was previously delivered by five different providers across Kent, and following a procurement process the contract was awarded to Sussex Partnership NHS Foundation Trust (SPFT) and the contract commenced on 1 September 2012.

2.3 The lead commissioner for this contract is west Kent Clinical Commissioning Group (CCG) and the annual contract value is £15million of which the 8 Kent and Medway CCG's contribute £14 million.

2.4 Kent County Council contributes a further £1million, which is ring-fenced for the Children in Care (CIC) element of the service and is paid directly to SPFT.

2.5 Since the start of the contract SPFT have undertaken a major review and restructure of the mainstream service and the CIC element.

2.6 At the time of taking over the contract, SPFT inherited significant waiting lists from previous providers of the service, particularly in west Kent for specialist (Tier 3) and targeted services (Tier 2), which they have been working to reduce. An action plan was put in place to reduce waiting times for first appointment to 4-6 weeks by the end of July 2013.

2.7 Alongside the procurement of a new mental health service, KCC led on the re-commissioning of emotional wellbeing services to deliver support as part of the local authority's early intervention strategy and acknowledging the need to provide a whole system response to emotional wellbeing/mental health. Following a procurement process the contract was awarded to Young Healthy Minds (YHM), a consortium led by Kent Children's Fund Network (KCFN).

2.8 Following the establishment of KCC's Early Intervention and Prevention (EIP) Framework there is now a range of early intervention services to meet the emotional health and well-being needs of children and young people. An early intervention Emotional Health and Well-being Service is provided by a consortia under the umbrella of Young Healthy Minds (YHM) . Access to this service is via the Common Assessment Framework (CAF).

2.9 YHM engage individual children and young people who are experiencing, or at risk of experiencing, low-level emotional difficulties and will offer time-limited group or 1-1 support.

2.10 YHM have worked closely with SPFT to address the historic waiting lists that exist and all referrals on the waiting list were re-screened by CAMHS to update current needs and where appropriate transfer to Young Healthy Minds for a service. Initially the CAF process was suspended to allow YHM to take on these cases. Young Healthy Minds are now receiving referrals through the CAF process

2.11 The value of this contract is £1.1 million, with a contribution from the Kent CCG's of £300,000. This contract also commenced in September 2012 and YHM have worked closely with SPFT to tackle the historic waiting list for a service.

3. Community Children and Young Peoples Mental Health Service model

3.1 The CAMH services are delivered from four hubs – 3 in Kent and 1 in Medway (which covers Swale). Each hub is the central point of referral for that geographical area but staff will deliver services in satellite bases or places very local to where families live and where they wish to be seen. Examples include GP surgeries; Children and Family Centres; Youth Centres; Schools; and the new MASH (multi agency service hub) centres in Swale, Thanet and Ashford.

3.2 The Kent hubs are:

East Kent: based in Canterbury (with a satellite base in Thanet);

South Kent: based in Folkestone (with satellite bases in Dover and Ashford).

West Kent: based in Maidstone (with a satellite base in Dartford)

In addition the Medway hub is based in Gillingham (with a satellite base in Swale)

4. Referrals

4.1 Since the current provider was awarded the contract and it has been possible to monitor the numbers of referrals, SPFT has seen a 35% increase in referrals to the service (see appendix 1, table 1).This seems to be part of a national trend that has seen increased referrals this year. In addition there has been an increase in referrals for inpatient CAMHS treatment.

4.2 In December 2012, 36% of the referrals were re-directed to other more appropriate services e.g. paediatrics, emotional wellbeing services, school nurses/school counselling. In June 2013, 11% of all referrals were re-directed. Of those 47% related to a referral from a GP that does not meet the CAMHS criteria. In these cases a CAF is initiated for these young people and their families so they have access to the most appropriate advice and support through the Team Around the Family (TAF) and where appropriate referred to services such as Young Healthy Minds (YHM).

4.3 The source of referrals to CAMHS has been changing since the new service started. See table 1 below.

Table 1
Referral source

Referral source	January 2013	June 2013
GP	328	346
School	41	63
Social services	26	41
Other (including Paediatrics, Youth Offending Teams, A&E)	141	181
Total	**536**	**631**

***** During the needs analysis and contract development period 80% of referrals were from GPs.

4.4 Referrals to CAMHS are triaged on a daily basis to check for emergency and urgent referrals. Routine referrals are screened weekly.

5. Waiting times

5.1 At the time of taking over the contract, SPFT inherited significant waiting lists with children and young people waiting a long time to be assessed for routine referrals.

5.2 Young people who are referred as an emergency are assessed the same day. Young people deemed to require an urgent assessment are seen within 10 days. These targets are consistently adhered to.

5.3 A major focus of the provider has been to reduce the time that young people wait for a specialist routine referral particularly in west Kent.

5.4 At the end of June 2013 these times have significantly reduced in most areas compared to when SPFT took over the contract (see table 2 below) and the average across Kent has reduced from 19 weeks to 9 weeks (see appendix 1 table 3)

5.5 In west Kent at the end of June 2013, Tunbridge Wells area was continuing to show long waiting times but all young people were offered an assessment appointment in July 2013. An effect of concentrating work in the west has been some slippage in the east, where staff have been re-provided to assist in the process.

5.6 It has not been possible in this report to update members of the committee regarding July figures due to a changeover of data collection systems and the need for further data cleansing. The committee will receive up to date figures for the meeting on the 4th October 2013.

Table 2
Average waiting times to first appointment for routine referrals to specialist (Tier 3) CAMHS (in weeks)

	Oct 2012	June 2013
Dartford & Gravesham	53	8.5
Maidstone	26	6
Tunbridge Wells	18	17
Swale	18	6
Ashford	8	10
Canterbury	4	3
Dover	4	5
Shepway	8	4.5
Thanet	4	8

Areas covered by each teams is outlined in Appendix 2.

Table 3
Numbers waiting for routine specialist assessment by weeks

June 2013	0 - 4 wks	5 -8 wks	9 - 16 wks	17 -26 wks	26 - 48 wks	49 - 54 wks	54 +
Dartford/Gravesham	89	53	44	39	1	0	0
Maidstone	89	53	44	39	1	0	0
Tunbridge Wells	19	41	31	20	24	7	0
Medway	60	24	18	0	0	0	0
Swale	13	16	9	1	0	0	0
Ashford	2	11	26	18	16	0	0
Canterbury	30	0	0	0	0	0	0
Dover	10	8	1	0	0	0	0
Shepway	14	6	2	0	0	0	0
Thanet	23	22	2	0	0	0	0

5.7 Table 3 shows the breakdown of waiting times in bands. The numbers of young People now being seen within 8 weeks has significantly increased whilst the numbers waiting longer has decreased over the last 6 months. Of those waiting longer, all were expected to be seen by the end of August 2013 whilst the introduction of a new system for planning and booking appointments (Choice andPartnership Approach) will ensure that waiting lists don't build up again.

In addition to the specialist waiting lists SPFT also inherited long waiting lists for targeted services in west Kent and whilst the numbers waiting for assessment has reduced (from 585 in May 2013 to 382 by July 2013) and the average waiting time has reduced (see table 4 below) SPFT have an action plan in place and have a target of reducing the historic waiting list by the end of September 2013.

Table 4
Average waiting times to first appointment for routine referrals to Targeted
(Tier 2) CAMHS (in weeks)

	Oct 2012	**June 2013**
Maidstone	46	16
Tunbridge Wells	49	19
Dartford & Gravesham	48	27
Swale	N/A	4

5.8 East Kent Targeted referrals are incorporated into specialist figures as outlined in table 2.

5.9 At this stage it has not been possible to provide treatment waiting time figures and this will be available following the changes to the database and will be shared with members of the committee as soon as they are available. There are currently 685 young people waiting for treatment across Kent and Medway.

6. Performance management

6.1 West Kent CCG is the co-ordinating commissioner on behalf of Kent & Medway CCG's and is taking a robust approach to managing the performance of the provider against the contract requirements.

6.2 As a consequence of targets that have been missed, the CCG has formally written to the provider outlining its concerns and seeking re-assurance through an action plan to address the shortfall in service delivery. The CCG will continue to monitor and work with the provider to ensure that the service is working to full capacity and will use all necessary contract levers to ensure this is adhered to.

6.3 West Kent CCG will continue to co-ordinate monthly performance meeting with SPFT to review progress.

7. Staffing

7.1 There have been a number of vacant posts within the service particularly in west Kent that has impacted on SPFT's ability to tackle their waiting list initiative. In the interim SPFT have been employing locum workers and providing overtime to permanent staff to provide extra sessions. They have however had one recruitment round over the last two months that has resulted in posts being offered and this is an on-going process with further interviews planned that will strengthen the workforce. The first group recruited are expected to start in October 2013 and with further successful recruitment, the service is expected to be at full strength by the end of the calendar year.

7.2 Members of the committee will be provided with an up to date position regarding staffing at the meeting.

8. Children in Care

8.1 As with the mainstream service the key aims of the children in care (CIC) service model are to deliver care and support of the very highest quality, equity and consistency whilst ensuring that services delivered are sensitive and responsive to the specific needs of children and young people who are in care, and adopted children where they have active social work involvement.

8.2 The CAMHS-CIC service has been re-designed to provide a wider reach and an effective and timely service to this group of children and young people. In June 2013, the service was working with 202 Kent CIC. In addition the mainstream CAMHS teams were working with 316 CIC, some of whom would also be receiving a service from CAMHS-CIC, but others are children and young people placed in Kent by other local authorities. CAMHS teams were also working with 90 adopted children and young people.

9. Commissioning arrangements

9.2 To strengthen the commissioning arrangements between KCC & West Kent CCG, commissioners are working together to establish a Section 76 arrangement to enable CCG's to monitor the contract holistically on behalf of KCC partners. The first draft of this agreement is scheduled to be presented at the next meeting between the Accountable Officers from the 7 Kent CCGs and KCCs Directors from both Families & Social Care and Public Health. These are monthly meetings which discuss the interface between health and social care from a commissioning delivery perspective.

10. Recommendations

10.1 Members of the Social Care & Public Health Cabinet Committee are asked to note the contents of this report.

Contact details

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Sue Mullin, Commissioning Manager (Children) Strategic Commissioning, FSC.

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Appendix 1 Children and Young People Activity October 2012- June 2013 SPFT

1. Total Referrals to SPFT Children and Young People services November 2012-June 2013									
		Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Total all CCG		524	648	684	772	898	790	829	766
Referrals have increased by 35% between November 2012 -January 2013 and April-June 2013.									

2. Total numbers waiting for assessment across all CCG areas October 2012- June 2012									
	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Total all CCG	1367	1408	1481	1183	908	936	1111	1251	1515
The numbers waiting for assessment are up in June as a factor of increased referral rates but average weeks waiting is down by 53% from an average of 19 weeks in October 2012 to 9 weeks in June 2013. This is expected to be at six weeks in September 2013									

3. Average number of weeks waiting from referral to assessment between October 2012 and June 2013									
	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Total all CCG	19	29	14	12	10	8	8	11	9

4.Total Caseload sizes across all CCG Targetted and Specialist services									
			Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Total All CCG			6814	7999	8971	9010	9328	9680	9574
Total caseload sizes across all areas are up by 40% between December 2012 and June 2013.									

Appendix 2

Geographical areas - CAMHS Team Areas

Maidstone	Allington, Boxley, Detling and Thurnham, Hollingbourne, Harrietsham, Lenham, Leeds, Headcorn, Sutton Valence and Langley, Staplehurst, Marden, Yalding, Nettlestead, Coxheath & Hunton, Barming, East and West Farleigh, Maidstone, Wateringbury, Aylesford, Leybourne, Bearsted, Borough Green, Boughton Monchelsea, Burham, Snodland, Staplehurst, Headcorn, and West Malling.
Tunbridge Wells	Tunbridge Wells, Southborough, Paddock Wood, Cranbrook, Hawkhurst, East Peckham, Chiddingstone, Penshurst, Tonbridge, Hadlow, Sevenoaks, Edenbridge, Westerham, Knockholt, Crockenhill, Farningham, Snodland, Ditton, Burham, Wouldham, Blue Bell Hill, Aylesford and Wateringbury, Sevenoaks as far as Westerham and Dunton Green,
Dartford & Gravesend	Dartford, Stone, Darenth, Swanscombe, Southfleet, Longfield, Hartley, Horton Kirby, Crockenhill, Swanley, New Ash Green, Hextable , Cobham, Eynsford, Sutton at Hone, Wilmington, West Kingsdown, Higham, Gravesend, Fawkham, Joydens Wood, Northfleet & Greenhithe
Medway & Swale	Grain, Hoo, High Halstow, Cuxton with Medway GP, Higham with Medway GP, Strood, Rochester, Borstal, Chatham, Walderslade, Lordswood, Gillingham, Twydall, Rainham, Parkwood, Wigmore, Upchurch, Lower Halstow, Newington, Iwade, Sittingbourne, Milton, Kemsley, Bobbing, Murston, Babchild, Teynham, Queenborough, Sheerness, Minster, Eastchurch, Leysdown on Sea, Warden and Halfway
Ashford	Kennington, Mill Court, Willesborough, Kingsnorth, Singleton, Musgrove Park, Hollington, Tenterden, Wye,Charing, Hamstreet, Sellindge, Woodchurch, Chartham, Headcorn, Chilham.
Canterbury	Canterbury, Herne Bay, Whitstable, Wingham, Aylesham, Staple, Sturry, Faversham, Ospringe, Boughton, Chartham, Chilham, Littlebourne, Hersden.
Dover	Dover, Deal, St Margarets at Cliffe, St Martin's Mill, Sholden, River, Walmer, Eythorne, St Radigans, Temple Ewell, Shepherdswell, Tower Hamlets, Guston Aycliffe, Elvington and Whitfield
Shepway	Folkestone, Sandgate, Sandling, Elham, Capel le Ferne, part of Sellindge, Hawkinge, Densole, Lyminge, Lympne, Hythe, Seabrook, New Romney, Dymchurch, Dungeness, Greatstone, Littlestone, Brenzett, St Mary's Bay and Lydd.
Thanet	Margate, Ramsgate, Broadstairs, Minster, Monkton, Sartre, Ash, Eastry, Westgate, Westbrook, Sandwich
Learning Disability & Challenging Behaviour	The whole of the East Kent area
Tier 2 EK	The whole of the East Kent area.
T2 Swale	Isle of Sheppey (Sheerness, Minster, Queenborough, Warden and Leysdown), and Sittingbourne urban and rural – postcodes ME9, 10, 11 and 12
ACCENT West	Dartford, Gravesend and Swanley Sevenoaks Tonbridge and Malling Tunbridge Wells (from Southborough to just east of Cranbrook) Maidstone
ACCENT East	Swale (Isle of Sheppey, Sittingbourne, etc) Canterbury Thanet Dover Shepway (from Folkestone to Dungeness area on the coast and inland a fair way) Ashford (from the Sussex border up to slightly east of Chartham)

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Meradin Peachey, Director of Public Health

To: Social Care and Public Health Cabinet Committee

Date: 4th October 2013

Subject: Public Health Performance

Classification: Unrestricted

Summary: This report provides an overview of key performance indicators for Kent Public Health. It is for Information purposes following the transition of Public Health functions and responsibilities from Primary Care Trusts to Kent County Council. Performance is currently varied across the 4 prescribed/non prescribed data returns and 2 additional local performance indicators. A number of these services are being reviewed this year to ensure effectiveness and value for money.

Recommendation: The Social Care and Public Health Cabinet Committee is asked to note this report.

1. Introduction

1.1 This report provides an overview of the key performance indicators for Kent Public Health; the report includes indicators on the new prescribed and non-prescribed data returns from Councils, Local key performance indicators and an indication of how these fit to the Public Health Outcomes Framework (PHOF)

1.2 From April 2013 Kent County Council became responsible for the provision of data returns for three prescribed public health functions and one non-prescribed function these were NHS Public Health Check Programme (prescribed) National Child Measurement Programme (prescribed) Community Contraceptive Services (prescribed) and Stop Smoking services (non-prescribed).

1.3 As part of the 100 day plan, a dashboard encompassing the multiple National and Local performance indicators has been developed. This includes the Public Health Outcomes Framework, Prescribed and non-prescribed services, and Kent Public Health Commissioned Services.

1.4 Each field within Kent Public Health is completing a detailed performance framework on the Commissioned Services, trialled initially by Sexual Health, which consolidates qualitative information surrounding the Specialist and Consultant knowledge, National Initiatives, the Business Plan and planned projects. These documents are live documents which will continually be updated and added to as developments in the field occur.

2. Bold Steps for Kent and Policy Framework

2.1 The work of the Public Health Division contributes to the Bold Steps for Kent as stated in the Business Plan:

- We will help **the Kent economy grow** by directing our revenue resources towards helping businesses in difficult times, procuring more of our goods and services from within the county wherever possible, encouraging growth and diversification of the market by supporting voluntary sector and encouraging social enterprise.
- We will look **to put the citizen in control** through the increasing localisation of services so that local communities can decide their priorities within the resource available. We will work through local arrangements, Joint Commissioning Groups and Health & Wellbeing Boards to ensure we are engaged with local agendas and understand and address local priorities
- We will help **to tackle disadvantage** by making the best use of resources available to target populations with poorer health outcomes – particularly for those in areas of deprivation or for vulnerable individuals who find it more difficult to access services. We will deliver **Kent's Health Inequalities** action plan and support districts and other partners to develop their own action plan addressing their geographical area or specific key functions – such as housing.

3 Performance Indicators

3.1 Summary of Key Performance Indicators

Indicator Description	Previous Status	Current Status	Direction of Travel
Prescribed and non-prescribed Data Returns			
NHS Health Checks - Proportion of target offers received a Health Check	Amber (Q4 2/13)	Red (Q1 13/14)	⇩(Red)
National Child Measurement Programme - Participation Reception year (Annual)	Green (2010/11)	Green (2011/12)	⇩(Red)
National Child Measurement Programme - Participation Year 6 (Annual)	Green (2010/11)	Green (2011/12)	⇧(Green)
Community Sexual Health Services – Proportion of clients accessing GUM offered an appointment to be seen within 48 hours	Green (Q4 2/13)	Green (Q1 13/14)	⇔ (Amber)
Community Sexual Health Services – Chlamydia positivity rate per 100,000	Red (Q3 2/13)	Red (Q4 2/13)	⇔ (Amber)
Stop Smoking Services – Number of people successfully quitting having set a quit date	Red (Q4 12/13)	Red (Q1 13/14)	⇩(Red)
Local Indicators			
Infant Feeding –Proportion women breast feeding at 6-8 weeks	Amber (Q3 13/14)	Red (Q4 13/14)	⇩(Red)
Health Trainers – Proportion of new clients against target	Green (Q4 12/13)	Amber (Q1 13/14)	⇩(Red)

Key to KPI Ratings used:

GREEN	Target has been achieved or exceeded the current National Performance
AMBER	Performance at acceptable level or no difference to the National Performance
RED	Performance is below a pre-defined Floor Standard * or is below National Performance
⇧	Performance has improved relative to targets set or is moving in the right direction
⇩	Performance has worsened relative to targets set or is moving in the wrong direction
⇔	Performance has remained the same relative to targets set or previous performance

* Floor Standards are to be set during 2013/14 following the formation of the new Kent Public Health team in April 2013.

Data quality note: Data included in this report is provisional and subject to later change. This data is categorised as management information.

4. Conclusions

4.1 Performance is variable across the Public Health Services as identified in the prescribed, non-prescribed, and local indicators. Where performance concerns have arisen, actions are in place to review reporting mechanisms (especially following the transition from PCT to KCC) service delivery and target distribution.

5. Recommendation

Recommendation: The Social Care and Public Health Cabinet Committee is asked to note the performance report

6. Background Documents - none

7. Contact details

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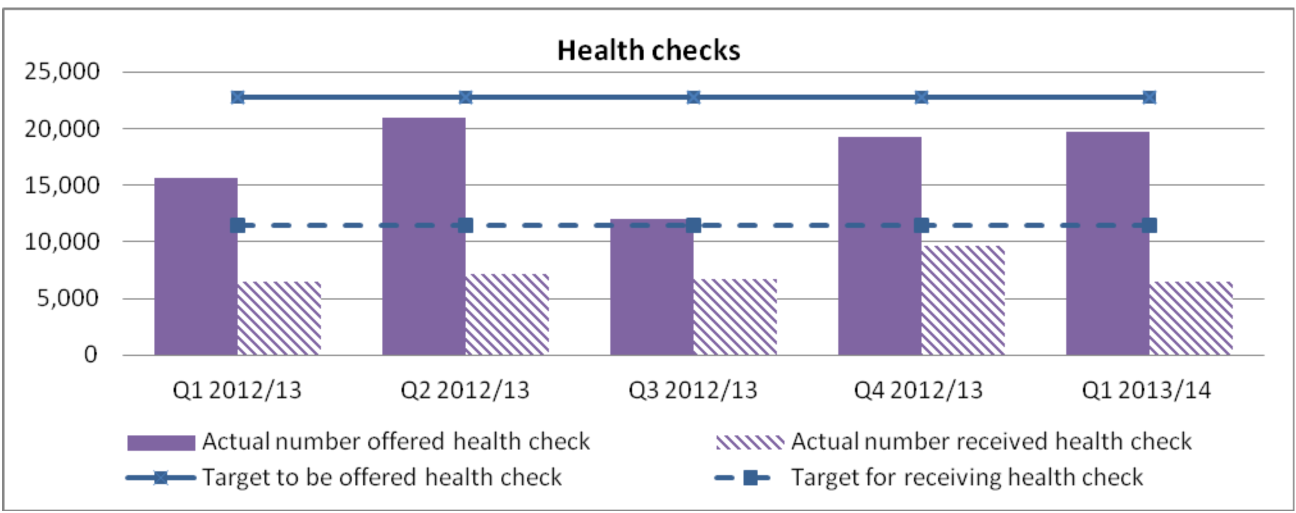
NHS Health Checks: Proportion of Target offers receiving an NHS Health Check	RED ⇩



Trend Data – by quarter	2012/13					2013/14	
	Q1 (Apr -Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)	Full 2012/13	**Q1 (Apr - Jun)**	Full 2013/14
Target Offers	22,810	22,810	22,810	22,811	**91,241**	**22,810**	91,241
Actual offers	15,685	20,982	12,033	19,292	**67,992**	**19,761**	19,761
Target receive	11,405	11,405	11,405	11,406	**45,621**	**11,405**	45,621
Actual receive	6,460	7,111	6,705	9,569	**29,845**	**6,455**	6,455
% of target offers received	28.3%	31.2%	29.4%	42.0%	**32.7%**	**28.3%**	7.1%
RAG Rating	**Red**	**Red**	**Red**	**Amber**	**Red**	**Red**	-
National %	35.7%	37.4%	40.5%	48.2%	**40.4%**	**37.4%**	-

Commentary

Results for the most recent quarter have shown a reduction compared to the previous quarter and this was expected following the transition of Public Health from the NHS, combined with transfer of responsibility for delivering this programme to Kent Community Healthcare NHS Trust. From April to June, 19,761 people were invited for a Health Check which was in line with the previous quarter. There is no time limit on the invite and it is likely these invites will result in completion of Health Checks in the quarter to September. The forecast for the rest of year is positive.

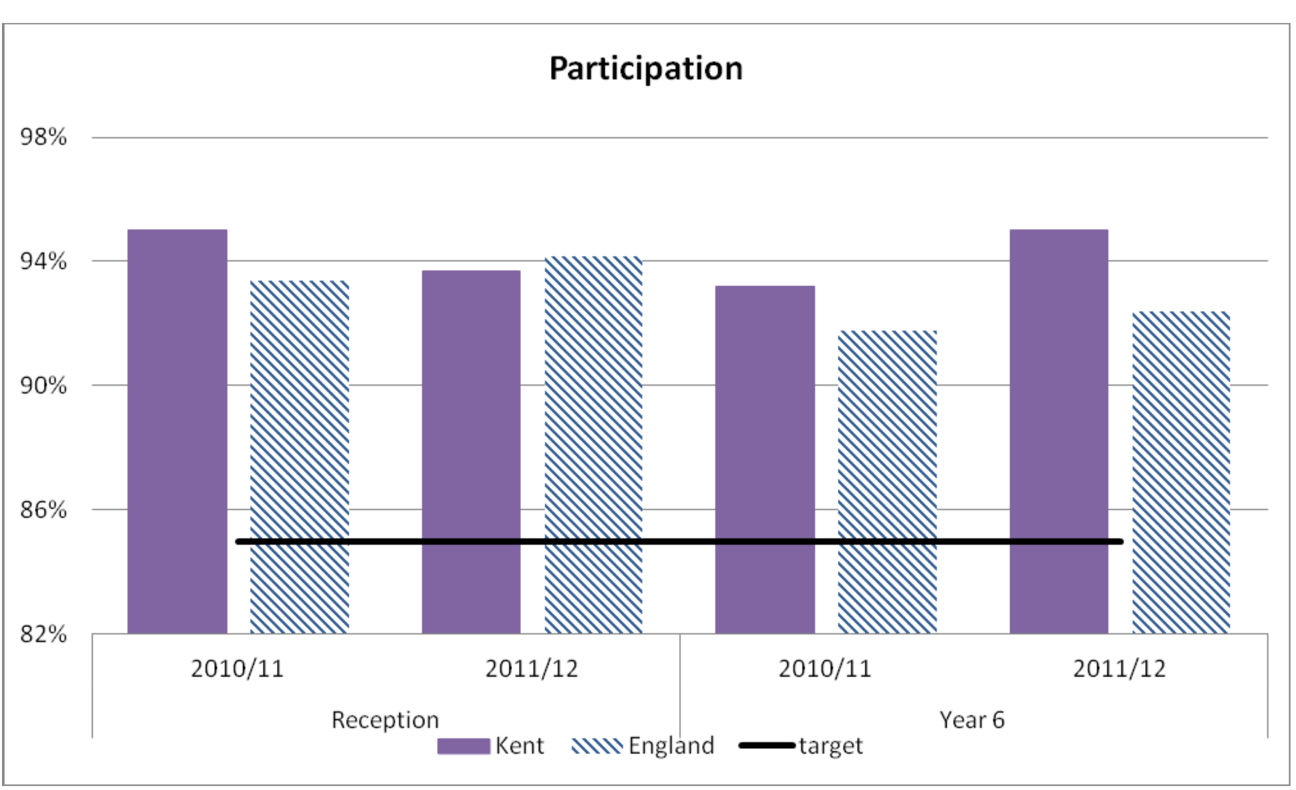
Kent Public Health will be reviewing the quarterly target allocation based on known localised and seasonality trends. This will provide more localised context to a National Programme.

NHS Health Checks programme aims to identify people with increased risk of heart disease, stroke, diabetes, kidney disease and certain types of dementia. People between the ages of 40 to 74 years old who are not already diagnosed with one of these existing conditions are invited for a NHS Health Check once every five years. Those people identified as being greater risk will then be offered treatments appropriate to their risks through their GP. 2012/13 was the first year of the current 5-year programme.

Health checks are the Public Health Outcomes Framework Indicators 2.22i and 2.22ii.

Data Notes: Higher values and percentages are better. Source: KCHT. Indicator Reference: PH/AH/01

NCMP: Participation in the Annual National Child Measurement Programme	**GREEN ⇔**



Trend Data – Annual	2010/11		2010/11 – England		2011/12		2011/12 - England	
	Reception	Year 6	Reception	Year 6	Reception	Year 6	Reception	Year 6
Participation	95.0%	93.2%	93.4%	91.8%	93.7%	95.0%	94.2%	92.4%
RAG Rating Participation	Green	Green	Green	Green	Green	Green	Green	Green
% reported Obese	8.9%	18.4%	9.4%	19.0%	8.6%	18.3%	9.5%	19.2%

Commentary

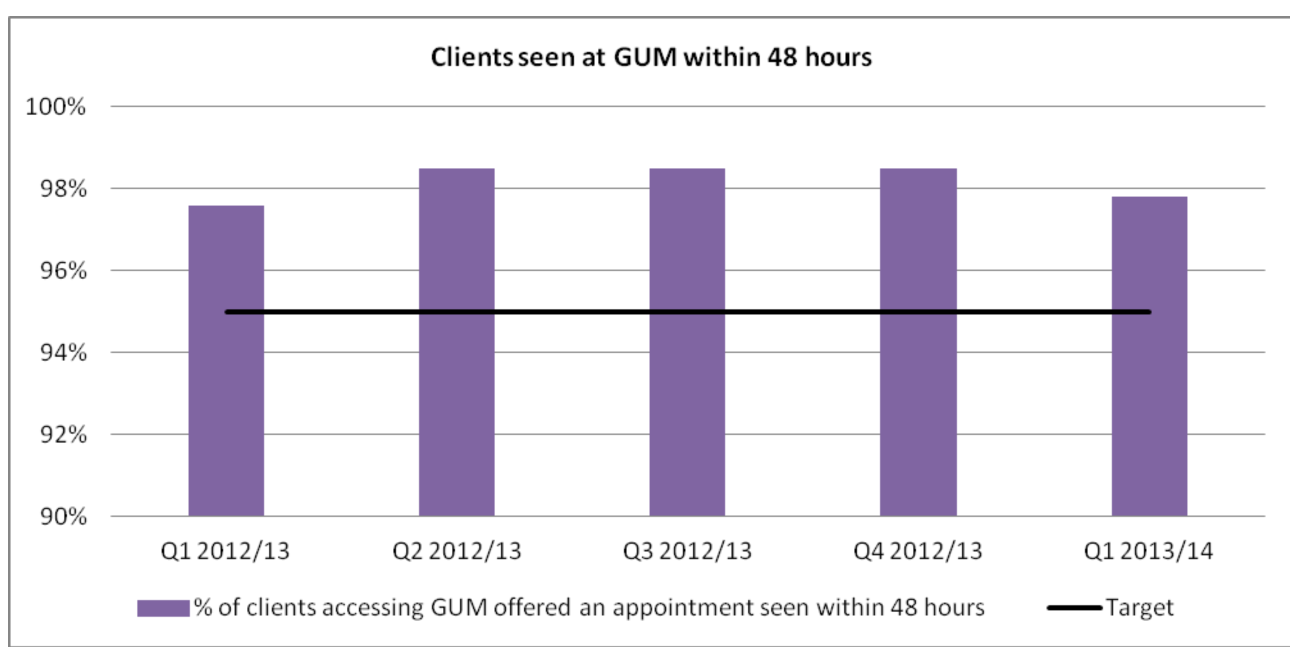
The National Child Measurement Programme (NCMP) measures the weight and height of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight children and obese levels within primary schools. The NCMP was set up in line with the Government's strategy to tackle obesity. (HSCIC http://www.hscic.gov.uk/ncmp)

The target is to measure a minimum of 85% of eligible children in the two cohorts. 2012/13 School year data scheduled to be published in December 2013.

A Briefing Paper for Members was written detailing the NCMP results in December 2012.
The NCMP relates to Public Health Outcome Framework Indicators 2.06i and 2.06ii

Data Notes: Higher values are better for Participation. Obesity lower values are preferred. Performance assessment for this indicator is based on the participation rate. Obesity for children is defined as being above the 95th percentile on the Body Mass Index, based on the weight distributions recorded between 1963 and 1994. Data includes state maintained schools only is based on schools location, not pupil address. Data Source: HSCIC. Indicator reference: PH/CYP/01

Community Sexual Health Services : Proportion of clients accessing GUM offered an appointment seen within 48 hours	**Green ⇔**



Trend Data –by Quarter	Target	**2012/13**				**2013/14**
		Q1 (Apr -Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)	Q1 (Apr -Jun)
Proportion of clients accessing GUM offered an appointment seen within 48 hours	95%	97.6%	98.5%	98.5%	98.5%	97.8%
RAG Rating	-	Green	Green	Green	Green	Green

Commentary

GUM clinics in Kent consistently offer the majority of clients an appointment within 48 hours, performing above the high target of 95%.

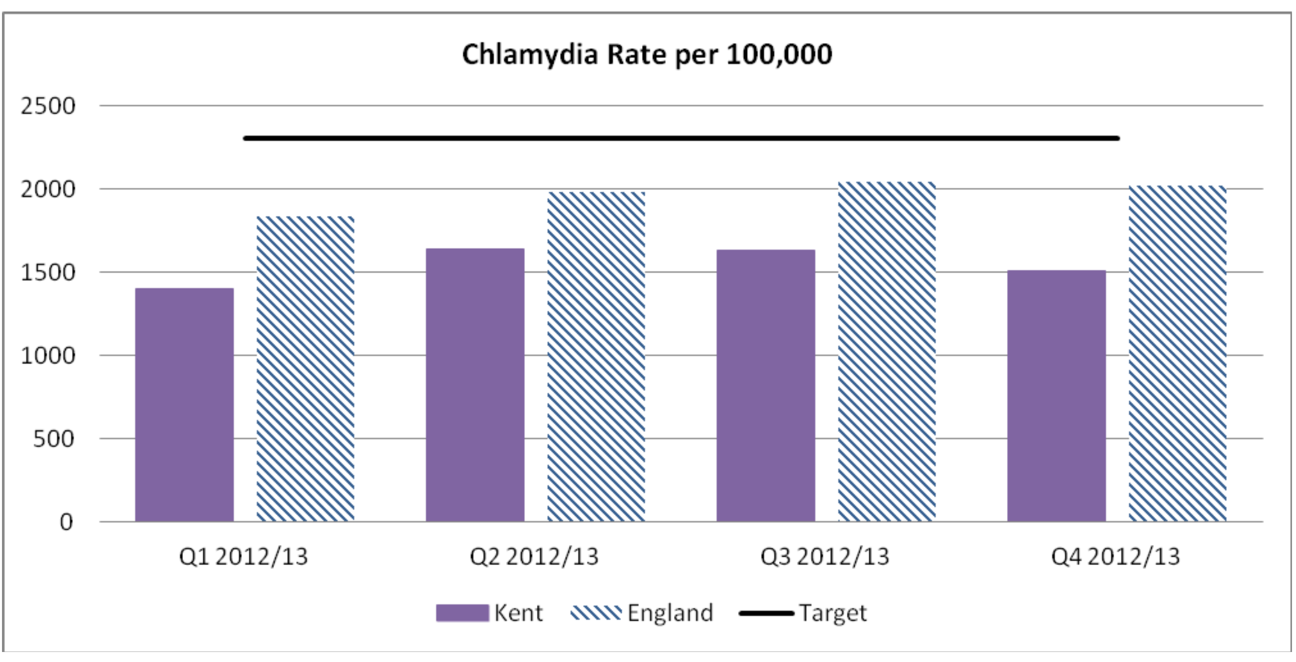
During the calendar year 2012, there were 40,504 GUM Clinic attendances, this varied across the districts (of residence) with the most occurring with Canterbury residents (6,284) to the least with Dover (1,593).

In 2012, GUM clinics conducted 11,891 tests for Chlamydia for 15 – 24 year olds of which 1,187 (10%) were positive. For January to March 2013 there were 2,924 Chlamydia tests given with 278 being positive (9.5%)

GUM (Genitourinary Medicine including HIV service) figures are not reported Nationally, therefore we are unable to make comparisons.

Data Notes: Higher values are better. Data source: Provider. Indicator Reference: PH/SH/01

Community Sexual Health Services : Chlamydia screening and Positivity rate	RED ⇩



Trend Data –by Quarter	Target	2012/13							
		Q1 (Apr -Jun)		Q2 (Jul-Sep)		Q3 (Oct-Dec)		Q4 (Jan-Mar)	
Chlamydia Screening Uptake	35%	10,118		11,180		10,269		9,268	
Positive tests reported	7%	644	6.4%	753	6.7%	750	7.3%	693	7.5%
Chlamydia rate per 100,000	2,300	1,401		1,638		1,631		1,507	
RAG Rating of Positivity Rate	-	Red		Red		Red		Red	

Commentary

Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people at highest risk. As chlamydia often has no symptoms and can have serious health consequences (e.g. pelvic inflammatory disease, ectopic pregnancy and tubul factor infertility) opportunistic screening remains an essential element of good quality sexual health services for young adults. (NCSP: http://www.chlamydiascreening.nhs.uk/ps/index.asp)

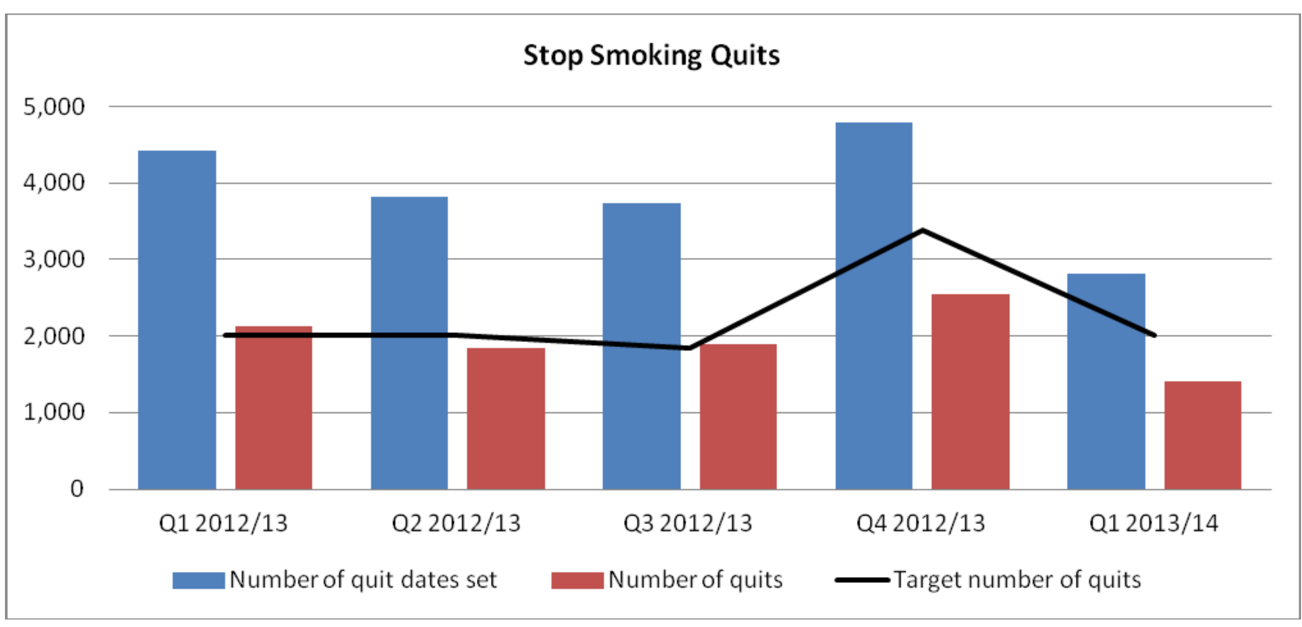
Screening uptake has varied across the four quarter of 2012/13 with Q4 experiencing the lowest volume of testing , however Q4 had a higher number and rate of positive tests than Q1 2012/13 indicated more targeted testing.

Kent Public Health is investigating possible campaigns to conduct in Kent with the aim of raising the profile of Chlamydia testing and having a positive impact on the activity and outcomes. The target population in Kent of people aged 15 – 24 years old is 183,899. To meet the National target of 2,300 per 100,000 Kent would need 4229.68 positive diagnoses; using the NCSP calculator tool there would need to be population coverage of 32.9% equalling 60,424 tests.

Chlamydia Diagnoses is Public Health Outcome Framework Indicator 3.02

Data Notes: Higher values are better. Data Source: NCSP. Indicator Reference: PH/SH/02

Stop Smoking Services	RED ⇩



Trend Data – quarter end	2012/13				2013/14
	Q2 (Jul–Sep)	Q3 (Oct–Dec)	Q4(Jan–Mar)	**Full 2012/13**	Q1 (Apr-Mar)
Number of quit dates set	3,817	3,730	4,787	**16,758**	2,809
Target number of quits	2,007	1,849	3,386	**9,249**	2007
Number of quits	1,842	1,899	2,541	**8,412**	1,401
Proportion of target quitting	91.8%	102.7%	75%	**90.9%**	69.8%
RAG Rating	**Amber**	**Green**	**Red**	**Amber**	**Red**

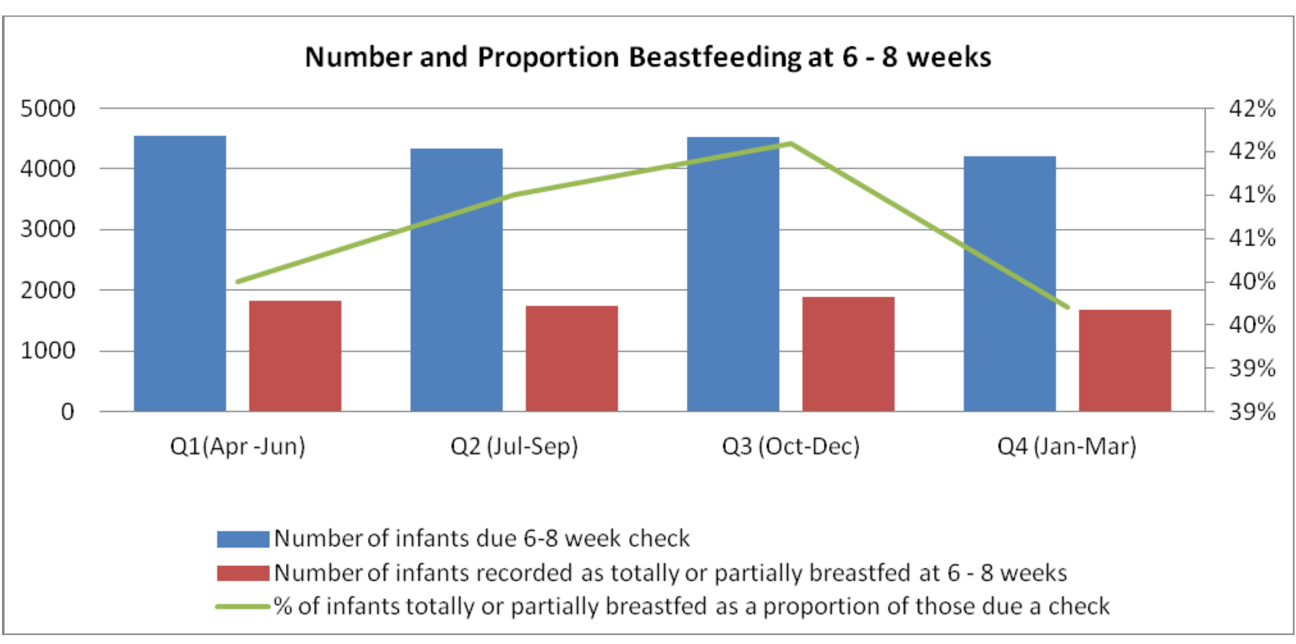
Commentary

Smoking is a major cause of cancer, respiratory disease and coronary & circulatory diseases. Smoking is a major health inequality issue within Kent, contributing to the difference in life expectancy between wards. The deaths of 2,000 people aged 35 or over in Kent in 2008 can be attributed to smoking, (Kent and Medway PHO, 2009) Smoking costs the NHS approximately £2.7 billion every year (A Smoke free Future; Department of Health 2010). There are over 10,000 admissions to our hospitals each year which are due to smoking. This is estimated to cost NHS Eastern and Coastal Kent £12m and NHS West Kent £10m each year. The annual outpatient activity costs associated with smoking in East and West Kent are estimated to be £1.3m and £860,000 respectively. (Kent and Medway PHO)

Q1 experienced a decrease in both the quit dates set and the number of quits compared to all 4 quarters of 2012/13. The consultant responsible for Smoking Cessation is currently investigating new targets for 2013/14. Smoking Cessation services are also currently under review.

Data Notes: Data Source: Department of Health Data return by KCHT. Indicator reference: PH/AH/02

Breast Feeding - Proportion of women breast feeding at 6-8 weeks | Red ⇩



	2012/13				
	Q1 (Apr -Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)	**Full 2012/13**
Number of infants due 6-8 week check	4,555	4,336	4,531	4,200	**17,622**
Number of infants recorded as totally or partially breastfed at 6-8 weeks	1,833	1,754	1,897	1,671	**7,155**
% of infants totally or partially breastfed as a proportion of those due a check	40.2%	40.5%	41.9%	39.8%	**40.6%**
RAG Rating (46%)	**Amber**	**Amber**	**Amber**	**Red**	**Amber**
National (where available)	47.1%	47.5%	47.4%	46.6%	**47.2%**

Commentary

Data completion and coverage varies (for Kent between 95% - 97.5% over 2012/13) therefore figures concerning Breastfeeding should be used for management information only.

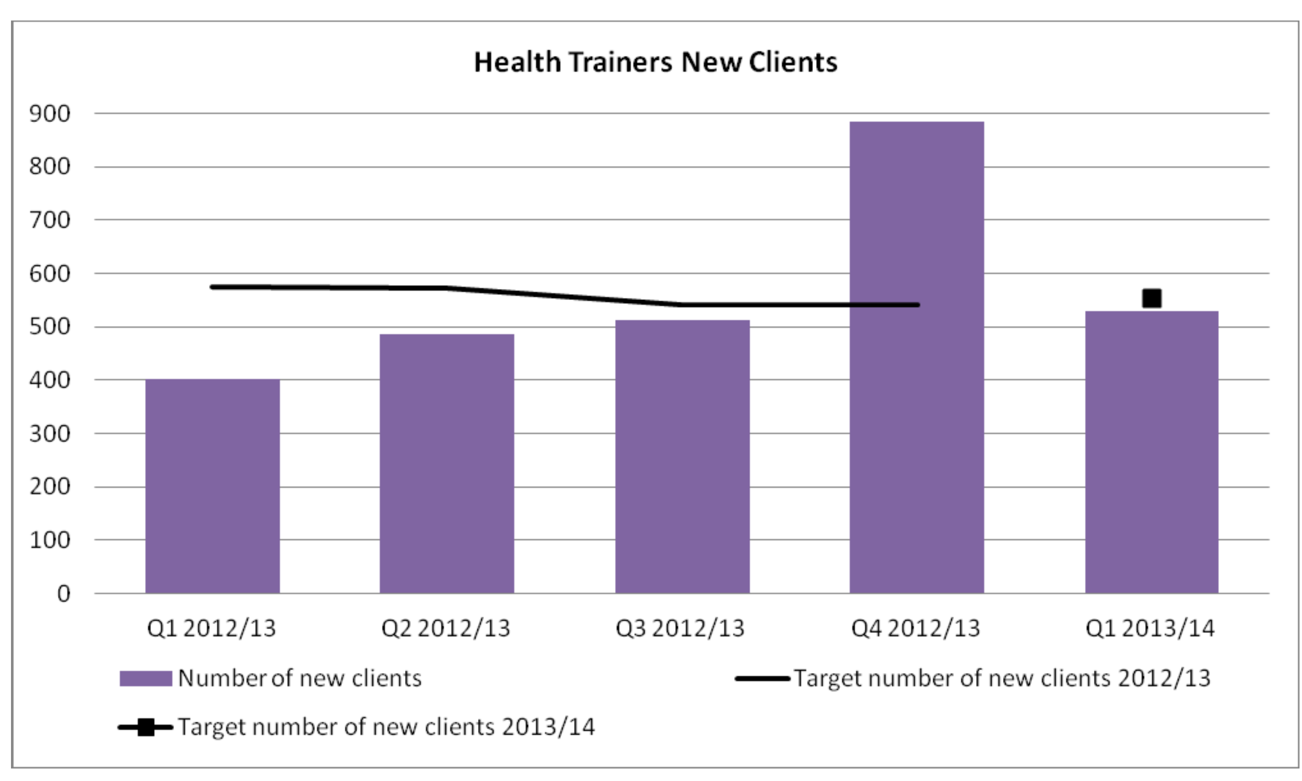
The measure has been RAG rated on the target of 46%; however this is a historical target which has been unchanged for a number of years and will need reviewing using localised data going forward. Infant Feeding programmes are due to be reviewed during 2013/14.

Department of Health has put on hold Q1 2013/14 submission of data until Q2 is collected in October; no reason has been provided.

Breastfeeding prevalence is Public Health Outcome Framework Indicator 2.02i

Data Notes: Source: DH Integrated Performance Measure. Indicator Reference PH/AH/03

Health Trainers – proportion of new clients | Amber ⇩



Trend Data – year to date	2012/13					2013/14
	Q1 (Apr -Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)	**Full year**	Q1 (Apr -Jun)
Number of new clients	402	486	513	883	**2284**	**528**
Target number of new clients	574	572	540	541	**2227**	**552**
% of new client compared to target	70%	85%	95%	163%	**103%**	**95.7%**
RAG Rating	**Red**	Amber	**Green**	**Green**	**Green**	**Amber**

Commentary

There is variation across the County, with Thanet, Ashford and Canterbury Teams exceeding their target, and Dover and Shepway, Swale and West Kent performing slightly below.

During 2012/13 the Health Trainers:

- Helped 67 to clients to register with a GP
- 72.4% of their clients (with a known postcode)were from the 3 most deprived quintiles
- Topics on which the Health Trainers have set goals with their clients included Alcohol reduction, Diet changes, Exercise increases and smoking reduction.
- Signposted the clients onto other services, mainly to GP's, Stop Smoking Services and Weight Management Services.

Kent Public Health is looking to review this service.

Data Notes: Source KCHT. Indicator Reference PH/AH/04

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Jenny Whittle, Cabinet Member for Specialist Children's Services.

Andrew Ireland, Corporate Director – Families and Social Care

To: Social Care and Public Health Cabinet Committee

4 October 2013

Subject: **ADULT AND CHILDREN'S SOCIAL CARE ANNUAL COMPLAINTS REPORT (2012-2013)**

Classification: Unrestricted

Summary:

This report provides Members with information about the operation of the Families and Social Care complaints and representations procedure between 1 April 2012 and 31 March 2013.

Recommendation

Members are asked to NOTE and COMMENT on the contents of this report.

Introduction – Adults and Children's Social Care

1 (1) Local Authorities have a statutory duty to have in place a complaints and representations procedure for Adult and Children's services. Furthermore, each local authority that has a responsibility to provide social services is required to publish an annual report relating to the operation of its complaints and representations procedure.

(2) The report is presented to Members on an annual basis and gives details of complaints' and representations' activity across the Families and Social Care Directorate.

(3) This report provides an overview of the operation of the complaints procedure for Children and Adult social care services. It includes summary data on complaints and enquiries received during the year. It also provides Members with examples of the lessons learned from complaints which are used to inform and improve future service delivery.

Policy Context and Procedures.

2 (1) The NHS and Community Care Act 1990 and the Children Act 1989 placed statutory requirements on local authority social service departments to have a complaints procedure in place. The legislation and associated statutory guidance was prescriptive about how the procedures should operate in practice.

The procedures for children and adults were broadly similar but subsequent Regulations led to changes. The Children Act 1989 Representations Procedure (England) Regulations 2006 introduced changes to the children's complaints procedure. The Local Authority Social Services and NHS Complaints (England) Regulations 2009 introduced a single approach to dealing with complaints for both the NHS and Adult Social Care. Whilst there are some important differences in the operation of the complaints procedure to meet statutory requirements, the overarching approach and ethos is consistent across the Directorate.

(2) Local authorities are required to appoint a complaints manager, for Adult's and Children's social care who is responsible for the operation of the complaints procedure.

(3) For the Children's social care complaints there are three stages to the procedure:

- Stage One – Local Resolution.
- Stage Two – Investigation
- Stage Three – Complaints Review Panel.

(4) Where a complaint is not resolved at Stage One, or a Stage One is unreasonably lengthy, the complainant has the right for the complaint to be considered at Stage Two (Investigation Stage). This involves a thorough investigation into the issues and consideration of the complaint by an off line Investigating Officer and an Independent Person. Complainants have the right for the complaints to progress to a Complaints Review Panel if they remain dissatisfied and the main issues are not upheld at Stage Two.

(5) Complainants may contact the Local Government Ombudsman at any time but the Ombudsman will usually refer them back to the Local Authority as premature if it has not had the opportunity to consider the complaints under its own procedure. Sometimes the Local Government Ombudsman will decide to investigate a complaint prematurely on the grounds of urgency or because of the serious nature of the complaint.

(6) For Adult Social Care there was a significant change to the complaints procedure in 2009 with the introduction of Regulations with the objective of delivering a consistent approach to complaints handling for both Health and Social Care.

(7) The key principles of the procedure are **Listening** – establishing the facts and the required outcome; **Responding** – investigate and make a reasoned decision based on the facts/information and **Improving** – using complaints data to improve services and influence/inform the commissioning and business planning process.

(8) Wherever possible complaints that involve health and social care are dealt with via a single co-ordinated response. To facilitate this, a joint protocol was developed by the Complaints Managers in Kent and Medway and is working well.

(9) For Adult Social Care the complaint response needs to be proportionate to the issues raised. The only timescale in the process relates to the acknowledgment of the complaint which is within three days from receipt. Thereafter the response time is agreed with the complainant and reflects the circumstances and complexity of the complaint. When appropriate an independent investigator will complete an investigation into the complaint.

(10) A consequence of the changes to the Adult Social Care procedure is that with the fewer stages within the Local Authority more complainants are likely to contact the Local Government Ombudsman if dissatisfied on receiving a response.

(11) All complaints received, along with enquiries and compliments, are recorded on a complaints database. The database provides a formal record, enables monitoring of workflow, and is used to produce data on the numbers and types of complaints received.

Total Representations received by the Council – Adults and Children's Social Care.

3 (1) The total volume of complaints and enquiries received are summarised below. Although there has been a rise in complaints generally over the past five years, the figures show a slight reduction in complaints received in 2012-13 compared to the previous year.

Adults	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Statutory complaints	298	342	459	425	416
Enquiry	196	213	266	295	297
Non-Statutory complaints/self-funders	63	95	68	5*	2*
Safeguarding**	-	36	64	35	32
Informal Resolution	-	37	34	42	54
Compliment	464	503	598	575	716
Totals	**1021**	**1226**	**1489**	**1377**	**1517**

* The reduction in Non Statutory complaints within Adult social care is the result of a categorisation change. All complaints from people who affected by the actions of the Council are now categorised as Statutory complaints. The Council is required to log complaints from those people that are funding their own care which are classed as "Self Funders". Non-statutory complaints for children's services are higher because the legislation only applies to certain functions of children's services.

** This is the number of complaints received by the Adults Customer Care teams that are then diverted to the safeguarding route.

Children's	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Statutory complaints	193	200	267	305	224
Enquiry	98	126	166	151	149
Non-Statutory complaints	73	98	139	198	172
Compliment	71	66	54	59	93
Totals	**435**	**490**	**626**	**713**	**639**

Learning the Lessons

4 (1) Receiving a complaint provides an opportunity to resolve an issue where the service might not have been to the standard required or expected. In addition complaints, along with other customer feedback provides valuable insights that can be used to improve service performance.

(2) The Customer Experience Team for Adult Social Care Services, including complaints handling, is part of the Quality Team within the FSC Operational Support Unit. This enables the review of practice against service standards and the sharing of information to ensure wider lessons are learned.

(3) In Adult Social Care Services, quarterly reports on complaint management issues are produced for the Divisional Management teams. Quarterly Lessons Learned meetings take place with operational staff to discuss lessons identified and staff are encouraged to take these back to be shared at team meetings to ensure wider organisational learning.

(4) In addition, in Adult Social Care, quarterly Good Practice Groups also take place and complaints and lessons are regularly discussed. Each operational team identifies a representative for the group who are considered "Good Practice Champions" and will take a lead role within their team for good practice and sharing lessons.

(5) In Specialist Children's Services, complaints are now part of the broader quality assurance programme in the service. Quarterly reports – both on themes and lessons learnt as well as progress chasing timetables – are scrutinised by the Corporate Director and other senior managers area by area. The recent move of the children's complaints service into the Safeguarding and Quality Assurance unit has ensured that lessons from complaints are now captured as part of other qualitative information about the work of the service.

(6) The practice of using Investigating Officers provides a useful way of sharing practice and lessons learned across the county. Investigators take back learning points to their own areas of service and, following investigations, there are adjudication meetings where actions are agreed and outcomes and lessons are shared more widely as appropriate.

(7) The outcomes from complaints can also lead to training both for individuals or teams.

Complaints Training

5 (1) During 2012-13 training was provided by the Local Government Ombudsman on investigating complaints. Training was also provided on writing letters of response to complainants and customer care staff provided training for teams on the operation of the complaints procedures.

Publicising the Complaints Process

6 (1) The regulations require the complaints procedures to be publicised and the leaflet, "Comments, Complaints and Compliments", is readily available in hard copy at public access points and on the website. It is also available in alternative formats upon request. An easy-read version is also available.

(2) All children in Kent are advised how to complain, they have access to advocates and are reminded of their rights at review meetings. Information is provided in leaflets, cards, on the website and via partner organisations, so that all children in receipt of services, and the adults in their lives, are encouraged to exercise their right to complain

Reporting Requirements

7 (1) There are different complaints reporting requirements placed on Adult Social Care and Children's Social Care services. This reflects the different statutory reporting requirements but also reflects the type of information requested by Members in previous annual reports.

Operation of the Adult Social Care Complaints Procedure

This section refers to the Adult social care complaints procedure.

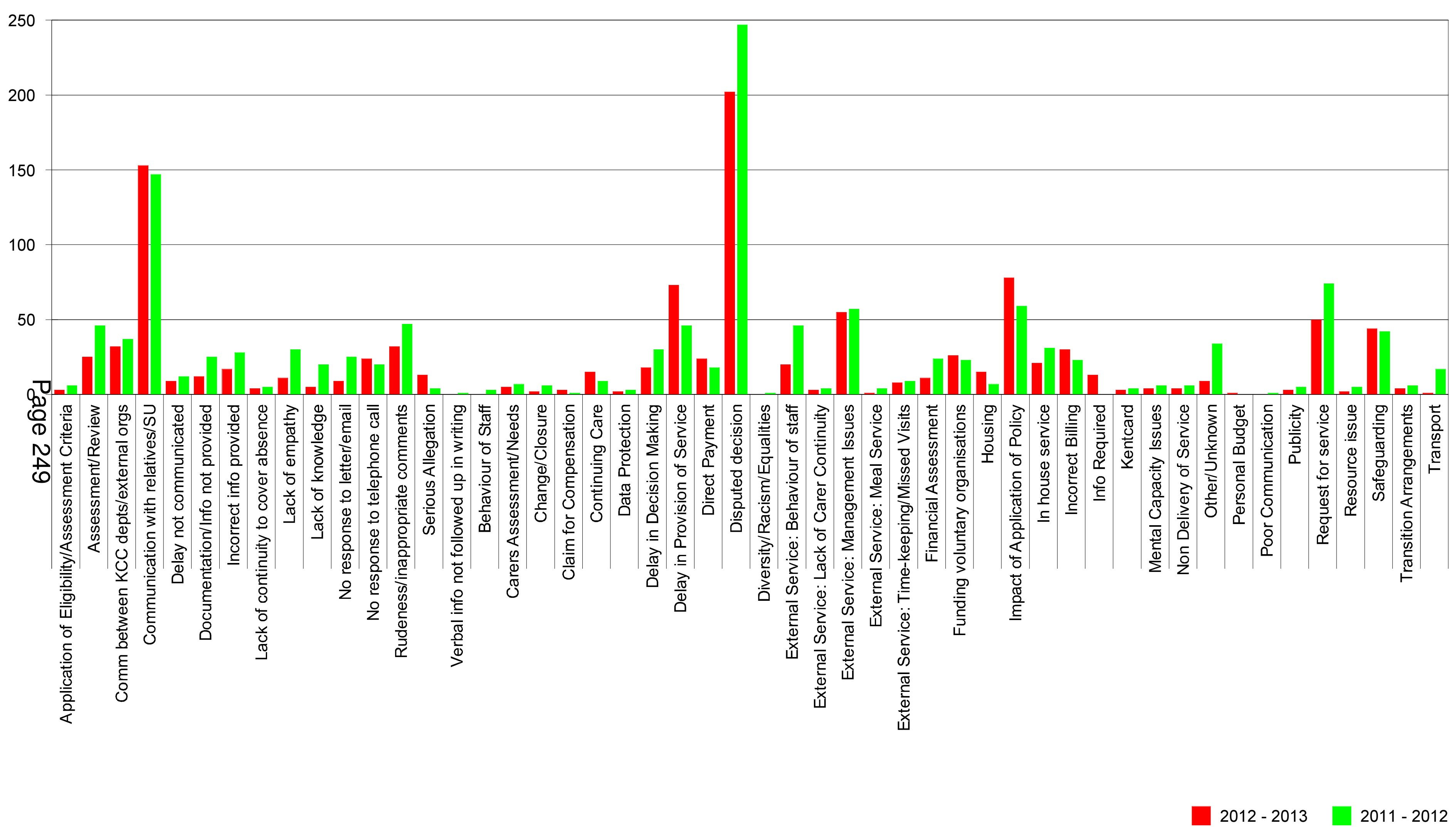
Statistical Data on the Adult Social Care Complaints

8 (1) During 2012-13, 416 statutory complaints and 297 enquiries were received about Adult Social Care Services. The total number of representations received for 2012-13 therefore is 713 which is seven less than the figure reported for 2011-12, 720. 52% of the enquiries received were from MPs raising concerns on behalf of their constituents.

(2) During 2012-13 the number of people who were referred to Adult Social Care Services was 33,071 and 31,338 people in receipt of services as at 31 of March 2013. This compares with 2011-12 where the number of referrals was 32,045 and there were 25,432 people receiving a service as at the 31 March 2012. The complaints received for this period represent less than 2% of those people who have contact with our services; this is consistent with the figure reported for the previous year.

(3) Further details of the number of complaints and representations are shown in the following paragraphs, with relevant analysis.

Subiect of issue(s) raised



Please note that the number of compliments (thank you letters) received during these periods are:
575 in 2011-2012 compared with 716 in 2012-2013. These are not represented in the above graph due to the high numbers which would skew the presentation of the data.

(4) Analysis of statutory complaints for 2012-13 shows the following breakdown by main service and main subject:

	Disputed Decision			Poor Communication			External Agency			Staff Behaviour			Value of money/money		
	2010-11	2011-12	2012-13	2010-11	2011-12	2012-13	2010-11	2011-12	2012-13	2010-11	2011-12	2012-13	2010-11	2011-12	2012-13
Older People	103	110	114	48	59	91	100	38	22	39	46	19	-	-	1
Learning Disability	35	44	36	25	13	19	9	11	9	9	7	10	-	-	-
Physical Disability	16	34	29	20	11	17	6	2	2	13	6	6	-	-	-
Finance	8	17	11	20	6	14	-	-	-	2	2	2	-	-	3
Mental Health	2	1	2	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	2	1	1	6	1	1	6	7	2	4	-	-	-	-
Total	**164**	**208**	**193**	**114**	**95**	**142**	**116**	**57**	**40**	**65**	**65**	**37**	**-**	**-**	**4**

(5) The figures above illustrate the number of complaints received; these complaints are not all upheld, this information is provided in paragraph (8) of this section.

(6) 319 of the total number of issues raised in statutory complaints, informal complaints and enquiries were about behaviour and communication, these are further broken down as:-

48% Poor communication with relatives or clients
10% Rudeness / inappropriate comments
10% Poor communication between KCC departments or with external organisations
8% No response to telephone call
5% Incorrect information provided
4% Documentation or information not provided
4% Serious Allegation (a Safeguarding concern about a member of staff)
3% Lack of empathy
3% No response to letter / email
3% Delay not communicated
2% Lack of knowledge
1% Lack of continuity to cover staff absence

(7) In respect of the main subject of each statutory complaint, 46% (193) of complaints were about a disputed decision, 34% (142) were about communication with a further 9% (37) about behaviour of staff and the final 10% (40) were regarding concerns about external agencies.

(8) The percentage of statutory complaints that were found to be partially or completely upheld was 65% across the County, this is a 9% increase on the previous year and accounts for more than half of the complaints received being justified. Further analysis of this by main subject and main service is shown below:

	Disputed Decision		Poor Communication		Service Delivery (External Org)		Staff		Value for Money	
	Upheld	Partially Upheld	Upheld	Partially Upheld	Upheld	Partially Upheld	Upheld	Partially Upheld	Upheld	Partially Upheld
Learning Disability	10	8	7	7	2	1	4	2	0	0
Mental Health	0	2	0	0	0	0	0	0	0	0
Older People	32	25	37	23	8	5	4	8	1	0
Physical Disability	3	13	7	7	0	1	2	3	0	0
Provision & Modernisation	1	3	1	0	0	0	2	1	0	0
Strategic Commissioning Unit	0	1	0	0	5	0	0	0	0	0
Finance	5	3	6	5	0	0	2	0	2	0
TOTAL	**51**	**55**	**58**	**42**	**15**	**7**	**14**	**14**	**3**	**0**

(9) 47 joint complaints and enquiries were processed this compares to 31 last year and represents a increase in joint cases. 36 of these were joint complaints with Health colleagues, four were with KMPT, six were joint with Children's Services and one was joint with CQC. It is worth noting that joint complaints are often more complex and take longer to resolve due to the involvement of multiple organisations. These complaints are usually given a 30 day response time deadline.

Performance against timeframes

9 (1) The average response time for statutory complaints set with a complaint plan timeframe of 20 working days is 19 working days. Complex cases that require either an off-line/external investigation or a joint response with health colleagues are identified at the beginning of the complaint and a longer timeframe is negotiated. When these complex lengthy cases are included in the performance figure, it rises to an average of 21.5 days across the County. Within Adult Social Care there is no statutory response timeframe to be measured against as the legislation allows for the response timescales to be agreed with the complainant.

(2) 70% of complaints were responded to within the timescale agreed with the complainant which is 3% more than the previous year when the Council achieved 67%. 95% of these complaints were acknowledged within the statutory timescale of three working days, this is an improvement against 86% last year.

Themes identified arising from complaints. (Please note that some complaints raise more than one issue).

10 (1) **Behaviour and Poor Communication -** 39% of all of the issues raised in or behaviour of staff. 19% of these complaints were about communication with service users or their relatives. This is a consistent pattern each year with a slight increase on the previous year when 37% of complaints were recorded. An action that has been taken within Adult Social Care to remedy this is that staff were reminded to ensure that their contact details are available on KNet and on their email addresses so that they are more easily contactable. The introduction of Unified Communications should also bring further improvements in communication with our customers.

(2) **Disputed Decision -** 22% of all of the issues raised in statutory complaints received were attributed to a disagreement about a decision**.** Set against the backdrop of wider economic challenges and organisational change, it is understandable that there are a high number of complaints citing the issue of "disputed decision". Often these are around funding decisions or the level of support plans. Although this is significantly lower than the 48% of complaint issued raised in the previous year.

(3) **Lessons -** The complaints received reflect the diversity of services provided and specific complaints will lead to responses for the individual case but where possible the lessons from the complaints are anonymised and shared. Examples include:-

- Ensuring service users are provided with information and a clear explanation about charges; charging booklets to be provided
- Providing information in alternative formats where required
- Carers' assessments to be offered in a timely manner
- Communication to be improved with families during the assessment process.
- Views of relatives to be taken into account during the assessment process
- Communication to be polite, professional and empathetic
- Improve recording, contact sheets to be up-to-date and documentation to be shared, dated and signed by clients and staff
- Regular audits to be carried out on direct payments to prevent misuse of funds
- Timescale for a safeguarding investigation to be provided to families.
- The outcome of a safeguarding investigation should be formulated quicker and people involved informed sooner

Off-line and external investigations

11 (1) There were eight external investigations carried out during the year. Five were carried out by external Investigating Officers. An external investigator is usually appointed, when the complaint issues are particularly complex, where communication has broken down or confidence in the organisation has been lost. In these cases, the complainant has felt their complaints have been taken seriously and an independent view has been offered.

(2) The remaining three complaints were investigated by internal staff with no line management responsibility for the service being complained about.

Financial

12 (1) A total of £47,823.73 has been paid out to complainants; this figure includes financial adjustments and settlements; this is less than the amount during 2011-12 when £56,647.45 was paid out to complainants. A financial adjustment is made when an error has occurred with the charging process and it is then resolved as part of the complaint remedy. A financial settlement is when an amount of money is offered as a gesture of goodwill to recognise the anxiety and time and trouble to pursue a complaint.

Complaints via the Local Government Ombudsman (LGO)

13 (1) In 2012-2013, there were a total of 30 new referrals made to the LGO during the year. Additional cases were carried forward from the previous year and settled during the reporting year (these are not included in the figures). This is a decrease from the previous year when 38 new referrals were made.

(2) Of those 30 complaints, the LGO has yet to confirm a view on 1 case. Of the 29 cases where the LGO's final decision has been received the outcomes were:-

- 16 cases where the LGO investigated the complaint and was satisfied with the Councils course of action.
- 5 cases where the LGO discontinued their investigation (lack of evidence of fault by the Council to continue to investigate)
- 3 cases where the LGO decision was NOT in relation to KCC
- 3 cases where the complaint was outside the jurisdiction of the LGO
- 1 premature complaint
- 1 public report issued against the Council

(3) In most cases the investigation was discontinued. This can be for a number of reasons for example if the LGO investigator was satisfied by the action taken to either put the error right or acknowledge fault and provide an appropriate remedy, including financial or in some cases the investigator felt there was not sufficient grounds to pursue the complaint.

(4) Members will be aware that during 2012-2013 the LGO published three public reports against the Council which relate to Learning Disabilities and Older People's services. Two of these reports were published in July 2012, and the complaint cases that they related to arose in 2010-2011 and 2011-2012. The LGO has noted in both cases that the Council has agreed to provide financial remedy for the complainants and make the necessary practice changes to ensure that the same issues are not repeated for other clients.

(5) A report was issued against the Council in October 2012, relating to a complaint that commenced in April 2011. The LGO criticised the way the Council investigated a serious incident between two residents in an independent care home. The Council has accepted the LGO recommendations to waive the outstanding care

charges and pay the complainant compensation for time and trouble in raising her complaint.

(6) A fourth public report was published in May 2013 (this will be reported in the 2013-14 year) and related to the application of a policy to make a provisional charge for care prior to a financial assessment being undertaken. The Council has accepted the LGO's recommendations and the policy has been withdrawn. A financial remedy was provided.

(7) The LGO service has undergone some significant changes in respect of Adult Social Care complaints, and it now operates an initial assessment process and often issues decisions on complaints without having previously contacted the Council for background information. The LGO also has an open publication scheme, which will ensure that all final decision statements are published on their website for all complaints considered by the service. Managers are encouraged to consider cases from other authorities to share the learning.

Organisational Issues

14 (1) The organisation needs to consider the following issues:-

a) Work is underway to establish a single point of access for complaints received into KCC, this should make it clearer for the public who to contact in the first instance if they have a complaint. However, within the new arrangement there will need to be robust processes and systems to ensure the complaints are communicated efficiently to the appropriate Customer Experience Team.

b) Following the review of the FSC Customer Care function, an Adults Customer Experience Team and a Children's Customer Experience Team have been created and became effective from 1st August 2013. The new post of Quality Assurance Officer – within the Adults Customer Experience Team, will have a key role in ensuring that the operational teams receive appropriate training and ongoing support to continually improve the quality of complaint and enquiry responses.

c) The complaints' arrangements for Adult Social Care will need to be responsive to and inform the Transformation agenda, this is particularly so with the move towards greater integration of health and social care services.

<u>Representations received about Specialist Children's Services</u>

This section refers to Specialist Children's Services.

15 (1) Specialist Children's Services work with the most vulnerable children and families in Kent. Much of the work is focussed on intervening in family life and is governed by complex legislation, guidance and policy. Included in the legislation is a requirement to operate a robust complaints procedure for children and those closely involved with them. The procedure provides people with the right to be heard, the opportunity to resolve issues and to take matters further if they are not resolved, an

additional safeguard for vulnerable people, and information which contributes towards quality assurance and service development.

(2) Representations via elected representatives

(3) The issues or representations raised via MPs and County Councillors are usually handled as enquiries.

(4) The largest group (one third) of the enquiries originated from parents disputing a decision. Almost half of those were disputing a decision taken in a court of law or a multi-agency decision on child protection.

(5) Approximately one quarter of enquiries were from families of children in need wanting more support. Two thirds of those were families with disabled children.

(6) 10% were about finance-related issues.

Non-statutory complaints

16 (1) Non-statutory complaints are representations which, by definition, are either not from service-users or people directly affected by the service, or are about functions such as child protection investigations or court action where there are other routes for challenging the Local Authority which would make an independent investigation inappropriate. Complainants received a response from a senior manager and were advised of their right to challenge the decision via the Local Government Ombudsman.

(2) The largest group of non-statutory complaints were from family relatives with whom information could not be shared. Non-statutory complaints from parents were about processes such as child protection investigations or were disputing decisions taken by, or the role of the Local Authority in, a court of law.

(3) In addition to recorded complaints, the customer care team received 269 other representations in 2012/13. Many of these were directed along alternative routes including child protection, fostering panels, legal action, HR and the police. In a number of cases advice was given about the complaints procedure and a record of the issues made but the complainant decided to take it no further or decided to try to resolve the issue informally with the social worker or team leader before making a formal complaint.

Contact method

Type of Record	Card / Gift	Email	Letter	Other	Telephone	Text	Website	Total
Children Act	0	78	82	1	60	1	2	225
Non-statutory Complaint	0	53	77	0	39	0	3	172
Enquiry	0	34	120	0	0	0	0	154
Compliment	11	48	14	18	2	0	0	93

17 (1) The proportion of letters received has decreased slightly and more complaints were received via email than in previous years. Complainants are often distressed when making contact. As in previous years, it remains unusual for complainants to use the website to make a complaint.

Compliments

18 (1) Unsolicited representations made to the local authority from external sources and which provide positive feedback about services, are registered as compliments.

service	**compliments**
Adoption	11
Child Protection	10
Children in Need	19
Children with Disability	36
Children in Care	14
Post Adoption	1
preventative services / early intervention	2
Total	***93***

(2) There was a 68% increase in recorded compliments last year. The increase in the compliments about the Disabled Children's Service is attributable to the 29 compliments received about respite care. Significant increases were also recorded in compliments about Child Protection, Adoption and services to Children in Care.

The number of statutory complaints at each stage and those considered by the Local Government Ombudsman

19 (1) It is a legal requirement to handle complaints from clients and closely associated people complaining about services for Looked After Children, Children in Need and certain other specified functions, according to the three stage procedure. This requirement applies irrespective of where in the Local Authority the complaint is received. Clients and certain other people have the right to access the procedure and the Local Authority would be at risk of legal challenge if complaints were not handled according to the requirements. The requirements are detailed and prescriptive in terms of the eligibility of complainants and which complaints must be handled under the procedure, as well as the process and timescales.

	2008/9	2009/10	2010/11	2011/12	2012/13
Stage One – Local Resolution	187	198	267	305	223
Stage Two – Formal Investigation	30	25	26	26	27
Stage Three – Complaints Review Panel	5	0	2	1	0
Local Government Ombudsman referral *	16	20	11	18	23

*includes non-statutory complaints and enquiries about new complaints

(2) 12% of statutory complaints received were handled at stage 2. This is an increase over the previous two years when the resolution rate was improving (10% in 2010/11, 8.5% in 2011/12).

(3) The emphasis in the legislation and guidance is on early resolution at a local level. Kent's policy is that local managers should usually meet, or at least speak with, complainants, unless there is a good reason not to, to attempt to resolve issues before writing. This approach is reinforced in guidance and support provided by the Customer Care Team. Areas of the service that adopt this approach have the lowest proportion of stage 2 investigations.

(4) Staff are also encouraged to continue to seek to resolve complaints at a local level when they escalate to Stage Two or beyond. Five stage 2 complaints were withdrawn following meetings to resolve them with local managers. Stage Two investigations involve valuable, in-depth examination of cases which frequently influences practice at a county-wide level.

(5) Of the 22 referrals to the Local Government Ombudsman, six related to statutory complaints and 15 to non-statutory complaints. One LGO enquiry was about a decision made in court and the other about the decision of a child protection conference, both outside the LGO's jurisdiction.

Which Customer Groups made the complaints

20 (1) Statutory complaints

Originator	**2008/9**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Child or young person	29	26	36	29	36
Parent	116	149	191	230	149
Close relative	31	8	17	20	12
Carer	5	5	3	8	9
Foster carer	5	4	10	11	13
Other	0	1	3	0	0
Legal representative	4	4	4	6	1
Prospective adopter	2	1	0	0	4
Special Guardian	1	0	3	0	1
Total	*193*	*200*	*267*	*305*	*225*

(2) The original intention of the procedure was to provide a route for children and young people to raise concerns. The increase in the proportion of complaints received from children and young persons is therefore to be welcomed.

The types of complaints made

Assessment	5
Attitude or behaviour of staff	70
Breach of confidentiality	10
Contact with staff	7
Delay	7
Direct payments	5
Discrimination	1
Disputed decision	51
Failure to provide education	1
Financial assessment	3
Foster carers	5
Funding	4
Housing/accommodation	8
Incorrect information / advice given	1
Lack of information	13
Lack of provision	4
Lack of support	18
Needs not met	5
Other	3
Respite care for disabled children	1
Transport	1
Written communication	2
Total	*225*

21 (1) This section sets out the issues raised by complainants: what the complaints were about. Most complaints were not upheld but nevertheless provide insight into how people directly affected by services experience them.

(2) The proportion of complaints about each subject is broadly similar to the previous year's complaints. The subjects showing an increase in 2012/13 are housing/accommodation issues, breaches of confidentiality, direct payments, other kinds of financial support and lack of information.

- **Attitude and behaviour of staff**

(3) Almost all of the complaints were from parents. The complaints included allegations that social workers threatened, lied, were negative about parent's ability to care for children or were biased in favour of another family member.

(4) It is common for complainants to personalise their disagreement with decisions made or to focus their distress about the situation they find themselves in onto the worker with whom they have most contact. A large number of these complainants requested a change of social worker as the outcome. Several complainants described the social worker as "acting like god". The complaints reflect a public perception that decisions are taken by individual social workers in isolation and that a change of social worker could result in a different decision.

(5) Thirty complaints were in relation to children in care and connected with issues about contact and information parents received about their children. Twenty-five were about children in need: many complaining that social workers were

negative about their parenting skills, “judgemental”, not acting in the interests of the parent or biased in favour of the other parent. Eleven complaints were from parents of disabled children. Six were from parents complaining that the concerns they had raised about ex-partners had not been taken seriously.

- **Disputed decision**

(6) Five people complained of a failure to act on concerns they had reported, four complained of the Council’s decision to act on a referral received.

(7) Three complained that their or other family members’ views were insufficiently taken into account before decisions were made. Nine complaints were about the content of reports, the way that information had been recorded or the decision to designate a child as being in need. Seven complaints were about decisions relating to contact with children in care. Eight complaints were from parents of disabled children disagreeing with the level of support offered. Four complaints were about financial assessments.

- **Complaints from children and young people**

(8) Eleven of the complaints disputing a decision and seven of the complaints about housing or accommodation were from children and young people however, unlike previous years, only two complaints were about proposed placement moves from one foster carer to another. Neither complainant alleged that the decision had been taken for financial reasons. In previous years this has been the most common cause of complaint from children and young people.

(9) One young person who had been placed in short-term foster care complained that she feared being moved to another foster carer; it was agreed that she could remain with the carers with whom she had built up a good relationship. Another complained but subsequently agreed to move following a meeting to discuss her concerns.

(10) Two complaints were from young people not wanting to leave foster care to return to their families.

(11) One disabled young man did not want to move from supported living into an supported living scheme for adults. Another young person in a mother and baby placement complained that she was not ready to move to independent living accommodation.

(12) One young person complained about belongings being lost following a placement breakdown and another complained that the Council would not pay for the repair of her laptop.

(13) One young person complained about the way she had been treated by her former foster carers.

(14) One young person complained that his legal status was unclear and that the Council should have applied for a full care order to reduce his father's influence. The complaint is currently under investigation at stage Two.

(15) Four young people complained that they had not been properly supported resulting in their homelessness. One was investigated by the Local Government Ombudsman and another at stage 2.

(16) An asylum-seeking young person complained that his case had been closed when he was 21 years old and that he had subsequently become homeless. Another asylum-seeking young person also said that he had become homeless since running away from foster care and moving in with his cousin.

(17) Seven asylum-seeking young people complained about their accommodation. One did not wish to stay in foster care and another did not want to stay in supported living accommodation. Most wanted help to move to London. Two complained that they could not adequately heat their accommodation.

(18) Three asylum-seeking young people challenged the decision to cease support to continue further education.

(19) Three other children/young people in care complained about a failure to support their education.

(20) Children in care also complained about contact with siblings and support for contact with siblings. Some were concerned and wanted more information about their siblings.

- **Breach of confidentiality**

(21) One of the complaints was from a grandparent and the rest from parents alleging the inappropriate sharing of information with other family members.

(22) Two complaints were from mothers complaining that their addresses (and those of the children) had been shared with violent ex-partners.

- **Financial issues**

(23) Half of the complaints were about direct payments: parents wanting to appeal the level of payment, disputing a decision to cease payments on the basis that they were being used inappropriately, and about the timing of payments made.

(24) One complaint was about cutbacks to deaf services and one about post-adoption support. The remainder were disputing decisions about payments to family carers.

- **Lack of information**

(25) 77% of the complaints were from families of children in care not feeling adequately informed about plans for their children, some also wanting more contact. One complaint was from an adoptive family who had not received their daughter's life story book. Others complained about not receiving key documents such as core assessments.

The outcome of complaints

Overall Outcome statutory complaints	**Number**	**%**
Advice	4	1.7%
Apology	40	16.8%
Complaint withdrawn	4	1.7%
Court	1	0.4%
Dealt with by Ombudsman	1	0.4%
Decision Changed	4	1.7%
Explanation	126	52.9%
Financial Settlement	3	1.3%
Issue Resolved	19	8.0%
Meeting Offered	25	10.5%
No Reply Sent	4	1.7%
Other	1	0.4%
Other Agency Issue	1	0.4%
Practice Issues	5	2.1%
Total	***238***	***100.0%***

22 (1) Some complaints had more than one outcome. For example an upheld complaint will receive an apology and may also lead to practice and policy issues being addressed. It should be noted that "Apology" is recorded only when fault has been identified. Explanation remains the most common outcome of a complaint. "Issue resolved" is recorded when the complainant has agreed resolution, usually in a meeting, before the written reply is sent.

(2) Ten investigations were completed in 2012/13. Two complaints were fully upheld, five were partially upheld and three were not upheld. Concerns and themes identified by upheld complaints are set out in Section 8 on Lessons learned.

(3) Outcome of complaints considered by the Local Government Ombudsman

Maladministration causing injustice	1	Complaint from homeless young person in Dover. The complaint was about events in 2010 and the decision followed a three-year investigation by the LGO.
Local settlement	2	(3) Historical complaint from former homeless young person. LGO satisfied with the Council's apology and action proposed. (4) Complaint from carer about incorrect information held about her on the child's records. Council agreed to add note to the records as a remedy.
Discretion not to pursue	5	• The LGO was satisfied with the actions that had been taken by the Local Authority.
Decision pending	1	Complaint from IFA foster carer about report written.
Outside Jurisdiction	1	Court issue
Investigation discontinued	7	• Parental complaint that school was wrongly advised to make a CP referral. The LGO disagreed but asked the Council to reopen the case and carry out a new Initial Assessment because of concerns raised. • Parent complained that his referrals about his child were not handled appropriately. The Council had already made changes to duty systems. • Grandparent complained that referrals were not taken seriously. LGO found the Council had taken appropriate action and although had not informed the complainant, no injustice was caused. • Prospective adopters complained about social work report but withdrew complaint when approved to adopt child. • Complaint re safeguarding procedures – LGO found no evidence of fault • Complaint about contact with adopted child. Court decision but Council agreed to explore indirect contact via adoption support. • LGO decided not to continue as the complainant repeatedly declined opportunities presented by the Council to resolve.

Details about advocacy services provided under these arrangements

23 (1) It is a statutory requirement for the Local Authority to offer an advocate to a child or young person wishing to make a complaint. Kent changed the provider in July 2012; from April to June advocacy for children in care was provided by the Upfront Service run by the Young Lives Foundation but since July has been provided by Voice. Advocacy for children in need wishing to make complaints was provided by Action for Children.

(2) Complaints were received from 39 children and young people. 29 children and young people used an advocate. Twenty-five used the Voice service, three used Upfront and one Shelter. Eight children and young people were offered an advocate but declined the service. One young person was advised to contact a solicitor. One complaint was investigated prematurely by the LGO.

Compliance with timescales, and complaints resolved within extended timescale

24 (1) Performance against timescales has significantly improved since last year and continues to show a steady improvement. *(2011/12 performance shown in brackets.)*

(2) Statutory timescales; The Local Authority must consider and try to resolve Stage One complaints within 10 working days of the start date. This can be extended by a further 10 working days where the complaint is considered to be complex.

(3) Timescales have been extended for particularly difficult or complex cases, for example when more than one agency or service is involved or when cases are involved in other processes such as court proceedings and safeguarding procedures

- 95% of stage 1 acknowledgements were sent out within three working days. *(71%)*
- 59% of stage 1 responses met the 10 day timescale. *(44%)*
- 60% of stage 1 responses met the 20 day (extended) timescale. *(53%)*
- 63% of all stage 1 responses were completed within 20 days. *(65%)*

(4) The Local Authority should consider Stage Two complaints within 25 working days of the start date (the date upon which a written record of the complaints to be investigated has been agreed) but this can be extended to 65 working days where this is not possible. The complexity of the complaints made a 25 day target unachievable, all were extended and only one Stage Two complaint was fully completed within 65 working days.

(5) It is also a statutory requirement to try to resolve complaints and care must be taken not to jeopardise resolution or quality when seeking to improve performance against timescales.

(6) Corporate timescales

- 96% of non-statutory complaints were acknowledged in three working days *(67%)*
- 57% of non-statutory complaints met the 20 day timescale. *(49%)*
- 93% of enquiries were acknowledged within three working days. *(86%)*
- 51% of enquiries were completed within 20 working days. *(49%)*

Learning the Lessons from Complaints

25 (1) Complaints often result in actions on particular cases. The lessons summarised in this section are those with wider implications which have needed to be shared across the county to improve the service to children and their families. They are mainly taken from complaints which were upheld in full or partially, and resulted in an apology, change of decision, change of policy or some other action taken as the direct

consequence of a complaint. Some lessons learned came out of stage two investigations and were not necessarily the main issues that complainants themselves had raised.

(2) Most lessons learned were practice issues. The main issues arising were as follows.

- Homeless young people

  In more than one case a young person's decision not to be accommodated was accepted without ensuring that their decision had been an informed one. In some cases young people declined to be accommodated wrongly believing that it meant foster care. Some staff wrongly believed that if a young person refused foster carer the young person could only have the status of a child in need, even if no-one had parental responsibility for him. 16 year olds coming into care were not being offered the same range of accommodation, such as supported living accommodation, as those transferred to Catch 22. Joint assessments with housing staff were not always carried out according to the protocols. There has been a good deal of work on this subject in partnership with the district councils to ensure that the service to homeless young people improves.

- Frequent changes of social worker linked with the use of locum staff and the quality of social work practice was a contributory factor in upheld complaints. Issues arising included: core assessment completed as a paper exercise only in order to clear backlog, no contact made with the family, statutory visits not carried out, lack of communication in general with families,

- Poor recording and failure to pick up issues in supervision

  Particular issues highlighted in stage 2 investigations were a lack of clarity around decisions and plans, and the voice of the child not always evident in the records.

- Lack of planning for placement moves

  Arrangements made for the move itself were not always robust. In one case a child was taken to his new placement by the social worker but had to wait outside the house for a long time because the foster carer was not at home. (This is a different issue to the decision and rationale for the move which is no longer highlighted as a problem via complaints.)

- Advice to parents to take legal advice

  In one case parents used very expensive solicitors. They complained when the Council refused to reimburse costs. The complaint was upheld as no boundaries had been set. This highlighted the need for a framework and guidance for staff.

- Breaches of confidentiality

This has been a theme since 2010 and remains a concern. Some of the problems may be resolved by the replacement client system but complaints continue to suggest some continued failure to carry out thorough checks before sharing information between family members and estranged parents.

- Quality of reports and assessments

  Issues highlighted in some complaints were a failure to include the views of parents, a lack of clarity in decisions and plans, and factual mistakes including the spelling of names of members of the family.

- Financial issues

  Complaints about late payments of foster carers' expenses and issues around financial support for special guardians and connected persons were also upheld.

- Communication issues

  In previous years most complaints were about difficulties in contacting staff. In 2012/13 almost all of the upheld complaints were about the late cancellation of contact sessions and visits, and social workers arriving late for meetings.

Summary of statistical data about complainants

26 (1) Diversity information is gleaned from the client system in respect of Children and Young People but a form is sent with every complaint acknowledgement seeking information on the ethnicity, gender and age of complainants because for most complainants this information is not already held by the Local Authority.

Gender	Number
Couple	29
Female	112
Male	84
Not Known	0
Total	***225***

Disability	Number
No	73
Not Known	143
Yes	9
Total	***225***

Ethnicity	Number
African	6

Any other ethnic group	8
Asian Other	2
Information not obtained	13
Mixed Other	2
Not Known	132
White and Black Caribbean	1
White British	55
White Irish	1
White Other	5
Total	***225***

(2) One of the main purposes of the introduction of the complaints procedure was to provide a voice for children and young people. While closely associated adults also have the right to complain about how they are affected by services, it is important that the Council continues to seek ways to make the procedure more accessible to children.

Age	**Number**
16 - 19	20
20 - 24	17
25 - 59	29
65 +	2
Not Known	151
Under 16	6
Total	***225***

Review of the effectiveness of the complaints procedure

27 (1) Kent continues to operate a robust service for people making complaints about children's social services with a strong focus on resolution.

(2) The Customer Care Team monitors complaints by service unit and area. Specific problems were brought to the attention of local managers. Complaints highlighting issues with policies, widespread practice across the county, or serious failings were brought to the attention of the Divisional Management Team.

(3) Actions needed and practice issues to be disseminated are discussed and agreed at each adjudication meeting held to decide the outcome of a stage 2 investigation. Adjudication meetings were chaired by Assistant Directors or the Director and outcomes shared more widely as appropriate.

(4) The Customer Care Team responded to a number of team/unit requests for information about complaints relating to their services in 2012/13. Information was also made available for Ofsted inspections.

(5) Regular reports about complaints and representations include fortnightly management reports, quarterly monitoring via MIU and the Customer &

Communities Directorate for CMT, and quarterly reports to the Adoption Improvement Board.

(6) A Review of the Customer Care Function resulted in the team being situated in the Safeguarding and Quality Assurance unit where it is better placed to contribute to performance monitoring and service improvement. The subject of complaints and performance against standards now form part of the quarterly Deep Dives.

(7) Themes identified in previous years not repeated in the year's complaints are also an indication that lessons have been learned and that system and practice changes have had an effect. The main themes identified in 2011/12 which show a significant reduction in 2012/13 are:

- **Children and young people in care complaining about placement moves**

  (8) The reduction of complaints from children and young people about moves from one foster carer to another is a significant change suggesting that lessons have been learned and that systems and structures now in place better support the needs of clients.

- **Delay**

  (9) The number of complaints about delay remained low for the third year running and continued to show an improvement over previous years.

  (10) There was a reduction in complaints about reports and minutes not being shared in a timely manner.

- **There was a significant reduction in complaints about Occupational Therapy**

Report Conclusion - ADULT'S AND CHILDREN'S SOCIAL CARE

This section concludes the Adults and Children's Social Care report.

28 (1) During the reporting period, the Directorate has continued to operate a robust and effective complaint's procedure to meet its obligations under the statutory regulations.

(2) The data from complaints is one mechanism available to influence, inform and improve services. People who make a complaint should feel assured that the Directorate uses this feedback to implement service developments, as necessary, to benefit both current and future service users.

(3) As changes occur within the Directorate, for example with the significant transformation agenda and with the work on health and social care integration, the complaints monitoring will need to adapt accordingly to ensure customer feedback and insights are used to inform developments.

(4) Work will continue during 2013-14 to ensure that there is a robust and effective link between the contact centre receiving incoming contact and the FSC teams who manage the specialist Directorate responses in line the statutory requirements.

(5) Appendix A details the process for Member enquiries. It is important that this process is followed to ensure that enquiries are passed to the relevant Customer Experience Team as soon as possible to enable a swift draft response to be produced for the Member to send out.

Recommendations

29. (1) Members are asked to NOTE and COMMENT on the contents of this report.

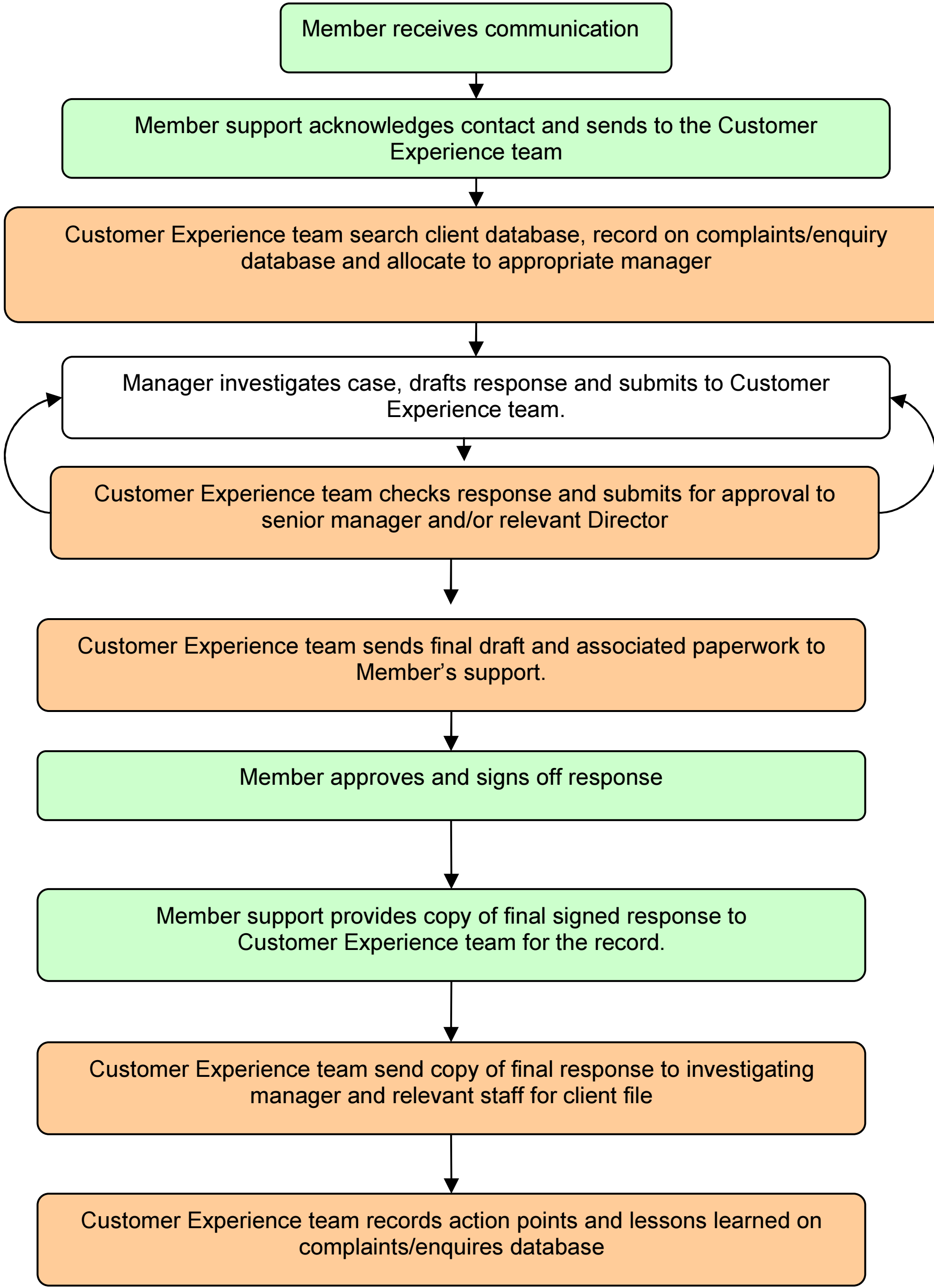
Ann Kitto, Children's Customer Experience Manager
01233 652144

Debra Davidson, Adult's Customer Experience Manager
0300 333 5928

Background documents: None

APPENDIX A

Member Enquiry communication process



The Council's policy sets the timeframe for providing a response to a Member enquiry at a maximum of 20 working days from receipt by FSC.

Children's Complaints: CSComplaints@kent.gov.uk
Adult Services: Customercareadults-fsc@kent.gov.uk

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By: Maggie Blyth, Independent Chair of Kent Safeguarding Children Board

To: Social Care and Public Health Cabinet Committee

Date: 4th October 2013

Subject: Kent Safeguarding Children Board – 2012/13 Annual Report

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Summary: The attached annual report from the Independent Chair of Kent Safeguarding Children Board describes the progress made in improving the safeguarding services provided to Kent's children and young people over 2012/13, and outlines the challenges ahead over the next year.

Classification: Unrestricted

Recommendation: Members are asked to NOTE the contents of the Annual Report.

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1. Introduction

This report presents the 2012/13 Annual Report produced by the Independent Chair of Kent Safeguarding Children Board (KSCB). Current Government guidance captured in Working Together to Safeguard Children (2013) sets out the requirement introduced through The Apprenticeship, Skills, Children and Learning Act 2006 for Local Safeguarding Children Boards to produce and publish an annual report. This report provides a rigorous and transparent assessment of the effectiveness of local child protection arrangements and has been designed for circulation to all front line staff working with children across Kent.

This report identifies progress across Kent in improving the child protection system and also identifies areas of vulnerabilities and what action is being taken to address challenges where they remain. It also includes lessons from management reviews, serious case reviews and child deaths within the reporting period.

In Working Together 2013, it is recommended that the report is 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 was presented and has been distributed to front line staff.

KSCB is forceful in carrying out its scrutiny role in overseeing child protection arrangements in Kent and findings from its multi agency audits, Section 11 audits and all Serious Case Reviews can be found on the KSCB website.

2. The 2012/13 Annual Report

(1) The report details the continued progress made by agencies to ensure that children in Kent are safe. Progress has continued this reporting year with caseloads and inappropriate referrals to Specialist Children's Services reducing. They remain below average compared to Kent's statistical neighbours.

(2) As the report indicates, the number of children with a Child Protection Plan (CPP) has risen slightly from 959 in March 2012 to 994 in March 2013. This is still below half the numbers of two years ago. KSCB is satisfied that the numbers have stabilised and are in line with those of our statistical neighbours. KSCB has noted that the numbers of children on CPP for a second or subsequent time remains high and that a focus must remain on ensuring that all agencies have a common understanding of thresholds for child protection intervention.

(3) Kent agencies have invested in a new early intervention strategy during 2012/2013 which aims to provide swift support to children before a referral to Specialist Children's Services is required. Ofsted found this service to be working well. During the year KSCB has noted the improved use of the Common Assessment Framework (CAF) but identified continued barriers to its use across partnership agencies. There remain difficulties in embedding the CAF and this will be subject to further discussion within KSCB at its next Board meeting.

(4) Ofsted identified that interventions for children in need (CIN) across Kent were inconsistent which reinforces the need for KSCB scrutiny through multi agency audit across the partnership about support given to this group of children.

(5) There has been some progress over the last 12 months in how Kent is responding to the risks highlighted by the Children's Commissioner and more recently, the HO Select Committee, to children at risk of child sexual exploitation (CSE). KSCB has developed training for front line staff and a toolkit for assisting in identifying and assessing risk of CSE and publicity material has been distributed, drawing attention to the signs that may indicate that young people are at risk of CSE. KSCB has published a report on unaccompanied asylum seeking children called 'Staying in Kent'.

(6) To ensure that the spotlight is retained on those young people at risk of going missing, trafficking and CSE the focus of the KSCB conference in 2013 will be on these areas. During this reporting year, 18 UASC went missing and did not return. KSCB is requiring statutory agencies to understand more swiftly the trends relating to children missing in Kent to ensure that the most vulnerable young people are supported at the right time.

(7) Specific challenges are highlighted around action taken to learn lessons from cases when things go wrong and where children are the subject of neglect, harm or abuse from their carers or other adults around them.

(8) KSCB is committed to publishing the findings from all SCRs and has placed the overview reports from two SCRs and one management review into the public domain during this reporting year. Although there were no new SCRs commissioned during the last year, there was one SCR that concluded.

Other non SCR case reviews have been undertaken and the lessons from all of these cases have influenced the focus of KSCB's multi-agency learning and development strategy and training programme. KSCB obtains assurance from all Kent agencies that actions following these reviews are properly monitored and progress evidenced.

(9) During this reporting period KSCB has undertaken a number of multi agency audits to understand what is happening across different front line settings in protecting children. A Section 11 audit was undertaken with statutory agencies across Kent which asked each partner agency to provide evidence to the Board on how they are meeting the many aspects of their safeguarding responsibilities. Where specific action has been required by certain agencies to improve their contributions, KSCB is closely monitoring this to ensure all agencies are discharging their safeguarding duties.

(10) The work of supporting Kent's 1831 Children in Care (including 190 unaccompanied asylum seeking children), as well as the 1194 looked after children placed by other local authorities in the county, continues to place massive pressures on public agencies responsible for supporting vulnerable children in Kent, including children's social services, schools, police, and health services. KSCB will continue to seek evidence that Kent agencies are adequately able to care for all children placed in the County and supports more rigorous risk assessments for children placed in Kent by other authorities.

(11) There remain concerns about the assessment and treatment of vulnerable groups of children with emotional wellbeing and mental health needs. Waiting times in the West of Kent for CAHMS services have reduced in recent weeks but KSCB will continue to require NHS representatives to report on progress in this area and provide clarity over action where children are waiting for unacceptably long periods of time.

3. Conclusions

(1) Kent agencies have worked hard to ensure that the failings identified in 2010 by Ofsted have been addressed. Overall, the Independent Chair of KSCB is satisfied that progress has been made and that the child protection system in Kent has improved. However, significant challenges remain to ensure that there is a common understanding of thresholds in Kent; that partnership agencies in Kent are suitably equipped to support the most vulnerable children and young people; and that those children identified as children in need are supported by all partner interventions.

(2) The revised Improvement Notice places specific expectations on KSCB during 2013/14. KSCB is requiring all agencies in Kent to demonstrate improved outcomes for children in relation to safeguarding and will be reporting on this to the Improvement Board. Through its new Quality Assurance Framework intelligence will be shared across agencies and members of KSCB are expected to provide single agency reports on progress and participate in Executive walk-abouts of front line settings.

(3) Furthermore, there are specific difficulties for Kent agencies in supporting those children and young people at risk of trafficking and sexual exploitation

and understanding why certain groups of children, including some unaccompanied asylum seeking children, go missing.

4. Recommendations

(1) Members are asked to NOTE the progress and improvements made during 2012/13, as detailed in the Annual Report from the Independent Chair of Kent Safeguarding Children Board

5. Background documents: none

6. Contact details

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KSCB Annual Report 2013

Safeguarding the children of Kent

FOREW0RD

"I would like to thank members of KSCB and its sub-groups for their continued energy, hard work and commitment to safeguarding children, both individually and collectively as we look forward to the next 12 months." *Maggie Blyth*

A FOREWORD FROM THE INDEPENDENT CHAIR Maggie Blyth

The Kent Safeguarding Children Board (KSCB) is a partnership working to safeguard and promote the welfare of children in Kent.

This annual report describes the main achievements of the Board and partners during 2012/13 and outlines the priority areas on which the KSCB will focus in 2013/14.

Our aim has been to concentrate our attention on the safety of children who are most vulnerable and at risk of harm and ensure that positive outcomes for children remain a priority. During this year we focussed on necessary improvements to the child protection system looking at the numbers of children on child protection plans, reducing the numbers of re-referrals into Specialist Children's Services and concentrating on increasing the numbers and quality of different agencies' use of the Common Assessment Framework (CAF).

KSCB oversees a number of subgroups who deliver the workstreams of the Board.

These subgroups comprise:

Quality and Effectiveness
Learning and Development
Serious Case Reviews
Child Death Overview Panel
Health Safeguarding Group
Safeguarding in Education Advisory Group
Kent and Medway Trafficking Children and Sexual Exploitation Subgroup

The work of each of these subgroups and their achievements during 2012/13 are described in the body of this annual report.

A FOREWORD FROM THE INDEPENDENT CHAIR
Maggie Blyth

As in previous years we will focus our attention on selected areas to support continued improvement. KSCB will monitor these through the strategic priorities set out in its new plan for 2013/14; to improve outcomes for all vulnerable children in Kent and ensure that partnership arrangements for child protection are truly fit for purpose.

We will continue to hold all agencies to account through audit of cases, analysis of data and visiting front line settings to ensure children are protected and action is taken by staff working in health, social care, police, probation and education settings. We will also be extending our Section 11 audit (Children Act 2004; regarding arrangements for safeguarding and promoting the welfare of children) to include voluntary sector organisations in Kent.

OUR MAIN TASKS:

Develop policies and procedures to guide the day to day safeguarding practice in line with the revised statutory guidance 'Working Together' 2013.

Embed the quality assurance framework which will enable the KSCB to have a better overview about the quality of front line practice and the impact of those services in helping families to achieve positive outcomes and keep children safe.

Scrutinise front line practice by undertaking multi-agency audits and deep dives, exploring in depth the management information about the child protection system and asking children and families their views about how helpful they have found the services they have received.

Learn from reviews of individual cases, whether through Serious Case Reviews, other management reviews or from exploration of good practice.

Focus on the safeguarding needs of those children at risk of child sexual exploitation or trafficking.

Evidence improvements to outcomes for children in need across the partnership.

Ensure that child and adolescent mental health services are well co-ordinated and able to help children not just when their needs become severe, but also at an earlier stage when difficulties are emerging.

Data in this report is provisional, pending submission of statutory returns from KCC. This report is intended for all front line practitioners working with children in Kent. For fuller information on all multi agency audits, SCRs and S11 returns please see KSCB website.

HOW SAFE ARE OUR CHILDREN & YOUNG PEOPLE IN KENT?

There are 322,700 children and young people (0-17 year olds) living in Kent, making up 22% of the population. It is impossible to offer a complete picture of the children whose safety is at risk in Kent because some abuse or neglect may be hidden, despite the best efforts of local services to identify, step in and support children who are being harmed. In Kent, trafficked children who arrive at British ports to be transported throughout the country are vulnerable because their traffickers work hard to keep them 'invisible'. In other cases, families themselves mask abuse or neglect and neighbours may turn a blind eye to a child's need for protection.

KSCB places a statutory responsibility on agencies in Kent to provide assurance that they are working hard to ensure that all children and young people in Kent stay safe and are adequately protected.

Many groups of children in Kent are vulnerable. They include children who are privately fostered, children missing from home and children missing from education; children who live in households where there is domestic violence, substance misuse and/or parents are mentally ill; children whose offending behaviour places them at risk of significant harm; children in custody who are at risk of significant harm; and children for whom the release of an offender places them at risk of harm.

This Annual Report of the work of KSCB starts by looking at the categories of children and young people in Kent who have been identified by the Local Authority and other agencies as in need of protection.

CHAPTER 1

Children with a Child Protection Plan

Children who have a Child Protection Plan (CPP) are considered to be in need of protection from either neglect, physical, sexual or emotional abuse; or a combination of one or more of these factors.

The CPP details the main areas of concern, what action will be taken to reduce those concerns, how the child will be kept safe, and how we will know when progress is being made.

During 2012/13 the numbers of children on CPPs have stabilised. After dropping significantly from 1,621 in March 2011 to 959 in March 2012, they currently sit at 994 in March 2013. KSCB requires regular analysis of this information to ensure that the figures reflect statistical neighbours. KSCB is satisfied that currently cases are reviewed with care and children provided with a range of interventions if they are no longer considered in need of protection.

Page 299

Children in Care

Children in Care (CIC) are those looked after by the local authority. As at the 31st March 2013 there were 1,831 Children in Care in Kent, (included in this figure are 190 Unaccompanied Asylum Seeking Children (UASC)). Kent also has 1,194 CIC from other Local Authorities placed within its boundaries.

Only after exploring every possibility of protecting a child at home will the local authority seek a court decision to move a child away from his or her family. Such decisions, while incredibly difficult, are made when it is the best possible option to ensure the child's safety and wellbeing.

The number of CIC has remained reasonably static during the year. All of these children are subject to regular independent review to ensure their situations are being constantly evaluated.

In addition, during 2012/13 there were 143 UASC who arrived at Kent ports and for whom agencies in Kent provided a service.

The work of supporting Kent's 1,831 looked after children (including 190 unaccompanied asylum seeking children), as well as the 1,194 looked after children placed by other local authorities in the county, is placing massive pressures on public agencies responsible for supporting vulnerable children in Kent, including children's social services, schools, police and health services.

Trafficked children and asylum seekers

Some of the most vulnerable children in Kent arrive in Dover each year seeking entry into the UK. Most turn up seeking asylum whilst others have been trafficked for exploitation. Where the UK Border Agency identifies unaccompanied children, they pass responsibility for these children to Kent County Council. There are significant child protection implications in how the local Immigration Team in Kent organises the processing arrangement for these children, and also for the police and the local authority in how they deal with or receive these highly vulnerable children.

KSCB remains concerned that this group of children must be seen as a high priority and during 2012 commissioned a follow up to the Children's Commissioner's report on children's experiences 'Staying in Kent'. KSCB has identified that some children and young people are going missing from care and are never found.

Between 1 April 2012 and 31 March 2013, 18 UASC (under 18 year olds) went missing and have not returned. KSCB has established a specialist group to understand why some children go missing and how this might be prevented.

Child Sexual Exploitation

KSCB has responded to the risks highlighted by the Children's Commissioner during 2012 to children at risk of Child Sexual Exploitation (CSE). KSCB has through its Trafficking Sub Group launched a new Toolkit for staff and has provided training on CSE to front line practitioners.

Funding from the government has allowed KSCB to develop some innovative training materials including a podcast for use with front line staff in understanding how to work with children at risk of CSE.

Achievements during 2012/13 have been

- Distributing the CSE Toolkit to front line staff working in all services with children across Kent
- Producing publicity material drawing attention to the signs that may indicate young people are at risk of CSE
- Independent Chair and Lead Member speaking at a national conference about the challenges facing local agencies in understanding the extent of CSE in any area
- Commissioning the report 'Staying in Kent'

Child and Adolescent Mental Health Services

KSCB has remained concerned during the year that many young people, particularly those resident in West Kent, have had to wait a very long time before being assessed or being given treatment through Child and Adolescent Mental Health Services (CAMHS). Some waiting lists are well over 20 weeks and this is unacceptable.

KSCB is seeking reassurance from the NHS that these waiting times are being reduced and has requested the partnership review the different referral pathways for children with a wide range of mental health or emotional wellbeing needs. Between August 2012 and March 2013 there has been improvements but this remains an area of concern for KSCB.

Adolescents at Risk

The Youth Offending Teams across Kent have an average caseload of 430 of whom 40% are likely to be also supervised by Specialist Children's Services and the 16 plus Leaving Care Service. Those in custody / leaving custody will frequently have profound safeguarding needs which may have been unmet. During 2012/13 the downward trend in the numbers entering custody at either the remand or sentencing stages continued, with the average in the Secure Estate at any one time being approximately 25, the majority of whom will be young males aged 15+ years. KSCB is supportive of the requirements of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 which mean that all children and young people remanded to Youth Detention Accommodation have the status of a "child in care" and that as a result youth offending teams and Specialist Children's Services have joint responsibility for their welfare.

The downturn in the economy has had a marked effect on young school leavers looking for work, leading to a continuing increase in the numbers of young people not in education, employment or training in Kent, rising to 6.33% in November.

Children who are adopted

During 2012/13 105 children have been adopted in Kent, compared to 70 in the previous year. KSCB has been assured that the partnership between KCC and a voluntary organisation, CORAM, has worked well to help achieve this success. An Ofsted inspection of adoption services in March 2013 concluded that significant progress has been made in Kent in achieving positive outcomes for children awaiting adoption.

The Early Offer in Kent

Kent agencies have invested in a new early intervention strategy during 2012/13 which aims to provide swift support to children before a referral to Specialist Children's Services is required. Ofsted found this new service to be working well and KSCB has been assured that the early offer has helped keep the overall number of child protection referrals to Specialist Children's Services from some agencies steady.

Disabled Children

During 2012/13, KSCB introduced new guidance for professionals working with children with disabilities.

Following concerns that this group of children were not sufficiently prioritised, KSCB and the Children' Society hosted a conference in September 2012 for front line staff.

From January 2012 the Disabled Children's teams, including the Sensory team, have managed Child Protection investigations for disabled children, ensuring that their specialist knowledge of factors that impact disabled children are fully taken into account. Joint working and training between multi-agency partners continues to be undertaken to raise the awareness of all professionals of the particular vulnerabilities of disabled children and how they should be protected. National evidence shows that disabled children are three times as likely to suffer harm as a result of neglect or abuse.

Children exposed to domestic abuse

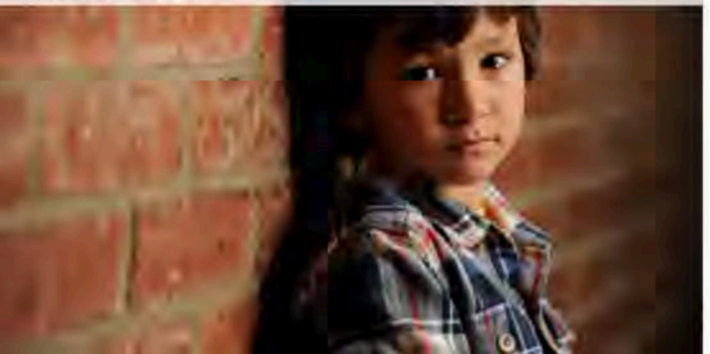
Evidence from analyses of serious case reviews nationally in 2012 revealed that domestic abuse was present in almost three-quarters of families whose children died or sustained serious injury due to maltreatment.

Whenever a child is identified as being part of a household where there is a domestic abuse incident, the Central Referral Unit manages and shares that information between agencies so that appropriate support and further assessment can be provided".

Page 282

The number of repeat incidents of domestic abuse where a child or young person was present has decreased recently; to 24.3% at the end of December 2012 from over 35% at the end of June 2011.

Agencies in Kent are funding a number of Independent Domestic Abuse Advisors and KSCB believes this may see the numbers of children identified at risk of domestic abuse increasing.



Who is responsible for protecting Kent's children and young people?

Everybody has a part to play in protecting children. Local communities can help by identifying what is happening in their areas. Safeguarding is everybody's business.

But ultimately when there remain serious concerns about harm to a child, a referral is made to Specialist Children's Services.

Most contacts and referrals into Specialist Children's Services come from all sorts of other professionals such as police officers, teachers, health visitors, midwives, nurses, GPs, mental health professionals or other specialist services. Specialist Children's Services, to make their decisions, need lots of information from the person making the referral. All professionals have a responsibility to ensure that accurate information is provided swiftly and shared promptly.

We are developing a common understanding of the levels of need in Kent – or what is sometimes known as agreement over 'thresholds'.

During 2012/13 KSCB has offered training to all staff in establishing a common understanding of levels of need in Kent.

On-going audits undertaken by KSCB suggest that much more inter agency collaboration could have taken place before some referrals were made to satisfy the referrer of the best course of action to take before a specialist intervention from Specialist Children's Services was considered essential.

Re-referrals into Specialist Childrens's Services are about 23% which, although a reduced number from the year before, suggests that there are still different views amongst professionals about what constitutes a child at risk.

During 2012, Kent Specialist Children's Services, Education, Police and different health professionals have worked closely to form Kent's first Central Referral Unit - where front line professionals are now working together to improve communication and joint working in how best to respond to children in need in the County.

Central Referral Unit

"The Central Referral Unit facilitates more consistent threshold application between agencies, reduces duplication, promotes more effective information sharing and thereby promotes more timely and targeted intervention for children and their families."
Mairead MacNeil,
Director, Specialist Children's Services

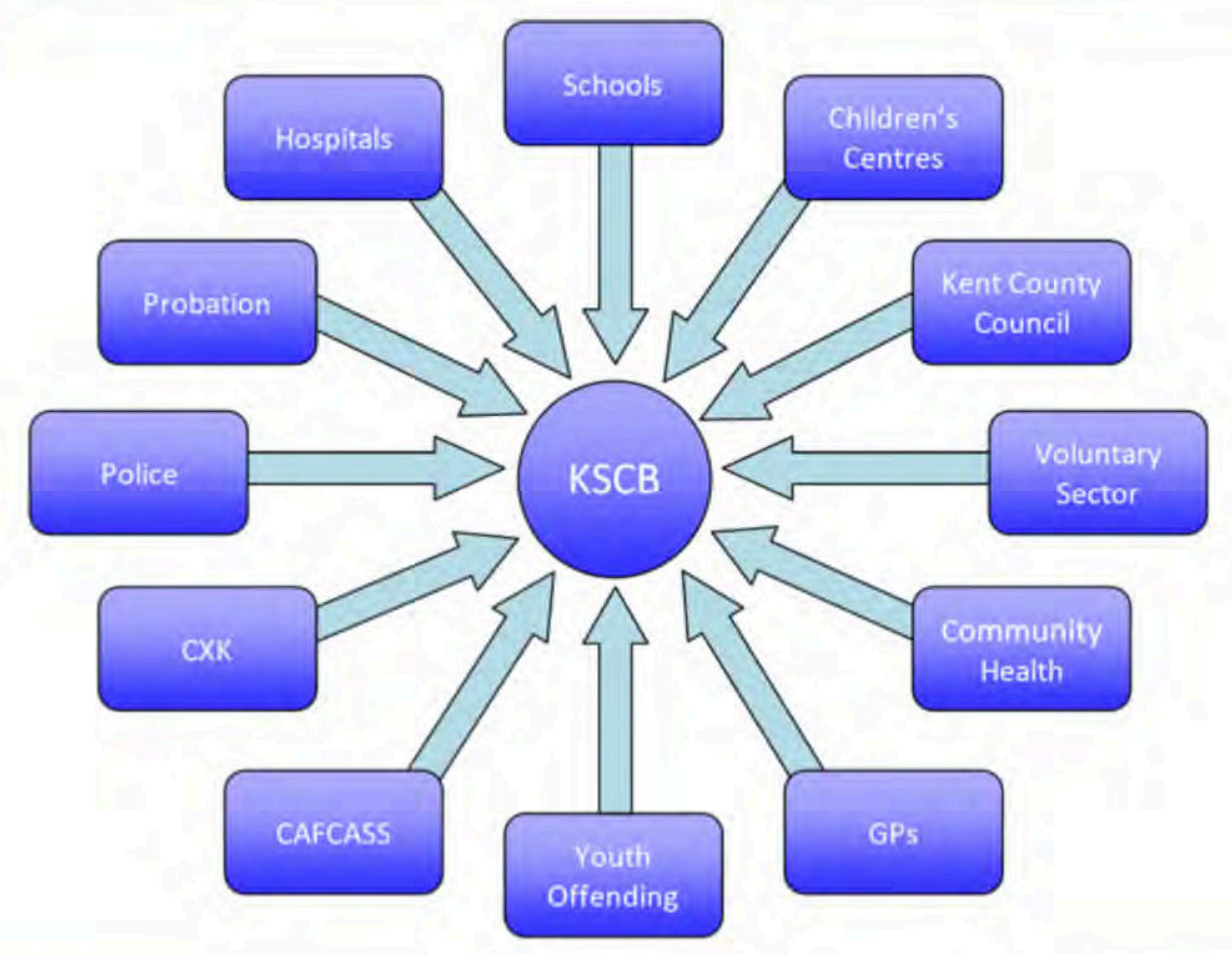
CHAPTER 2

WHAT IS THE KENT SAFEGUARDING CHILDREN BOARD?

The Kent Safeguarding Children Board

The KSCB is the partnership body responsible for coordinating and ensuring the effectiveness of Kent services in protecting and promoting the welfare of children and young people.

The Board is made up of senior representatives from all the main agencies and organisations in Kent concerned with protecting children.



What is the purpose of the KSCB?

The Kent Safeguarding Children Board provides a vital link in the chain between various organisational efforts, both statutory and voluntary, to protect children and young people in Kent. Our aim is to ensure that all these efforts work effectively in coordination so that children and their families experience a harmonious and 'joined up' service.

MAPPING THE MULTI AGENCY JOURNEY FOR CHILDREN

The KSCB is responsible for scrutinising the work of its partners to make certain that the services provided for children and young people in Kent are effective and actually make a difference. The effectiveness of KSCB relies upon its ability to champion the safeguarding agenda through exercising an independent voice.

KSCB is responsible for raising awareness of child protection issues in Kent so that everybody in the community can play a role in making our county a safer place for children and young people to grow up. Our message is that protecting children from harm really is everyone's business.

CHAPTER 2

What are the main roles for the Kent Safeguarding Children Board?

The roles for the KSCB are set out in its constitution, which was updated in March 2013 and includes the following:

• Developing policies, standards, and procedures for safeguarding and promoting the welfare of children

• Monitoring and evaluating the effectiveness of what is done by agencies and organisations both collectively and individually, to protect children and young people

• Recommending areas and priorities for the commissioning of children's services

• Raising awareness of, and communicating, child protection issues to individuals and organisations

• Establishing and carrying out a review in cases where a child has died or has been seriously harmed in order to advise on lessons that can be learned (known as Serious Case Reviews)

• Ensuring the provision of single agency and multi-agency training on safeguarding to meet the need of local staff

See Chapter 3 for more information on KSCB's work in each of these areas.

Membership and structure of KSCB

Having explained the main priorities for safeguarding children in Kent, this section contains information about who is involved on the board and how it is organised.

KSCB has three tiers of activity:

1. Main Board

This is made up of representatives of the member agencies, as outlined in statutory government guidance. Board members must be sufficiently senior so as to ensure they are able to speak confidently and sign up to agreements on behalf of their agency and make sure that their agency abides by the policies, procedures and recommendations of KSCB.

A full list of KSCB's membership for 2012/13 is available in Appendix A.

2. The Executive Board

The Executive body is made up of chief officer representatives from the statutory member agencies. The Executive has strategic oversight of all Board activity and takes the lead on developing and driving the implementation of the Board's main activities and 'Business Plan'. It is also the body responsible for holding to account the work of sub-groups and their chairs.

3. Subgroups

The purpose of KSCB subgroups is to tackle the various areas of concern to the KSCB on a more targeted and thematic basis. The subgroups report to the Executive Board and are ultimately accountable to the main Kent Safeguarding Children Board.

A diagram of the structure of KSCB – including information on its subgroups - is available in Appendix B.

CHAPTER 2

KEY ROLES

Independent Chair

All Local Safeguarding Children Boards (LSCB) appoint an Independent Chair who can bring expertise and a clear guiding hand to the Board to make sure that the LSCB fulfils its roles effectively. The Independent Chair also frees up the Board members to participate on an equal footing, without any single agency having the added influence of chairing the Board.

Maggie Blyth was recruited to this position in April 2011 and during the last year was employed by KSCB for approximately 6 days a month. The Chair is subject to an annual appraisal to ensure the role is undertaken competently and that the post holder retains the confidence of the KSCB members.
WT 2013 states that Independent Chairs should be accountable to the Chief Executive of a local authority and in Kent, the role is accountable to Andrew Ireland, the Corporate Director of Families and Social Care.

Director of Children's Services

The Families and Social Care Corporate Director in Kent is required to sit on the main Board of KSCB as this is a pivotal role in the provision of adult and children's social care within the Local Authority. This post is held by Andrew Ireland and he has a responsibility to make sure that the KSCB functions effectively and liaises closely with the Independent Chair who keeps him updated on progress.

Leader of Kent County Council

The ultimate responsibility for the effectiveness of the KSCB rests with the Leader of Kent County Council, Paul Carter. The Families and Social Care Corporate Director is answerable to the Leader, who forms the final link in this chain of accountability.

Lead Members

The Lead Member for Specialist Children's Services is the name given to the councillor elected locally with responsibility for making sure that the local authority fulfils its legal responsibilities to safeguard children and young people. In Kent, during 2012/13 Cabinet Member Jenny Whittle held this role. Councillor Whittle contributes to the KSCB as a 'participating observer'. This means that she takes part in the discussion, asks questions and seeks clarity, but is not part of the decision-making process.

Lay Members

KSCB has appointed two lay members – that is local residents – to support stronger public engagement in local child protection and safeguarding issues and contribute to an improved understanding of the LSCB's work in the wider community. In Kent, Roger Sykes and Mike Stevens play this role. From 2013 these roles will be advertised bi annually.

CHAPTER 2

KEY RELATIONSHIPS

Children and Young People's Joint Commissioning Board

The KSCB reports annually to this body on the matters facing children and young people at risk in Kent and we hold them to account to ensure they commission the services that are needed based on what we have highlighted as safeguarding priorities.

The Health and Wellbeing Board

The Health and Wellbeing Board (HWB) took on new responsibilities in April 2013. Clear lines of accountability have been developed with KSCB who will report annually to the HWB and will hold it to account to ensure that it too tackles the key safeguarding issues for children in Kent.

Member Agencies' Management Boards

KSCB Board members are senior officers within their own agencies providing a direct link between KSCB and the various agencies' boards.

During 2012/13 Kent agencies have been subject to major public sector reform – particularly the NHS – and communication lines sometimes change. It's essential that the management boards of each statutory agency in Kent cement a close connection with the Safeguarding Children Board and invest in its work.

Clinical Commissioning Groups

During 2012/13 the arrangements in Kent for new GP commissioning were developed. There are now 8 Clinical Commissioning Groups (CCGs) across Kent and Medway and they will be important contributors to the KSCB in the coming year. Safeguarding responsibilities remain inherent to all CCGs but Medway CCG will host the NHS designated safeguarding team.

Police and Crime Commissioner

KSCB has welcomed the focus of the new Police and Crime Commissioner's (PCC) drive to support young people at risk and her commitment to protecting the most vulnerable children.

CHAPTER 2

FINANCIAL ARRANGEMENTS

During 2012/13 contributions from partners remained steady at £300,672. The variable income available to the Board this year was £264,050 which included residual funds of £674,879 brought forward from 2011/12.

With a total income of £1,275,154 and expenditure of £673,885 this ensured the overall costs of running KSCB were met as they could not have been covered solely by the contributing partners.

THE FULL FINANCIAL BREAKDOWN CAN BE FOUND AT APPENDIX C.

Working Together 2013

In April 2013 the government published new guidance for all agencies working to protect children. While this document was not in place for the period of this Annual Report, KSCB has worked hard during the year to enhance its scrutiny role in preparation for the new guidance. Particular emphasis has been placed on learning from work with children where partnership working has gone well in addition to a focus on system improvement where tragically children have suffered harm.

CHAPTER 3

The Child's Journey through the system in Kent

...... a summary

In February 2013 Ofsted published the results of its unannounced inspection of safeguarding arrangements in Kent.

Two years on from stating that services were failing children, the inspectors announced that all standards of child protection in Kent were 'adequate'.

They found no children at risk in the cases they observed.

Inspectors concluded that partnership work with children in need was still variable.

- The number of referrals to Specialist Children's Services has continued to fall during 2012/13. In March 2013 figures indicated 442 per 10,000 population (14,267) from 538.4 per 10,000 population at end of March 2012. KSCB has sought assurance from partner agencies that agencies continue to apply a common understanding of thresholds before contacting Specialist Children's Services with concerns over cases.

- The numbers of re-referrals continues to be higher than statistical neighbours at 22.8%. However, there has been a sustained downward trajectory during the year.

- The number of children with a child protection plan has risen slightly from 959 in March 2012 to 994 in March 2013 but has fallen to about half what the numbers were two years ago. KSCB is satisfied that the numbers have stabilised in line with statistical neighbours.

- The numbers of children on a child protection plan for the second or subsequent time is 19.5%. This remains high and a priority for KSCB to monitor during the coming year.

- Services for the 1,831 children in care have improved. Dental and health checks sit respectively at around 90% completion. For asylum seeking children in care 85% have had relevant health checks completed within the required timescales.

- There are an additional 1,194 children placed in Kent by other local authorities.

- S11 returns completed in December 2012 for agencies working with children across Kent found that all organisations were compliant with the requirements of this audit. To further test these self assessments KSCB has put in place a peer review procedure.

- KSCB audits undertaken through the year emphasise that the voices of children are well represented at child protection conferences and that the majority of parents taking part believe any review of their circumstances to have been a positive experience. There is evidence that improvements can be made to ensure all key agencies are represented at conferences.

- There have continued to be improvements in the timelines with which children are assessed and seen within set timeframes across all districts. All children are allocated a qualified social worker.

- Children with specialist mental health needs in West Kent continue to wait several weeks before being assessed for treatment. A target has been set to reduce this to no more than 4/5 weeks by June 2013.

CHAPTER 3

Increasing scrutiny, quality and effectiveness

What did we do? How well did we do it?

During 2012/13 the Quality and Effectiveness subgroup has been responsible for leading KSCB's work in this area, with the aim to drive the quality of service improvement and delivery of outcomes vigilantly, transparently and consistently across the partnership.

Key achievements included:

- The Quality and Effectiveness Framework has been accompanied by training for all agencies
- A dedicated performance analyst post commenced employment in January 2012
- A programme of multi agency audits has continued throughout Kent

Listening to the voice of children

What did we do? How well did we do it?

This year we have launched our new KSCB website and information about safeguarding and the work of the Board is now easily accessible. We have continued to listen to the views of children and young people about what they see as priorities for safeguarding.

The challenges ahead

Continuing the work to improve KSCB's approach to performance management and quality assurance in a way that strengthens the scrutiny and challenge role of KSCB is our main priority. This year has shown that data surrounding children at risk of sexual exploitation or trafficking is not sufficiently robust to indicate trends. We are putting this right.

The data also shows KSCB that concerted effort needs to remain in holding all partners to account in improving outcomes for children in need, to ensure they get the right help at the right time.

NB Detail on findings from all multi agency audits can be found on the KSCB website.

CHAPTER 3

Safeguarding Children in Education

Kent County Council's Education, Learning and Skills Directorate plays a crucial role in ensuring that the statutory duties placed on schools and local authorities (education functions) are carried out effectively.

Section 175 of the Education Act 2002 and related statutory guidance places specific responsibilities on schools to safeguard children and promote their welfare. It is the role of the local authority to provide support, training and challenge to schools (including academies) and early years settings.

The level of safeguarding activity carried out by the Education, Learning and Skills (ELS) Children's Safeguarding Team is reported to the KSCB's Quality and Effectiveness subgroup on an annual basis. This includes information on the number and nature of consultations with schools and settings, allegations against teaching staff and the volume of child protection training rolled out across the county.

Although Ofsted Inspections of schools no longer apply a limiting judgement to safeguarding arrangements this is still scrutinised as part of the school's Leadership and Management function.

Support and intervention for schools is provided when weaknesses are identified in inspection reports, but safeguarding in schools and early years settings is now rarely judged to be weak. The safety and welfare of children is a priority as a child who does not feel safe in school will not be motivated to learn. Work is ongoing to establish what additional data reporting to KSCB from Education is required to enhance the multi-agency perspective on how we are doing in terms of keeping children safe.

KSCB oversees an Education Sub Group (Chaired by the ELS Corporate Director) which has a number of representative Headteachers and Heads of Education Services involved in carrying out the work of the Board at a local level.

In the past year there has been good progress in reviewing and agreeing the ELS Policy Statement on safeguarding; completing the Education Section 11 audit; and procuring a secure e-mail system that allows schools to submit reports online prior to Child Protection Case Conferences as required as part of the Ofsted improvement plan.

Report from Health Safeguarding Group

What did we do? How well did we do it?

During the year the Health Safeguarding Group (HSG) has reviewed critical safeguarding children areas including the work in health services on the common assessment framework, monitoring the progress of the new CAMHS provider, updates on serious case reviews and action plans and responding to the NHS reforms. 2012/13 has been a year of preparation for the implementation of NHS reforms, the most significant change in the NHS since its inception. The HSG has been seen as a stabilising factor during these rapid changes, a forum where health leaders for safeguarding children can continue to challenge and review the safeguarding issues for children who access health services. The HSG will continue to focus and respond to the NHS Safeguarding Accountability Framework.

Clinical Commissioning Groups (CCGs) have taken on the majority of the safeguarding responsibilities previously held by Primary Care Trusts (PCTs), along with the development of National Commissioning Board (now known as NHS England). During 2012/13, CCGs operated in 'shadow' form and needed training and development to ensure that they were ready for their statutory responsibilities. Sally Allum (now Director of Nursing, NHS England: Kent and Medway) will continue to chair the HSG during 2013/14 in partnership with CCG Chief Nursing Officers.

Page 291

Common Assessment Framework

KSCB set a target to increase the total numbers of CAF by 15% during 2012/13. This has been achieved. The establishment of Early Intervention Teams in each district has been central to the increase in CAFs and building relationships across multi agency partners to increase confidence in the use of CAF. In March 2013 there were 2424 families in Kent supported with a Team around the Family (TAF) in place. Out of these cases, 61% were closed (1054 cases) with a positive outcome with just over 17% escalated to children's social care (301 cases).

Kent Community Health NHS Trust (KCHT) reported that an audit of how their staff applied thresholds showed that they used them appropriately. During 2012/13 KCHT completed 229 CAFs which meant that early and often intensive support was made available to children and families.

Kent is on target to achieve the growth in Health Visitor numbers set out in the Health Visitor Implementation Plan, which recommends that numbers are increased from 154 in 2011 to 342 in March 2015.

Case Study

A KCHT school nurse sought advice about a 5 year old boy who appeared to be neglected at home. Concerns were raised about domestic abuse towards the mother from a new partner, just released from prison. The School Nurse liaised with the Health Visitor and a referral was made to Specialist Children's Services when bruising was seen on the mother's face and she was identified as suffering from postnatal depression. The boy was not taken to see a GP despite worsening health problems.

Following a case conference where more information was shared between front line staff the boy and sibling were taken into foster care.

Update on the Department for Education intervention in Kent and the Improvement Plan'.

During 2012/13 KSCB reported on its progress to the Kent Improvement Board.

KSCB is assured that all aspects of the second phase of Kent's Improvement Notice were achieved and that services for children in Kent have been steadily improving.

Strategic Priorities for 2013 / 14

The Kent Safeguarding Children Board has three priorities for the coming year, as agreed in its business plan endorsed by members in February 2013.

1) positive outcomes for all children and young people in Kent.

KSCB will continue work in 2013-14 to reduce the number of 'inappropriate' contacts and referrals to Specialist Children's Services. Guidance and policies have been issued to partner agencies and members across the KSCB, offering greater clarity on how to make use of the Common Assessment Framework.

We will know we have made a difference when thresholds for access to services for children in need are understood across all agencies and cases of 'inappropriate' contact and referrals, including re-referrals, are reduced. We will monitor this through a series of audits and through regular reporting of the Quality Assurance Framework.

2) holding partner agencies to account for their part in collectively improving safeguarding of all children in Kent.

We will know we have made a difference when our audits show that assessments are robust, responsive and facilitate multi-agency working.

We will expect to see robust plans for children involving effective risk management across the partnership at all levels of intervention.

3) demonstrating a robust safeguarding partnership that can effectively undertake the work of Kent's Improvement Board.

Enhancing the competence and confidence of professionals across the whole system of safeguarding children to accept responsibility for, and work with partners to manage risk is the single biggest challenge we face. The Common Assessment Framework (CAF) is designed to ensure professionals across the sector – be they teachers, GPs, police or health visitors – carry out precise and detailed assessments of risk in every child's case and work together with other agencies to help build as complete as possible a picture of a child's needs.

Part of this is working to ensure children's needs are met at the earliest opportunity and families get the support they need quickly.

We will know we have made a difference when strategic plans and priorities of partner agencies reflect targets relating to CAF and when children and families are receiving the support they need in the community when they are closed to Specialist Children's Services.

Multi Agency Training

What did we do? How well did we do it?

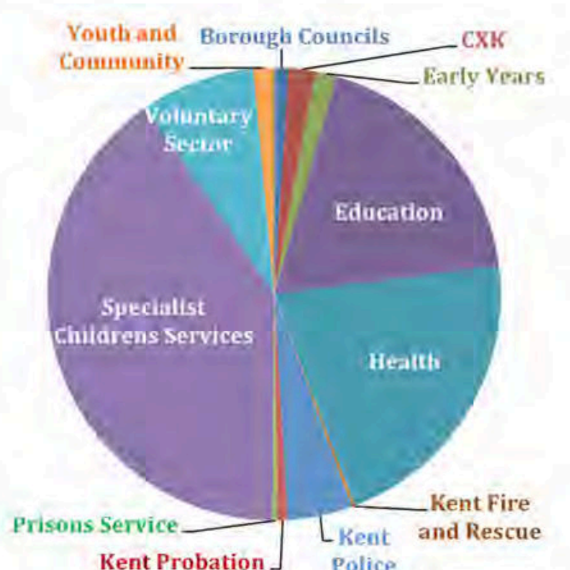
In November 2012 we held a Kent wide conference to which over 320 front line staff from different agencies attended. Speakers included the Children's Commissioner, Dr Maggie Atkinson, CEOP lead on missing children, Charlie Hedges and representatives from the DfE Safeguarding Unit (Jeanette Pugh).

We also organised a Safeguarding Summit in December 2012 for chief officers across Kent to understand the key challenges for the most vulnerable children in Kent.

The KSCB has a responsibility to ensure that appropriate child protection training is available to meet the multi-agency and Voluntary Sector training needs across Kent. It covers a variety of currently topical areas. We oversee training provided by single agencies to their own staff (monitored through the Section 11 audit); and multi-agency training offered through the Board and tailored to their specific needs. This also includes bespoke training offered to single agencies through the Board and tailored to their specific needs. KSCB's multi-agency basic awareness training delivered through the current KSCB College of Trainers (17 multi-agency and Voluntary Sector staff) continues to be an effective model of delivery.

The development of the 2012 -13 training programme was based on emergent themes from SCR's, operational good practice and Ofsted recommendations. Due to the developing nature of some of these themes, flexibility and evaluation of the training are important in order to produce a programme that is reflective of current topics. In total 100 courses were delivered in 2012-2013 with 2255 staff attending.

Training on the Eligibility and Threshold Criteria continued to be a priority for 2012-13 with 30 workshops delivered across the County to 1017 members of staff.



A new and developing learning programme this year has been the Immersive Learning sessions. Following the successful pilot of our first event, covering Child Abuse and Neglect, further courses are being developed and integrated into the 2013-14 training calendar.

Bespoke Training

The KSCB delivered 25 bespoke training sessions to a total of 355 staff working in Health, Childrens Services, District Councils, Kent County Council, Fostering Services and charities. The number of Voluntary Sector Staff receiving training is increasing, with 15 sessions delivered to 228 staff.

E-Learning

In 2012-13 a total of 1632 users registered to use the KSCB E-Learning training courses; this is an increase by over 300% compared to 505 users signing up in 2011-12.

CHAPTER 4

What happens when a child dies or is seriously harmed in Kent?

There are 2 processes for responding to a child death in Kent, depending on whether abuse or neglect is known or suspected to be a factor in the death:

The FIRST is called a Child Death Review Process.

Since 2008, Child Death Reviews have been a statutory requirement for Local Safeguarding Children Boards who are expected to review the circumstances of all children's deaths (up to the age of 18). In Kent the Child Death Overview Panel (CDOP) has oversight of the processes, ensuring that:

• reviews occur in a timely fashion;

• the information, support and investigation of each death is appropriate and compassionate;

• there is appropriate investigation or referral of any deaths where there are safeguarding or criminal issues;

• where issues or lessons emerge that have broader relevance, or public health implications, they are effectively disseminated;

• information is collated and reported to the Department for Education.

The SECOND is known as a Serious Case Review.

LSCBs are required to consider holding a Serious Case Review (SCR) when abuse or neglect is known or suspected to be a factor in a child's death and there are concerns about how professionals may have worked together.

The purpose of a SCR is to:

• establish whether there are lessons to be learnt from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children;

• identify clearly what those lessons are, how they will be acted upon and what is expected to change as a result; and

• as a consequence, improve multi-agency working when it comes to protecting children

KSCB takes seriously its responsibilities to ensure that lessons learned when children die or are seriously harmed are swiftly embedded and messages are used to support improvement across agencies.

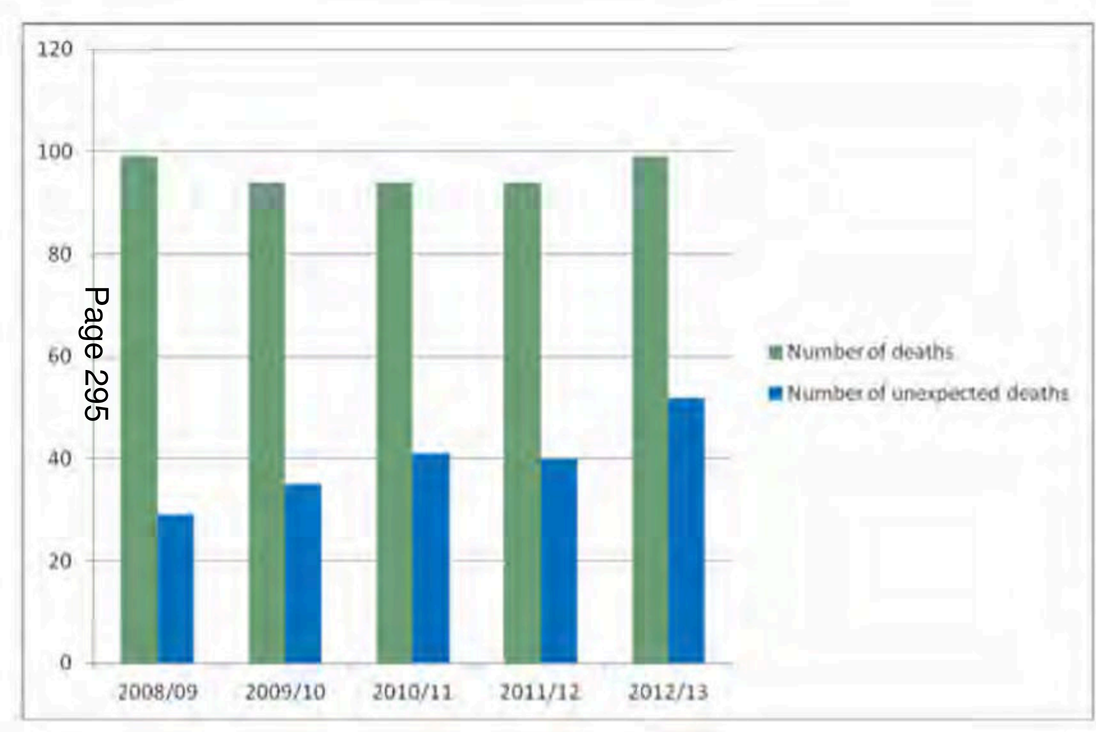
We are committed to publishing our Serious Case Reviews as part of our accountability to the wider community in Kent. During 2012/13 we published two SCRs and one management review.

CHAPTER 4

What happens when a child dies or is seriously harmed in Kent?

Child Deaths Reviews in Kent 12/13

The Child Death Overview Panel has a statutory responsibility to review the deaths of all children who are resident within KSCB's geographical area from birth up to the age of 18 years.



Page 295

In 2012/13 there have been 99 deaths, of which 56 were unexpected. The number of deaths has remained fairly consistent over the previous five years. The increase in the number of unexpected deaths is believed to be as a result of more accurate recording of the circumstances of the death and a better understanding of the process as a result of ongoing training programmes which have been held throughout the period.

The definition of an unexpected death is the death of an infant or child (less than 18 years old) which:

- was not anticipated as a significant possibility, for example, 24 hours before the death; or

- where there was a similarly unexpected collapse or incident leading to or precipitating the events which led to the death.

The number of child deaths equates to 28.9 deaths per 100,000 children under 18 living in Kent.

CHAPTER 4

What happens when a child dies or is seriously harmed in Kent?

Child Deaths Reviews in Kent 12/13

Although the number of child deaths has remained consistent over the past 5 years, due to increases in population, the death rate per 100,000 is falling, and Kent remains below the national average.

Child death rate per 100,000 child population			
Year	Kent Rate	England rate	Difference between Kent and England (numbers)
2008	37.1	44.1	-20
2009	37.6	42.7	-14
2010	26.6	40.6	-43
2011	28.6	39.0	-32
2012	28.9	37.3	-25
2008-2012	**31.7**	**40.7**	**-134**

The CDOP process also looks at whether there were any modifiable factors which may help prevent similar deaths in the future, and seeks to identify any lessons to be learnt from the death, or patterns of similar deaths in the area. In the current year 85 deaths were reviewed, of which 15 were deemed to have modifiable factors.

All deaths are grouped into one of 10 categories. These are:

1. Deliberately inflicted abuse or neglect
2. Suicide of Self Harm
3. Trauma, external factors
4. Malignancy
5. Acute medical or trauma condition
6. Chronic Medical condition
7. Chromosomal Genetic disorder
8. Neonatal
9. Infection
10. Sudden Unexpected death

The most common reason for the death of a child is in the neonatal category, which includes premature births and is in line with national trends. Following that category, children born with chromosomal genetic disorders form the second highest number of child deaths. Only on rare occasions is death caused by abuse, neglect, suicide or safety at home.

Achievements

Following the identification of issues in Kent relating to safe sleeping, our campaign has been expanded to work with midwives and health visitors to ensure that a consistent and thorough message is given to all parents to raise awareness of the risks associated with cot deaths.

The panel has also looked at the quality of bereavement support and work is currently underway to ensure that families are given the best possible support throughout the bereavement process.

What happens when a child dies or is seriously harmed in Kent?

Serious Case Reviews published in Kent 12/13

During this year there were no Serious Case Reviews commissioned. There was one SCR that concluded, known as 'AMY' and this was published in December 2012. Lessons from Amy also have focussed on improving how front line staff identify signs indicating children are at risk of sexual abuse.

AMY'S STORY

Amy was a 10 year old girl who died at home. A SCR was instigated because there were concerns that agencies did not share crucial information about Amy's situation - the neglect and alleged abuse she suffered.

There were poor examples of shared working between Amy's school, Kent Police and Specialist Children's Services.

ANTONIO'S STORY

Antonio was taken to hospital with multiple injuries. He was just a few weeks old. Neither Antonio nor his parents were known to any statutory agencies in Kent. Antonio has recovered from his injuries.

The review of this case recognised the impressive speed and thoroughness of the response from all agencies after the discovery of Antonio's injuries. They worked together to manage a distressing and difficult situation. This management review was published in January 2013.

ASHLEY'S STORY

Ashley died from being shaken badly. His father was convicted of causing Grievous Bodily Harm (GBH) and sentenced in 2012.

Agencies did not share information they knew about the family and the SCR concluded that in light of the risks presented by Ashley's father, children should not have been left in his care. Staff are now aware of the need for ongoing risk assessments when a new partner comes into a family

During 2012/13 KSCB considered a number of cases that did not meet the threshold for a SCR but warranted an independent review to consider learning and how to encourage improved practice across front line settings.

CONCLUSION

What next for child protection in Kent?

Messages for Local Politicians

- You can be the eyes and ears of vulnerable children and families in your ward making sure their voices are heard by KSCB. For 2012/13 Councillor Jenny Whittle was lead member for children and families, making sure their voices are heard by KSCB
- When you scrutinise any plans for Kent, keep the protection of children at the front of your mind. Ask questions about how any plans will affect children and young people

Messages for Clinical Commissioning Groups

- New CCGs in the health service have a key role in scrutinising the governance and planning across a range of organisations
- You are required to discharge your safeguarding duties effectively and ensure that services are commissioned for the most vulnerable children

Messages for The Police and Crime Commissioner

- Ensure that the voice of all child victims are taken notice of within the criminal justice system, particularly in relation to listening to evidence where children disclose abuse
- Monitor what police and probation staff do to share information regarding high risk MAPPA and MARAC cases and the risks that some adults present to children
- Support the work of the independent domestic violence advisors in highlighting the maltreatment of children who witness domestic abuse

Messages for Chief Executives and Directors

- Ensure your workforce is able to contribute to the provision of KSCB safeguarding training and to attend training courses and learning events
- Your agency's contribution to the work of KSCB must be categorised as of the highest priority
- The KSCB needs to understand the impact of any organisational restructures on your capacity to safeguard children and young people in Kent

Messages for The Children's Workforce

- Ensure you are booked onto, and attend, all safeguarding courses and learning events required for your role
- Be familiar with, and use when necessary, KSCB's Thresholds Procedures to ensure an appropriate response to children and families
- Use your representative on KSCB to make sure the voices of children and young people and front line practitioners are heard

Messages for The Community

- You are in the best place to look out for children and young people and to raise the alarm if something is going wrong for them
- We all share responsibility for protecting children. If you are worried about a child, follow the steps on the KSCB website – www.kscb.org.uk

Messages for The Local Media

- Communicating the message that safeguarding is everyone's responsibility is crucial to the KSCB and you are ideally positioned to help do this
- The work of KSCB will be of great interest to your readers and listeners
- Your contribution to safeguarding children and young people in Kent

Messages for Children and Young People

Children and young people are at the heart of the child protection system. KSCB wants to ensure that children's voices are heard and during the year has consulted children about their views on how safe they feel. This has led to the development of a range of projects to properly review children's views of child protection arrangements in Kent.

APPENDIX A

MEMBERSHIP of KSCB

Maggie Blyth, *Independent Chair*

Maurice Reilly, *Director Kent Probation Trust*

Andrew Ireland, *Corporate Director Families & Social Care, KCC*

Angela Slaven, *Director of Service Improvement, KCC*

Nadeem Azim, *District Councils Representative ,CEO Dover*

Mark Gurrey, *AD Safeguarding & Quality Assurance, Specialist Children's Services, KCC*

Mairead MacNeill, *Director Specialist Children's Services, KCC*

Lorraine Goodsell, *Associate Director, Child Health & Maternity, KMCS*

Tim Smith, *Detective Superintendent Kent Police*

Mark Sheppard, *Director Kent Community Health NHS Trust*

Meradin Peachey, *Director of Public Health, KCC*

Mike Stevens, *Lay Member*

Nick Sherlock, *Head of Safeguarding Adult Services, KCC*

Patrick Leeson, *Corporate Director Education, Learning & Skills, KCC*

Roger Sykes, *Lay Member*

Sally Allum, *Director of Nursing & Quality, NHS Kent & Medway*

Sean Kearns, *Chief Executive, CXK (formerly Connexions)*

Stephen Bell, *Voluntary Sector Representative*

Steve Hunt, *Head of Service, CAFCASS*

Lesley Ellis, *Head Teacher (Secondary)*

Jay Pye, *Head Teacher (Primary)*

Jenny Whitte, *Cabinet Member*

MEMBERSHIP of KSCB EXECUTIVE

Maggie Blyth, *Independent Chair*

Maurice Reilly, *Director Kent Probation Trust*

Andrew Ireland, *Corporate Director Families & Social Care, KCC*

Mark Gurrey, *AD Safeguarding & Quality Assurance, Specialist Children's Services, KCC*

Mairead MacNeil, *Director Specialist Children's Services, KCC*

Sally Allum, *Director of Nursing & Quality, NHS Kent & Medway*

Sean Kearns, *Chief Executive, CXK (formerly Connexions)*

Jenny Whittle, *Cabinet Member*

Patrick Leeson, *Corporate Director Education, Learning & Skills, KCC*

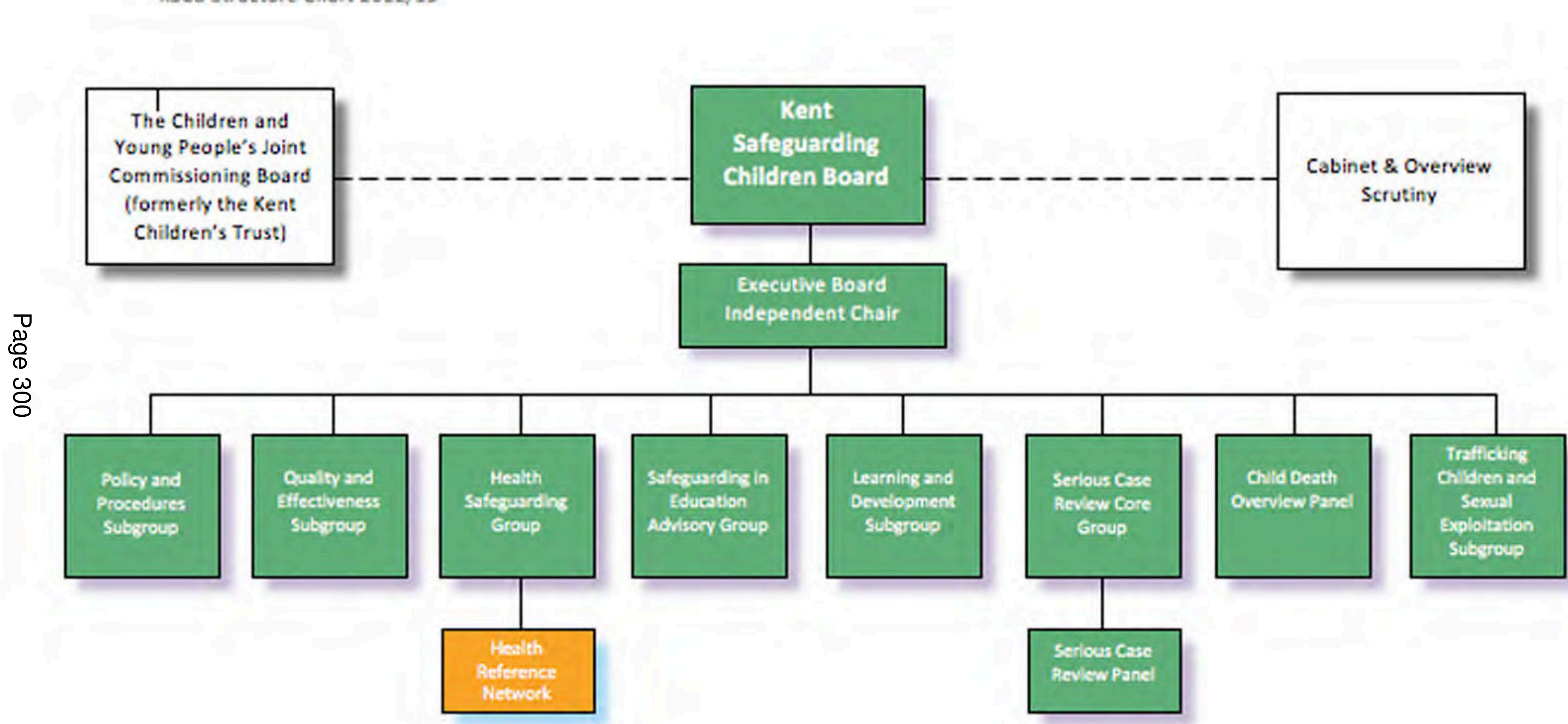
Che Choi Fung, *Senior Solicitor, KCC*

Mark Sheppard, *Director Kent Community Health NHS Trust*

Lorraine Goodsell, *Associate Director, Child Health & Maternity, KMCS*

Changed during the year: Tim Smith, *Detective Superintendent, Kent Police* replaced by Paul Brandon, *Assistant Chief Constable, Kent Police*

APPENDIX B



APPENDIX C

Budget Statement 2012/13

Expenditure	2012/13
Salaries	389,581
Travel	4,671
Staff training and development	1,744
ICT consumables, hardware, software, equipment	3,352
Direct staffing costs	**399,349**
Printing, publications and promotions	3,325
Room hire and refreshments – business meetings	1,785
Room hire and refreshments - SCR	239
KSCB web site & on-line procedure manual	9,342
Stationery	1,046
DCPP Grants	1,348
Independent Chair	46,714
Consultants	51,291
Audits (External Consultants)	8,659
Child Sexual Exploitation Project	5,050
Lay Members	146
Board support and development	**128,944**
Commissioning Case Reviews	66,619
Case reviews	**66,619**
E-learning, external trainers	18,075
Training College including trainer of trainer	3,745
Room hire and refreshments - Training	30,600
Annual Conference	8,592
CWDC - Implementing Munro & immersive learning	17,962
Learning and improvement	**78,974**
TOTAL EXPENDITURE	**673,885**

Income	2012/13
Income from contributing partners	**300,672**
under/over budget	**-373,213**
E-Learning Income	5,160
Non-attendance/Cancellation Income	20,731
Bespoke Training Income	9,662
Total Training Income	**35,553**
CWDC Grant	94,000
Child Death Grant	95,000
Training	35,000
Children's Improvement Board (National)	5,050
Strategic Health Authority	35,000
Total variable income	**264,050**
under/over budget	**-109,163**
Residual funds available	**674,879**
TOTAL INCOME	**1,275,154**
TOTAL EXPENDITURE	**673,885**
Residual funds to carry forward to next financial year	**601,268**

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From: John Simmonds – Cabinet Member for Finance and Procurement
and
Andy Wood – Corporate Director Finance & Procurement

To: Social Care and Public Health Cabinet Committee - 4th October 2013

Subject: **Medium Term Financial Outlook**

Classification: Unrestricted

Past Pathway of Paper: N/A

Future Pathway of Paper: N/A, this report provides background information to recent government consultations about future funding settlements

Electoral Division**:** All

Summary: This report is to keep members informed of the latest funding estimates for the next four years and the implications for KCC's financial planning. The report includes information on two key government consultations launched over the summer and the likely timetable for setting the 2014/15 Budget and Medium Term Financial Plan

Recommendation(s):
The Cabinet Committee is asked to note the potential implications on future funding settlements and the council's Budget/Medium Term Financial Plan and the likely timetable for setting the 2014/15 budget.

1. Introduction

1.1 The Government has recently launched 3 consultations which provide more information about the final settlement for 2014/15 and indicative settlement for 2015/16. The purpose of this report is to provide committee members with summary of the potential implications for KCC in advance of consideration of the forthcoming Budget and Medium Term Financial Plan (MTFP).

1.2 The estimated funding settlement figures included in this report are speculative at this stage. The figures will become more definitive following the outcome of Government's consultations and the publication of funding settlements. Members are reminded that the local government funding settlement from the Department for Communities and Local Government (DCLG) is only part (albeit a significant part) of the overall resource equation for the council. The total resources available to the council will also be influenced by grants from other government departments, Council Tax and Business Rates tax bases.

2. Financial Implications

2.1 The proposals in the government consultation will have a significantly detrimental impact on future funding settlements. Future budgets are likely to

continue to require significant year on year savings of a similar magnitude to those that have been made in each of the last three year's budgets.

2.2 The council's proposed response will emerge when the draft Budget and MTFP are published for consultation later in the year. The final Budget and MTFP will be presented to County Council on 13th February 2014.

3. Bold Steps for Kent and Policy Framework

3.1 The financial outlook was included in Bold Steps for Kent. This predicted that we would be facing a reducing resource base over the period of the current Spending Round (2011/12 to 2014/15). As it has transpired this prediction has proved remarkably accurate although the requirement for savings due to reduced resource base is likely to carry on for longer than anyone could have foreseen at the time.

4. Background

4.1 Prior to the Spending Review 2010 (SR2010) we forecast that KCC would need to make savings of £340m in real terms over the forthcoming four year spending review period. We predicted this would arise from the combination of reduced government grants (in response to tackling the budget deficit), freezing/limitations on increasing Council Tax, and increasing spending demands (mainly due to inflation and population related demands). So far this forecast has proved to be remarkably prescient as over the last 3 years we have had to make savings of between £80m to £100m per annum.

4.2 These savings have come from a variety of efficiency and service transformations which have largely been achieved with minimal impact on front line services. We have also had to balance the budget by taking one-off savings such as utilising reserves and in-year under spends due to the late announcements on changes to the funding arrangements. These measures are only a short term solution and need to be replaced with long term sustainable savings.

4.3 SR2010 covered the four years from 2011/12 to 2014/15. The next spending review has been deferred until after the 2015 General Election. In the meantime the Government has announced its spending plans for 2015/16 in the June Spending Round 2013. This paper explores the indicative funding for the last year of the current SR2010 period, the implications of the 2015/16 announcement (including consultation on specific details) and speculation on potential funding settlements for 2016/17 and beyond.

5. 2014/15 Indicative Funding Allocations

5.1 The provisional indicative allocations for 2014/15 were included in section 3 of the MTFP. These were based on the provisional settlement announced in December and showed an overall reduction in KCC's Start-up Assessment Funding Assessment (SUFA) from £411.9m to £378.3m (£32.6m reduction). The indicative settlement was subsequently updated to £378.7m (£32.2m reduction) but this was not considered significant enough to change the final version of the published MTFP.

5.2 The Chancellor's Budget Statement in March announced a further 1% reduction in local authority funding for 2014/15 as part of revised spending plans. At the time we had no indicative figures but we estimated this would equate to a further £3.3m reduction on top of the £32.2m set out in final

indicative allocations. This estimate has subsequently been borne out in the illustrative funding allocations included in the technical consultation for 2014/15 and 21015/16 (see section 7 below) which show a revised Settlement Funding Assessment (SFA) for 2014/15 of £375.4m as a result of the additional 1% reduction and revised RPI forecast for Business Rate uplift.

5.3 The full impact of the 1% reduction is proposed to be taken from the Revenue Support Grant (RSG) component of the funding methodology, and within RSG the Council Tax Freeze element is to be protected. This means the remaining RSG would be reduced by an average of 1.78%. The impact of this protection on the Council Tax Freeze element is marginal but nonetheless welcome. The Business Rate element of the funding methodology has been updated for the latest Retail Price Index (RPI) forecast.

5.4 The technical consultation also includes a proposal to top-slice an additional £95m from the amount allocated to local authorities in order to fund the safety net protection for those authorities with reduced Business Rate yield. Originally it was intended that the safety net would be funded from the levy on authorities with large increases supported by a £25m top-slice as prudent provision should the two not balance. Business Rate forecasts submitted by billing authorities indicate that £25m will not be enough and the Government proposes to increase this to £120m for 2014/15. The consultation also considers whether this additional top-slice for the safety net should be partially offset by reducing the top-slice for capitalisation by £50m. If agreed these top-slice changes would equate to a further £0.7m reduction in KCC's baseline allocation.

5.5 The impact on the indicative allocations for 2014/15 of all the proposals in the consultation is set out in table 1 below. Overall this shows the reduction in funding for KCC has worsened from 7.8% to 8.8% as a consequence of the changes.

Table 1	Kent County Council					England				
	RSG		Business Rates	Total		RSG		Business Rates	Total	
	CT Freeze £m	Balance £m	£m	£m		CT Freeze £m	Balance £m	£m	£m	
Final 2013/14 settlement	8.613	238.120	164.145	410.878		356.308	14,819.093	10,898.554	26,073.956	
Final 2014/15 indicative settlement	8.437	201.081	169.179	378.697		349.038	12,275.003	11,232.825	23,856.866	
Impact of 1% Reduction		197.496		375.429			12,056.140		23,659.095	
Impact of RPI forecast			169.497					11,253.917		
Impact of Safety Net topslice		196.794					12,011.140			
Revised proposed SFA	8.437	196.794	169.497	374.727		349.038	12,011.140	11,253.917	23,614.095	
Original Reduction				-32.181	-7.8%				-2,217.090	-8.5%
Revised Reduction				-36.150	-8.8%				-2,459.861	-9.4%

5.6 The KCC total of £374.7m for 2014/15 represents the estimated SUFA. The actual funding available to the council will depend on the local share of the Business Rate yield as SUFA will not equate to actual funding beyond 2013/14. We will not know the local share of Business Rates until billing authorities calculate the tax base, this will be at the same time the Council Tax base is calculated.

5.7 We are developing a monitoring system with district councils so that we can more accurately forecast both the Business Rate and Council Tax bases (including the impact of Council Tax Support Schemes and collection rates). We anticipate that variations between the Business Rate tax base and the

assumptions in SUFA will be marginal for 2014/15 but will become more significant in future years. At this stage £374.4m is included in the updated MTFP i.e. £36.15m reduction on 2013/14.

6. 2015/16 Settlement

6.1 The Spending Round 2013 announced a 10% reduction in the overall funding for local government in real terms (8.2% in cash terms). This was demonstrated by the reduction in the departmental "Resource DEL" for local government from £25.6bn in 2014/15 to £23.5bn in 2015/16. Resource DEL is the approved Departmental Expenditure Limit and represents the amount of revenue spending delegated to individual Government Departments.

6.2 The technical consultation published on 25th July included a proposed SFA for local government in 2015/16 of £20.519bn, this compares to the revised SFA for 2014/15 of £23.614bn described in section 5, and represents a 13.1% reduction in cash terms. Table 2 shows the breakdown for KCC and nationally.

Table 2	Kent County Council			England		
	RSG £m	Business Rates £m	Total £m	RSG £m	Business Rates £m	Total £m
2014/15 Revised Indicative Allocation	205.231	169.497	374.727	12,360.178	11,253.917	23,614.095
2015/16 Proposed Indicative	151.354	174.253	325.607	8,949.809	11,569.678	20,519.487
Year on Year Change	-26.3%	2.8%	-13.1%	-27.6%	2.8%	-13.1%

6.3 The consultation does not include an explanation of how an overall 10% reduction in real terms (8.2% in cash) has translated into a 13.1% reduction (in cash) to the main source of funding allocated to local authorities. To understand this we need to look more closely at the funding included within Resource DEL. This is not as straightforward as it may seem as the detail of what is included in Resource DEL is not published and we have had to make some assumptions. Table 3 shows these assumptions for 2013/14 and the provisional figures for 2014/15 and 2015/16.

Table 3	2013/14 £m	2014/15 £m	Change	2015/16 £m	Change
Local Governent Settlement	**26,074**	**23,614**	**-9.4%**	**20,519**	**-13.1%**
Held Back					
NHB contribution	506	800		1,100	
Capitalisation	100	50			
Safety Net	25	120		50	
Other Grants	916	774		774	
New Grants					
Collaboration and Efficiency Fund				100	
Fire Transformation Fund				30	
Social Care New Burdens				335	
Independent Living Fund				118	
Troubled Families				200	
Sub Total	27,621	25,358		23,226	
Transfers	-3,884				
Rough Total	23,700	25,400		23,200	
Published Resource Del	23,900	25,600	**7.1%**	23,500	**-8.2%**

6.4 If our assumptions about the “Resource DEL” are correct it would appear that what has been presented as new funding for local authorities in 2015/16 has actually been funded at the expense of the main SFA for local authorities i.e. money local authorities would have otherwise received through RSG/Business Rates mechanism. The reduction in the main SFA funding is also greater due to increased holdbacks (this is the case for 2014/15 and 2015/16). These changes explain why the reduction in SFA is greater than the overall 10% reduction for local government in real terms. This means local authorities will have to make greater savings on existing spending than 10% implied by Spending Round announcement. This has taken most authorities by surprise and the 13.1% reduction has already attracted an adverse reaction within local government circles when it was announced.

6.5 The Government launched a separate consultation on 25th July regarding the funding for the new Local Growth Fund (LGF). The Government has already determined that the LGF should be created by redirecting existing funding from education and skills, transport, and housing. This consultation deals with the proposal that £400m would be pooled from New Homes Bonus (NHB) between authorities within each Local Enterprise Partnership. In essence legislation would be passed requiring local authorities to pass on a fixed % of NHB to the LEP. The consultation considers two options:

- A standard % for all authorities (35.09% based on forecast value of NHB in 2015/16)

- An alternative in two tier areas with the upper tier transferring 100% of its NHB and lower tier councils a lower % (estimated around 18%) to deliver the same overall amount for the whole authority area as option 1.

6.6 The estimated impact on KCC would result in the loss of NHB of between £2.8m to £8.2m. The NHB in 2013/14 is worth £4.5m to the county council and £17.9m to district councils. Some of the transfer would in effect come from projected growth in NHB over the next two years which could be worth between £3m to £3.7m to KCC. District councils are predicted to lose between £5.7m to £11.1m under the proposals. NHB is a significant source of funding for district councils.

6.7 The Spending Round 2013 also included an announcement that the Education Services Grant (ESG) would be reduced by £200m as part of the spending changes for DfE. ESG was introduced in 2013/14 by transferring just over £1bn from the local government settlement to DfE. DfE allocates the grant to academies and local authorities as un-ring-fenced funding for central services on a per pupil basis. The amount allocated to academies is more per pupil than the amount allocated to local authorities. This arrangement replaced the previous Local Authority Central Share Equivalent Grant (LACSEG) adjustment which had been challenged.

6.8 We have previously recognised that it is not unreasonable that local authority funding for central services should reduce as more schools convert to academy status. The logic of this is incontrovertible. However, we have challenged both the LACSEG and the ESG methodologies for taking too much from local authorities and creating a two tier funding between academies and local authority maintained schools. We have no detail on how the latest reduction in ESG will be applied but the impact for KCC could equate to a loss of between £4m to £5m in addition to any reductions as a consequence of further academy conversions.

6.9 Overall we are estimating that we could lose between £56m to £64m of funding in 2015/16 as a result of the Spending Round 2013. This is significantly more than we have faced in the last two years, and similar to the reduction in 2011/12 when local government bore the brunt of the first round of funding reductions following SR2010. These predicted funding reductions together with the inevitable additional spending demands arising from inflation and population growth means we are likely to need to find savings in excess of £100m in 2015/16. This would be the fifth consecutive year of making savings of this magnitude.

6.10 Some of this reduction will be offset by the new funding streams. The government stated that these would significantly reduce the impact and the total package equates to a 2.3% reduction in overall local authority spending. We remain sceptical of this calculation, particularly if the new funding streams bring with them additional spending obligations. The new streams (with national funding amounts) include the following

- £3.8bn pool for integrated health and social care
- £330m fund for transforming services (including an additional £200m for troubled families)
- £335m to invest in 2015/16 in advance of changes to social care in 2016/17
- Support for further Council tax freezes in 2014/15 and 2015/16

- A joint programme with Department for Education to review pressures on children's services
- Flexibility to use capital receipts to fund one-off revenue costs of service reform

6.11 At this stage we have very little information about how these funding streams will be allocated and what strings will be attached to them.

7. Technical Consultations

7.1 We have already referred to the technical consultations. Three consultations were published towards the end of July. Each has a different deadline for responses (shown in brackets):

- New Homes Bonus and the Local Growth Fund (19th September)
- Local Government Finance Settlement 2014/15 and 2015/16 (2nd October 2013)
- Proposals for the use of capital receipts from asset sales to invest in reforming services (24th September 2013)

7.2 As these are largely technical consultations the response will be agreed by the Cabinet Member for Finance and Procurement (Deputy Leader) following discussion with the Leader and relevant Cabinet Members. Where timing allows we will include the draft response/final response as background documents to this report.

7.3 The main issue in the NHB consultation is the differential arrangements proposed in two tier areas. Whilst we recognise the significance of NHB grant to district councils we should not underplay the role the county council plays in promoting housing growth or that NHB has been used to underpin the council's overall budget. The rest of the consultation deals with enforcement, accountability, arrangements for London, authorities which are part of more than one LEP and committed expenditure.

7.4 The main issue in the finance settlement consultation is the unexpected reductions for 2015/16 dealt with in section 6 of this report. The consultation itself seeks views on technical changes to the formula used to determine individual authority shares. The consultation also deals with integrating the existing Council Tax Freeze grants into the main funding arrangements and adjustments for Carbon Reduction scheme.

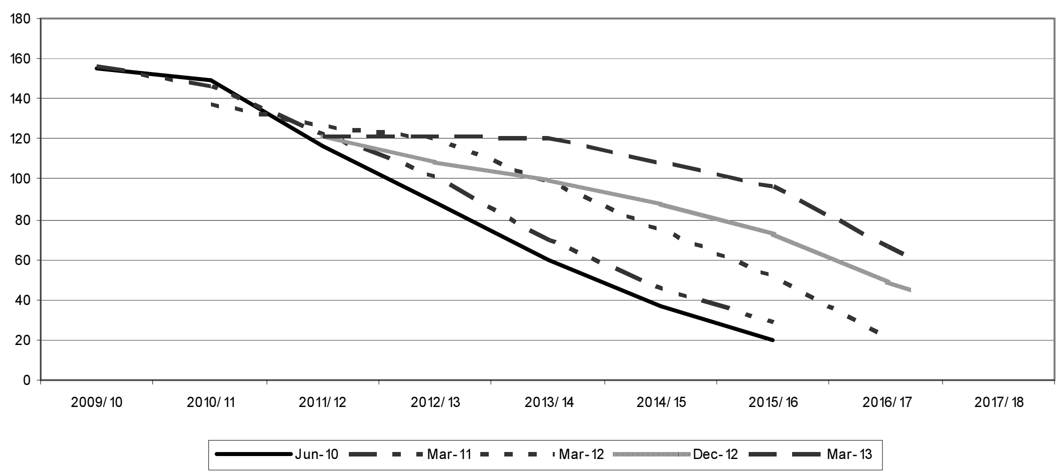
7.5 The consultation on use of capital receipts for asset sales is largely self explanatory. Currently receipts from asset sales can only be used to fund new infrastructure projects. Under the proposals in the consultation we would also be able to use receipts to fund one-off revenue purposes to stimulate organisational change. The consultation deals with the practical implementation and potential scope of alternative arrangements.

8. 2016/17 and Beyond

8.1 The Chancellor of the Exchequer has already indicated that there are likely to be further public spending reductions needed in 2016/17 and 2017/18 if the objective of eliminating the structural deficit is to be achieved. He has indicated that reductions will be of a similar magnitude to SR2010 and Spending Round 2013. We have no detail where these reductions might fall and whether the protected departments (schools, health and overseas development) will continue to be protected.

8.2 Some independent analysts are predicting that spending reductions may have to carry on until 2020 if current trends continue. Certainly it has been the case that in spite of spending reductions the projections for eliminating the budget deficit have progressively been extended. This is represented in graph 1 below which shows that each year projections in the Autumn Statement and annual Budget Statement have got worse.

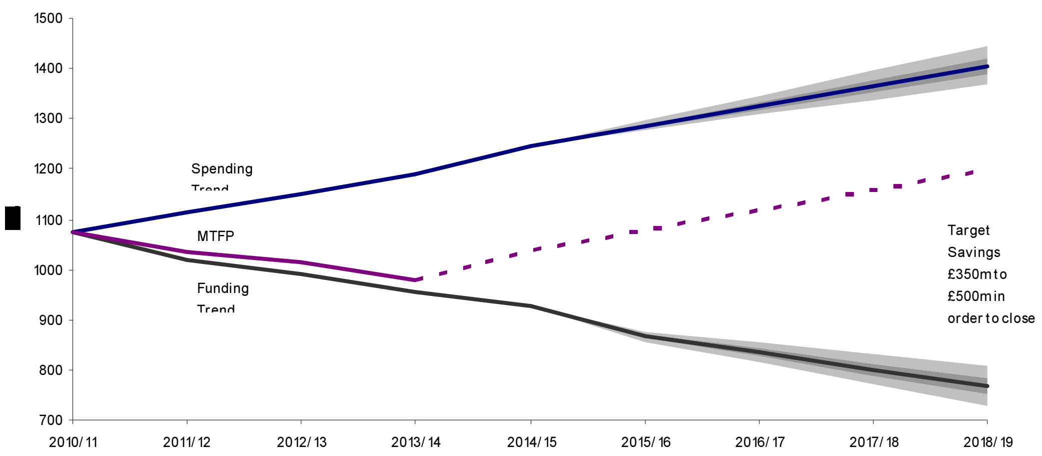
Chart 1



8.3 We have plotted the funding and spending changes for KCC since 2010/11 on a like for like basis. This includes the impact of changes in grant mechanisms e.g. transfer from specific to un-ring-fenced grants; and the transfer of responsibilities e.g. learning disability, public health, Council Tax support, etc. We have then projected funding and spending on similar basis forward to 2018/19. This gives us the most plausible picture over the longer term, although inevitably as we look beyond more than 2 years the estimates become vague with greater likelihood of variation.

8.4 The graph also shows our progress to date in balancing the budget. This shows that each year we have nearly reached the underlying spend necessary for a balanced budget but each year there has been a small element of one-offs. Chart 2 shows the projections for KCC up to 2018/19 and progress to date.

Chart 2



8.5 Chart 2 exemplifies the challenge we face. This was referred to in the County Council paper on 18th July "Facing the Challenge" and officers have already embarked on a transformation programme for the council to meet this challenge. As previously indicated the scope of the savings and the long period of year on year reductions are unprecedented.

9. Timetable for 2014/15 Budget

9.1 As indicated in section 5 the reductions for 2014/15 are largely as we anticipated. We are developing plans how savings can be achieved without compromising the longer term objectives for the whole council transformation. We will be looking to issue a draft budget for consultation in November. Whilst we would have liked to carry out consultation earlier the uncertainty over the recent technical consultations and Business Rate/Council Tax base means this isn't advisable without excessive caveats.

9.2 We aim to report feedback from consultation to Cabinet and Cabinet Committees in January. Whilst the timing for this is tight it will still enable us to publish a final draft budget and MTFP in time for County Council papers for the 13th February meeting when the budget will be discussed and resolved.

10. Conclusions and Recommendations

10.1 The purpose of this report is to provide members with more information about the latest funding projections for future years. As in previous years decisions on the level of Council Tax and how we cover unavoidable spending demands and local policy/service initiatives will also have to be factored into the budget. What is clear is that we will not be able to balance the budget without making further substantial savings over the next 4 to 5 years.

10.2 What is also clear is that announcements on grants for further Council Tax freezes are likely to be around 1%. Referendum levels for excessive increases are also likely to be around 2%. This leaves very little room for manoeuvre on Council Tax

11. Recommendation

Members are asked to NOTE the potential implications on future funding settlements and the council's Budget/Medium Term Financial Plan and the likely timetable for setting the 2014/15 budget.

12. Background Documents

- KCC Budget Book 2013/14 and Medium Term Financial Plan 2013/15
- New Homes Bonus and the Local Growth Fund – DCLG Technical Consultation Document
- Local Government Finance Settlement 2014-15 and 2015-16 – DCLG Technical Consultation Document
- Proposals for the use of capital receipts from asset sales to invest in reforming services – DCLG Technical Consultation Document

13. Contact details

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