CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 22nd April, 2014

2.00 pm

Darent Room, Sessions House, County Hall, Maidstone

AGENDA

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 22 April 2014 at 2.00 pm
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):	Mrs A D Allen, Mr R E Brookbank, Mrs P T Cole, Mrs M E Crabtree, Mrs V J Dagger, Mr G Lymer, Mr P J Oakford and Mr C P Smith
UKIP (2)	Mrs M Elenor and Mrs Z Wiltshire
Labour (2)	Ms C J Cribbon and Mrs S Howes
Liberal Democrat (1):	Mr M J Vye

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

A - Committee Business

1 Introduction/Webcast announcement

2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present

3 Election of Chairman

4 Election of Vice-Chairman

5 Declarations of Interest by Members in items on the Agenda

To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which it refers and the nature of the interest being declared

6 Minutes of the final meeting of the former Social Care and and Public Health Cabinet Committee, held on 16 January 2014 (Pages 7 - 18)

To note the minutes. These will be signed off by the last Chairman of the Committee to which they relate.

7 Minutes of the meetings of the Corporate Parenting Panel held on 13 December 2013 and 14 February 2014, for information (Pages 19 - 38)

To note minutes of the most recent meetings of the Corporate Parenting Panel.

8 Meeting dates for the remainder of 2014

To note the dates reserved for this Committee's meetings for the remainder of 2014, as follows:-

Wednesday 9 July
Tuesday 23 September
Wednesday 3 December

All meetings will commence at 10.00 am at County Hall, Maidstone.

9 Verbal Updates by Cabinet Member/s and Director/s (Pages 39 - 40)

To receive a verbal update from the Cabinet Member for Specialist Children's Services, the Corporate Director for Social Care, Health and Wellbeing and the Interim Director of Public Health.

B - Key or Significant Cabinet/Cabinet Member Decision(s) for Recommendation or Endorsement

1 Tendering for Kent Community Infant Feeding Service (Pages 41 - 50)

To receive an advance report from the Cabinet Member for Adult Social Care and Public Health and the Interim Director of Public Health on future plans to tender for a community infant feeding service. A further report will be made to the 9 July meeting, at which the Committee will have the opportunity to either endorse or make recommendations to the Cabinet Member on the proposed tender.

C - Other items for comment/recommendation to the Leader/Cabinet Member/Cabinet or officers

D - Monitoring of Performance

1 Financial Monitoring 2013/14 (Pages 51 - 52)

To receive a report of the Cabinet Member for Specialist Children's Services and the Corporate Director for Social Care, Health and Wellbeing containing full budget monitoring information for Quarter 3 2013-14, as considered by Cabinet on 24 March 2014.

2 Draft 2014-15 Social Care, Health and Wellbeing Directorate Business Plan (Strategic Priority Statement) (Pages 53 - 88)

To receive a report of the Cabinet Member for Specialist Children's Services and the Corporate Director for Social Care, Health and Wellbeing, presenting the draft business plan (Strategic Priority Statement) for the Social Care, Health and Wellbeing directorate for 2014-15, for consideration.

3 Specialist Children's Services Performance Dashboard (Pages 89 - 104)

To receive a report of the Cabinet Member for Specialist Children's Services and the Corporate Director for Social Care, Health and Wellbeing, containing performance dashboards for the Specialist Children's Service, in order that the Committee may consider progress against targets set for key performance and activity indicators.

4 Public Health Performance - Children and Young People (Pages 105 - 112)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Interim Director of Public Health of performance monitored by the Public Health division, which relates directly to services delivered to children or services which can be accessed by under 18 year olds.

5 Post-Improvement Member Involvement (Pages 113 - 118)

To receive a report of the Cabinet Member for Specialist Children's Services and the Corporate Director for Social Care, Health & Wellbeing, detailing the current governance arrangements for Specialist Children's Services and providing a series of options for the future arrangements.

E - FOR INFORMATION ONLY - Key or significant Cabinet Member Decisions taken under the Urgency Procedures

Members are asked to note that the following decisions were taken under the urgency procedures as the decisions could not reasonably be deferred to the next scheduled meeting of the Children's Social Care and Health Cabinet Committee. The Chairman and group spokesmen of the Children's Social Care and Health Cabinet Committee and the Scrutiny Committee were consulted prior to the decision being made in accordance with the urgency procedures set out in paragraph 7.18 of Appendix 4 Part 7 of the Council's Constitution and any views expressed were taken into account by the Cabinet Member when making this decision.

1 Revision of Rates Payable and Charges Levied for Children's Services in 2014 to 2015 (Pages 119 - 130)

To receive a report of the Cabinet Member for Specialist Children's Services and the Corporate Director for Social Care, Health and Wellbeing providing details of a decision - 14/00041 – *Children's Rates & Charges Increases 14/15* - which it was not reasonable to defer and, as such, was taken outside of the Committee cycle.

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, 10 April 2014

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

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 Thursday, 16 January 2014.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, Miss S J Carey (Substitute for Mr A H T Bowles), Mrs P T Cole, Ms C J Cribbon, Mrs V J Dagger, Mrs M Elenor, Mrs S Howes, Mr M J Northey (Substitute for Mr R E Brookbank) and Mr P J Oakford

ALSO PRESENT: Mr G K Gibbens and Mrs J Whittle

IN ATTENDANCE: Mr M Lobban (Director of Strategic Commissioning), Ms M Peachey (Kent Director Of Public Health), 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

63. Minutes of the Meeting of this Committee held on 5 December 2013

(Item A4)

RESOVED that the minutes of the meeting held on 5 December 2014 are correctly recorded and they be signed by the Chairman. There were no matters arising.

64. Minutes of the Meeting of the Corporate Parenting Panel held on 25 October 2013, for information

(Item A5)

RESOLVED that these be noted.

65. Oral Updates by Cabinet Member and Director

(Item B1)

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

Record of thanks to all Adult Social Care staff their help to vulnerable people during the recent floods, despite being flooded themselves – Mr Lobban would write to staff on behalf of Mr Gibbens and the Committee to express their thanks.

Attended All Our Futures - Delivering Integrated Health and Care South East Councils Workshop on 11 December - this addressed vital work which needed to be done to prepare for an ageing population.

Families and Social Care Briefing for Members taking place on 28 January at 2pm in Swale Rooms, Sessions House – invitations would be sent to all Members of this Committee.

Robert Brookbank is the new KCC Mental Health Champion

Attending 'Time to Change' Event on 6 February at Live it Well Centre, Tonbridge – the aim of 'Time to Change' campaign was to reduce stigma related to mental health conditions.

Update on Adult Social Care Transformation paper at Cabinet on 22 January 2014 – *a regular six-monthly report on Transformation would be presented to the May meeting of this Committee*.

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

Health Pioneer bid update/Better Care Fund (previously called the Integration Transformation Fund) – a pooled budget of £100million from existing funding sources had been set aside for this. Some would come direct to Adult Social Care and some via clinical commissioning groups. Rules had been set at a national level to govern how the money was spent. Expected outcomes were a move to 7-day services, better data sharing and care planning by an identified, accountable care professional, and shifting funding from the acute sector to the community. Reports on this issue would go to the Kent Health and Wellbeing Board in February and March and would include a 2-year plan. The Better Care plan would be required to be submitted to NHS England on 4 April for approval.

3. Mr Lobban responded to comments and questions from Members, as follows:-

   a) plans for the spending of Better Care funding would need to be agreed countywide and at a federated level in each area. The main areas of focus would be on preventing hospital admissions and reducing delayed discharge;

   b) better data sharing was a challenging long-term goal, due to the diverse and complex nature of the NHS and issues around the governance of information. The Kent Health and Wellbeing Board would lead on this issue; and

   c) the accommodation solutions team in the Families and Social Care directorate makes all possible efforts to offer practical support to any care home experiencing problems such as a loss of power during the recent floods or severe weather, whether or not the home was run by the County Council.

4. The oral updates were noted.

66. 13/00074 - Outcome of the formal consultation on the closure of Doubleday Lodge registered care home, Sittingbourne
(Item B2)

Ms C Holden, Head of Strategic Commissioning (Accommodation), was in attendance for this item.

1. Mr Lobban and Ms Holden introduced the report and set out the rationale for the proposed closure (persistently low occupancy rate leading to a high unit cost, and the fact that better value for public money could be achieved by purchasing equivalent services from the independent sector) and the consultation process which had led to the current proposal. Most people who had responded to the consultation had expressed concern about the reduced availability of respite care in the area, if the closure of Doubleday Lodge were to go ahead. Ms Holden explained that there would be some respite care provision at a new extra care sheltered housing scheme in Milton Regis, due to open in September 2014, and that there were two other County Council care homes in the area potentially able to offer respite care places. Occupancy of Doubleday Lodge had fallen recently, which, in part could be because of the proposal and local belief that it had closed. She reassured Members that the staff affected by the closure, and their unions, had been fully briefed. If the closure were agreed, the closure process would start from February 2014 and the home would close finally in September 2014.

2. Mr Lobban and Ms Holden responded to comments and questions from Members and the following points were highlighted:-

a) each member of staff affected by the closure would have their future employment options individually assessed, so a decision could be made about where best to redeploy them, if possible, to make optimum use of their skills and minimise the number of posts lost; and

b) concern was expressed that County Council respite care places could be difficult to find, if a client's needs were not sufficiently acute for them to be admitted to hospital, and the loss of more places would surely only exacerbate this. Mr Lobban explained that Kent's short-term bed care provision was in the region of 700, above the national average, although the location and accessibility of these beds would need to be assessed so that optimal benefit can be gained from them. There were two types of respite care provision; 'emergency', for people being discharged from hospital, and 'planned', for example to allow a carer to take a holiday. The aim of the County Council's accommodation strategy was to look at new ways of commissioning all types of service, including respite and other short-term care.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to close Doubleday Lodge care home in Sittingbourne, after taking into account the views expressed by the Cabinet Committee, be endorsed.

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

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

The DfE's announcement of out of area placements for children in care – regulations would now prohibit any placement at a distance from a child's home where there was not a good reason for the distance (for example, a need for specialised care not available anywhere nearer), and would make the placing authority more accountable for where they place children. This announcement was

welcomed as the County Council had campaigned for some time to reduce distant placements. The new rules would take a little time to take effect as they would not alter existing placements, but would affect independent fostering agencies in Kent, which took many children from London Boroughs.

The new regulations also required more information to be made available to the public on the quality of homes in which children were placed. However, this raised safeguarding concerns about the locations of children's homes becoming more widely known, and by whom. The location of homes should be known only to those professionals who need the information, such as the Police.

Funding for Staying Put - £400million had been made available to support young people in care who wished to stay with their foster families beyond the age of 18. There would be changes in benefits eligibility and arrangements for the payment of these benefits would change.

The DfE's announcement of a further £50million investment in adopter recruitment – this was very welcome and supported the County Council's drive to increase its adopter recruitment and address adopters' skills, for example, to increase the number of adopters able to support children with special needs. Prospective adopters would be able to see a map indicating the adoption record of local authorities before they committed to become adopters. Mrs Whittle referred to the increase in successful adoptions since 2010 (from a total of 60 in 2010 to an expected130 in the first three months of 2014). She placed on record her thanks to Coram and the Adoption Support Team for all their work in improving the County Council's Adoption service.

2. Mrs Whittle responded to comments and questions from Members, as follows:-

   a) although the restriction on unnecessarily distant placements was welcomed, some young people needed to be placed away from their home area for their own safety or to escape disruptive and negative influences. A risk assessment would need to be undertaken by the placing authority before making a placement;

   b) concern was expressed about the location of children's homes in relation to rehabilitation centres housing ex-prisoners, and the difficulties of having no overview of the location of each. Mrs Whittle responded that no children's home would be opened near such a known a facility, but it was possible that a bail hostel might since have opened in the area. What would help was to specify that one facility would not be allowed to open within a specified distance of the other type of facility.

3. Mr Lobban then gave an oral update on the following issues:-

The Improvement Notice had been lifted on 12 December.

4. The oral updates were noted.

68. Transition from Children's to Adult Social Care Services
(Item C2)

Mr P Segurola, Assistant Area Director, Specialist Children's Services, and Mr A Mort, Quality/Policy Manager, Families and Social Care, were in attendance for this item, with Ms Southern.

1. Ms Southern introduced the report and a series of slides which featured the views of young people on transition issues. The aim of the slides was to illustrate the content of the written report. She explained that transition from children's to adults' services involved complex issues and many linked professionals. Good communication and forward planning were vital to ensure that young people with complex issues had as smooth a transition as possible. Mr Mort referred to changes in legislation which would be coming soon and for which the County Council would need to be prepared. These included the Children and Families Bill (2013), which would replace statements of special education needs with education, health and care assessments, and the Care Bill (2013/2014) which also had transition elements. Ms Southern added that the multi-disciplinary Transition Forum would provide a good platform from which to address the legislative changes. Issues around transition in mental health services would be covered in a separate report to a later meeting of this Committee. Ms Southern, Mr Segurola and Mr Mort responded to comments and questions from Members and the following points were highlighted:-

a) for young people with special educational needs, transition was often a last minute thought;

b) Connexions were involved in developing Transition protocols for young people with disabilities although their link in to this was via the Education, Learning and Skills rather than the Families and Social Care directorate. Young people wishing to access this service are signposted to it via their school. Mr Segurola added that Members would be most welcome to become involved in workshops looking at this issue; and

c) the arrangements for transition, which were developed from the viewpoint of the child, and would take young people up to the age of 25, were welcomed, but concern was expressed that some young people might not realise that they might not necessarily meet the criteria for adult services. Mr Segurola explained that Education, Learning and Skills directorate was developing a pathway to help and support young people who were not eligible and/or who were unsure of their eligibility.

2. Mr Gibbens said that the need to improve transition had been a concern for him since he had taken over the portfolio, and had also been regularly highlighted by South East Councils for Adult Social Care and at care conferences as an issue needing attention. More disabled young people were now living to adulthood and needed to take up adult services, which was welcomed but brought a challenge, and too many young people still fell through the net. He reminded Members that he co-chaired the Community Partnership Board for young people with learning disabilities, at which professionals and representatives from local authorities came together to address key issues. The message about young people's needs which came via this Group was that three key things were most important – young people with learning disabilities wanted to have a job and a home and to spend time with their friends, and sought to have the same opportunities as any other young people. He undertook to

ensure that the Cabinet and the Cabinet Committee would receive a report on the transition needs of vulnerable young people.

3. Mrs Whittle supported the points made by Mr Gibbens and added that, at meetings with young people and their parents which she had attended, she had experienced first-hand the fear and worry they faced about their future and the struggle they had to access services. The Children and Families Bill would provide the opportunity to ensure that the local offer would meet a child's needs, and to raise families' awareness of their entitlement to benefits and support. She placed on record her thanks to Sue Dunn in the Education, Learning and Skills directorate for her work in supporting a young man into an apprenticeship.

4. RESOLVED that:-

a) the content of the report be noted;

b) the planned action plan for the Transition Steering Group be agreed, in particular:-

i) research and analysis to explore the strengths and weaknesses of different configurations of transition services;

ii) further work regarding adult social care services providing the care leaver support to disabled care leavers who met eligibility criteria for adult social care services;

iii) monitoring and review of the progress of a pilot project to streamline Direct Payments for young people going through transition; and

iv) preparation for the expected changes in the Children and Families Bill (2013), and their implications for transition arrangements in Kent;

c) planned workshops relating to mental health services for young people, to address pathway plans and the commissioning of services, including transition arrangements, be noted; and

d) a further report be made to this Committee in 12 months' time to update progress on transition work.

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

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

Annual Public Health Conference 2014 taking place on 4 February – this would be run by the Local Government Association and would take place in Birmingham. Any Member who wished to attend would be welcome.

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

Visit to School Nursing Service, Isle of Sheppey – this service was run by an excellent team from Medway Hospital. Height and weight checks were handled sensitively, with each child's details being recorded confidentially. Ms Peachey asked Members of the Committee to let her know of their experiences of the school nursing service in their local areas.

New policy guidance on pandemic flu planning – local authorities now have a new responsibility for this area and had new guidance from NHS England, a strategic plan and a detailed plan, which had been built on lessons learnt from previous pandemics. Public Health will work with Emergency Planning and other partners and the County Council would need to consider how the guidance could be applied in Kent.

Visit to Canterbury Academy to discuss physical activity – a productive discussion had taken place about how schools could help pupils maintain a healthy weight. The Early Years centre at the Academy offered parents support and advice, and multi-agency work would make the best of all partners' skills.

Release of child obesity statistics – the number of obese children in Kent had plateaued while the number in the UK had fallen, so work was needed to reduce the Kent figure.

3. The oral updates were noted.

70. Findings of the Review of School Nursing in Kent
(Item D2)

Ms J Tonkin, Public Health Specialist – Child Health, was in attendance for this item.

1. Ms Tonkin introduced the report and summarised the findings of the review. Key points were:-

- there were currently 56 school nursing staff in Kent, of which 27 were qualified school nurses
- the school nurse service offer was not consistent across Kent, due in part to historic differences in commissioning arrangements
- there was a link between the health visitor service and the school nursing service in primary schools but no such link between primary and secondary schools
- Head Teachers were often not aware of the school nursing service and what it could offer
- Many parents and pupils were not aware of the school nursing service and what it could offer

Ms Peachey added that the report set out initial findings only and there was much discussion still to be had about how to tackle the issues arising. The most urgent need was to establish a long-term plan of how the commissioning of the service could be improved in the future.

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

a) parents needed help to identify their school nurse. In the USA, parents tended to know their school nurse and be happy to take advice from

them. There were so few school nurses that people did not know them, but once numbers increased, this awareness should improve. Ms Peachey explained that the number of school nurses in West Kent was being increased to bring it into line with East Kent. The suggestion was that each cluster of schools could have a school nurse, but it was difficult to attract recruits to the school nursing service;

b) school nursing was part of the preventative medicine agenda and had a vital role in identifying issues such as obesity, anorexia and domestic abuse; and

c) some schools had funded their own school nurse post as they did not realise that a central school nursing resource was available. Independently-employed school nurses were not part of the network via which they could access centrally-organised standard training and benefit from links with organisations such as the Kent Integrated Adolescent Support Service. The proportion of pupil grant money currently directed towards employing a school nurse could be used for something else.

3. The Cabinet Member, Mrs Whittle, added that she had visited special schools and witnessed that staff were sometimes expected to administer medication to children with life-limiting conditions. It was important to be clear about what staff were expected to deliver and what should properly be the role of a school nurse. Liability for administering medication should not be with staff, and the County Council should be proactive in influencing the change necessary to address this.

4. Mrs A D Allen proposed and Mr G Lymer seconded that the wording of paragraph 4.8 of the report, which set out the future actions which the Committee was being asked to endorse, be amended to read 'Work be undertaken with commissioners and Special School Head Teachers regarding the role of Community and Paediatric Nurses in the delivery of Public Health functions in Special Schools'. This met with general support and was

Agreed without a vote

5. RESOLVED that the findings of the review of school nursing in Kent and the short-term recommendations, namely:-

- a School Nurse resource be immediately identified to support the health of young offenders;
- work be undertaken with commissioners and special school Head Teachers regarding the role of Community and Paediatric Nurses in the delivery of Public Health functions in Special Schools; and
- a new model for School Health, incorporating the School Nursing function and integrated with other children and young people's services, which would be universal but also provide more targeted delivery, be developed and consulted upon with a view to full implementation in 2014-2015

be endorsed

71. Update on addressing Health Inequalities in Kent
(Item D3)

Mrs M Varshney, Consultant in Public Health, was in attendance for this item.

1. Mrs Varshney introduced the report and reminded Members that the action plan for addressing health inequalities followed on from a report to the Committee on 'Mind the Gap' in March 2013. Mrs Varshney, Mr Scott-Clark and Ms Peachey responded to comments and questions from Members and the following points were highlighted:-

a) the action plan's focus on outcomes was welcomed by Members;

b) the percentage reduction in the number of smokers would need to be increased and the rate of cessation speeded up, as only 9,000 out of a total of more than 246,000 smokers gave up last year. Mr Scott-Clark explained that there were two ways of measuring smoking cessation: the number of smokers and the prevalence of smoking. The 9,000 total quoted in the report referred to those who had given up as part of the County Council's smoking cessation campaign, but to this should be added the many people who stopped on their own. Measuring the prevalence of smoking would cover all those who had stopped smoking. The Public Health campaign was moving towards harm reduction and tobacco control through a long-term programme which encouraged smokers onto Nicotine Replacement Therapy as a step-down measure;

c) in response to a question, Mr Scott-Clark explained that, as e.cigarettes were unregulated, there was no reliable information on their safety and effectiveness. The e.cigarette market was growing rapidly, and the European Union and the Medicines Regulation Authority in the UK was currently seeking to licence them. The County Council could only support the use of licensed, recognised products as part of its smoking cessation campaign, so did not currently recognise e.cigarettes as a valid option;

d) the 'emerging themes' for most Kent districts included reducing obesity, but many families, especially those on low incomes, would experience problems in finding and affording healthy foods. What would help was more lobbying of supermarkets to persuade them to promote foods lower in sugar and fat. Ms Peachey explained that the National Institute of Clinical Excellence had produced good public guidance about identifying and choosing healthy foods and supplementing dietary changes with physical exercise. However, factors such as the loss of many school playing fields in recent years did not support increased physical exercise. Some London Boroughs had restricted takeaway outlets near school premises. Under the new national Public Health Responsibility Deal, Public Health authorities had scope to work with the food industry, as they had in the past with off-licences to address under-age sales of alcohol and cigarettes. Mrs Varshney added that the national Responsibility Deal was supplemented by local programmes with businesses wishing to encourage healthy weight among their staff. The Public Health directorate was also working with spatial planners to address aspects of town planning relating to the physical environment, such as the provision of open spaces, to encourage walking and physical activity;

e) in response to a question about trends around young people starting to smoke, and the contribution of recent immigrants to the number of smokers in Kent, Mr Scott-Clark said that the number of young men starting to smoke was falling while the number of young women starting to smoke was rising. The Public Health directorate was working with schools to dissuade young people from starting. Ms Peachey added that a survey of 45,000 school children by the National Foundation for Education Research, undertaken 3 years ago, had measured young people's attitudes to, and patterns of, smoking. It would be useful to repeat the survey to see if either of these had since changed;

f) resurrecting the teaching of domestic science in school would teach children about nutrition and how to budget for and prepare healthy meals. Mr Scott-Clark agreed that this would be useful and said this would be included, with the school nursing review, as part of improving the overall school care environment.

2. The Cabinet Member, Mr Gibbens, added that addressing health inequalities was the largest single area of activity for the Public Health directorate and something on which he, as Cabinet Member, would expect to be held to account by the Cabinet Committee. He said that health inequalities were widening as many people lived longer, and varied across Kent. Smoking cessation was particularly important as it affected other areas of health inequality. He proposed adding childhood obesity to the list of indicators in paragraph 7.2 of the report and this found general support from the Committee.

3. RESOLVED that:-

a) the delivery of the health inequalities (Mind the Gap) action plan across Kent, particularly in the areas of high mortality rates, be supported;

b) the principle of an increased pace when working with local schools to promote physical activity, promoting programmes to reduce harm from smoking and encouraging uptake of NHS Health Checks, be endorsed; and

c) a progress report be presented to this Committee in 12 months' time on the indicators mentioned under section 7.2 of the report, including the addition of a new indicator of childhood obesity, as agreed above.

72. Kent and Medway Safeguarding Vulnerable Adults Annual Report, April 2012 - March 2013
(Item E1)

Ms K Stephens, Senior Safeguarding Planning Officer, was in attendance for this item.

1. Mr Lobban introduced the report and reminded Members that the safeguarding of vulnerable people was everyone's business. He pointed out that an increase in safeguarding alerts nationally was an indicator of increased awareness and willingness to report concerns, and that media coverage of the issue had contributed to greater public awareness.

2. RESOLVED that the information set out in the report be noted.

73. Kent County Council's Local Account for Adult Social Care for 2013 - 14
(Item E2)

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

1. Mrs Abbott introduced the report and set out the public consultation process which would guide the development of the Local Account document. A number of engagement events would be held and this Committee would have a chance to comment on the final draft before its publication in July.

2. RESOLVED that the progress in the development of the 2013/14 Local Account be noted and welcomed.

74. Budget Consultation and Provisional Local Government Finance Settlement
(Item F1)

1. Mr Shipton introduced the report. He said the Draft Budget had been published on 14 January and reminded the Committee that it was being asked to consider the consultation feedback and provisional Local Government finance settlement.

2. He said the consultation had been successful, with over 3,000 responses to the online '2 minutes, 2 questions' exercise and 487 responses to the online budget tool. He said this was the best ever response to a consultation on the budget. The responses to the three elements of the market research were consistent and were also consistent with the views of staff.

3. Most respondents had expressed a view that the County Council should look to savings that had to be made through efficiencies and transformation rather than cutting back on existing service provision. Over 70% of respondents also supported a small increase in Council Tax in order to offer some protection from savings on front-line services. The more detailed budget modelling tool identified that those services for the most vulnerable and those in which people had no choice other than to receive support from Council services were the most highly valued and should be protected.

4. He explained that the 2014/15 settlement had been broadly as expected, with technical changes which meant some funds which had previously been allocated during the year had been rolled into the Revenue Support Grant - for example, the amount top-sliced for the New Homes Bonus had been reduced, which increased the Revenue Support Grant but reduced the amount paid as an in-year adjustment.

5. It had been feared that the New Homes Bonus would be removed entirely and transferred into the single Local Growth Fund in 2015/16. However, this would not now be the case and New Homes Bonus would roll out as originally planned. The provisional settlement had also confirmed that the separate grants previously allocated to support Council Tax freezes would be rolled into the Revenue Support

Grant settlement and thus would be safeguarded from being removed in future settlements. The conclusion was that indicative settlements for 2015/16 and 2016/17 looked better than anticipated during the consultation.

6. In addition, the level of funding moving from the NHS to support social care in 2014/15 would be increased and may be in the region of £6 million, but the exact amount had yet to be confirmed.

7. RESOLVED that the provisional settlement and the feedback from consultation be noted.

KENT COUNTY COUNCIL

CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Darent Room, Sessions House, County Hall, Maidstone on Friday, 13 December 2013.

PRESENT: Mrs A D Allen (Chairman), Mr M J Angell (Substitute for Mr G Lymer), Mr R E Brookbank, Mrs P T Cole, Mr B Neaves, Mr R Truelove, Mr M J Vye and Mrs Z Wiltshire

ALSO PRESENT: Ms S Dunstan and Mrs J Whittle

IN ATTENDANCE: Ms M MacNeil (Director, Specialist Children's Services), Mr P Brightwell (Head of Quality Assurance, Children's Safeguarding Team) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

65. Minutes of the meeting held on 25 October 2013
(Item A2)

RESOLVED that the minutes of the meeting held on 25 October 2013 are correctly recorded and they be signed by the Chairman. There were no matters arising.

66. Chairman's Announcements
(Item A3)

The Chairman reiterated her view that the Panel's membership would benefit from a strengthened presence of foster carers and should also include a young person who can represent at first-hand the views and experiences of young people in care and leaving care. To this end, she proposed, and Mr B Neaves seconded, that Ms Sophia Dunstan and Mrs Carolyn Moody be formally co-opted as Panel members. This met with general support and was

Agreed without a vote

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

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

Adoption summit. This had given a good snapshot of the progress made in improving the adoption service and had been attended by a range of stakeholders, including Coram, past adopters and colleagues working in the mental health field.
Announcement by Edward Timpson, Parliamentary Under Secretary Of State for Children and Families about 'staying put', to enable care leavers to stay with their foster carers, if they wish, up the age of 21. Many local authorities already have informal arrangements but this now puts it on a formal footing and empowers young people. Further information on funding is awaited, and some change in responsibility will inevitably come when a care leaver reaches the age of 18, eg a change in eligibility for benefits and to whom those benefits will be paid.

The lifting of the Improvement Notice on 12 December 2013 is obviously to be welcomed but is not an excuse for complacency as there is still much work to do, eg completing the recruitment of a full complement of qualified, permanent social workers and maintaining the improvements made to the adoption service.

2. Mrs Whittle and Ms MacNeil responded to comments and questions, as follows:-

a) in response to a question about the possibility of maintaining a pool of experienced (perhaps retired or part-time) social workers who could be called upon to fill vacancies, instead of using agency staff, Ms MacNeil explained that such a scheme would not be workable due to the nature of the social work market. The County Council has a small number of retired social workers to whom it could resort informally if needed, but it is paramount that all concerned should be able to be confident that such an arrangement would work properly, and to run this sort of scheme on a formal basis would not solve the challenge of recruiting well-qualified, permanent social workers;

b) asked if past social workers could play a useful role as volunteer mentors to new or inexperienced social workers, Ms MacNeil said this sort of arrangement might work for social work support staff but not for social workers. There is currently no problem with support staff recruitment;

c) there are many good social workers in Kent but there needs to be more. Some other local authorities are experiencing now the 'churn' of social workers that Kent used to have. Kent's management structure and quality of social work practice have both improved, and this improvement is demonstrated by the lifting of the improvement notice;

d) consistency and continuity of social work are important to young people in care, and when a change of social worker is unavoidable, good transition and handover can help a young person to better manage the change;

e) one challenge in recruitment is the poor media coverage that the role often attracts, as social workers are usually blamed if something goes wrong. Social work is a very complex area of work and sensationalist headlines will always sell more papers than news of the good-quality casework which goes on every day. A close working relationship between social workers and the judiciary would help, and perhaps a scheme in which judges could shadow social workers would help to increase the judiciary's understanding of social workers' role. A series of job profiles on radio was run one year ago, and this could helpfully be repeated to raise public understanding of social workers' role. Publicising and promoting the extensive good social work practice which exists would also help;

f) a competition amongst young people in care had asked them to name two or three things which the County Council could do to improve its service to them, and offered £150 in book tokens as a prize. This sort of

engagement could also be used to identify and promote good experiences of being in care. Ms Dunstan added that the first issue of a newsletter prepared by Our Children and Young People's Council (OCYPC) would be published on 16 December and would include such good news stories as well as interviews with elected Members. *A presentation on this work could be made the Panel's next meeting*; and

g) Mr Vye made a brief oral report of issues which had arisen at a recent conference 'Corporate Parenting and Children in Care Councils; Taking it to the Next Level', several of which echoed the points raised during discussion, above. *He undertook to circulate a written report of these issues to all Panel members*.

3. The oral updates were noted, with thanks.

68. The Dartford 'Crash pad'
(Item B1)

Mr P Segurola, Assistant Director, North Kent, Ms S Whittaker, Children and Young People Service Manager, and Ms M Nichols, Housing Manager, YMCA Thames Gateway, were in attendance for this item.

1. Ms Nichols, Ms Whittaker and Mr Segurola introduced the report and outlined the service provided by the crash pad and the benefits it brought to the area. The YMCA had had a long involvement with the scheme, sharing the common aim of ensuring that 16 and 17 year olds are in safe accommodation and protected from homelessness. She set out the referral process and the scheme's success at encouraging young people to return to their families. Specialist Children's Services and Dartford Borough Council's housing department work together to provide wraparound services. They aim to meet with young people and their parents or carers to provide immediate mediation to help them resolve whatever problem has arisen in the family. From this meeting, an action plan is drawn up and agreed with all parties, with the main aim being to help the young person stay at home. Sometimes there are safeguarding issues, and young people might stay safely at the crash pad while the team works at resolving the issue and either returning a young person safely home, if this is appropriate, or moving them on to suitable long-term accommodation. Kent Integrated Adolescent Support Services (KIASS) are a key partner in this part of the process, with the aim of keeping a young person from needing statutory intervention. Generally, earlier and lower-level interventions are favoured. Use of bed and breakfast accommodation is avoided at all costs. Ms Nichols, Ms Whittaker, Mr Segurola and Ms MacNeil responded to comments and questions from Members and the following points were highlighted:-

a) the scheme run with the YMCA in Dartford is currently the only crash pad scheme in the county, but the team is keen to spread it further, and its successes send a good message to other districts about what can be achieved with similar partnership working. The 'crash pad' model could work in any area, using YMCA, supported lodgings or one of the 'Foyer', 'Porch Light' or similar schemes which exist around the county. To be successful, however, any scheme must have a host organisation;

b) providers can be imaginative in applying available funding sources such as the Government's Homeless Prevention Grant. The crash pad scheme is not expensive to run and is very cost-effective; and

c) KIASS is a useful tool for linking resources and there is a common understanding of need. A good relationship and shared aims between partners are vital to make the crash pad model work.

2. The Chairman said how impressed she was by the successes of the crash pad scheme and had first-hand experience of the way in which it benefitted families in the Dartford area. She urged all elected Members to spread the message and promote the benefits of the model to their local councils.

3. RESOLVED that the work and successes of the crash pad scheme be noted.

69. Action Plan responding to the Ofsted July 2013 Children in Care/Care Leavers inspection
(Item B2)

1. Mr Brightwell introduced the report, which had been prepared in response to a request from the Panel for regular updates, containing specific detail requested. Although action plans for all aspects of the Ofsted inspection have been established and will be regularly updated, such plans can only be an indication of the issues raised by Ofsted; there are other issues in the work of Specialist Children's Services which need attention and improvement, such as supervision, participation, child-focussed practice and good quality care plans. Mr Brightwell responded to comments and questions from Members and the following points were highlighted:-

a) instead of being content with Ofsted's rating of 'satisfactory', Kent should be looking to run 'good' services, and this aim should be the indicator against which performance is measured;

b) every case audit by a team manager is now routinely peer reviewed by someone of similar seniority in another authority; and

c) more attention should be focussed on good case work and positive outcomes, to balance out the poor media attention that children's social work often attracts. *Ways in which this positive promotion can be achieved will be discussed at a future meeting of the Panel.*

2. The Cabinet Member, Mrs Whittle, referred to two performance indicators about which the Panel had previously asked – the length of time a child spends in care and the number of re-referrals - and asked that these be included in future scorecards. Mr Brightwell confirmed that they would be. He added that he would seek to have data in future scorecards presented by age, as the correlation between the age at which a child first comes into care, and the length of time they spend in care, was identified by research undertaken by the Joseph Rowntree Foundation in the 1980s.

3. RESOLVED that:-

a) the content of the action plan and the progress achieved be noted;

b) the activities being put in place by each agency which will contribute to addressing the recommendations made by Ofsted, and the sharing of good practice, be supported;

c) the children in care strategy be updated to reflect Ofsted's findings and recommendations, as well as any Government announcements which are made in the future;

d) ways in which good practice in case management and positive outcomes can be promoted be discussed at a future meeting of the Panel; and

e) the length of time a child spends in care and the number of re-referrals be included in the data recorded in future scorecards.

70. Kent's Corporate Parenting Governance and Framework
(Item B3)

1. Mr Brightwell introduced the report and emphasised the complex network of relationships which existed around corporate parenting. New Ofsted inspection guidance had said that roles around corporate parenting responsibilities should be clear. Kent's two corporate parenting groups – one officer group and one Member group - give it an added strength and allow it to focus on issues from more than one point of view, but the existence of two groups and the relationship between them also brings some complications. The key issue is to look at how the two groups relate to and communicate with each other. The Corporate Parenting Panel, as the Member group, should have an oversight of and scrutinise the officer-led Kent Corporate Parenting Group (KCPG).

2. Panel members made the following comments and suggestions of ways in which the two groups could link and work together:-

a) the presence of the two groups was welcomed as a strength, but they need to have good links between them;

b) the minutes of the KCPG should come to the Corporate Parenting Panel, to give the latter an overview of the work of the former. Ms MacNeil said that, as the Chairman of the KCPG, she welcomed an exchange of minutes between the Group and the Panel;

c) the Cabinet Member could attend meetings of the KCPG, perhaps with one other Panel member;

d) the idea was raised of young people in care, or care leavers, attending the KCPG's meetings. Their presence and input is always welcomed but it is important not to impose upon them any requirement to attend, or expectation that they will take part beyond what they are comfortable with. It was suggested that young people in care or care leavers could perhaps attend the KCPG once a year; and

e) the Kent Children in Care Councils (OCYPC) could use the ‘challenge card’ to draw attention to issues of concern, and this could be another way of linking them and their views into this Panel. Members were reassured that issues raised this way would be anonymised so that no individual’s affairs could be identified.

3. RESOLVED that:-

a) the content of the report be noted; and

b) the ideas put forward to the Panel – that the minutes of the Kent Corporate Parenting Group be reported to the Corporate Parenting Panel, that the Cabinet Member attend meetings of the Kent Corporate Parenting Group, perhaps with one other Panel member, and that the challenge card be used to draw attention to issues of concern to young people in care – be taken forward as ways of establishing closer links between the two corporate parenting bodies and between the Corporate Parenting Panel and the Children in Care Councils.

71. Performance Scorecard for Children in Care
(Item B4)

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

a) more detail was requested on the future of the young people who are the subject of fixed-term exclusions. *Mr Brightwell undertook to ask the Virtual School Kent team to provide information outside the meeting on how many of these become involved with pupil referral units (PRUs) and what performance they achieve at KS2 and beyond;*

b) it is hoped that the average caseloads of Independent Reviewing Officers (IROs) can be further reduced, but achieving this will be a challenge as it is difficult simply to appoint more IROs. IROs’ main focus is on achieving best practice and reducing the numbers of children in care. It may be possible to use some experienced and retired former IROs to supplement the workforce as this would be preferable to employing agency workers;

c) an assessment of IROs’ daily workloads will identify how much time they spend on administrative tasks and travelling between review meetings, with the aim of minimising these aspects and maximising the time they have available to spend with young people. Reducing the frequency of review meetings from six-monthly to yearly will free up more time for them to spend with children and young people;

d) in response to a question about the amount of travel IROs are required to undertake, Mr Brightwell explained that they may have to travel away from Kent to attend review meetings for young people who are placed at a distance from their Kent home. Young people are able to choose where they wish their review meetings to take place, so IROs are sometimes required to travel some distance. Mr Brightwell said he had

explored the possibility of establishing a reciprocal arrangement with other local authorities, whereby they carry out reviews for each other's placed children, with the aim of reducing the need for each to travel, but explained that this sort of arrangement is generally not a good idea in terms of best practice;

e) Members asked that, where a cohort of children does not achieve the prescribed performance level, some mention be included in the scorecard of the level they had achieved so this achievement can be acknowledged. Mrs Whittle pointed out that this would mean treating children in care differently from the way in which other children are treated. The requirement to complete KS4 is universal as this basic standard of literacy and numeracy is required by employers, and children in care will need to be able to compete with all others for employment when they leave school; and

f) statistics are available by which corporate parenting activity in Kent can be compared to that of other local authorities, but Mr Brightwell offered the view that Kent should compare itself to the best rather than to the average and aspire to match that best standard.

2. RESOLVED that:-

a) the performance data set out on the children in care scorecard be noted, and

b) two new pieces of information – the length of time a child spends in care and the number of re-referrals - be included in the data recorded on future scorecards.

Chairman ....

14 February 2014

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CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Darent Room, Sessions House, County Hall, Maidstone on Friday, 14 February 2014.

PRESENT: Mrs A D Allen (Chairman), Mr R E Brookbank, Mrs T Carpenter, Mrs P T Cole, Mrs T Dean (Substitute for Mr M J Vye), Ms S Dunstan, Mr G Lymer, Mrs C Moody, Mr B Neaves and Mrs Z Wiltshire

ALSO PRESENT: Mrs J Whittle

IN ATTENDANCE: Ms M MacNeil (Director, Specialist Children's Services), Mrs P Denney (Assistant Director of Safeguarding and Quality Assurance), Mr P Brightwell (Head of Quality Assurance, Children's Safeguarding Team) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

1. Minutes of the meeting held on 13 December 2013
(Item A2)

1. RESOLVED that the minutes of the meeting held on 13 December 2013 are correctly recorded and they be signed by the Chairman.

2. It had been agreed at the last meeting (minute 70) that the Panel would receive the minutes of meetings of the Kent Corporate Parenting Group, to give the Panel an overview of the work of the Group. This arrangement would commence following the next meeting of the Group.

3. There were no other matters arising.

2. Chairman's Announcements
(Item A3)

1. The Chairman announced the Kent Foster Care Association's sports day event on 27 May 2014, for which an updated flyer had been tabled. Panel members were invited and asked to contact Carolyn Moody if they wished to attend.

2. She then welcomed to the meeting Mrs Patricia Denney, who had recently taken over the post of Assistant Director of Safeguarding and Quality Assurance.

3. Oral update from Our Children and Young People's Council
(Item A4)

1. Ms Dunstan tabled a list of events for children and young people in care organised by the Council for the half-term week of 17 – 21 February and initial activities planned for the Easter school holidays, and an agenda for the Council's next meeting on 18 February. She also circulated copies of an early draft of an Easter newsletter produced for members of the Junior Children in Care Council, to

illustrate to the Panel the sort of colourful and engaging material that VSK apprentices produced for younger children.

2. The update and written material were noted, with thanks.

4. Cabinet Member's Oral Update
(Item A5)

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

A number of recent announcements had been made and developments arisen which affect children's services and children in care:

- the Minister for Children and Families, Edward Timpson, had recently announced a formal limit on the maximum distance allowed for placements of children in care. Some two-thirds of the 1,200 children in care currently placed in Kent had come from London, and this recent announcement should help to reduce this number;
- London Boroughs campaigning to recruit foster carers in Kent, (for example, in Dartford) should be working as part of the London Consortium to recruit foster carers from within London. Mrs Whittle said she would be writing to the Minister to seek clarification of responsibilities around this issue and emphasising that sanctions needed to be put in place to address it;
- work would be needed to strengthen Inspection Panels for children's homes. Approximately one-third of the total *national?* Budget of £3billion was spent on children's homes, yet only 9% of the children in care population was accommodated in them;
- the Government's allocation of funding for the Staying Put initiative was yet to be advised, and the changes in benefits eligibility and payment still to be clarified. The financial implications of both would need to be carefully considered;
- all Virtual Schools were now required to have a Head Teacher, but Kent was ahead by already having one;
- a Parliamentary debate would shortly take place about extending the same right to young people housed in children's homes as young people in foster care already had, ie to stay with their foster carers until the age of 21;
- a review of social work training by Sir Martin Narey, Advisor to the Education Secretary, had made 18 recommendations, some of which focussed on the calibre of new entrants to the profession and the relevance of degree courses in preparing graduates sufficiently for the reality of the social worker role. Only one third of entrants to degree courses had one or more A-levels – a low level of academic achievement which raised concern. These issues would need wider discussion;
- an increasing reliance on agency social workers was also a concern. It was necessary to have some agency workers, but fees charged by agencies made those social workers more expensive to employ than directly-employed social workers. The implications of this on the County Council recruitment strategy would need to be explored; and
- feedback from the 50 new, qualified social workers recruited by the County Council in September 2013 had so far been good, and Mrs Whittle said she was confident that social work practice was more robust than it had been previously.

2. Mrs Whittle and Ms MacNeil responded to comments and questions from the Panel and the following points were highlighted:-

a) it was not possible, without checking, to report the number of applications received for the 50 posts filled in September 2013, but Ms MacNeil assured the Panel that applicants would have been very carefully screened. The calibre of applicants, however, had varied;

b) the ratio of male to female social workers currently employed by the County Council was 30:70. The Council would still seek to increase the number of male social workers, although concern was expressed that imposing ratios around gender or part-time to full-time posts would be limiting and unwise in a changing social work market. Some people did not want to work full time, and part-time workers could still make a valuable contribution;

c) in response to a question about appointing an independent person to interview a child or young person who had absconded from care, as some other local authorities had done, Ms MacNeil explained that Kent had always considered it best practice that such interviews be undertaken by a social worker known to the child, and had followed that practice. Mrs Whittle added that the training of a dedicated member of staff to undertake this role was a Government requirement, and that the Children's Society was lobbying for independent advocates for children or young people who abscond;

d) a view was expressed that those interviewing young people who had absconded from care should be sufficiently firm to be able to deal with testing behaviour, but Ms MacNeil assured members that social workers taking on this role would be trained in interview skills and able to tackle difficult issues. Mrs Denney agreed that social workers, rather than any external professional, were at times better placed to understand the issues faced by young people absconding from care, and also sometimes better able to link the information gathered to identify the bigger picture;

e) information gleaned from interviews may need to be passed to other agencies, such as the police, so an understanding of the whole picture and the importance of good partnership working was vital. Ms MacNeil offered to discuss the speaker's concerns in more detail outside the meeting;

f) in response to a question about the necessity of completing a university degree course before becoming a social worker, and the possibilities of pursuing different routes, such as apprenticeships, Ms MacNeil accepted that there might be some different routes which could be used, but cautioned that school leavers of 16 and 17 could not be expected to be sufficiently resilient and ready to train as social workers. However, any opportunity to promote the social work profession positively to potential future recruits was to be welcomed; and

g) the Chairman referred to foster care recruitment campaigns run by London Boroughs in her local area of Dartford and asked other Panel members to let her know of similar campaign literature of which they were aware in their areas, so an overall picture could be gained.

3. The oral updates were noted, with thanks.

5. Update on the Adoption Service
(Item B1)

Ms Y Shah, Interim Head of Adoption Service and Improvement, Coram/KCC, was in attendance for this item.

1. Ms Shah introduced the report and outlined the key areas of progress in the adopters' and child's journeys. Key points were as follows:-

- Coram had tried to provide accurate data from manual management information reports as it was currently not receiving any reports from the new 'Liberi' system;
- timescales for all areas of adoption activity were improving. The DfE had further reduced the target timescales for placing children, to apply from April 2014; from placement order to placement had been reduced from six to four months, and from entering care to being placed had been reduced from 16 to 14 months;
- so far in the 2013/14 year, 141 adopters had been approved and this number was expected to rise to160 by the end of March;
- so far in the 2013/14 year, 144 children had been placed and this number was projected to rise to 170 by the end of March. A major challenge which could delay a successful placement was opposition to it from the child's birth parents. Another challenge was the time taken by courts to hear adoption applications. Such delays could be distressing for the child and the adopters;
- the success of the adoption service was always reliant on the availability of adopters. Approximately 150 – 160 approved adopters were needed at any one time, although the number of adopters available was only part of the picture; adopters needed to be suitable for the needs and age range of the children awaiting placement;
- a new process for approving adopters had sought to speed up the process; a first stage of approval would take two months and a second stage four months. The approval process relied on receiving prompt replies from referees and professionals supplying medical records. The health of adopters had recently shown up the issue of obesity, and some had been advised to lose weight before they could be approved;
- recent adoption events had been attended by prospective adopters from Brighton and London;
- to save time, and hence speed up the approval process, the adoption team was considering starting to ask prospective adopters to attend the office rather than visit each at their home;
- savings in expenditure on printing and postage could be made by sending adoption panel papers to Panel members by email; and
- Ms MacNeil added that the interview process for a Head of the Adoption Service would continue.

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

a) concern was expressed that prospective adopters' obesity was raised as an issue at the approval stage. However, obesity could be viewed as an indicator of poor dietary knowledge which could be passed on to any adopted children. Ms Shah explained that concerns about adopters' health could delay their application as those approving them would need to be sure that they could accept advice about health improvement and make a sustainable change to their lifestyle;

b) in response to a question, Mr Brightwell explained that children's care plans would be reviewed constantly to assess changing needs as they grew up. A plan which was not regularly reviewed in this way would quickly become obsolete. Ofsted had suggested in the past that local authorities should not attempt to place children who were above a certain age. Ms Shah added that the number of changes to care plans had been lower than expected. Some children became harder to place the longer they spent in care, and those with uncertain future health needs could be particularly difficult to place. If such children were to be placed early, adoptive parents would have more time to come to terms with a child's healthcare needs and start to address these. In some cases this could avoid issues escalating;

c) in response to a question, Mrs Whittle described a protracted case in which she had been personally involved and which concerned a child trying to be adopted by former Kent adopters who had emigrated to the USA. This case illustrated the complexity and length of some cases but also the commitment of the adoption team, the adopters, the Independent Reporting Officers (IROs) and the legal team which pursued the case to a successful outcome. Such cases were simply not able to be concluded within the normal target timescales; and

d) in response to a question about the matching process, Ms Shah explained that it was difficult to identify what exactly what would make a match as every case was different. The support needs of the child and the strengths of the prospective adopters would be identified, and the finding team would then talk to the adopters and show them a DVD of the child. Prospective adopters could attend coffee mornings, at which they would be able to see profiles of children awaiting adoption. Such matching events would include prospective adopters from neighbouring authorities. In the matching process, the religion and ethnicity of the adopters and child would be considered but neither factor would be a top priority in identifying a match.

3. RESOLVED that the information set out in the report be noted, with thanks.

6. Update regarding the work of the Head Teacher of the Virtual School Kent *(Item B2)*

Mr T Doran, Head Teacher for Virtual School Kent, was in attendance for this item.

1. Mr Doran introduced the report, highlighted performance against key targets and added the following:-

- one area of concern was the steady rate of permanent exclusions. Work was continuing to reduce this rate, and although it was feasible to work at reducing the general trend, it was simply not possible to plan for or avoid major incidents which arose from time to time;
- the rate of fixed-term exclusions had doubled, and such cases needed to be handled very carefully to avoid them becoming permanent exclusions;
- VSK had been recognised nationally for its work on developing a national standard for schools to work effectively with children in care and was hoping that this work could be rolled out to other local authorities;
- it had also been shortlisted for the Mental Health First Aid (MHFA) Champions award and would know on 26 February if it had been successful;
- the pupil premium per child per year would be rising from £900 to £1,100 in April 2014. This money could be used for any purpose which would benefit a child's education; and
- VSK would shortly be meeting the DfE about the resources needed for, and the implications of, the Children and Families Bill.

2. Mr Doran responded to comments and questions from Panel members and the following points were highlighted:-

a) it was suggested that the report be referred to the Education Cabinet Committee to highlight and refer onwards the issues which could be addressed by that Committee, and Mrs Whittle undertook to speak to the Directors of Families and Social Care and Education, Learning and Skills to make this connection;

b) Mr Doran explained that the number of fixed-term exclusions had risen from 38 in Terms 1 and 2 (September to December) of 2012 to 75 in the same period of 2013, but that the average number of days for which a fixed-term exclusion would apply had reduced and was now between three and six days;

c) a foster carer on the Panel referred to a case, of which she had personal experience, of a nine-year-old boy who had been permanently excluded and who had waited for six months to have his special educational needs discussed, with a view to achieving an SEN statement. Mr Doran explained that a child with no SEN statement and for whom an exclusion was their first would normally be allowed to have two fixed-term exclusions before being permanently excluded, and that VSK would be able to support a foster carer to address the issues which this raised;

d) in response to a question about persistent absence from school, and the role that mental health issues may play in this, Mr Doran said that mental health issues were a recognised contributor to persistent absence. He confirmed that a school's regime would be examined for possible causes of behavioural difficulties and that school staff were supported to cope with and address such issues. He offered to discuss outside the meeting a specific case highlighted by the speaker;

e) a foster carer on the Panel reported that school staff sometimes did not seem to understand the issues relating to, and the potential additional needs of, children in care in their school, and did not know the children in their school who had this status. Another member, however, pointed out that some children in care did not wish to be identified as such. Mr Doran agreed that there was a training need for staff in understanding the issues and status of children in care. He explained that VSK was delivering regular training, with the help of care leavers, to teachers designated to address such issues; and

f) concern was expressed about any delay in conducting health assessments for children entering care, and a view expressed that this should be a first priority. Mr Doran assured the speaker that assessments of health, education and social care needs, which were introduced by the Children and Families Bill, would be undertaken when a child entered care and would be reviewed by VSK during their time in care.

3. RESOLVED that:-

a) the progress made by the Virtual School Kent be noted, with thanks, and the VSK team be congratulated on the progress made; and

b) the report be referred to the Education Cabinet Committee to highlight and refer onwards the issues which could be addressed by that Committee.

7. Ofsted Inspection Action Plans - Update
(Item B3)

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

a) in response to a question about the use of bed and breakfast accommodation, Mr Brightwell explained that the County Council was committed to cease using such accommodation for teenagers leaving care as it felt that it was unsuitable for young people living alone. There were only two young people currently in such accommodation and they had requested to stay there as they found that it suited them. There was one bed and breakfast establishment which catered solely for young people leaving care;

b) in response to a question about ‘deep dive studies’, Mr Brightwell explained that such exercises were undertaken quarterly in each area. A half-day scrutiny session was robust and involved senior managers and staff, and the results reported to the Children’s Services Improvement Panel, at which the outcomes were questioned robustly;

c) Mr Brightwell assured Members that actions in the plans were ongoing and that no complacency would be allowed around ongoing improvement. Having moved from an ‘inadequate’ to an ‘adequate’

rating, the County Council would then work at moving from 'adequate' to 'good'; and

d) in response to a question about IRO workloads, Mr Brightwell said the average workload had reduced to 84 cases. The 'ideal' caseload size, cited in the official IRO handbook, was 50 – 70, while the national average was 82 – 83. However, the aim was not for Kent to be average in this regard but to be good.

2. RESOLVED that the progress made on the Ofsted action plans be noted, with thanks.

8. The Journey to Independence for Kent Care Leavers
(Item B4)

Mrs S Skinner, Service Business Manager, Virtual School Kent, Ms S Mullin, Commissioning Manager, Strategic Commissioning Unit, and Ms R Tinsley, Business Intelligence Manager, were in attendance for this item.

1. Mrs Skinner introduced the report and tabled a leaflet, 'Our Promises to You', which summarised the promises in Kent's Charter for Care Leavers and reinforced the Council's commitment to them which had previously been set out in the Kent Pledge. The Pledge would be incorporated into the Charter. She explained that there were many questions still to resolve in the development of the Care Leavers' Charter. Mrs Skinner, Ms Mullin, Ms Tinsley, Mr Brightwell and Ms MacNeil responded to comments and questions from Panel members and the following points were highlighted:-

a) the 'Promises' leaflet was praised as excellent and officers were asked to clarify its intended circulation. Mrs Skinner explained that the Charter document had not yet been finally signed off but would be considered at a later date by the Kent Corporate Parenting Group. Once completed, its circulation was intended to be broad and include publication online. The Charter and the Pledge would complement each other and the latter would be refreshed and re-launched in early March 2014. It was suggested that a presentation on the Charter be made to a meeting of the full Council, with all County Council Members then being sent a copy of it;

b) some social workers working with foster carers did not seem to be very aware of the Pledge and it could be a struggle to access it. Mr Brightwell explained that all IROs were required to review the content of the Pledge as part of their yearly review. He added that the majority (some 92.4%) of children in care were satisfied with the way in which Pledge commitments were being delivered to them;

c) the leaflet was praised as being child-friendly and something which young people would believe and rely on, so it was vital that the promises in it were delivered;

d) it was suggested that the reciprocal nature of the relationship between a local authority and the young people in its care should be highlighted

by a leaflet to set out what commitment the Council expected in turn from young people – for example, that they would study hard at school and work hard at finding and retaining employment;

e) the language of the leaflet could be changed to 'we', to emphasise a partnership role; 'together'. The text could emphasis that young people would be listened to;

f) it was noted that none of the young people pictured on the leaflet appeared to have any disability, and this could alienate disabled young people;

Mrs Skinner thanked Panel members for their feedback on the content and style of the leaflet and added that it would be taken to the Our Children and Young People's Council events in half-term week to seek feedback from young people, and the idea of the companion leaflet setting out the County Council's expectations of young people would be raised with them.

g) in response to a question about a planned market review and future options for outsourcing an integrated care leavers' service, and whether or not members would be able to see the review, Ms Mullin explained the process and rationale for the review. The review would not be possible until the Catch 22 contract had ended and the service brought back in-house, and the financial implications of Staying Put and changes in asylum seeker funding were fully understood;

h) members also asked to be able to see the independent survey undertaken by the Young Lives Foundation. Mrs Skinner explained that the content and format of the survey would be developed, and the way in which it was publicised would be discussed with young people. For instance, the County Council's main website was considered too corporate and formal a vehicle to attract views from young people. The survey would also be available for social workers and foster carers to access and use. Ms Tinsley explained the process for analyzing data for the survey and added that County Council and Panel Members would be able to see the outcomes;

i) members commented on the sad position of some children and young people having no-one in whom to confide while in care. Mr Brightwell emphasised that each child would have their own individual wishes and needs and their own views about to whom they felt able to, or wished to, talk to about their experiences. Most would talk a carer in person, but it could be difficult to identify to whom they could turn if they needed to talk about a problem between them and their carer. Ms Dunstan added there was a page on the OCYPC website called 'Ask Me..', via which young people could raise, confidentially, any concern they felt unable to voice elsewhere, and receive a reply from someone who was currently or had been in care and could understand their concern. This anonymous approach offered a valuable way of dealing with an issue without embarrassment or the anxiety that what was said would be relayed back to a carer. Mr Brightwell added that IROs were encouraged to see young people between scheduled review meetings,

and hence could be another independent person in whom a young person could confide;

j) in response to a question about some apparent basic gaps in information, such as a child not having a copy of their care plan, or not knowing the name of their social worker, Ms MacNeil explained that the population of children in care at any one time was very fluid and it was likely that there would always be a few children who had newly come into care, for whom a care plan had not yet been completed or a social worker not yet allocated, and who would be likely to give a negative view of their experience, if asked at that time. Ms Dunstan added that some young people in care might know the names but not necessarily understand the roles of the people around them. Mr Brightwell added that all IROs would supply a child with a card showing their name and contact details;

k) independent mentors could be useful at encouraging young people to talk about and deal with problems. Foster carers referred to their experience of IROs asking young people if they had someone with whom they could air problems, and themselves encouraged their foster children to speak to someone at school, such as a teaching assistant. Other people whom a child comes across in their life could perhaps benefit from some training in mentoring young people and encouraging them to talk through problems;

l) in response to a question about the Staying Put arrangements, Mr Brightwell explained the changes which had been made. The new regulations had yet to have the final details added to them, and the funding criteria were not yet clear, but what was clear so far was that the new arrangements would not apply retrospectively and would affect only young people reaching the age of 18 after April 2014. As best practice, Kent already ran a similar arrangement to the one being formalised by the Staying Put policy, but the latest changes would strengthen this. The nature of the financial relationship between the young person and their foster carer would change into one similar to supported lodgings, to which a young person would have to contribute financially and the local authority would top up. The change in arrangement would need to be agreed by both parties;

m) Members commented that the introduction of new Government policy without supporting financial information was very frustrating; and

n) foster carers on the Panel referred to the scale of change that Staying Put would bring to them. The support for young people to stay beyond 21, and support for foster carers to let them stay, was welcome, but young people with high needs would be expensive to keep on for a longer period. Foster carers would be comforted by the fact that these things were being looked into. Kent's existing system of 18+ support meant that the changes were not as radical as they would have otherwise been. Previously, the status change which came at 18 deterred foster carers from committing to housing them for longer. Help

and guidance with understanding the tax implications for foster carers would be a great help.

2. RESOLVED that:-

a) the content of the report, and in particular the draft Staying Put policy, and Members' comments on the activity and future direction of work, be noted;

b) a presentation on the Charter be made to a meeting of the full Council, with all County Council Members then being sent a copy of it; and

c) future reporting include the implications to the County Council of the Staying Put policy and points raised during debate, and the guidance to be given to foster carers on the implications of the above for them.

9. Position Statement: Fostering
(Item B5)

It was RESOLVED that this item be considered at the Panel's next meeting.

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By:	Mrs J Whittle, Cabinet Member for Specialist Children's Services Mr A Ireland, Corporate Director for Social Care, Health and Wellbeing Mr A Scott-Clark, Interim Director for Public Health
To:	Children's Social Care and Health Cabinet Committee – 22 April 2014
Subject:	**Verbal update by the Cabinet Members and Corporate Directors**
Classification:	Unrestricted

The Committee is invited to note verbal updates on the following issues:-

Specialist Children's Services

Cabinet Member – Mrs J Whittle
1. Education Select Committee report
2. Adoption outcomes 13-14
3. CAMHS

Director of Social Care, Health and Wellbeing – Mr A Ireland
1. Appointment of AD safeguarding
2. Implementation of Liberi
3. Preventative Services
4. Staff briefings

Children's Public Health

Interim Director of Public Health – Mr A Scott-Clark
1. Local Authority Commissioning of Health Visitors
2. Update on School Nursing

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

Andrew Scott-Clark, Interim Director of Public Health

To: Children's Social Care and Health Cabinet Committee

Date: 22nd April 2014

Subject: Tendering for Kent Community Infant Feeding Service

Classification: Unrestricted

Summary
Public Health is seeking to establish a new countywide Community Infant Feeding Service that will provide support for mothers and improve the relatively low rates of breastfeeding across Kent. The service will operate within Children's Centres and provide specialist staff and peer supporters to help mothers and other family members. The service has been designed following extensive consultation and market engagement and is expected to start operating from 1st October 2014, following a competitive procurement process.

Recommendations:

Members of the Committee are asked to:-

a) endorse the proposed new service model and commissioning arrangements for infant feeding services in Kent

b) note the proposal to bring an exempt report on the tender evaluation to Cabinet Committee on 9th July.

2. Introduction

2.1. The purpose of this paper is to outline the Public Health proposals for a new Community Infant Feeding Service to improve prevalence of breastfeeding across Kent.

3. Background

3.1. Kent County Council became responsible for commissioning infant feeding services (services which support and promote breastfeeding) as part of the transfer of responsibilities for Public Health from April 2013.

3.2. A range of evidence and national priorities have highlighted the importance of breast feeding in improving long term health outcomes for women and babies. This is an area in which Kent has performed very poorly in recent years, compared to the national rates and other similar areas.

3.3. Several Kent strategy documents (Every Day Matters, Mind the Gap and Kent Health and Wellbeing Strategy) highlight KCC's commitment to giving every child the best

start in life and investing in preventative services that help reduce the longer term burden of costs for specialist services.

4. Service Review and Consultation

4.1. Public Health completed a review of the current infant feeding services and found the following:

a) poor commissioning arrangements and inconsistent provision of services

b) a fragmented network of multiple providers with differing monitoring and reporting arrangements

c) lack of a clear clinical lead, giving rise to increased unnecessary risks

d) lack of business continuity and service resilience in some areas

e) poor level of strategic oversight and co-ordination of the services

4.2. Public Health completed a consultation to find out what mothers value most about infant feeding services and what they would want a new service to provide. Respondents indicated that they valued having a local specialist service to support breastfeeding in the early days and weeks after they have given birth. They also valued the support and advice from peer supporters who were approachable and available at community venues such as Children's Centres.

4.3. A market engagement exercise, conducted alongside the consultation, highlighted a good level of interest for a countywide service to support infant feeding. Providers supported the proposal for a countywide community infant feeding service which would have responsibility for improving breastfeeding rates across the county by providing a consistent level of support for new mothers, including lactation specialists and peer supporters. Providers who participated in the market engagement process also welcomed the expectation of close working and co-location with Children's Centres.

5. Service model

5.1. Public Health has taken on board the feedback from the service user consultation and the market engagement and concluded that a countywide Community Infant Feeding Service will be the most cost-effective model for improving breastfeeding rates across Kent by:

a) ensuring comprehensive access to infant feeding services via Children Centres throughout Kent and providing a gateway for families to access other services

b) providing a comprehensive community-based service across the county

c) establishing a consistent reporting and monitoring system

d) delivering and facilitating community engagement activity to widen access to the service

e) linking with the Healthy Start programme to ensure improved take-up among eligible mothers

5.2. To achieve this, the service will:

a) be part of the pathway for infant feeding which includes maternity services and health visitors

b) be available across the entire county but will be targeted at the areas of greatest needs and highest levels of health inequalities

c) provide access to lactation consultants in each District

d) operate from Children's Centres and accessible community venues

e) train staff to meet Baby Friendly Initiative (BFI) standards and provide project management support for BFI accreditation

f) train and supervise peer supporters, whether paid staff or volunteers

5.3. A more detailed list of the service requirements is included at Appendix A.

6. Commissioning Approach

6.1. Public Health is proposing to begin a competitive procurement shortly to invite tenders for a provision of the Kent Community Infant Feeding Service.

6.2. A confidential paper detailing the outcome of the tender evaluation will be presented to Cabinet Committee on 9th July. A key decision will be required later in July to enable the contract to be awarded by 31st July.

6.3. The new service is expected to begin operating on 1st October 2014, following a transition and mobilisation phase.

7. Financial Implications

7.1. The indicative budget for the Community Infant Feeding Service has been set at £475k per year. This is higher than the previous level of investment through the Primary Care Trusts (PCTs), which is estimated at £360k per annum, although, as noted above, a number of areas had little or no service provision.

8. Conclusion

8.1. Kent performs relatively poorly on rates of breastfeeding, despite clear evidence of the importance of breastfeeding to the future health of the child and the health benefits for the mother. Public Health are increasing the investment in infant feeding services on the expectation of substantial improvement in service performance and outcomes in this area.

8.2. The proposed new Kent Community Infant Feeding Service has been designed following extensive consultation and a market engagement exercise and will offer better value for money through improved service coverage and capacity.

8.3. This service represents a significant opportunity to improve Public Health and to help ensure that every child has the best start in life.

9. Recommendations

9.1. Members of the Committee are asked to:-

a) endorse the proposed new service model and commissioning arrangements for infant feeding services in Kent

b) note the proposal to bring an exempt report on the tender evaluation to Cabinet Committee on 9th July.

Background documents

Service Objectives – Appendix A

BFI Standards – Appendix B

Report Prepared by

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Appendix A – Kent Community Infant Feeding Service

List of Service Objectives

- To provide specialist lactation advice and support
- To provide and enhance knowledge on breastfeeding through facilitation, training and supervision of community, primary care and acute professionals, voluntary organisations and lay volunteers
- To provide an integrated and flexible service which promotes continuity of care for women and their babies across Kent
- To provide public education and raise awareness of the benefits of breastfeeding
- Services will be designed to meet the needs of mothers and their babies
- Information will be made available to a range of professionals, service users and public
- Develop progressive programmes to address the needs of women in the most deprived areas
- Ensure liaison with other bodies to address the requirements of achieving baby friendly initiative accreditation in hospital and community settings in Kent
- Provide appropriate clinic and drop-in facilities and make appropriate onward referrals to meet the needs of mothers and babies
- Provide an integrated service to promote breastfeeding, working with colleagues across Kent
- Contribute to public health assessments and interventions
- To provide an effective value- for- money service
- Cater for the needs of non-breastfeeding mothers in a way that promotes the Marmot objective of achieving a healthier start to life

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UNITED KINGDOM

QUICK GUIDE
to
UNICEF UK
Baby Friendly
ACCREDITATION

Quick guide to UNICEF UK Baby Friendly accreditation

Introduction

This booklet is designed to give you an overview of the UNICEF UK Baby Friendly Initiative including what it is and how it works. If you need more detailed information on the standards and how to implement them, our full guidance document will be helpful and can be found at unicef.org.uk/babyfriendly/guidance. We are also keen to help so do contact us at bfi@unicef.org.uk

About the UNICEF UK Baby Friendly Initiative

The UNICEF UK Baby Friendly Initiative is an accreditation programme based on the Global World Health Organization/UNICEF Baby Friendly Hospital Initiative. The health and well-being of all babies is at the heart of the UNICEF UK Baby Friendly Initiative. A strong mother-baby relationship is the foundation for a baby's future health and well-being, and breastfeeding supports this loving bond, making a vital difference to health.

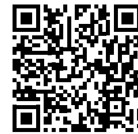
We work with UK public services, championing evidence-based practice to protect, promote, and support breastfeeding, and to strengthen mother-baby and family relationships. We believe that support for these relationships is important for all babies, not only those who are breastfed.

How it works

Evidence-based standards have been developed for maternity, neonatal, health visiting/public health nursing and children's centre services (or equivalent early years settings in Wales, Scotland and Northern Ireland). Implementation of these standards will improve the care and support that pregnant women, new mothers and their families receive to build a strong relationship with, and feed and care for, their baby.

Services are encouraged to work collaboratively with partner organisations to implement the standards (e.g. health visiting and children's centres, maternity and neonatal services) but accreditation is available for services working on their own.

The highly valued award of Baby Friendly accreditation is achieved through a rigorous external assessment process which gathers evidence that the standards have been implemented. To support effective implementation of the standards the assessment process is broken down into three stages; accreditation is achieved when all these stages are reached. Following accreditation, services can then progress to Advanced or even Beacon status. UNICEF UK keeps a league table of UK services and their progress towards Baby Friendly accreditation. This can be found at unicef.org.uk/babyfriendly/leaguetables



Proven to be effective

There is a wealth of evidence from the UK, and internationally, that Baby Friendly accreditation is effective at increasing breastfeeding rates[1,2,3,4] It is recommended by the National Institute for Health and Clinical Excellence (NICE)[5,6,7,8] and the UK Government's Scientific Advisory Committee on Nutrition (SACN)[9] and is an integral part of the *Healthy Child Programme: Pregnancy and the first five years of life*[10], the Scottish Government's *Improving Maternal and Infant Nutrition: A Framework for Action*[11] and the breastfeeding strategy in Wales and Northern Ireland.[12]

Costs

UNICEF UK is a charity and receives no monetary support to run the Baby Friendly Initiative; we therefore have to charge for the services we provide. We work hard to keep these as low as possible and charge you only on the cost of running the service, with no element of profit. For more details go to unicef.org.uk/babyfriendly/costs

Getting started

Contact the Baby Friendly office to register your intent. This means that you will be on our system so that you can receive up to date news and research.

We then recommend that you book an implementation visit as early as possible. This visit, from a senior member of the Baby Friendly Initiative team, will support your service to develop a robust project plan. Once the plan is complete and the Chief Executive confirms support for the project, a Certificate of Commitment is awarded. The service then progresses through the stages to full accreditation.

UNICEF UK Baby Friendly Initiative
30a Great Sutton Street,
London EC1V 0DU

Telephone: 020 7375 6052
Email: bfi@unicef.org.uk

Overview of the new Baby Friendly Initiative standards

Building a firm foundation

1. Have written policies and guidelines to support the standards.
2. Plan an education programme that will allow staff to implement the standards according to their role.
3. Have processes for implementing, auditing and evaluating the standards.
4. Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff.

An educated workforce

Educate staff to implement the standards according to their role and the service provided.

Parents' experiences of maternity services

1. Support pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby.
2. Support all mothers and babies to initiate a close relationship and feeding soon after birth.
3. Enable mothers to get breastfeeding off to a good start.
4. Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk.
5. Support parents to have a close and loving relationship with their baby.

Parents' experiences of neonatal units

1. Support parents to have a close and loving relationship with their baby.
2. Enable babies to receive breastmilk and to breastfeed when possible.
3. Value parents as partners in care.

Parents' experiences of health visiting services

1. Support pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby.
2. Enable mothers to continue breastfeeding for as long as they wish.
3. Support mothers to make informed decisions regarding the introduction of food or fluid other than breastmilk.
4. Support parents to have a close and loving relationship with their baby.

Parents' experiences of children's centres

1. Support pregnant women to recognise the importance of early relationships to the health and wellbeing of their baby.
2. Protect and support breastfeeding in all areas of the service.
3. Support parents to have a close and loving relationship with their baby.

Building on good practice

Demonstrate innovation to achieve excellent outcomes for mothers, babies and their families.

Overview of the stages

1 Stage: Building a firm foundation

The aim of this first stage is for the service to put into place the foundations for achieving the changes needed. This includes an infant feeding policy (or equivalent), a plan for staff training (including a curriculum) and the protocols and guidelines which underpin how the staff will implement the standards. Stage 1 is assessed at a distance to keep costs low. The relevant documentation is submitted to a designated Baby Friendly assessor who will check in detail that all the documents meet the required standard. A report with detailed feedback on progress will be provided, which will outline any amendments required.

For more information see unicef.org.uk/babyfriendly/stage1

2 Stage: An educated workforce

The aim of stage two is to ensure that all staff caring for mothers, babies and their families have the knowledge and skills they need to implement the standards according to their role. When the education programme is complete, and audit results show that it has been largely effective, Stage 2 assessment can take place. At assessment we will visit your service(s), and talk to staff and managers to gather evidence about how successful the training programme has been.

For more information see unicef.org.uk/babyfriendly/stage2

3 Stage: Parents' experiences

The aim of this stage is to ensure that the standards are being implemented, benefiting mothers and babies, and achieving improved outcomes. When internal audits show that the standards have been implemented, Stage 3 assessment can take place. Assessors will visit your service(s) and talk to mothers/families who have consented to an interview about their experiences of the service. The assessors will also review the internal audit results, outcome data and other supporting evidence.

When all three assessment stages have been achieved, full Baby Friendly accreditation is awarded. It is at this stage that services usually see improvements in breastfeeding rates.

For more information see unicef.org.uk/babyfriendly/stage3

Building on good practice

Periodic reassessments are needed to make sure that mothers, babies and their families are still experiencing Baby Friendly care. Moving beyond the basic standards is encouraged once they become embedded in everyday practice. Innovations that support enhanced standards of care, evidence of improving outcomes and more advanced staff education can all contribute towards a services application for Advanced or Beacon Baby Friendly status.

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4 Bartington, S. et al. and the Millennium Cohort Study Child Health Group, 'Are breastfeeding rates higher among mothers delivering in Baby Friendly accredited maternity units in the UK?', *International Journal of Epidemiology*, vol. 35, no. 5, pp. 1178–86, 2006.
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6. Renfrew, M. et al., 'Breastfeeding promotion for infants in neonatal units: a systematic review and economic analysis', Health Technology Association, vol. 13, no. 40, 2009, available at www.hta.ac.uk/1611, accessed 2 November 2012.
7. NICE, Improving the Nutrition of Pregnant and Breastfeeding Mothers and Children in Low-Income Households, NICE, London, 2008, available at http://www.nice.org.uk/nicemedia/pdf/PH011guidance.pdf, accessed 2 November 2012.
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9. SACN, Infant Feeding Survey 2005: A commentary on infant feeding practices in the UK, position statement by the Scientific Advisory Committee on Nutrition, TSO, London, 2008.
10. Department of Health, Healthy Child Programme: Pregnancy and the first five years of life, COI, London, 2009.
11. Scottish Government, Improving Maternal and Infant Nutrition: A framework for action, 2011, available at http://www.scotland.gov.uk/Publications/2011/01/13095228/11, accessed 2 November 2012.
12. Welsh Government, 'Proposals for a National Breastfeeding Programme', minister's statement, 2011, available at http://wales.gov.uk/publications/accessinfo/drnewhomepage/dr2011/health/5831017/?lang=en, accessed 2 November 2012.

From: **Jenny Whittle, Cabinet Member for Specialist Children's Services**
Andrew Ireland, Corporate Director for Familes & Social Care

To: **Children's Social Care & Health Cabinet Committee – 22 April 2014**

Subject: **Financial Monitoring 2013-14**

Classification: **Unrestricted**

Past Pathway: **Cabinet 24 March 2014**

Summary:
The Cabinet Committee is asked to note the third quarter's full budget monitoring report for 2013-14 reported to Cabinet on 24 March 2014.

Recommendation(s):
The Children's Social Care & Health Cabinet Committee is asked to note the revenue and capital forecast variances from budget for 2013-14 that are within the remit of this Cabinet Committee, based on the third quarter's full monitoring to Cabinet.

1. Introduction:

1.1 This is a regular report to this Committee on the forecast outturn.

2. Background:

2.1 A detailed quarterly 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 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. A link to the third quarter's monitoring report for 2013-14 is provided below:

https://democracy.kent.gov.uk/documents/s45556/Item%207%20-%20Revenue%20Capital%20Q3%20monitoring.pdf

(Please press down the control button and click on the link above, which will open the report)

2.2 Although the full Cabinet report is provided, this Cabinet Committee only needs to consider the items that are within it's remit, as per Appendix 1 of Item 8 on the 27 March 2014 County Council agenda: Transformation – Cabinet Committee Reform.

2.3 As explained in the December Cabinet Committee report, the annexes to the Cabinet report are presented in the pre-election portfolio structure.

3. Recommendation(s):

The Children's Social Care & Health Cabinet Committee is asked to note the revenue and capital forecast variances from budget for 2013-14 that are within the remit of this Cabinet Committee based on the third quarter's full monitoring to Cabinet.

4. Contact details

Report Author

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Relevant Director

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

Andrew Ireland, Corporate Director for Social Care, Health and Wellbeing

To: **Children's Social Care and Health Cabinet Committee - 22 April 2014**

Subject: **Draft 2014-15 Social Care, Health and Wellbeing Directorate Business Plan (Strategic Priority Statement)**

Classification: **Unrestricted**

Past Pathway of Paper: None

Future Pathway of Paper: For approval by relevant Cabinet Members and Corporate Director

Electoral Division: All

Summary: This paper presents the draft business plan for the Social Care, Health and Wellbeing directorate (attached as an Appendix to this paper), which is the directorate level business plan for 2014-15. The paper recaps the new business planning approach for 2014-5 and explains the role and aim of the new Directorate business plans, known as Strategic Priority Statements. It then sets out the sections of the draft directorate business plan for Social Care, Health and Wellbeing and the next steps in getting it approved.

Recommendation: The Cabinet Committee is asked to consider and comment on the draft 2014-15 Directorate business plan (Strategic Priority Statement) for the Social Care, Health and Wellbeing directorate, in advance of the final version being approved by the relevant Cabinet Members and Corporate Director.

1. Introduction

1.1 Directorate business plans are being introduced through the new business planning process for 2014-15, which was approved last year. One business plan is being produced for each of the four directorates in the new organisational structure and they will be known as Strategic Priority Statements. These replace the divisional business plans that were produced last year.

1.2 The new directorate business plans are designed to provide light touch summaries of the key priorities for each directorate, along with high level resourcing, risk and performance management information.

1.3 This paper presents the draft directorate business plan 2014-15 for the Social Care, Health and Wellbeing directorate, for consideration and comment by the Cabinet Committee.

1.4 Directorate business plans will be approved by the relevant Cabinet Members and Corporate Director. They will then be published online.

2. Financial Implications

2.1 Facing the Challenge sets out the ambitious pace and scale of transformation that we need to deliver over the coming years. It is recognised that the authority needs to focus its limited resources on activity which supports transformation and the continued delivery of services.

2.2 The development of directorate business plans supports this by streamlining the business planning process, freeing up officer capacity. The directorate business plans will provide concise and succinct statements on how KCC is delivering its strategic priorities.

3. Bold Steps for Kent and Policy Framework

3.1 The priorities set out in the draft Social Care, Health and Wellbeing directorate business plan build on the achievement of many of the priorities that were set out in Bold Steps for Kent.

3.2 In the context of Facing the Challenge, the directorate business plan looks beyond Bold Steps to identify priorities for the directorate in terms of service delivery and transformation to meet the future challenges.

4. Draft directorate business plan for the Social Care, Health and Wellbeing directorate

4.1 The new approach to business planning for 2014-15, including the development of directorate business plans (Strategic Priority Statements), was approved by Corporate Board in August 2013 and Policy & Resources Cabinet Committee in September 2013. The aim was to introduce a less burdensome and more proportionate approach to business planning, reducing the number of individual member-approved business plans from 25 divisional plans to four high-level directorate business plans. It was agreed that business plans will no longer be used to provide delegated authority for officers, as this had tended to be confusing and is unnecessary with the Officer Scheme of Delegations in place. This means that the approval of directorate business plans no longer needs to be a Key Decision.

4.2 Directorate business plans are designed to be light touch and high level. They provide a simple reference guide to the services that make up the new directorates, how each directorate is contributing to the Facing the Challenge agenda and set out the top level, collective directorate priorities for 2014-15.

4.3 The draft directorate business plan for the Social Care, Health and Wellbeing directorate comprises of the following sections:

- Corporate Director's foreword
- Who we are, what we do – providing a summary of the role and purpose of the five divisions in the directorate and the key service delivery priorities for the coming year

- Strategic directorate priorities – setting out five strategic themes for the directorate that are relevant to all of the services provided by Social Care, Health and Wellbeing. The strategic themes reflect the current context, both in terms of KCC's Facing the Challenge transformation agenda and the wider economic challenges that the county is facing, and this section explains how Social Care, Health and Wellbeing will make a contribution to addressing these challenges
- Key divisional objectives and priorities enhancing and supporting the strategic priorities
- Directorate resources – providing a summary of the financial and staff resources of the Social Care, Health and Wellbeing directorate
- Workforce development priorities
- Key Directorate Risks
- Performance Indicators and Activity Indicators

4.4 The directorate business plan brings together all of the services included in the new Social Care, Health and Wellbeing directorate. The Directorate brings together Specialist Children's Services, Older People and Physical Disability, Learning Disability and Mental Health, Strategic Commissioning and Public Health divisions. The five shared strategic themes set out in the Strategic Priorities Statement demonstrate how the new Social Care, Health and Wellbeing directorate will work together collectively to deliver a diverse range of services more efficiently and effectively for the people of Kent.

4.5 The directorate business plan includes a section on workforce development. The Directorate has identified a number of priorities for the year which will support staff to achieve the directorate's strategic priorities. The priorities are drawn from KCC's Workforce and Organisation Development Plan and Social Care, Health and Wellbeing's Organisational Development Group Action Plan, both of which provide more detail. Workforce development is supported by four organisation-wide development frameworks managed by HR.

4.6 Each directorate business plan includes a section on performance, listing the Key Performance Indicators (KPIs) and Activity Indicators that will be used to monitor and report on the directorate's performance over the year. A selection of KPIs and Activity Indicators is included in the Quarterly Performance Report to Cabinet and the Performance Dashboards are presented to Cabinet Committees. The next set of Dashboards will be presented to Cabinet Committees for consideration in the summer round of meetings.

4.7 Each directorate business plan also includes a section on the key directorate risks, which are set out in more detail in the Directorate Risk Register. Directorate Risk Registers are being refreshed in spring 2014 and will be brought to Cabinet Committees for consideration in the summer round of meetings.

5. Next steps

5.1 Following any final amendments, including in response to comments made by members of the Cabinet Committee, the final Directorate business plan for Social Care, Health and Wellbeing will be approved by the Corporate Director and relevant Cabinet Members.

5.2 The new business planning process does not remove the need for business planning below the directorate level. It is a management responsibility to ensure that business plans are still produced at divisional and/or business unit level by Directors and Heads of Service in order to run their area of the business effectively. These business plans will not need to comply with a corporate template or be approved corporately, allowing Directors, Heads of Service and managers the flexibility to use business planning tools and practices that best meet their requirements. Although these lower level business plans will not be approved by Members, they will be available to view and download in a dedicated area of KNet that will be published once the directorate business plans have received final sign-off.

6. Conclusions

6.1 The draft directorate business plan 2014-15 for the Social Care, Health and Wellbeing directorate provides a simple reference guide to the services that make up the new directorate, how the directorate is contributing to the Facing the Challenge agenda and other challenges and the top level directorate priorities for 2014/15.

7. Recommendation(s)

Recommendation: The Cabinet Committee is asked to consider and comment on the draft Directorate business plan (Strategic Priority Statement) 2014-15 for the Social Care, Health and Wellbeing directorate, in advance of the final version being approved by the relevant Cabinet Members and Corporate Director.

7.1 **Appendix1:**

Draft directorate business plan (Strategic Priority Statement) 2014-15 for the Social Care, Health and Wellbeing Directorate.

8. Background Documents

8.1 Paper to Policy & Resources Cabinet Committee 25 September 2013 on the business planning process for 2014-15.

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Social Care, Health and Wellbeing Directorate

Strategic Priority Statement

2014-2015

This publication is available in other formats
and can be explained in a range of languages

24 hour helpline: 0300 333 5540
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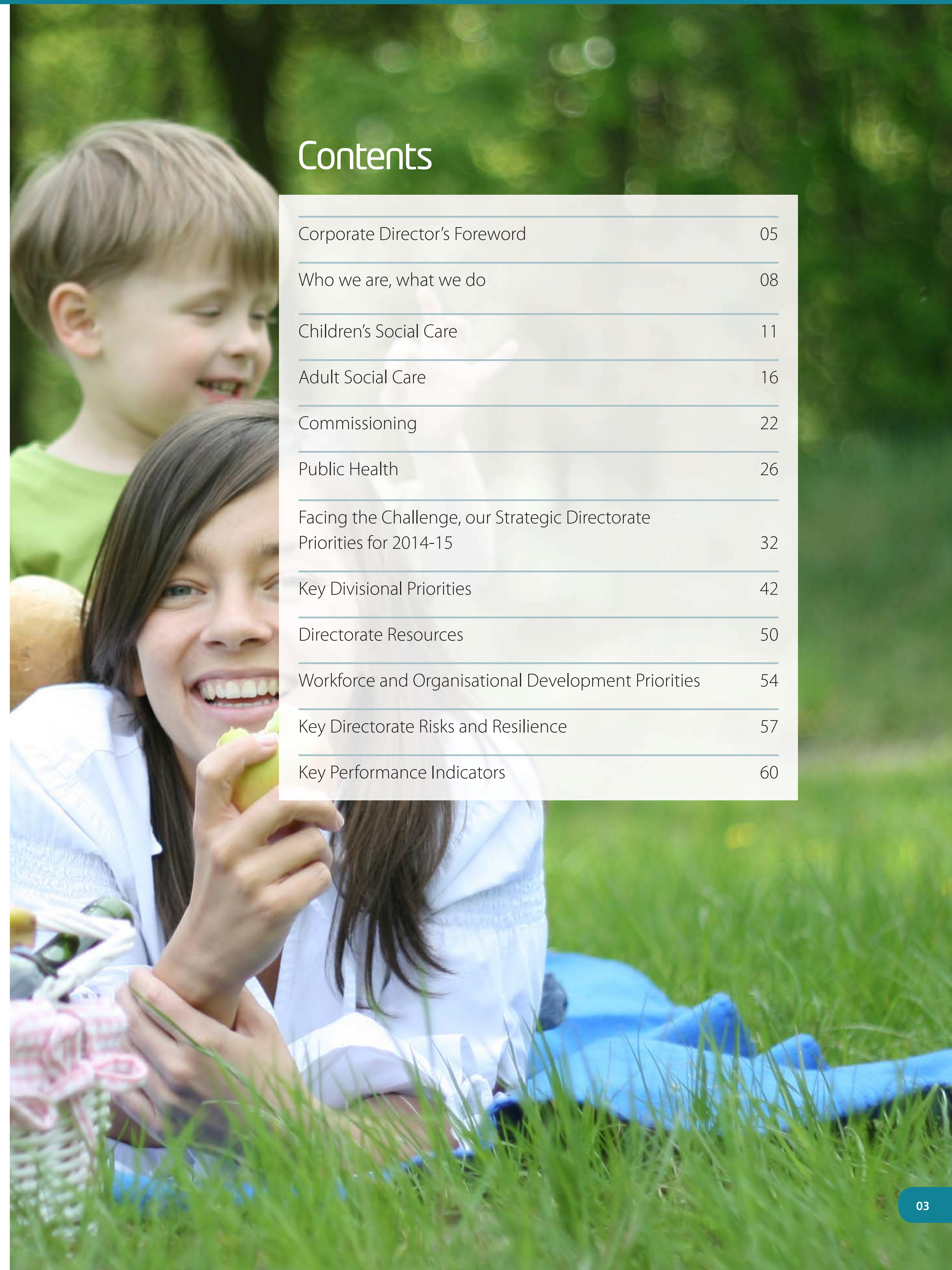
Social Care, Health and Wellbeing Directorate

Draft 2014/2015
Strategic Priority Statement



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Social Care, Health and Wellbeing Directorate

Corporate Director's foreword

I am pleased to present the Strategic Priority Statement for the Social Care, Health and Wellbeing Directorate.

This document sets out the main roles and responsibilities of the new directorate and describes the vision, values and principles which drive our transformational programmes. First and foremost, we are about helping people through promoting their independence to improve their health and wellbeing, assisting people to achieve outcomes that matter to them and working with our partners to protect the most vulnerable children and adults.

This year, we will continue to work in a challenging financial environment and changing external context. We are committed to playing our part in delivering the goals of 'Facing the Challenge: Whole Council Transformation'. We are doing so through the Adult and Children's services transformational programmes and a similar change programme in Public Health. We are building on the significant service changes that were started last year, through improvements and alternative ways of working. The overall aims of the changes are managing demand well (in the light of the demographic trend of an ageing population), reducing costs where possible and ensuring the effectiveness of service commissioning and delivery.

The changing national policy context will be largely shaped by the Children & Families Act 2014 and the Care Bill which is expected to become law in May 2014. The key legislative changes will have major impact on how children and adult services' responsibilities are carried out, for the simple reason that some of the responsibilities will be new or an extension of what we currently do. We will make sure that we are ready and able to implement what is required of us. It is important for us to respond to other emerging key national policies. Equally, we must have our systems in place and ready to respond to an inspection by external agencies.

Resilience and enablement are consistent themes running throughout the different transformation programmes in the directorate. We will continue to work with the families of children and young people so they can make use of early help and preventative support that is geared towards building their resilience, improving the likelihood of dealing better with situations and reducing their dependency. The enablement strand of the adult services transformation programme is also designed to support adults with regaining or maintaining their independence.

We are building on our partnership track-record and take this further through the Integrated Care and Support Pioneer Programme and Delivery Plan. These serve as the basis for integration of front-line services and commissioning, where they add value and benefit end users. Similarly, the 0-25 Portfolio Board will drive forward the priorities for integration that are defined in the Portfolio plans.

We are mindful that harnessing the energy and commitment of our staff is critical to our success. Our staff are a vital resource that will continue to receive the necessary investment as laid out in our Workforce Development Plan. This ensures that our staff are equipped and have the necessary skills and abilities to fulfil their duties.

The Strategic Priority Statement for 2014/15 reflects the context and key objectives of the directorate and should be read along with other existing plans that contain further detailed information. We look forward to working with internal and external partners during the coming year.

Andrew Ireland,
Corporate Director, Social Care, Health and Wellbeing

Introduction

The Health and Social Care sector is facing unprecedented change. Every aspect of social care provision, including how we commission services is being transformed.

The Adults Transformation Programme, currently the Authority's largest single change programme will support the Social Care, Health and Wellbeing Directorate's contribution to the £91million reduction in spend that the Council must achieve in 2014/15. We will do this by commissioning and procuring services within the Facing the Challenge themes of Transformation.

Our Children's Social Care continues to improve outcomes for children, young people and their families. It ensures the right services are provided at the right time, right place and at the right cost. We will ensure the effective commissioning of services to meet statutory duties and the delivery of Kent's strategic priorities as contained within Every Day Matters and the Early Intervention and Preventative Strategy supporting the Children's (Social Care) Transformation Plan

This year, we will be working to maximise the impact of the Public Health monies by embedding our public health priorities across the authority and ensuring that our policy and programmes consider the impact on the health of the population of Kent, and reducing health inequalities.

Our vision

Our vision is ambitious and aims to promote and ensure:

Every child and young person in Kent achieves their full potential in life, whatever their background. Children most in need will receive the best possible service by ensuring that we have the workforce, the leadership and the systems and processes that will support children and young people to achieve their potential

We protect and improve the health of the population of Kent

That all people in Kent live independent and fulfilled lives safely in their local communities.

Social Care, Health and Wellbeing Directorate

Social Care, Health and Wellbeing Directorate Structure

There are five divisions within the Social Care, Health and Wellbeing Directorate:

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Who we are, and what we do

The Directorate has a leading role in discharging the Council's statutory responsibilities for public health and social care. The principal responsibilities of the Directorate include undertaking individual and population needs assessment, commissioning and the provision of a range of services and safeguarding vulnerable children and adults.

What does Social Care, Health and Wellbeing do?

In Children's Social Care, we are proud amongst other things to:

- Help more than 130 children in our care this year to have a stable and secure future by finding a permanent home with a new adoptive family.
- Through our Virtual School service we have helped to improve key academic and health outcomes for Children in Care; increasing children achieving 5A*-C grades, reducing children permanently excluded and those persistently absent from school, ensuring Children in Care receive the high quality education to which they are entitled.
- Have provided over 6000 overnight stays for children with disabilities, and enable over 700 children with a disability to access a Short Break with a direct payment giving children and their families, choice and control over their care needs.
- Be part of the multi-agency Central Referral Unit partnership, with Police, Health, Probation and Adult Services, open 24/7 to provide immediate support.
- Safeguard children at risk of harm and support vulnerable families to improve their situation through the efforts of dedicated social work teams.

In Adult Social Care, we are proud amongst other things to:

- provide care for over 6000 people enabling them to live safely in their own homes
- enable over 3000 older people and those with disabilities and mental health issues, choice and control over their care needs through personalised budgets and direct payments
- support 400 people a month following discharge from hospital into intermediate care
- support over 3000 adults with telecare services, maintaining independence and reducing hospital admissions
- support over 2500 adults with a learning disability to live independent lives in their own homes or with family carers
- support sixty 18 year olds with a learning disability to achieve their goals as they move into adulthood
- provide supported accommodation for over 700 adults with a learning disability enabling them to have choice about where they live
- have increased the proportion of people with mental health needs living in a stable environment, on a permanent basis
- have reduced admissions to permanent residential or nursing care to 120 per month; ensuring people can continue to live safely in their own community
- be part of the multi-agency Central Referral Unit partnership, with Police, Health, Probation and Children's Services, providing 24/7 immediate support
- work with carers organisations providing over 4000 carers with information and advice to ensure that carers are supported in their caring role
- safeguard adults at risk including carers and vulnerable victims of hate crime and domestic abuse in partnership with Police, Health and other multi-agency partners

Social Care, Health and Wellbeing Directorate

- provide support and safe accommodation to over 300 people experiencing or at risk of experiencing domestic abuse and their families
- work with over 3,500 vulnerable adults experiencing or at risk of homelessness or rough sleeping to achieve safe and stable accommodation and support
- reduce reoffending and encourage rehabilitation by providing supported accommodation to vulnerable ex-offenders
- work with local Gypsy and Travelling communities to offer specialist housing related support
- work to prevent problematic drug and alcohol misuse and promote improved health and wellbeing
- enable and support the long-term recovery, rehabilitation and social re-integration of people in Kent affected by drug and alcohol misuse
- support over 5,000 households in crisis with emergency goods and services to help them

In Public Health, we are proud amongst other things to:

- commission NHS health checks for over 25,000 people
- help over 4000 people to quit smoking
- commission sexual health services to promote safer sexual health, provide contraception advice, prevent the transmission of, test and treat sexually transmitted infections
- commission school nursing services and the National Child Measurement Programme
- work in partnership with District and Borough Councils to deliver healthy weight services and mental wellbeing services
- monitor the delivery of NHS screening and immunisation programmes
- provide public health advice to Kent's seven Clinical Commissioning Groups to support the commissioning of NHS services for local people

Social Care, Health and Wellbeing Directorate

Children's Social Care - Specialist Children's Services

Specialist Children's Services is responsible for the safeguarding, health, and welfare of children and young people including those aged up to 25 with learning difficulty or disabilities. The purpose of the Division is to deliver positive outcomes for Kent's children, young people and their families.

"Our aim is to ensure children and young people are positive about their future and are at the heart of joined up service planning. Children and young people are nurtured and encouraged at home, inspired and motivated by learning, safe and secure in the community and live healthy and fulfilled lives."

The service supports all children and young people across Kent:

- We support children in need and their wider family; identifying children and families who are vulnerable and need more support through locality teams, children's centres and by working closely with our partners in health, the police and adult services
- We identify vulnerable children early and deploying services effectively and speedily to meet their needs
- We provide protection for children at risk of abuse or neglect; safeguarding all children and young people at risk in their homes and community and those who are in local authority care; whilst working with adult social care services to ensure better continuity of support through transition
- Working hard to identify children and young people's needs as early as possible in order to improve their chances of success and to use our limited resources wisely
- We meet the needs of children in care and promote permanence and stability.

Specialist Children's Services, specifically through the Corporate Director of Social Care, Health and Wellbeing, has a statutory duty to safeguard and promote the welfare of children. Our primary function is to secure the best outcomes for children, young people and their families in Kent.

Our top 3 priorities for Specialist Children's Services in 2014/15:

To improve the recruitment and retention of qualified social work staff employed by the service.

Deliver more effective management and control of resources through reviewing our financial processes, streamlining service provision, and improving the range of in-house foster care and adoption provision in order to provide permanancy for vulnerable children and be more efficient with resources.

Continue to improve the quality of social work practice; keeping all children and young people safe.

In 2014-15 the division is comprised of Ten key business areas:

Central Referral Unit

Deals with all child contacts and enforces robust and consistent management of thresholds. The Out of Hours Service provides an emergency response outside normal working hours. The Central Referral Unit includes representatives from Police, Health and Adult Services.

The Safeguarding Unit

The core purpose of the Safeguarding Unit is to provide a quality assurance service and ensure that the provision of services for vulnerable children and young people is compliant with national statutory requirements and performance standards and that safeguarding practice across the directorate is effective. The unit is made up of four teams, each with a different focus; the Kent Safeguarding Children Board, the Education Safeguard Team, the Child Protection Team and the Children in Care and Care Leavers Team.

Family Group Conferencing

Ensures all children in Kent at risk of entering care are given the opportunity of having a Family Group Conference; a partnership and decision-making process that engages the child's family and family network with Children's Social Services and other service providers in making safe plans for the child's care.

Adoption Service

Provides a comprehensive social work service under the Adoption and Children Act (2002).

Fostering Service

Responsible for recruiting and training Foster Carers across the county and Fostering Support delivers high quality support for foster carers.

Service for Unaccompanied Asylum Seeking Children

Undertakes the Local Authority's statutory duty to assess and, if satisfied that the young person is a child alone in the country, to provide a looked after service under Section 20 of the Children Act 1989.

Disabled Children's Services and Short Breaks

Provides services for children whose disability is complex or profound.

Family Support Teams

Deliver frontline services to children and families across Kent, in particular the coordination of multi-agency child protection work and the management of child protection referrals across Kent. Statutory tasks include: Undertaking child protection investigations, undertaking initial and core assessments, undertaking parenting assessments, developing and driving child protection plans, initiating legal proceedings to apply for a range of orders including admitting children to the care system.

Children in Care Teams

Develop and drive the Child in Care plan. Undertake lead professional for Children in Care and discharge parental responsibilities in partnership with parents dependent upon the legal status of the child. Ensure that care leavers are supported by specialist 16+ services, delivered by Catch 22.

The Management Information Team

The team works with Specialist Children's Services, other directorates and partners to provide accurate, timely and relevant management information and performance data relating to children's social care, providing staff at all levels of the organisation with information relating to levels of demand, performance and outcomes, and helps to promote and embed a culture of performance management within the Service.
The team oversee the centralised recording of information relating to: notifications of other local authority children placed in Kent; Persons who pose a risk to Children; the maintenance of the Children's Disability Register; and notifications to other local authorities when vulnerable children go missing.

The team is also responsible for National Statutory Returns, Corporate reporting to Cabinet Committee, and the Cabinet Member, Freedom of Information requests, activity monitoring and analysis, and working with the Regional Performance Groups to influence the national developments of performance frameworks.

Social Care, Health and Wellbeing Directorate

Adult Social Care

Services for adult social care are provided by three Divisions; Older People and Physical Disability, Learning Disability and Mental Health and Commissioning (which also supports Specialist Children's Services). The Divisions are responsible for assessment, commissioning and arranging for the provision of a range of services for adults with care and support needs and their carers to help regain or maintain their independence.

"Our aim is to ensure that Kent's population of older people, people with physical disabilities, people with learning disabilities and people with mental health issues live healthy, fulfilled and independent lives and are socially and economically included in the community. Individuals are at the heart of joined up service planning, and empowered to make choices about how they are supported".

Our work covers preventative services, including the provision of information, advice, advocacy and support to individuals and their carers to enable each individual to be as independent as possible and self-manage their care and support.

We assess the social care needs of adults and their carers, determine their eligibility for services and help people to identify the support they need which builds on their personal strengths and to achieve the outcomes they want. For those who are eligible for local authority support we commission and arrange care and support in the home, meals, equipment and adaptations, day services, supported living, residential and nursing care.

We offer assistive technology equipment and enablement services to promote independence and prevent, avoid or reduce the need for more expensive services in the future. We work with our partners, including the Voluntary and Community Sector organisations, as part of demand management in helping to prevent the need for coming into formal services.

We support people to exercise choice and control and independence through the promotion of the use of direct payments.

Older People and Physical Disability

Older People and Physical Disability commissions and provides a range of services to deliver the best possible social care outcomes for older people and disabled adults and their carers living in Kent. We work to promote the health, wellbeing, quality of life and independence of older and vulnerable people and their carers. The purpose of the Division is to help the people of Kent live independent and fulfilled lives safely in their local communities.

Our top 3 priorities for Older People and Physical Disability in 2014/15:

To transform and modernise the service with effective management and control of resources, enhancing access to care and support through streamlined pathways

To implement the Integrated Care and Support Pioneer Programme and Delivery Plan, integrating Health and Social Care commissioning and service delivery, avoid duplication and improve outcomes

Continue to improve social care practice, keeping vulnerable adults safe, promoting independence and fulfilling lives for all.

Social Care, Health and Wellbeing Directorate

In 2014-15 the division is comprised of Eight key business areas:

Locality Referral Management Service

Responds to and manages in-coming contact for OPPD service, either as a result of referral from the KCC Contact Point, referral from another agency or directly from the public. The service provides information, advice and guidance where required and arranges for assessment of social care needs to be carried out.

Case Management Teams

Undertake community care assessments and determine eligibility for community care support. The team work with service users, carers and other professional partners to develop support plans describing the services to support individual needs.

Case Management Teams respond to reports of adults who may be experiencing harm, abuse, neglect or a breach or failure in care standards, working closely with the Central Referral Unit, Police and other agencies to ensure a coordinated response to address the identified risks and issues.

In addition the services provide assessment and support for hospital discharge at the earliest appropriate opportunity, to alternative residential care or nursing care settings or the individuals' home, with the relevant care, support, enablement or other commissioned services.

Kent Enablement at Home

Provides short term (up to six weeks) support in the home to help service users regain maximum independence and daily living skills, usually as part of the recovery process after illness or injury.

Sensory and Autism Spectrum Conditions Services

The Sensory Services Team provides a range of services and support for Deaf or hard of hearing people, Blind and sight impaired people and Deafblind people. Services are delivered as a partnership with Hi-Kent and Kent Association for the Blind.

Registered Care Centres

Provide a range of residential and nursing care services, some fully integrated with Health, in a variety of settings offering local access and choice for individuals and their families. Support and care for people with dementia is available at some centres offering an enhanced level of service.

Day Centres

Provide a range of day care services in a variety of settings offering local access and choice for individuals and their families. Support and care for people with dementia is available at some settings.

Adult Community Teams

As part of the on-going changes and transformation of OPPD services during 2014, Adult Community Teams are being set up and developed to replace the current Assessment and Enablement, Coordination, Hospital and HIV and AIDS teams. These newly configured teams will provide a more streamlined and integrated service to older and disabled adults and their carers.

Health and Social Care Integration Team

The Division hosts the programme management for the integration of health and social care services in Kent, and is also responsible for the implementation of the Integrated Care and Support Pioneer Delivery Plan and use of the Better Care Fund on behalf of Kent County Council.

Older People and Physical Disability Division and the Learning Disability and Mental Health Division work closely with Kent Community Health NHS Trust, Kent and Medway NHS and Social Care Partnership Trust, Clinical Commissioning Groups, Public Health, Specialist Children's Services and Education and Young People's Services, the private and voluntary sectors as well as with our service users and their carers to ensure that services are efficient, effective and easy to access for older people, physical disability, learning disability and mental health service users.

Social Care, Health and Wellbeing Directorate

Learning Disability and Mental Health

Learning Disability and Mental Health commissions and provides a range of services to deliver the best possible social care outcomes for people with a learning disability, people with mental health issues and their carers living in Kent. The division aims to help the people of Kent live independent and fulfilled lives safely in their local communities and works to promote the health, wellbeing, quality of life and independence of our service users and their carers.

Our top 3 priorities for Learning Disability & Mental Health in 2014/15:

To keep vulnerable people safe by ensuring that safeguarding procedures are robust and effective

To work in partnership across health and social care to encourage innovation, improve efficiency and support a range of transformation programmes to avoid duplication and improve outcomes for service users.

Ensure that there is a smooth transition for vulnerable young people from health, education and Specialist Children's Services into Adult Social Care Services.

In 2014-15 the division is comprised of Four key business areas:

Community Learning Disability Teams

Our community teams are integrated with Kent Community Health NHS Trust (KCHT) and Kent and Medway Partnership Trust (KMPT) and undertake assessments for adults with learning disabilities and determine eligibility for support. The team works with service users and carers to develop support plans describing the services to support individual needs. Service users can manage these services with a Direct Payment.

The community teams work closely with the Central Referral Unit, Police and other professionals to identify vulnerable adults experiencing harm, abuse, neglect or a breach or failure in care standards, ensuring a coordinated response to address the identified risks and issues.

Learning Disability Provision Services

A range of services are provided for adults with a learning disability including daily living activities, shared lives, independent living schemes, short breaks which support people with a learning disability to lead their lives with the same aspirations and opportunities as any other citizen.

Mental Health Services

Our Mental Health services work closely with colleagues from KMPT to provide mental health support in times of crisis and to those with long term mental health issues living in the community. The services help people towards mental health wellbeing and recovery through adult placements, advocacy, carers' services, community support services, service user groups and employment services.

Operational Support Unit

The Director of Learning Disability and Mental Health has senior management accountability for the work of the Operational Support Unit which delivers a diverse range of frontline and support services across the Directorate. The function has responsibility for the Kent Blue Badge Service, making adaptations in peoples houses to enable them to stay at home and some purchasing of care. It helps to develop operational policy, undertakes business continuity planning and manages the customer complaints system.

Commissioning

The Division is responsible for the commissioning and procurement of social care services to ensure that the right level of support is provided at the right time, right place and at the right cost for vulnerable adults, children and young people and carers in Kent.

"Our aim is to drive, promote and support transformational change through commissioning strategically to ensure the provision of a range of high quality, cost effective, outcome based services for vulnerable adults, children, young people and their families".

The service supports the council in meeting its statutory responsibility for the effective commissioning of social care services across Kent.

We plan and commission social care services, analyse, evaluate, and performance manage contracts and shape the market to ensure we are able to deliver our strategic priorities and fulfil statutory obligations.

We maintain oversight of adult protection processes to ensure that people in situations which could put them at risk of abuse and danger receive the support they need to maintain their personal safety and independence.

We improve the outcomes and quality of life for vulnerable adults, children, young people and carers in Kent by transforming the way social care services are delivered.

Our top 3 priorities for Commissioning in 2014/15:

To improve safeguarding and quality monitoring, ensuring robust processes are in place across social care and public health for all commissioned services and reducing the number of care homes with a safeguard concern

To contribute to the delivery of the council's transformation programme (Facing the Challenge). In particular this includes continuing to work with Health to deliver improved and joined up services, such as CAMHS, to vulnerable children and adults with health needs.

To continue to develop the commissioning function so that it is best placed to the meet the council's current and future needs as it moves to being a commissioning authority.

Social Care, Health and Wellbeing Directorate

In 2014-15 the division is comprised of Four key business areas:

Commissioning

Accommodation Solutions, Community Support, Commissioned Services and Children's Services commissioning units provide the strategic direction and practical support for the delivery of the commissioning function across adults and children's social care ensuring that the organisation is able to deliver its strategic priorities and fulfil its statutory obligations.
The Commissioned Services team commissions monitors and evaluates a diverse market of high quality services for vulnerable people in Kent.
Its focus is to provide the correct blend of preventative services and programmes that maximise the independence of vulnerable people and alleviate the need for more costly services such as residential or nursing care. These services include:

- Housing related support services, such as hostels and women's refuge which prevent homelessness, domestic abuse and support a reduction in reoffending.
- Drug and alcohol treatment services and those which prevent problematic drug and alcohol misuse and promote improved health and wellbeing and support long-term recovery, rehabilitation and social re-integration
- Advice and support to those who are experiencing exceptional hardship as a result of a crisis or emergency.

The team will embark on a transformation programme this year that will integrate and reposition our services to ensure that shared priorities within the council and those of key strategic partners such as housing, health and criminal justice are met.

The units ensure that commissioned services achieve best outcomes for adults, children, young people and their families in the most efficient, effective, equitable and sustainable way through rigorous planning, needs analysis and evaluation, impact assessments, performance management and contract/market development and negotiation.

This is achieved in line with the Council's Procurement Strategy "Spending the Council's Money", Kent County Council's Equality Strategy across the priority outcomes of the Equality Framework for Local Government (EFLG), customer insight and complying with the 'Duty to Involve', including the involvement of service users, their carers, and children and young people to inform the design and delivery of commissioned services, and where possible and appropriate The Kent Compact and the Council's Environment Policy and Standard ISO 14001.

Adult Safeguarding Unit

The core function of the unit is to ensure effective adult protection processes are in place to ensure that people in situations which could put them at risk of abuse and danger receive the support they need to maintain their personal safety and independence.

This is achieved through; Quality Assurance work including audits; Safeguarding policy, procedure and risk management including complex investigations and Serious Case Reviews; analysing trends in adult safeguarding and developing new initiatives based on this; developing Adult Safeguarding policy including responses to national consultations; hosting and supporting the Safeguarding Vulnerable Adults Multi-Agency Executive Board and related Multi-Agency training; compliance and best practice with Mental Capacity Act and Deprivation of Liberty Safeguards; Care Quality Commission response and relationship management, including Risk Strategy meetings; and supporting the adult element of the Central Referral Unit.

Performance and Information Management (Adults)

The team works closely with Directors, policy, training and operational staff to embed a performance culture and accountability throughout the organisation by improving data quality, setting targets, understanding and resolving reasons for inconsistent performance and practice, supporting staff with monthly budget and activity monitoring and forecasting, and ensuring that mechanisms are in place for staff to manage their own performance locally and escalate risks.

The team is also responsible for National statutory returns, Corporate reporting to Cabinet Committee, and the Cabinet Member, user surveys, Freedom of Information requests, budget and activity monitoring and analysis, and working with the Department of Health and Association of Directors of Adult Social Services to influence the national developments of performance frameworks.

Adults Transformation Team

The team provides strategic oversight and directorate wide support to managers and staff to help them engage with the planning and implementation of the Adults Transformation Programme working in partnership with Newton Europe.

Public Health

Public Health is responsible for the commissioning and provision of services that will improve and protect the health of the population of Kent. The role of the Public Health team is to understand and describe the factors that affect people's health and with partners, promote and deliver action across the life course to promote health and wellbeing and to reduce inequalities in health.

"Our aim is to improve the wellbeing of the people of Kent, enabling them to lead healthy lives, by delivering effective services and ensuring public health is an integral part of our partners' service design and delivery, helping to reduce the need for expensive acute interventions."

We do this working across three areas or domains:

- Health Improvement
- Health Protection
- Improving quality, effectiveness and access to integrated health and social care services

The Public Health team provides the leadership and the strategic framework under which effective action can be taken to address the public health priorities identified in Kent, and provides public health advice to a range of organisations and communities.

The service supports all people across Kent through:

- Improving the health of the local population and reducing health inequalities with a focus on prevention
- Oversight of plans to protect the health of the local population from public health hazards, such as infectious disease.
- Providing specialist public health advice to local authority and local NHS Commissioners.

Social Care, Health and Wellbeing Directorate

As part of our role in improving and protecting health, the Council will be expected to commission or directly provide a wide range of services to meet the public health priorities identified in Kent including:

- Reducing health inequalities through a life-course approach
- improving children's mental health and wellbeing
- Increasing levels of physical activity
- Improving adult mental health and wellbeing
- Improving sexual health and reducing teenage conceptions
- Reducing childhood obesity
- Enabling more people with chronic disease to live at home
- Reducing the harms caused by substance misuse and/or excessive alcohol drinking

To meet these priorities we deliver or commission 23 service areas, including statutory public health functions:

- Providing appropriate access to sexual health services
- Taking steps to protect the health of the population
- Ensuring NHS Commissioners receive the public health advice they need
- Ensuring NHS Health checks are delivered
- Delivering the National Child Measurement Programme

The division commissions a range of programmes designed to protect and improve health including sexual health, drugs and alcohol misuse, health checks, tobacco control and smoking cessation services, healthy weight and schools based services such as school nurses and the National Childhood Measurement Programme.

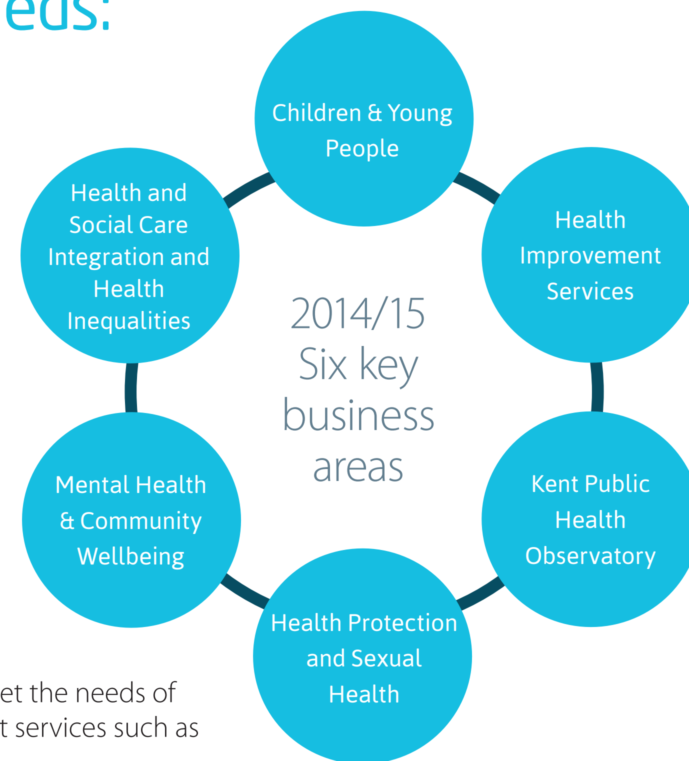
The Public Health Division is instrumental in improving and protecting health across all functions within the local authority. In addition, the Public Health team has a key role in the statutory duty of the Council to co-ordinate the Health and Wellbeing Board, prepare a Joint Strategic Needs Assessment and produce a Joint Health and Wellbeing Strategy, against which the commissioning plans of Kent's seven Clinical Commissioning Groups are assessed.

Our top 3 priorities for Public Health in 2014/15:

- To maximise impact by working across KCC and through external partnerships
- To deliver improved services through effective commissioning
- To develop effective, joined up communication and campaigns, helping the public understand and access our services

Social Care, Health and Wellbeing Directorate

In 2014-15 the division is comprised of Six key business areas:



Children & Young People

This category combines a variety of services to meet the needs of children and young people. Within this category sit services such as School Nursing, Infant Feeding, Healthy Schools.

Our School Nursing Service delivers a core public health package to children, young people and schools within education settings through wider community locations. The Healthy Schools Programme works with schools to provide an environment that enable healthy behaviours and development.

Health Improvement Services

Which include, Health Check service for adults between 40 and 74 years of age, Smoking Cessation Programmes, Health Trainers, and Healthy Weight programmes for both Adults and Children are key to the delivery of Kent's identified public health priorities.

Kent Public Health Observatory

Provides health intelligence, analysing data to inform service design and delivery, and produces, amongst a suite of publications, the Joint Strategic Needs Assessment to inform the commissioning plans of the Authority, and the seven Clinical Commissioning Groups in Kent.

Health Protection and Sexual Health

Fulfils the Authority's responsibility to assess the effectiveness of immunisation programmes delivered by other sectors of the health system, whilst promoting the benefits of immunisation. Our services respond to potential pandemic situations, and maintain oversight of acute provider plans for prevention and control of infection, ensuring they are robust.

Services commissioned in this category include Contraceptive and Sexual Health Services, Genitourinary medicine including HIV, Emergency Hormone Contraception schemes, school based sexual health clinics, condom registration and access points and outreach work.

Mental Health & Community Wellbeing

This group of services includes workforce wellbeing and mental health campaigns. Our Drug and Alcohol Services, commissioned by the Kent Drug and Alcohol Action Team, provide advice, sign posting to other services, substance misuse detoxification services and needle exchange and blood borne virus treatment and screening.

Health and Social Care Integration and Health Inequalities

Services in this category include Workplace Health, supporting businesses to maintain a healthy workforce, Postural Stability programme to help prevent falls, and programmes such as Winter Warmth, which works to reduce excess winter deaths and focuses on people over 65 years old with underlying coronary heart, respiratory disease or mobility related conditions.

Social Care, Health and Wellbeing Directorate

Facing the Challenge - our Strategic Directorate Priorities for 2014-15

Kent County Council and its partner organisations have a range of priorities and targets that we aim to meet when working with our customers. The Social Care, Health and Wellbeing Directorate is contributing to the delivery of whole council transformation in implementing the Transformation Plan – Facing the Challenge: Delivering Better Outcomes. We are doing this within the three key transformation themes of Managing Change Better, Integration & Service Redesign, and Market Engagement & Service Review, and the main areas of focus in our Strategic Priorities Statement this year are:

- Planning for growth and a changing population; meeting the increasing demand for services in a challenging financial environment
- Tackling deprivation and removing inequalities; improving user outcomes and positive experiences for all
- Promoting independence, resilience and enablement
- Creating a more sustainable service through transformation, with greater emphasis on better procurement, increased prevention, and improved partnership with the NHS to deliver better outcomes for Kent residents at lower cost
- Developing a workforce that is flexible, adaptable to change and that has the skills, competencies and capacity to deliver on our priorities; ensure that our leaders and managers have the skills and tools required to lead the change, improving the capacity and performance of the management structure and decision making authority

Our main drivers for change

National Level

- Care Bill
- Children and Families Act 2014
- Welfare Reform Act 2012
- Better Care Fund
- Health and Social Care Integration Programme – Pioneer Programme
- Health and Social Care Act 2012
- National Outcomes Framework; Public Health; Social Care
- Public Services Social Value Act 2012
- National Drug Strategy 2010
- National Alcohol Strategy 2012

Local Level

- Facing the Challenge: Whole Council Transformation
- Facing the Challenge: Delivering Better Outcomes
- Medium Term Financial Plan
- Health and Wellbeing Strategy
- Joint Strategic Needs Assessment
- Adult Social Care Transformation Portfolio Blueprints (2012; 2014)
- 0 – 25 Transformation Portfolio: Children's (Social Care) Transformation Plan
- Social Work Contract
- Community Solutions Strategy
- Accommodation Strategy
- Local district and borough housing strategies
- Housing related support Commissioning Plan 2013- 2016
- Kent and Medway Domestic Abuse Strategy
- Kent and Medway Reducing Reoffending Strategy

Social Care, Health and Wellbeing Directorate

In 2014-15 we will deliver:

We are committed to the strategic priority to reduce reliance and dependency on public services through a focus on early intervention and improving outcomes. The Directorate will deliver Kent's priorities in prevention, promoting independence and wellbeing in a more holistic, joined up vision for the people of Kent, integrating social care services for Children, Adults and Public Health under a single directorate.

Wherever possible, we want to align more of our services with Health to achieve better services for Kent residents and increased value for money.

As we reshape our services to focus on commissioning there will be activity throughout this year to explore ways that will enable older people and people with a physical disability to self-manage and put in place increased range of preventative and early intervention services for vulnerable children and their families to support them before they reach crisis point.

The Corporate Director and Directors in the Social Care, Health and Wellbeing Directorate have collectively identified the following three strategic priorities for the year ahead:

1. Children's (Social Care) Transformation Programme

For our Specialist Children's Service, 2014/15 brings the next phase of the journey 'from improvement to transformation' building on the solid foundations now in place across the service to radically improve the quality of service provision offered to all our service users.

This Statement reflects the completion of the Kent Safeguarding and Children in Care Improvement Plan: Phase 3 and continues the focus on quality and sustainability - building on the improvements achieved to date, and further integrating and embedding Improvement Programme actions into 'Business as Usual' practice.

This year the Children's Services will manage a single transformation programme to focus on moving beyond improvements in social care practice, oversight and case management to deliver transformational change in children's social services, with fewer children in care through earlier preventative work with families, and delivering better educational and social outcomes for those children in care, with service efficiency improved to operate within a more sustainable budget.

The needs of children we work with are such that they need the right response from the very beginning and throughout our involvement with them. The reality of what are always limited and often reducing resources means we literally cannot afford not to manage resources well. The achievement of quality service provision is a central part of our approach to efficiencies - confident that we use what we have well, and effectively.

Children's (Social Care) Transformation is underpinned by the **Social Work Contract**. This sets out both the standard expected of our practitioners, and the support the organisation will offer them in return. The contract builds on the outcomes of the **Munro Review**, and, central to it is the importance of building relationships as the key to helping families change.

The Children's (Social Care) Transformation Programme is part of the overarching 0-25 Change Portfolio, a Facing the Challenge transformation theme. A key element of the Children's Transformation strategy will be to manage efficiency and improvement through the same programme. Working jointly with Early Help and Preventative Services Division the programme will see the transformation of these services delivering in a more joined up way to have maximum impact on improving outcomes, achieving the most efficient use of resources and reducing the demand for more costly services.

The Children and Families Act 2014 will reform the systems for adoption, looked after children, and family justice. We will need to prepare for the changing requirements when the Act is implemented.

The programme will deliver a new integrated commissioning strategy and more integrated working with other statutory agencies and the voluntary sector, as well as the greater integration of the Council's services, in order to bring about a radical shift in ways of working. Across both Directorates the proposed savings in year one is £4.7million, which does not include any savings from reductions in demand for more costly services.

Social Care, Health and Wellbeing Directorate

2. Adult Services Transformation Programme

This Statement is produced at a time of challenge and opportunity for the adult social care sector. The challenge includes delivering excellent services at a time of significant demographic change (with increased demand on services) and a time of financial constraint. The opportunities are through transforming existing services; the delivery and commissioning of services in an integrated way with the NHS to deliver sustainable financial savings and improve the quality of the customer's experience; and promoting the personalisation agenda.

When considering the services we provide, it is important to note the changing national legislative context. Significant changes are expected to the council's Adult Social Care responsibilities when the **Care Bill** is fully implemented, which is planned to come into effect from April 2015, this will include the introduction of a national minimum eligibility threshold for providing care, changes to the thresholds for the funding of care, new responsibilities in respect of carer assessments, legal right to receive services and entitlements to hold personal budgets.

The challenge for the Council is to ensure that we build a social care and support system that has at its heart an ability to assist people to live as independent a life as is possible for them given their needs and circumstances.

We will focus on managing the demand for older people services to ensure that our funding is used in the most efficient way and the Directorate is able to manage the demand for services within our net available resource. There are significant opportunities to design and implement a better system of services for older people that support people to stay at home and remain as independent as possible, support carers, put people in control of the care they receive, and support them to live with dignity.

To address the financial challenges we face in the coming years, we are working with Newton Europe, our Transformation Partner, to redesign whole system pathways across our services and bring about innovation to make further improvements. This will lead to very different services and structures compared to current arrangements.

Adult Services Transformation Programme

The Adult Services Transformation Programme, which covers work streams on **Optimisation, Care Pathways, Commissioning and Procurement, Integration**, and the **Care Bill**, has as its primary aim the improvement in the outcomes for people, and will also enable us to achieve the significant savings of 25% to 40% we need to find from current models of delivery in order to ensure that our services are sustainable for the future. This year we must achieve a £15million (including Commissioned Services for Housing Related Support) saving from the Adult Services Transformation Programme, which includes investment in services to manage demand in order to deliver these savings.

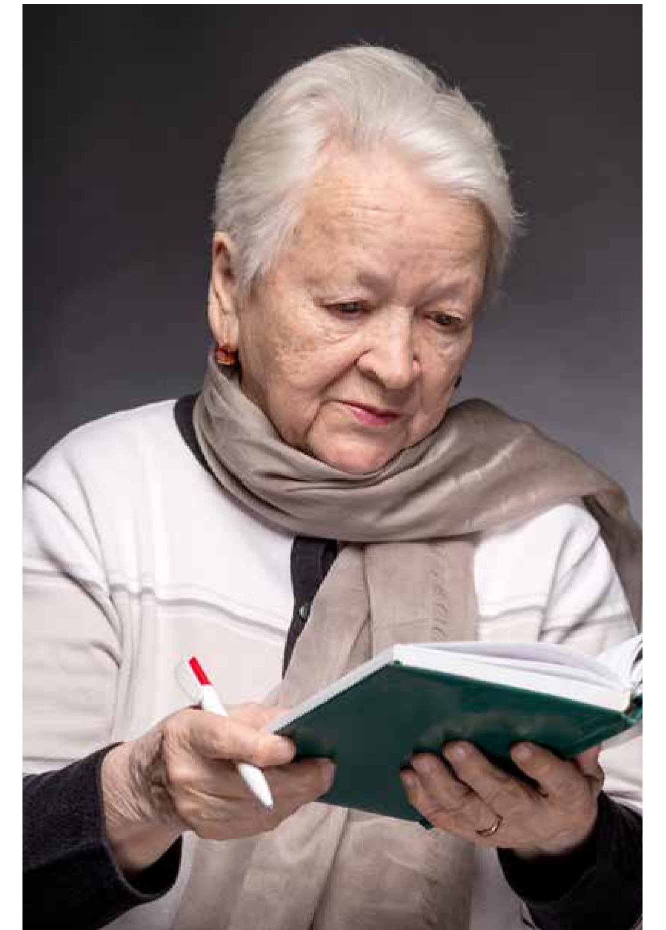
Our long term intention for Adult Social Care is that, we will have a sustainable model of integrated Health and Social Care services which offers integrated access, integrated provision and integrated commissioning. We will have improved outcomes for people across Kent by maximising people's independence and promoting personalisation. We will have maximised value for money by optimising our business, managing demand and shaping the market through strategic engagement with key suppliers.

The integration of Health and Social Care services is being managed as part of a wider Adults Transformation, meaning that the redesign of our services will facilitate integration with the NHS. Kent is one of fourteen Pioneer areas in the Department of Health's Integrated Care and Support Pioneer Programme, which aims to establish new ways of delivering coordinated care. There is no funding attached with being a Pioneer area but it means that we have greater opportunity to secure freedom to remove barriers that can get in the way of integration. In Kent, the focus will be around creating an integrated health and social care system which aims to help people live as independent a life as possible, based on their needs and circumstances. By bringing together Clinical Commissioning Groups, Kent County Council, District Councils, acute services and the Voluntary Sector we will move to care and support provision that will promote greater independence for patients, whilst reducing care home admissions. In addition, a new workforce with the skills to deliver integrated care will be recruited.

Through robust analysis of our operating model and changing working practices the Optimisation Programme will enhance productivity. A new operating model will be rolled out, unblocking system and process barriers, reducing interfaces and matching staffing profiles to activity. This will include integrated workforce planning and support for the Private and Voluntary Sector with their workforce planning as part of the transformation of all the services.

To achieve the best outcomes for service users the Adults Care Pathway Programme will initially focus on maximising the benefits from existing preventative services, including a suite of community based services provided by the Voluntary Sector, assistive technology and enablement linked to rehabilitation. The programme is redesigning care pathways to promote independence, self-care and self-management. Service users will move into the redesigned care pathways, which will support the integration with health services, closer engagement with social care providers at a strategic level and meet the requirements of the Care Bill.

The Commissioning Programme will improve performance and commercial oversight of Adult Social Care services by supporting the integration of health and social care commissioning arrangements, better provider engagement and market shaping. The Health and Wellbeing Board has already proved to be a successful platform for promoting joint commissioning and integrated working through the Better Care Fund. We will lay the foundations for prime provider relationships and the facilitation of sub-prime provider networks able to deliver holistic care based services, better outcomes and sustainable efficiencies.



Social Care, Health and Wellbeing Directorate

Care Bill Preparation

The Care Bill will bring significant changes to the adult social care system in 2015 and 2016. It includes the Government's response to the Dilnot review of adult social care funding and introduces a care cap, national minimum eligibility criteria and other funding reforms. The Council will need to prepare for and manage the implications, which include a significant increase in demand for assessment, new duties to support carers and a requirement to fund care and support of significantly more people.

The introduction of the Bill will also provide a significant opportunity to further develop joint working with the NHS, and this year we will be working on a detailed investment plan in partnership with Kent's seven Clinical Commissioning Groups and the Health and Wellbeing Board which will develop this new model of support under the Integrated Care and Support Pioneer Programme.

We intend to revisit our approach and engagement with the Voluntary and Community sector, especially in the context of the implementation of the Care Bill requirements regarding the new preventative duty.

Better Care Fund

We will advance plans for the Better Care Fund in 2014/15, which represents a significant opportunity to invest in preventative and intervention activity and support our strategy to manage demand for adult social care.

As part of this initiative consideration will be made of all three Adult Transformation Programmes to ensure that activity to transform adult social care is aligned with the reforms being brought in by the Care Bill which is a key component of the Better Care Fund.

More detailed plans for the transformation of Adult Social Care can be found in our Adults Transformation Programme Plans, and integrated commissioning and integrated provision plans developed with our Health partners are set out in the Better Care Fund Plan.

Social Care, Health and Wellbeing Directorate

3. Public Health Priorities

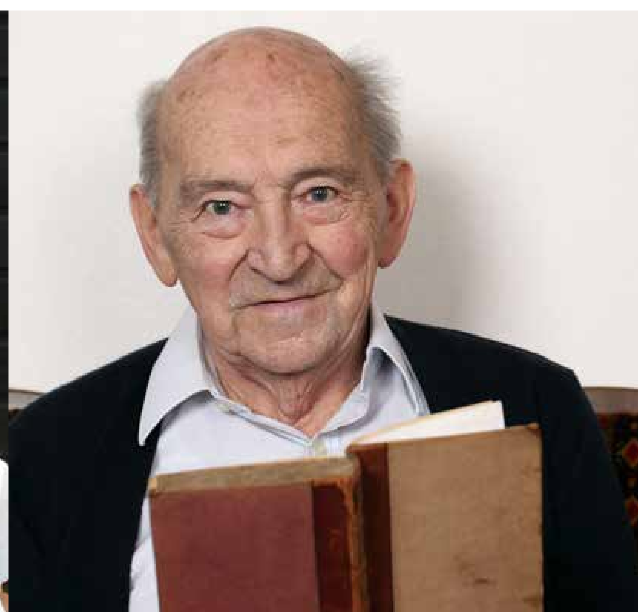
Local Authorities assumed public health responsibilities in 2013 and this has given us a unique opportunity to work alongside colleagues across the Council to promote action on the determinants of health such as housing, transport, environment, and planning. This will continue in respect of developing approaches to using Risk Stratification to inform joint commissioning decisions. We will deepen the links with Growth, Environment and Transport and work alongside colleagues on work around community safety and community resilience.

Public Health has three overriding aims, these are:

Improving the health of the Kent population

Protecting the health of the Kent population

Improving the quality, effectiveness of, and access to, integrated health and social care services



Public Health division works closely with the Health & Wellbeing Board, and is a key partner in producing the Health & Wellbeing Strategy for Kent. Its commissioning plan is considered by the board, and the Joint Strategic Needs Assessment is a key tool for the board in developing its strategy.

There are a number of Public Health challenges in Kent including; the proportion of people overweight, reducing the prevalence of smoking, reducing health inequalities, reducing the harm caused by alcohol.

Maximising the impact of the Public Health grant we will embed public health priorities across the Council and ensure our policies and programmes consider the impact on the health of the population of Kent.

Using a process of prioritisation that included assessment of needs and inequalities, current performance, partner's priorities and feasibility we have identified that in addition to the above, Infant feeding, health checks, and postural stability will be priorities for Kent in 2014-15.

In achieving our strategic objectives this year we will not only improve the wellbeing of the people of Kent, but also reduce the need for expensive acute interventions, thereby reducing the pressure on other Council services, and the wider public sector.

Key Divisional priorities for 2014/15:

Specialist Children's Services key priorities for 2014/15

1. Recruitment and retention of qualified social work staff

We will work hard to improve the recruitment and retention of qualified social work staff employed by the service by continuing to build on the work of the Improvement Programme to develop a stable, permanent workforce, which will result in fewer agency workers. We will seek to increase the proportion of social work staff that are permanent members of the workforce. This will ensure that consistent contact is maintained with children, young people and their families, improve staff moral and achieve financial savings.

2. Effective management and control of resources

The Children's (Social Care) Transformation Programme will review our financial processes, streamline service provision, and improve the level of in-house foster care and adoption provision in order to be more efficient with resources. As a result, more Children in Care will have a permanent, stable placement and we will meet the financial savings required for 2014-15 in the Medium Term Financial Plan.

3. Continue to improve the quality of social work practice; keep all children and young people safe.

We will support frontline social workers with child protection responsibilities, who operate in challenging, stressful and demanding circumstances through the Social Work Contract. To improve the quality of social work practice we will ensure social work staff receive regular, reflective supervision and feel supported through line management. Social work staff will be encouraged to share good practice; and a structured mechanism for feeding back lessons learnt from assessment, regulation and inspection will be implemented. As part of Kent's efforts to become a learning organisation, all social work staff will regularly access high quality continuous professional development.

Through regular and robust quality assurance of case-work and practice, and data analysis we will ensure continued focus on the best interests of children and young people, the voice and wishes of the children and young people are listened to, and that these decisions are well reflected within the child's online record.

Older People and Physical Disability key priorities for 2014/15

1. Transform and modernise service with effective management and control of resources

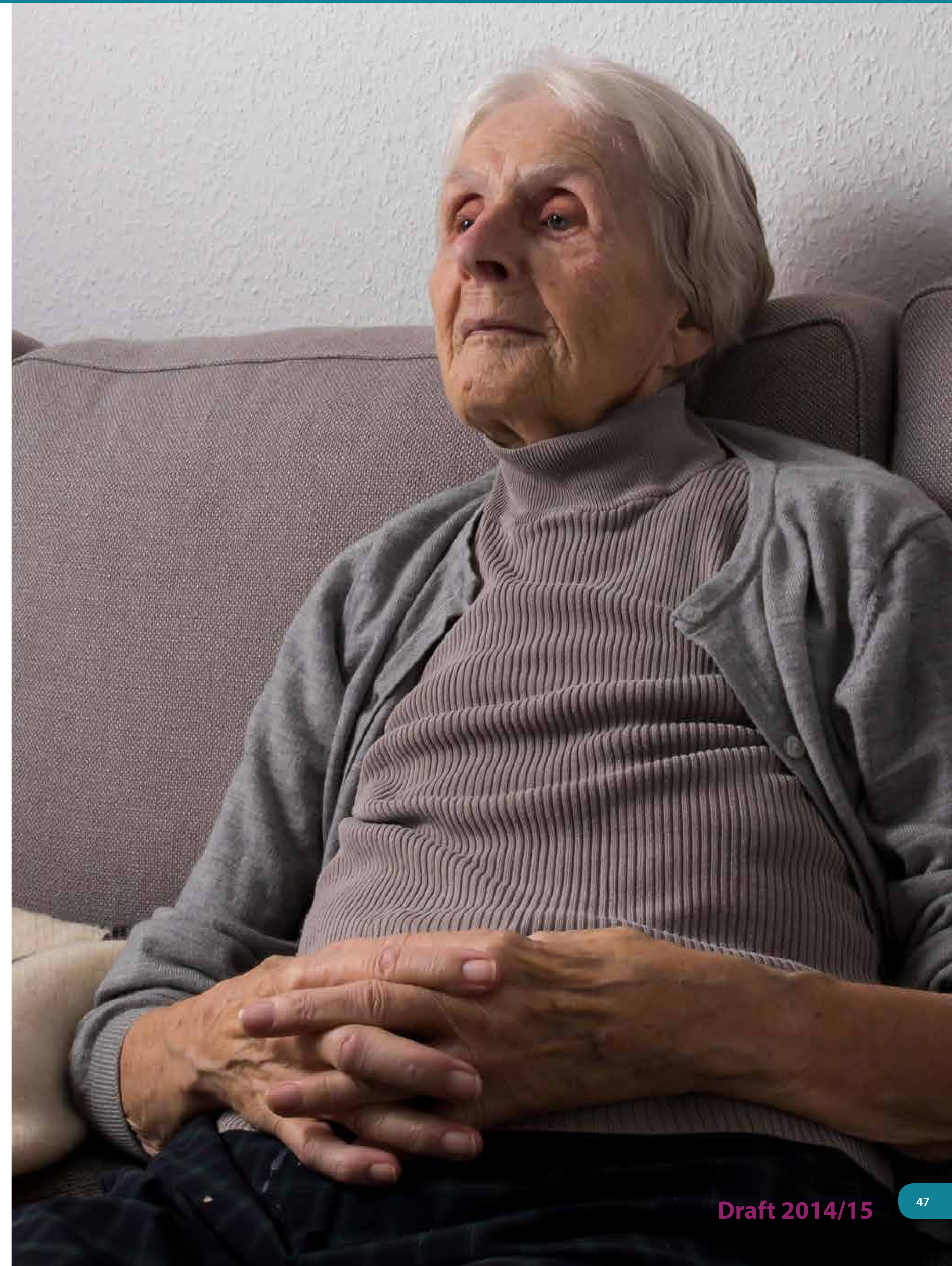
The experience of the public in contact with the service will be improved with reduced time between initial contact and assessment of need, more enablement services will support independence and encourage self-care and management. Access to care and support services will be enhanced by revised and streamlined care pathways. We will meet the financial savings required for 2014-15 in the Medium Term Financial Plan by delivering the objectives of the Adult Social Care Transformation Programme.

2. Implement the Integrated Care and Support Pioneer Programme and Delivery Plan, integrating Health and Social Care commissioning and service delivery (including Better Care Fund)

We will work alongside Commissioning and our health and social care partners to implement the Integrated Care Pioneer Programme and Action Plan. The service we deliver to the public will be improved through integrated commissioning and service provision, avoiding duplication and ensuring clearer care and support planning from strategic to individual service user level.

3. Improve social care practice, keeping vulnerable adults safe, promoting independence and fulfilling lives for all

Our workforce will be trained, qualified, supported and clear about their roles and accountabilities which will improve the experience for the public in contact with the service. Social work staff will be appropriately trained and supported to operate the modernised services introduced under the Adult Social Care Transformation Programme. All staff will be clear about their accountabilities through personal action planning and individual performance management. Staff will receive regular supervision; reflect on their practice, development and performance management. Social care staff will be clear about how they deliver quality standards through systematic sharing of best practice, lessons learnt and developing their understanding of the inspection and regulatory framework for adult social care.



Learning Disability and Mental Health key priorities for 2014/15

1. Keep vulnerable people safe through robust and effective safeguarding procedures

We will work to ensure that our safeguarding monitoring and practice are of the highest standards and continue to focus our efforts to eliminate abuse and discrimination. Our lead role in co-ordinating the development of policies, procedures and practice with other agencies including providing training programmes and regular audits will ensure quality of practice. All our service users will be able to lead safe and fulfilling lives.

2. Work in partnership across health and social care to encourage innovation, improve efficiency and support healthy and productive lives for people in Kent

We will continue to work in partnership with health to deliver effective, seamless services to the vulnerable adults in our care. Our integrated teams, including a range of health and social care professionals, will continue to support people with learning disabilities live full, active lives in their local communities.

As we continue to innovate and improve efficiency through our partnership we will provide that most appropriate type and level of support, helping people to take care of their health and well-being and be active and productive in their daily lives.

3. Ensure that there is a smooth transition for vulnerable young people from health, education and Specialist Children's Services into Adult Social Care Services

The transition from childhood to adulthood can be a turbulent time for young people but this can be particularly so for disabled young people who might be in contact with a number of services. In 2014/15 the Division will work with our colleagues in health, education and Specialist Children's Services, to ensure a joined up approach to transition and work collectively to update transition protocols for staff so that they are fit for purpose. We will ensure the transition arrangements in Kent are compliant with the requirements of the Children and Families Act 2014 and with the Care Act (when enacted).

We will meet the Corporate Parenting responsibilities for young people leaving care at age 18 who are eligible for adult social care services. We will review the Direct Payments pilot whereby one organisation administers the issuing of direct payments for children and young adults to minimise any disruption when the young person reaches the age of 18. The Division will seek feedback from stakeholders, including young people and their parents/carers on the transition arrangements and we will explore different models and configurations of transition services so that access to Adult Social Care Services is seamless.

By working with colleagues involved in delivering 0 to 25 services we will ensure that young people do not lose out on opportunities for education, training and employment. The Becoming an Adult booklet will be updated for young people so that it is not learning disability specific but relevant for all disabled young people who might be likely to access Adult Social Care.

Commissioning key priorities for 2014/15

1. Improving safeguarding and quality monitoring

We will develop the quality in care framework and monitoring process across Social Care, Health and Wellbeing to ensure robust processes are in place for all commissioned services. Best practice will be embedded across the organisation, utilising intelligence from operational teams and the Care Quality Commission to reduce the number of care homes with a safeguarding concern.

2. Contribution to the delivery of the transformation programme (Facing the Challenge)

To meet the financial savings required for 2014-15 in the Medium Term Financial Plan we will continue to review services commissioned for adults, children, young people and their families to ensure efficiencies and best practice are achieved. Programme 2 is now being progressed with our partners Newton Europe. The progress of transformation is rigorously monitored through Transformation Board, Budget Board and Cabinet Members.

3. Develop the commissioning function including training

We will continue the work already in progress with the Clinical Commissioning Groups to deliver coherent processes and systems across health and social care to identify opportunities for integrated commissioning. We will develop new ways of working with the community and voluntary sector, and provide training and events to support them.

Working with Corporate Procurement we will continue the development of the commissioning function, embedding best practice, building on work with the Institute of Public Care, Oxford Brookes University to identify best use of the remaining development days as part of our partnership arrangement.

Social Care, Health and Wellbeing Directorate

Public Health key priorities for 2014/15

1. To work in partnership with organisations across the public sector to maximise the impact of our work, and to ensure that Public Health outcomes are integral to the design and delivery of services

We will work with colleagues in the public sector, and our partners including Clinical Commissioning Groups, and Local Health and Wellbeing Boards to ensure that Public Health outcomes are integral to the design and delivery of services, using the expertise of public health consultants to inform and influence decision making.

We will ensure that the Joint Strategic Needs Assessment is used to inform the whole public sector, and that it will support the development of services targeted to achieve maximum effect. We will support the work of the Better Care Fund to deliver the integration of health and social care and a whole systems approach to reducing the need for acute interventions.

2. To improve services through effective commissioning

We will continue to develop effective commissioning processes that allow us to achieve our outcomes, whilst developing greater diversity of supply. By ensuring all contracts are subject to a competitive tendering process and contract management is maintained to the highest standard, we will deliver efficient and effective services whilst achieving our targets identified for 2014-15 in the Medium Term Financial Plan.

3. To improve access and awareness of services through effective, joined up communication and campaigns

We will examine our services through the prism of public access, ensuring that they can be accessed in as simple a way as possible. By developing effective, joined up communication we will improve public awareness of services and innovative campaigns will encourage the people of Kent to improve their health. We will develop a coordinated approach across public health services' ensuring that cross-promotion is embedded in their structure.

Directorate Resources

The total gross expenditure for the Social Care, Health and Wellbeing Directorate for 2014-15 is: £665m. The high-level budget breakdown is shown below.

2014/15 Budget

2013-14 Revised Budget	Division	FTE	Staffing	Non staffing	Gross Expenditure	Service Income	Net Expenditure	Grants	Net Cost
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
11,999.2	Strategic Management and Directorate Budgets **(Andrew Ireland)**	7.5	978.0	9,598.5	10,576.5	-160.0	10,416.5	0.0	10,416.5
8,520.3	Commissioning **(Mark Lobban)**	192.5	7,877.6	22,126.0	30,003.6	-5,933.2	24.070.4	-15,553.9	8,516.5
172,198.0	Learning Disability and Mental Health **(Penny Southern)**	789.3	27,016.4	161,608.0	188,624.4	-13,317.6	175,306.8	-2,708.4	172,598.4
170,138.7	Older People and Physical Disability **(Anne Tidmarsh)**	1,352.0	36,037.7	220,590.3	256,628.0	-96,823.3	159,804.7	-6,610.0	153,194.7
384.0	Public Health **(Andrew Scott-Clark)**	56.0	3,647.2	34,552.7	38,199.9	-38.7	38,161.2	-38,161.2	0.0
124,109.4	Specialist Children's Services **(Mairead MacNeil)**	1,158.5	54,729.4	86,854.4	141,583.8	-4,214.2	137,369.6	-15,360.2	122,009.4
487,349.6	**Total**	**3,555.8**	**130,286.3**	**535,329.9**	**665,616.2**	**-120,487.0**	**545,129.2**	**-78,393.7**	**466,735.5**

The gross expenditure for 2014-15 (£665m) is £178m higher than the Family and Social Care Directorate budget for 2013-14 (£487m). This is a consequence of the creation of the new Social Care, Health and Wellbeing Directorate. The Council has re-organised its services integrating the Public Health Division from the former Business Strategy and Support Directorate and Commissioned Services from the former Customer and Communities Directorate to the new Social Care, Health and Wellbeing Directorate.

Management of Children's Centres (£17m) and Early Intervention and Prevention Services (£9.7m) transfers to the new Education and Young People's Services Directorate.

Workforce and Organisational Development Priorities

As our services become increasingly focused on meeting needs most efficiently we will need outstanding financial, operational and delivery skills so that we can exploit new ways of working through best use of technology and achieve value for money in everything that we do.

Our workforce development priorities for 2014/15 are set out in the Workforce and Organisation **Development Plan**. This will help us to develop a workforce that is flexible, adaptable to change and that has the skills, competencies and capacity to deliver the priority to 'Managing Change Better' in the transformation and integration programmes set out in Facing the Challenge. Our workforce strategy will support our employees to ensure that they have the ability to work across and outside the Council, sharing expertise and skills, with our resources directed to where they are needed most.

As a public service we strive to become more business-like, more dynamic, more decisive and more resilient. We will increase the challenge to our services to continue to improve their processes and better demonstrate the impact of their work.

We are committed to leading a flexible workforce which is flexible both in its skills and in the way and location in which it works. Our workplaces are based in different parts of the county and are connected via the internet so that staff can interact and work with one another in a collaborated environment, regardless of where they are. An essential part of this development is to make sure that our leaders and managers have the skills and tools to manage a flexible team.

These priorities are supported by four strategic staff development frameworks including Leadership & Management, Social Care, Support Staff and Health & Safety, which have been developed in collaboration with managers and staff across the organisation and are designed to support all staff, whatever grade or job role, develop the skills and knowledge required to improve performance across the organisation.

An Action Plan will be drawn up by the Directorate Organisation Development (OD) Group.

Social Care, Health and Wellbeing Directorate

The Action Plan will detail key Directorate strategic workforce priorities and OD activities that are being undertaken to ensure that the Directorate has a highly skilled workforce that is flexible, responsive and effective in meeting service needs, particularly in the current climate of significant change. Priorities include:

- Contribute to the KCC Strategic Workforce Development priorities, relating to Facing the Challenge, as defined by the KCC OD Group.
- Building on the Social Care Development Framework, identify the core knowledge, skills and techniques needed to work in an effective integrated way for all Directorate services.
- Use of workforce planning tools, such as succession planning and talent management, to ensure there are no gaps in service delivery and provide career development opportunities for staff to broaden their knowledge and experience within KCC, by encouraging movement within and between services (e.g. secondments, cross service projects, mentoring and work shadowing). This will include effective recruitment and resourcing targeted at key gaps within services.
- Promote workforce development opportunities and build capacity and capability across the Directorate by ensuring that staff at all levels engage with and benefit from the new development and training frameworks: the Staff Development Framework for support and administrative staff; the Social Care Development Framework and the Management and Leadership Development Framework, including the Management and Leadership Social Care offer.
- Undertake workforce development in areas that require new skills or are subject to significant change, e.g. Safeguarding/Mental Capacity Act, Care Bill, Children and Families Act, Special Educational Needs and Disabilities (SEND), Preventative Services, Integrated working, Commissioning, contract management, data analysis and performance measurement.
- Effective performance management to ensure effective management of services and high quality service delivery, utilising a competency based framework. This will include appropriate support for qualifications and agreed principles for progression.
- Support Managers within the Directorate to achieve the new Kent Manager Standard, which has been designed to ensure managers are equipped to deliver 'Facing the Challenge'.

In addition, the implementation of 'Facing the Challenge' within the Directorate will need to be supported by:

- Facilitated sessions and support for new teams coming together to form new services and in doing things differently
- Knowledge and implementation of Organisation Design methodologies including use of 'Lean' processes in service redesign and exploring new service delivery models
- Developing self-sufficient managers and workforce through cultural change and building skills, confidence and flexibility.

Key Directorate Risks and Resilience

Effective risk management is essential to ensuring we can achieve the challenging priorities and targets set out in this Statement, and is driven by the Council's objectives to enable the achievement of the aims set out in Bold Steps for Kent. Our risk management process informs the business planning and performance management processes, budget and resource allocation, to ensure risk management supports the delivery of our organisational priorities and objectives.

Social Care, Health and Wellbeing maintains a Directorate Risk Register which is regularly monitored and revised to reflect action taken to mitigate the risk occurring or increasing. As risks de-escalate they are removed from the register and where necessary, new emerging risks are added.

The directorate takes a mature approach to risk, involving an appropriate balancing of risk and reward to ensure that threats to achievement of objectives are appropriately managed, while opportunities are enhanced or exploited to achieve the required transformational outcomes.

The key risks to the directorate for the coming year are:

- Ensuring delivery of benefits from the Adult Social Care Transformation Portfolio, including the need for savings to be realised in tight timescales, while ensuring appropriate alignment with wider key organisational change programmes. This links to the ongoing challenge of managing demand for Adults and Children's Social Care services, a significant corporate risk for the Council.
- Delivery of our statutory duties to safeguard vulnerable adults and children, ensuring we keep strong management controls while facing challenges such as recruitment and retention of permanent high quality workforce.
- Reacting to and embedding recent and future legislative changes such as the Health and Social Care Act 2012, Welfare Reform Act 2012, Children and Families Act 2014 and the Care Bill.
- Ongoing public sector financial pressures which also impact on our partner organisations and private sector providers.
- The ability of the Kent and Medway Partnership Trust to deliver sufficient mental health services in order to meet statutory requirements.
- Achievement of the targets and benefits from the Children's (Social Care) Transformation Programme and the 0-25 Transformation Portfolio whilst not having an adverse effect on children's services.

Social Care, Health and Wellbeing Directorate

- The move towards integrated Health and Social Care and delivery of the joint Council / Clinical Commissioning Group Health and Social Care Commissioning Plan, which will require major change in ways of working.
- Ensuring continuity of public health services whilst, for the first time, procuring through the market place.
- Ensuring that ICT systems are fit for purpose and utlilised to act as a key enabler of change.
- The management/governance/security of information being handled by our staff and also information owned by the authority but accessed by partner agencies.
- Ensuring that the directorate can continue to effectively provide at least essential services during any disruption or emergency, including public health protection responsibilities
- Ensuring the stability in the current supply of housing related support services as the planned transformation takes place.

Several of these risks feature on the Corporate Risk Register due to their potential organisation-wide implications:

- Safeguarding of vulnerable adults and children;
- Health and Social Care integration;
- Management of demand for adult and children's social care;
- Welfare reform changes.

The Directorate will also contribute to the mitigation of several corporate risks, including a key involvement in organisational transformation to meet the financial challenges facing the Council.

More detail of these risks and their mitigating actions are outlined in the **Directorate Risk Register** for the Social Care, Health and Wellbeing Directorate.

Sustainability

The Kent Environment Strategy is a key part of Bold Steps for Kent and the Council's commitments are integral within the Bold Steps Performance Framework – Priority 5. The Council's Environment Policy and Sustainability & Climate Change Programme set out the framework for delivering our corporate targets to 2015 and our compliance is monitored through the Environmental Management System and our accreditation to ISO14001.

The Directorate Management Team has overall responsibility for the Environmental Management System, including maintaining the environmental policy and providing adequate resources for implementing and maintaining the system on a strategic basis to ensure the directorate contributes to the corporate targets.

The Directorate outlines how we will deliver its priorities through the annual Sustainability and Climate Change Action Plan, which is a Public Health Outcome Framework target. The Action Plan is designed to ensure compliance with any relevant environmental legislation, awareness of the Directorate's significant environmental impacts and the reduction of our impacts and continual improvement of our environmental performance. We recognise the vital role that the Director of Public Health and Health and Wellbeing Board can take in developing locally relevant plans.

Further details about our actions and outcomes can be found in the Directorate Sustainability and Climate Change Action Plan.

Key Performance Indicators and Activity Thresholds

To make sure we are providing our services in the right way, we have a series of key performance measures and milestones that reflect what we set out to achieve. These Key Performance Indicators (KPIs) support the delivery of our key priorities detailed in this Statement.

We use our monthly Performance Dashboard to track how well we are progressing; identifying quickly any areas where we may need to improve or take action. Our overall performance in delivering against our strategic priorities will be measured by these indicators, which are published in our Quarterly Performance Report.

Although a small set of performance indicators will be reported to Cabinet on a quarterly basis in our Quarterly Performance Report, each of our services within the five Divisions monitor a larger set to make sure that the services they manage are performing as well as possible. Services and Divisions typically monitor these indicators, as set out in their Business Plans, in monthly meetings.

Our Quarterly Performance Report

Performance indicators provide valuable information and must be defined very carefully to balance the need to be proportionate in collecting information, with the level of detail that is required in order to be operationally useful. Our key performance indicators will take account of changes to the data that government requires local authorities to submit as well as the level of change and transformation within the Council that is required to respond to current challenges.

Social Care, Health and Wellbeing Directorate

Each Directorate produces a regular performance report of progress made against targets set for Key Performance Indicators and monitoring of activity against expected Upper and Lower thresholds. A selection of the Key Performance and Activity Indicators is also reported each quarter within a Council wide Performance Report. The Targets for Key Performance Indicators and Activity Thresholds for 2014/15 are outlined below.

Key Performance Indicators

Ref	Indicator Description	2013/14 Actual	2014/15 Floor	2014/15 Target
SCS01	Children in Care Stability of Placements: Length of time in placement – percentage in same placement for last 2 years		63%	70.0%
SCS02	Children in Care Stability of Placements: Placement Moves – percentage with three or more placements in the last 12 months		12%	9.0%
SCS03	Percentage of children in KCC Foster Care			TBC
SCS04	Percentage of children leaving care who were adopted		9.8%	13.0%
SCS05	Percentage of case holding posts filled by permanent qualified social workers		77.7%	*86.0%
SCS06	Percentage of children becoming subject to a Child Protection Plan for a second or subsequent time within 24 months		2% + 13%	7.5%
SCS07	Percentage of on-line Case File Audits judged adequate or better		85%	100.0%

* Targets are phased by quarter across the year and increase from previous year result to the final target by equal stages each quarter.

Key Performance Indicators

Ref	Indicator Description	2013/14 Actual	2014/15 Floor	2014/15 Target
PH/AH/01a	Proportion of eligible population receiving an NHS Health Check	34%	40%	50%
PH/AH/01b	Proportion of NHS Health Check invites sent of the eligible population	100%	90%	100%
PH/CYP/01b	Excess weight (overweight or obese) in 10-11 year olds (%)	32.7%	TBC	TBC
PH/CYP/01c	Participation rate of Year R pupils measures as part of the NCMP	94.2%	85%	95%
PH/CYP/01d	Participation rate of Year 6 pupils measures as part of the NCMP	92.4%	85%	90%
PH/AH/02	Number of people quitting, having set a quit date with smoking cessation services	5,000	TBC	TBC
PH/SH/01	Proportion of clients accessing GUM offered an appointment seen within 48 hours	97.4%	90%	95%
PH/AH/05	Number (or %) of clients accessing Weight Management Services experiencing a decrease in BMI	TBC	TBC	TBC
PH/SH/02	Positivity rate of Chlamydia per 100,000	1,485.6	1,840	2,300
PH/AH/03	Proportion of women breast feeding at 6-8 weeks	40.6%	40%	46%
CS01	Successful treatment completions as a proportion of all Adult drug users Kent (rolling 12 months)	19.3%	15%	21%
CS02	Adult drug users that complete treatment successfully and do not represent within six months	96.7%	70%	80%
CS03	Successful treatment completions Adult alcohol users in treatment	36.3%	40%	45%
CS08	Users of short term housing related support services who successfully move on from temporary living arrangements	79.6%	66%	80%
CS09	Users of long term housing related support services and floating support who have achieved or maintained independence	98.5%	94%	98%

Social Care, Health and Wellbeing Directorate

Ref	Indicator Description	2013/14 Actual	2014/15 Floor	2014/15 Target
AS01	KSAS high Priority applications assessed within one working day	New	TBC	TBC
AS02	KSAS Medium Priority applications assessed within four working days	New	TBC	TBC
AS03	KSAS Low Priority applications assessed within ten working days	New	TBC	TBC

Current performance against our Key Performance Indicators and targets can be viewed in the Quarterly Performance Report and Directorate Dashboard.

Key Performance Indictors for Adult Social Care are to follow.

Activity Indicators - Thresholds represent range of the activity expected

	Indicator Description	Threshold	Q1	Q2	Q3	Q4	2014/15 Expected
SCS08	Number of Referrals in the Quarter	Upper	4,800	4,800	4,800	4,800	19,200
		Lower	3,800	3,800	3,800	3,800	15,200
SCS09	Number of Children in Need (Quarter end snapshot)	Upper	9,000	9,000	9,000	9,00	
		Lower	7,800	7,800	7,800	7,800	
SCS10	Number of children with a Child Protection Plan (Quarter end snapshot)	Upper	1,300	1,300	1,300	1,300	
		Lower	900	900	900	900	
SCS11	Number of indigenous Children in Care (Quarter end snapshot)	Upper	1,700	1,700	1,700	1,700	
		Lower	1,400	1,400	1,400	1,400	
CS05	Number of Adult drug users in treatment (in the last 12 months)	Upper	2,900	2,900	2,900	2,900	
		Lower	2,600	2,600	2,600	2,600	
CS06	Number of Adult alcohol users in treatment (in the last 12 months)	Upper	1,800	1,800	1,800	1,800	
		Lower	1,600	1,600	1,600	1,600	

Activity Indicators for Adult Social Care are to follow.

From: Jenny Whittle, Cabinet Member for Specialist Children's Services
Andrew Ireland, Corporate Director for Social Care, Health & Wellbeing

To: Children's Social Care & Health Cabinet Committee

Date: 22 April 2014

Subject: **Specialist Children's Services Performance Dashboard**

Classification: Unrestricted

Summary: The Specialist Children's Service performance dashboards provide members with progress against targets set for key performance and activity indicators.

Recommendation: Members are asked to note the SCS performance dashboard

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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.

Children's Performance Report

3. The dashboard for Specialist Children's Services (SCS) is attached as **Appendix A.**

4. The SCS performance dashboard includes latest available results. As detailed in Appendix A, during the Quarter 3 reporting period SCS changed to a new IT system, so data contained within the Appendix uses the latest information available. Additionally, with the recent changes to the Cabinet Committee structure and the earlier date of this meeting in April it will not be possible to prepare and publish Quarter 4 information in this report. The intention is to share the latest position with members at the meeting.

5. 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.

6. 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.

7. Members are asked to note that the SCS dashboard is used within the Social Care, Health & Wellbeing Directorate to support the Improvement Plan.

8. A subset of these indicators are used within the quarterly performance report, which is submitted to Cabinet.

9. As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.

10. 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

11. Members are asked to:
REVIEW the Specialist Children's Service performance dashboard.

Contact Information

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Title: Management Information Service Manager for Children's Services
Tel No: 01622 696328
Email: Maureen.robinson@kent.gov.uk

Background Documents: Appendix A – SCS Q3 Performance Indicator Summary

Specialist Children's Services

Bold Steps Priority/Core Service Area	Ensure we provide the most robust and effective public protection arrangements
Cabinet Member	Jenny Whittle
Portfolio	Specialist Children's Service (SCS)
Director	Mairead MacNeil
Division	Specialist Children's Service (SCS)

Performance Indicator Summary

	Previous RAG	Current RAG	Direction of Travel
Initial assessments completed within 10 days	AMBER	AMBER	⇩
Case holding posts filled by permanent qualified social workers	RED	RED	⇧
Children subject to a child protection plan for the second or subsequent time	GREEN	GREEN	⇧
Children subject to a child protection plan for two or more years at the point of de-registration	GREEN	GREEN	⇩
Percentage of children leaving care who are adopted	GREEN	GREEN	⇩
Children in Care with 3 or more placements in the last 12 months	AMBER	AMBER	⇧

Specialist Children's Services implemented at replacement IT system on the 9th December 2013, moving from the Capita ONE ICS system, to Liquid Logic's system which Kent have named Liberi. As this implementation occurred during the Quarter 3 reporting period the data contained within this report uses the latest information available. This will vary across the performance measures but the source or the data, and the applicable timescale is clearly indicated in the updates provided within this Report.

As part of the change of IT system Specialist Children's Services moved aware from using separate Initial and Core Assessments and commenced the use of a Single Assessment. The last available performance figure for the measure of **initial assessments completed within timescales** is for the 15th November 2013, when performance for the year to date was 83.3%. Although this was below the internal target of 90% Kent's performance compares favourably to national and statistical neighbour averages.

The percentage of **case holding social worker posts held by qualified social workers** increased slightly in the quarter to December 2013 to 76.2%. The majority of vacancies for social workers are currently being filled by agency staff. Achieving the target of 90% continues to be challenging.

The performance measure for the percentage of children **becoming subject to a child protection plan for the second time** has been updated in line with national changes and

now only includes new plans that are within 24 months of a previous plan. Performance for the year to date to November 2013 was 8.2%, which is within the banding set for optimum performance.

The percentage of **children subject to a child protection plan lasting two or more years at the point of de-registration** has reduced from 8.0% in the year to March 2013 to 5.4% in the year to date (April – November 2013). This is below the target set of 6%.

The percentage of **looked after children who are adopted** in the first eight months of the reporting year (April - November 2013) was 15.3%. This is an improvement in performance against previous years and the target for 2013/14 continues to be exceeded.

The percentage of **children in care with 3 or more placements** within twelve months has reduced in the third quarter (to November 2013) to 10.5%. This is below the latest published rates for Statistical Neighbours, which for March 2013 was11.0%.

Children's (Social Care) Transformation Update

The Children's (Social Care) Transformation Programme brings together efforts that build on the three phases of the Children's Services Improvement Programme (which began in February 2011), and strategies to improve efficiency within the services.

In line with 'Facing the Challenge' the efficiency side of the Transformation Programme will ensure that we deliver maximum value for money and the best possible service within available resources. By combining the two disciplines of continued service improvement, and efforts to deliver efficiency savings, we will build a sustainable children's social care service with a clear vision, that is effectively led, and that maintains a focus on the needs of the most vulnerable children at its core.

Progress of the Transformation Programme is overseen by the Children's Transformation Board, which meets monthly. The Board is chaired by Andrew Ireland, Corporate Director for Families and Social Care. The Children's Transformation Board feeds into an overarching 0-25 Portfolio Board which oversees cross-directorate transformation for the full provision of services, from Specialist Children's Services, Disabled Children's Services, Adolescent support and Youth Offending, to education, skills and employability.

As a combination of the improvements recognised by Ofsted, evidence submitted by the Council, and by recommendation of the Independent Chair of the Safeguarding and Looked After Children Improvement Board, the DfE lifted the Improvement Notice from Kent County Council in December 2013 with immediate effect. It is an encouraging step towards Kent achieving its' aim of being "outstanding", providing the very best possible service for children most in need in Kent.

Children's (Social Care) Transformation's focus on continued service improvement (Phase Four of the Improvement Programme) necessarily lacks some of the earlier, more prescriptive elements of previous plans and is focussed more on the delivery of quality and effective interventions. This work is now increasingly about improving the levels of consistency, quality and effectiveness of social work provision across the county. Measures continue to be employed to improve the quality of practice, including via the County Audit Programme.

Phase 4 of the Improvement work has been agreed, built around the Social Work Contract. It pulls together a number of key work-streams (quality of supervision, ICT replacement, learning and development, recruitment and retention). The Social Work Contract is a set of practice standards that covers the core social work activities. It sets out against each activity the standards that are required and that our best practitioners are routinely attaining.

This contract sets out both what is expected of our practitioners and what support and provision the organisation will put in place to support them. It builds on the outcome of Munro's review into child protection and in particular echoes the central importance of building relationships as the key vehicle to helping families change.

Views and feedback of looked after children

The Council has a number of ways of collecting feedback from young people in the care of the council. This information is used to improve the services we provide.

Feedback is collected both formally and informally. Formal mechanisms include surveys run by the Independent Review Officer service and also the Virtual School (e-PEP Survey). More informal feedback mechanisms include the opportunity to provide feedback at activity days and through Kent's Children in Care Council, as well as discussions with their social worker.

Work is underway to develop new and better ways of gathering feedback from children in care to ensure the information collected provides maximum value in helping to drive improvements in the services provided. As part of this work the Young Lives Foundation were commissioned to work with young people to establish their priorities which has been used to develop a draft questionnaire. The next step will be to consider the best way in which this can be implemented.

Independent Review Officer (IRO) survey
This survey has now been in place for two years. Last year 102 children and young people provided feedback through the IRO survey. As well as collecting useful information to understand how best to communicate with young people to ensure full engagement with the review process, the survey collects some important satisfaction measures. 90% of young people responding to the survey said they felt they were listened to at the review meeting with 88% agreeing with what was said at the review meeting. The previous year, a slightly different question was used and at that time 88% respondents said they felt the review took account of their wishes and feelings.

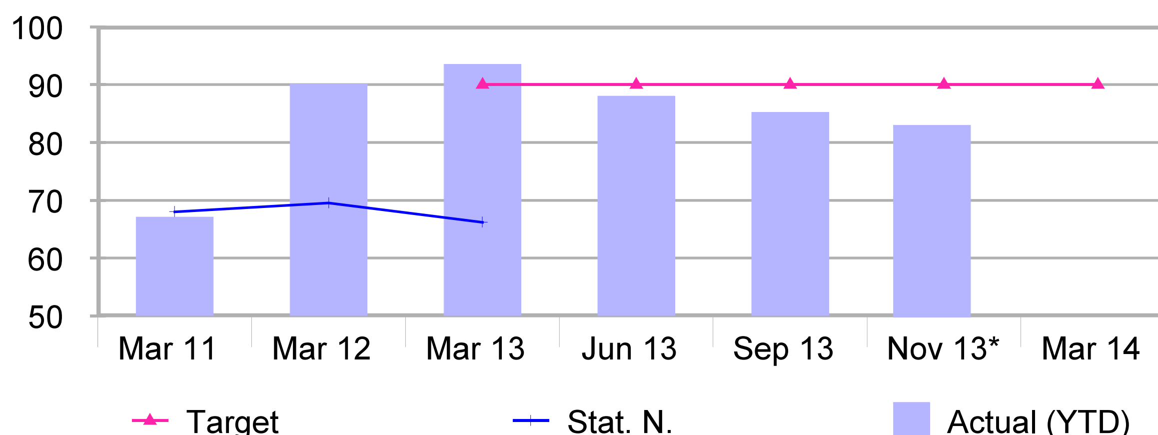
The Children's Care Monitor 2013
The Children's Care Monitor is a new national survey run by Ofsted. This survey will provide useful benchmarking for the quality of service. The survey was run during June and July 2013 and results will be available later in the year.

e-PEP Survey
The e-PEP survey is a new survey put in place in September 2012 and collects feedback in relation to education. For the first six months of the survey, most respondents felt they are treated the same as other children (64%) and expected to achieve the same as everyone else (69%). This shows that about 1 in 3 children felt they were treated differently, although the fuller analysis shows this is something that happens sometimes rather than always. The majority of respondents (91%) felt that there was a teacher or member of staff they found it easy to talk to if they had problems. Improvements are now being made to the e-PEP survey questions to make it more useful for the future.

Activity Days
Informal feedback from children in care through activity days in the last year revealed that although children found the experience of entering care to be frightening, they frequently felt settled and safe in a short space of time and had a positive view of their experience in care. However, they identified the need for better communication with them about what was happening.

Percentage of initial assessments completed within 10 days

Amber



Trend Data – year to date	Previous Years			Current Year			
	Mar 11	Mar 12	Mar 13	Jun 13	Sep 13	Nov 13	Mar 14
Actual	67.1%	90.1%	93.5%	88.0%	85.2%	83.3%*	
Target			90%	90%	90%	90%	90%
RAG Rating			Green	Amber	Amber	Amber	
Stat. N.	68%	69.5%	66.2%				

Commentary

Although performance has decreased during the year, Kent's performance remains above the England rate (75.5%), and that of Statistical Neighbours (66.2%). Kent was ranked 13 out of 152 Local Authorities in the latest published statistics (2012/13).

With the implementation of a new IT system, Specialist Children's Services have moved away from using Initial and Core Assessments and from the 15th November, 2013 commenced the use of a single assessment process.

Data Notes

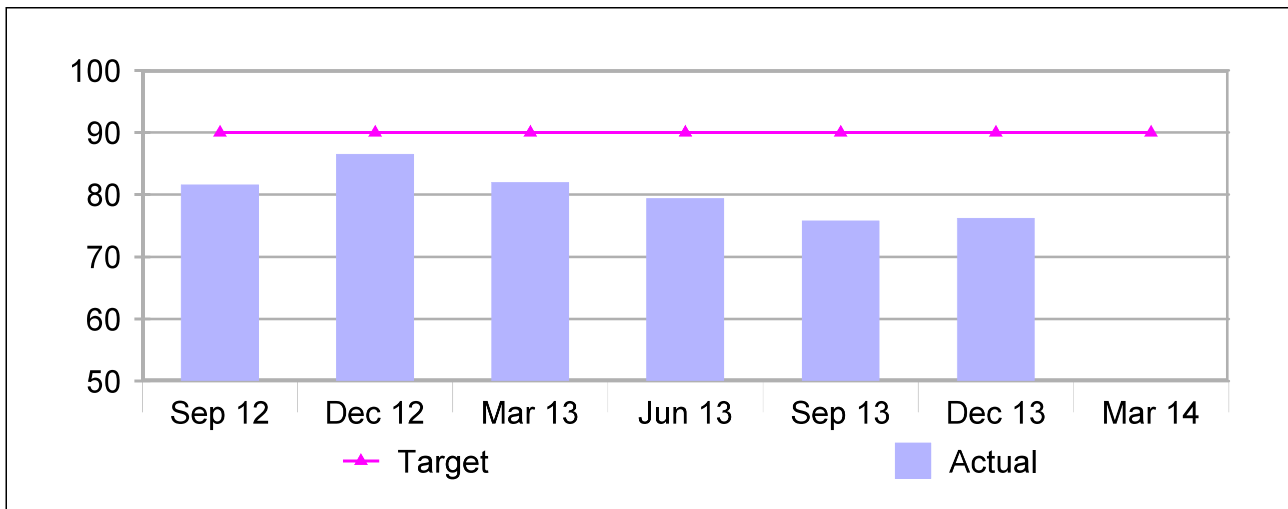
Tolerance: Higher values are better.

Results are reported as year to date. * Please note the November 2013 figure has been provided against unvalidated data due to the diversion of resources to the implementation of Liberi. The last validated data for this measure is as at September 2013.

Data Source: ICS.

Percentage of caseholding posts filled by permanent qualified social workers

RED ⇧



Trend Data – quarter end	Previous Year			Current Year			
	Sep 12	Dec 12	Mar 13	Jun 13	Sep 13	Dec 13	Mar 14
Actual	81.6%	86.5%	82.0%	79.4%	75.8%	76.2%	
Target	90%	90%	90%	90%	90%	90%	90%
RAG Rating	Amber	Amber	Amber	Red	Red	Red	
Agency	12.9%	13.9%	15.0%	17.2%	19.7%	20.6%	

Commentary

Please note change in RAG Levels – see data notes below.

Newly qualified social workers have taken up posts between September and January and will in due course become full case holding members of staff. In their first year they have a protected case load and increased supervision. Agency staff continue to be used to ensure average caseloads per social worker remain at comfortable levels.

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. Specific districts have greater difficulty in attracting staff for reasons connected to location, cost of housing and travel time/costs. Additional market premium payments have been introduced for newly recruited Team Managers. Recruitment of social workers from overseas continues to be actively pursued.

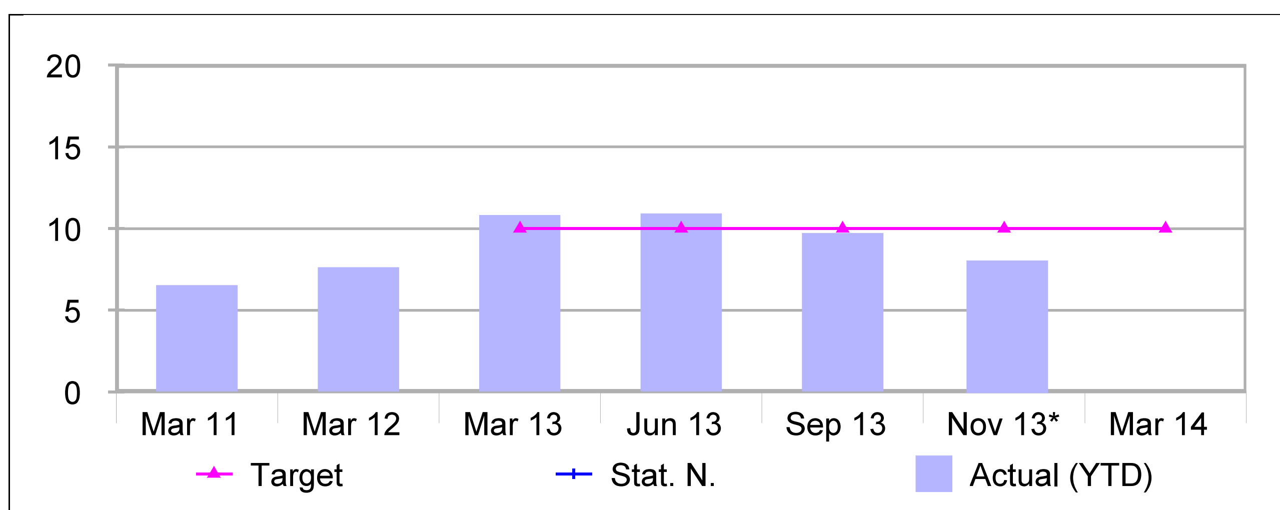
Data Notes

Change to the RAG rating: For 2013/14 the Amber RAG rating has been removed, a Green Rating will only be achieved once the 90% target is achieved or exceeded.

Tolerance: Higher values are better. Data is reported as the position at quarter end. Posts held by agency staff are not included within this measure.

Data Source: SCS Weekly Performance Report.

Percentage of children becoming subject to a child protection plan for the second or subsequent time	Green ⇧



Trend Data – year to date	Previous Years			Current Year			
	Mar 11	Mar 12	Mar 13	Jun 13	Sep 13	Nov 13	Mar 14
Actual	6.5%	7.6%	10.8%	10.9%	9.7%	8.2%*	
Target			10%	10%	10%	10%	10%
RAG Rating			Amber	Amber	Green	Green	
Stat. N.							

Commentary

Please note change of definition – see data notes below.

Performance for the year-to-date remains ahead of the target. During this period 1522 children became subject to a Child Protection Plan and 125 had been subject to a previous plan within 24 months.

Cases where children become subject to a Child Protection Plan for a second or subsequent time are reviewed carefully by District Management Teams and the Safeguarding Unit.

The definition for this performance measure has changed nationally for 2013/14 and national comparative data is not yet available. All performance figures provided above for previous years are reflective of the change in definition.

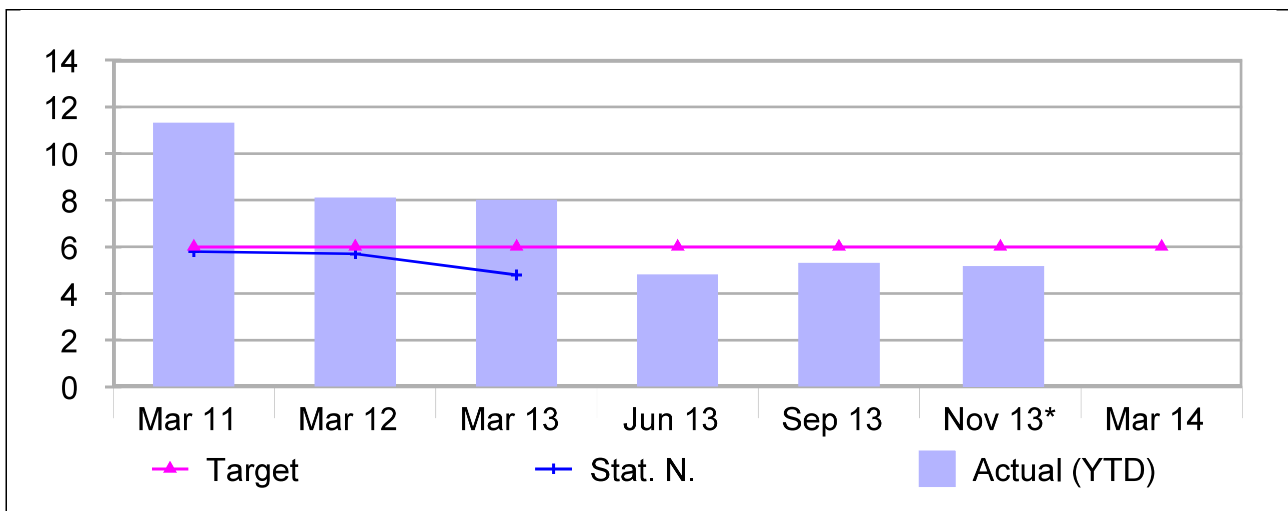
Data Notes

Change in definition: For 2013/14 this indicator now only measures children being subject to a second plan within 24 months of a previous plan.

Tolerance: As close to target as possible. Should not be too low or too high.

Data Source: ICS. * Please note the November 2013 figure has been provided against unvalidated data due to the diversion of resources to the implementation of Liberi. The last validated data for this measure is as at September 2013.

Percentage of children subject to a child protection plan for two or more years at the point of de-registration	Green ⇩



Trend Data – year to date	Previous Years			Current Year			
	Mar 11	Mar 12	Mar 13	Jun 13	Sep 13	Nov 13	Mar 14
Actual	11.3%	8.1%	8.0%	4.8%	5.3%	5.4%*	
Target	6%	6%	6%	6%	6%	6%	6%
RAG Rating	Red	Red	Amber	Green	Green	Green	
Stat. N.	5.8%	5.7%	4.8%				

Commentary

Performance against this measure has exceeded the target set and shown a significant improvement on previous results.

This improvement has been achieved by a focus on improvements in chairing and decision-making at Child Protection conferences, on more focussed child protection plans and interventions and more consistent use of step-down to children in need and step-up to children in care, alongside regular and consistent management attention.

There has also been a focus of attention for children whose Plans reach the 18 months point with clear planning put in place at this point.

Data Notes

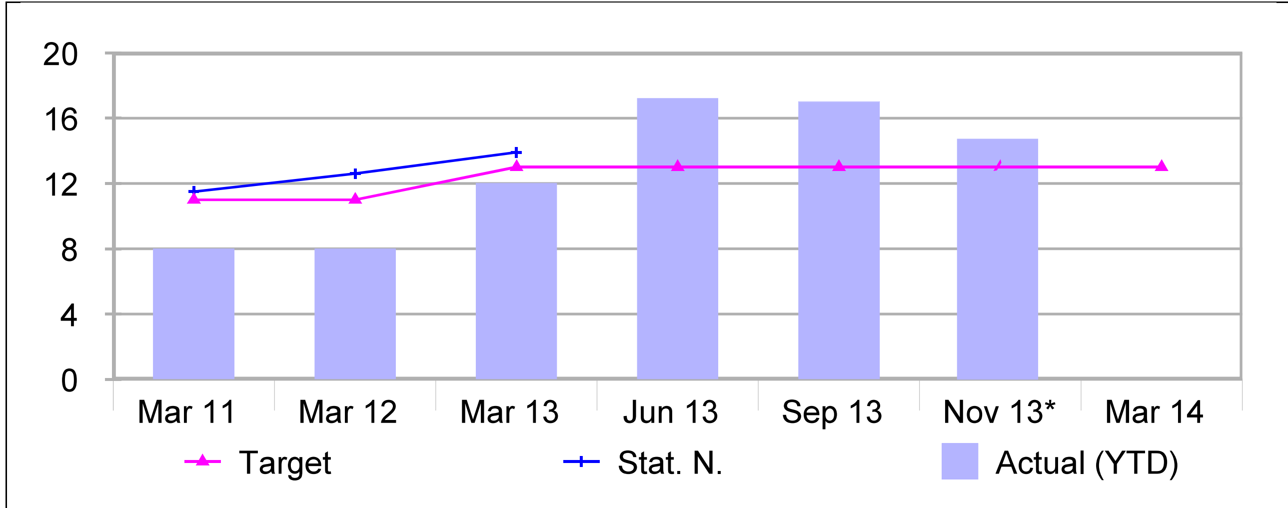
Tolerance: Lower values are better.

Calculated as the percentage of children ceasing to be subject to a child protection plan, who had been subject to that plan for two or more years.

Data Source: ICS. * Please note the November 2013 figure has been provided against unvalidated data due to the diversion of resources to the implementation of Liberi. The last validated data for this measure is as at September 2013.

Percentage of children leaving care who are adopted

Green ⇩



Trend Data – year to date	Previous Years			Current Year			
	Mar 11	Mar 12	Mar 13	Jun 13	Sep 13	Nov 13	Mar 14
Actual	8.0%	8.0%	12.0%	17.2%	17.0%	15.3%*	
Target	11%	11%	13%	13%	13%	13%	13%
RAG Rating	Red	Red	Amber	Green	Green	Green	
Stat. N.	11.5%	12.6%	13.9%				

Commentary

Significant progress has been made with regard to Adoptions and this is reflected in the year-to-date performance figures for this measure. From April – November 2013 there were 93 adoptions, compared with 69 for the same period in the previous year.

The improvements in the number of adoptions have been achieved by more focused work with prospective adopters, close working with the judiciary to reduce delays, robust case work management focused on reducing planning drift, and timely decision making in relation to planning for permanence.

It is unlikely that performance levels from the early part of the year would be sustained but on average over the year the Target level should be achieved.

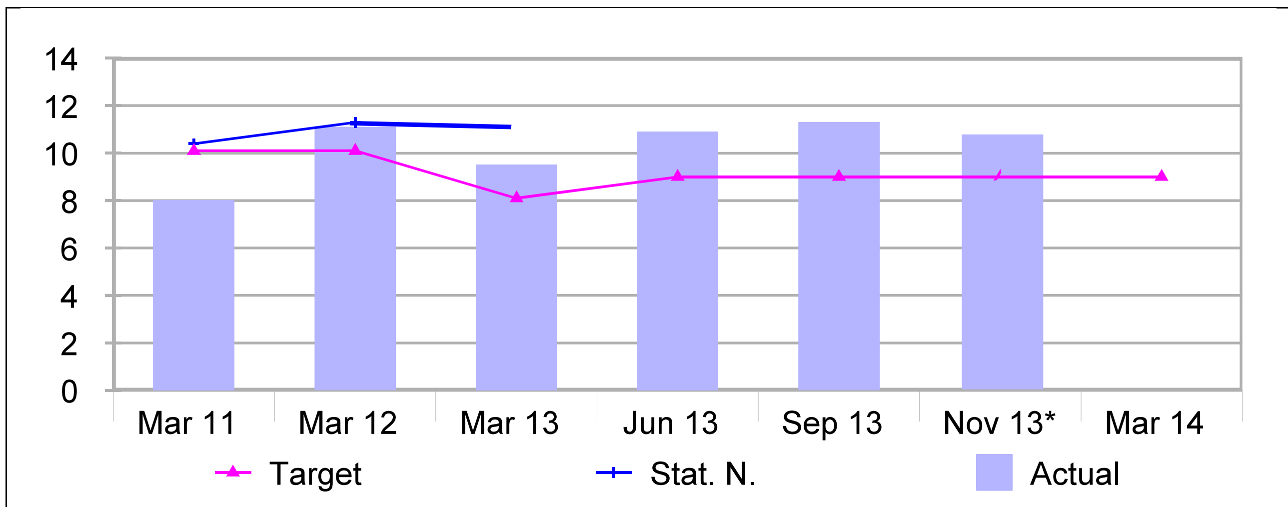
Data Notes

Tolerance: Higher values are better.

Data is reported as financial year to date.

Data Source: ICS. * Please note the November 2013 figure has been provided against unvalidated data due to the diversion of resources to the implementation of Liberi. The last validated data for this measure is as at September 2013.

Children in Care with 3 or more placements in the last 12 months | Amber



Trend Data – quarter end	Previous Years			Current Year			
	Mar 11	Mar 12	Mar 13	Jun 13	Sep 13	Nov 13	Mar 14
Actual	8.0%	11.1%	9.5%	10.9%	11.3%	10.5%*	
Target	10.1%	10.1%	8.1%	9%	9%	9%	9%
RAG Rating	Green	Amber	Amber	Amber	Amber	Amber	
Stat. N.	10.4%	11.3%	11.0%				

Commentary

As at November 2013, 196 children had had three or more placement moves in the previous 12 months.

From April 2011 episodes where children in care go missing have been included within the published figures for placement stability. This information is included at the end of the reporting year but due to issues with the previous IT system could not be included in the year to date performance figures. The figures for June and November 2013 therefore relate to changes in actual placements and do not include breaks in placements when a child is missing.

Data Notes

Tolerance: Lower values are better.

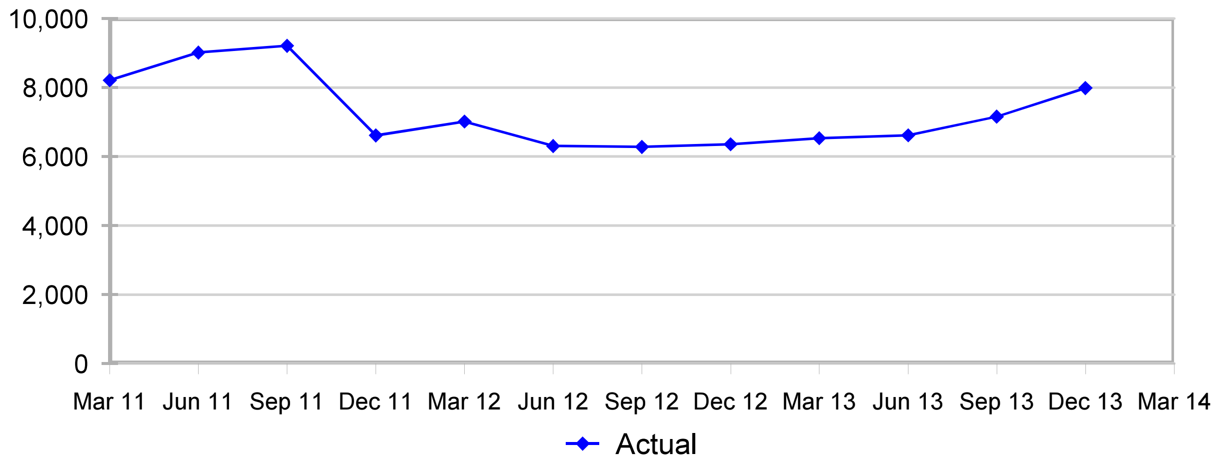
Data is reported as a snapshot at each quarter end.

Data Source: ICS. * Please note the November 2013 figure has been provided against unvalidated data due to the diversion of resources to the implementation of Liberi. The last validated data for this measure is as at September 2013.

Specialist Children’s Services - Lead indicators

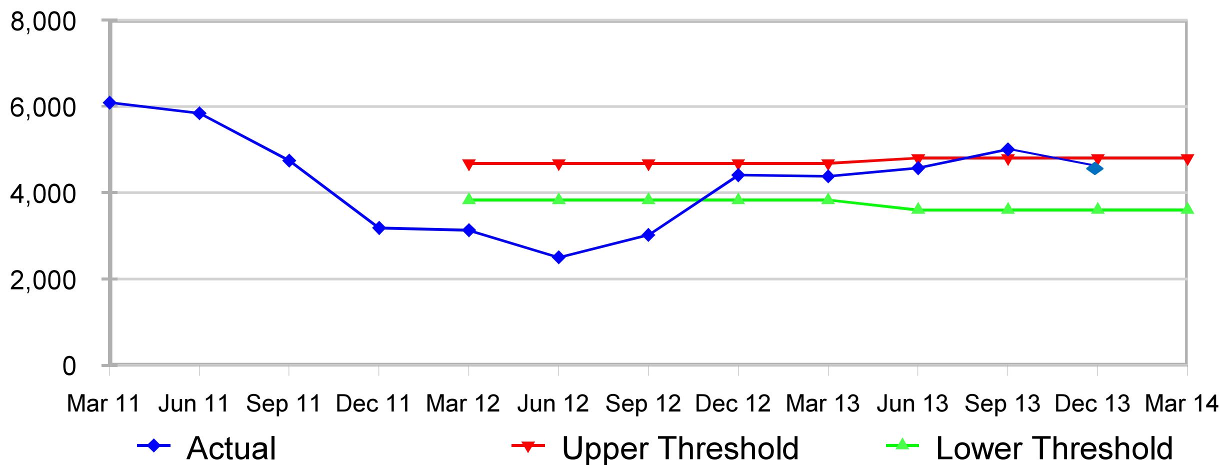
The **number of contacts** to the service has seen an increase since June 2013.

Quarterly number of contacts received



The number of referrals has reduced in the quarter and is now within the expected range. The reduction in referral numbers in 2011 can be attributed to the introduction of the Central Duty Team. This resulted in a high level of work being conducted at the initial contact stage, without being recorded as a referral. A revised process was introduced in August 2012 to ensure such contacts were recorded as referrals. Following the introduction of the new arrangements, the recorded referral rate increased to within the expected range.

Quarterly number of referrals



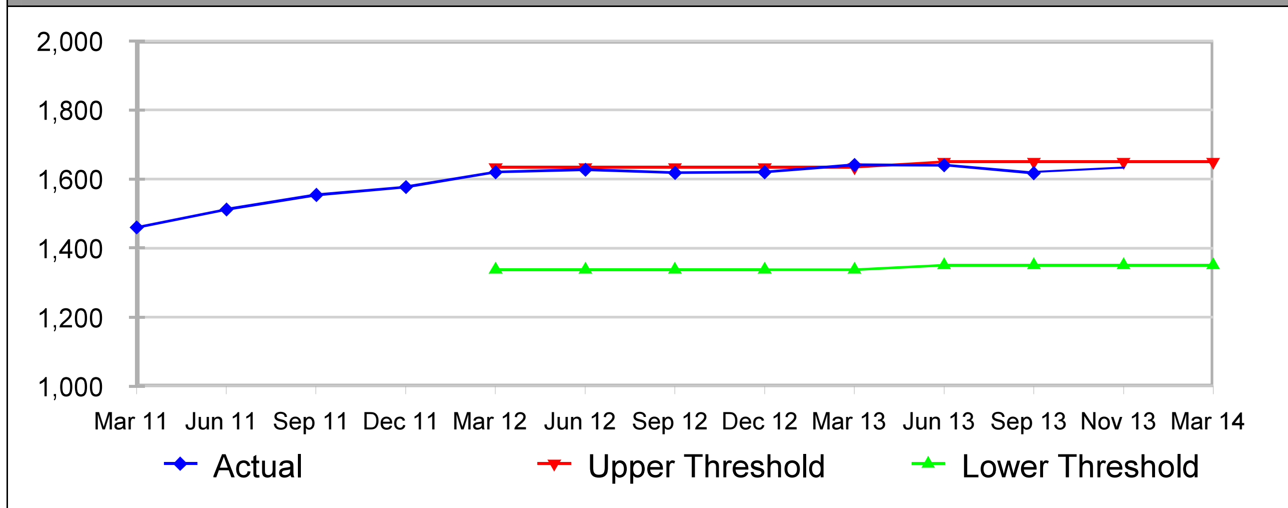
Specialist Children's Services - Lead indicators

The **number of indigenous Children in Care** has remained fairly static over the last year. The rate per 10,000 children aged 0 - 17 years at the end of November 2013 was 57.8, against the target rate of 48.5.

Actions being taken which will impact on the number of Children in Care include:

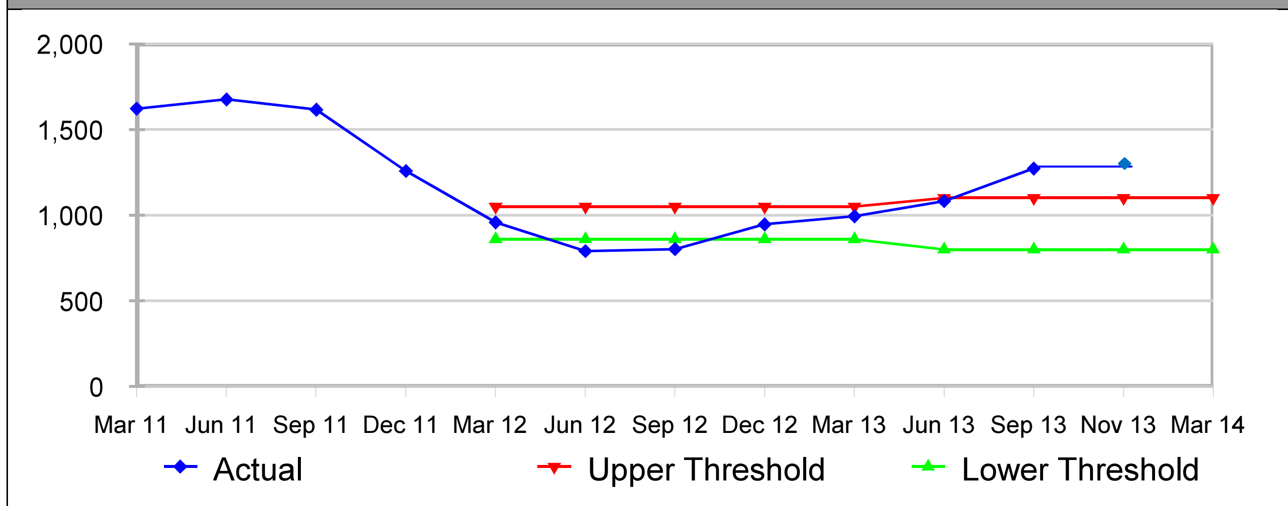
- Improving the percentage of children who are adopted.
- Robust gate-keeping of decisions to take Children in Care.
- Robust tracking of permanency planning including tackling drift and delay.
- Increased investment in prevention and early intervention services.
- Developing speedier and integrated responses to vulnerable adolescents.

Number of indigenous Children in Care (quarter-end count)



The number of **children with Child Protection Plans** at the end of November 2013 was 1282. The indicative target, based on a comparable level with statistical neighbours, is a rate of 34.9 per 10,000 children aged 0 - 17 years. Kent's rate at the end of November 2013 was 39.4.

Number of children with child protection plans (quarter-end count)



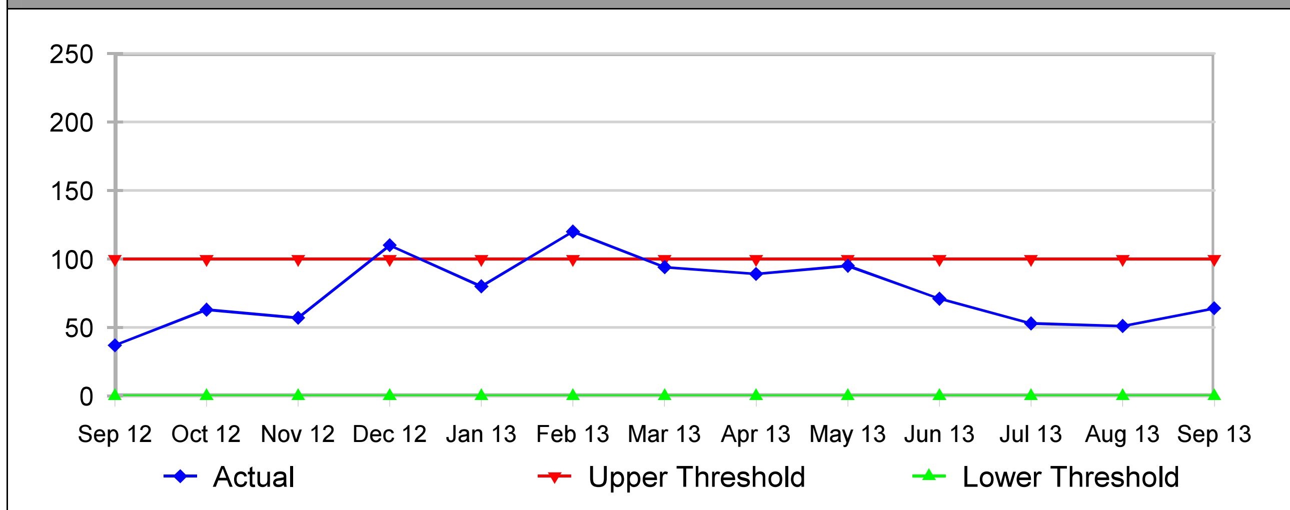
Number of children with child protection plans (quarter-end count)

Specialist Children's Services - Lead indicators

Data for the measures of timeliness of Initial and Core Assessments is not available for the third quarter. The figures provided below are therefore for September 2013. For future reporting these two measures will be replaced with one measure to cover the new single assessment which was implemented from 15th November, 2013

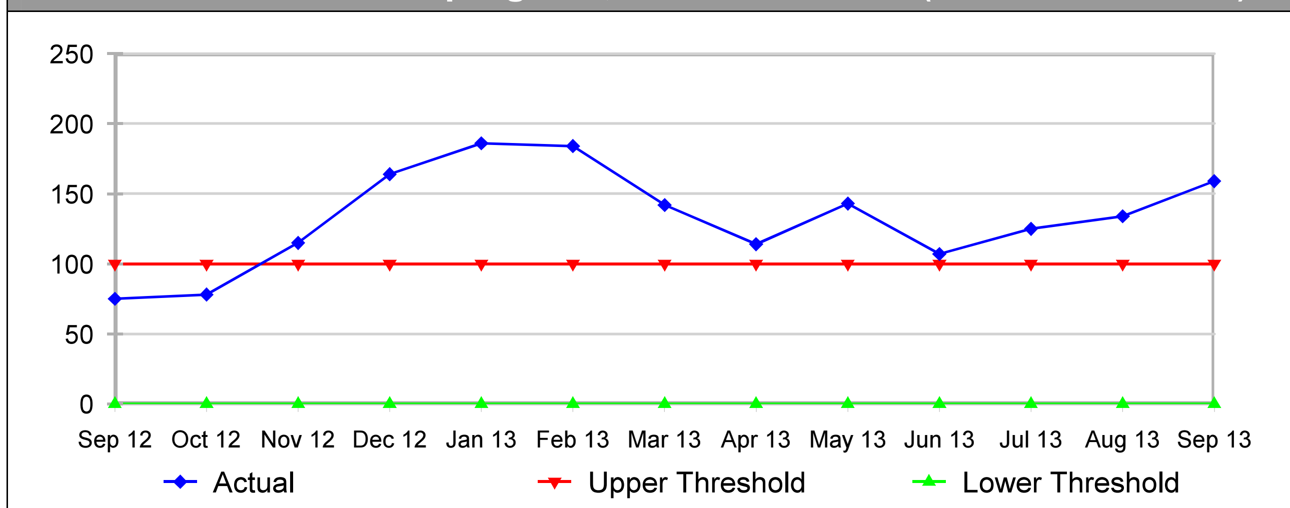
For September 2013 **the number of Initial assessments in progress and out of timescale** was within the expected range.

Initial assessments in progress, out of timescale (month-end count)



The number of **core assessments in progress and out of timescale** was slightly above the Upper Threshold level of 100 at the end of September 2013 with many of these cases being in East Kent. Swale in particular was experiencing issues in meeting this timeliness measure due to staffing pressures combined with high volumes of work as a result of an increased rate of referrals. Ensuring that the quality of assessments is maintained also resulted in some delays which impacted on the timeliness of core assessments.

Core assessments in progress, out of timescale (month-end count)



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

Andrew Scott-Clark, Interim Director of Public Health

To: Children's Social Care and Health Cabinet Committee

Date: 22nd April 2014

Subject: Public Health Performance – Children and Young People

Classification: Unrestricted

Summary: This report provides an overview of the performance indicators monitored by the Public Health division which directly relate to services delivered to children, or services which could be accessed by under 18 year olds.

Collection of data for infant feeding rates has, until February, been suspended while national agencies decide on the best approach, however it is clear from 2012/13 data that Kent underperforms in this area. This service will be put out to tender shortly, and a paper outlining this process appears elsewhere on this agenda.

Participation rates for the National Child Measurement Programme (NCMP) are exceeding the set targets and continue to perform well.

Recommendation(s): The Children's Social Care and Health Cabinet Committee are asked to
- agree to the additional Public Health indicators, set out in paragraph 2.6 below, for future reports.
- agree to amend the NCMP section to reflect both overweight and obese children, to bring Kent reporting in line with national guidelines

1. Introduction

1.1. This report provides an overview of the key performance indicators for Kent Public Health which directly relate to services delivered to children and young people, or services which could be accessed by under 18 year olds.

1.2. There are a wide range of indicators for Public Health, including the indicators contained in the Public Health Outcomes Framework (PHOF). This report will focus on the indicators which are presented to KCC Cabinet, and which are relevant to this committee.

1.3. Following the transition of Public Health services into KCC in April 2013, a public health performance framework has been developed and implemented. This systematic focus on performance has identified concerns about the performance of a number of key programmes.

1.4. Previously, a national system was in place from which to compare performance, but regular updating of data is currently varied. For example, national data collection for

infant feeding initiation and prevalence, and smoking at time of delivery, have been temporarily suspended while NHS England, Public Health England, the Department of Health and the Health and Social Care Information Centre assess their options of continued collation following the health system changes; collation re-commenced in February 2014, and publication of up to date figures is expected in three months' time.

1.5. A Public Health Commissioning Framework has been developed to review every model of service inherited since the transfer. This framework identifies public health services, reviews specifications, and implements formal contract monitoring processes to allow commissioners to take action through contractual processes to remedy any areas of under-performance. This may include financial adjustments if agreed targets are not met. The commissioning framework also includes a timetable for re-tendering.

2 Performance Indicators

2.1 The performance against the indicators relevant to this Committee is laid out below, with more detail available in Appendix 1.

Indicator Description	Previous Status	Current Status	Direction of Travel
Prescribed Data Return			
National Child Measurement Programme - Participation Reception year (Annual)	Green (2011/12)	Green (2012/13)	⇩
National Child Measurement Programme - Participation Year 6 (Annual)	Green (2011/12)	Green (2012/13)	⇧
Local Indicator			
Infant Feeding –Proportion women breastfeeding at 6-8 weeks	Amber (Q3 12/13)	Red (Q4 12/13)	See Section

2.2 Performance of the indicators related to participation in child measurement programmes has been good. The programme achieves high levels of participation and has been consistently above the 85% target. For 2012/13, participation rates for Reception year were 92.2% and for Year 6 were 95.4%, further ensuring the statistical significance of this indicator.

2.3 The proportion of Reception year children measured as obese has increased slightly from 8.6% in 2011/12, to 8.8% in 2012/13, however, this remains just below the 8.9% of 2010/11 and the 2012/13 national percentage of 9.3%.

2.4 The Committee is asked to agree to amend the NCMP figures, in line with national guidance, to encompass overweight and obese children, as opposed to just obese; this will bring the reporting in line to the Public Health Outcomes Framework and 2014/15 Directorate Business Plan reporting process. Kent performance against these measures in 2012 was 21.7% in Year R (compared to a national rate of 22.2%), whilst in Year 6 it was 32.7% (compared to a national rate of 33.3%.

2.5 As detailed in section 1.4, datasets around infant feeding rates have not been collected recently, whilst national level health agencies have been deciding the

approach. However, it is clear that rates of breastfeeding in Kent have been consistently below the national level, (in 2012/13 this was 40.6%, compared to 47.2%). A new service will be commissioned to support infant feeding, and a report on this process appears elsewhere on this agenda.

2.6 For 2014/15 it is proposed that additional Public Health indicators are presented in future reports. These are as follows:

- Pregnant women smoking at time of delivery (%)
- Under 18s conception (per 1,000)

It should be noted that these are annual figures and will not be presented quarterly. Trend data over previous years will be provided instead.

3. Conclusions

3.1 Performance against this set of indicators is good overall; however, to ensure performance is maintained and improved, Public Health continue to meet quarterly, monthly where appropriate, to address any emerging concerns or potential changes in performance.

4. Recommendation(s)

Recommendation(s)**:** The Children's Social Care and Health Cabinet Committee is asked to:

- agree to the additional Public Health indicators, set out in paragraph 2.6 above, for future reports.
- agree to amend the NCMP section to reflect both overweight and obese children, to bring Kent reporting in line with national guidelines.

5. Background Documents

5.1 None

6. Contact details

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Relevant Director:

- Andrew Scott-Clark: Interim Director of Public Health
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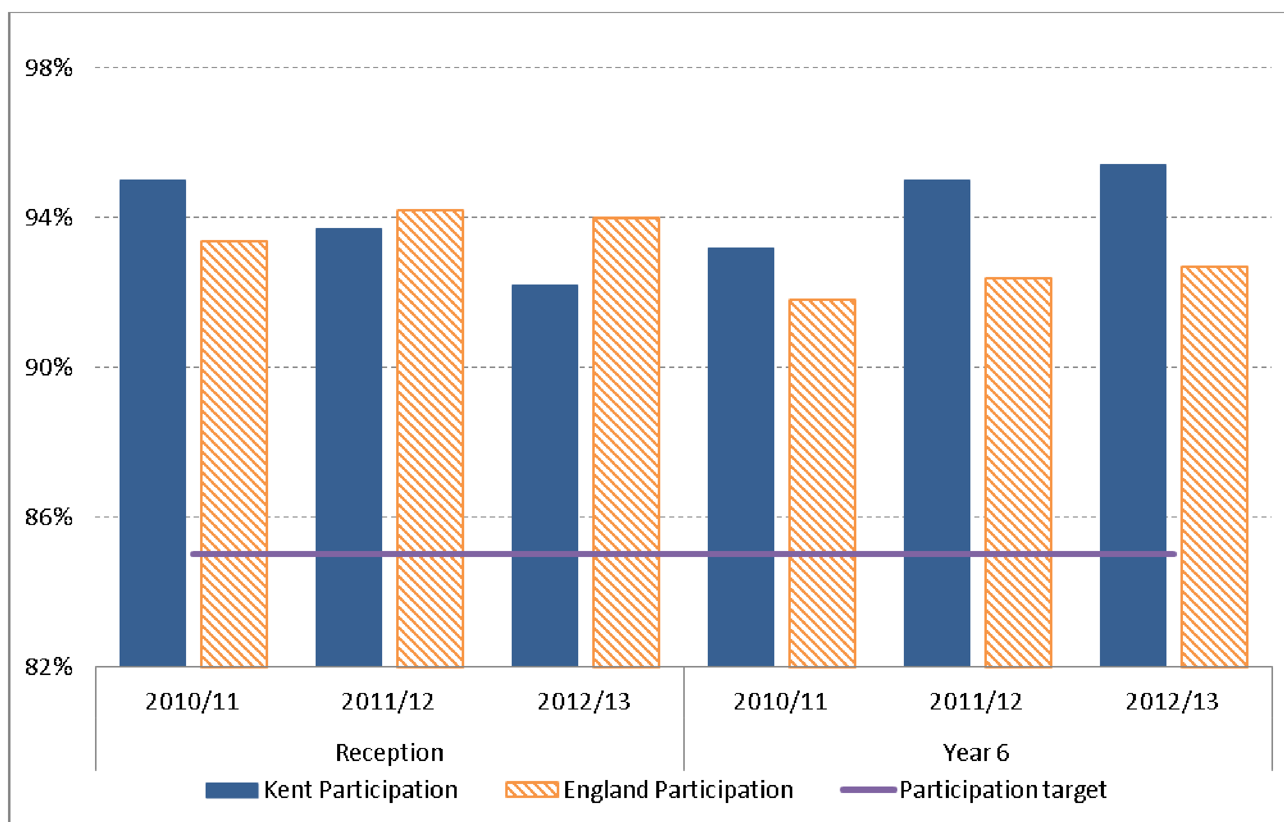
Appendix 1:

Key to KPI Ratings used:

GREEN	Target has been achieved or exceeded
AMBER	Performance at acceptable level, below Target but above Floor
RED	Performance is below a pre-defined Floor Standard
⇧	Performance has improved relative to targets set
⇩	Performance has worsened relative to targets set
⬄	Performance has remained the same relative to targets set

Data quality note**:** Data included in this report is provisional and subject to later change. This data is categorised as management information.

NCMP: Participation in the Annual National Child Measurement Programme	GREEN ⇔



Trend Data – Annual	2010/11		2011/12		2012/13	
	Year R	Year 6	Year R	Year 6	Year R	Year 6
Participation Kent	95.0%	93.2%	93.7%	95.0%	92.2%	95.4%
RAG Participation	Green	Green	Green	Green	Green	Green
Participation England	93.4%	91.8%	94.2%	92.4%	94.0%	92.7%
Kent % reported Obese	8.9%	18.4%	8.6%	18.3%	8.8%	18.3%
National % reported Obese	9.4%	19.0%	9.5%	19.2%	9.3%	18.9%
Kent % obese & overweight	*22.9%*	*33.3%*	*21.7%*	*32.7%*	*21.7%*	*32.7%*
National % obese & overweight	*22.6%*	*33.4%*	*22.6%*	*33.9%*	*22.2%*	*33.3%*

Commentary

The programme achieves high levels of participation and has been consistently above the 85% target. For 2012/13, participation rates for Reception year were 92.2% and for Year 6 were 95.4%, further ensuring the statistical significance of this indicator.

The proportion of Reception year children measured as obese has increased slightly from 8.6% in 2011/12, to 8.8% in 2012/13, however, this remains just below the 8.9% of 2010/11, and the 2012/13 national percentage of 9.3%.

For Year 6, the percentage measured as obese remained stable at 18.3% and has not varied greatly from 2010/11, when it was 18.4%. Kent remains just below the national obese measurement of 18.9%.

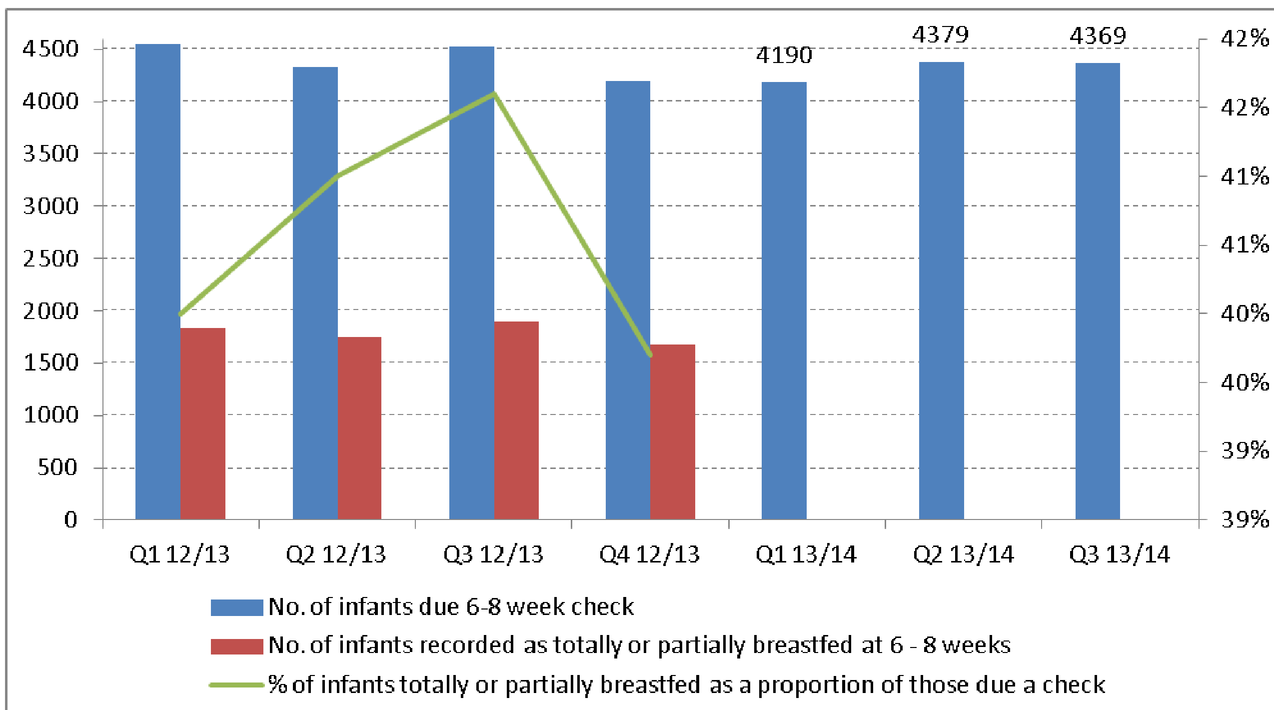
It is critical that the programme is effectively linked to initiatives to reduce childhood obesity. Public Health is committed to prioritising action to reduce childhood obesity further. This is one of the core opportunities

to work effectively across the Council as well as with other partner colleagues.

The NCMP relates to Public Health Outcome Framework Indicators 2.06i and 2.06ii (Excess Weight – obese and overweight)

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

Infant Feeding - Proportion of women breast feeding at 6-8 weeks	-



Trend data – by Quarter	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

Collection of infant feeding status has been re-instated (February 2014) following the temporary suspension from April 2013. In response to concerns raised around non-collection, Kent Public Health worked with GPs to review and resolve any issues with Child Health Information systems and future data submissions. This also provided an on-the-ground opportunity to look at how data collection will be included in the specification for the new service.

The tender process for a new service will go out in April 2014 with the aim of the new service being in

place from October 2014.

Previous data has highlighted particular concerns about prevalence of breastfeeding in some localities and local work is taking place in these areas. Community services have been re-provided short-term in West Kent and Swanley to fill a gap. Services in Dartford and Gravesham were re-provided earlier in the year.

Breastfeeding prevalence is Public Health Outcome Framework Indicator 2.02i

Data Notes: Source: DH Integrated Performance Measure. Indicator Reference PH/AH/03

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

Andrew Ireland, Corporate Director for Social Care, Health & Wellbeing

To: Children's Social Care and Health Cabinet Committee
22 April 2014

Subject: Post Improvement Member Involvement

Classification: Unrestricted

Summary:

This report describes the current governance arrangements for Specialist Children's Services, and provides a series of options for the future arrangements to assure Members are kept informed and assured of continued progress.

Members are asked to **consider** the possible options.

1. Continue with current arrangements.
2. Dissolve the Children's Services Improvement Panel (CSIP) and closer align the Corporate Parenting Panel to the Transformation agenda, in order to assure Members of progress across the length and breadth of Specialist Children's Services.
3. Continue with CSIP, maintaining an informal discussion forum, but align the meeting to the Children's Transformation agenda, potentially renaming it the Children's Services Transformation Panel (CSTP).

1. Introduction

1.1. In November 2010, Ofsted judged the overall effectiveness of Kent's safeguarding and services for looked after children to be 'inadequate'.

1.2. As a consequence of this poor performance rating, Kent County Council (KCC) was issued with an Improvement Notice. The Improvement Notice was revised in 2012, following a further Ofsted inspection in February 2012 which gave an overall rating of 'inadequate' to Kent's Adoption Service.

1.3. In order to ensure delivery of all the requirements outlined in the Improvement Notice, the Kent Safeguarding and Looked After Children's Improvement Board (the Improvement Board) was instigated. This was a multi-agency meeting, externally scrutinised and led by an Independent Chair, Liz Railton, appointed by the Department for Education (DfE). The first meeting of the Improvement Board was held 21st February 2011. An Adoption sub-group was convened in July 2012.

1.4. Further to recommendation from the Chair of the Improvement Board - Liz Railton and evidence submitted by the Council, the Department for Education lifted the Improvement Notice from KCC in December 2013. The Ministerial letter received by Councillor Paul Carter, agreed the turnaround in Kent County Council's children's

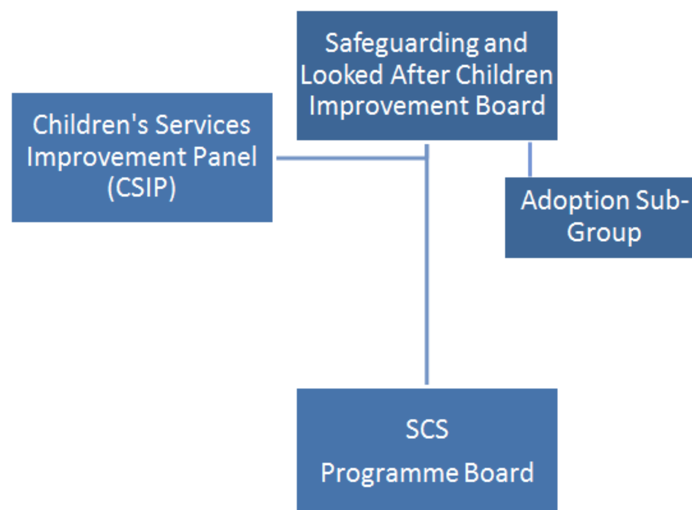
services, and not least the outcomes of the Ofsted Inspection of looked after children in 2013, which found Children's Services to be 'adequate' with a 'good' capacity to improve.

2. Specialist Children's Services Improvement Programme Governance

2.1. The Improvement Programme was overseen internally, by an officer-led Programme Board. The Board was Chaired by the Senior Responsible Owner (SRO) of the Programme, Andrew Ireland – Corporate Director of Families and Social Care[1]. This Programme Board in turn, informed the Improvement Board and the Children's Services Improvement Panel.

2.2. The Children's Services Improvement Panel (CSIP) was initiated April 2011. The Panel's objective is to ensure effective, cross-party oversight of the Improvement priorities outlined in the Improvement Notice.

2.3. The CSIP was closely aligned to the Improvement Board agenda; CSIP regularly receives reports regarding the quality of delivery, and management of risk associated with the protection and safeguarding of children, including those that were submitted to the Improvement Board.



3. From Improvement to Transformation

3.1. As a result of mutual agreement between the DfE, Chair of the Improvement Board and KCC; when the Improvement Notice was lifted in December 2013, the Improvement Board held its last meeting 21 October 2013. A performance review of KCC will be conducted by Liz Railton in June 2014.

3.2. There has been no let-up in the detailed scrutiny of the performance of children's services in Kent. The Kent Safeguarding Children Board (KSCB) Executive Group became Kent's primary scrutiny function for all areas of the Council's performance.

[1] From 1st April 2014 the Families and Social Care Directorate will be renamed Social Care Health and Wellbeing, in line with the changes from Phase 1 of Facing the Challenge implementation.

There is regular and consistent multi-agency attendance at the Board, Executive and Sub Group meetings by senior managers across the partnership. KSCB recently engaged a new Independent Chair, Gill Rigg.

3.3. As per 'Facing the Challenge: Whole-Council Transformation', Children's (Social Care) Transformation builds on the work of the Improvement Programme, combining this with efforts to be more efficient with resource, in light of public sector austerity measures.

3.4. Children's (Social Care) Transformation is one part of the overarching, cross-directorate 0-25 Change Portfolio. This Portfolio the method by which Specialist Children's Services (SCS) and the new Early Help and Prevention Division are together 'Facing the Challenge'. The Children's Transformation Board feeds into the 0-25 Portfolio Board; which the Corporate Director for Families and Social Care, Director for SCS, and Head of Strategic Commissioning (Children's) attending to represent SCS.

3.5. The Children's Transformation Board meets monthly, and is Chaired by Andrew Ireland. The Cabinet Member for Specialist Children's Services is on the Board as are the Director for SCS, the Assistant Director for Safeguarding, the four area Assistant Directors (North, South, East and West), and representatives of the Children's Transformation Programme team, finance, strategic commissioning, human resources (HR), Budget Programme Board, and the Corporate Portfolio Office.

3.6. The Specialist Children's Services Transformation Programme team are currently working to ensure the sub-groups of the Children's Transformation Board are aligned to the three, primary strategic objectives of the Children's Transformation Programme:

a) **People** - having the right people in the right places, (recruitment of permanent social work staff, and staff retention - workforce development/optimisation).
b) **Quality –** building on the work of the Improvement Programme to achieve the best outcomes possible for the children and adolescents the services works with. Continue to implement the Social Work Contract, and associated Munro[2] recommendations.
c) **Efficiency –** making the best use of available resource.

4. Current Boards and Panels with elected Member information, challenge and quality assurance

There are currently three Boards/ Panels whose primary objectives is to keep elected Members informed and assured of progress within SCS:

4.1. Kent Integrated Children's Services Board (KICSB)

The KICSB's primary function is 'to ensure that KCC as the Local Authority (LA) is meeting the requirements of the Accountability Protocol for the Director of Children Services and Lead Member for Children's Services. The objective of the protocol is to ensure that the Council fulfils the legal requirement to designate both a single officer and a single elected member, each responsible for both education and children's social care. Between them, the

[2] Munro, Eileen, (2011), 'The Munro Review of Child Protection: Final Report; A child-centred system' https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf

Director of Children's Services and Lead Member for Children's Services provide a clear and unambiguous line of local accountability for improving outcomes for children and young people.'[3]

The meeting is chaired by Jenny Whittle, Cabinet Member for SCS and the statutory Lead Member for Children's Service (LMCS). Membership includes, but is not limited to, Paul Carter, the Leader of the Council; Andrew Ireland, Corporate Director for Social Care, Health & Wellbeing and the statutory Director of Children's Services (DCS); Corporate Director for Education [4]; the Cabinet Members for Education and Learning and Skills and Customer and Communities[5][6].

4.2. Children's Services Improvement Panel (CSIP)

The CSIP is an informal group which was established to provide Members with a broader reassurance and oversight of progress within SCS, particularly during the phases of the Specialist Children's Services Improvement Programme.

Terms of Reference:

- Develop expertise that enables Members to act as the champions for Kent children who are in need, with a particular focus on those in need of protection.
- Support all Members to build their understanding of the levels and responsibilities associated with Corporate Parenting and Safeguarding.
- Consider reports regarding the quality of delivery and management of risk associated with the protection and safeguarding of children, including those submitted to the Improvement Board.

The CSIP is an informal group which has been established to provide Members with reassurance and oversight of progress within SCS. The Panel is chaired by the Cabinet Member for Specialist Children's Services - Jenny Whittle.

4.3. Corporate Parenting Panel (CPP)

CPP is a formal Member Panel, Chaired by Mrs Ann Allen, Deputy Cabinet Member for Specialist Children's Services with proportionate cross party membership.

Terms of Reference:

- To develop expertise that enables Members to fulfil their role as Corporate Parents and act as Champions for Kent children who are looked after;
- To consider statistical information that includes staffing levels, relevant indicators from the National Indicator Set (NIS) and national Looked After Children returns.

[3] KISCB Terms of Reference

[4] From 1st April 2014 the Education, Learning and Skills (ELS) Directorate will be renamed Education and Young People Services (EYP), in line with the changes from Phase 1 of Facing the Challenge implementation. The corporate Director is Patrick Leeson.

[5] Roger Gough and Mike Hill respectively

[6] At the County Council meeting in December 2013, changes to the two top tiers of the organisation were agreed by elected Members. From April 1st 2014, the functions of the Customer and Communities Directorate will be integrated into the four new directorates. In light of this change, Mike Hill will no longer be the Portfolio holder for Customer and Communities, but hold the Portfolio for the new Early Help and Preventative Services Division (EYP).

- To consider reports from the Kent Safeguarding Children Board (KSCB), Kent Children's Trust Board, and in relation to Looked After Children, and any changes to relevant legislation and guidance;
- To work alongside the Staff Advisory Group and Children in Care Council in order to gather feedback from all those involved in and working with or on behalf of Looked After Children. This will include ongoing engagement with Foster Carers and other user groups;
- To lead on ensuring that the targeted Corporate Parenting roles and responsibilities of the Local Authority are being met.

The agenda of CPP is aligned to the multi-agency officer led Kent Corporate Parenting Group (KCPG).

5. Corporate Parenting in KCC

KCPG ensures better outcomes are promoted for the following groups of children and young people in care and also those leaving care:

- Kent County Council's Looked After Children and Care Leavers – placed both in and outside of Kent (including Unaccompanied Asylum Seeking Children)
- Looked After Children and Care Leavers placed in Kent by another local authority (OLA LAC)
- Children and young people receiving short break (respite care) from Kent County Council.

5.4 Work is underway to closer align the agendas of CPP and KCPG; this work is being led by Paul Brightwell, Head of Quality Assurance. The minutes of KCPG are shared with CPP. Work is also in hand to ensure more robust cohesion between both Corporate Parenting meetings and the independent scrutiny of the KSCB.

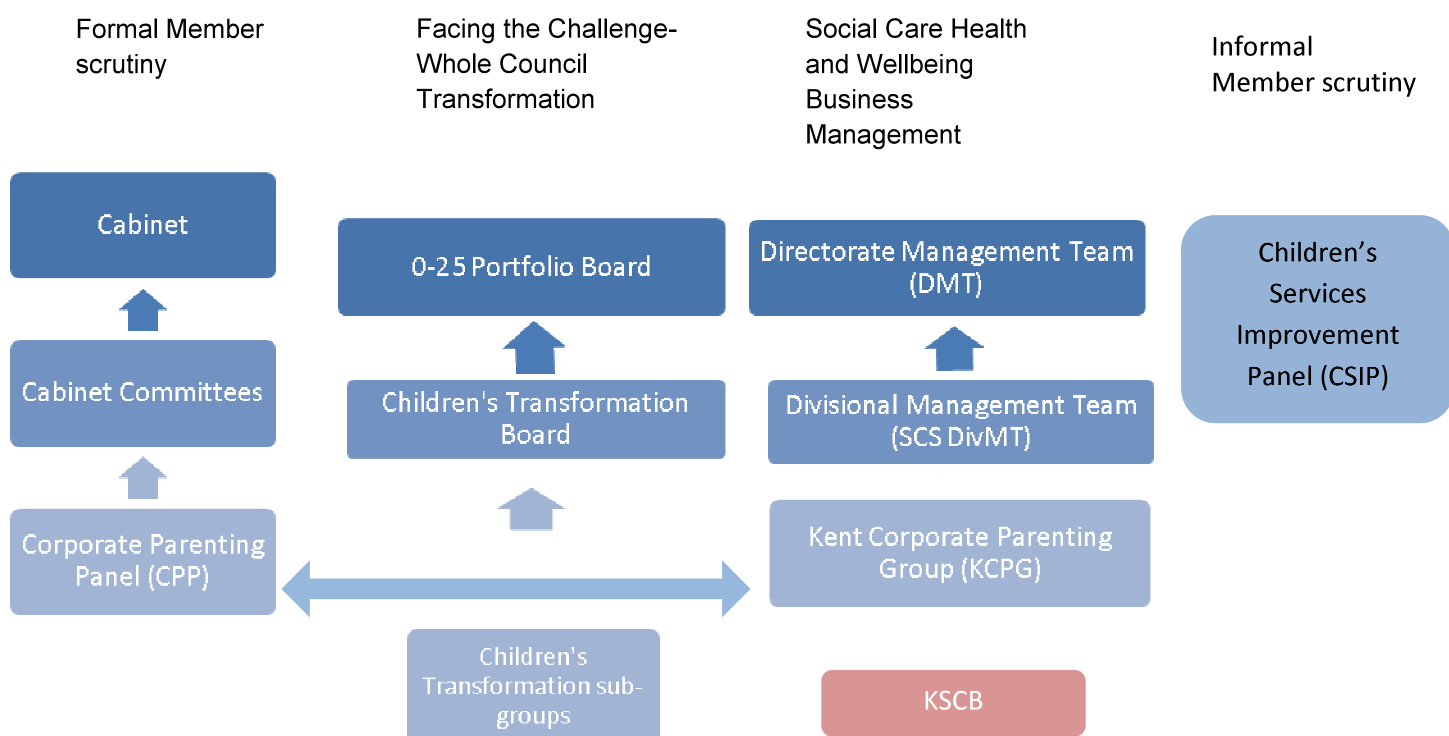
5.5 The KCPG closely monitors the emerging trends and shortfalls of the experiences of other Local Authorities who have been inspected under the new Single Inspection Ofsted Framework.

5.6 KCC SCS engages closely with the work of the South East Region Sector Led Improvement Programme (SESLIP). SESLIP brings together Directors, Assistant Directors and managers from across the south-east (up to, and including Oxfordshire, Milton Keynes and Reading, and west to Portsmouth and Southampton). KCC is participating in a number of SESLIP activities, including Director Action Learning Sets to share and learn best practice, and Data Benchmarking workshops. KCC is also very active with SESLIPs Leadership Development work, as this synergises with KCC's 'Grow your own' succession planning strategy. A number of SCS team managers have and will continue to join workshops which offer coaching to improve performance.

5.7 KCC is joining a Self-Evaluation and Peer Challenge of Ofsted Annexe A preparations (Round 7) in summer 2014. It is between Local Authorities in the South East Region Sector Led Improvement Programme. Kent will lead a visit to review Oxfordshire, and in turn West Sussex will lead a review of Kent.

5.8 KCC is working closely with Essex County Council to share experiences of Local Authorities previously judged ‘inadequate’ by Ofsted, and which have undergone a robust and extensive Improvement process. In March 2014, Essex County Council children’s services were rated ‘good’ by Ofsted, with their LSCB ‘requiring improvement’. As part of this work, representatives from Essex County Council are going to give a presentation of lessons learnt to SCS senior management. Kent and Essex are also going to conduct a two-way peer review of each other’s adoption services.

6. Current Specialist Children’s Services governance



7. Options

The options put forward below offer suggestion as to how Members would like to be kept informed and assured of future progress in Specialist Children’s Services.

Members are asked to **consider** the possible options:

1. Continue with current arrangements.
2. Continue with CSIP, maintaining an informal discussion forum, but align the meeting to the Children’s Transformation agenda, potentially renaming it the Children’s Services Transformation Panel (CSTP).
3. Dissolve the Children’s Services Improvement Panel (CSIP).

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Background Documents: None

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

Andrew Ireland, Corporate Director, Social Care, Health & Wellbeing

To: **Children's Social Care & Health Cabinet Committee – 22 April 2014**

Subject: **Decisions taken outside of the Cabinet Committee meeting cycle**

Classification: **Unrestricted**

FOR INFORMATION ONLY

Summary: The attached decision was taken between meetings as it could not reasonably be deferred to the next programmed meeting of the Children's Social Care& Health Cabinet Committee for the reason set out below.

Recommendations: That the decision 14/00041 – *Children's Rates & Charges Increases 14/15* was taken in accordance with the process in Appendix 4 Part 6 be noted

1.1 In accordance with the council's governance arrangements, all significant or Key Decisions must be listed in the Forward Plan of Key Decisions and should be submitted to the relevant Cabinet Committee for endorsement or recommendation prior to the decision being taken by the Cabinet Member or Cabinet.

1.2 For the reason set out below it has not been possible for this decision to be discussed by the Cabinet Committee prior to it being taken by the Cabinet Member or Cabinet. Therefore, in accordance with process set out in Appendix 4 Part 6 paragraph 6.18 of the Constitution, the following decision was taken and published to all Members of this Cabinet Committee and the Scrutiny Committee.

1.3 Decision Number: 14/00041 – *Children's Rates & Charges Increases 14/15*.
This decision relates to the routine annual uplift of certain rates paid by the council and charges collected by the council. In previous years some of these increases had been kept at the same level as the percentage salary increase for KCC staff. However, for reasons unconnected with this decision itself, there was an ongoing delay in confirming the KCC salary increase. Consequently to this delay, this decision then had to be taken using the urgency procedure set out in the council's Constitution, Appendix 4 Part 6 paragraph 6.13, to ensure that it could be implemented for the new financial year.

2. **Recommended:** That decision 14/00041 – *Children's Rates & Charges Increases 14/15* was taken in accordance with the process in Appendix 4 Part 6 be noted

Background documents:

Appendix 1 - 14/00041 – Children's Rates & Charges Increases 14/15 - Record of Decision
Appendix 2 - 14/00041 – Children's Rates & Charges Increases 14/15 - Report

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Report Author

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- Directorate Manager: Governance & Member Support
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- daniel.waller@kent.gov.uk

KENT COUNTY COUNCIL - RECORD OF DECISION

DECISION TAKEN BY	DECISION NO.
Jenny Whittle, Cabinet Member for Specialist Children's Services	14/00041

If decision is likely to disclose exempt information please specify the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act 1972

Subject:
PROPOSED REVISION OF RATES PAYABLE AND CHARGES LEVIED FOR CHILDRENS SERVICES IN 2014-15

Decision:
In line with the recommendations in the report on the Proposed Revision of Rates Payable and Charges Levied for Children's Services in 2014-15, as Cabinet Member for Specialist Children's Services, I:

a) **APPROVE** the following rates:

i. Assessment for first home study (2.2.a)
ii. Assessment for second home study (2.2.b)
iii. Reports of post placements or post adoption (2.2.c)
iv. 12 months reviews of approval (2.2.d)
v. Foster Care Reward Element (2.3.a)
vi. Foster care skills based payments (2.4.a)
vii. Single placement supplement (2.5.a)
viii. Therapeutic fostering – Enhanced reward (2.5.b)

b) **NOTE** the increase to the following rates that are dictated by external agencies.

i. Inter-agency charges (2.2.e)
ii. Foster Care Maintenance (2.3.b)

Reason(s) for decision
The proposed rates payable and charges levied are considered annually, with any revisions normally introduced at the start of each financial year.

The report is focused on Children's Social Services and the rates and charges that are currently in place, with the Adult's Social Services presented separately.

Member should be aware that in previous years, some of the children's rates were increased in line with the KCC staff pay award. As there is no explicit pay award in 2014-15 (salaries will increase for TCP awards only), it is recommended that an increase of 2%, be added for these rates in 2014-15.

Any charges proposed in this report have been increased by 2.7% in line with CPI at September 2013 which is in line with the benefits uplift.

The rates and charges payable for 2014/15 will be introduced the week commencing 7th April 2014.

The report distinguishes between those rates and charges over which Members can exercise their discretion, and those which are laid down by Parliament.

A review is underway for rates payable on other types of care arrangement. A separate report will follow when this review is complete.

Financial Implications:
The increase in income and the increase in payments that these changes will bring have been included in the 13 Feb 2014 County Council agreed budgets for the services affected.

Cabinet Committee recommendations and other consultation:
Due to the need implement changes to payment and other systems in time for the financial year 14/15 it has not been possible to discuss this at Cabinet Committee. In previous years, the Cabinet Committee has made no comment on these changes.

Use of Urgency Procedure:
In previous years some elements of the Rates & Charges decisions have been linked with the separate decision about any revision of salaries KCC staff. As the salary decision for 14/15 has been delayed it has now become necessary to use the Urgency Procedure for both the Adults' and Children's Rates & Charges decisions. This is necessary so as to avoid a loss of income to the council and to ensure that there is clear delegated authority to make certain payments in line with government regulations.

As set out in KCC's Urgency Procedures, the Chairman of the Scrutiny Committee and the Corporate Director for Families & Social Care have agreed that the procedure can be used. Additionally all the appropriate opposition group spokesmen and chair of the Cabinet Committee have also been contacted and have either made no comment or have confirmed they agree with the use of the urgency procedures.

Background Documents:
Report by the Corporate Director of Families & Social Care - Proposed Revision of Rates Payable and Charges Levied for Children's Services in 2014-15

Any alternatives considered:
As noted, elements of these revisions are set by external agencies and are not subject to discretion.

For the discretionary elements, alternative % were considered but, as in previous years, the respective recommended uplifts equivalent to:

- CPI (2.7% in Sept 13), and
- Increase in KCC staffing costs (2%)

as the best balance between increases and the agreed budget available.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:
None

....
signed

22/3/14
....
date

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Decision Referred to Cabinet Scrutiny				Cabinet Scrutiny Decision to Refer Back for Reconsideration				Reconsideration Record Sheet Issued				Reconsideration of Decision Published
YES		NO		YES		NO		YES		NO		

Decision No. 14/00041

By: Andrew Ireland, Corporate Director of Families and Social Care

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

Subject: **PROPOSED REVISION OF RATES PAYABLE AND CHARGES LEVIED FOR CHILDREN SERVICES IN 2014-15**

Classification: Unrestricted

Summary: FOR DECISION	To seek members approval to the revision in the rates payable and charges levied for children services listed below in 2014-15.

Introduction

1. (1) This report is produced annually and seeks approval of the Directorate's proposed rates and charges levied for the forthcoming financial year, along with any potential changes to the Directorates charging policy.

(2) The report distinguishes between these rates and charges over which Members can exercise their discretion and those which are laid down by Parliament.

(3) Members should be aware that in previous years, some of the children's rates were increased in line with the KCC staff pay award. As there is no explicit pay award in 2014-15 (salaries will increase for TCP awards only), it is recommended that an increase of 2%, be added for these rates for 2014-15.

Any charges proposed in this report have been increased by 2.7% in line with CPI at September 2013 which is in line with the benefits uplift.

(4) The effective date is 7th April 2014.

(5) A review is underway for rates payable on other types of care arrangement. A separate report will follow when this review is complete.

Charges and Rates Payable for Children's Services

2. (1) All rates and charges proposed for 2014-15 in respect of Children Services are shown in Appendix 1.

Adoption Service Charge

(2) **Inter Country**

(a) **Assessment for first home study**

Single person – The current charge to be increased by 2.7% to £3,721.21.

Couple – The current charge to be increased by 2.7% to £5,316.01.

(b) **Assessment for second home study**

Single person – The current charge to be increased by 2.7% to £2,126.40.

Couple – The current charge to be increased by 2.7% to £3,721.21.

(c) **Reports of post placement or post adoption visits**

The current charge to be increased by 2.7% to £159.48.

(d) **12 months reviews of approval**

The current charge to be increased by 2.7% to £159.48.

(e) **Inter-Agency Charges – Voluntary Adoption Agencies and Local Authorities**

The following charges are set by the British Association for Adoption and Fostering and therefore are not within our discretion to alter. There is no change to rates for 2014-15:

Local Authorities -

- One Child - £27,000.00
- 2 Siblings - £40,500.00
- 3+ Siblings - £54,000.00

Voluntary Adoption Agencies

- One Child - £27,000.00
- 2 Siblings - £34,768.00
- 3 Siblings - £46,358.00
- 4 Siblings - £52,152.00
- 5 Siblings - £57,947.00

Foster Care Payments

(3) (a) **Reward Element**

An increase of 2% is recommended for 2014/15 (these include an adjustment so the figure is divisible by 7).

- Non related placements 0-8yrs £107.80
- Non related placements 9-16yrs £204.75

(b) **Maintenance**

These rate increases are in line with the national minimum.

	National minimum*	Increase
All placements under 2	£141.12	1.56%
All placements 2-4	£145.39	1.47%
All placements 5-8	£162.68	2.06%
All placements 9-10	£162.68	2.06%
All placements 11-15	£184.17	2.37%
All placements 16-17	£216.51	2.05%
All placements 18+	£216.51	2.05%

*The national minimum figures above have been adjusted to include provision for payments to foster carers to cover holidays, birthdays, religious observances & Christmas (equating to 4 weeks) and have also been adjusted so they are divisible by 7.

Foster Care Skills Based Payments

(4) (a) **Foster Care Skills Based Payments**

It is recommended these do not receive an increase in 2014-15. The published figures last year were not divisible by 7, but need to be in order to be entered onto the FPS system. Therefore, the rate is:

Level 2 - £20.23
Level 3 - £50.54

Specialist Foster Care Payments

(5) (a) **Single Placement Supplement**

This is calculated as twice the age related reward element, (these have been adjusted to be divisible by 7).

Age 0-8 yrs - £215.60
Age 9-16 yrs - £409.50

(b) **Therapeutic Fostering Supplement**

This is calculated as twice the maximum reward plus maximum maintenance (again, these have been adjusted to be divisible by 7).

All ages - £626.01

Other Local Authority Charges

3. It is proposed that there is no uplift of these rates for 2014/15.

(a) **Fostering service – Social work support**

2014/15 £67.07

(b) **General – Assessment hourly rate**

This represents KCC social workers doing work on behalf of OLAs.

2014/15 £67.07

(c) **Administration fee – rate per invoice**

This represents the administration fee to cover time dealing with recharges, it is credited to the social work team claiming the recharge.

2014/15 £10.20

(d) **Residential Respite Services**

2014/15 £326.83

4. **Recommendations**

The Cabinet Member for Specialist Children's Services is invited to:

a) **APPROVE** the following rates:

i. Assessment for first home study (2.2.a)
ii. Assessment for second home study (2.2.b)
iii. Reports of post placements or post adoption (2.2.c)
iv. 12 months reviews of approval (2.2.d)
v. Foster Care Reward Element (2.3.a)
vi. Foster care skills based payments (2.4.a)
vii. Single placement supplement (2.5.a)
viii. Therapeutic fostering – Enhanced reward (2.5.b)

b) **NOTE** the increase to the following rates that are dictated by external agencies.

i. Inter-agency charges (2.2)
ii. Foster Care Maintenance (2.3.b)

Michelle Goldsmith
Directorate Business Partner - FSC
Ext: 1770

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Appendix 1

	% change from 11/12 to 12/13	2012-13 Rates and Charges	% change from 12/13 to 13/14	2013-14 Final Rates & Charges	% change proposed	Proposed 2014-15 rates & charges	Basis of Increase
(1) ADOPTION SERVICE CHARGES							
With effect from 1 April 2014, the rates below will apply:							
Inter Country Charge, per adoption case							
- Assessment for first home study							
Single person	0.00%	3,587.50	1.00%	3,623.38	2.7%	3,721.21	in line with CPI at September '13, in line with benefits uplift
Couple	0.00%	5,125.00	1.00%	5,176.25	2.7%	5,316.01	in line with CPI at September '13, in line with benefits uplift
- Assessment for second home study							
Single person	0.00%	2,050.00	1.00%	2,070.50	2.7%	2,126.40	in line with CPI at September '13, in line with benefits uplift
Couple	0.00%	3,587.50	1.00%	3,623.38	2.7%	3,721.21	in line with CPI at September '13, in line with benefits uplift
Reports of post placement or post adoption visits	0.00%	153.75	1.00%	155.29	2.7%	159.48	in line with CPI at September '13, in line with benefits uplift
12 months reviews of approval	0.00%	153.75	1.00%	155.29	2.7%	159.48	in line with CPI at September '13, in line with benefits uplift
Inter Agency Charges							
Adopters Charge (As set by BAAF)							
Local Authorities — One Child	0.00%	13,138.00	0.00%	13,138.00	105.51%	27,000.00	No increase for 2014/15in BAAF Fees (amended 2013/14 fees)
2 Siblings		19,707.00	0.00%	19,707.00	105.51%	40,500.00	No increase for 2014/15in BAAF Fees (amended 2013/14 fees)
3+ Siblings		26,276.00	0.00%	26,276.00	105.51%	54,000.00	No increase for 2014/15in BAAF Fees (amended 2013/14 fees)
Voluntary Adoption Agencies — One Child	12.13%	27,000.00	0.00%	27,000.00	0.00%	27,000.00	No increase for 2014/15in BAAF Fees (amended 2013/14 fees)
2 Siblings		43,000.00	0.00%	43,000.00	-19.14%	34,768.00	No increase for 2014/15in BAAF Fees (amended 2013/14 fees)
3 Siblings		60,000.00	0.00%	60,000.00	-22.74%	46,358.00	No increase for 2014/15in BAAF Fees (amended 2013/14 fees)
4 Siblings		68,000.00	0.00%	68,000.00	-23.31%	52,152.00	No increase for 2014/15in BAAF Fees (amended 2013/14 fees)
5 Siblings		80,000.00	0.00%	80,000.00	-27.57%	57,947.00	No increase for 2014/15in BAAF Fees (amended 2013/14 fees)
Maximum Payments							
age under2	2.91%	0.00		133.49			not included in decision making or publication in recent years
age 2-4	2.84%	0.00		136.71			not included in decision making or publication in recent years
age 5+		0.00		152.88			not included in decision making or publication in recent years
Core regular familiy expenditure	2.91%	0.00					
Couple	2.84%	0.00					not included in decision making or publication in recent years
Single carer							not included in decision making or publication in recent years
Child							not included in decision making or publication in recent years
		0.00					
(2) FOSTER CARE PAYMENTS							
Reward Element							
Increase by 2% - based on average TCP figure							
non related placements 0-8yrs	0.00%	104.23	1.01%	105.28	2.0%	107.80	Must divide by 7
non related placements 9-16 yrs	0.00%	198.66	1.02%	200.69	2.0%	204.75	Must divide by 7
Maintenance							
Increase to match the national minimum fostering allowances plus 4 weeks for holiday funding.							
all placements under2	2.00%	136.15	2.06%	138.95	1.56%	141.12	Use national minimum (final includes rounding) must divide by 7
all placements 2-4	2.00%	140.00	2.35%	143.29	1.47%	145.39	Use national minimum (final includes rounding) must divide by 7
all placements 5-8	2.00%	156.17	2.06%	159.39	2.06%	162.68	Use national minimum (final includes rounding) must divide by 7
all placements 9-10	2.00%	156.17	2.06%	159.39	2.06%	162.68	Use national minimum (final includes rounding) must divide by 7
all placements 11-15	2.00%	176.82	1.74%	179.90	2.37%	184.17	Use national minimum (final includes rounding) must divide by 7
all placements 16-17	2.00%	207.83	2.09%	212.17	2.05%	216.51	Use national minimum (final includes rounding) must divide by 7
all placements 18+	2.00%	207.83	2.09%	212.17	2.05%	216.51	Use national minimum (final includes rounding) must divide by 7
(3) FOSTER CARE SKILLS BASED PAYMENTS							
Allocation introduced in October 2006, kept at initial rate.							
Level 2	0.00%	20.00	1.00%	20.20		20.23	Must divide by 7
Level 3	0.00%	50.00	1.00%	50.50		50.54	Must divide by 7
(4) SPECIALIST FOSTER CARE PAYMENTS							
Single Placement Supplement							
Twice the age related Reward. In addition to these reward payments carers also receive the age related maintenance payment.							
age 0-8 yrs	0.00%	208.39	1.04%	210.56		215.60	Must divide by 7
age 9-16 yrs	0.00%	397.32	1.02%	401.38		409.50	Must divide by 7
Therapeutic Fostering *all ages*							
Twice the maximum reward plus maximum maintenance	0.68%	605.15	1.39%	613.55		626.01	Twice the maximum reward plus maximum maintenance. Must divide by 7
(5) OTHER LOCAL AUTHORITY CHARGES							
Other Local Authority Charges - rate per hour							
no increase							
Fostering Service - Social Work Support	1.00%	66.41	1.00%	67.07		67.07	
General - Assessment Hourly Rate	1.00%	66.41	1.00%	67.07		67.07	
Finance Administration Fee - rate per invoice	1.00%	10.10	1.00%	10.20		10.20	
Residential Respite Services							
Previously increased by RPI or P&V Rate							
Respite Charge per night	0.00%	323.59	1.00%	326.83		326.83	

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