

**CHILDREN'S SOCIAL CARE AND HEALTH CABINET  
COMMITTEE**

**Tuesday, 22nd March, 2016**

**10.00 am**

**Darent Room, Sessions House, County Hall, Maidstone**







## AGENDA

### CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

**Tuesday, 22 March 2016 at 10.00 am**  
**Darent Room, Sessions House, County Hall,**  
**Maidstone**

Ask for: **Alexander Saul**  
Telephone: **03000 419890**

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

#### **Membership (14)**

Conservative (8): Mrs J Whittle (Chairman), Mrs A D Allen, MBE (Vice-Chairman),  
Mrs M E Crabtree, Mr R E Brookbank, Mrs P T Cole,  
Mrs V J Dagger, Mr G Lymer and Mr C P Smith

UKIP (3) Mrs M Elenor, Mr B Neaves and Mrs Z Wiltshire

Labour (2) Mrs P Brivio (Substitute), Ms C J Cribbon and Mrs S Howes

Liberal Democrat (1): Mr M J Vye

#### **Webcasting Notice**

Please note: this meeting may be filmed for the live or subsequent broadcast via the Council's internet site or by any member of the public or press present. The Chairman will confirm if all or part of the meeting is to be filmed by the Council.

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

#### **UNRESTRICTED ITEMS**

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

#### **A - Committee Business**

A1 Introduction/Webcast announcement

A2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present

A3 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

A4 Minutes of the meeting held on 22 January 2016 (Pages 7 - 14)

To consider and approve the minutes as a correct record.

A5 Minutes of the meeting of the Corporate Parenting Panel held on 28 January 2016 (Pages 15 - 22)

To note the minutes.

A6 Verbal updates

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

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

B1 Emotional Health and Wellbeing Strategy (Pages 23 - 28)

To receive a report presenting an overview of the work undertaken to date regarding the planned re-commissioning of school based universal and targeted emotional health and wellbeing services.

B2 Public Health Transformation (Pages 29 - 36)

To receive a report that builds on the previous report to committee (January 2016) detailing the initial review undertaken to inform commissioning of Public Health services for children and young people. The report also proposes an extension of the existing contracts for core Public Health services for children and young people, by six months in order to allow time to develop these opportunities in more detail and enable effective integration opportunities before a procurement exercise commences.

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

C1 Update on the Procurement of the Children and Young People's Mental Health Service (Pages 37 - 40)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing an update on the planned procurement of the children and young people's mental health service.

C2 Early Help/Preventative Services Business Plan (Pages 41 - 92)

To receive a report from the Cabinet Member for Specialist Children's Services, the Corporate Director of Social Care, Health and Wellbeing and the Corporate Director of Education and Young People's Services highlighting areas of the EYPS Business Plan that relate to SCS.

## **D - Monitoring of Performance**

### **D1 Specialist Children's Services Performance Dashboard (Pages 93 - 108)**

To receive a report from the Cabinet Member for Specialist Children's Services and the Director of Social Care, Health and Wellbeing, outlining progress against targets set for key performance and activity indicators.

### **D2 Public Health Performance - Children and Young People (Pages 109 - 116)**

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, giving an overview of the performance of Public Health commissioned services for children and young people.

### **D3 Draft 2016/17 Social Care, Health and Wellbeing Directorate Business Plan (Pages 117 - 166)**

To receive a report from the Cabinet Member of Children's Specialist Services and the Corporate Director of Social Care, Health and Wellbeing that presents the Social Care, Health and Wellbeing draft Business Plan (Appendix 1 to this paper), which is the directorate-level business plan for 2016/17. The paper also sets out the agreed business planning process for 2016/17.

### **D4 Risk Management - Social Care, Health and Wellbeing (Pages 167 - 212)**

To receive a report from the Cabinet Member of Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing presenting the strategic risks relating to the Social Care Health and Wellbeing Directorate. It also includes the risks on the Corporate Risk Register for which the Corporate Director is the designated 'risk owner'. The paper also explains the management process for review of key risks.

### **D5 Work Programme 2015/16 (Pages 213 - 218)**

To receive a report from the Head of Democratic Services on the Committee's work programme.

## **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  
03000 416647

**Monday, 14 March 2016**

*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**

---

**CHILDREN'S SOCIAL CARE AND HEALTH CABINET  
COMMITTEE**

MINUTES of a meeting of the Children's Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Friday, 22 January 2016.

PRESENT: Mrs J Whittle (Chairman), Mrs M E Crabtree (Vice-Chairman), Mrs A D Allen, MBE, Mr R E Brookbank, Mrs P T Cole, Mr G Cowan, Mrs V J Dagger, Mrs M Elenor, Mrs S Howes, Mr G Lymer, Mr B Neaves, Mr C P Smith, Mr M J Vye and Mrs Z Wiltshire

ALSO PRESENT: Mr G Gibbens, Mr R W Gough, Mr P J Oakford and Mr P M Hill, OBE

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health & Wellbeing), Mr James Beamish (Principal Accountant), Ms Samantha Bennett (Public Health Consultant), Dr F Khan (Interim Deputy Director of Public Health), Ms K Ray (HR Business Partner - Social Care, Health and Wellbeing), Mr P Segurolo (Director of Specialist Children's Services), Ms K Sharp (Head of Public Health Commissioning), Mr D Shipton (Head of Financial Strategy), Mr M Thomas-Sam (Strategic Policy Adviser) and Mr A Saul (Democratic Services Officer)

**UNRESTRICTED ITEMS****102. Introduction/Webcast announcement**  
*(Item A1)***103. Membership - Election of a new Chairman**

- 1) Mrs Allen opened the meeting and announced she was standing down as Chairman of the Children's Social Care Cabinet Committee. She invited Members to nominate a new Chairman.
- 2) Mr Lymer nominated Mrs Whittle as Chairman; this was seconded by Mrs Wiltshire.
- 3) RESOLVED that the Children's Social Care Cabinet Committee agree to Mrs Whittle's election as Chairman.

**104. Election of a new Vice-Chairman**

- 1) Mrs Whittle took the chair and asked for nominations for the position of Vice-Chairman of the Children's Social Care Cabinet Committee.
- 2) Mrs Crabtree nominated Mrs Allen to the position of Vice-Chairman; this was seconded by Mrs Wiltshire.

- 3) RESOLVED that the Children's Social Care Cabinet Committee agree to elect Mrs Allen Vice-Chairman.

**105. Apologies and Substitutes**  
*(Item A2)*

- 1) Mrs Cribbon gave her apologies and Mr Cowan attended as her substitute.

**106. Declarations of Interest by Members in items on the Agenda**  
*(Item A3)*

- 1) Mr Cowan declared an interest in item B2, Proposed Revision of Rates Payable and Charges Levied For Children's Services In 2016-17, and confirmed he would leave the meeting for this item.

**107. Minutes of the meeting held on 2 December 2015**  
*(Item A4)*

- 1) Mr Vye highlighted that the Minutes confirm that Mr Wilson would provide Members with figures on the sudden increase in caseloads in the Canterbury and Coastal area in June. He asked that those figures be distributed amongst Members as promised.

- 2) RESOLVED that the minutes be agreed as a correct record.

**108. Minutes of the meeting of the Corporate Parenting Panel held on 23 October 2015**  
*(Item A5)*

- 1) RESOLVED the minutes of the meeting of the Corporate Parenting Panel held on 23 October 2015 were noted.

**109. Verbal updates**  
*(Item A6)*

- 1) The Chairman confirmed Mr Gibbens and Dr Khan's Verbal Updates, item B1 and item D2 would be brought forward. This was to accommodate Mr Gibbens and Dr Khan's limited availability.

- 2) Mr Gibbens gave the following information as verbal updates;

- a) He informed Members he had recently spoke at an event of the Family Nurse Partnership. Families helped by the partnership also attended. This was an encouraging event and Mr Gibbens stated he was looking to see how the Family Nurse Partnership could be rolled out across all of Kent.
- b) He also informed Members he attended a West Kent and Medway singing event for people with mental health conditions. Mr Gibbens expressed a view that singing can be very helpful for these individuals and have a wonderful impact.

- 3) Dr Khan gave the following information as verbal updates;



- a) Members were informed of a new campaign called “Sugar Smart” aimed at tackling child obesity. This includes an App for parents to download and use to measure and inform them of the amount of sugar they were buying for their children.
- b) Dr Khan brought Members attention to the initiative in Canterbury where signage was being used to ask the public not to smoke in the nearby vicinity of public parks. This is of course to benefit the health of Children in the park. This had been funded by Mr Gibbens local Member grant.

**110. Commissioning Public Health Services for Children and Young People**  
*(Item B1)*

1) Samantha Bennett, Consultant on Public Health, introduced the update on the re-procurement of Public Health Services to Members and progress on reviewing these services. Ms Bennett also shared further information that was ascertained from focus groups and explained that lack of clarity about what their services offer was found to be an issue. In regards to the public consultation held in November and December 2015 it was also found that a priority issue amongst the public was emotional well-being. Ms Bennett confirmed that Public Health was working closely with the local CCG on the commission of new adolescent Health Services.

2) Karen Sharp, Head of Public Health Commissioning, explained that as a part of reviewing Public Health services they had explored their alignment with other parts of the system such as with colleagues in the NHS. Mrs Sharp explained that they were aware of interdependencies in the system and that procurements would be made in line with the whole service.

3) A view was expressed that this was a very good outline of commissioning in the Public Health Services.

4) Ms Bennett confirmed that in regards to recruiting Health Visitors although anecdotally it had proven more difficult in East Kent there was no evidence of a big disparity between different parts of the County.

5) Mrs Sharp responded to questions raised by Members by providing the following information;

- a) That in regards to the procurement plan set in February she was confident there will be a good and competitive market.
- b) That the figures in the report are in line with previous figures that relate to the substance misuse contract. Mrs Sharp emphasised that members could be confident that the market would provide strong competitive options for this contract.

6) RESOLVED Members endorsed the proposed decision as detailed in the report.

**111. Public Health Performance - Children and Young People**  
*(Item D2)*

1) Karen Sharp, Head of Public Health Commissioning, introduced the Public Health Performance report and confirmed the following;

- a) Figures for smoking during pregnancy were not where Public Health had wanted them to be. Members were reassured that figures continued to progress in the right direction of travel.
- b) Performance of health visiting services has been a concern. In response to this Public Health have put into effect performance incentivisation measures to improve the service.
- c) Mrs Sharp also explained she had been reassured that health visiting services performance would continue to be recorded accurately and it has been made clear that improvement is expected.
- d) In regards to the Child Measurement Programme participation rates were progressing in the right direction of travel.
- e) In regards to the substance misuse service performance figures the direction of travel is down. However, the service still performs well above national average in terms of young people leaving with a planned exit.

2) In response to a question raised by the Chairman Mrs Sharp explained that the police, as a partner, have stressed very strong concern about the use of legal highs. At the moment services are trying to respond to this through an outreach approach. A huge amount of research has been done on legal highs as a team and Mrs Sharp stated she was very happy to share this with Members.

3) Mr Gibbens informed Members that new strategies in response to childhood obesity in the County will be going to Kent Health and Wellbeing Boards in the near future.

4) Following further discussion on legal highs and their impact in Kent the Chairman asked Mrs Sharp that a piece focused on legal highs is included in the next public health performance report.

5) RESOLVED that the Children's Social Care and Health Cabinet Committee note the report.

## **112. Verbal Update**

- 1) Peter Oakford gave the following information as verbal updates;
  - a) He had recently visited the Canterbury district early years project. Mr Oakford expressed a view that the set up for this project was very impressive and interacted across generations.
  - b) He informed Members that he had attended the first meeting of the new Tunbridge Wells Local Children's Partnership Groups. He confirmed these groups would each have a small budget to use. Mr Oakford encouraged Members to attend and further reassured the Committee that it was open to Kent County Council Members of any party.
  - c) An update was provided from the Corporate Parenting Panel all 10 Members had agreed to donate money to the BSK apprenticeship group.
  - d) Members were informed that Mr Oakford had arranged for a child in care apprentice to work in his office.
  - e) There had been a decline in migrants arriving in Kent over the winter months.
  - f) At the time of the meeting there were a total of 1390 UASC in KCC care, approximately 929 of which are under 18. Mr Oakford reminded members that

their allowance will change as they UASC age, the pressure on KCC will therefore increase as time goes on.

- g) In regards to assistance in responding to the recent increase of UASC in Kent not one single young person has gone to another Local Authority's care. One other Local Authority offered to take a child from KCC care on the condition they are below the age of 5. As no UASC in KCC care is below the age of 5 this offer cannot be taken.
- h) Confirmation was given that he would continue to lobby national government for further assistance in responding to the increase in UASC and that Kent MPs were supporting these efforts.

2) In regards to the change in cost for care leavers Mr Cowan asked Members to have a thought about our own foster carers who have children and then cannot afford to keep them after the age of 18.

3) Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing, gave the following verbal updates;

- a) He informed Members that Ofsted had recently published their new inspection frameworks. This includes a multiagency inspection framework.
- b) The current single SIF inspection framework will still be applied to Kent for the next inspection, which shall occur between now and March 2017.
- c) He also reported that the multi-agency child sexual exploitation team between KCC and police is now fully operational.

### **113. Proposed Revision of Rates Payable and Charges Levied For Children's Services In 2016-17**

*(Item B2)*

1) Mr Cowan had declared an interest earlier in the meeting and left the room for the entirety of the discussion on item B2.

2) James Beamish, Principal Accountant, introduced the report highlighting to members the proposed revision to the rates payable and charges levied for children services for 2016-17. He confirmed CPI in September was at 0% and brought Members attention to the rates and charges as detailed in Appendix 1.

3) In response to questions raised by Members Philip Segurola, Director of Specialist Children's Services, gave the following information;

- a) In regards to the pay structures for Independent Fostering Providers are generally slightly different and provide an overall payment and as such are less prone to break it down in the same way. Local Authorities generally cannot compete with these.
- b) In terms of maintenance Kent County Council follows Department of Education (DFE) guidance.
- c) In regards to the hourly assessment rate on page 34 the figure shown is the minimum and that it is very rarely applied.

4) Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing, explained in response to questions raised by Members that most of these charges relate to Fostering Agencies. Issues relating to minimum wage will apply more in price determination for the independent sector and that will be given consideration of that issue in the final determination.

5) RESOLVED that Members endorsed the proposed decision as detailed in the report.

**114. Budget and Council Tax level for 2016-17 and Medium Term Financial Plan 2016-19**

*(Item C1)*

1) Dave Shipton, Head of Financial Strategy, introduced the report on the Budget and Council Tax level for 2016-17 and Medium Term Financial Plan 2016-19 as it affects the remit of the Children's Social Care Cabinet Committee.

2) Philip Segurola, Director of Specialist Children's Services, stated that the savings targets are challenging. He further explained a heightened level of efficiency and rigour in reducing individual caseloads and avoiding drift is a very effective way his Directorate can respond to reaching the savings targets. He also explained that 92% of Children placed in foster care are now being placed in Kent which, as placements outside of Kent have additional costs to Kent County Council, has given additional savings.

3) RESOLVED that Members noted the Budget and Council Tax level for 2016-17 and Medium Term Financial Plan 2016-19 report.

**115. Social Worker Recruitment and Retention**

*(Item C2)*

1) Karen Ray, HR Business Partner for Social Care, Health and Wellbeing, introduced a report updating Members on recruitment and retention activity amongst Kent County Council's (KCC's) Children's Social Workers. She gave the following information;

- a) Member's attention was brought to the figure in regards to Children's Social Workers in permanent employment. This was at 75.4% which Ms Ray confirmed was fairly consistent to previous years.
- b) Ms Ray further explained that recruitment fairs, activity on social media and a greater internet presence have all been used to improve KCC's recruitment pool. It was confirmed that these efforts had all received good feedback.
- c) It was confirmed the reasons why staff leave is being both observed and recorded thoroughly.
- d) Ms Ray informed Members that a Memorandum of Understanding has been established with other South East Local Authorities in response to former Public Sector Social Workers becoming agency workers to charge more for their work. This should prevent other Local Authorities in the South East from employing agency workers who have recently left the Public Sector for this reason.
- e) It was confirmed that front facing Officers can be in receipt of a premium payment that was introduced to assist with the cost of transport.

2) In response to questions raised by Members Philip Segurola, Director of Specialist Children's Services, explained that staff that were leaving Children's Social Care were given exit interviews to ascertain why they are leaving. Mr Segurola confirmed that generally the reasons were not found to be financial.

3) RESOLVED that the Children's Social Care and Health Cabinet Committee note the report and, at the Chairman's request, that the next report explore the reasons behind why some social workers leaving KCC employment for agency work in more depth.

**116. Cabinet Members priorities for the 2016/17 Directorate Business Plan**  
(Item C3)

1) Michael Thomas-Sam, Strategic Business Adviser, introduced a report on Cabinet Members' priorities to be reflected in the 2016/17 directorate business plans. He brought attention to the priorities around UASC where pushing and lobbying for adequate funding for national government would remain a priority, this would be critical in managing Kent County Council's (KCC) safeguarding responsibilities.

2) Mr Oakford explained to Members that bringing services closer together, to better accommodate young people who were on the edge of care of KCC services, was to be a priority.

3) Members expressed their support for lobbying national government for adequate funding to respond to the recent increase in UASC.

4) RESOLVED that the Children's Social Care Cabinet Committee has commented and taken note of the report.

**117. Establishment of a Voluntary Adoption Agency**  
(Item C4)

1) Philip Segurola, Director of Specialist Children's Services, introduced the report on the progress of the earlier intention to establish a Voluntary Adoption Agency (VAA) for Kent in partnership with Coram. Had to go through formal tendering process and there was only one formal submission from Coram. Sadly Kent County Council was unable to award the contract as the tender bid made was non-compliant in delivery of all the functions required by the contract. Because there was a sole bidder further dialogue was engaged but Coram did not want to proceed. Contractor arrangements with Coram concluded on 22 January 2016.

2) In response to questions raised Mr Segurola gave the following information;  
a) It had not yet been discussed who would chair the Adoption Development Board.  
b) That the Children's Social Care and Health Cabinet Committee could be updated on the establishment of a VAA at the March meeting.

3) RESOLVED the Children's Social Care and Health Cabinet Committee agreed to note the report.

**118. Specialist Children's Services Performance Dashboard**  
(Item D1)

1) Chris Nunn, Senior Management Information Officer for Specialist Children's Services, introduced the Specialist Children's Services Performance Dashboard. He explained 6 of the Performance Indicators were now red. 5 of these had been red

since November. The only additional red Performance Indicator is in regards to private fostering visits within 6 weeks.

2) Philip Segurola, Director of Specialist Children's Services, explained Performance Indicators in placement stability only showed as amber where UASC are included. With UASC taken out of this equation placement stability was at 98%.

3) The Children's Social Care and Health Cabinet Committee agreed to note the report.

**119. Work Programme 2015/16**

*(Item D3)*

1) The Democratic Services Officer introduced the report and sought Members' comments on the Work Programme.

2) Members requested future updates on Coram come to the Children's Social Care and Health Cabinet Committee.

3) RESOLVED that Members agreed the Work Programme.

## KENT COUNTY COUNCIL

---

### CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 28 January 2016.

PRESENT: Mrs A D Allen, MBE (Chairman), Mrs T Carpenter, Mrs P T Cole, Ms S Dunstan, Mrs S Howes (Substitute for Ms C J Cribbon), Mrs C Moody, Mr B Neaves and Mrs J Whittle

IN ATTENDANCE: Mr P Segurola (Director of Specialist Children's Services), Mr G Gurney (Interim Assistant Director for Corporate Parenting), Ms G O'Grady (Participation Co-ordinator, Specialist Children's Services), Mrs S Skinner (Service Business Manager, Virtual School Kent) and Miss T A Grayell (Democratic Services Officer)

#### UNRESTRICTED ITEMS

**126. Apologies and substitutes**  
(Item A1)

Apologies for absence were received from Mr R E Brookbank, Ms C J Cribbon, Mr S Griffiths, Mr G Lymer, Ms B Taylor, Mr M J Vye, Mrs Z Wiltshire and Mr P J Oakford.

Mrs S Howes was present as a substitute for Ms C J Cribbon.

**127. Minutes of the meeting of this Panel held on 8 December 2015**  
(Item A2)

RESOLVED that the minutes of the Panel meeting held on 8 December 2015 are correctly recorded and they be signed by the Chairman. There were no matters arising.

**128. Chairman's Announcements**  
(Item A3)

The Chairman announced that Teresa Carpenter and her husband Peter had recently won a national award for their work as Permanency Foster Carers. The awards had been run by FosterTalk magazine and were presented in London at the end of October 2015. Teresa and Peter had been nominated for the award by their foster children, who had lived with them for 7 years. Mrs Carpenter received the Panel's congratulations on the award and their thanks for her work over 18 years as a foster carer, during which she had cared for 35 children and young people.

**129. Verbal Update from Our Children and Young People's Council (OCYPC)**  
(Item A4)

1. Ms Dunstan gave a verbal update on the following:

**Christmas Treat** – OCYPC Members had attended a production of Peter Pan at the Hazlitt Theatre in Maidstone.

**Forthcoming regional meetings** – on 15 February for West and North Kent, and 17 February for East and South Kent. North and West Kent had a core membership of 30 but the East Kent group was still trying to grow its membership and increase interest.

**Challenge cards** – challenge card responses had recently been updated but the publication of business cards for social workers was outstanding. A response would hopefully be ready for the February meetings.

**Young Adults Council (YAC) developments** – the next meeting would take place on 4 February, to consider pathway plans, a review of the Kent Cares Town website and launch of the new YAC Facebook page.

**Apprentice staffing** – The remaining Level 2 Virtual School Kent (VSK) apprentice had recently finished her apprenticeship and there were now four VSK apprentice vacancies, which were being advertised.

**Activity Days 2016** – as reported to the last Panel meeting, the money originally earmarked for a trip to the Hardelet Centre in Normandy had been re-directed to a number of activity days, to reach a wider audience. These would be funded by contributions from Member grants and, so far, pledges had been received from seven Panel members and the Cabinet Member. Activity days would take place as follows:

**16 February** – North and West Kent – bush craft, zip line, archery and high ropes at Wide Horizons: 40 expected participants – all places taken up.

**18 February** - East and South Kent – Expressions art: 20 expected participants and 10 spaces still to fill.

**19 February** - East and South Kent – skating and climbing at Revolution: 20 expected participants and 20 spaces still to fill.

#### **In the Easter school holidays:**

- Gravity Trampolining, Maidstone – *this and the following two events would be advertised later.*
- East and South Kent – activity day at Kingswood: 48 places, not yet booking.
- North and West Kent – climbing, mountain biking and stand-up paddle boarding at Bewl Water: 36 places, not yet booking.

#### **Other work:**

- making more links with Kent children and young people placed out of the county.
- developing the 'recruit crew' – a training session on 17 February would aim to encourage more young people to take part in interview panels for social workers and foster carers.
- raising awareness of the importance of participation: Sophia and Bella had so far delivered four 25-place training sessions for social workers, Independent Reviewing Officer (IROs) and foster carers, with excellent feedback on the interactive approach taken.
- assistance with the evaluation process in the procurement of new supported accommodation, with the commissioning unit.
- supporting the Winter Fayre event in Thanet on 30 January, which would be open to children in care, foster carers, County Council staff and their families.

2. Ms Dunstan responded to comments and questions from the Panel, as follows:-



- a) Ms Moody reported that her husband had attended the participation course and found it 'excellent';
- b) the upcoming Winter Fayre event might help raise the level of engagement in East Kent, which had historically been low;
- c) Mr Gurney confirmed that the winning design from the business card challenge was shortly to be printed; and
- d) Ms Dunstan was congratulated for the amount of work she and her colleagues were undertaking.

3. RESOLVED that the verbal update be noted, with thanks.

**130. Verbal Update by Cabinet Member**  
(Item A5)

1. In the absence of the Cabinet Member, who was engaged in media interviews about unaccompanied asylum seeking children (UASC), Mr Segurola updated the Panel on the announcement made by James Brokenshire, Minister of State for Immigration, on visits to camps being used to house migrants, to assess the number of children likely to need to come to the UK and access care services, eg those with family in the UK. Funding had been made available to help cover the costs of their transit to the UK. Reference had also been made to a national scheme of dispersal for UASC, in which Kent had been mentioned as having a particularly heavy burden of UASC. There would undoubtedly be much media coverage of these issues in the near future.

2. The verbal update was noted, with thanks.

**131. Adoption Service update**  
(Item B1)

*Ms Y Shah, Interim Head of Adoption Service, was in attendance for this item.*

1. Ms Shah introduced the report and added the most up-to-date figures for the end of January 2015 (compared to the same point in 2015), as follows:-

- 75 children had been placed for adoption (122 in 2015),
  - 83 had been adopted (163 in 2015),
  - 61 adopters had been approved (113 in 2015).
- In addition,
- 76 children currently had placement orders, and
  - 92 children had adoption plans.
- There were currently 39 adopters ready and waiting to accept a child, most of whom had been waiting for more than one year to adopt, with one having waited more than two years. Five adopters had chosen to delay going ahead for personal reasons.
  - There were currently 11 children waiting for adoption, which included three sets of siblings, one disabled child, who had been waiting for 14 months for a

placement, and one child with complex needs, who had been waiting only since November 2015. The overall trend was a steady decline in numbers.

2. Ms Shah set out the priorities for work for the coming year, as follows:-
  - the 'foster to adopt' scheme, which involved work with partners such as CAFCASS. Five children had so far been placed in this scheme and the projection was for eight to have been placed by the end of the 2016/17 financial year;
  - the prompt revocation of adoption orders for children no longer seeking adoption;
  - diligent monitoring of the quality of 'life story' documents and 'later-life letters'. Documentation was being completed but the quality of the information attracted complaints from other professionals. It would also be useful to ask adopters what they thought of the material presented; and
  - further work was also needed on adoption forecasts. An historical backlog of cases had now been cleared so the service could move forward and improve, but diligent monitoring would be needed. The 'foster to adopt' scheme and concurrency were now both included on performance monitoring scorecards.
  
3. Recruitment of new adopters had been suspended when the number waiting to adopt outnumbered the children waiting for adoption, but would re-start in April 2016. Adopters had asked for the establishment of a mentoring scheme, in which experienced adopters would support newly-approved adopters. Medical checks for new adopters would need to be completed promptly, and an electronic system for this would help. The post-adoption support service would continue to provide a team of skilled social workers and clinicians and was expected to make a very positive impact. Work priorities for this area included increasing participation, a parenting programme for adolescents and closer working with schools.
  
4. Mr Gurney updated the Panel on work with adoption panels. Work was still ongoing to establish paperless panels. Adoption panels were seeking to increase the inclusion of more County Council Members and education representatives. An ongoing challenge was the quality of recording of information to make it both timely and more accurate.
  
5. Ms Shah emphasised that the improvements Coram had been able to make to the adoption service would simply not have been possible without the work of Kent's foster carers, and she praised their excellent work in supporting children through pressures and challenges and preparing them for adoption. She acknowledged also the contribution made by Specialist Children's Services staff, IROs, the Health service and the Judiciary. She thanked the former Cabinet Member, Mrs Whittle, for her leadership and support at the time when the Coram/KCC partnership was starting, and the current Cabinet Member, Mr Oakford, and the Director of Specialist Children's Services, Mr Segurola, for their help and support in developing the partnership and the mutual trust and respect which had been most evident in the working relationship. She emphasised that it was committed individuals which made such work possible and successful. She added that she was sad that the job she had come to Kent to do was now ending and thanked Corporate Parenting Panel members for their support during this time.

6. The Chairman thanked Ms Shah for her work in improving Kent's adoption service and said that, because of her commitment and expert direction, the future excellence of the service was now assured.

7. Mrs Whittle said that working with Coram to improve the adoption service had been the most rewarding part of her time so far as an elected Member of the County Council. The service's reports which had been considered by the Panel spoke for themselves as a demonstration of the improvements in the service. Four years ago, Kent had had to face the poor state of its adoption service as well as a poor Ofsted rating of its Specialist Children's Services, but all services had now been transformed, the adoption rate was now three times higher than it had been and the public and Judiciary view of Kent's service were now very different. She added that she was pleased that Ms Shah would be continuing some work with the County Council through the proposed development and innovation partnership with Coram. She thanked Ms Shah for the work she had done and said that she hoped the County Council would be able to continue and maintain the quality of work that Ms Shah had established;

8. Mr Segurola added that the whole system of Specialist Children's Services now delivered a better service than it had 3-4 years ago, with a better service as well as better engagement with partners, eg foster carers and the Judiciary, which was vital. Coram's work had improved areas of the service which had been a shortcoming, historically, eg placement orders remaining in place for children no longer destined for adoption. He thanked Ms Shah and the Coram team for their work and said the adoption service was now in good shape to move forward under Mr Gurney.

9. RESOLVED that the information set out in the report be noted and Ms Shah and the Coram team be thanked sincerely for their work on improving Kent's adoption service. Ms Shah was also congratulated on her recent award of an MBE for her work with local authorities to improve the adoption process.

**132. Progress report - Sufficiency, Placements and Commissioning Strategy, 2015 - 2018**  
*(Item B2)*

*Mrs M Hall, Commissioning Manager (Children), was in attendance for this item.*

1. Ms Hall introduced the report and explained that the progress reported had been based on data collected from March to the end of November 2015, relating to the four challenges and eight measures set out in the Strategy. Ms Hall, Mr Segurola, Ms O'Grady and Mr Gurney advised the Panel of the arrangements made for a fostering activity day for children, with their foster carers and social workers. Also attending would be prospective foster carers and adopters who may be able to offer permanency for those children. This was being arranged by Coram/BAAF and Kent staff, using lottery grant funding. This would take place in March 2016 at Oakwood in Maidstone and was expected to be attended by some 15 children and up to 50 carers. Work was underway to identify and prepare the children and their current carers.

2. This type of event was the first such to be arranged by a UK local authority, and there were some issues around safeguarding and protection of the children

talking part which would need to be thought through. This new type of event would seek to address the needs of children who had just missed adoption and were now seeking permanence via fostering. It would be the same kind of event as had been run successfully in the past to boost adoption rates. A child's current foster carers would attend with them, and feedback on the event would be sought from carers attending. This new departure would be a learning opportunity for Kent. Mrs Whittle referred to the first adoption day she had attended and the chemistry between children and prospective adopters which had been immediately apparent in the relaxed atmosphere, proving that the model did work. Mrs Carpenter agreed that chemistry was important and added that being able to spend time with a prospective foster child was very helpful in identifying potential matches.

3. In response to a question about how long a child might be with a foster carer before being offered a chance to attend a permanence event, Mr Gurney explained that this would be part of the progression planning. A child's foster carer would be given plenty of notice that the child was approaching the stage at which they would be considered for permanence, and preparing a child for that next stage would require careful thought. It was suggested that it would be useful for the foster carers on the Panel to attend and observe a permanence event and give some feedback on the format and arrangements, which could help to shape future events. Mr Segurola added that the process would need to be carefully managed to minimise the emotional impact on the children. He undertook to report back to the Panel on the outcome of the event.

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

### **133. Performance Management Scorecards** *(Item B3)*

*Mrs M Robinson, Management Information Service Manager, was in attendance for this item.*

1. Mrs Robinson introduced the report and highlighted the following:-

- the measure of placement stability showed a high number of changes of placement but this included planned moves and positive steps forward, eg a young person moving on to independent living.
- the indicator of the number of children participating in review meetings currently included UASC. However, the participation rate would be higher if UASC were to be excluded from the count.
- the number of initial health assessments completed on time (ie within five days of a child coming into care) had previously been low but focussed work with Health colleagues had improved this.

2. Mr Segurola added that the County Council was required to undertake an initial review within 28 days of a child coming into care, but the Council's ability to meet this requirement for every child would inevitably be diminished by a large number of UASC arriving at one time. The Council was currently preparing for the number of UASC arrivals to start to increase in April, in line with the seasonal pattern observed in previous years.

3. Mrs Skinner explained that the number of initial health assessments completed on time was a challenge particularly with regard to UASC. Ensuring that UASC were seen in a timely way could be difficult, both in terms of the volume arriving at any one time and challenges around language barriers and cultural differences. However, NHS commissioners were talking with the Service Manager for the UASC Service. Much work had been done on re-drafting the Health Assessment Guidance for social workers to reduce bureaucracy and smooth the process. Each adoption panel included a medical advisor, to ensure that a child's health issues were given appropriate priority. A child's initial health assessment would be done by a doctor and subsequent assessments by a nurse.

4. Mr Segurola advised that the scorecard now included the number of children who had been in care for 18 months or more who had had the same social worker for 12 months, which the Panel had previously asked to be included. The rate had risen from 30% to 58%, not including UASC, and this increase indicated increasing stability for young people. When considering figures for participation, it had to be borne in mind that some children, eg UASC and disabled children, found it difficult to participate and engage, and there was more work to do to improve opportunities for them. Ms O'Grady added that a new App, 'MOMO', would be used to aid engagement between social workers and children aged between 8 and 17, and use of this could be extended to include disabled children, as it was known to be helpful for children with autism and other conditions. MOMO was already being used successfully by other local authorities and would go live in north Kent on 18 February. However, to be truly successful, its use would have to become common, and social workers would need to be issued with suitable devices and given training to allow them to access and use it effectively. The Panel asked that a demonstration of MOMO be given at a future meeting.

5. **RESOLVED** that the information set out in the report and given in response to questions and comment be noted, with thanks.

This page is intentionally left blank

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

Andrew Scott-Clark, Director of Public Health

**To:** Children's Social Care and Health Cabinet Committee

**Date:** 22<sup>nd</sup> March 2016

**Subject:** Emotional Health and Wellbeing – Public Health Commissioned Services

**Classification:** Unrestricted

**Previous Pathway:** Children's Social Care and Health Cabinet Committee, September 2015.

**Future Pathway:** Children's Social Care and Health Cabinet Committee

**Electoral Division:** All

**Summary:** This paper gives an overview of the work undertaken to date regarding the planned re-commissioning of school based universal and targeted emotional health and wellbeing services.

**Recommendations:** Members are asked to consider and comment on the service proposed for universal and targeted emotional health and wellbeing.

## **1. Introduction**

1.1. This paper provides an overview of the universal and targeted emotional health and wellbeing services for school aged children which will be commissioned by KCC Public Health.

## **2. Background**

2.1. Kent's Emotional Health and Wellbeing Strategy identified the need for a stronger approach to universal services for children and young people to meet need before issues escalate.

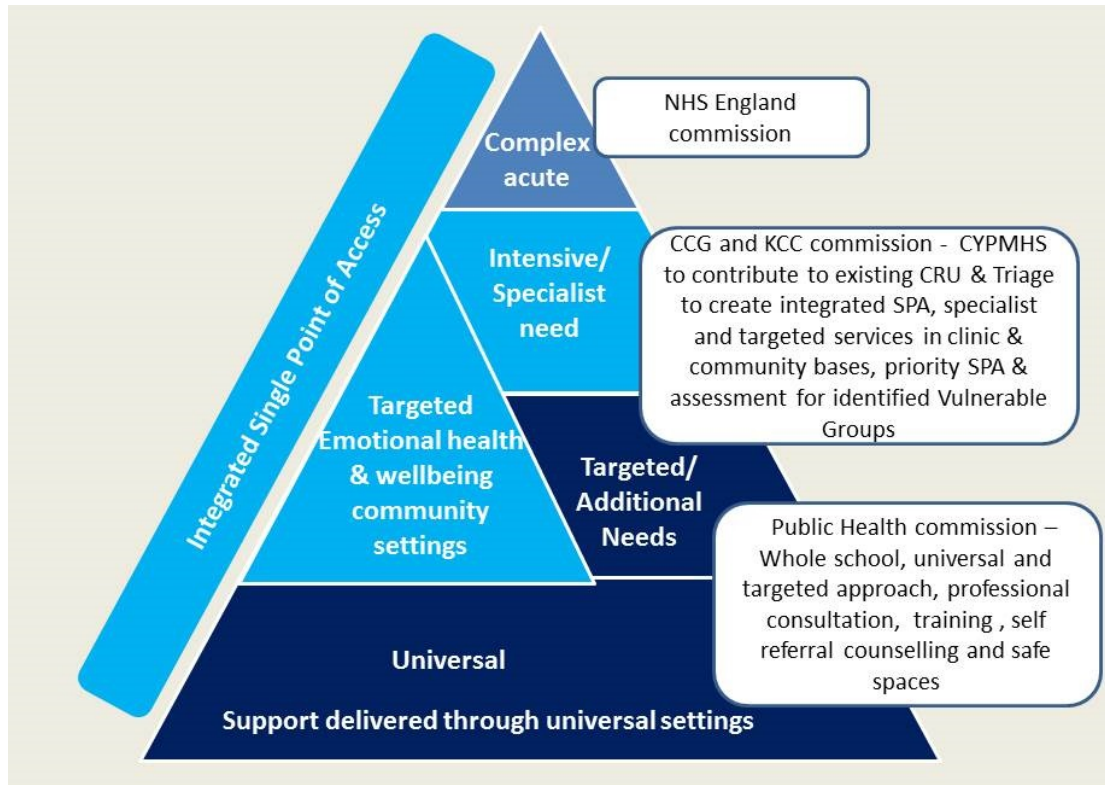
2.2. In September 2015 a paper was presented to Cabinet Committee outlining the proposed whole systems model for emotional wellbeing and mental wellbeing services. This included universal and targeted emotional health and wellbeing services to be commissioned by KCC Public Health as part of its School Public Health Service.

2.3. Since the last report KCC Public Health have been working closely with the NHS and other departments in KCC to develop a service specification to complement and complete the emotional health and

wellbeing pathway for children and young people in Kent. This has included a review of services and public consultation.

- 2.4. The proposed model for delivery can be seen in diagram 1.

Diagram 1: Proposed Emotional Wellbeing Model Kent



### 3. Review and Consultation

- 3.1. To inform the design of the emotional health elements of the school public health service and the targeted emotional health service, a review of the current service and public consultation was undertaken.
- 3.2. The review of the school public health service which included the views of Head teachers identified a lack of clarity in the service offer. It also found that the service was not very visible or systematically being accessed by vulnerable groups of young people such as those in the Youth Offending Service and Pupil Referral units.
- 3.3. A public consultation was held in November and December 2015 regarding the Health Visiting and School Public Health Service. The consultation was widely distributed and 120 responses were received. Just under half of the respondents were parents of children aged 0-19.



- 3.4. One of the key questions of the consultation was how to split the delivery of services by age. The favoured model was a split by 0-4, 5-11 and 12-19. This model has many advantages, in particular allowing a specific service response to the diverse needs of the 12-19 age group, particularly around emotional health issues, which has previously been very limited. One disadvantage is the introduction of additional transition between services which would require careful monitoring of the handover points.
- 3.5. The consultation asked what the most important issues were for service delivery. Emotional wellbeing was identified as the first priority for both primary and secondary age groups.

#### **4. Proposed Service Model - Universal**

- 4.1. Tier one universal emotional health and wellbeing services will be provided by the school public health service. Following the findings of the public consultation, the service will be split between primary and secondary age groups to reflect the differing needs. Every state school in Kent will have a named professional who will provide advice and support to schools to improve the health outcomes for their children and face to face support for children and their families on health issues.
- 4.2. The key features of this service are:
- A visible and well promoted presence in educational settings which enables young people, parents and carers to build trusted relationships and self-identify their health and wellbeing needs.
  - Holistic health assessment for young people who are referred to the service, who enter the educational setting from outside of the UK and in Year R, Year 6 and Year 10.
  - Formal and informal one to one universal health and emotional wellbeing interventions including building self-efficacy, self-management and advocacy.
  - Whole school mental health promotion, including the delivery of some elements of Personal, Social, Health and Economic Education (PHSE)
  - Training for school staff and Governors in whole school health improvement, emotional and physical health.
  - Support to parents to build their health literacy and support the health and wellbeing of their children including their emotional health and wellbeing.
  - Development of publicity and resources which young people, parents and educators can access and which promote self-management and health literacy.

4.3. The key differences between this service and the previous service are:

- Increased visibility and accessibility
- A split of the school aged public health provision into primary and secondary/tertiary age groups. This will enable specific responses to the different needs of the age groups, for example self-harm in the secondary age group.
- A greater focus on a multidisciplinary workforce, particularly in the secondary age health and targeted emotional wellbeing service.
- Improved visibility of the service and working relationships with schools.
- Working collaboratively with schools to identify priorities.
- Key assessment points to identify need at Reception, year 6 and year 10.

## **5. Proposed Service Model - Targeted Emotional Wellbeing service**

5.1. The targeted school emotional health and wellbeing service will be a new school based service provided by the secondary age school public health service providing in-reach to primary schools. This service will provide support for children with mild/moderate mental health needs and their families, staffed by mental health professionals. This could be provided via drop-in consultations or short term evidence-based programmes. This service will be accessed via self-referral, referral by school staff members, or from professionals outside the school, e.g. GPs, via the single point of access. The service will also work with children and young people accessing early help or specialist services to support their recovery.

5.2. The key differences between this service and the previous service are:

- The service is integrated in schools. This has a number of benefits; firstly it will have increased visibility and accessibility to young people. Secondly, by working with schools it will ensure there is no duplication with what is provided from by the school itself to ensure there is additional benefit.
- The service will be hosted within the secondary school public health service ensuring closer working between this service and universal provision.
- There will be closer working with CAMHs. This will mean greater sharing of information and expertise. The procurement process for both services will include an assessment of how well different providers could work together.
- The new service will be able to support children and young people accessing early help or specialist services within the school setting,

including providing advice to school staff to help facilitate their recovery.

- This service will work closely with HeadStart Kent, a Big Lottery funded programme focussed on improving emotional wellbeing and resilience in 11-16 year olds to implement its positive findings.

## **6. Procurement process**

- 6.1. The “Children and Young People’s Services – Commissioning Strategy” paper submitted to this meeting has recommended that the Committee either endorse or make a recommendation to the Cabinet Member for Adult Social Care and Public Health to extend the existing contracts for the school public health service, Health visiting service, and young healthy minds contracts by 6 months. This would mean the universal and targeted emotional health service as part of the School Public Health Service would commence in April 2017. This is because the findings of the review programme of public health services has identified that an extension of six months would allow time to develop opportunities to enable effective integration and alignment of key services moving forwards. This includes the procurement time frames for this service having the same timeframe as the CAMHs commissioning to allow greater collaboration in the two exercises.
- 6.2. This extension would also mean an extension of the existing community targeted emotional health and wellbeing service, Young Healthy Minds. This has been agreed in principle by CCGs and KCC and is now going through formal governance processes.

## **7. Recommendations**

Members are asked to consider and comment on the service proposed for universal and targeted emotional health and wellbeing.

### **Background Documents**

None

### **Contact Details**

Report Author:

- Samantha Bennett, Consultant in Public Health
- 03000 413875
- [samantha.bennett@kent.gov.uk](mailto:samantha.bennett@kent.gov.uk)

Relevant Director:

- Andrew Scott-Clark
- Director of Public Health
- 03000 416659
- [andrew.scott-clark@kent.gov.uk](mailto:andrew.scott-clark@kent.gov.uk)

**From:** Graham Gibbens, Cabinet Member for Adult Social Care and Public Health  
 Andrew Scott-Clark, Director of Public Health

**To:** Children’s Social Care and Health Cabinet Committee, 22nd March 2016

**Subject:** Children and Young People’s Services – Commissioning Strategy

**Classification:** Unrestricted

**Past Pathway:** Children’s Social Care and Health Cabinet Committee, 8 September 2015, 22 January 2016

**Future Pathway:** Children’s Social Care and Health Cabinet Committee

**Electoral Division:** All

**Summary:**

This report builds on the previous report to committee (January 2016) detailing the initial review undertaken to inform commissioning of Public Health services for children and young people.

The review has identified exciting opportunities to reshape children’s services. This includes a number of significant opportunities to change the approach to Public Health and re-shape service integration to drive better outcomes and pathways for children, young people, and their families.

This report proposes an extension of the existing contracts for core Public Health services for children and young people, by six months in order to allow time to develop these opportunities in more detail and enable effective integration opportunities before a procurement exercise commences.

**Recommendations:**

The Children’s Social Care and Health Cabinet Committee is asked to:

- i) **CONSIDER** and **COMMENT** on the opportunities for working jointly with partners on the re-commissioning of children and young people’s public health services.
- ii) either **ENDORSE** or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on proposed decision (Attached as Appendix 1) to extend the existing contracts for Health Visiting, School Public Health and Young Healthy Minds services until April 2017.

**1. Introduction**

1.1. Since the transfer of commissioning responsibility for Public Health programmes moved into the Local Authority on April 2013, KCC has undertaken a number of opportunities to reshape the use of the Public Health grant and deliver services in a more efficient way. Already there is significant change in the way the budget is allocated and there is clear evidence that efficiencies have been driven across a number of contracts. The proportion of the grant invested in children’s services has increased.

- 1.2. Previous papers to the committee have kept members updated on the review of public health services for children and young people, and this paper provides a further update on the work since January 2016.

## **2. Progress to date**

- 2.1. An analysis of children and young people's services has been undertaken and included the following activity:
  - Public Consultation and Focus Groups
  - Stakeholder engagement including Health and Wellbeing Boards
  - Market Engagement
  - Spend Analysis
  - Review of performance and outcomes
- 2.2. Work on the Health Visiting Service identifies there is significant opportunity to re-shape the service. The service is well regarded but would benefit from better prioritisation, and links with partner services. A detailed analysis of workforce identifies opportunities to align the services more effectively with need. Performance against mandated checks varies significantly and there have been clear problems with data capture systems. Significant work must now be undertaken to get a better understanding of the performance of the service.
- 2.3. It is also clear from the review that the School Public Health Nursing Service must be better connected into partner structures, and must develop a much clearer offer to schools. There have been consistently high vacancy rates in the service, limiting the service offer. In addition, current commissioning arrangements give relatively little investment in adolescent services compared to other childhood stages – this is a missed opportunity that the new model will address.

### **Developing the approach in partnership**

- 2.4. The overarching common theme from the review, is that services must be redesigned with wider children's services, so that services are visible, the connected pathways of support are clear, and where there are shared outcomes, there is an clearly aligned approach. There have been a number of issues raised which show that both provision and commissioning arrangements are not always clear, resulting in confusion for people who are using the services, and confusion for staff working within the services. This also risks gaps in service provision.
- 2.5. Public Health have started to work more closely with colleagues across KCC and the NHS to reshape services in a more aligned model. The collaborative work on the emotional wellbeing and child and adolescent Mental Health

Strategy has seen the development of a joint model, which will link pathways and reshape budgets and resource in a partnership approach.

- 2.6. There are other similar opportunities emerging. For example work with NHS England shows there is case to join up the commissioning of the school nursing service with the NHS England commissioning of school aged Immunisations and Vaccinations and the Child Health Information System. This is likely to produce a solution to some of the workforce challenges within the school nursing workforce; however NHS England have made clear that the work can only align if there is an April 2017 start date.
- 2.7. Commissioners have also been exploring the approach to commissioning in other local authority areas. This work clearly shows that there are a number of new approaches being explored and developed, looking at opportunities to integrate the commissioning of these services with other health or other Local Authority services. An extension offers further opportunities to explore the Kent approach to this and develop an approach in partnership.

### **3. Commissioning Timeframe**

- 3.1. The existing contracts for the contracts are due to run until 30<sup>th</sup> September 2016. New services would be due to start operating from 1<sup>st</sup> October which would require a procurement process to start by April 2016. Although this is still achievable, it would not allow time to fully explore the opportunities highlighted in the stakeholder feedback.
- 3.2. An extension will enable alignment of the procurement of the health visiting and school nursing contracts, with the procurement of CAMHS, and ensure that the decision relating to the emotional wellbeing aspects of the contract are taken at the same time. This will mean that the current arrangements for the Young Healthy Minds contract can also be aligned.

### **4. Financial Implications**

- 4.1. As indicated in the previous report to the committee, the contracts for the Health Visiting service and School Public Health services currently have a total annual value of approximately £28.5m. The Young Health Minds service receives £882k from the public health grant.
- 4.2. KCC has now received its allocation for the public health grant 16/17 which is £71,121,000. This represents a 7.5% reduction.
- 4.3. A six-month extension will enable Public Health to continue to deliver efficiencies through internal activity and management of existing contracts for these services, and would not be curtailed by a delay in the procurement process. Contract values for extensions of services will reflect the need to deliver the savings. This will be worked through based on current performance, activity and need for the services.

## 5. Conclusion

- 5.1. Since the last Cabinet Committee meeting, Public Health have engaged in a series of discussions with key stakeholders including NHS England and CCGs. This has highlighted a number of opportunities to better align or integrate services for children and young people.
- 5.2. The current timetable for procurement of the services may not allow sufficient time to fully explore these opportunities. A six-month extension of the Health Visiting, School Public Health Nursing service and Young Healthy minds contracts would allow time to complete this work and to maximise the potential benefits of joint commissioning or integration services.

## 6. Appendices

Appendix 1 – Proposed Record of Decision

## 7. Recommendation(s)

Recommendation(s):

The Children's Social Care and Health Cabinet Committee is asked to:

- i) **CONSIDER** and **COMMENT** on the opportunities for working jointly with partners on the re-commissioning of children and young people's public health services.
- ii) either **ENDORSE** or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on proposed decision (Attached as Appendix 1) to extend the existing contracts for Health Visiting, School Public Health and Young Healthy Minds services until April 2017.

## 8. Contact details

Report Author

Karen Sharp  
Head of Public Health Commissioning  
03000 416668  
[Karen.sharp@kent.gov.uk](mailto:Karen.sharp@kent.gov.uk)

Relevant Director

Andrew Scott-Clark  
Director of Public Health  
03000 416659  
[Andrew.scott-clark@kent.gov.uk](mailto:Andrew.scott-clark@kent.gov.uk)





This page is intentionally left blank

## KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

**DECISION TO BE TAKEN BY:**

Cabinet Member for Adult Social Care & Public Health

**DECISION NO:**

**16/00038**

**For publication**

**Subject: Extending the term of the contracts for the Health Visiting and School Public Health services.**

**Decision:**

**As Cabinet Member for Adult Social Care and Public Health I agree to:**

Extend Kent County Council's contracts with Kent Community Health Foundation Trust for Health Visiting and School Nursing services and with Medway Foundation Trust for School Nursing in Swale. The contracts to be extended until 31<sup>st</sup> March 2017.

**Reason(s) for decision:**

Decision exceeds key decision financial criteria

**Cabinet Committee recommendations and other consultation:**

The Children's' Social Care & Health Cabinet Committee will consider the matter at its meeting of 22<sup>nd</sup> March.

**Any alternatives considered:**

An earlier competitive tendering process was considered, but for the reasons outlined in the accompanying recommendation report this was not followed

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

.....  
signed

.....  
date

This page is intentionally left blank

From: Peter Oakford, Cabinet Member for Specialist Children's Services  
 Andrew Ireland, Corporate Director of Social Care Health and Wellbeing

To: Children's Social Care and Health Cabinet Committee  
 – 22 March 2016

Subject: **UPDATE ON THE PROCUREMENT OF THE CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SERVICE**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

**Summary:** This report gives an update on the planned procurement of the children and young people's mental health service. The current contract ends on 31 August 2016. The procurement process is due to commence in March 2016. Due to the complex nature of the new service the West Kent Clinical Commissioning Group is proposing to use a competitive dialogue process to secure the best possible provider who can work with commissioners to deliver the new all-encompassing children and young people's mental health service. This is a longer procurement process which will necessitate a six month contract extension.

**Recommendation(s):** The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the content of the report.

## 1. Introduction

- 1.1 The current children and young people's mental health service is provided by Sussex Partnership Foundation Trust (SPFT). The service is commissioned by West Kent Clinical Commissioning Group (WK CCG) on behalf of all Kent Clinical Commissioning Groups (CCG)s and Kent County Council.
- 1.2 The current contract is due to end on 31 August 2016. A procurement process is being planned.

## 2. Current position

- 2.1 Work has been taking place over the last 18 months which has resulted in development of the multi-agency Emotional Wellbeing Strategy, The Way Ahead and new service model.

Commissioners and Consultants from the NHS, KCC and Public Health have been working together to develop new service specifications for the mental health and emotional wellbeing services. This work has been very complex; bringing together a number of difference services.

2.2 Two separate specifications have been developed to meet the diverse needs of children and young people.

- The Public Health School service will deliver targeted emotional health services across the age range; primary, secondary and tertiary age children and their parents and carers in Kent. It will build resilience of children and young people, building on their strengths and assets to improve the general health and wellbeing of young people and their families by delivering individual and whole school interventions in partnership with school and college staff and the wider children and young people's workforce.
- The children and young people's mental health service will provide targeted and specialist mental health intervention.

2.3 As a result of the analysis of demand and feedback during the consultation stage, KCC (EHPS) will be contributing funding to the new mental health contract to ensure that there is additional capacity in the Early Help Units, to prevent escalation into the specialist mental health service. This will be in the form of skilled Primary Mental Health Workers, who will be employed by the children and young people's mental health service provider.

### **3. Commissioning and procurement update**

3.1 A Commissioning and Procurement Board is in place to oversee the procurement of the new mental health contract. The Board is jointly chaired by the Corporate Director of Social Care, Health and Wellbeing and the Accountable Officer for NHS WK CCG.

3.2 At the Board meeting in December 2015 it was agreed that, in order to complete the work developing the specification, the procurement process would not commence until March 2016. WK CCG as the lead commissioner has proposed that a competitive dialogue procurement process should be used. This process is particularly suitable due to the complex nature of the contract. This process is used to refine requirements through dialogue with engaged bidders beyond that which was originally undertaken at the market event in November 2015. As this is a longer process, it is necessary to offer the current provider a contract variation to extend the contract to cover the period 1 September 2016 – 31 March 2017. WK CCG are progressing this.

3.3 The CCGs are proposing that new mental health contract will be for five years, with an option to extend for up to two years.

3.4 The procurement process is due to commence in March 2016. The new service is planned to start 1 April 2017.

- 3.5 A key decision by the Cabinet Member will be required pre contract award.
- 3.6 A section 76 Agreement will be developed over the coming months, to be in place when the new contract starts on 1 April 2017.

#### **4. Financial Implications**

- 4.1 There are no financial implications associated with this report.

#### **5. Legal Implications**

- 5.1 There are no legal implications associated with this report.

#### **6. Equality Implications**

- 6.1 There are no equality implications associated with this report.

#### **7. Conclusion**

- 7.1 The services described in these specifications are part of a whole system pathway designed to meet the emotional wellbeing and mental health needs of children and young people in the context of their family.

#### **8. Recommendation**

- 8.1 **Recommendation(s):** The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the content of the report.

#### **9. Background Documents**

Children's Social Care and Health Cabinet Committee Reports - 20 January 2015, 8 September 2015 and 2 December 2015

<https://democracy.kent.gov.uk/documents/s50705/B7%20-%20Emotional%20Wellbeing%20and%20Mental%20Health%20Services.pdf>

<https://democracy.kent.gov.uk/documents/s59415/B2%20-%20Emotional%20Health%20and%20Wellbeing%20Strategy%20Cover%20Report%20-%20Final.pdf>

<https://democracy.kent.gov.uk/documents/s61019/C3%20-%20Update%20on%20the%20Children%20in%20Care%20Mental%20Health%20Service.pdf>

#### **10. Lead Officer**

Carol Infanti – Commissioning Officer, Children's commissioning  
03000 416294  
[Carol.Infanti@kent.gov.uk](mailto:Carol.Infanti@kent.gov.uk)

**Lead Director**

Philip Segurola- Director of Specialist Children's Services

03000 413120

[Philip.Segurola@kent.gov.uk](mailto:Philip.Segurola@kent.gov.uk)



**From:** Peter Oakford, Cabinet Member for Specialist Children's Services

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

Patrick Leeson, Corporate Director, Education and Young People's Services

**To:** Children's Social Care and Health Cabinet Committee – 17 March 2016

**Subject:** Education and Young People's Services Directorate Business Plan 2016-17

**Classification:** Unrestricted

**Previous Pathway of Paper:** None

**Future Pathway of Paper:** None

**Electoral Divisions:** All

**Summary:** The Education and Young People's Services (EYPS) Directorate encompasses three Divisions; Education, Planning and Access; Education Quality and Standards and Early Help and Preventative Services (EHPS). Of these three, the work of EHPS is closely aligned to that of Specialist Children's Services (SCS).

This reports highlights areas of the EYPS Business Plan that relate to SCS.

**Recommendations:** The Children's Social Care and Health Cabinet Committee is asked to:

- (i) **CONSIDER AND COMMENT** on elements of the draft Education and Young People's Services Directorate Business Plan 2016-17 (Attached as Appendix A) that directly relate to Social Care, Health and Wellbeing and in particular SCS.
- (ii) **NOTE** the final Directorate Business Plan will be published online in May 2016.

## 1. Background

1.1 EHPS was established in April 2014, and working with partners in Health and other agencies and in close cooperation with schools, provides early help and additional support to the children and young people at risk of poor outcomes and emotional and physical harm. The key target groups are those children, young people and families whose needs are just below the thresholds for Specialist Children's Services (SCS).

1.2 EHPS embraces a number of key functions for the EYPS Directorate including:

- 0 – 25 Early Help Services (including Children’s Centres and Youth Hubs)
  - Pupil; Referral Units, Inclusion and Attendance
  - Youth Justice (including responsibility for Prevent)
  - Troubled Families (including responsibility for HeadStart)
  - Information and Intelligence
- 1.3 Individual and family work within EHPS is arranged according to the Kent Safeguarding Children’s Board (KSCB) Inter-Agency Threshold Guidance levels of need and the response is delivered by partners, SCS or EHPS, according to appropriate application of the KSCB inter-agency threshold guidance.
- 1.4 The EHPS offer for children, young people and their families who need Universal support is Children’s Centres, Youth hubs and outdoor education. This offer is available to all, although EHPS aims to target those families that are most likely to require support, especially children and young people known to SCS.
- 1.5 Work with children, young people and families with additional needs takes place in universal settings or through targeted and outreach work to vulnerable communities or identified children and families. All EHPS staff providing open access universal provision are expected to undertake 20% of their work delivering targeted additional needs casework. This is often supporting statutory SCS intervention cases or other intensive work.
- 1.6 Where additional support is required for children known to SCS, in the form of targeted open access support, this arrangement is agreed locally between the respective EHPS and SCS District teams and put in place swiftly to complement the support being provided by the family’s social worker.
- 1.7 For children, young people and families whose needs are intensive the Kent Family Support Framework provides a clear pathway for Notification, Screening, Assessment, Planning, Outcome Tracking and Reviewing of Early Help cases. Work with this cohort is undertaken in Early Help Units

## **2. EYPS Business Plan 2016/17 and Social Care, Health and Wellbeing (SCHWB)**

- 2.1 In January 2016, EYPS Cabinet Committee received a report detailing Cabinet Members' Priorities for the Business Plans in 2016-17. The key priorities that link with SCS are:
- Further embed the PREVENT strategy in schools and other settings and across the council
  - Achieve all the targets set out in the Early Help Strategy and Three Year Plan which include key outcomes for Youth Justice, Youth Services, Children’s Centres and the Troubled Families programme
- 2.2 EYPS is driving change and improvement through the realisation of a number of ambitious targets for early help and preventative services. Of these the following are pertinent to SCS:

- Have delivered the Early Help Three Year Plan, so that there is at least a 30% reduction in the numbers of children in need and those with a child protection plan, and at least 88% supported through an early help programme achieve a positive outcome.
    - Reduce the rate of re-referrals to either Early Help or Specialist Children's Services within 12 months of case closure by EHPS down to below 20% by 2019.
    - Work with SCS to increase the number of step-downs to EHPS up to 28% by 2019.
    - Ensure appropriate levels of early help support are given to children, young people and their families in order to reduce the number of notifications leading to assessment down to 60% by 2019.
    - Increase the timeliness of response for targeted casework to ensure that 95% of plans are in place within 4 weeks of notification by 2019.
- 2.3 The Business Plan includes timescales for the strategic commissioning of services, including major contracts with defined milestones for the commissioning cycle of Analyse, Plan, Do and Review.
- 2.4 EHPS commissions several external Family Support and Parenting services including a County Parenting Service, Intensive Family Support Service, Adolescent Support Service. The EHPS Commissioning Intentions have been agreed and are reflected in the EYPS Business Plan.
- 2.5 Transformation projects for both the EYPS Directorate and SCHWB Directorate are overseen and supported by the 0-25 Change Portfolio Board. The Board reviews progress, receiving monitoring and evaluation reports on all 0-25 transformation programmes across the Council, and takes necessary remedial action where programmes are not on track. Projects and programmes currently being considered include:
- 0-25 Unified Programme (which includes early help and specialist children's services projects) – EYPS and Social Care, Health and Wellbeing (SCHWB)
  - Early Help Commissioning Programme (which includes 4 sub projects) - EYPS
  - Emotional and Mental Health – EYPS, SCHWB (including Public Health)
  - 16-25 Accommodation programme (which includes 5 sub projects) - SCHWB
  - Health Visiting – SCHWB (lead by Public Health but of interest to EYPS)

### **3. Conclusion**

- 3.1 The EYPS Business Plan reflects the joint work taking place between SCS and EHPS to improve outcomes for children, young people and their families and prevent costly escalation into SCS.

#### **4. Equality Implications**

4.1 There are no equality implications associated with this report.

#### **5. Legal Implications**

5.1 There are no legal implications associated with this report.

#### **6. Financial Implications**

6.1 There are no financial implications associated with this report.

#### **7. Recommendations**

**7.1 Recommendations:** The Children's Social Care and Health Cabinet Committee is asked to:

(i) **CONSIDER AND COMMENT** on elements of the draft Education and Young People's Services Directorate Business Plan 2016-17 (Attached as Appendix A) that directly relate to Social Care, Health and Wellbeing and in particular SCS.

(ii) **NOTE** the final Directorate Business Plan will be published online in May 2016.

#### **8. Background Documents**

The EYPS Vision and Priorities for Improvement 2015-2019

<https://democracy.kent.gov.uk/documents/s63841/b11%20-%20Vision%20and%20Priorities%20Performance%20and%20Targets%202015-2019.pdf>

Report to EYPS Cabinet Committee – 17 March 2016

<https://democracy.kent.gov.uk/documents/s63839/B11%20-%20Mem%20PLapp%20ECC%20Report%20Directorate%20Business%20Plan%20March%202016.pdf>

#### **9. Appendices**

Appendix A - draft Education and Young People's Services Directorate Business Plan 2016-17

#### **10. Contact details**

**Report Author**

Florence Kroll

Director, EHPS

03000 416362

[Florence.kroll@kent.gov.uk](mailto:Florence.kroll@kent.gov.uk)

**Education and Young People's Services Directorate**

**Business Plan 2016-17**

DRAFT

Draft as at 25/2/16

## **Contents**

Foreword

Executive Summary

KCC's Strategic Outcomes and Approach to Commissioning

Directorate Vision

Directorate Key Priorities

Directorate Structure and Range of Activity

Directorate Resources

Workforce and Organisational Development Priorities

Key Directorate Risks

Property and ICT Infrastructure Priorities

Key Performance Indicators (KPIs)

Appendix 1 – KPIs

Appendix 2 – EYPS Services, Provider and Commissioning Planning

Appendix 3 – EYPS Structure Chart

## Foreword from the Corporate Director

I am pleased to introduce the Education and Young People's Services Directorate Business Plan for 2016-17.

The Plan details our key responsibilities and sets out our ambitious priorities and targets for achieving better outcomes for children and young people, as well as improving our services for 0-25 year olds and for families. Our ambition is to be one of the best places in England to be educated and to grow up.


The context is one of considerable change, which is driven by our own local priorities for transformation and more effective and innovative ways of working, as well as national changes of policy and higher expectations for what we should achieve in the education system. The necessary savings required of local government are challenging but they also provide the opportunity to develop better ways of doing our business in more efficient ways and at lower cost.

We are driving change and improvement through a number of strategies, for school improvement, for early help and preventative services, for special educational needs and disability, for 14-24 learning and skills, for commissioning new school places and child care provision, and for the early years education and childcare sector. As well as business as usual there is more continuous improvement and transformation as the Council becomes a strategic commissioning authority.

All these strands of our work require highly effective partnerships and good relationships with other agencies and stakeholders, especially schools. They also require new structures and organisation for better delivery at local level, hence the emphasis on delivering more joined up local services in districts that meet the needs of local people. Our agenda is a shared one as partners and our stakeholders commit effort and resources to achieving our common goals.

We are also very conscious that change happens through people, who are our greatest resource, and therefore building up the skills and capacity of our staff is a key strategic priority. This programme of work depends on our success at workforce development in releasing and growing the potential of all of us to be more creative and effective in what we do.

Successful organisations provide vision and leadership, set clear directions and have simple rules and strong messages that guide the right behaviour to achieve better outcomes. This Directorate Business Plan attempts to communicate our vision and direction, with strong messages about what we aim to achieve and the ways we need to transform our work in the next year or two.



Patrick Leeson  
Corporate Director  
Education and Young People's Services

## **Executive Summary**

The Education and Young People's Services (EYPS) vision is for Kent to be the best place for children and young people to grow up, learn, develop and achieve. We aim for Kent to be a place where families thrive and all children learn and develop well from the earliest years so that they are ready to succeed at school, have excellent foundations for learning and are equipped well for achievement in life, no matter what their social background.

We expect every child and young person to be able to go to a good or outstanding early years setting and school, have access to the best teaching, and benefit from schools and other providers working in partnership with each other to share the best practice as they continue to improve.

### **Purpose of Directorate Business Plan**

This Business Plan details the key responsibilities of the Education and Young People's Services Directorate and sets out the priorities and targets for achieving better outcomes for children and young people, as well as improving services for 0-25 year olds and their families.

We are aiming for outcomes that are ambitious and challenging. We are determined to pursue them relentlessly and believe we have ways to achieve them. There is a good level of shared ambition amongst Headteachers, Governors and other key agencies and stakeholders to achieve the improvements detailed in this Business Plan.

The establishment of the Early Help and Preventative Services Division in April 2014 has resulted in a more joined-up approach to supporting vulnerable children and young people. We target early help services for the most vulnerable children, young people and families who require additional support, with a focus on delivering positive outcomes for them and avoiding the need for intervention by statutory services. Children, young people and families should be able to access the right services at the right time in the right place. We are placing them at the heart of everything we do, working in a more integrated way and avoiding, where possible, single service actions which may lack coordination or result in wasteful duplication.

### **EYPS Strategic Priorities**

This Business Plan sets out a range of priorities and targets for improvement, built up over time in partnership with schools and other partners, to achieve what we believe is a shared vision for educational improvements in Kent. Our key priorities, developed with the Lead Cabinet Member for Education and Young People and endorsed by Education Cabinet Committee in January 2016 include:

- Continue to increase take up of free places for two year olds
- Ensure school sufficiency of places as set out in the Education Commissioning Plan and work with Government to ensure new Free Schools are opened where they are most needed and make the most of Government funding
- Continue implementation of the SEND Strategy including the Special schools review, effective implementation of EHCPs, work with CCGs to deliver enhanced speech and language therapy, reduce out of county placements, delivery and expansion of SEND places and new SEN transport through route optimisation



- Deliver higher levels of Good and Outstanding schools, with improved performance at each key stage, and work with schools and the Kent Association of Headteachers (KAH) to strengthen school to school support and collaboration
- Develop more school sponsorship arrangements for new and underperforming schools and more Kent multi-academy trusts
- Development of options to deliver an Education Trust that are wide-ranging and of sufficient scale
- Deliver the NEET strategy, address skills tracking and structural issues including working with employers and training providers
- Further commercialisation and income generation through EduKent
- Further embed the PREVENT strategy in schools and other settings and across the council
- Achieve all the targets set out in the Early Help Strategy and Three Year Plan which include key outcomes for Youth Justice, Youth Services, Children's Centres and the Troubled Families programme
- Ensure Community Learning and Skills, as a commissioned service, delivers its targets and other priorities set out in the business plan.

All of our strategic priorities are set out in the Directorate's Strategic Plan: 'Education and Young People's Services Vision and Priorities for Improvement 2016-19'. Foremost amongst our strategic priorities for 2016-17 are:

- to ensure all children get the best start in the early years and all pupils can go to a good school and achieve their full potential;
- to shape education and skills provision around the needs of the Kent economy and ensure all young people move on to positive destinations, training and employment; and
- to improve services and outcomes for the most vulnerable children, young people and families in Kent.

Our main focus continues to be on raising standards of attainment, closing achievement gaps, improving attendance and reducing exclusion, increasing participation to age 18 and having more good and outstanding early years settings and schools.

We are giving very high priority to ensuring all young people are engaged in learning or training until age 18, including increased numbers of apprenticeships, so that there are good outcomes that lead to employment. We will continue to develop the opportunities and pathways for all 14-19 year olds to participate and succeed so that they can access higher Levels of learning or employment with training to age 24.

One of our major developments is to deliver improved multi-agency support for children and families who have additional needs by implementing effective Early Help and Preventative Services and working in a more integrated way to achieve better outcomes. As a consequence we are seeing fewer children needing the protection of statutory social care.

### **Supporting Plans and Strategies**

These priorities and targets are set out in more detail in our key strategy documents:

- The School Improvement Strategy;
- The Early Years and Childcare Strategy;

- The SEND Strategy;
- The Education Commissioning Plan;
- The 14-24 Learning, Skills and Employment Strategy;
- The Adult Skills Strategy;
- The NEET Strategy;
- The Early Help Strategy and Three Year Plan;
- The Youth Justice Plan;
- The Vulnerable Learners' Strategy;
- The EduKent Business Plan.

Significant progress has been made since our strategic priorities plan was originally published in 2012. The Plan is refreshed annually and sets out the focus for the Directorate's services for the forthcoming year, informed by new developments. The refreshed set of priorities and targets (which are appended to this Plan) are underpinned by a clear ambition to see all children and young people do well in education, find employment and lead happy and fulfilled lives.

### **Key Challenges for the Directorate in 2016-17**

While we continue to make good progress in raising attainment, narrowing some achievement gaps and increasing the number of good and outstanding early years settings and schools, we also continue to face significant challenges:

- Closing the achievement gaps for vulnerable groups which are still too wide for the following groups – FSM / SEN / Gender / Children in Care.
- Continuing to increase the number of good and outstanding schools as we move forward (from 55% in 2012 to 84% in January 2016).
- Addressing post-16 challenges in terms of participation, progression and provision, reflected in low participation figures, high drop- out rates at age 17, challenging NEET figures, insufficient progress in respect of the attainment of children in care and the need to develop more appropriate vocational and technical pathways for young people to flourish.

These challenges inevitably shape our response to delivering transformational change and influence our priorities for the year ahead.

The challenges ahead for the Education and Young People's (EYPS) Directorate and Kent County Council (KCC) are significant:

- Continuing to improve outcomes for children and young people and narrow achievement gaps
- Continuing to improve the quality and range of provision available for 0-25 year olds
- Addressing the increasing financial pressures on local government and school funding
- Increasing demand for services and population growth
- Significant legislative and policy changes which have a direct impact on the services we provide to schools, children, young people and families.

These challenges inevitably shape our response to delivering transformational change and influence our priorities for the year ahead.

## **Preparing Young People for their Futures**

Progression at 16 years old, for some young people, is challenged by a fragmented learning environment, qualification and assessment turbulence, and a period of changes in Careers Education, Information, Advice and Guidance (CEIAG) requirements. This changing landscape may leave many young people without appropriate pathways and provision.

Through our 14-24 Learning, Employment and Skills Strategy Refresh 2015-2018, we aim to ensure no school, college or work-based training provider will be below minimum standards. Our expectation is there will be learner appropriate 14–19 (24 for SEND) programmes, driven by quality CEIAG, which will ensure better outcomes for all.

We aim to ensure that partnership working between schools, colleges and work-based training providers can develop their post-16 offer, to provide all learners with opportunities to develop their employability skills, thus improving the quality and quantity of provision pathways for young people.

A priority is to develop more flexible, innovative curriculum pathways and offer work experience as an integrated element of a learning programme. Offering an appropriate 14-19 (24 for SEN) curriculum with appropriate high quality progression routes, not only benefits learners by improving outcomes but also serves the provider well by positive retention, positive destinations, and positive assessment data.

### **Extending and Improving vocational and technical education, training and apprenticeships**

The 14-24 Strategy, moving forward, will have a distinct focus on employer engagement to develop post-16 programmes that promotes the development and implementation of new high- quality vocational and technical qualifications.

The intention is to develop a range of vocational and technical pathways to employment through: work experience, internships, traineeships and apprenticeships. The revised strategy strengthens the link between curriculum design and the world of work and will:

- continue to increase the range of vocational and technical opportunities at Level 3 with appropriate progression at 16; and
- increase the number of businesses pledging apprenticeship opportunities, and the number of young people choosing apprenticeships as a progression opportunity.

### **Reducing NEETs**

Our aim is to place these at-risk young people aged 16-18, who are not in education, employment or training, into activities which leads to their personal progression into employment. The Skills and Employability Service will sign- post apprenticeship vacancies, traineeships and local employability programmes. This will provide personalised pathways into employment supported by high quality information, advice and guidance.

By working in an integrated way with all services involved with vulnerable young people we have been able to reduce the **NEET figure** for January 2016 to 4.7% which was an improvement on the January 2015 figure (5.3%) but below our target for 2015 of 4%. A new NEET Strategy is now in place which will help bring the NEET figure down. The target we are working towards at the end of 2016 is 3.5% and 1% by January 2017.

### **Changing the way we do things**

Our Vision and Priorities for Improvement document also includes the ways we have been changing the services provided by KCC to ensure more effective use of our resources and better local delivery, especially our PRU, SEND and Early Help services that support vulnerable children, young people and families.

We can only achieve our planned improvements through partnership and collaboration, and by spreading the influence of the best practice around the county. We continue to be fully committed to school to school support, the work of the Kent Association of Headteachers and partnership with FE Colleges, employers, training providers, health services and the Police.

It is our job to build and support effective partnerships and networks that will be more effective in delivering better services and improved outcomes and it is also our role to champion more innovative and creative practice and ways of working.

New ways of working are key to success in a more diverse educational landscape, with many different providers across the early years, schools and post 16 skills and employment sectors. This landscape requires us to drive change through strategic influence, highly effective partnership arrangements and collaborative networks in which pooled effort and shared priorities can achieve better outcomes, increase capacity in the system and create more innovative solutions at a time of reducing levels of resource. More successful delivery in Kent depends on the emergence of new vehicles for joint working and partnership.

Accordingly, KCC is exploring the possibility of developing an Education Trust or company for all Education and Young People's Services in Kent, jointly governed by schools, KCC and other stakeholders, to secure the services and joint ways of working that schools need for the future and KCC needs to discharge its statutory responsibilities.

### **Scale of Resources available to EYPS**

The Directorate comprises three Divisions and a small strategic unit supporting the Corporate Director:

- Quality and Standards: 438.5 FTE
- Planning and Access: 272.3 FTE
- Early Help and Preventative Services: 804.4 FTE
- Corporate Director's Office: 12.5 FTE

The total number of FTE staff employed by Education and Young People's Services Directorate from 1 April 2016 is: 1527.7 FTE.

The total net budget for the Education and Young People's Services Directorate for 2016-17 is: £64,784,800.

All of the strategic priorities identified within this Directorate Business Plan will be achieved within the agreed Directorate funding envelope for 2016-17, including the challenging savings and additional income generation targets. We will focus our limited resources on activity which supports improved outcomes for children and young people through the continued delivery of key education and early help services.

DRAFT

## **KCC's Strategic Outcomes and Commissioning Approach to Achieve our Ambitions**

### **'Increasing Opportunities, Improving Outcomes' – KCC's Strategic Statement 2015-2020**

KCC is becoming a more outcome focused organisation. We have a clear statement of high level outcomes that the County Council is seeking to achieve.

KCC's Strategic Statement 'Increasing Opportunities, Improving Outcomes 2015-2020' links the vision and priorities of the Council to a series of strategic outcomes that will drive the commissioning and service delivery across KCC. The strategic statement is intended to help KCC, the public, our providers and partners to:

- Be clear about what KCC is seeking to achieve as an organisation;
- Determine where KCC should focus its efforts;
- Drive the commissioning and design of KCC's in-house and externally commissioned services.

KCC's vision is to focus on improving lives by ensuring every pound spent in Kent is delivering better outcomes for Kent's residents, communities and businesses. We are committed to achieving our vision through three strategic outcomes which provide a simple and effective focus for everything we do that is recognised by Members, staff, partners and the wider public:

- Children and young people in Kent get the best start in life;
- Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life;
- Older and vulnerable residents are safe and supported with choices to live independently.

The strategic and supporting outcomes detailed in the 'Increasing Opportunities, Improving Outcomes' will guide our activity now and into the future, influencing our policies, financial, business and service planning, transformation activity and commissioning plans.

The key strategic outcome for the EYPS Directorate to lead on delivering, in partnership with all our stakeholders, is to ensure that children and young people in Kent get the best start in life.

### **Delivering Our Outcomes**

Our priority is to ensure that the strategic and supporting outcomes drive the commissioning and service delivery of the authority, with a 'golden thread' running through our plans and strategies that directly links delivery to these outcomes. We ensure this through our strategic planning process by:

- Updating our strategies and strategic plans and our transformation priorities to ensure they are aligned to the outcomes.
- Ensuring the Medium Term Financial Plan (MTFP) and annual budget setting progress sets out the resources available to support the delivery of these outcomes.

- Continue to develop an annual Directorate Business Plan which sets out EYPS Directorate's services commissions and provides support for the delivery of these outcomes and priorities.
- Service level commissioning and business plans setting out how individual EYPS services, whether provided in-house or externally, will contribute to the delivery of these outcomes.

Appendix 2 of this Business Plan details the Directorate's services, whether they are provided in-house or externally commissioned and what future plans there are currently in terms of major reviews and future service delivery.

### **Strategic Commissioning in EYPS**

In July 2013 County Council agreed that the Authority should become a Commissioning Authority.

"KCC will be a commissioning authority. This does not mean that it will have divested itself entirely of any role in providing services and have adopted a purely enabling approach. Instead, KCC will have a strong understanding of community and user needs, the outcomes it wants to achieve within the resources available, and the range of providers, either in-house or external, across the public, private and voluntary sector that have the capability to deliver these outcomes."

In December 2014 County Council approved a new Commissioning Framework for KCC which defines our strategic commissioning approach, the principles of good commissioning and the standards expected.

In March 2015, Corporate Board commissioned a high-level progress assessment on the move to a strategic commissioning authority.

EYPS has reviewed the commissioning arrangements within the Directorate to:

- look at the current Directorate organisational structure to establish where the commissioning/provider responsibilities currently reside and if this needs to change
- define how contestability can be strengthened and whether this needs any changes to the organisational structure and/or strengthening of role descriptions and accountabilities

The Corporate Director as the Lead Commissioner of all EYPS services sets out the strategic outcomes required in line with the Authority's strategic outcomes statement and then expert specialists in the Directorate are expected to clearly specify service outcomes, identifying where service improvement is required.

The total amount that will be externally commissioned by EYPS in 2016-17 is £21,681,615. The Lead Commissioner delegates responsibility for commissioning and contract and client management to EYPS Directors and Service Heads. EYPS Directors provide challenge to the monitoring of the commissioning contracts.

Each Director will chair a strategic commissioning group to specify and monitor their own service outcomes. These groups will challenge the service managers and Directors will in turn be held to account by the Corporate Director both individually and through DMT. The commissioning cycle in EYPS is defined as specify; measure

outcomes; contest; hold to account. The same model will apply whether the commission is to an in-house, fully outsourced or arms' length provider.

Specific formalised Client Groups are being established as appropriate and will involve Members. For example, the Director for Quality and Standards is the lead commissioner for Community Learning and Skills (CLS) and the Client Group is chaired by the Cabinet Member for Community Services. The Client Group has approved the outcome specification and the requirement for new ways of working within the service. Wider formal Member involvement in the commissioning cycle will be through Cabinet Committee.

Discussions on how to ensure effective contestability have been held at the DMT with input from the Director of Strategy, Policy, Relationships and Corporate Assurance. Whilst the specification of outcomes must be done by professional experts, the Corporate Director will ensure rigorous reviews of services within the Directorate are conducted with external challenge, and welcomes and expects both corporate assurance of outcomes and in depth external review if and when required. This helps assure a continuous improvement cycle with better outcomes and lower costs which the commissioning model has to be able to demonstrate.

Changes to the corporate governance arrangements to embed strategic commissioning into business as usual were agreed at County Council in December 2015. The new arrangements will be in effect by April 2016 to align Member governance with the strategic commissioning cycle.

The new arrangements will clarify the role of Commissioning Advisory Board (CAB) and Cabinet Committees as the primary mechanisms to engage Non-Executive Members in strategic commissioning.

The new arrangements will also enhance the effectiveness of existing boards by bringing together Transformation Advisory Board (TAG) and Procurement Board into the Strategic Commissioning Board, and Budget Programme Board and Performance & Evaluation Board (PEB) into the Budget & Programme Delivery Board. These boards will complement the Non-Executive Member engagement with Strategic Commissioning Board focusing on the Analyse and Plan stages and Budget & Programme Delivery Board focusing on the Do and Review stages.

This more complete oversight of the entire commissioning cycle will provide support and advice to inform decision making for significant commissioning and service redesign activity. Effective and timely forward agendas for the new arrangements will be driven by the strategic commissioning timeline in the Directorate Business Plan.

KCC is now embedding Strategic Commissioning within the organisation so that it is 'business as usual'. The Commissioning Framework requires us to strengthen commissioning, procurement and contract management. This Directorate Business Plan provides information in Appendix 2 which will inform the forward agenda for considering strategic commissioning activity within Education and Young People's Services. This Appendix also includes timescales for the strategic commissioning of services and milestones for the Analyse, Plan, Do and Review stages of the strategic commissioning cycle and details the timeframe for internal contestability reviews.

Commissioning and structural arrangements in EYPS will need a fundamental redesign if the decision is made to set up an Education Trust or Company. These



arrangements will be informed by the scope of the services which may be included, but in any event, commissioner, client and contract management posts to be retained within KCC, will all have to be identified and their roles specified as part of the outline and full business case for the Company.

## **0-25 Change Portfolio Board**

The EYPS Directorate's transformation projects are overseen and supported by the 0-25 Change Portfolio Board. The Change Portfolio Board provides strategic direction and oversight of all transformation programmes for 0-19 year olds and services for disabled children up to age 25. The Board is responsible for ensuring all programmes are effectively co-ordinated, joined up and achieve the service transformations, improved outcomes and savings agreed. The Board reviews progress, receiving monitoring and evaluation reports on all 0-25 transformation programmes across the Council, and takes necessary remedial action where programmes are not on track. Projects and programmes currently being considered include:

- 0-25 Unified Programme (which includes early help and specialist children's services projects) – EYPS and Social Care, Health and Wellbeing (SCHWB)
- Early Help Commissioning Programme (which includes 4 sub projects) - EYPS
- Emotional and Mental Health – EYPS, SCHWB (including Public Health)
- 16-25 Accommodation programme (which includes 5 sub projects) - SCHWB
- Health Visiting – SCHWB (lead by Public Health but of interest to EYPS)

The 0-25 Change Portfolio Board provides a single integrated view of change activity taking place across our services for children, young people and their families. By placing them at the heart of everything we do and working in a more integrated way, we can make sure that everything we do and every penny we spend is used to support Kent's children and young people effectively.

## Directorate Vision

Our vision is for Kent to be the best place for children and young people to grow up, learn, develop and achieve.

We aim for Kent to be a place where families thrive and all children learn and develop well from the earliest years so that they are ready to succeed at school, have excellent foundations for learning and are equipped well for achievement in life, no matter what their social background.

We expect every child and young person to be able to go to a good or outstanding early years setting and school, have access to the best teaching, and benefit from schools and other providers working in partnership with each other to share the best practice as they continue to improve.

Our strategic priorities are set out in the Directorate's Strategic Plan: 'Education and Young People's Services Vision and Priorities for Improvement 2016-19'. Significant progress has been made since our strategic priorities plan was originally published in 2012. The Plan is refreshed annually and sets out the focus for the Directorate's services for the forthcoming year, informed by new developments. The refreshed set of priorities and targets (which are appended to this Plan) are underpinned by a clear ambition to see all children and young people do well in education, find employment and lead happy and fulfilled lives.

We are targeting early help services for the most vulnerable children, young people and families who require additional support, with an absolute focus on delivering better outcomes. Children, young people and families should be able to access the right services at the right time in the right place. We are placing them at the heart of everything we do, working in a more integrated way and avoiding, where possible, single service interventions which may lack coordination or result in wasteful duplication.

Every child and young person, from pre-birth to age 19, and their family, who needs early help services will receive them in a timely and responsive way, so that they are safeguarded, their educational, social and emotional needs are met and outcomes are good, and they are able to contribute positively to their communities them now and in the future, including their active engagement in learning and employment.

## Directorate Key Priorities

In the EYPS Vision and Priorities for Improvement 2016-19 document we set out the key strategic priorities and targets for the work of the Education and Young People's Services Directorate. The document details the ambition, key priorities for improvement, the progress made in 2014-15 and our targets for 2016-17 and beyond. The targets extend to 2019 and are provided at the end of this document (Appendix 1). Each performance target has key milestones for each year, against which progress and success are measured.

As part of our continued improvement, our planned outcomes are ambitious and challenging. We are determined to pursue them relentlessly and we believe we have the ways to achieve them. As part of our ongoing discussions and partnership with Headteachers, governors and other stakeholders there is a good level of shared ambition to achieve the following improvements in the period leading up to 2019.

### In 2015-16 we aim to:

- Improve good outcomes for children in the Early Years Foundation Stage to 77% and the free school meal achievement gap is no more than 10%
- Improve by a further 2% the age related expectations achieved by pupils at Key Stage 1
- Improve Key Stage 2 attainment to 82% of pupils attaining age related expectations in reading, writing and mathematics combined
- Improve KS4 attainment to ensure at least 60% of pupils achieve good GCSE grades in English and maths and achieve the expected standard in Attainment and Progress 8
- Improve the percentage of students achieving 2 or more A' level grades to 93% and 3 or more A' level grades A to E to 77%
- Increase the average point score per student for vocational qualifications to 680
- Reduce the pupil premium gap at Key Stage 2 to 15% and the GCSE gap to below national for Attainment 8.
- Increase the percentage of good and better schools to at least 86%
- Reduce the number of schools in an Ofsted category to no more than 6
- Increase the percentage of good and better early years settings to 93%
- Increase the percentage of good and better Children's Centres to 80%, and ensure at least 70% of needy families engage with, and benefit from, support by Children's Centres.
- Reduce NEETs to 3.5% or below.
- Reduce permanent exclusions to no more than 64.

- Reduce the number of first time entrants to the youth justice system to no more than 540 young people, and the rate of re-offending will be no more than 29%.
- Deliver the Vulnerable Learners Strategy to ensure we achieve a significant improvement in outcomes for vulnerable groups, specifically in narrowing achievement gaps and reducing the numbers of young people who are excluded, who are NEET and who become young offenders.
- Deliver the Early Help Three Year Plan, and embed and integrate Early Help and Preventative Services so that there is at least a 22% reduction in the numbers of children in need and those with a child protection plan, and at least 80% supported through an early help programme achieve a positive outcome.
- Continue to deliver the targets in the 14-24 Learning, Employment and Skills Strategy, including priorities to improve the vocational, technical and training offer so that there is further improvement in the employability skills of young people and in the number taking up and successfully completing apprenticeships (85%), resulting in a further reduction in youth unemployment to no more than 2.5% by summer 2016.
- Deliver 7800 apprenticeships for 16-24 year olds, including 3500 for 16-18 year olds and ensure at least 85% successfully complete their apprenticeships.
- Recruit at least 100 apprentices each year to the KCC Apprenticeship Scheme so that by 2016 the numbers will increase to 600.
- Improve the employability skills of 19 year olds, especially in English and mathematics, so that Level 2 attainment at age 19 is well above the national average. By 2016 we expect this to be 87%.
- Improve the outcomes at Level 3 for 19 year olds to 60% by 2016.
- Deliver the NEETs Strategy to ensure there is a significant reduction in NEET numbers and Not Known figures for Children in Care, children and young people with special educational needs and disabilities, young offenders, pupils attending PRUs and alternative provision and other vulnerable groups such as young carers and those who are home educated.
- Deliver the SEND changes required by the Children and Families Act 2014 and the priorities in the SEND Strategy to increase provision and pupil outcomes in Kent, so that there is reduction in out of county places and their cost, and a reduction in SEN transport costs.
- Reduce out of county SEND placements to no more than 495 and ensure 90% of new Education, Health and Care Plans are completed within 20 weeks.
- Following feedback from Headteachers, improve the new system of high needs funding for pupils with special educational needs in mainstream schools, which proves to be more effective at earlier intervention to improve pupil outcomes.

- Ensure earlier interventions through the LIFT process, outreach support from Special schools and the use of high needs funding has a bigger impact on improving attainment and progress for SEND pupils and on narrowing the achievement gaps between them and other learners.
- Make a significant improvement to outcomes for Children in Care and markedly reduce the number of CiC who are NEET and in the Youth Justice system.
- Deliver the new Health Needs Education Service and improve outcomes for pupils with mental health needs, with good re-integration rates (90%) for pupils back into mainstream schools.
- Deliver phase 2 of the Troubled families programme and ensure it is integrated into the models of family support provided through Early Help, to ensure that high numbers of families are 'turned around', up to 2043 by summer 2016.
- Champion school leadership which is effective in improving teaching and learning and accelerating pupil progress, and provide leadership development opportunities which increase capacity in Kent to improve and transform the education system through programmes such as the Future Leaders programme.
- Continue to deliver the School Improvement Strategy to ensure all schools requiring improvement become good and outstanding schools within the next 18 months and there are no Kent schools providing an inadequate quality of education. By summer 2016 we expect no more than 6 schools to be inadequate.
- Ensure schools are well supported to continue to implement the new National Curriculum and assessment arrangements, as well as new GCSE and vocational qualifications, and new school performance measures from 2015-16.
- Continue to support and develop more effective school to school support through the Kent Association of Headteachers, and plan the next steps of the Leadership Strategy, so that there are fewer schools requiring improvement and more good leaders are appointed to headships and executive headships.
- Continue to develop and expand EduKent as a successful trading organisation delivering good value support services to schools at competitive cost.
- Work with schools and early years settings to deliver a more focused approach to narrowing achievement gaps and achieve better outcomes for all vulnerable groups with a specific focus on the Pupil Premium, SEN and Children in Care.
- Work with outstanding and good schools to increase their capacity to sponsor and improve schools requiring improvement, through academy sponsorship, federation, trust, executive headship or other structural arrangements.
- Continue to implement the Early Years and Childcare Strategy to ensure there are sufficient high quality free places for two year olds, more good early years settings achieving positives outcomes, more children are well developed to start school and there is better integration of the work of Children's Centres, early years settings and schools.

- Implement the provisions of the Childcare Bill which provide for an additional entitlement of childcare support for working parents up to 30 hours per week, and ensure that parents are aware of this entitlement so that there is good take up.
- Ensure at least 74% of eligible 2 year olds take up a free childcare place.
- Continue to improve District based working so that more decision making and coordination of services for children and young people happens locally through local boards and forums, school collaborations and better integrated working between education, early help, health and social care.
- Deliver the Education Commissioning Plan so that the needed growth in good quality school places is delivered on time for September 2016, and ensure that improved parental choice and planned improvements for September 2017 are on target.
- Deliver 22 new forms of entry in Primary and Secondary schools, 218 Reception places and 60 Year 2 places in Primary schools, together with 90 Year 7 places in Secondary schools by September 2016.
- Ensure that at least 85% of parents achieve their first preference for their children when they start Primary and Secondary school.
- Reduce the rising cost of SEN Transport and make more efficient use of DSG funding by reducing the increasing costs of SEN pupils placed out of county, as well as working with schools at risk of deficit budgets to ensure there are clear improvements by 2016.
- Develop the SEN School Transport Pilot involving three special schools who are making local arrangements to provide transport for their pupils, to expand the model to other Special schools where these arrangements better meet the needs of pupils and are more efficient and cost effective, leading to necessary reduction in the cost of SEN transport.
- Ensure the Community Learning and Skills Service is developed as a fully commissioned service within KCC, delivering the improved outcomes in the Business Plan for adults and young people, especially the more vulnerable.

**To ensure all pupils meet their full potential, working in close partnership with schools and settings, we aim to achieve the following by 2019:**

- Foundation Stage outcomes for 5 year olds will continue to improve so that the percentage of children achieving a Good Level of Development will improve from 73% in 2015 to 87% in 2019.
- The FSM achievement gap in the EYFS has widened since 2014 (12%) to 15% in 2015. Work will be done to reduce this gap to 10% in 2016 and to 7% by 2019.
- We aim to ensure 74% of eligible two year olds will be taking up a free nursery place by 2016 and this should rise to 92% by 2019.

- Key Stage 1 attainment will be amongst the best for our statistical neighbours and improve in Reading to 86% in 2016 and 92% by 2019; in Writing to 76% in 2016 and 82% by 2019; and in Maths to 86% in 2016 to 92% by 2019.
- Key Stage 2 attainment will be amongst the best for our statistical neighbours, above the national average and pupils achieving age related expectations will improve to 82% in 2016 and to 88% by 2019.
- Key Stage 4 attainment will be amongst the best for our statistical neighbours and improve to at least 60% of pupils achieving good GCSE grades in English and maths and achieving the expected standard in Attainment and Progress 8 in 2016 and to 66% by 2019.
- The FSM achievement gaps at Key Stages 2 and 4 will continue to reduce from the 2015 baseline, and be less than the national gap figures for pupils from low income backgrounds. In Key Stage 2 the gap for FSM will reduce to 15% by 2016 and to 12% by 2019. In Key Stage 4 the FSM gap in Attainment 8 will reduce to below the national average by 2019.
- There will be an increase in the number of good schools, with at least 92% of all schools judged as good or outstanding by 2019. In 2016 we expect to see this increase to at least 86%.
- We will reduce the number of KCC schools in an Ofsted category of concern year by year, so that by 2019 no schools will be in this category. In 2016 we aim to ensure there will be no more than 6 schools in an Ofsted category.
- We will increase the percentage of good and better early years settings from 93% in 2016 to 96% in 2019.
- By 2016, 90% of Education, Health and Care plan (EHC) assessments will be completed within a reduced timescale of 20 weeks (from 26 weeks) and pupils with plans will be making good progress and achieve above average outcomes when compared with national benchmarks. This figure will be at least 95% by 2019.
- By 2016, we will reduce the number of Kent's children who are placed in independent and non-maintained Special school placements to 495, from 526 in 2015. We set out our intention to provide more specialist provision in local schools to reduce the number of children who require placement out county to no more than 250 by 2019.
- We will increase the number of Special School places by 426 to a total of 3,859 by 2019, which represents a 12% increase from the 2015 total capacity.
- We will continue to help more parents access a preferred school place for their child by increasing the number of online admission applications to 96% by 2019 and ensure the number of parents who get their first preference Secondary school remains at 85% and first preference Primary school to 87% by 2019.

- We will maintain our surplus capacity in school places to at least 5% and ensure we deliver additional school places in line with demand and parental preferences, each year, as set out in the Education Commissioning Plan to 2020.
- As part of the Commissioning Plan, by the school year 2018-19, we will expand school places by 94 permanent forms of entry, with 248 additional Reception places, 60 places in Year 2 Primary schools and 90 Year 7 places in Secondary Schools.
- By 2019 the Kent Educational Psychology Service will have service level agreements with 60% of Kent schools, in addition to the delivery of its core services.

**To improve outcomes for 16-19 year olds and shape education and skills around the needs of the Kent economy we will work with our partners to achieve the following by 2019:**

- By 2016, we aim to ensure there will be no more than 3.5% of young people aged 16-18 who are NEET and there will be full participation in education and work based training for all 16-18 year olds following year on year reductions in the NEET figures to no more than 1% by 2019.
- The employability skills of 19 year olds will have improved, especially in English and mathematics, so that Level 2 attainment at age 19 is well above the national average. By 2016 we expect this to be 87% and 93% of the cohort will achieve a Level 2 qualification by 2019.
- We aim to improve the outcomes at Level 3 for 19 year olds to 60% by 2016 and to at least 75% by 2019.
- The Level 3 achievement gap for young people from disadvantaged backgrounds is a priority for improvement. We aim to ensure this will be above the national average and the gap between this group and other students will have reduced to 20% by 2016 and to 16% by 2019.
- The uptake of Level 2 and 3 vocational training in skills shortage areas will increase to 25,600 young people by 2016 and 27,000 by 2019.
- The KCC Apprenticeship Scheme will continue to recruit at least 100 apprentices each year, totalling 900 successful apprenticeships delivered by KCC by 2019. By 2016 the numbers will increase to 600.
- By 2016 we aim to ensure the number of apprenticeships for 16-18 year olds increases to 3,500, and for success rates for completion to be at least 79%. By 2019 we expect the number to increase to 4,500 and success rates to be in excess of 92%.
- By 2019 we aim to ensure at least 80% of schools will have provided one or more apprenticeships which have been taken up successfully by young people. By 2016, we expect at least 50% of schools will have taken on apprentices.



- There will be a significant impact on unemployment among 18-24 year olds so that current levels reduce. By 2019 youth unemployment will be no more than 1.8%, from 2.5% in 2016.
- By 2019, the number of assisted employment opportunities for vulnerable learners with learning difficulties and disabilities will increase to 165 and by 2016 at least 125 young people will be supported in this way.
- Post 16 attainment in English and mathematics will improve so that by 2019 we aim to ensure at least 65% of 16 year olds that do not attain Level 2 in Year 11 will achieve the qualification by age 17. By 2016 we expect this will be 49%.
- By 2019, we aim to ensure the number of young people to achieve a Level 2 qualification in English by age 19 will improve to 40%. We expect this to be at least 30% by 2016.
- By 2019, we aim to ensure the number of young people to achieve a Level 2 qualification in maths by age 19 will improve to 40%. We expect this to be at least 25% by 2016.
- We expect to see an improvement in A Level performance in Kent to above the national average on all measures by 2019. The percentage of students achieving 2 or more A' level grades should improve to 98% and 3 or more A' level grades A to E to 82%.
- Performance in vocational qualifications post 16 should also improve more rapidly and the gap between Kent's results and the national average should narrow progressively each year between now and 2019. In 2016 we expect the average point score per student to be at least 680 and this should improve to 695 by 2019.
- All young people aged 16 to 19 will be tracked by the LA working in partnership with schools and colleges so that their participation can be monitored, as required by statutory duty and participation rates improve year on year.

**Through Early Help and Preventative Services we aim to ensure we achieve the following and by 2019 we will:**

- Have delivered the Early Help Three Year Plan, so that there is at least a 30% reduction in the numbers of children in need and those with a child protection plan, and at least 88% supported through an early help programme achieve a positive outcome.
- Reduce the rate of re-referrals to either Early Help or Specialist Children's Services within 12 months of case closure by EHPS down to below 20% by 2019.
- Work with SCS to increase the number of step-downs to EHPS up to 28% by 2019.
- Increase the percentage of good and better Children's Centres from 80% in 2016 to 100% by 2019, and we will ensure at least 76% of needy families engage with and benefit from support by Children's Centres by 2019.

- Reduce permanent exclusions from no more than 64 in 2016 to 20 exclusions or less by 2019.
- Work with schools on behaviour management strategies and monitoring to reduce the levels of fixed term exclusions down to 950 in Primary schools and 4000 in Secondary schools by 2019.
- Reduce the number of first time entrants to the youth justice system from no more than 540 young people in 2016 to 480 by 2019, and the rate of re-offending will be no more than 26%.
- Work with services across Education and Young People's Services to increase the education participation levels of young offenders, to ensure that by 2019, 87% of those who are statutory school age receive full time education and 87% of those aged 16 and 17 are in education or employment with training.
- Ensure appropriate levels of early help support are given to children, young people and their families in order to reduce the number of notifications leading to assessment down to 60% by 2019.
- Increase the timeliness of response for targeted casework to ensure that 95% of plans are in place within 4 weeks of notification by 2019.
- Work in an integrated way with all services involved with vulnerable young people to reduce the percentage of young people aged 16-18 who are NEET down to 1% by 2019.
- Improve the attendance of children and young people by supporting the reduction of persistent absence and focusing on the new 10% threshold for persistent absence. The percentage of pupils who are persistently absent from Primary schools is currently 7.1%. This will reduce to 5% by 2019. Similarly, the percentage of pupils who are persistently absent from Secondary schools currently stands at 13.7% and this will reduce to 9% by 2019.
- Ensure all young people attending a PRU will have achieved qualifications at age 16 including English and mathematics, and will have a positive learning or training destination at ages 16 and 17.
- Deliver the Troubled Families Programme to ensure that high numbers of families are 'turned around', up to 100% of the target cohort of 8,960 families by 2019.

## Directorate Structure and Range of Activity

There are three Division within the Directorate



An EYPS Directorate Structure Chart appears as Appendix 3 of this document.

### Quality and Standards

This Division covers a number of key functions for the Directorate including:

- School Improvement Service
- Skills and Employability Service
- Early Years and Childcare Service
- Education Safeguarding

### Planning and Access

This Division covers a number of key functions for the Directorate including:

- Area Education Officers
- Commissioning school places
- Special Educational Needs Assessment and Placement
- Educational Psychology Service
- Fair Access Service (School Admissions / Transport / Children Missing Education / Elective Home Education)
- EduKent

### Early Help and Preventative Services

This Division covers a number of key functions for the Directorate including:

- 0-25 Early Help Services (including Children's Centres and Youth Hubs)
- Pupil Referral Units, Inclusion and Attendance
- Youth Justice (including responsibility for Prevent)
- Troubled Families (including responsibility for HeadStart)
- Information and Intelligence

## Directorate Resources

### Financial Resources

The total net budget for Education and Young People's Services Directorate for 2016-17 is: £64,784,800

Division	Staffing	Non-Staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Strategic Management	650.0	8,016.8	8,666.8	0.0	-684.0	-2,299.0	5,683.8
Quality and Standards	20,532.3	9,318.9	29,851.2	-5,241.5	-5,123.6	-15,617.2	3,868.9
Planning and Access	11,225.9	179,080.3	190,306.2	-17,619.1	-12,219.6	-127,859.4	32,608.1
Early Help and Preventative Services	26,666.1	14,259.3	40,925.4	-3,592.2	-2,016.1	-12,693.1	22,624.0
Schools' Delegated Budgets	486,679.5	185,102.4	671,781.9	0.0	-49,998.3	-621,783.6	0.0
Directorate Sub Total	545,753.8	395,777.7	941,531.5	-26,452.8	-70,041.6	-780,252.3	64,784.8

Further details on financial resources are available in the Medium Term Financial Plan and KCC's Budget Book.

### Directorate Staff Establishment

The total number of FTE staff employed by Education and Young People's Services Directorate from 1 April 2016 is: 1527.7 FTE

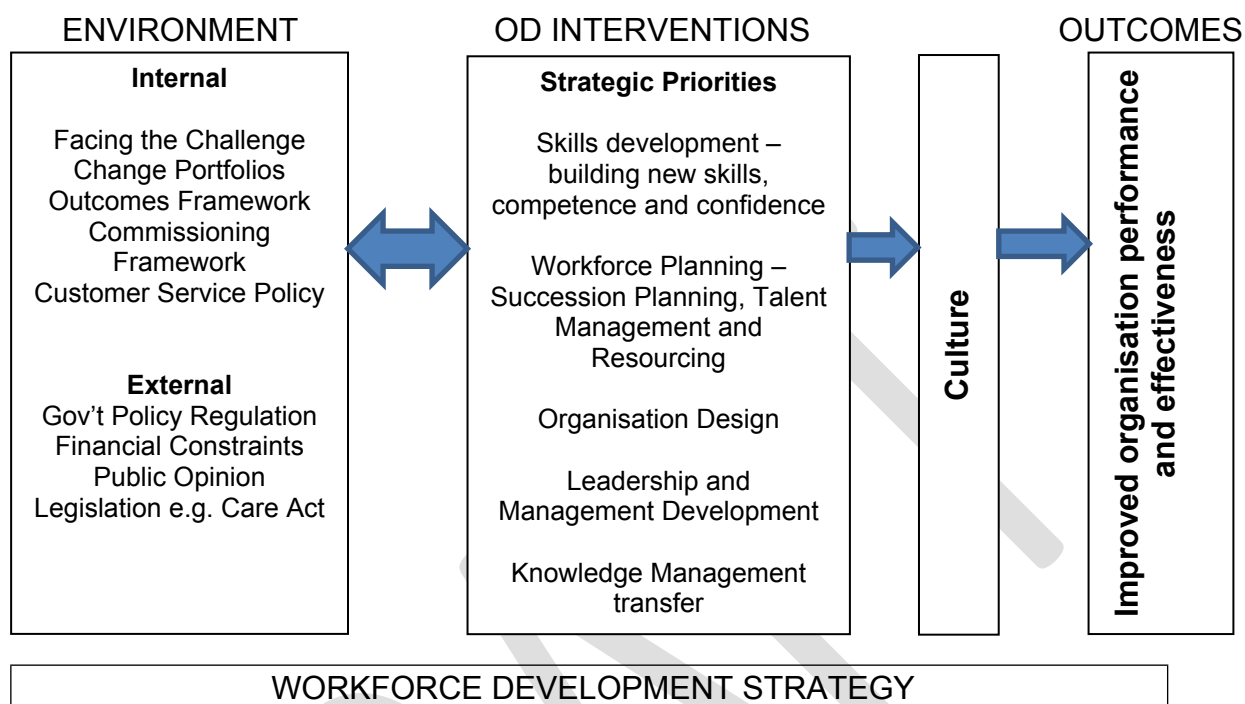
The Staff divisional breakdown is:

Quality and Standards	438.5 FTE
Planning and Access	272.3 FTE
Early Help and Preventative Services	804.4 FTE
Corporate Director's Office	12.5 FTE

The FTE numbers reflect actual numbers in post as at 23 February 2016 and exclude agency staff and vacancies, as these are not recorded on the HR system.

## Workforce and Organisation Development Priorities

The model below sets out how Organisation Development (OD) will deliver KCC's OD priorities identified below and how these interventions will support a cultural change to improve organisation performance and effectiveness.



The Education and Young People's Services (EYPS) Directorate is conscious that change only happens through people, and that people are the Council's greatest resource. Therefore building up the skills and capacity of staff is a key strategic priority. This Directorate's programme of work depends on its success at workforce development which needs to release and grow the potential of all staff to be more creative and effective.

Workforce Development is a major element in improving outcomes for children, young people and their families. The ability to continuously improve is intrinsically linked to:

- The quality and capacity of staff who lead, manage, deliver and support services.
- How effectively staff work together across organisational and professional boundaries to combine their expertise.
- Ability to embed succession planning within service delivery.

### EYPS Organisation Development Priorities 2016-17

The EYPS Workforce Development Plan sets out how we will invest in staff development at all stages and at all levels in order to increase their skills, knowledge and understanding of children, young people and their families. At this time of rapid change, there is a need to be responsive and innovative. The integration of service provision has been an iterative process over the last couple of years, necessitating new learning and ways of working across the service.

To ensure staff acquire the core skills needed to deliver our transformational change, key business priorities and future direction as a Strategic Commissioning Authority,

the EYPS Organisation Development Group has developed the following organisation Development Priorities:

1. Workforce Planning including middle management succession plan and meeting associated development needs through KCC's Leadership and Management Development framework and role specific skills, knowledge and behaviours.
2. Embedding collaborative working and integrated services activities across the Directorate including developing effective strategies and programme management to support vulnerable learners.
3. Should a decision be made to set up an Education Trust / Company, staff core skills and design of support structure for any alternative service delivery vehicle will need to be considered. This would include:
  - Service redesign to develop the Education Trust / Company service delivery model and commissioning and client side arrangements.
  - Supporting a culture change programme.
  - Skills development including commerciality and business acumen, particularly improving understanding of our customers and how to more effectively market services.
  - Workforce resilience and management of change
4. Professional Development of workforce through:
  - Further development and funding of the 0-25 workforce development framework including continued roll out of the signs of safety model and systemic therapy for EHPS practitioners.
  - Ensuring KCC mandatory e-learning is completed.
5. Increase the number of Apprenticeships, opportunities for work experience and internships within EYPS and schools.
6. Develop understanding of how to evaluate impact /outcomes of learning and development activities.
7. Extend the roll out of the 0-25 transformation programme across all of EHPS including skills transfer in the use of Newton Europe style tools

### **Succession Planning**

Succession Planning has been considered by EYPS Senior Management Team. Directors have identified key members of staff amongst middle management who have the potential to step up and succeed in senior posts when the opportunity arises.

In order to prepare these managers for succession, when the time is right, a package of support is being put in place on an individual tailored basis, to ensure that they understand their potential future responsibilities / functions and are fully prepared to succeed in these key critical posts. This additional support and opportunities, including access to KCC's leadership and management development offer will help to ensure that in terms of future leadership and management, high quality business continuity is maintained for the service.

Succession plans will be regularly reviewed in line with changing business requirements and further plans developed within each service.

## Key Directorate Risks

Achievement of the challenging priorities and targets set out in this Plan will require a mature approach to risk. Education and Young People's Services 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 key directorate risks for the coming year are likely to relate to:

- The risk of a small percentage of schools who are currently deemed to be 'Requiring Improvement' or in an Ofsted category failing their Ofsted inspections and being brought to the attention of the Regional School's Commissioner as eligible for conversion to academy's".
- Achievement of Special Educational Needs (SEN) transport budget savings.
- The need to deliver additional school places for pupils with statements of SEN on time and within budget to prevent over-use of places in the specialist independent sector, which results in increased costs for the County Council.
- Continuing to respond to the major population growth in the short to medium term (primary school age) and long term (secondary school age) by making sure that additional school places are provided on time and to budget against a backdrop of higher than expected build costs and lower Developer contributions.
- The potential for more schools to move into a potentially deficit budget position due to continued "flat cash" Dedicated Schools Grant (DSG) settlements for schools coupled with national changes to school funding.
- The prompt identification of any safeguarding concerns relating to children that have elective home education.
- The challenge of ensuring that children known to KCC services not receiving education are identified, and those that aren't are able to access education within 30 days.
- The potential for staff to be working with incomplete information on children and young people due to non-integration of information systems.
- Achievement of outcomes and savings relating to Early Help and Preventative Services and Specialist Children's Services, in required timescales.
- KCC may be unable to meet its statutory requirements in relation to post 16 provision of places and by raising participation thereby increasing the numbers of young people that are NEET.
- Due to reducing funding streams the long term viability of the CLS model may be jeopardised if it does not adapt to the new environment.
- It is possible that there may be insufficient take-up of high quality school places for two year olds leading to some children being disadvantaged in their education outcomes.
- The Council does not agree to the formation of a Trust/Company, or it does but to a Trust/Company with a reduced remit.

The Directorate will also contribute to mitigation of several corporate risks, including management of children's social care demand through its responsibilities in Early

Help and Preventative Services, supporting the demands being placed on the Authority by increasing numbers of Unaccompanied Asylum Seeking Children and a key involvement in ongoing organisational activity that will allow the Authority to balance its books during the course of the year.

Further details of the risks and their mitigations can be found in the Directorate and Corporate Risk Registers.

DRAFT



## Property and ICT Infrastructure Priorities

Infrastructure property are working closely with the Directorate through the schools capacity workshops, schools maintenance programme and schools capital projects to help increase the percentage of good and better schools and deliver the new forms of entry required in the most appropriate locations by September 2016.

Infrastructure ICT are supporting the EYPS systems rationalisation project which aims to reduce the number of systems to as few as possible and deliver a technical solution that will provide a 'holistic' view of the child, enabling services to provide targeted support to children, young people, their families, schools and communities. This will be a large scale IT project and although it will start in this financial year full implementation is not expected to be complete until December 2017.

Infrastructure business partners regularly attend the 0-25 Change Portfolio Board and the Children's Systems Board to ensure that all projects and programmes that have an ICT and property element will receive the correct support and guidance, are in line with the broader infrastructure strategy and will ensure that EYPS has the right technology and property assets needed to deliver their vision for children, young people and their families.

Education and Young People's Services are exploring the possibility of developing an Education Trust/Company to adapt to the changing educational landscape. Infrastructure will provide support and guidance regarding the technology and systems they will need to undertake this transition and ensure the property assets will meet their future needs. Infrastructure will provide information and data on all options to support and inform the business case to help the Directorate establish whether an alternative service delivery vehicle is a viable option.

## Key Performance Indicators

### Measuring and Reporting Our Progress

Having defined the outcomes and priorities we want to achieve, it is important that we measure our progress, to ensure we are on track to deliver our vision.

We use a broad evidence base when we report our progress, so that we evaluate and evidence the impact we are making. Reporting progress against the supporting outcomes will focus on the overall direction of travel for the county, balanced against the resources expended and the impact achieved.

The EYPS Vision and Priorities for Improvement 2016-19 document and the Directorate Performance Scorecard (appended to this Directorate Business Plan) will help us to ensure that we stay on track in terms of delivering our strategic and supporting outcomes.

Detailed below are the Key Performance Indicators (KPIs) drawn from the Directorate Scorecard. Current performance against these KPIs and targets until 2019 can be viewed in Appendix 1.

#### Key Performance Indicators for the Education and Young People's Services Directorate

Percentage of Early Years Settings with Good or Outstanding Ofsted Inspection Judgements (non- domestic premises)

Percentage of pupils achieving a good level of development at the end of the Early Years Foundation Stage

Percentage of pupils at KS2 achieving age-related expectations in reading, writing and mathematics

Average points score at KS4 in Attainment 8

Percentage of pupils at KS2 achieving age-related expectations in reading, writing and mathematics - FSM gap

Average points score at KS4 in Attainment 8 - FSM gap

Percentage of all schools with Good or Outstanding Ofsted Judgements - Overall Effectiveness

Percentage of permanent exclusions from schools - all pupils

Percentage of 16-18 year olds not in education, employment or training (NEET )

Percentage of apprenticeship starts for 16-18 year olds

Percentage of 19 year olds with level 2 qualifications

Percentage of 19 year olds with level 3 qualifications

Number of schools in Ofsted Category (Special Measures or Serious Weaknesses)

Percentage of Education and Health Care Plans (EHCPs) issued within timescales (20 weeks)

Percentage of Early Help Unit cases closed with outcomes achieved

Percentage of cases closed to Specialist Children's Services stepped down to EHPS

Number of first time entrants to the youth justice system

Key Performance Indicators for the Education and Young People's Services Directorate

Percentage of pupils who are persistently absent from primary schools

Percentage of pupils who are persistently absent from secondary schools

Percentage of Children's Centres with Good or Outstanding Ofsted Inspection Judgements

DRAFT

Education and Young People's Services Directorate Performance Scorecard

Vision & Priorities for Improvement Performance and Targets can be found attached as a separate document to this item.

DRAFT

## Education and Young People's Services, Provider and Commissioning Planning

<b>EYPS Internally Delivered Services</b>	
<b>Education and Young People's Services</b>	<b>Next Review stage</b>
<b>Standards and School Improvement</b>	
Education Safeguarding	May 2016
Standards and School Improvement	July 2017
<b>Early Years and Childcare</b>	
Sufficiency and Sustainability	2018 (in line with Early Years and Childcare Strategy)
Improvement and Standards	2018 (in line with Early Years and Childcare Strategy)
Equality and Inclusion	2018 (in line with Early Years and Childcare Strategy)
Partnership and Integration	2018 (in line with Early Years and Childcare Strategy)
<b>Skills and Employability</b>	
16-24 Tracking and Engagement	January 2017
14-19(24) Progression	January 2017
Careers Education, Information Advice and Guidance	January 2017
Apprenticeship Growth	January 2017
Employer collaboration	January 2017

## EYPS Internally Delivered Services

Education and Young People's Services	Next Review stage
E-Learning environment	January 2017
Kent Supported Employment Programme (£209,000)	December 2016
Adult Skills Specification commissioned by KCC from CLS (£14 million)	January 2017
Development of a Social Impact Bond (£150,000 from Big Lottery Fund to develop bid)	Awaiting outcomes of further bids
<b>Provision Planning</b>	
Area Education Officers	2020
Outdoor Education Unit	2020
<b>SEN Assessment and Placement</b>	
Statutory Assessment and Placement; includes statutory annual reviews, dispute resolution, local offer and transitional arrangements to convert statements to EHCP	Redesign Sept 2014. Facing the Challenge Health Check 2015. Transitional arrangements end 2018.
Provision Evaluation; monitoring the impact of resources for SEN placements	Redesign Sept 2014. Facing the Challenge Health Check in 2015 Subject to internal audit Jan 2016
High Needs Funding; assessing and determining eligibility	New service from April 2015. Subject to internal audit Jan 2016.
Quality Assurance and Monitoring of the STLS	Reviewed in 2015. New devolved structure from 1 Jan 2016
Tribunals; responding to appeals; representing KCC at independent appeals; advising on disability appeals	Redesign Sept 2014. Subject to Facing the Challenge Health Check in 2015.
Information and Advice for parents (IASK); impartial advice service (statutory duty)	Review due in 2015 deferred pending budget decisions

<b>EYPS Internally Delivered Services</b>	
<b>Education and Young People's Services</b>	<b>Next Review stage</b>
Communication Assistive Technology (CAT); providing augmentative communication for physically disabled children	Reviewed 2015 to accommodate NHS England new CAT specification
Portage home teaching	Restructured in Sept 2014
Finance and data; ensuring timely payment for 7,000+ pupil placements; overseeing procurement framework referrals through the DPS	Redesign Sept 2014. Health Check 2015. Internal audit Jan/Feb 2016. DPS due 2017
National Sensory Impairment Partnership; annual commission to manage their transactional activity	Sept 2016
Commissioning SEN places in schools and FE Colleges	Restructured in Sept 2014. Subject to Facing the Challenge Health Check in 2015.
Commissioning health therapies such as occupational therapy and physiotherapy and determining and ordering specialist equipment for those therapies	2015
<b>Educational Psychology Service</b>	
Psychological advice for children and young people undergoing statutory assessment	April 2018
Psychological support for early intervention and preventative approaches are available on a traded basis in addition to statutory functions	April 2018
<b>Fair Access</b>	
Co-ordination of Admissions arrangements	January 2017
Monitoring of school Admissions compliance	February 2017
Co-ordination of Kent Test selection process	November 2017
Management of School Appeals	August 2017

<b>EYPS Internally Delivered Services</b>	
<b>Education and Young People's Services</b>	<b>Next Review stage</b>
Monitoring of Elective Home Education	October 2019
In Year School Admissions	January 2017
Tracking of Children Missing Education	October 2019
Transport Eligibility Assessment	November 2018
Independent Travel Training Service	November 2018
Personal Transport Budgets	November 2018
Procurement of SEN and Mainstream Transport provided by GET Public Transport through an annual recharge of £650,000	November 2017
Home Tuition Education Programme	July 2018
<b>Information and Intelligence</b>	
Management Information	March 2017
Improvement and Development	March 2017
Early Help Triage	March 2017
<b>Youth Justice</b>	
Restorative Justice Opportunities / Training of Volunteers	Quarterly
Preventative Programmes to prevent entry to Youth Justice System	Quarterly
Reports to Restorative Clinics (Out of Court Disposals), Youth Offender Panels (Referral Orders) and to the Courts (pre-sentence reports)	Quarterly, supported by a case audit process



## EYPS Internally Delivered Services

Education and Young People's Services	Next Review stage
Remand Management Services	Quarterly
Assessment, Planning and Delivery of Interventions for children and young people at all stages of the Youth Justice System	Quarterly and via planned live cohort reoffending study
Administration of Youth Offender Panels and Recruitment, Training of Volunteers to act as panel members	Quarterly
<b>Troubled Families</b>	
Delivery of Outcomes for Troubled Families Programme as part of Early Help	Ongoing
<b>PRU, Inclusion and Attendance</b>	
Pupil Referral Unit Support	February 2017
Children Missing Education Investigations	February 2017
Attendance Support and Enforcement	February 2017
Gypsy Roma and Travellers Outreach Support	February 2017
Child Employment and Children in Entertainment	February 2017
Exclusion and Re-integration	February 2017

## EYPS Externally Delivered Services

Education and Young People's Services Externally Delivered	Contract value (£)	Provider name	Contract end date	Next review date
<b>Standards and School Improvement</b>				
Standards and School Improvement Procurement Framework	£1.5m (2 year contract)	Various	31 March 2016	November 2020
<b>Early Years and Childcare</b>				
Development and Support Services for Kent's 1,300 Childminders	£275,000 annually for 3 years	Prospects	31 March 2018	Annually
Free Early Education for two, three and four year olds	N/A – formulaic hourly rate	Approx. 700 private, voluntary and independent pre-schools and nurseries plus childminders	Open ended	Annually
Children and Families Information Service	Part of wider Agilisys Contract	Agilisys	As with Agilisys	Annual Service Level Agreement
<b>Skills and Employability</b>				
Common Application Process	£48,000	Career Vision	March 2017	March 2016
Kent Choices Live (careers pathway guidance event and tool)	£75,000	Ashcroft Service	31 March 2016	April 2016
E Learning Platform (development of a tool for vulnerable learners to provide careers information)	£30,000	Careers Explorer Time OCR GCSE Pod	31 March 2017	April 2017
<b>Provision Planning</b>				
Client Services – Catering	The Framework Agreement has no value as the schools choose to have individual call-off	<ul style="list-style-type: none"> <li>• GS Plus Ltd</li> <li>• Eden Foodservice</li> <li>• Chartwells</li> </ul>	The Framework Agreement runs from 1 August 2012 to 31 July 2016	31 July 2016

## EYPS Externally Delivered Services

Education and Young People's Services Externally Delivered	Contract value (£)	Provider name	Contract end date	Next review date
	contract from the Framework Agreement. When advertised the estimated value across the County was £8,097,517.	<ul style="list-style-type: none"> <li>• Principals</li> <li>• Caterlink</li> </ul>		
Client Services – Premises Cleaning	The Framework Agreement runs from 1 August 2012 to 31 July 2016. The Framework has no value as the schools choose to have individual call-off contract from the Framework Agreement but the estimated annual value across the schools using it is £2,243,000.	<ul style="list-style-type: none"> <li>• Metro</li> <li>• Solo</li> <li>• Steadfast</li> </ul>	The Framework Agreement runs from 1 August 2012 to 31 July 2016.	31 July 2016
Client Services – Waste Management	The Viridor County let contract runs from 1 August 2009 to 31 July 2016. This is a KCC contract with an annual value of £720,000.	<ul style="list-style-type: none"> <li>• Viridor</li> <li>• Countrystyle</li> </ul>	The Framework Agreement runs from 1 August 2012 to 31 July 2016.	31 July 2016

## EYPS Externally Delivered Services

Education and Young People's Services Externally Delivered	Contract value (£)	Provider name	Contract end date	Next review date
	The Countrystyle Framework Agreement is set up like the catering and cleaning and runs from 1 August 2014 to 31 July 2016 with an annual value of £160,000.			
<b>SEN Assessment and Placement</b>				
Mobility Training for Children; annual rolling contract	£40,000 matched by Social Care £40,000	Kent Association for the Blind	July 2016	April 2016
Teaching contract for low incidence needs; cost of qualified teacher	£30,000 annually	Royal London Society for the Blind	July 2016	April 2016
Dispute Mediation contract; procured on behalf of Health and Social Care in Kent and 16 Local Authorities	£50,000 annually	Global Mediation	31 March 2018	December 2016
Speech and Language, Occupational and Physiotherapy (SLT/OT/PT) contracts	£1 million in total	Three individual NHS providers	Various	April 2017
SLT/OT/PT: Therapy contracts for individual children across Kent following Tribunal decisions/orders to provide the service	£300,000	Individual providers; one-off commissions	Individual timescales linked to specific children	Linked to children's annual reviews
Observation and Assessment nursery for complex needs in West Kent	£100,000	Barnardo's	March 2016	Under review
Interviews with children and young people subject to appeal proceedings.	£50,000 annually	Action for Children	March 2017	October 2016
Placements in non-maintained sector	£1 million in total	Individual providers	Linked to specific	Linked to annual

## EYPS Externally Delivered Services

Education and Young People's Services Externally Delivered	Contract value (£)	Provider name	Contract end date	Next review date
			children	reviews
Integrated service for specialist equipment recycling and purchase (Integrated Community Equipment Services (ICES)).	£120,000	Nottingham Rehab Limited (trading as NRS Healthcare). Joint contract with NHS, Adult & Children's Social Care	December 2018	New contract from January 2016
<b>Fair Access</b>				
Hosted School Admissions Software	£256,815	Tribal	January 2021	July 2018
Kent Test Provision	£178,800 annually	Granada Learning	31 August 2018	16 June 2016
<b>0-25 Early Help Services</b>				
<b>Family Support and Parenting</b>				
Family Mediation	£227,333.32	Avante	June 2016	EHPS Commissioning Intentions have been agreed and are reflected in the major commissioning table below
Positive Relationships (tackling teenage pregnancy and domestic abuse) South	£50,097.91	Barnardo's	June 2016	
County Parenting Service	£449,966.20	CXK	March 2016	
Intensive Family Support Service - North and West	£426,014.34	Family Action	June 2016	
Positive Relationships (tackling teenage pregnancy and domestic abuse) North, East and West	£145,026.23	Choices	June 2016	
Adolescent Support Service	£884,124.80	Porchlight	June 2016	

## EYPS Externally Delivered Services

Education and Young People's Services Externally Delivered	Contract value (£)	Provider name	Contract end date	Next review date
Support for Children and Young People Affected by Domestic Abuse - East and West	£67,160.00	Salus	June 2016	
Promoting Participation	£1,105,001.00	CXK	June 2016	
Family Intervention Programme (FIP) and FIP Light	£1,593,990.00	Salus/Addaction	June 2016	
Support for Children and young People Affected by Domestic Abuse - North and South	£63,077.60	Rising Sun	June 2016	
Intensive Family Support Service - East and South	£67,9004.80	Stonham	June 2016	
<b>Young Carers</b>				
Young Carers	£318,171.00	IMAGO	April 2016	EHPS Commissioning Intentions have been agreed and are reflected in the major commissioning table below
<b>Legacy Grants</b>				
0-25 Early Help Support in Districts	£689,807.25	Various	March 2016	EHPS Commissioning Intentions have been agreed and are reflected in the major commissioning table

## EYPS Externally Delivered Services

Education and Young People's Services Externally Delivered	Contract value (£)	Provider name	Contract end date	Next review date
				below
<b>Youth Services</b>				
Youth Service Grants	£51,000.00	Young Kent	April 2016	EHPS Commissioning Intentions have been agreed and are reflected in the major commissioning table below
Youth Service Contracts	£1,397,469.28	Various	August 2016	
<b>Youth Justice</b>				
Appropriate Adult Service	£44,400 per annum	Young Lives Foundation	2017	Performance reviews are held Quarterly
Restorative Justice / Victim Liaison	£188,696 per annum	Salus	October 2016	April-May 2016
<b>Troubled Families</b>				
Mentoring of Young People	£94,900	Young Lives Foundation	31 March 2017	EHPS Commissioning Intentions have been agreed and are reflected in the major commissioning table below
Mentoring Support to Families	£38,000	Royal British Legion	31 March 2017	
Crime and ASB Reduction Activity	£116,740	Kent Police	31 March 2017	
Employment Advice and Support	£103,301	Job Centre Plus and Kent Supported Employment	31 March 2017	
Housing Family Intervention Projects Pilot	£54,000	Amicus and East Kent Housing	31 March 2017	

The table below summarises the Directorate's expected major commissioning and service redesign activity over a rolling three-year period from 1 April 2016. It sets out when each activity will move through the stages of the commissioning cycle (Analyse, Plan, Do, Review) and when a Key Decision will be made (if applicable). The key below the table explains the stages in more detail. The information in this table will support Commissioning Advisory Board and Cabinet Committees to plan their forward agendas and have appropriate involvement and oversight of commissioning and service redesign activity.

## Major Commissioning and Service Reviews / Redesign

Category*	Description (briefly what and why)	2016/17				2017/18				2018/19			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
C	Renewal of Standards and School Improvement Procurement Framework	K	D							A	R	K	
SR	Proposal paper looking at options for service review	A/P	D	R	K								
C	Early Years and Childcare: Commissioning of services to develop and support Childminding. Current contract due to expire end March 2018.									A	P	D/R	K
C	Provision Planning Client Services: Procurement of new school catering, premises cleaning and waste services. Possible delivery through Total Facilities Management.	K	P	D	D	D	R						
C	SEN Commissioning of NHS Speech and Language Therapy as contracts due to expire April 2017	A	A	P	P	K	D	D	R	R	R	R	K
C	SEN Contract with Barnardo's for Observation and Assessment Nursery for complex needs in West Kent expires March 2016. New provider needed as Barnardo's are withdrawing from this work.	D	R/A	P/K	P/D								
SR	Kent Educational Psychology Services review to begin April 2018.									A	P	D	R



## Major Commissioning and Service Reviews / Redesign

Category*	Description (briefly what and why)	2016/17				2017/18				2018/19			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
C	Fair Access Kent Test – review of requirements as schools move towards bespoke testing arrangements									A	P	D	R
C	Fair Access Hosted School Admissions Software				A	P	R	D	K				
SR	Fair Access Transport Eligibility											A	P
SR	Fair Access Independent Travel Training											A	P
SR	Fair Access Personal Transport Budgets											A	P
SR	Fair Access Home Tuition Education Programme						A	P	D	R	K		
C	Skills and Employability Kent Choices Live (Careers Advice and Pathways)	A	P	K		A	P	K					
C	Skills and Employability Social Impact Bond Bid	K											
C	Skills and Employability E Learning Platform for pupils with Health Needs and other Vulnerable Learners	K											
SR	Skills and Employability Service Redesign	A	P/D	R	K								
C	0-25 Early Help: Young Carers service as current contract ends April 2016 (£400k per annum for 3 years)	DK											
C	0-25 Early Help: Youth Services contracts ending June 16 consolidating 47 contracts to 12. (£1.2m per annum for 5 years)	D	K	R									

## Major Commissioning and Service Reviews / Redesign

Category*	Description (briefly what and why)	2016/17				2017/18				2018/19			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
C	0-25 Early Help: Family Support and NEETs contracts to replace those ending in June 16 (£2.8m per annum for 3 years)	D		K	R								
C	0-25 Early Help: 5 Externally Commissioned Children's Centres ending March 17 to review and commission based upon analysis (£1.3m per annum for 3years)	A	P	K	D	D		R					
C	0-25 Early Help: Emotional Health and Well-being (£1.2m per annum for 3 years)	A	P/D	K		R							
SR	0-25 Early Help: Grants award Process to focus funding to local priorities within Districts. (£560k for 1 year)	D	R										
C	Youth Justice: Review of Commissioning of Restorative Justice Services (as contract ends in October 2016)	P/K	P/D/R	D/R	D/R								

### Key

**Commissioning activity (C)**

**Service redesign activity (SR)**

Examples of activity carried out in each stage of the Commissioning Cycle:

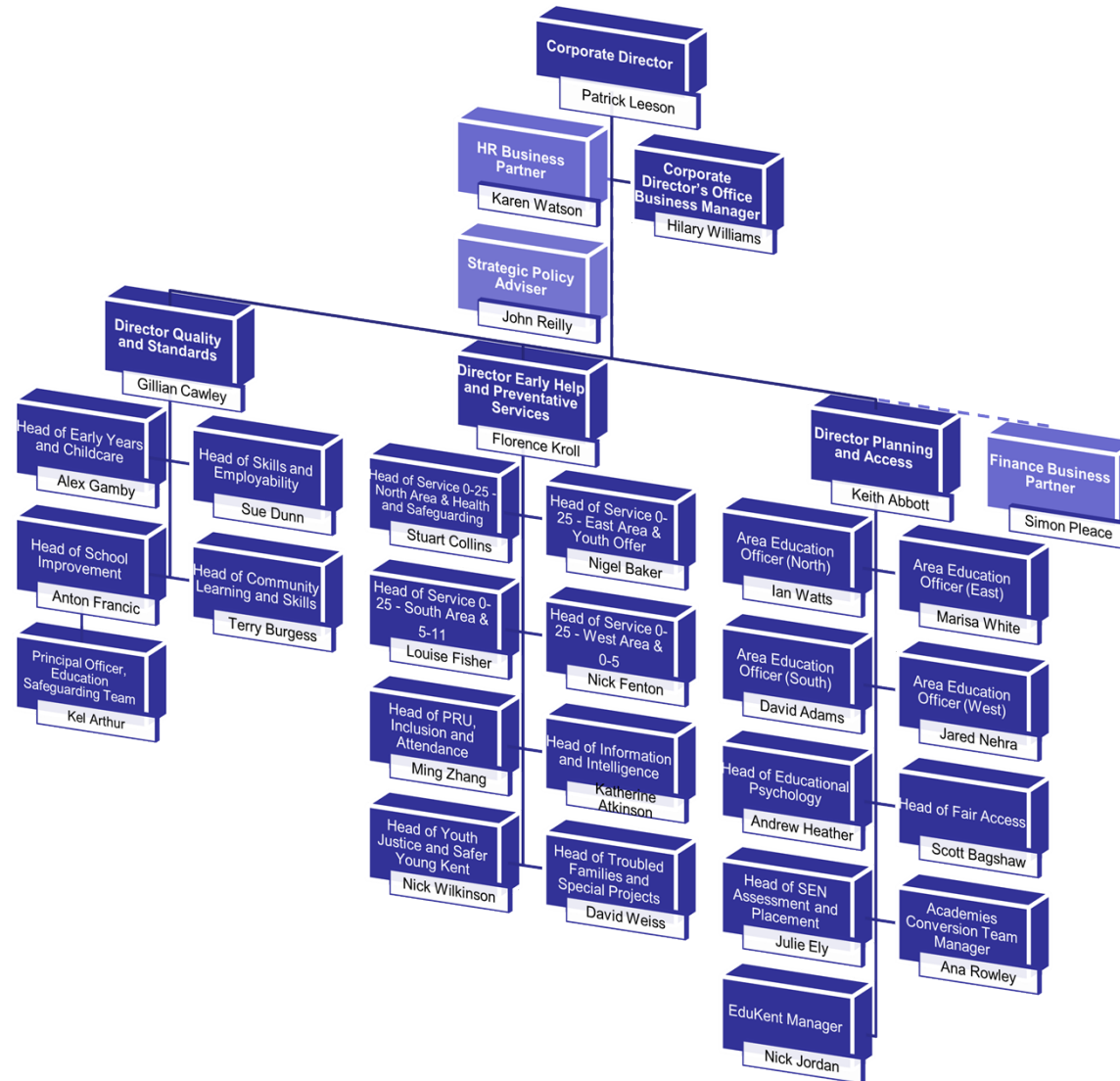
Analyse (A)	Plan (P)	Do (D)	Review (R)
<ul style="list-style-type: none"> <li>Defining and scoping the problem</li> <li>Data and requirement gathering</li> <li>Diagnostics Report</li> <li>Assessment activity</li> </ul>	<ul style="list-style-type: none"> <li>Options appraisal</li> <li>Equalities impact of preferred option/s</li> <li>Public consultation</li> <li>Market engagement</li> <li>Commissioning Strategy/Plan</li> <li>Contract/Technical Specification</li> </ul>	<ul style="list-style-type: none"> <li>Mobilisation of the contract</li> <li>Rolling out the preferred option</li> <li>Contract and provider management</li> <li>Performance management</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation</li> <li>Contract and provider review</li> <li>Sustainability of change</li> <li>Closing down the project</li> </ul>

Analyse (A)	Plan (P)	Do (D)	Review (R)
<ul style="list-style-type: none"> <li>• Market intelligence</li> <li>• Options development</li> <li>• Early stakeholder engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Procurement Plan (agreeing route to market)</li> <li>• Placing a PIN (Prior Information Notice)</li> <li>• Procurement exercise</li> <li>• Tender evaluation</li> <li>• Contract award</li> </ul>	<ul style="list-style-type: none"> <li>• Budget management</li> <li>• Tracking benefits</li> </ul>	

**Key Decision point (K)**

DRAFT

Education and Young People's Services  
February 2016



**From:** Peter Oakford, Cabinet Member for Specialist Children's Services  
Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

**To:** Children's Social Care Health Cabinet Committee  
22 March 2016

**Subject:** **SPECIALIST CHILDREN'S SERVICES PERFORMANCE DASHBOARD**

**Classification:** Unrestricted

**Previous Pathway of Paper:** None

**Future Pathway of Paper:** None

**Electoral Divisions:** All

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

**Recommendation:** The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the SCS performance dashboard.

## 1. Introduction

1.1 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."

1.2 To this end, each Cabinet Committee receives performance dashboards.

## 2. Children's Social Care Performance Report

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

2.2 The SCS performance dashboard includes latest available results which are for January 2016.

2.3 The indicators included are based on key priorities for Specialist Children's Services as outlined in the Strategic Priority Statement, and also includes operational data that is regularly used within the Directorate. Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes.

- 2.4 The results in the dashboard are shown as snapshot figures (taken on the last working day of the reporting period), year-to-date (April-March) or a rolling 12 months.
- 2.5 Members are asked to note that the SCS dashboard is used within the Social Care, Health and Wellbeing Directorate to support the Transformation programme.
- 2.6 A subset of these indicators is used within the KCC Quarterly Performance Report which is submitted to Cabinet.
- 2.7 As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.
- 2.8 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.

### **3. Summary of Performance**

- 3.1 There are 44 measures within the SCS Performance Scorecard with a RAG (Red, Amber, Green) rating applied. Of these 17 are rated as Green, 21 as Amber and six indicators are rated as Red. Exception reporting against the six measures with a Red RAG rating is included within the report attached as Appendix A.
- 3.2 In comparison to performance for the previous month (December 2015), 14 of the performance measures have shown an improvement, 1 of the measures has remained the same and 29 measures have shown a reduction.
- 3.3 In comparison to performance for March 2015, 15 of the performance measures show improvement and 29 measures show a reduction.
- 3.4 An additional page showing the substantial adverse impact on performance by the increasing cohort of Unaccompanied Asylum Seeking Children has been included within the report attached as Appendix A.

### **4. Recommendations**

#### **4.1 Recommendation(s):**

The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the Specialist Children's Services performance dashboard.

**5. Background documents**

None

**6. Appendices**

Appendix A – Performance Scorecard

**7. Lead Officer**

Maureen Robinson  
Management Information Service Manager for Children's Services  
03000 417164  
[Maureen.robinson@kent.gov.uk](mailto:Maureen.robinson@kent.gov.uk)

**Lead Director**  
Philip Segurola  
Director, Specialist Children's Services  
03000 413120  
[Philip.segurola@kent.gov.uk](mailto:Philip.segurola@kent.gov.uk)

This page is intentionally left blank



# **Social Care, Health and Wellbeing**

## **Specialist Children's Services**

### **Performance Management Scorecard**

**22<sup>nd</sup> March 2016**

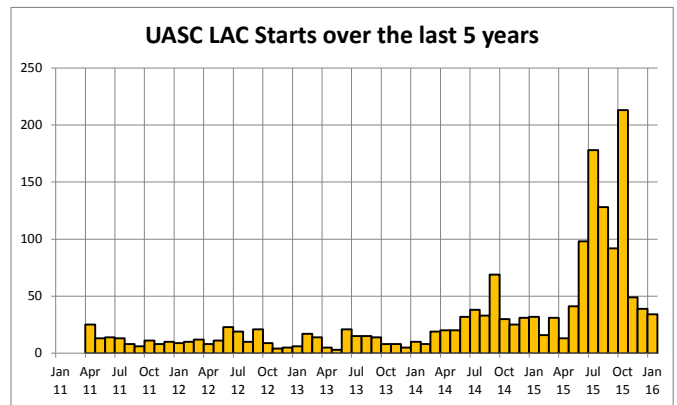
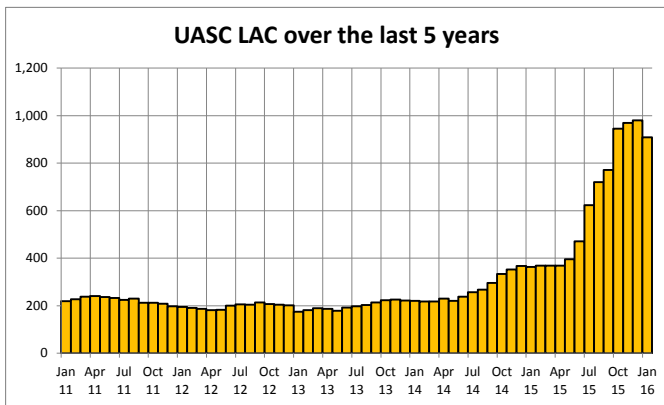
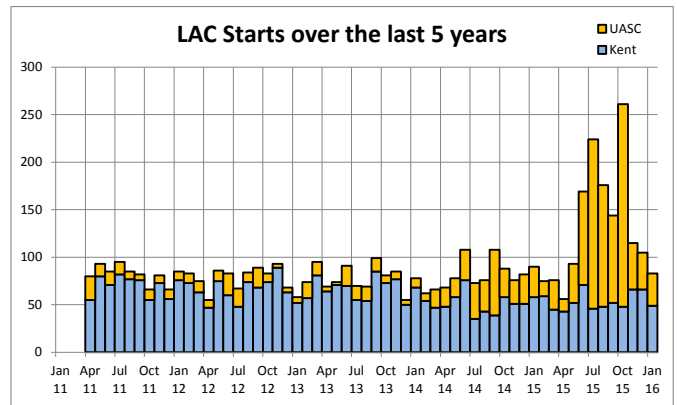
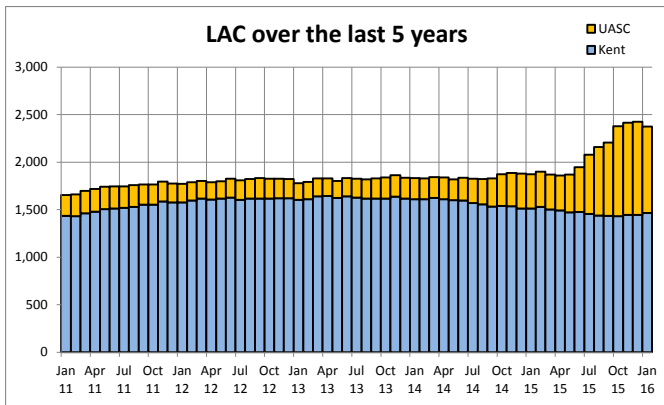
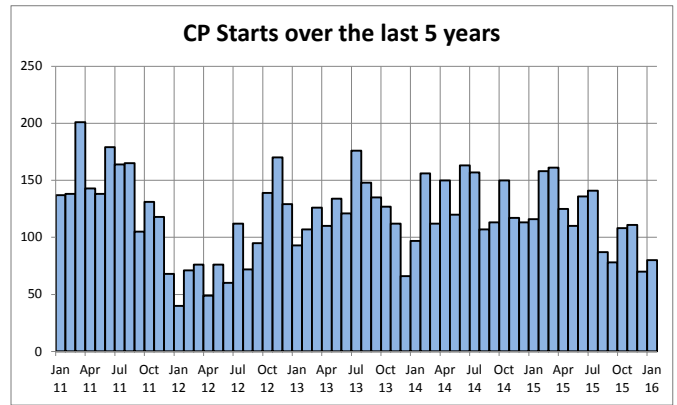
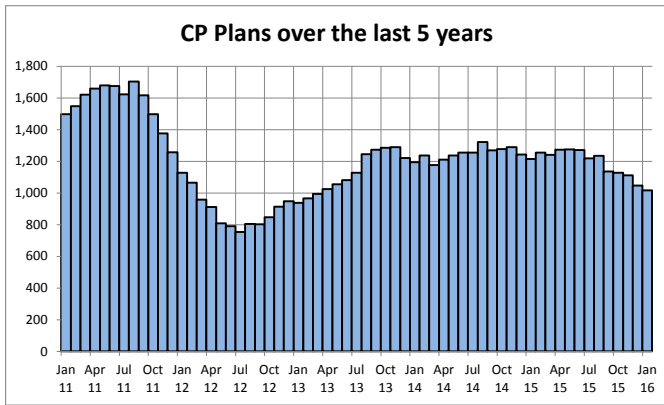
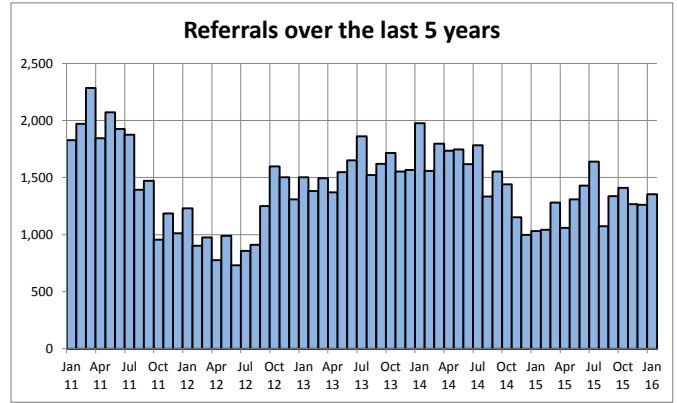
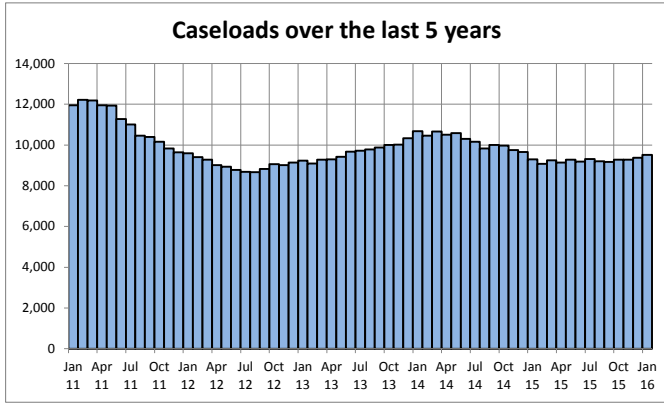


## SCS Activity

	Caseloads - This month	Caseloads - Last month	Caseloads - Change	Referrals in last month	CF Assessments in last month	CP Plans - This month	CP Plans - Last month	CP Plans - Change	CP Starts in last month	CP Ends in last month	Total LAC - This month	Total LAC - Last month	Total LAC - Change	UASC LAC - This month	UASC LAC - Last month	UASC LAC - Change	LAC Starts in last month	LAC Ends in last month	PF Cases - This month	PF Cases - Last month	PF Cases - Change
Kent	9512	9376	+136	1355	1269	1016	1047	-31	80	111	2374	2427	-53	909	980	-71	83	107	36	36	0
North Kent	1080	1058	+22	225	199	179	180	-1	22	23	280	289	-9	72	85	-13	8	19	4	6	-2
East Kent	2405	2404	+1	476	442	404	422	-18	21	38	650	663	-13	102	119	-17	15	22	13	12	+1
South Kent	1765	1698	+67	322	252	293	299	-6	30	37	381	374	+7	69	72	-3	16	9	13	11	+2
West Kent	1355	1314	+41	256	233	133	139	-6	7	13	384	389	-5	95	101	-6	7	10	6	7	-1
Disability Service	1199	1212	-13	16	67	7	7	0	0	0	104	105	-1	0	0	0	1	2	0	0	0
Ashford AIT & FST	406	424	-18	99	104	89	101	-12	4	13	5	9	-4	0	0	0	4	0	2	1	+1
Canterbury AIT & FST	350	343	+7	111	90	109	105	+4	7	3	9	6	+3	0	0	0	5	0	7	7	0
Dartford AIT & FST	203	190	+13	80	60	52	51	+1	4	5	3	8	-5	0	0	0	4	2	0	0	0
Dover AIT & FST	424	387	+37	112	81	79	70	+9	17	8	5	6	-1	0	0	0	5	1	11	10	+1
Gravesham AIT & FST	375	357	+18	85	91	83	80	+3	15	9	3	1	+2	0	0	0	4	0	2	1	+1
Maidstone AIT & FST	444	428	+16	107	105	61	68	-7	5	11	7	12	-5	0	0	0	5	1	2	2	0
Sevenoaks AIT & FST	202	213	-11	59	44	31	34	-3	2	3	0	2	-2	0	0	0	0	0	2	5	-3
Shepway AIT & FST	509	466	+43	103	51	123	125	-2	9	11	7	3	+4	0	0	0	5	0	0	0	0
Swale AIT & FST	610	594	+16	160	115	138	158	-20	5	19	6	10	-4	0	0	0	1	0	5	4	+1
Thanet AIT & FST	704	701	+3	199	207	143	145	-2	8	10	6	3	+3	0	0	0	5	1	1	1	0
The Weald AIT & FST	486	479	+7	148	114	64	68	-4	2	2	3	6	-3	0	0	0	2	1	4	5	-1
North Kent CIC	300	298	+2	1	4	13	15	-2	1	6	274	278	-4	72	85	-13	0	17	0	0	0
East Kent (Can/Swa) CIC	359	357	+2	0	5	6	5	+1	1	5	328	332	-4	67	76	-9	0	7	0	0	0
East Kent (Tha) CIC	382	409	-27	6	25	8	9	-1	0	1	301	312	-11	35	43	-8	4	14	0	0	0
South Kent CIC	426	421	+5	8	16	2	3	-1	0	5	364	356	+8	69	72	-3	2	8	0	0	0
West Kent CIC	425	407	+18	1	14	8	3	+5	0	0	374	371	+3	95	101	-6	0	8	0	0	0
SUASC Service	623	621	+2	35	74	0	0	0	0	0	571	603	-32	571	603	-32	34	38	0	0	0
Disability EK	570	575	-5	6	32	3	3	0	0	0	66	65	+1	0	0	0	1	0	0	0	0
Disability WK	629	637	-8	10	35	4	4	0	0	0	38	40	-2	0	0	0	0	2	0	0	0
Adoption & SG	116	112	+4	5	1	0	0	0	0	0	4	4	0	0	0	0	0	0	0	0	0
CDT/OOH/CRU	21	22	-1	17	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
Care Leaver Service (18+)	948	935	+13	0	1	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0	0

# SCS Activity

## County Level



Scorecard - Kent

Jan 2016

ID	Indicators	Polarity	Data Period	LATEST RESULT				PREVIOUS RESULT		OUTTURN RESULT	
				Latest Result and RAG Status	Num	Denom	Target for 15/16	Previous Reported Result	DoT from previous to latest result	Outturn (March 15) Result	DoT from outturn to latest result
<b>REFERRAL AND ASSESSMENTS</b>											
1	% of referrals with a previous referral within 12 months	L	YTD	21.2% G	2788	13141	25.0%	21.2%	↑	28.5%	↑
2	% of C&F Assessments that were carried out within 45 working days	H	YTD	89.6% A	12123	13536	90.0%	89.9%	↓	84.3%	↑
3	Number of C&F Assessments in progress outside of timescale	L	SS	30 G	-	-	75	42	↑	26	↓
4	% of Children seen at C&F Assessment (excludes unborn/missing)	H	YTD	98.1% G	12542	12784	98.0%	98.1%	↑	97.4%	↑
<b>CHILDREN IN NEED</b>											
5	% of CIN with a CIN Plan in place	H	SS	87.6% A	2068	2361	90.0%	88.6%	↓	87.2%	↑
6	% of CIN who have been seen in the last 28 days	H	SS	85.6% G	1551	1812	70.0%	80.3%	↑	61.3%	↑
7	Numbers of Unallocated Cases	L	SS	2 A	-	-	0	71	↑	0	↓
<b>PRIVATE FOSTERING</b>											
8	% of PF notifications where initial visit held within 7 days	H	YTD	76.7% A	46	60	85.0%	77.8%	↓	88.4%	↓
9	% of new PF arrangements where visits were held within 6 weeks	H	YTD	68.4% R	39	57	85.0%	74.5%	↓	88.0%	↓
10	% of existing PF arrangements where visits were held in time	H	YTD	76.9% A	20	26	85.0%	80.8%	↓	57.1%	↑
<b>CHILD PROTECTION</b>											
11	% of Current CP Plans lasting 18 months or more	L	SS	7.8% G	79	1016	10.0%	7.4%	↓	5.5%	↓
12	% of CP Visits held within timescale (Current CP only)	H	SS	90.7% G	16911	18655	90.0%	90.8%	↓	91.5%	↓
13	% of CP cases which were reviewed within required timescales	H	SS	100.0% G	760	760	98.0%	100.0%	↓	99.4%	↑
14	% of Children becoming CP for a second or subsequent time within 24 months	T	YTD	10.8% A	113	1046	7.5%	10.8%	↓	7.5%	↓
15	% of CP Plans lasting 2 years or more at the point of de-registration	L	YTD	2.8% G	36	1271	5.0%	3.0%	↑	2.2%	↓
16	% of Children seen at Section 47 enquiry (excludes unborn)	H	YTD	98.0% G	3656	3730	98.0%	98.0%	↑	98.6%	↓
17	% of ICPC's held within 15 working days of the S47 enquiry starting	H	YTD	84.5% G	918	1087	75.0%	85.1%	↓	80.7%	↑
18	% of Initial CP Conferences that lead to a CP Plan	T	YTD	85.0% G	1046	1231	88.0%	85.1%	↓	90.3%	↓
<b>CHILDREN IN CARE</b>											
19	CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	12.3% R	291	2374	9.0%	12.1%	↓	9.6%	↓
20	CIC Placement Stability: % in same placement for last 2 years	H	SS	71.1% G	396	557	70.0%	71.7%	↓	72.7%	↓
21	% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	77.4% A	1164	1504	85.0%	77.2%	↑	82.9%	↓
22	% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	80.1% G	1126	1405	80.0%	79.5%	↑	82.3%	↓
23	% of Children who participated at CIC Reviews	H	YTD	94.5% A	4221	4467	95.0%	95.3%	↓	95.6%	↓
24	% of CIC cases which were reviewed within required timescales	H	SS	77.8% R	1789	2300	98.0%	77.2%	↑	97.1%	↓
25	% of CIC cases where all Dental Checks were held within required timescale	H	SS	90.4% G	1201	1329	90.0%	91.6%	↓	89.0%	↑
26	% of CIC cases where all Health Assessments were held within required timescale	H	SS	88.8% A	1180	1329	90.0%	90.7%	↓	89.7%	↓
27	% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	58.8% G	606	1031	50.0%	59.1%	↓	47.0%	↑
<b>ADOPTION</b>											
28	% of cases adoption agreed as plan by 2nd review, for those with an agency decision	H	YTD	59.2% R	42	71	86.0%	58.6%	↑	68.2%	↓
29	Ave. no of days between bla and moving in with adoptive family (for children adopted)	L	YTD	543.6 A	45661	84	426.0	527.1	↓	540.3	↓
30	Ave. no of days between court authority to place a child and the decision on a match	L	YTD	241.5 R	20289	84	121.0	235.2	↓	209.5	↓
31	% of Children leaving care who were adopted	H	YTD	9.5% R	84	883	13.0%	10.2%	↓	19.7%	↓
<b>CARE LEAVERS</b>											
32	% of Care Leavers that Kent is in touch with	H	YTD	65.9% A	825	1251	75.0%	67.5%	↓	72.9%	↓
33	% of Care Leavers in Suitable Accommodation	H	YTD	60.4% A	755	1251	78.0%	62.1%	↓	64.9%	↓
34	% of Care Leavers in Education, Employment or Training	H	YTD	38.1% A	477	1251	45.0%	39.4%	↓	39.3%	↓
<b>QUALITY ASSURANCE</b>											
35	% of Case File Audits completed	H	YTD	97.8% G	545	557	95.0%	99.4%	↓	95.8%	↑
36	% of Case File Audits rated Good or outstanding	H	YTD	51.7% A	282	545	60.0%	51.4%	↑	36.2%	↑
37	% of Case File Audits rated inadequate	L	YTD	3.7% A	20	545	0.0%	3.9%	↑	11.9%	↑
38	% of CP Social Work Reports rated good or outstanding	H	YTD	69.9% A	1374	1967	75.0%	70.7%	↓	71.2%	↓
39	% of CIC Care Plans rated good or outstanding	H	YTD	61.2% G	2932	4789	60.0%	61.5%	↓	46.6%	↑
<b>STAFFING</b>											
40	% of caseholding posts filled by KCC Permanent QSW	H	SS	75.1% A	333.6	444.3	85.0%	75.1%	↓	79.0%	↓
41	% of caseholding posts filled by agency staff	L	SS	20.6% A	91.6	444.3	15.0%	19.9%	↓	18.6%	↓
42	Average Caseloads of social workers in CIC Teams	L	SS	15.5 A	1892	122.4	15.0	15.5	↑	15.7	↑
43	Average Caseloads of social workers in AIT & FST	L	SS	20.4 A	4713	231.4	20.0	19.8	↓	20.2	↓
44	Average Caseloads of fostering social workers	L	SS	18.4 A	868	47.3	18.0	18.3	↓	17.3	↓

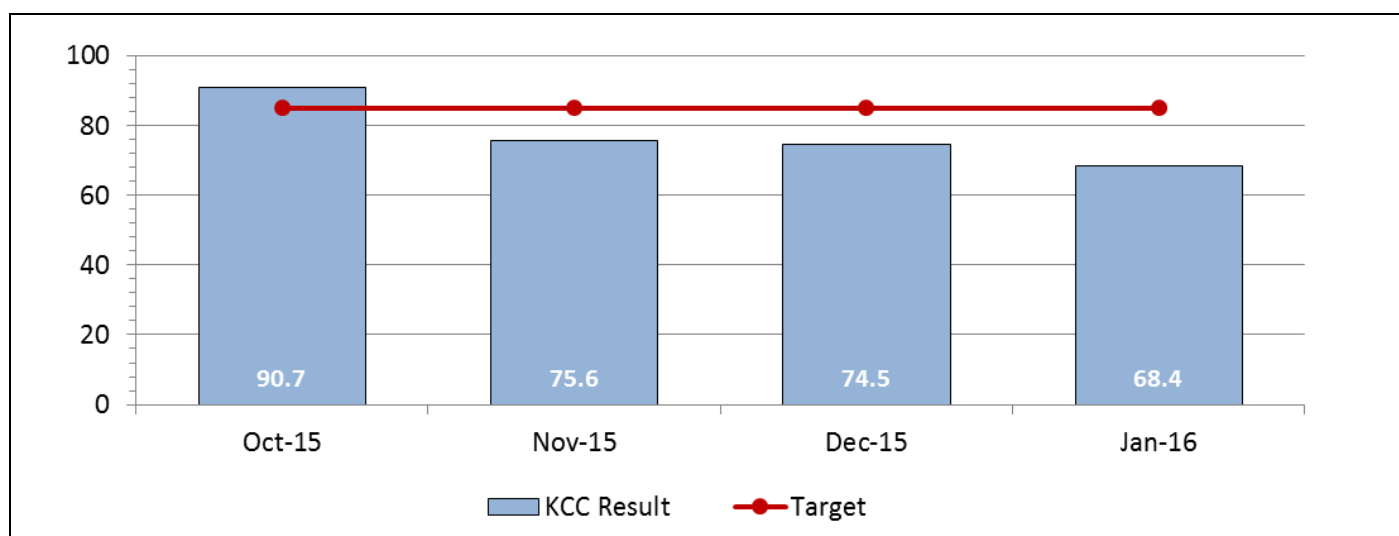
**PERFORMANCE SUMMARY**

As at 31/01/2016, Kent has 17 indicators rated as Green, 21 indicators rated as Amber and 6 indicators rated as Red. When comparing performance from last month to this month, 14 indicators have shown an improvement, 1 indicator has remained the same and 29 indicators have shown a reduction. When comparing performance from outturn (March 15) to this month, 15 indicators have shown an improvement, 0 indicators have remained the same and 29 indicators have shown a reduction.

# Scorecard - Impact of UASC

Indicators	Polarity	Data Period	INCLUDING UASC				EXCLUDING UASC			Variance with UASC excluded		
			Latest Result and RAG Status	Num	Denom	Target for 15/16	Latest Result and RAG Status	Num	Denom			
<b>CHILDREN IN CARE - KENT</b>												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	12.3%	R	291	2374	9.0%	10.9%	A	160	1465	-1.3%
CIC Placement Stability: % in same placement for last 2 years	H	SS	71.1%	G	396	557	70.0%	71.3%	G	393	551	+0.2%
% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	77.4%	A	1164	1504	85.0%	87.5%	G	1043	1192	+10.1%
% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	80.1%	G	1126	1405	80.0%	80.1%	G	1126	1405	-
% of Children who participated at CIC Reviews	H	YTD	94.5%	A	4221	4467	95.0%	96.8%	G	2812	2904	+2.3%
% of CIC cases which were reviewed within required timescales	H	SS	77.8%	R	1789	2300	98.0%	97.6%	A	1390	1424	+19.8%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	90.4%	G	1201	1329	90.0%	91.5%	G	1025	1120	+1.1%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	88.8%	A	1180	1329	90.0%	89.6%	A	1004	1120	+0.9%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	58.8%	G	606	1031	50.0%	59.3%	G	566	954	+0.6%
<b>CHILDREN IN CARE - NORTH KENT</b>												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	17.5%	R	49	280	9.0%	14.4%	R	30	208	-3.1%
CIC Placement Stability: % in same placement for last 2 years	H	SS	71.6%	G	48	67	70.0%	71.2%	G	47	66	-0.4%
% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	84.2%	A	155	184	85.0%	86.7%	G	144	166	+2.5%
% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	77.4%	A	154	199	80.0%	77.4%	A	154	199	-
% of Children who participated at CIC Reviews	H	YTD	95.0%	A	565	595	95.0%	96.7%	G	377	390	+1.7%
% of CIC cases which were reviewed within required timescales	H	SS	99.3%	G	271	273	98.0%	99.5%	G	200	201	+0.2%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	94.3%	G	198	210	90.0%	95.5%	G	147	154	+1.2%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	92.4%	G	194	210	90.0%	93.5%	G	144	154	+1.1%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	60.3%	G	91	151	50.0%	59.1%	G	75	127	-1.2%
<b>CHILDREN IN CARE - EAST KENT</b>												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	11.2%	A	73	650	9.0%	10.0%	A	55	548	-1.2%
CIC Placement Stability: % in same placement for last 2 years	H	SS	74.8%	G	163	218	70.0%	74.9%	G	161	215	+0.1%
% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	92.1%	G	478	519	85.0%	92.7%	G	434	468	+0.6%
% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	88.4%	G	474	536	80.0%	88.4%	G	474	536	-
% of Children who participated at CIC Reviews	H	YTD	94.9%	A	1328	1400	95.0%	97.9%	G	1110	1134	+3.0%
% of CIC cases which were reviewed within required timescales	H	SS	95.9%	A	610	636	98.0%	96.8%	A	517	534	+0.9%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	84.7%	R	426	503	90.0%	85.3%	A	370	434	+0.6%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	83.5%	R	420	503	90.0%	84.6%	R	367	434	+1.1%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	61.9%	G	244	394	50.0%	62.0%	G	227	366	+0.1%
<b>CHILDREN IN CARE - SOUTH KENT</b>												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	12.9%	R	49	381	9.0%	11.9%	A	37	312	-1.0%
CIC Placement Stability: % in same placement for last 2 years	H	SS	71.3%	G	77	108	70.0%	72.0%	G	77	107	+0.7%
% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	89.0%	G	260	292	85.0%	88.0%	G	227	258	-1.1%
% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	78.7%	A	237	301	80.0%	78.7%	A	237	301	-
% of Children who participated at CIC Reviews	H	YTD	96.2%	G	766	796	95.0%	96.3%	G	604	627	+0.1%
% of CIC cases which were reviewed within required timescales	H	SS	97.5%	A	358	367	98.0%	97.7%	A	291	298	+0.1%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	98.2%	G	277	282	90.0%	98.7%	G	226	229	+0.5%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	92.2%	G	260	282	90.0%	92.1%	G	211	229	-0.1%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	69.3%	G	142	205	50.0%	71.2%	G	136	191	+1.9%
<b>CHILDREN IN CARE - WEST KENT</b>												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	14.6%	R	56	384	9.0%	11.8%	A	34	289	-2.8%
CIC Placement Stability: % in same placement for last 2 years	H	SS	60.0%	R	72	120	70.0%	60.5%	R	72	119	+0.5%
% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	74.9%	R	206	275	85.0%	81.3%	A	195	240	+6.3%
% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	73.8%	A	197	267	80.0%	73.8%	A	197	267	-
% of Children who participated at CIC Reviews	H	YTD	95.5%	G	664	695	95.0%	97.0%	G	515	531	+1.4%
% of CIC cases which were reviewed within required timescales	H	SS	93.4%	A	354	379	98.0%	97.9%	A	278	284	+4.5%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	87.0%	A	215	247	90.0%	91.2%	G	197	216	+4.2%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	89.9%	A	222	247	90.0%	91.7%	G	198	216	+1.8%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	38.3%	A	77	201	50.0%	40.0%	A	76	190	+1.7%
<b>OTHER INDICATORS - COUNTY LEVEL</b>												
% of Care Leavers that Kent is in touch with	H	YTD	65.9%	A	825	1251	75.0%	74.3%	A	544	732	+8.4%
% of Care Leavers in Suitable Accommodation	H	YTD	60.4%	A	755	1251	78.0%	67.5%	A	494	732	+7.1%
% of Care Leavers in Education, Employment or Training	H	YTD	38.1%	A	477	1251	45.0%	39.9%	A	292	732	+1.8%
% of C&F Assessments that were carried out within 45 working days	H	YTD	89.6%	A	12123	13536	90.0%	90.4%	G	11789	13038	+0.9%
% of Children leaving care who were adopted	H	YTD	9.5%	R	84	883	13.0%	14.9%	G	84	563	+5.4%
Numbers of Unallocated Cases	L	SS	2	A	-	-	0	1	A	-	-	-1

<b>% of new PF arrangements where visits were held within 6 weeks</b>			<b>Red</b>
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Oct 2015	Nov 2015	Dec 2015	Jan 2016
KCC Result	90.7%	75.6%	74.5%	68.4%
Target	85.0%	85.0%	85.0%	85.0%
RAG Rating	Green	Red	Red	Red

39 of the 57 Private Fostering visits required within six weeks were held within timescale. Of the 18 that were outside of the six week timescale, 5 of these relate to visits due in January 2016.

### Data Notes

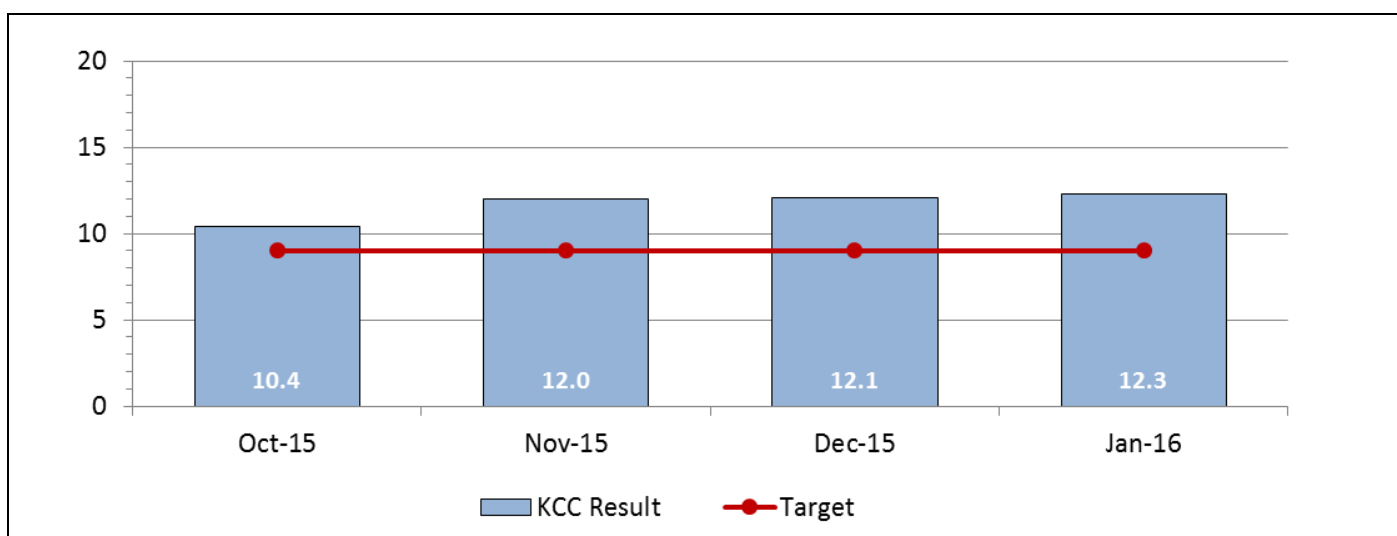
**Target:** 85% (RAG Bandings: Below 76.5% = Red, 76.5% to 85% = Amber, 85% and above = Green)

**Tolerance:** Higher values are better

**Data:** Figures shown are Year-to-Date. For example, the Jan 16 result is based on data from April 15 to Jan 16.

**Data Source:** Liberi

<b>CIC Placement Stability: % with 3 or more placements in the last 12 months</b>			<b>Red</b>
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Oct 2015	Nov 2015	Dec 2015	Jan 2016
KCC Result	10.4%	12.0%	12.1%	12.3%
Target	9.0%	9.0%	9.0%	9.0%
RAG Rating	Amber	Amber	Red	Red

In the year-to-date 291 children/young people had three or more placement moves in the previous 12 months. This included 131 Unaccompanied Asylum Seeking children (UASC). If UASC are removed from the calculation the performance rate is 10.9% which is above the Target of 9% and within the Amber banding. The age profile of the total cohort is:

- 0-4 18
- 5-10 22
- 11-13 29
- 14-15 57
- 16-17 165

It is worth noting that some placement moves are planned and are positive moves in the best interests of the child/young person. For example of those aged 4 and under, 9 (50%) were moves into adoption placements and for those aged 16-17, 128 (77.6%) were moves into Leaving Care Placements.

**Data Notes**

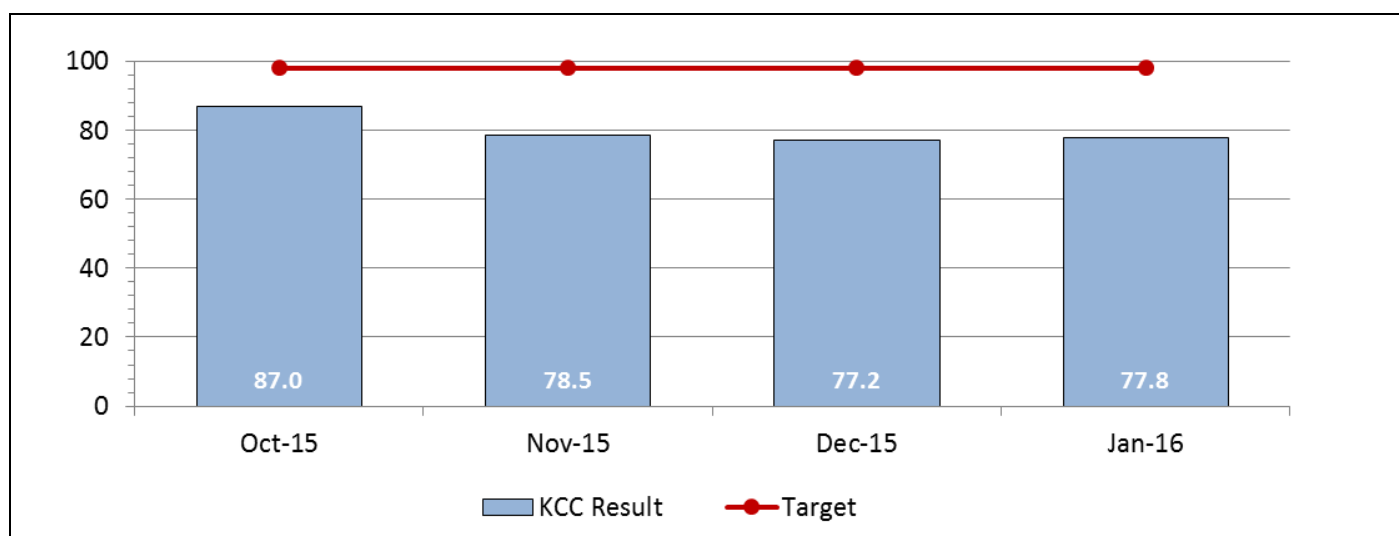
**Target:** 9% (RAG Bandings: Above 12% = Red, 12% to 9% = Amber, 9% and below = Green)

**Tolerance:** Lower values are better

**Data:** Figures shown are based on a snapshot at the end of the month. The placements for the previous 12 months from that date are then counted.

**Data Source:** Liberi

<b>% of CIC cases which were reviewed within required timescale</b>			<b>Red</b>
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Oct 2015	Nov 2015	Dec 2015	Jan 2016
KCC Result	87.0%	78.5%	77.2%	77.8%
Target	98.0%	98.0%	98.0%	98.0%
RAG Rating	<b>Red</b>	<b>Red</b>	<b>Red</b>	<b>Red</b>

Performance against this indicator has been significantly impacted upon by the increase in the number of Unaccompanied Asylum Seeking Children (UASC). The high levels of demand due to the increasing numbers of UASC from June 2015 through to November 2015 meant that there was insufficient capacity to carry out reviews for these young people within the four week timescale. These will continue to be reported as being outside of timescales for the remainder of the reporting year (April-March)

If the UASC cohort are excluded from this measure, performance is at 97.6% and close to the 98% target. All UASC cases are now allocated to social workers so we anticipate that performance in this practice area will improve.

**Data Notes**

**Target:** 98% (RAG Bandings: Below 90% = Red, 90% to 98% = Amber, 98% and above = Green)

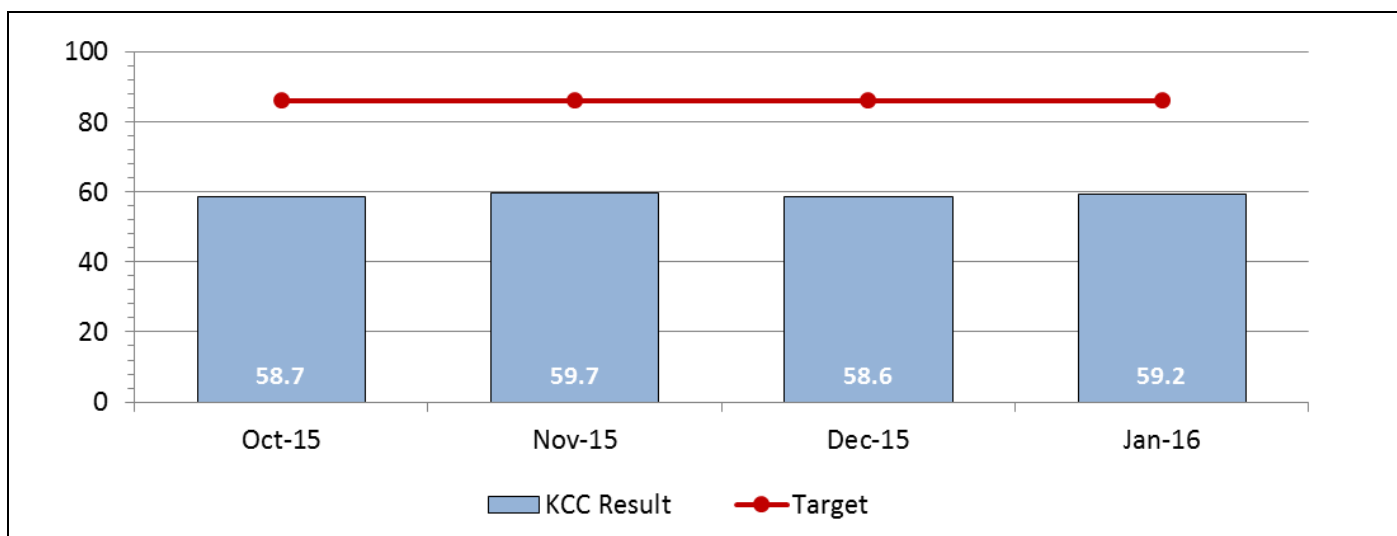
**Tolerance:** Higher values are better

**Data:** Figures shown are Year-to-Date. For example, the Jan 16 result is based on data from April 15 to Oct16.

**Data Source:** Liberi



% of cases adoption agreed as plan by 2nd review, for those with an agency decision			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Oct 2015	Nov 2015	Dec 2015	Jan 2016
KCC Result	58.7%	59.7%	58.6%	59.2%
Target	86.0%	86.0%	86.0%	86.0%
RAG Rating	Red	Red	Red	Red

42 of the 71 cases that have had an agency decision for adoption between April 2015 through to January 2016, had adoption agreed as the plan by the 2<sup>nd</sup> Review (59.2%). Of the remaining 19 cases 15 had a plan for adoption agreed at the 3<sup>rd</sup> Review, and all of these children had adoption as part of a dual plan at their second review.

The definition for this measure requires Adoption to be the sole plan at the 2<sup>nd</sup> Review, which is a maximum of four months after a child becomes 'Looked After' by the Local Authority. Some children will however have had more than 2 reviews within this timescale. The performance for the number were adoption was agreed as the plan within four months is 67.6% (48 of the 71 children).

For a number of children alternative plans were still being considered at the second review and this will be the correct course of action for these children.

### Data Notes

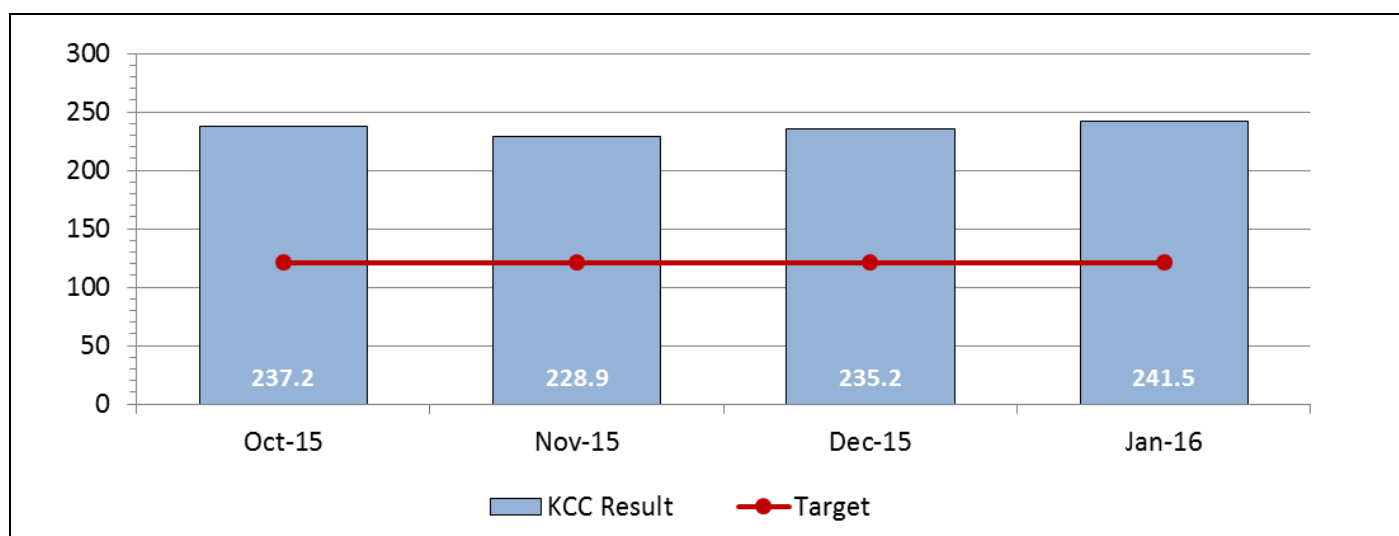
**Target:** 86% (RAG Bandings: Below 76% = Red, 76% to 86% = Amber, 86% and above = Green)

**Tolerance:** Higher values are better

**Data:** Figures shown are Year-to-Date. For example, the Jan 16 result is based on data from April 15 to Jan 16.

**Data Source:** Liberi

<b>Ave. no of days between court authority to place a child and the decision on a match</b>			<b>Red</b>
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Oct 2015	Nov 2015	Dec 2015	Jan 2016
KCC Result	237.2	228.9	235.2	241.5
Target	121.0	121.0	121.0	121.0
RAG Rating	<b>Red</b>	<b>Red</b>	<b>Red</b>	<b>Red</b>

There have been 84 Adoptions from April 2015 to January 2016. One adoption in August had a significant impact on this indicator. This was an inter-country adoption which involved a very complex legal process. The child became Looked After in 2008 and was granted a Placement Order in July 2009. The match was agreed by the Agency Decision Maker in March 2015. This is 2067 days and has heavily weighted the average days from Court Authority (the Placement Order) to a Matching Agency Decision. If this child was excluded from the calculation the average number of days reduces down to 219.5 days which is within the Amber banding.

In total there were 37 of the 84 adoptions that were outside of this timescale measurement of 121 days. Whilst the timescale for this measure may have been exceeded for these cases the end result is a positive outcome for each of these children who have now been adopted.

**Data Notes**

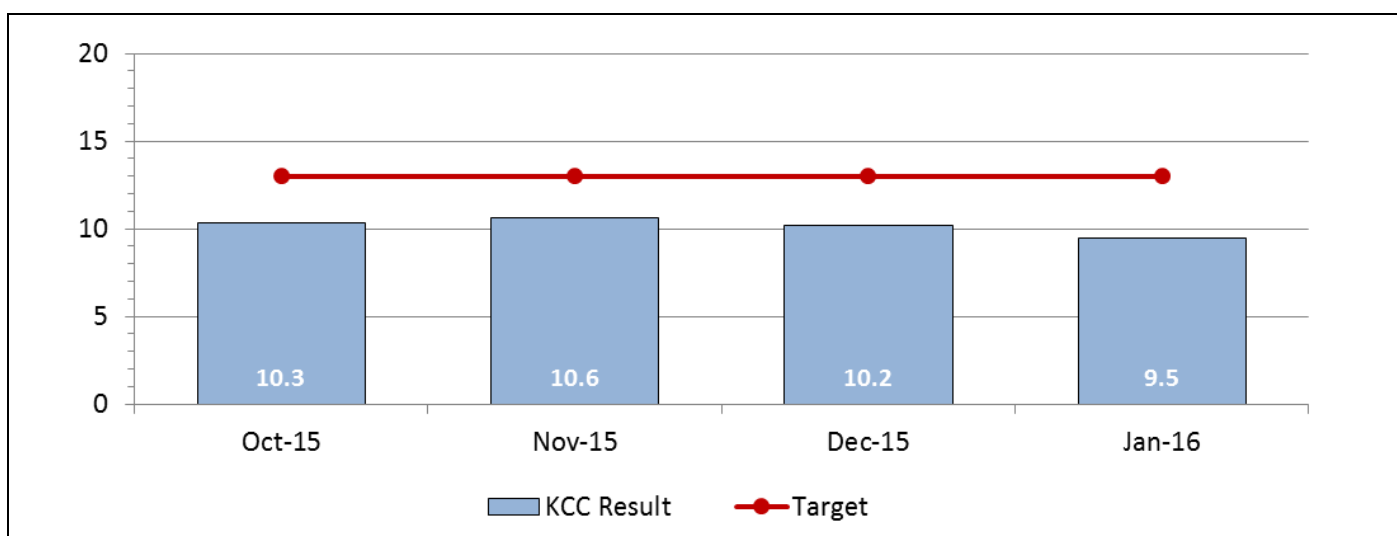
**Target:** 121 (RAG Bandings: 225 and above = Red, 225 to 121 = Amber, 121 or below = Green)

**Tolerance:** Lower values are better

**Data:** Figures shown are Year-to-Date. For example, the Jan 16 result is based on data from April 15 to Jan 16.

**Data Source:** Liberi

% of Children leaving care who were adopted				Red
Cabinet Member	Peter Oakford	Director	Philip Segurola	
Portfolio	Specialist Children's Services	Division	Specialist Children's Services	



Trend Data – Month End	Oct 2015	Nov 2015	Dec 2015	Jan 2016
KCC Result	10.3%	10.6%	10.2%	9.5%
Target	13.0%	13.0%	13.0%	13.0%
RAG Rating	Amber	Amber	Amber	Red

The calculation for this performance measure uses a national definition which is the number of children adopted in the year as a percentage of all those who cease to be Children in Care (Looked After). This includes Unaccompanied Asylum Seeking Children (UASC). During the year 320 UASC have ceased to be Children in Care, 74 in January 2016 due to their 18<sup>th</sup> Birthday occurring in the month. This has resulted in a notable decrease in the performance rate.

If UASC are excluded from the calculation performance is 14.9%, which is above the Target set for the year. Representations will be made to the DFE to have UASC excluded from the reporting of this indicator in order to ensure that figures provided are an accurate reflection of performance.

**Data Notes**

**Target:** 13% (RAG Bandings: Below 9.8% = Red, 9.8% to 13% = Amber, 13% and above = Green)

**Tolerance:** Higher values are better

**Data:** Figures shown are Year-to-Date. For example, the Jan 16 result is based on data from April 15 to Jan 16.

**Data Source:** Liberi

This page is intentionally left blank

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

Andrew Scott-Clark, Director of Public Health

**To:** Children's Social Care and Health Cabinet Committee

22<sup>nd</sup> March 2016

**Subject:** Public Health Performance – Children and Young People

**Classification:** Unrestricted

**Past Pathway:** None

**Future Pathway:** None

**Electoral Division:** All

**Summary:** This report provides an overview of the performance of Public Health commissioned services for children and young people.

This is the first report to include the Health Visiting Service and the Family Nurse Partnership performance since the commissioning responsibility transferred to Kent County Council. It is clear that performance is varied and needs to significantly improve in key areas.

At the request of Committee members the report includes a section on New Psychoactive Substances (NPS), also referred to as 'Legal Highs', outlining the context of use amongst young people.

**Recommendation:** The Children's Social Care and Health Cabinet Committee is asked to note the current performance of Public Health commissioned services.

## 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.

## 2. Performance

### Health Visiting Service and Family Nurse Partnership (FNP)

2.1. Commissioning of the Health Visiting service and FNP transferred from NHS England to the local authority on 1<sup>st</sup> October 2015. As well as the wider requirements of the specification, KCC is now legally required to ensure the delivery of 5 mandated developmental checks. Kent Community Health NHS Foundation Trust (KCHFT) provide the service.

2.2. The table below sets out performance of the service in relation to the mandated checks. NHS England commissioned the service for the first 6 months of 2015/16 and at the start of Quarter 3, commissioning transferred to Kent County Council.

2.3. The local authority contract includes performance incentivisation and a clear improvement plan to drive up coverage of the universal mandated interventions.

2.4. Performance in Q3 is varied; delivery has been maintained for the 2-2½ year check and increased for the new birth visit within 30 days. The performance of 1 year checks at 12 months is of particular concern. KCHFT have investigated the data and have identified a number of recording issues and management issues relating to practice prior to October 2015. The percentage receiving a 1-year check by 15 months is significantly higher but remains a concern.

2.5. The Director of Public Health has raised the issues of performance and data collection with the new Chief Executive of KCHFT. KCHFT have confirmed that they have implemented a new data collection system and provided assurance that this will enable better data capture and more accurate targeting within the service. KCHFT's initial work on Q4 data has already shown a marked improvement. KCC will be organising an audit relating to these concerns. The structure of the contract does mean that payment is not made where there is lower than required activity.

Table 2: Health visiting mandated interventions delivered in 15/16. Kent figures

<b>Health Visiting Service</b>	<b>Q1 15/16</b>	<b>Q2 15/16</b>	<b>Q3 Target</b>	<b>Q3 15/16</b>
No. of mothers receiving an Antenatal Visit	1,091	915	-	866
% of New Birth Visit's within 14 days	70%	71%	<b>75%</b>	<b>67% (a)</b>
% of New Birth Visit's in total (0-30 days)	98%	94%	-	98%
% of infants due a 6-8 week check who received one	not reported	87%	<b>65%</b>	<b>65% (g)</b>
% of all infants receiving their 1 year review at 12 months	71%	65%	<b>75%</b>	<b>38% (r)</b>
% of all infants receiving their 1 year review at 15 months	83%	74%	-	78%
% receiving their 2-2½ year review	71%	70%	<b>75%</b>	<b>71% (a)</b>

2.6. The 6-8 week check includes capturing the infant feeding status, a measure which has previously fallen under the reporting responsibility of Primary Care. National reporting will now flow directly from the Health Visiting Service.

Table 3: Health Visiting 6-8 week check infant feeding continuance figures. Kent figures

<b>Health Visiting Service – Infant Feeding Status</b>	<b>Q3 15/16</b>
Number of infants due a 6-8 week check by the end of the quarter	4,196
Number and percentage with an infant feeding status – needs to be at least 85%, preferably over 95% to be robust	3,411 (81%)
Number recorded as totally breastfed	1,124

Health Visiting Service – Infant Feeding Status	Q3 15/16
Number recorded as partially breastfed	460
Number recorded as not at all breastfed	1,827
% total or partially breastfed of the statuses recorded	46%

2.7. Reporting of the infant feeding status includes infants seen outside of the 8 week criteria but within the quarter, so there can be more statuses than checks reported. From this new reporting mechanism, 81% of infants due a check had an infant feeding status recorded. This does not meet the needed criteria of 85% to consider the data or the 95% for data to be robust. However it is a positive start towards increasing the coverage of data reporting which will allow robust reporting of prevalence.

2.8. The Family Nurse Partnership is a targeted programme for first time mums aged under 20, the programme works intensively with families until the child is 2 years old. This is a prescribed programme where positive outcomes are achieved through early and consistent engagement. Current performance shows that fewer women are enrolled in a timely manner than the expected target however both service areas are increasing the proportion. Partnership working between the provider and maternity services is looking to address the inconsistent information sharing which hampers the early enrolment.

2.9. Clients should receive a required number of expected visits from the service (80% for pregnancy stage, 65% for Infancy and 60% for Toddlerhood) and with the exception of the North team during the pregnancy stage visits are above the fidelity goals.

Table 1: Family Nurse Partnership intake and fidelity figures

		Area	Nov 14 - Oct 15	Feb 15 – Jan 16
No. of active client in the programme		North Kent	140	137
		South Kent	115	126
No. of clients enrolled onto the programme		North Kent	58	57
		South Kent	57	61
Enrolment	% clients enrolled within 16 weeks gestation (60% at least)	North Kent	38%	39%
		South Kent	44%	49%
		National Ave.	50%	51%
Frequency of visits	% clients getting expected visits of those completing the <b>Pregnancy</b> Stage (80%)	North Kent	79%	74%
		South Kent	84%	82%
		National Ave.	60%	59%
	% clients getting expected visits of those completing <b>Infancy</b> stage (65%)	North Kent	65%	69%
		South Kent	86%	79%
		National Ave.	59%	58%
	% clients getting expected visits of those completing <b>Toddlerhood</b> stage (60%)	North Kent	75%	75%
		South Kent	85%	74%
		National Ave.	61%	61%

## National Child Measurement Programme (NCMP)

2.10. For the 2014/15, participation rates remained stable for 4-5 year olds (Year R) and increased by 1% for 10-11 year olds (Year 6). For 4-5 year olds the proportion of those with Healthy weight decreased from 79% to 77% and excess weight (overweight and/or obese) increased from 21% to 22%. For 10-11 year olds, the proportion of those with Healthy weight remained stable at 66% as did the proportion with excess weight at 33%. Within the excess weight category there was an increase in those measured as overweight, however there was a decrease in those measured as obese.

2.11. Figures presented here and on the Public Health Outcomes Framework NCMP profile are based on the postcode of the school.

Table 4: NCMP participation rates (RAG against target) and metrics on healthy and excess weight for Kent (RAG against National)

NCMP	2013/14	2014/15	DoT
Participation rate of 4-5 year olds	96% (g)	96% (g)	↔
Participation rate of 10-11 year olds	94% (g)	95% (g)	↑
% of healthy weight 4-5 year olds	79% (g)	77% (a)	↓
% of excess weight 4-5 year olds	21% (g)	22% (r)	↓
% of healthy weight 10-11 year olds	66% (g)	66% (a)	↔
% of excess weight 10-11 year olds	33% (g)	33% (a)	↔

Source: HSCIC

2.12. The Kent Public Health Observatory has produced a data release of the 2014/15 measurements at District level for both cohorts; the website link is provided in section 5.

2.13. It is important that the weighing and measuring in schools is supported by interventions aimed at families where there are children identified as having excess weight. The Public Health Nursing team is making pro-active calls with offers of advice and support to parents and carers in schools within the wards that have the highest prevalence based on 2013/14 published data.

2.14. Across Kent, District multi-agency National Child Measurement Programme groups plan and oversee the supportive work that is undertaken in schools. This includes working with schools to develop whole school plans for promoting healthy eating, physical activity and emotional well-being. A range of organisations support this approach by offering cookery, sports premium activities, Inspire Kent and Family Weight Management Programmes for example.

2.15. The Kent Health and Well-being Board has requested that all the local Boards develop action plans for tackling adult and child obesity by May 2016.

2.16. Public Health has appointed a communications agency to extend the Change4Life's Sugar Smart campaign, across Kent. The campaign commenced in February and will be continuing into March, using a number of communication



channels to promote the campaign messages and resources. Online advertising has been used to target Kent families on social media and websites such as Mums Net, Primary Times and Kent Online. There has also been involvement of the press and an outdoor based poster campaign, including bus adverts and advertising vans across the county. The Director of Public Health has written to all the GP practices and a number of schools within Kent, providing campaign materials and encouraging engagement. Information has also been uploaded onto the Kelsi website to support schools involvement with the campaign.

### Substance Misuse Services

2.17. The proportion of planned exits from the specialist service remains high above 90% and continues to exceed national performance; however the previous 12 months have not met the 98% target. Following a recent performance monitoring meeting, the provider is investigating further the decrease in proportion of planned exits.

Table 5: Proportion of planned exits from specialist services in Kent

Specialist Treatment Service Exits	Target	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	DoT
% exiting specialist services with a planned exit	98%	97% (A)	94% (A)	94% (A)	96% (A)	↔

Source: Provider

2.18. Substance misuse providers deliver additional Public Health interventions alongside their work on substance misuse; the table below outlines all clients accessing specialist treatment receive sexual health advice and are screened for chlamydia, and nearly all clients accessing any service received stop smoking advice.

Table 6: Proportion of Kent clients receiving other Public Health Priorities

Specialist Treatment Service Exits	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	DoT
% of young people accessing any service receiving a stop smoking	99%	98%	94%	95%	98%	↔
% of young people newly accessing specialist service given sexual health information	100%	100%	100%	100%	100%	↑
% of young people accessing specialist services, for whom it is appropriate, to be screened for chlamydia	100%	100%	100%	100%	100%	↑

Source: Provider

### NPS

2.19. At the previous Cabinet Committee in January it was requested that additional information on Novel Psychoactive Substances (NPS) be added to the performance paper as a one-off.

2.20. Questions on NPS were added to the national annual Health & Social Care Information Centre (HSCIC) survey on young people's smoking, drinking and

drugs use in 2014. Half of pupils (51%) had heard of these substances and awareness increased with age, from 21% of 11 year olds to 74% of 15 year olds. 6% of pupils reported that they had been offered legal highs, increasing from 1% of 11 year olds to 13% of 15 year olds.

2.21. Reported use was relatively low. 2.5% of pupils had taken legal highs at least once, including 2.0% who had taken them in the last year and 0.9% who had taken them in the last month. There was an increase with age in the proportions who had taken legal highs. For example, 0.5% of 11 year olds said that they ever had used legal highs, compared with 5.0% of 15 year olds.

2.22. Analysis of the data of young people accessing structured treatment in Kent has shown very small numbers of young people reporting NPS use as one of the 3 main problem substances. No young people reported NPS as the primary substance of concern and currently there is no evidence of increasing use, or evidence of particular districts being more significantly affected than others.

2.23. Colleagues in Medway recently commissioned a needs assessment into NPS use including adults (TONIC, 2015) and there are some key findings that Kent colleagues can learn from were:

- The main NPS of choice reported by users were synthetic cannabinoids, nitrous oxide and herbal highs
- Highest prevalence was found in prisoners, young males aged 18-25 and users of sexual health services
- NPS use was mostly at home, used in very small groups of taken individually.
- There appeared to be low levels of knowledge about harms and low use of techniques to reduce risk
- Local services did not have a specific pathway or intervention for NPS users, with a lack of clarity about what the correct response should be.

2.24. The learning from the TONIC and the national reports will be embedded into relevant services, not just drug and alcohol services but also other services where users may be presenting.

2.25. In Kent a partnership action plan is under development to help support partners following the expected introduction of the new legislation surrounding the NPS Bill (April 2016); the plan will include:

- Kent Police's enforcement response
- Trading Standards response
- A communication plan, for organisations, providers and the public
- Contingency plans, for example implementing early alerts.

2.26. NPS use remains a significant issue within Kent prisons, putting pressure on resources. Whilst initiatives have been undertaken with the provider, Kent Police and HMPS to address these issues, the availability and until recently the inability to test for these substances, the numbers of incidents of large numbers intoxicated have increased.

2.27. We have commissioned, in partnership with NHS England, an NPS Needs assessment within the Sheppey cluster of prisons (HMP'S Standford Hill, Elmley and Swaleside) to identify the gaps in service to enable remodelling to address need. We are also working with HMPS/National Offender Management service to pilot NPS drug testing and to put in place interventions where there is a positive result in Maidstone and Rochester prisons.

### Smoking during pregnancy (SATOD)

2.28. Overall, and in comparison to the previous time period there has been a reduction in numbers of women who had a smoking status at the time of delivery. Kent continues to have a higher proportion smoking than national figures. Work continues to be targeted at areas of high prevalence; a pilot campaign is currently in development focussing on Swale, and work continues in Thanet and Dover.

Table7: Published smoking status at time of delivery Kent and England

SATOD	Q2 13/14	Q2 14/15	Q2 15/16	DoT
% of women with a smoking status at time of delivery Kent	12.8%	12.8%	12.3%	↑
No. of women with a smoking status at time of delivery Kent	536	543	514	↑
% of women with a smoking status at time of delivery England	11.8%	11.5%	10.5%	↑

Source: HSCIC

## 3. Conclusion

- 3.1. Performance of children and young people's public health services is mixed. FNP and Health visiting performance is below the required level on a number of the agreed targets. This is being pro-actively performance managed to assure improvement in the direction of travel going forward.
- 3.2. The coverage data in relation to 6 – 8 week breastfeeding status has improved this quarter and continuance on the current trajectory should allow for robust prevalence rates to be available later this year.
- 3.3. The smoking status of women in Kent is decreasing over time which is positive and with work focusing on areas of higher prevalence this trend should continue over time.

## 4. Recommendations

**Recommendation:** The Children's Social Care and Health Cabinet Committee is asked to note current performance and actions taken by Public Health commissioned services.

## 5. Background Documents

- 5.1. TONIC (2015) New Psychoactive Substances: Medway. [info@tonic.org.uk](mailto:info@tonic.org.uk)

5.2. Smoking, drinking and drug use amongst young people in England in 2014. (HSCIS) <http://www.natcen.ac.uk/media/1006810/Smoking-drinking-drug-use-2014.pdf>

5.3. Kent Public Health Observatory: National Child measurement Programme data release 2014/15: December 2015. [http://www.kpho.org.uk/\\_data/assets/pdf\\_file/0004/52195/NCMP-201415-Report.pdf](http://www.kpho.org.uk/_data/assets/pdf_file/0004/52195/NCMP-201415-Report.pdf)

## 6. Appendices

Appendix 1 – Key to KPI Ratings used

## 7. Contact Details

Report Author:

- Karen Sharp
- Head of Public Health Commissioning
- 03000 416668
- [karen.sharp@kent.gov.uk](mailto:karen.sharp@kent.gov.uk)

Relevant Director:

- Andrew Scott-Clark
- Director of Public Health
- 03000 416659
- [andrew.scott-clark@kent.gov.uk](mailto:andrew.scott-clark@kent.gov.uk)

## Appendix 1

Key to KPI Ratings used:

(g) GREEN	Target has been achieved or exceeded; or is better than national
(a) AMBER	Performance at acceptable level, below target but above floor; or similar to
(r) RED	Performance is below a pre-defined floor standard; or lower than national
↑	Performance has improved
↓	Performance has worsened
↔	Performance has remained the same

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

**From:** Peter Oakford, Cabinet Member for Specialist Children's Services  
Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

**To:** Children's Social Care and Health Cabinet Committee  
- 22 March 2016

**Subject:** **DRAFT 2016/17 SOCIAL CARE, HEALTH AND WELLBEING DIRECTORATE BUSINESS PLAN**

**Classification:** Unrestricted

**Past Pathway of Paper:** Adult Social Care and Health Cabinet Committee – 10 March 2016

**Future Pathway of Paper:** Cabinet – 25 April 2016

**Electoral Division:** All

**Summary:** This paper presents the Social Care, Health and Wellbeing draft Business Plan (Appendix 1 to this paper), which is the directorate-level business plan for 2016/17. The paper also sets out the agreed business planning process for 2016/17.

**Recommendation:** The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the draft 2016/17 directorate Business Plan for the Social Care, Health and Wellbeing directorate, in advance of the final version to be approved by the Cabinet Members and Corporate Director.

## 1. Introduction

- 1.1 This report presents the draft Social Care, Health and Wellbeing Directorate Business Plan 2016/17 and it also sets out the arrangements for development and approval of Business Plans as agreed by Policy and Resources Cabinet Committee on 10 December 2015. The draft directorate Business Plan is attached as Appendix 1 to this report.
- 1.2 The directorate Business Plan is intended to provide a summary of the key strategic priorities for the directorate, along with divisional significant priorities, finance and staff resourcing, key risks, organisational development priorities and key performance management information.
- 1.3 This report presents the draft directorate Business Plan for 2016/17 for the Social Care, Health and Wellbeing directorate, for consideration and comment by the Cabinet Committee.
- 1.4 The directorate Business Plan will be approved by the Cabinet Member and Corporate Director. Final approval by the Leader and Cabinet Members will be sought after taking account of the views expressed by this Cabinet

Committee today, and that of the Adult Social Care and Health Cabinet Committee on 10 March 2016.

## **2. Policy Framework**

- 2.1 The priorities set out in the Social Care, Health and Wellbeing draft directorate Business Plan are designed to support the overall objectives of the County Council's as set out in 'Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement 2015 – 2020' and 'A Commissioning framework for Kent County Council: Delivering better outcomes for Kent residents through improved commissioning'.
- 2.2 In the context of Facing the Challenge, and the 'Medium Term Financial Plan 2016-19 Managing Kent's money responsibly' the directorate Business Plan identifies priorities in terms of service delivery and transformation to meet future challenges.

## **3. Draft Directorate Business Plan for Social Care, Health and Wellbeing directorate**

- 3.1 The draft Business Plan for the Social Care, Health and Wellbeing directorate reflects the move towards supporting Kent County Council becoming a strategic commissioning authority and contains the following sections:
- Corporate Director's foreword
  - Cross-cutting directorate priorities – which all the divisions pledge to contribute towards achieving the strategic service priorities that are relevant to all of the services provided by the Social Care, Health and Wellbeing directorate. The strategic priorities reflect the current pressing context in terms of KCC's 'Facing the Challenge' transformation agenda, the 'KCC Strategic Statement', and the wider economic challenges that the county is facing. This chapter concludes with an explanation of how the directorate will make its contribution to addressing these challenges. The Business Plan is also informed by the principles espoused in the KCC 'Commissioning Framework'
  - Significant divisional priorities which drive and support the delivery on the directorate cross-cutting priorities are set out. These demonstrate the common thread running through the directorate level priorities to the overarching KCC strategic priorities
  - Major service redesign, commissioning and procurement activity spanning 2016/17, 2017/18 and 2018/19 is provided which should assist Members with their oversight role in assessing our progress within the KCC transformation programmes
  - In-house and external service provision information including contract value and contract end date is set out which should also assist Members with their oversight role as the journey to becoming a commissioning authority continues
  - Directorate resources – providing a summary of the financial and staff resources available to the directorate
  - Property and ICT infrastructure – providing a summary of the requirements of the directorate
  - Key directorate risks and resilience

- Performance Indicators and Activity Indicators
  - Organisational development priorities including the succession planning objectives
- 3.2 The Business Plan brings together information about each of the services in the Social Care, Health and Wellbeing directorate. The directorate brings together Specialist Children's Services, Older People and Physical Disability, Disabled Children and Adults Learning Disability and Mental Health, Commissioning and Public Health divisions. The cross-cutting directorate wide priorities set out in the Business Plan demonstrate how the directorate will work together to deliver a diverse range of services more efficiently and effectively for the people of Kent.
- 3.3 As mentioned earlier 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 priorities. The priorities will be drawn from KCC's Organisation Development Plan and the directorate'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.
- 3.4 The directorate Business Plan also 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 during 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. It should be noted that the KPIs for the directorate will be published in the final version of the directorate Business Plan, once approved, before it is presented to the Leader and Cabinet Members.
- 3.5 Each directorate Business Plan also includes a section on the key directorate risks, which are set out in more detail in the Directorate and Divisional Risk Registers. A separate report on the Directorate Risk Registers is subject to consideration at this Cabinet Committees meeting.

#### **4. Next steps**

- 4.1 Following any final amendments and including responses to comments expressed by Members of this Cabinet Committee and the Children's Social Care and Health Cabinet Committee, the final version of the directorate Business Plan will be cleared by the Corporate Director and the Cabinet Member. All directorate Business Plans will be collectively agreed by the Leader and Cabinet and will be published on the Council's website.
- 4.2 As stated in paragraph 3.1 above, the 2016/17 business planning round requires the directorate to provide revised information to support Members to better identify forthcoming issues they may wish to explore in more detail, in support of their role in a strategic commissioning authority. The information is set out in the sections covering major service redesign, commissioning and procurement activity and internal and external services provision.

4.3 The business planning process requires Business Plans below the directorate level to be developed. It is the relevant Director's responsibility to ensure that Business Plans are produced at divisional and/or business unit levels which inform management of their area of the business. Divisional level plans will be approved by the Corporate Director in consultation with the relevant Cabinet Member and published on KNet for accessibility and transparency purposes.

4.4 The divisional level Business Plans will identify key actions and milestones for business-as-usual priorities and will reflect the actions and milestones required in order to deliver key projects and changes set out in the directorate Business Plan.

## 5. Conclusion

5.1 The draft directorate Business Plan 2016/17 provides a high level reference guide to the services that make up Social Care, Health and Wellbeing and the top level directorate priorities for 2016/17. It sets out how the directorate will be contributing to the 'Facing the Challenge' strategic priorities and in meeting the outcomes and principles that are set out in the KCC's Strategic Statement and the Commissioning Framework respectively.

## 6. Recommendation

**6.1 Recommendation:** The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the draft directorate Business Plan 2016/17 for the Social Care, Health and Wellbeing Directorate, in advance of the final version being approved by the Cabinet Member and Corporate Director.

## 7. Appendices

Appendix 1 – Draft Directorate Business Plan

## 8. Background Documents

8.1 Business Planning 2016/17 Report to Policy & Resources Cabinet Committee  
10 September 2015  
<https://democracy.kent.gov.uk/documents/s59334/Item%20C1%20-%20Business%20Planning%202016%2017%20PR%20Committee%20draft%20v2.pdf>

## 9. Lead Officer

Michael Thomas-Sam  
Strategic Business Adviser, Social Care  
03000 417238  
[michael.thomas-sam@kent.gov.uk](mailto:michael.thomas-sam@kent.gov.uk)



**Lead Director**

David Whittle

Director of Strategy, Policy, Relationships and Corporate Assurance

03000 416833

[david.whittle@kent.gov.uk](mailto:david.whittle@kent.gov.uk)

This page is intentionally left blank

# Social Care, Health and Wellbeing

## Directorate Business Plan

April 2016 to March 2017  
(Draft v.04)



<b>Contents</b>	
<b>Foreword from our Corporate Director</b>	<b>3</b>
<b>Overview of our Directorate</b>	<b>5</b>
<b>Divisions in our Directorate</b>	<b>6</b>
- Specialist Children’s Services Division	
- Older People and Physical Disability Division	
- Disabled Children and Adult Learning Disability and Mental Health Division	
- Commissioning Division	
- Public Health Division	
- Our Financial and Staffing Resources	
<b>Our Directorate priorities</b>	<b>7</b>
Safeguarding	8
Transformation	10
Health and social care integration	11
Mental health	12
Transition	13
Commissioning and the move to becoming a commissioning authority	14
Workforce	16
<b>Our significant divisional priorities</b>	<b>17</b>
Specialist Children’s Services	17
Disabled Children, Adult Learning Disability and Mental Health	19
Older People and Physical Disability	21
Strategic Commissioning	22
Public Health	23
<b>Our major service redesign and commissioning intentions over the next three-years</b>	<b>25</b>
<b>Our in-house and external service providers</b>	<b>30</b>
<b>Our budget and staffing resource</b>	<b>37</b>
<b>Our property and ICT infrastructure requirements</b>	<b>38</b>
<b>Our key Directorate risks</b>	<b>39</b>
<b>Our key performance indicators and targets</b>	<b>41</b>
<b>Our Directorate organisational development priorities</b>	<b>44</b>

## Foreword from our Corporate Director

I am pleased to present you with the Social Care, Health and Wellbeing Directorate Business Plan, for the financial year beginning April 2016 to the financial year ending March 2017.

This Business Plan reflects our transformation vision, core values and commitments which inform our services. It also sets out the important information about the key roles and responsibilities that come with working in our Directorate, in carrying out functions in fulfilling the legal obligations and other objectives placed on the Kent County Council (KCC), in respect of Children's Social Services, Adult Social Care and Public Health.

The primary purpose of our Directorate is to work with people who need help and support because of their circumstances and who may therefore require any of the services we provide. We do this, by working with people to understand their needs and, help them to build on their strengths and capabilities. We always aim to promote their independence and/or welfare and we seek to contribute to improving outcomes that are important to people. Within this core purpose, we make it our top priority to discharge our statutory safeguarding responsibilities often working with relevant partner organisations.

Looking to the 2016/17 financial year ahead, it is clear that we will continue to deal with significant external pressures. First, the Directorate will be expected to do all it can to provide services within the ongoing challenging financial settlement that is imposed on local authorities which, in some ways accentuate the pre-existing funding pressures. Due to the broader funding pressures that KCC faces, our directorate along with other directorates will be required to find ways for achieving value for money and making its resources stretch further without comprising our core values and commitments. Second, we will continue to support people who increasingly present with complex set of needs because of the rising number of people living longer.

We will progress putting further systems in place to embed the transformational changes into 'business as usual' and, we will ensure that the embedding measures are sustained and led by KCC staff. We will also begin the planning for Adults Transformation Phase 3 so will require fundamental changes of the operational arrangements to help deliver additional benefits. Our Directorate will continue to play a leading role in making a reality of the health and social care integration ambitions outlined in the KCC Strategic Statement 2015 – 2020. These are being taking forward under the Integrated Care Pioneer Programme. In so far as they may affect the local authority functions, we will also actively engage with the new planning arrangements being introduced under the Government's mandate to NHS England for 2016 – 17.

Our strategic and operational response will be called upon in dealing with the significant additional pressures due to the unprecedented, very high number of unaccompanied asylum seeking children and, related care leaver issues. The Adoption Service and how it operates within the planned regional network will be addressed. We are fully prepared and we will response positively to any external review of our children's services by OFSTED.

We also recognise that our services will need to demonstrate organisational resilience to assist us in achieving the progress we plan for this year. This means that we must sustain a high calibre workforce able to carry out consistently high standard of practice. To ensure that this objective is achieved we will put the steps described in our 'Workforce

Development Plan' into action. The types of support we put in place and, the investment that we make, will reflect the collaborative and the partnership arrangements in place. Improving joint working between teams within KCC and, between KCC, NHS organisations, districts councils and schools is essential for making the 'transition process' run smoothly for people moving from one service to another.

Finally, despite the challenges that we will undoubtedly be dealing with this financial year, I am confident that we have the necessary resourcefulness, skills and capabilities in place. We will seize the opportunity to ensure that we make sound commissioning decisions and drive for the delivery of quality services that improve outcomes and wellbeing for people.

This Business Plan for 2016/17 should be read alongside other relevant directorate and KCC strategic documents. I look forward to working with all our internal and external partners to achieve the objectives outlined in this plan.



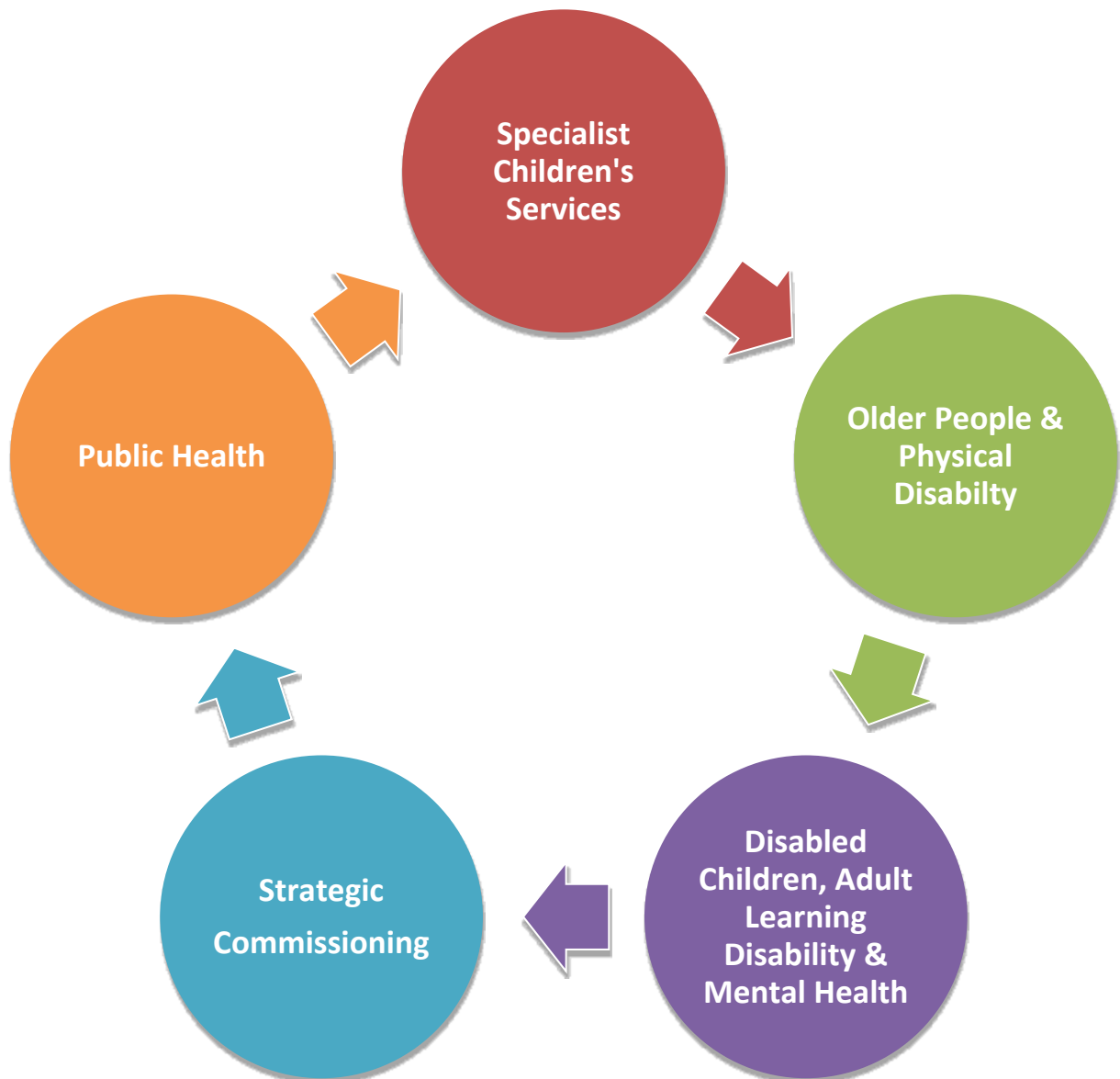
**Andrew Ireland**  
Corporate Director, Social Care, Health and Wellbeing

## Overview of our Directorate

We are known as the Social Care, Health and Wellbeing directorate and, we have the foremost role in discharging the statutory responsibilities for social care and public health that Kent County Council (KCC) is obliged to fulfil.

### Divisions in our Directorate

Our directorate is made up of five divisions which are recognised as a formal part of the organisational structure of KCC. The divisions are illustrated below and followed by a short statement about the responsibilities and the overall purpose of each division. Additional information about the roles and responsibilities of the business areas can be found in the divisional business plans which support this business plan.



## **Specialist Children's Services Division**

Our Specialist Children's Services are responsible for carrying out the statutory responsibilities for children's social work. The overarching duties are safeguarding children and young people from harm and promoting their health and wellbeing. We do this by working with all the relevant partners. The purpose of the division is to deliver positive outcomes for Kent's children, young people and their families. The division is made up of ten key business areas (Central Referral Unit, Family Support Teams, Integrated Children in Care Service, Fostering Service, Adoption Service, Safeguarding and Quality Assurance Unit, Local Authority Designated Officer Service, Virtual School Kent, Family Group Conferencing and Management Information Team).

## **Older People and Physical Disability Division**

Our Older People and Physical Disability services provide a range of services to improve outcomes for older people and physically disabled adults and their carers. The purpose of the division is supporting older and vulnerable adults wherever they live in our community to live independently by promoting their wellbeing, promoting and supporting their independence. The division is made up of eight key business areas (Area Referral Management Service, Adult Community Teams, Kent Enablement at Home, Sensory and Autistic Spectrum Conditions Service, Integrated/Registered Care Centres, Day Centres, Programme Management Office and Health and Social Care Integration Team).

## **Disabled Children, Adult Learning Disability and Mental Health Division**

Our Disabled Children, Adult Learning Disability and Mental Health services provide a range of services for children and young people with disabilities, adults with a learning disability, people with mental health conditions and their carers.

The purpose of the division is to support vulnerable adults and disabled children wherever they live in our community to live independently by promoting their wellbeing, and independence and supporting their independence. The division is made up of five key business areas (Community Learning Disability Teams, Learning Disability Provision Services, Disabled Children's Services and Short Breaks, Mental Health Services and Operational Support Unit).

## **Strategic Commissioning Division**

Our Commissioning division is responsible for commissioning and procuring a range of social care services for vulnerable adults, children and young people and carers. The purpose of the division is supporting adults and children wherever they live in our community to have greater choice and control to lead healthy lives. It ensures that the right level of quality care is provided at the right time, in the right place and at the right cost. The division is made up of four key business areas (Commissioning, Adult Safeguarding Unit, Performance and Information Management and Programme Management Office).

## **Public Health Division**

Our Public Health division is responsible for the commissioning and the provision of services that aim to improve and protect the health of the population. The purpose of Public Health team is to understand and highlight the factors that affect peoples' health,



helping people to stay healthy and preventing illness. With our partners we seek to promote and deliver actions across the lifespan to improve the overall health and wellbeing of residents and to reduce inequalities in health. The division is made up of six key business areas (Children and Young People, Health Improvement Services, Kent Public Health Observatory, Health Protection and Sexual Health, Mental Health and Community Wellbeing and Health and Social Care Integration and Health Inequalities).

## Our Financial and Staffing Resources

The Directorate has a total budget allocation of £491,077.5m and a total of 3,533.2 FTE staff.

## Our Directorate Priorities

### County Council Vision

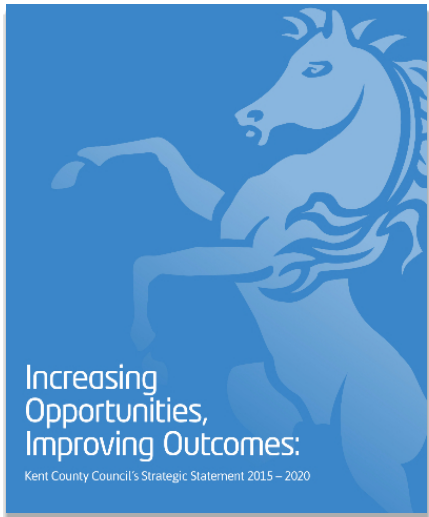
**Our focus is on improving lives by ensuring that every pound spent in Kent is delivering better outcomes for Kent's residents, communities and businesses**

Our main responsibilities as a Directorate include, carrying out individual and population-level needs assessments; commissioning and/or arranging help, care and support services to meet the needs of residents who are eligible and; taking the appropriate actions in respect of KCC's overarching duties for safeguarding and promoting the welfare of vulnerable children (as set out in the Children Act 1989) and, safeguarding adults who are unable to protect themselves from either the risk of, or the experience of abuse or neglect (as set out in the Care Act 2014). In this respect, the safeguarding duties regarding children and adults have a legal impact on other organisations which are specifically mentioned in the legislation such as, the Police and the NHS and other organisations.

Our seven Directorate priorities for 2016/17 and how these contribute to the Kent County Council's Strategic Statement 2015 – 2020 are explained in the following section of the business plan. In brief, we are committed to:

- Priority 1: Proactive and effective management of safeguarding responsibilities
- Priority 2: Transformation which is focused on improving lives and achieving better outcomes
- Priority 3: **Greater integration between health and social care services that deliver better outcomes**
- Priority 4: **Improving outcomes for people living with mental health conditions**
- Priority 5: Ensuring people **experience a smoother transition and improving outcomes**
- Priority 6: **Outcome-based commissioning and the move to becoming a commissioning authority**
- Priority 7: Sound decision making by knowledgeable, skillful and resilient workforce.


The two strategic outcomes (and 14 supporting outcomes) that strongly influence what we do are:

	<p><b>Strategic Outcome</b></p> <p><i>Children and young people in Kent get the best start in life</i></p>
	<p><b>Strategic Outcome</b></p> <p><i>Older and vulnerable residents are safe and supported with choices to live independently life</i></p>

The above directorate priorities form part of a number of things we do which demonstrate our overall contribution towards the achievement of the outcomes outlined in the KCC Strategic Statement. Much of the focus of our activities is directed at addressing the above two strategic outcomes, even so, many of our activities also contribute to the other outcome – “Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life”.

The cross divisional priorities described below hold all the divisions in the directorate to account and the senior management team as a group have undertaken to be bound by these priorities and each will act to further the achievement of the council-wide as well as directorate priorities.

**Proactive and effective management of safeguarding responsibilities**

	<p><b>Context</b></p> <ul style="list-style-type: none"> <li>• The 1989 and 2004 Children Acts and the Care Act 2014 respectively set the overall <b>responsibilities for safeguarding and promoting the welfare and wellbeing of children and adults.</b></li> <li>• <b>Systems and processes are in place which govern actions that should be taken to protect people</b></li> <li>• <b>The law also places safeguarding responsibilities on key partner organisations</b></li> <li>• <b>Safeguarding annual reports are produced to account for how we discharge these duties.</b></li> </ul>
---	--

<p><b>Planned key actions:</b></p> <p>We will continue to be proactive and take action where necessary with partners (internal</p>
--

and external) to keep vulnerable people safe from harm, abuse and neglect. In doing so we will make sure that the voices of children and adults going through such difficult times are heard.
We will maintain the right level of investment in staff responsible for discharging the statutory safeguarding responsibilities of the county council with focus on how we deal with child sexual exploitation at both strategic and operational levels
We will ensure staff are well trained and confident in carrying out safeguarding tasks and monitor how this is effectively put into practice
We will continue to conduct practice audits with the aim of improving practice and sharing information about high quality practice in the council and we will also continue to provide regular reports to Members and produce annual reports for the Health and Wellbeing Board as well as bringing these to the attention of the boards of relevant organisations
We will consider extending the use of the signs of safety based approach which we have successfully introduced in children's services into adult social care
We will have in place a team which will lead on our preparation and response to external inspections (under the Single Inspection Framework and Joint Target Area Inspection Framework)
We will equip county councillors to take on their respective corporate parenting responsibilities through well placed briefings and bespoke training and carry out a review to assess effectiveness of such actions
We will take steps to arm staff so that we can further embed the implementation of the PREVENT strategy responsibilities through targeted cross-function and multiagency training with schools, Police, district and borough councils and the NHS
A programme of work will be taken forward so that staff working within the Healthy Child Programme can play a continuing role in making sure that safeguarding risk issues are identified and appropriate follow up actions taken
We will support the Leader of Kent County Council to lobby the Government to fully fund the true cost of providing support to unaccompanied asylum seeking children and for the repayment of historical unaccompanied asylum seeking children underfunding. We will also support efforts to ensure a national distribution scheme for unaccompanied asylum seeking children is implemented
We will continue to take steps to ensure a high level of public awareness of safeguarding so that people know how to raise any concern by working with the Kent Safeguarding Children Board (KSCB) and the Kent Safeguarding Adults Board (KSAB). We will keep our communication with the public under review

**Transformation which is focused on improving lives and achieving better outcomes**

**Context**

- We put the needs of people at the centre of our transformation changes
- Transformation programmes for adults, children and public health are in place. Some have been completed and others are reaching the maturity stage and become business as usual
- We monitor the difference the changes make to peoples’ lives (outcomes) as well as value for money that is achieved
- We promote a shared view of outcomes by commissioners and providers
- We are operating against the backdrop of people presenting with complex and challenging needs, regulatory changes and budget pressures.

**Planned key actions:**

We will focus on proactive case management with the aim of improving outcomes for children, young people and their families working in conjunction with colleagues in the Early Help division. Our objective is to ensure a sustained embedding of the transformation changes we have made in the Specialist Children’s Services division

We will prioritise work in developing a more efficient edge of care service to ensure that the numbers of children in care are kept to a minimum. As with the above action, Specialist Children’s Services will work closely with Troubled Families and Early Help teams. The achievement of this objective is dependent upon our ability to increase the number of appropriate step downs from Specialist Children’s Services to Early Help

We will transform 16+ services and pathway plans to improve NEET outcomes by moving forward work with partners to agree a new pathway that improves on the existing arrangements. This is a joint objective between Specialist Children’s Services and Early Help divisions


We will establish a project board and develop plans to support the implementation of the ‘adult social care vision’ which will usher in (Adult Transformation Phase 3) a new model of care to replace the traditional ‘care management’ approach. This will be the basis for renewing and reclaiming social work practice. We will develop new ways of doing business such as making Enablement and Occupational Therapy (KCC and NHS) work more effectively. As part of this, we will engage staff, Members, partners and the social care market. We will report on progress to the KCC Strategic Commissioning Board

We will take further action to embed the transformational changes in adult social care and ensure they are sustained and become business as usual. We will do so by making sure that all frontline staff and managers are clear about what is expected of them; perform their duties accordingly; have the necessary tools in place and timely information to track how well we are doing

We will deliver the agreed wellbeing outcomes and financial savings relating to the

ongoing transformation projects (Your Life Your Home, Kent Pathways Service, Acute Hospital Optimisation, 16-25 Accommodation and Support Programme and the Lifespan Integrated Pathway programme. Further information is provided in the divisional priorities section of this plan. We will report on progress to the KCC Strategic Commissioning Board
We will commence work with the Strategic Infrastructure division to define the ICT requirements for adult social care by September 2016. This system review will inform the development of clear pathways as part of work supporting the 'adult social care vision'. This is seen as a necessary major improvement of the client-based system which will operate in adult social care. The intention is to have systems that meet the expectations of the national policy agenda on integration between health and social care by 2020. This will be influenced by the implementation plan for the 'adult social care vision'.
We will put plans in place to ensure effective transformation of the adult and children public health improvement programmes in line with statutory guidance within allocated financial resources, as a key means for improving the health and wellbeing of local residents
We will deliver the supporting transformation programmes including the new health inequalities strategy and the district health improvement deal. The former would lead to the replacement of the existing Mind the Gap strategy.
We have defined our equalities priorities which are informed by the KCC Strategic Statement, the outcomes expressed in the 0-25 Transformation Change Portfolio, the Adults Transformation Change Portfolio and the cross directorate priorities described in this business plan.

**Greater integration between health and social care services that deliver better outcomes**

	<p><b>Context</b></p> <ul style="list-style-type: none"> <li>• Kent is a national Integrated Care Pioneer site required to deliver integrated care and support</li> <li>• Kent has a Better Care Fund (BCF) pooled fund of £105.3 million for 2016/17</li> <li>• Government mandate to the NHS England's and the Sustainability and Transformation plans will influence the integration work in Kent</li> <li>• Integration with health is relevant to both adult children social care</li> <li>• New forms of integration of provision and commissioning are being considered as part of the next phase of transformation.</li> </ul>
---	--

<b>Planned key actions:</b>
We will continue to work with our NHS partners on the Integrated Care Programme, of which the Better Care Fund is a key component. The objective is to provide the most efficient and effective service for the public with the explicit aim of improving outcomes for

people in line with the KCC strategic outcomes. Further information about this can be found in the major service redesign section of this business plan
In supporting the work of the Health and Wellbeing Board, we will take forward plans to use the Design Centre for Clinical and Social Innovation approach to critically evaluate the contribution of new models of integration care
We will consider and take forward options for integrated provision as well as integrated commissioning (for example, encompass Multi Community Specialist Provider (MCP) (formerly Whitstable Vanguard), Integrated Care Organisations, Accountable Care Organisations) where these would add value and lead to an even quicker improvement in outcomes, resulting in fewer unplanned admissions to hospital and care homes. We will update members on our progress via the adult social care performance dashboard report
We will be exploring further joint commissioning arrangements between health and social care for children’s services, building on joint commissioning of children’s services we have in place with North Kent CCG
We will carry on working with the Ebbsfleet Development Corporation and other key partners to influence the nature of social care provision that may be needed as part of the construction of Healthy New Towns in north Kent
We will take forward work with CCGs and NHS England to ensure that the vision for adult social informs further integration arising from the new planning arrangements for health and social as set out in the Government mandate to NHS England for 2016 – 17 and the associated guidance (Sustainability and Transformation plans)
We will continue to work with health colleagues from Kent Community Health Foundation Trust and Kent and Medway Partnership Trust in the well-established integrated teams that support people with learning disability and mental health needs
We will implement the Integrated Commissioning Project for Learning Disability with the establishment of the integrated commissioning team in KCC and which will be overseen by a new Section 75 Integrated Commissioning Board for Learning Disability.


**Improving outcomes for people living with mental health conditions**

	<p><b>Context</b></p> <ul style="list-style-type: none"> <li>• Mental health is valued equally with physical health and is now referred to as ‘parity of esteem’</li> <li>• Live It Well Strategy is our joint strategy for improving the mental health and wellbeing of people in Kent and Medway</li> <li>• KCC (public health, children’s services and adult services) jointly commission a range of services with CCGs to help children and adults living with mental health conditions</li> <li>• Services also take account of people with dual mental health and learning disability needs</li> <li>• Prevention, early intervention and recovery services is also a focus for mental health</li> </ul>
--	--

services.

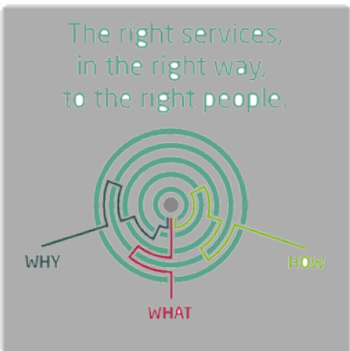
<b>Planned key actions:</b>
We will make further progress on the outcomes set out in Kent's Emotional Wellbeing Strategy for Children and Young People by advancing actions described in the Delivery Plan (including CAMHS) and we will judge local systems against the six pledge commitment to children and young people
We will work with a strategic partner to deliver community mental health and wellbeing service which will help people to avoid entering the formal social care and health systems. The focus of service delivery will be community first, values driven and outcome focused provision for people with mental health needs
We will implement a new primary care social care service which will sit outside of the secondary mental health service.
We will explore with key partners further opportunities that can be taken to combat social isolation and loneliness as part of the preventative measures for improving the mental health wellbeing of residents. This is a key objective of the Kent Joint Health and Wellbeing Strategy for Kent
We will produce and implement a new Live it Well strategy based on a set of key principles linked to the CCGs strategy for mental health and the 'adult social care vision'. Each Commissioning agency that is, KCC, Medway Council, NHS England and CCGs will also publish corresponding commissioning plans linked to Outcome 4 of the Kent Joint Health and Well Being Strategy for Kent.
We will focus mental health services as a key priority as part of making progress on the Kent Social Care Accommodation strategy which we developed with the involvement and agreement of our key partners

**Ensuring people experience a smoother transition and improving outcomes**

	<p><b>Context</b></p> <ul style="list-style-type: none"><li>• Joining up and integrating services are key goals for achieving improved outcomes for people</li><li>• The Kent Local Offer is one example of how we work to make it easier for people to find out about services for 0-25 year olds with special educational needs and disabilities</li><li>• Transition takes place at different points for people depending on their needs</li><li>• Several services and strategies are interdependent (LD Transformation Programme; 0-25 Commissioning, Emotional Wellbeing Strategy; Specialist Service Pathway; Sensory Strategy; Neuro developmental Pathway)</li></ul>
---	---

<b>Planned key actions:</b>
We will continue to ensure that the transition(s) processes are carefully planned so that there are no gaps in the service we provide or arrange for young people. We will also ensure that young people and their families are fully involved in the planning processes
We will seek to make further progress with the implementation of Lifespan Pathway Programme to support people with disabilities and ensure improvement of the coordination of a person's care and support as they move from children's services to adults' services. This work will call for the involvement of several functions in KCC to work together with key partners providing universal services
We will develop a new pathway for transition of young people with a disability from children's services to adult services. This will take account of interdependent issues as we develop services such as all ages county sensory services, 0-15, 16-25 and 26+ services
We will also continue to work with health, education and housing to support young people with special educational needs and disability (and their parent or carers) when accessing services via the local offer
We will continue to review how much more can be done in widening the reach of the Kent Pathways Service and the Your Life your Home for new people requiring adult social care support

## Outcome-based commissioning and the move to becoming a commissioning authority

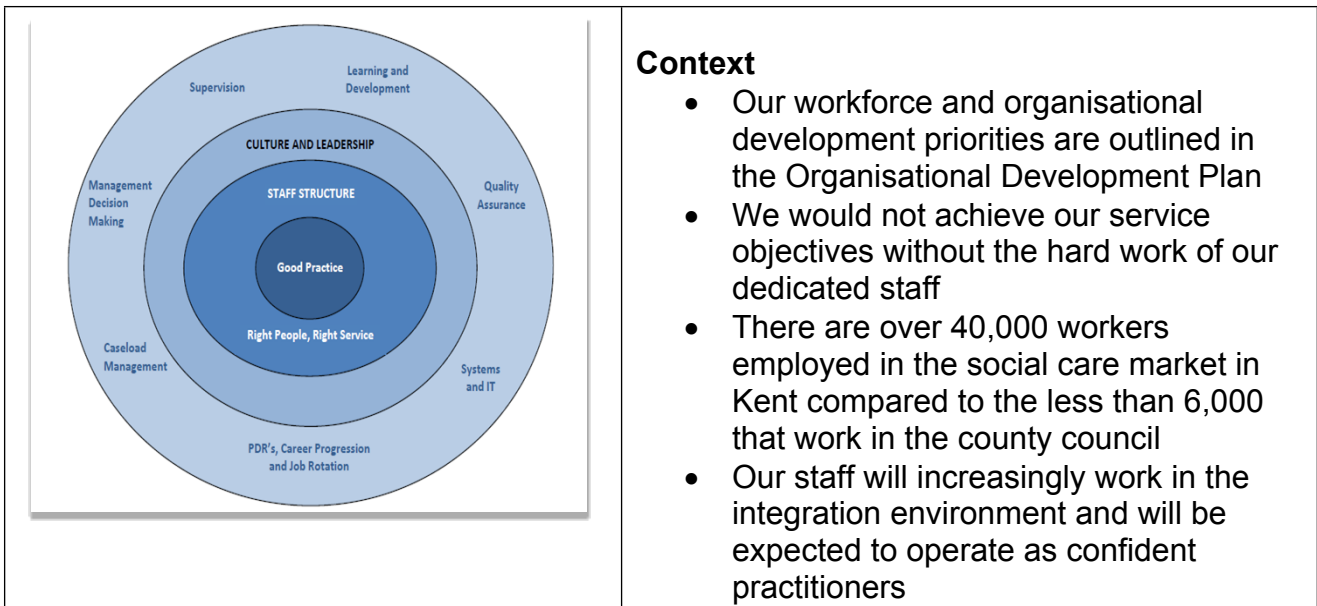
 <p>The right services, in the right way, to the right people.</p> <p>WHY      HOW WHAT</p>	<p><b>Context</b></p> <ul style="list-style-type: none"> <li>• The KCC Commissioning Framework demands strengthening of our commissioning work and it introduced the principle of contestability</li> <li>• The policy intention is that outcome-based approach should be the foundation of all our commissioning exercises</li> <li>• Regulations stipulate that children services, public health and adult social care have to meet sufficiency and provision responsibilities for a range and quality of services in the local area</li> <li>• The move to becoming a fully-fledged commissioning authority requires clarification of roles in the commissioning cycle</li> <li>• Commissioning is increasingly framed by integration and strategic partnerships</li> </ul>
--	--

<b>Planned key actions:</b>
We will increase the number of outcome-based commissioned services as the term of existing contracts come to an end. In this endeavour, we will adhere to the principles outlined in the Commissioning Framework with the expectation that commissioning activities will be strengthened and contract management enhanced
We will carry out our legal responsibilities for market shaping by regularly considering the



<p>care and support needs of people in Kent. We will include in this the care and support services available for people, and work out where the gaps are and how they can be filled. The aim, in line with the strategic outcome is to make sure that people can find care and support that meets their needs, and that a variety of options are available to suit people's individual circumstances and preferences. We consider that getting this right will make a reality of people have choice and control</p>
<p>We will continue to work hard to address the evident and pressing challenge of ensuring the right balance of non-residential and residential models of care and sufficient capacity in line with our overall strategy for children and adults with and without disability. This challenge is closely linked to the need to ensure sustainability of the residential and domiciliary social care markets and the connected social care workforce issues in Kent</p>
<p>To support the above objective we will continue to play an active role in the Workforce Task and Finish Group established by the Kent Health and Wellbeing Board to find a lasting integrated solution. We will work with our health and provider partners to use the quality assurance framework as a systematic and structured way for monitoring, measuring and improving the quality of services by provider organisations. We will measure quality through a variety of ways, including hearing the views and experiences of people who use services, surveys of parents and carers. This is one facet of making a reality of outcome-based commissioning</p>
<p>We will begin preparing services so that we are able to demonstrate how we meet the contestability requirements as a result of working to the Commissioning Framework. This will include clarification of roles, responsibilities and accountabilities within the commissioning cycle as we start to embed strategic commissioning into business as usual. Please see the major service redesign and commissioning activity and the significant divisional priorities sections of this business plan for further information</p>
<p>We will implement actions in our market position statements for adults and sufficiency strategy for children. These contain detailed information on what is needed in Kent and what and how we intend to respond to cater for current and future needs. This is a key requirement placed on us as commissioners by regulations.</p>
<p>We will build on existing partnerships such as the learning disability joint commissioning and joint commissioning of emotional wellbeing service along the lines mentioned above, under the greater integration between health and social care services that deliver better outcomes priority</p>
<p>We will focus as we have done in the past on managing increasing demand for services and actively working with the community and voluntary sector partners on improving social isolation in local areas with the expectation that more people could be helped without coming into the formal care system. This would be assisted by delivering the refreshed joint strategic needs assessment and ensuring that it becomes a widely used and effective planning tool for the wider health and care sector, and drives the refresh of the Kent Health and Wellbeing Strategy.</p>

## Sound decision making by knowledgeable, skilful and resilient workforce



### Planned key actions:

We provide frontline staff with the necessary support they need through appropriate training offer, effective supervision, clear personal action plans so that they remain confident decision makers and practitioners

We will enable staff to continually develop their skills and expertise as practitioners and be able to deal with complex cases by providing them with quality advice and guidance

We will take measures to further improve further our recruitment and retention activities especially those relating to qualified social work staff, team and service managers and other key staff, with the ultimate aim of ensuring a stable workforce. We will do so by building on our workforce engagement support - working with secondary schools, colleges and universities students and having a presence at regional recruitment events. Detailed plans on this by each division are available

We will develop bespoke support (such as a Transformation Engagement Team in adult social care) for staff and teams undergoing implementation of service transformation so that they are equipped in working in a changing or changed environment

We will maintain systems that support existing staff whose qualification and membership of professional bodies require them to meet certain annual or regular registration requirements. We will also make sure that staff comply with the standards of the new national accreditation scheme (Knowledge and Skills Statement)

We will ensure implementation of the Assessed and Supported Year in Employment (ASYE) framework for children and adult social care

In respect of succession planning, information and future resourcing requirements have been determined and we will take forward the appropriate development activity for the identified staff. This will be set out in individual development plans for 2016/17. This will be reflected in the directorate's organisational development priorities for future workforce development and it will be aligned to the vision for the future. It is expected that directors will undertake workforce planning activities within their divisions which will also shape the directorate's organisational development priorities going forwards. Further information about succession planning can be found in the directorate organisational development

priorities section of this business plan

As set out in the Commissioning Framework for Kent County Council, we are held to account for delivering KCC's strategic outcomes.

## **Our significant divisional priorities**

In the following section we set out the significant priorities of the five divisions that make up the Social Care, Health and Wellbeing directorate. These only give indication of the top priorities and further detailed information can be found in the respective divisional business plans. In addition, there are major transformation plans which provide extra information about the medium term objectives.

### **Specialist Children's Services**

#### **Continued development of best practice around Child Sexual Exploitation (CSE) and Missing Children at a strategic and operational level**

We will continue to develop best practice in respect of CSE and Missing Children at both a strategic and operational level by ensuring all staff members have access to appropriate learning, training and practice development. Workshops have been held to ensure staff are trained on use of the CSE Toolkit and Return Interviews.

District based Adolescent Risk Management Panels (ARMP) have been reinstated that will take place monthly and we will also be instigating area based quarterly review panels for Long term Missing. Membership of the ARMP will be made up from a range of services and District partners, including the Police. The information, data and intelligence from these meetings will be fed back to the Multi-Agency Child Sexual Exploitation Group (MASE) which is now the strategic Kent Safeguarding Children Board (KSCB) arm for CSE. The current KSCB CSE and Trafficking Group will now change to 'Emerging Vulnerabilities' dealing with missing children, trafficking, gangs and Prevent issues. Both groups have a detailed Action Plan.

CSE is a priority area for all agencies. To progress expertise and appropriate responses, Kent has set up a multi-agency CSE team referred to as 'CSET'. This team will lead on all aspects of CSE including 'Operation Willow', which raises public awareness of CSE issues. Their role will be to educate both professional partners/agencies and the public of CSE and associated risks, particularly for missing children. Data across all agencies will be analysed and used to inform understanding of the county profile for CSE and in planning preventative and targeted services for those children and young people affected.

#### **Embedding the outcomes of Transformation and ensure sustainability**

We will continue to embed the outcomes of transformation, focusing on sustainability of the service long term. Maintaining high levels of performance and ensuring best practice will allow for more proactive case management and improved outcomes for Children, Young People and their Families.

Working towards the continued reduction in average caseloads within the service will help staff to focus more on case progression and throughput as well as ensuring the appropriate number of cases are stepped down to Early Help using the existing threshold criteria.

We have introduced and supported staff in using the 'Signs of Safety' practice model. The model is designed to help conduct risk assessments and produce action plans for increasing safety, and to reduce risk and danger by identifying areas that need change while focusing on strengths, resources and networks that the family have.

### **Development of the Corporate Parenting Agenda**

Over the past 12 months we have worked on developing the Corporate Parenting Agenda, including the work of:

Reviewing Kent's Fostering Service and proposing a Service Specification that strengthens the role of central fostering teams and holds area fostering managers to account for meeting minimum national standards and exceeding them. Contract monitoring the improvement partnership with Coram, and overseeing the resumption of management of Kent's Adoption Service from 23 January 2016. We will negotiate continued work with Coram as practice innovation and development partners, including keeping alive opportunities for Kent's future participation in a Regional Adoption Agency.

Drawing up an Action Plan and starting work on the direction and activity proposed by the Specialist Children's Services Participation Strategy. To make sure that Specialist Children's Services is supported in making decisions and developing services based on clear evidence and analysis of feedback from children and young people. An important step has been the recruitment and appointment of a participation co-ordinator. In March this year the work will be continued by a permanent appointment to the Assistant Director – Corporate Parenting post. They will have a remit that spans Fostering, Adoption and Participation, but adds responsibility for Kent's Virtual School (VSK) and the Care Leavers Service. There will be a post restructure review of the Care Leavers service after one full year of operation, which will take forward recommendations from the Accommodation Strategy. A review of 16+ services and Pathway plans will be undertaken as well as looking at plans to improve NEET outcomes.

### **Recruitment and Retention of qualified social work staff and ongoing development**

We will work hard to improve the recruitment and retention of qualified social work staff including Team Managers employed by the service to develop a stable, permanent workforce, which will reduce the requirement for agency workers. This will ensure that consistent contact is maintained with Children, Young people and their Families and will improve staff morale.

We will also focus on staff development through appropriate programmes which will help ensure staff retention and increase in the proportion of social work staff that are permanent members of the workforce. Kent County Council has been invited to take part in a pilot developing the assessment process for the National Assessment Accreditation System for Child and Family social work prior to its implementation in 2016. Once implemented all relevant staff will be required to undertake the accreditation process over the next four years to 2020. This is designed to ensure that all staff meet the mandatory national standards for Children and Families Social Work. We will ensure all staff have the relevant skills, knowledge and experience and are aware of development areas to ensure we have a fit for purpose workforce.

We will take an active role in the South East Regional Partnership through the Memorandum of Co-operation to positively manage the agency workforce in terms of costs and quality and to consider broader collaborative workforce planning

## **Disabled Children, Adult Learning Disability and Mental Health**

### **Keep children and adults safe through robust and effective safeguarding**

We will continue to take active steps to safeguard and promote the welfare and wellbeing of children and adults and keep them safe from harm, abuse and neglect. We will undertake this task by working with all relevant partners as necessary. In doing so we will make sure that the voices of children and adults going through such difficult times are heard and provide an appropriate response.

We know that being able to carry out this function depends on well-trained, capable and confident staff; therefore we will make sure the right training, support and guidance are in place for staff and team managers.

In response to the implementation of the Care Act we have worked with the Kent and Medway Partnership Trust to put in place new local authority-led safeguarding management arrangements.

### **Work with partners to deliver an integrated service for adult Learning Disability and adult Mental Health primary and secondary care**

The services we deliver or arrange to be delivered on our behalf will be person centred, holistic and non-stigmatising. A key feature of this is that we will focus on promoting wellbeing, independence, recovery and promoting social inclusion. We want to ensure that the service is really accessible for people who need it: with no wrong door for entry to the service.

The Community Mental Health and Wellbeing service will form a key part of an integrated pathway across the voluntary sector, primary care mental health and social care and include public health initiatives to ensure there are appropriate, equitable, timely and cost effective interventions for vulnerable people in the community. The service will be based on recovery and social inclusion principles and designed to be accessible to anyone needing mental health and wellbeing support in Primary Care, and prevent people who may fall through the gaps between services.

We will continue to work in partnership with Kent and Medway Partnership Trust which has delegated authority from KCC to deliver an effective Approved Mental Health Service. This service leads on assessments under the Mental Health Act for people with acute mental health issues.

We will continue to work with health colleagues from Kent Community Health Foundation Trust and Kent and Medway Partnership Trust in the well-established integrated teams that support people with learning disability and mental health needs.

We will implement the Integrated Commissioning for Learning Disability with the establishment of the integrated commissioning team in KCC. This work will be overseen by a new Section 75 Integrated Commissioning Board for Learning Disability.

We also implement and embed key transformation phase 2 project such as Your Life Your Home, Kent Pathways Service and Shared Lives. The services will help us to provide the opportunity for some service users who previously resided in residential homes to move to alternative accommodation that allows them to lead more independent lives and support people to do more for themselves through 6-12 weeks intensive training either to learn new or re-learn skills after a change in their circumstances.

**Ensure that services for disabled children and adults with a learning disability form a lifespan pathway in order to ensure a smooth transition for young people from children's services to adults' services**

We will implement Lifespan Pathway Programme which aims to ensure the improvement of the coordination of care and support as people move from children's services to adults' services. The key element of this Programme is an integrated approach from 0-15, 16-25 and 26 plus services. This work will help us join up service delivery between social care, education and health. It will also help us to identify opportunities to jointly commission services with our health and education colleagues.

# Older People and Physical Disability

## **Improve Social Care Practice, Performance and Ensure that Key Business Processes are Efficient and Continually Evolve**

Our workforce will be trained, qualified, supported and clear about their roles and accountabilities this will improve the experience for the public in contact with the service. 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. Our workforce will have a clear understanding of what performance means and how it applies to service delivery and our managers will effectively use our Performance Framework to support understanding of performance trends and issues and take relevant actions.

## **Keeping Vulnerable Adults Safe, Promoting Independence and continue to Transform and modernise our Services**

The experience of the public in contact with the service will be improved with reduced time between initial contact and assessment of need and we will ensure promoting independence through Enablement and Occupational Therapy (KCC & NHS). We will support people to go home after a hospital admission and will help people to access voluntary sector support in the community instead of having to access long term social care support. We will continue to review Safeguarding arrangements to ensure the protection of vulnerable people and ensure that Safeguarding closures are timely.

## **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 our health and social care partners to implement the Integrated Care Pioneer Programme. 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.

# Strategic Commissioning

## **Commissioning Assessment**

The service aims to enhance the value that People Commissioning provides to the vulnerable children and adults of Kent, and to enable us to evidence our impact. We will be focusing on the work that we do and the way that we do it, specifically the way that we manage change and delivery aspects of our role.

As with the transformation programmes in both Adults and Children's Services, the assessment is the first stage and this took place during January and February 2016 to identify the areas that will be taken forward to a design phase between March - June 2016. Implementation activity will commence from July 2016 onwards, with any significant changes to the way Commissioning functions, or is structured will apply from this time onwards.

## **Business process review**

We will review and then recommend changes to business processes and systems processes to optimise efficient and effective working. This will incorporate the development and/or review of the current business processes which underpin the systems recording, and ensure we are maximising efficiencies in systems process and operational practice processes. Based on this evidence, we will clarify roles and responsibilities with the business processes and provide a clear documented understanding of responsibility and accountability. The outcome will be to define our requirements for Social Care Systems across the business areas in scope, including anticipating future requirements and potential systems.

## **Safeguarding**

We will work with other agencies in ensuring that the statutory role of the Kent and Medway Safeguarding Adults Board is fulfilled.

We will work with other Units in Commissioning to implement the Quality in Care Protocols and utilise intelligence from the Care Quality Commission to reduce the number of providers with a safeguarding or quality concern.

We will use all resources available to effectively meet the challenges presented to the Deprivation of Liberty Safeguards service following the Cheshire West Judgement.



## Public Health

### **To ensure effective transformation of the Adult and Children's Public Health Improvement programmes, in line with statutory guidance and within financial resource**

Develop a new approach needed to meet the challenges faced in Public Health, the changing needs of the population and the financial envelope of the Public Health grant.

We will drive an intelligence led approach to the innovative design and implementation of the Public Health improvement programmes, ensuring the most effective services are provided, aiming to reduce health inequalities.

### **To deliver the supporting transformation programme including the new health and inequalities strategy and District health improvement deal**

We will work with colleagues in the public sector and our partners, including Clinical Commissioning Groups and District Authorities, to finalise our strategic delivery plan for Public Health, ensuring Public Health outcomes are integral to the design and delivery of services.

### **Delivering the refresh of the Joint Strategic Needs Assessment (JSNA), ensuring that it becomes a widely used and effective planning tool for the wider health and care sector, supporting the refresh of the Kent Health and Wellbeing Strategy**

We will ensure that the JSNA 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 service demand.

### **Ensuring a coordinated and effective programme of Health Improvement Campaigns across the health and care sector, delivering consistent health improvement messages to the public. Raising awareness of key Public Health challenges both through proactive public relations and through a series of campaigns, with the aim of educating and supporting people to take more responsibility for their own health and wellbeing.**

In order to support people to take responsibility for their own health and wellbeing, and that of their family during 2016/17, we will take every opportunity to raise the level of understanding of what can damage peoples' health and wellbeing, and provide information on how they can make positive changes.

We will utilise media interest and focus during certain times of the year to proactively promote our key messages in our priority areas of alcohol, smoking, obesity and physical activity, and mental health.

Whilst maintaining targeted campaigns aimed at reducing harm in specific areas, e.g., smoking in pregnancy, reducing suicides, encouraging safer sexual practices, taking action on child obesity, improving provision for mental health services, including reduction in suicides, and encouraging uptake of NHS health checks.



## Our major service redesign and commissioning intentions over the next three-years

The information in the table below presents our major service redesign and commissioning intentions at the time of going to print over the period 2016/17 to 2018/19. These also identify where there are related Key Decisions involved.

Category*	Description (briefly what and why)	2016/17				2017/18				2018/19			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Adult Services</b>													
C	Commissioning of short term beds in Faversham as a replacement for the beds used by Faversham residents at Kiln Court	D		R									
SR	Commissioning of a build contract for nursing care provision on the Isle of Sheppey	P		D									R
C	Commissioning of a day service in Maidstone as a replacement for the services at the Dorothy Lucy Centre	D			R								
C	Sale of Wayfarers as a going concern to seek an independent provider for the ongoing use as a care home	P	D										
C	Integrated commissioning of care home placements with the CCG's (starting with West Kent CCG)	A		P		D		R					
SR	Extra Care Housing – care provision review (alongside the Homecare service)		A										
SR	Developments of supported accommodation, including extra care housing to provide choice in accommodation and support the Your Life Your Home project	A		P		D		R					

C	Learning Disability Day Services – commissioning of external learning disability day care provision, completing a procurement process to have a model which is fit for purpose and to implement quality and cost controls of external market of over 90 providers	K	D			R							
C	Infrastructure Support to the Voluntary Sector – commissioning an infrastructure support to the voluntary sector that is fit for purpose, and aligns to the outcomes identified by the sector and supports the intentions in KCC Voluntary Sector Policy	K	D			R							
C	Commissioning of community based Wellbeing Services in line with the Strategic Vision of Adult Social Care	A	P			K	D						
C	Carers assessment and support service		A			P/K		D				R	
C	Healthwatch Kent Service			R		D	A	P/K	D			R	
C	Carers Short breaks Service			A		P		K	D				R
SR	Internal Day Care							D		R			
SR	Short breaks		K	D		R							
SR	Lifespan Integrated Pathway			D		R							
SR	KCC Services for Autistic Adults and Children	A	P	D		R							
SR	Vulnerable Adults Pathway	P	D	R									
SR	Transformation Programme Phase 3	A	P/K	D		R							
C	Integrated Community Equipment Services Contract – annual review			R					R				R
C	Technology Enabled Care Services contract – annual review			R					R				R
SR/C	Commissioning of nurse led outcome based homecare in line with the Strategic Vision of Adult Social Care	A/K	P	P		K	D	D					





	Centres												
C/SR	Tier 3 - Healthy weight	D	D	D	D	D	D	D	D	D	D	D	D
SR	Other KCC Public health investments - integrated domestic abuse services, Homelessness services, learning disabilities etc.	D	D	D	D	D	D	D	D	D	D	D	D
SR	Befriending service	R/A	R/A	P	P	D	D	D	D	D	D	D	D
C	Postural stability	D	D	R/A	R/A	D	D	D	D	D	D	D	D
C	Winter Warmth	D	D	R/A	R/A	R/A	R/A	R/A	R/A	R/A	R/A	R/A	R/A
C	Re-commission East Kent Adult Drug and Alcohol Service to support and enable residents	A	P/K	D	D	D	R	R	R	R/A	R/P	R/D	R
SR	Co-design and implement a new operating model for the West Kent Drug and Alcohol Service	R	D	D	R	R/A	R/P	R/D	R	R/A	R/P	R/D	R
C	Commissioning Public Health Services (including NHS Health Checks and Stop Smoking Services) from primary care (GP practices and pharmacies). Existing contracts due to end in September 2016.	P	D/K	D	R	R	R	A	P	D	R	A	P
C	Review new community sexual health services contracts implemented in 2015 and consider whether to extend existing contracts or re-procure services from April 2017. Existing contracts due to finish in March 2017.	A	P/K	D	D	D	R	R	R	R/A	R/P	R/D	R

**\*Categories**

Commissioning (C)  
Service Redesign (SR)

**Each activity is mapped by against:**

Analyse (A)  
Plan (P)  
Do (D)  
Review (R)  
Key Decision Point (K)

## Our in-house and external service providers

Service*	Internal or external	If external:			Next Review stage**
		Contract value (£)	Provider name	Contract end date	
<b>Adult Services</b>					
<b>Nursing and Residential Care:</b>					
Learning Disability (aged 18+)	External	75,224.4	Various	None	1/4/2016
Mental Health (aged 18+)	External	7,047.5	Various	None	1/4/2016
Older People (aged 65+) Nursing	External	21,385.2	Various	31/3/2020	1/4/2016
Older People (aged 65+) Residential	External	26,121.4	Various	31/3/2020	1/4/2016
Older People (aged 65+) Residential	Internal	14,467.1	KCC Residential Service		
Physical Disability (aged 18-64)	External	11,849.7	Various	None	1/4/2016
<b>Supported Living:</b>					
Learning Disability (aged 18+)	External	31,544.2	Various	30/9/2017	1/4/2016
Learning Disability (aged 18+)	In-house	2,154.7	Independent Living Scheme	None	
Learning Disability (aged 18+) Shared Lives Scheme	In-house	3,330.9	Shared Lives Scheme	None	1/4/2016
Older People (aged 65+)	External	400.7	Various	30/9/2017	1/4/2016
Physical Disability (aged 18-64)/Mental Health (aged 18+)	External	3,879.6	Various	30/9/2017	1/4/2016
Learning Disability Day Services	External	£5,743, 000 (annual)	Various	None	March 2016
Physical Disability Day Services	External	£676, 750 (annual)	Various	None	March 2016
Day Care Transport	External	£1,500,000	Various	None	April 2016
Learning Disability Day Services	External	£76,031 (annual)	Wood n Ware	March 2017	Sept 2016



		£230,801 (total)			
Learning Disability Day Services	External	£90,000 (annual) £270,000 (total)	Mersham Street Café	January 2017	None
Learning Disability Day Services	External	£34,695 (annual) £106,568 (total)	Clay and COlour Works	March 2017	Sept 2016
Learning Disability Day Services	External	£72,600 (annual)	Yeomans Groundworks	May 2016	None
Learning Disability Day Services	External	£241,852 (annual)	Princess Christian Farm (Hadlow College)	September 2034	July 2016
Business Support to Voluntary Sector	External	£105,000	Social Enterprise Kent	March 2016	None
Valuing People Now	External	£140,000 (annual) £420,000 (total)	East Kent Mencap	March 2017	April 2016
Employment support for adults with a disability	Internal	£209,000	Kent Supported Employment	March 2017	October 2016
Carers assessment and support	External	£3.9M	Carers First East Kent Carers Consortium Involve	March 2018	July 2016
Healthwatch Kent	External	£667,000	Engaging Kent CIC	March 2017 +1	Sept 2016
Carers Short Breaks	External	£1.3m contract part funded by CCGs £1.2m annual grant	Crossroads	March 2017 + 1	October 2016
Kent Advocacy	External	£1.3m	SEAP	March 2019 + 2	September 2016

LD Advocacy Integrated Community Equipment Service  Technology Enabled Care Services  Just Checking Home Care Contracts 2014  Home Care Contracts 2002 & Spot Contracts   <b>Specialist Children's Services</b>  Independent Adoption & Special Guardianship Order Support Services Safer Stronger Families Representation, Rights & Advocacy (RRA)  Independent Fostering Framework  Independent Children's Homes  Independent Semi-Independent Accommodation	External	£298K	Advocacy for All	March 2017	July 2016	
	External	circa £55m (for KCC and NHS CCGs)	Nottingham Rehab Ltd (trading as NRS Healthcare)	30/11/2020	1/12/16	
	External	circa £5.5m	Invicta Telecare Ltd (trading as Centra Pulse and Connect)	30/11/2020	1/2/16	
	External	£69K	Just Checking	16/1/2018	1/2/17	
	External	circa £25M	Various (19 providers)	June 2017	March 2016	
	External	circa £5M	Various (approx. 50 providers)	Ongoing; spot contract	March 2016	
	<b>Specialist Children's Services</b>					
	External	£1,505,100	Barnardos	30/09/2018	September 2016	
	External	£2,135,732	Core Assets	31/10/2016	January 2016	
	External	£845,400	The Young Life's Foundation	31/03/2018	October 2016	
	External	£15,000,000	33 Framework Providers	02/06/2017	March 2016	
	External	Various (spot purchasing arrangements)	Various (spot purchasing arrangements)	Spot purchasing (no end date)	(no end date)	
	External	Various (spot purchasing arrangements)	Various (spot purchasing arrangements)	Spot purchasing until new accommodation		

				services are in place	
Targeted level Disabled Children's Short Break Fun Club Service	External	£597,672.00	Imago	30/06/2016	February 2016
Specialist level Disabled Children's Short Break School holiday play schemes & Term Time Clubs	External	£584,870.00	Various	31/03/2018	February 2016
Specialist level Disabled Children's Short Break School holiday play schemes & Term Time Clubs	External	£584,870.00	Various	31/03/2018	February 2016
Targeted level Disabled Children's Short Break School holiday play schemes & Term Time Clubs	External	£180,000.00	Various	31/03/2018	February 2016
Disabled Children's Family Days (Sensory & PD)	External	£60,000.00	Core Assets	31/03/2017	February 2016
Risk Assessments and Harmful Sexual Behaviours services	External	£504,504.00	tbc	31/03/2019	February 2016
Direct Payments Support Service 0-25	External	£975,000.00	CxK	31/09/2016	February 2016
Young Healthy Minds	External	£4,737,872.20	Action for Children	30/03/2017	February 2016
Post Sexual Abuse Services	External	£777,985.00	Sussex Partnership NHS Foundation Trust	31/03/2017	February 2016
Community CAMHS contribution	External	£4,500,000.00	KCC-IASK	31/03/2017	February 2016
Information and Advice Service Kent (I-ASK)	Internal	£90,000.00	Various	n/a	February 2016
Disabled Children Day care agencies - spot purchased	External	n/a	Various	n/a	February 2016
Disabled Children's Term time & Residential placements - spot purchased	External	n/a	Various	n/a	February 2016

Disabled Children's overnight short breaks placements - spot purchased	External	n/a			
Supported Accommodation in a Family environment	External	£671,952.00	Catch22	March 2018	
Dover Housing Support Services	External	£76,583.23	Porchlight	31/03/2016	tbc
New Town Street	External	£694,700.33	Porchlight	31/03/2016	tbc
New Wharf	External	£754,324.68	Porchlight	31/03/2016	tbc
Swale Young Persons at Risk	External	£312,970.35	Porchlight	31/03/2016	tbc
The Grove	External	£526,358.27	Depaul Trust	31/03/2016	tbc
Ashford Young Persons Service	External	£1,684,122.00	Home Group Ltd	31/03/2016	tbc
Dover Young Persons Service	External	£768,853.20	Home Group Ltd	31/03/2016	tbc
Trinity Foyer	External	£3,164,745.93	Home Group Ltd	31/03/2016	tbc
Maidstone Housing Supported Service	External	£68,073.97	Sanctuary Housing Association	31/03/2016	tbc
Ryder House	External	£1,940,164.26	West Kent YMCA	31/03/2016	tbc
Shepway Young Persons at Risk	External	£253,458.07	Lookahead Care and Support	31/03/2016	tbc
Bridge House	External	£1,285,150.18	Centra	31/03/2016	tbc
Overton House	External	£144,273.10	Centra	31/03/2016	tbc
Porchlight Young Person Hostel	External	£2,087,738.68	Porchlight	31/03/2016	tbc
YMCA Thames Gateway	External	£1,118,914.83	YMCA Thames Gateway	31/03/2016	tbc
Church View	External	£81,135.07	YMCA Thames Gateway	31/03/2016	tbc
Calverley Hill	External	£362,281.23	Chapter 1	31/03/2016	tbc
Wincheap	External	£596,674.50	Cantercare	31/03/2016	tbc
Old Colonial	External	£245,601.13	Family Mosaic	31/03/2016	tbc

Daisies	External	£456,116.38	Home Group Ltd	31/03/2016	tbc
Dartford LIFE	External	£372,962.88	LIFE Housing	31/03/2016	tbc
Maidstone Teenage Parent Service	External	£328,203.70	Golding Homes	31/03/2016	tbc
Young People Floating Support East Kent	External	£469,898.72	Sanctuary Housing Association	30/09/2016	tbc
Young People Floating Support West Kent	External	£364,094.94	Sanctuary Housing Association	30/09/2016	tbc
<b>Public Health</b>					
Health Visiting and Family Nurse Partnership[	External	£22,604,400	KCHFT	30-09-16	Currently
School Public Health Service (All exc. Swale)	External	£4,852,760	KCHFT	30-09-16	Currently
School Public Health Service (Swale)	External	£828,758	MFT	30-09-16	Currently
Young people's substance misuse service	External	£3,606,932	Addaction	31/03/17	Currently
Infant Feeding Service	External	£830,354	PS Breastfeeding	30-09-18	Currently
Early Help and Prevention	Internal	£1,548,500	Early Help	TBC	Currently
Canterbury and District Early Years	External	£150,000	Canterbury District Early Years Project	30-09-16	Currently
Community Mental Health and Wellbeing Service	External	£19.925, 000	Shaw Trust Porchlight	31-03-21	Annual review and prior to contract end
Kent Sheds	External	£50,000	TBC	31-03-2017	Currently

Mental Wellbeing Evaluation Postural Stability		( including grants for Sheds)			
			The Mc pin Foundation		
	External	£100,045	KCHFT	31 <sup>st</sup> March 2017	Currently
		Contract 1 - £80,564 Contract 2 - £16,100	Involve	Contract 1 – 31 <sup>st</sup> March 2017 Contract 2 1 <sup>st</sup> Aug 2016	Currently
		Contract 1 - £71,022 Contract 2 - £21,600	Good Neighbour project	Contract 1 - 31 <sup>st</sup> March 2017 Contract 2 1 <sup>st</sup> Aug 2016	Currently
		£44, 000	Access to Resources	31 <sup>st</sup> March 2017	currently

## Our budget and staffing resource

The summary of the budget allocated to our Directorate is shown below:

2015/16 Revised Budget £000s	Division	Staffing £000s	Non-staffing £000s	Gross Expenditure £000s	Internal Income £000s	External Income £000s	Grants £000s	Net Cost £000s
3,262.7	Strategic Management and Directorate Budgets <b>(Andrew Ireland)</b>	1,016.3	13,822.5	14,838.8	0.0	-160.0	-272.9	14,405.9
32,449.3	Commissioning <b>(Mark Lobban)</b>	7,585.4	27,072.6	34,658.0	-2,5152.5	-2,064.9	-2,0804.4	28,360.2
175,244.2	Disabled Children and Adults Learning Disability and Mental Health <b>(Penny Southern)</b>	30,222.5	162,999.0	193,221.5	0.0	-12,929.5	-2,058.4	178,233.6
141,366.7	Older People and Physical Disability <b>(Anne Tidmarsh)</b>	41,307.8	203,380.8	244,688.6	-862.8	-91,332.8	-8,171.1	144,321.8
0.0	Public Health <b>(Andrew Scott-Clark)</b>	3,833.5	73,365.4	77,198.9	-50.0	-5,982.8	-71,166.1	0.0
110,429.4	Specialist Children's Services <b>(Philip Segurola)</b>	59,152.0	113,989.2	173,141.2	-15,439.1	-2,113.0	-49,559.0	106,030.1
483,092.4	<b>Total</b>	<b>150,230.9</b>	<b>610,169.1</b>	<b>760,400.0</b>	<b>-19,450.5</b>	<b>-116,564.0</b>	<b>-133,308.0</b>	<b>491,077.5</b>

Note: The information in the above table is subject to further changes to reflect the allocation of centrally held pressures and savings such as the performance reward pressure, national insurance pressure, and publicity saving.

The summary of the staffing resources in our Directorate is shown below

Division	FTE	Grade Band	FTE	%
Strategic Management Commissioning	4.4	KR6 and below	1444	41
	161.5	KR7 - 9	1204.3	34
Disabled Children and Adults Learning Disability and Mental Health	*1002.1	KR10 - 13	821.1	23
	1246	KR14 - 15	52	1
Older People and Physical Disability Public Health	65.9	KR16 and above	11.8	0.3
Specialist Children's Services	**1053.4	<b>Total</b>	<b>3533.2</b>	<b>100</b>
<b>Total</b>	<b>3533.2</b>			

\*Includes Disabled Children Services since April 2015

\*\* Excludes Disabled Children Services since April 2015

## Our property and ICT infrastructure requirements

Adult social care will commence a major programme to renew the approach to social care practice via the implementation of the 'adult social care vision'. This will mark the beginning of phase 3 of the transformation programme. This is in the light of directorate responding to KCC's policy objective of become a commissioning authority.

At the same time there is substantial work in hand to integrate the commissioning and provision of health and social care. As mentioned above under the health and social care integration priority, Kent is an Integrated Care Pioneer site and this as well as the NHS Five Year Forward View, NHS England has initiated a programme of technology projects called Personalised Health and Care 2020 will have some influence on our ICT infrastructure requirements going forward.

We operate complex and inter-related needs and financial IT systems which have important interface with other corporate systems. Therefore our system requirements must take this into account as well as offering us the flexibility to be able to move the integration agenda forward, in particular working with Clinical Commissioning Groups (CCGs).

We need to have in place a system that helps us to meet the national policy intention on integration by 2020 but that is also capable of meeting the requirements associated with the implementation of Phase 2 of the Care Act by 2020.

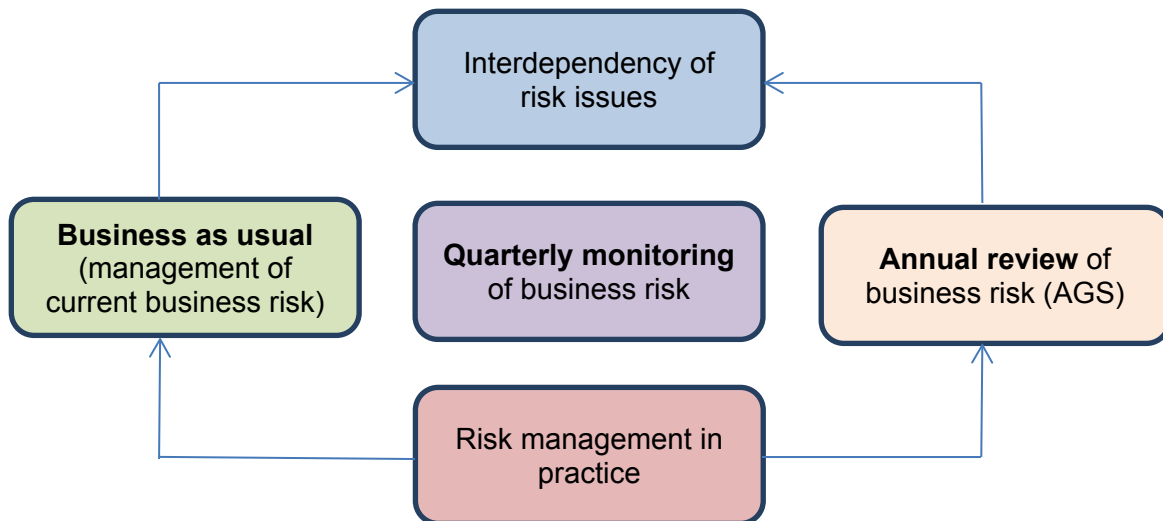
We will take the chance and work with Agilisys to understand what additional opportunities there may be for providing citizens with online access to services and other similar facilities.

We will therefore start work with the Corporate Strategic Infrastructure division to define the ICT requirements for adult social care by September 2016. This system review will inform the development of clear pathways as part of work supporting the 'adult social care vision'. This is regarded as a necessary major development to the client-based system which will operate in adult social care.



## Our key Directorate risks

### Risk Management in the Social Care Health and Wellbeing directorate



Proactive and effective risk management is vital to ensuring we can achieve the challenging priorities and targets set out in this business plan, and is driven by the county council's strategic business plan priorities as set out in KCC's Strategic Statement.

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. The essential factor is that risk management is a function we carry out as part of the 'business as usual' as illustrated above.

We maintain 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 Annual Governance Statement (AGS) which is a review of how we have managed risks reflecting on action during the course of the year form part of the risk management process.

The Directorate continues to build on its business continuity preparedness arrangements working with the changes presented by national policy reforms and the local transformation programmes.

Key Topic	Key areas of risk
<b>Financial Pressures</b>	Public Sector financial pressures that impact on partner organisations and private sector providers
<b>Demand for services</b>	Managing the increasing demand for Social Care services.
<b>Unaccompanied Asylum seeking children</b>	Managing the impact of a significant increase in the number of Unaccompanied Asylum Seeker Children and the lack of a national dispersal scheme.
<b>Safeguarding</b>	Safeguarding – protecting vulnerable children and adults and meeting requirements of the PREVENT duty placed on Local Authorities, child sexual exploitation, implications of the Mental Capacity Act and Deprivation of Liberty Assessments
<b>Transformation</b>	Ensuring that benefits are delivered from the transformation of Children’s and Adult’s Social Care Services Maintaining performance and quality of services throughout the transformative period.
<b>Social care market</b>	Managing and working with the Social Care Market, achieving “Best Value” and the impact of the National Living Wage and to ensure greater stability of the workforce and the Market.
<b>External inspection</b>	Effective management and preparedness in order to minimise any adverse impact associated with OFSTED inspection of any our services.
<b>Health and Social Care Integration</b>	Health and social care integration, and the delivery of the joint KCC/Clinical Commissioning Group health and social care commissioning plan, ‘Pioneer’ programme and the Better Care Fund.
<b>Evolving market</b>	Ensuring the implementations of new models of health improvement, in an evolving market place and within resource constraints
<b>Health inequalities</b>	Potential failure in continuing to improve the health of Kent population, and reducing health inequalities
<b>ICT Systems</b>	Ensuring that ICT systems are “fit for purpose” and utilised to deliver services effectively and act as a key enabler of change
<b>Business disruption</b>	The management/governance and security of information and how the directorate operates in any business disruption

It is important to point out that several of the above risks are captured in the Corporate Risk Register due to their potential implications for the county council as a whole: the management of adult social care demand and the demand for specialist children’s services, in particular those associated with Unaccompanied Asylum Seeker Children; the impact of the changes being introduced as part of the broader health and social care integration (transformation and sustainability plans); the nature of the stability of the social care market and the aligned workforce implications; as well as the potential risks relating to data protection breaches and the impact of a business disruption or emergency incident. Additional information regarding these risks and the mitigations we have put in place can be found in the Directorate and Corporate Risk Register.

## Our key performance indicators and targets

We need to know that we are providing our services in the right way and to help us do this we have a number 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 set out in this business plan.

We routinely use our monthly Performance Dashboard to track how well we are doing; identifying quickly any areas where we may need to improve or take corrective action. Our overall performance in delivering against our directorate priorities and how they contribute to the achievement of KCC's strategic outcomes will be measured by these indicators, which are published in our Quarterly Performance Report to Members. In addition, we will be able to use activity information from this business plan to inform the Strategic Statement annual report.

### Our Quarterly Performance Report

Performance indicators provide valuable information and are 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.

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 bigger set of performance indicators to ensure that the services we manage are performing as well as possible. Services and divisions usually monitor these indicators, as set out in their business plans, in monthly meetings.

Below is a list that sets the targets and activity measures we will use to measure our performance in 2016-17. It provides a flavour of the areas we monitor to assess the contribution of our services. The targets centre on the objectives linked to our vision and to particular themes within our strategic framework, and are set out in the following tables.

### Some of our targets at a glance

Key Performance Indicators				
Ref	Indicator Description	2015-16 Actual	2016-17 Floor	2016-17 Target
SCS01	Children in care placement stability: same placement for last 2 years		65%	70%
SCS02	Percentage of current CIC Foster Care Placements that are either KCC Foster Care or Relatives and Friends		75%	85%

SCS03	Average number of days between BLA and moving in with adoptive family (for children adopted)		650 days	426 days
SCS04	Percentage of case holding posts filled by KCC Permanent qualified social workers		75%	85%
SCS05	Percentage of children becoming child protection for a second or subsequent time		<10% >15	<15 >20
SCS06	Percentage of online case file audits completed that were graded good or outstanding		40%	60%
PH/AH 01	Number of the eligible population aged 40-74 years old receiving an NHS Health Check	38,400		tbc
PH/AH 02	Participation of Year R (4-5 year old) pupils in the National Child Measurement Programme	95%	85%	90%
PH/AH 03	Participation of Year 6 (10-11 year old) pupils in the National Child Measurement Programme	95%	85%	90%
PH/AH 004	Percentage of people quitting at 4 weeks, having set a quit date with smoking cessation services	53%	47%	52%
PH/AH 05	Positivity rate of Chlamydia detection per 100,000 young adults aged 15-24 years old	1,025	1,840	2,300
PH/AH 06	Percentage of clients accessing community sexual health services offered an appointment to be seen within 48 hours	100%	81%	90%
PH/AH 07	Number of new clients accessing the Health Trainer service being from the 2 most deprived quintiles	55%	56%	62%
PH/AH	Percentage of young people exiting specialist substance misuse services with a planned exit	94%	88%	98%
PH/AH 08	Successful completion of drug treatment – opiate users	9%	8%	9%
PH/AH 09	Number of mothers receiving an antenatal visit/contact with the Health Visiting Service*	tbc	63%	70%
PH/AH 10	Percentage of new birth visits conducted by the Health Visitor Service within 14 days of Birth*	tbc	81%	90%
ASC01	Percentage of contacts resolved at first point of contact (%)	tbc	tbc	tbc
ASC02	Number of clients receiving a Telecare service (snapshot)	tbc	tbc	tbc
ASC03	Number of new clients referred to an enablement service (quarterly)	tbc	tbc	tbc
ASC04	Number of admissions to permanent residential or nursing care for older people (rolling year)	tbc	tbc	tbc
ASC05	Number of promoting independence reviews completed (quarterly)	tbc	tbc	tbc
ASC06	Percentage of clients still independent after enablement	tbc	tbc	tbc

Activity Indicators – Thresholds represent range of the activity expected

Ref	Indicator Description	Threshold	Q1	Q2	Q3	Q4	2015-16 Expected
	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	tbc	tbc	tbc	tbc	tbc	tbc	tbc

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

## Our Directorate organisational development priorities

KCC has a number of organisational development frameworks in place and these are designed to set out how we will deliver our statutory and mandatory training for staff in order to ensure that we deliver essential developmental programmes consistently across the Council. There are four frameworks which have been developed and reviewed with managers and staff – Health & Safety, Social Care, Leadership and Management and Staff Development.

A key focus for us this year is succession planning development actions. We will therefore take forward the appropriate development activity for key identified staff. This will be set out in individual development plans for 2016/17. This will be reflected in the directorate's organisational development priorities for future workforce development and it will be aligned to the vision for the future for all our services. Directors will undertake workforce planning activities within their divisions which will also shape the directorate's organisational development priorities going forwards.

The following priority areas have been agreed by the Directorate Organisational Development Group as key areas which we will take forward during this financial year:

### 1. **Development of workforce in relation to:**

- Professional practice improvement and development
- Implementation of national accreditation scheme for children's social workers
- Scope and plan for potential accreditation scheme for adults social workers

### 2. **Development of Principal Social Worker role for Adults arising from:**

- Future vision and reclaiming of social work
- Linked to 1. above

### 3. **Workforce planning in relation to**

- Senior level succession planning and talent management
- Service level analysis currently being undertaken in OPPD and DCLDMH
- Assessment and design activity being undertaken in Commissioning
- Identifying gaps in critical roles and resourcing plans across the directorate
- Wider workforce and integrated workforce

### 4. **Retention of staff**

- Career progression pathways
- Apprenticeships
- OU and "growing our own qualified staff"
- Step up to Social Work/Frontline – Childrens
- Think Ahead – Mental Health
- Connections with universities

### 5. **Social Work Health Check – Minimum Standards for Employers**

- Complete and evaluate current activity in Childrens
- Scope and plan for Adults

**From:** Peter Oakford, Cabinet Member for Specialist Children's Services  
Andrew Ireland, Corporate Director of Social Care Health and Wellbeing

**To:** Children's Social Care and Health Cabinet Committee - 22 March 2016

**Subject:** **RISK MANAGEMENT: SOCIAL CARE, HEALTH AND WELLBEING**

**Classification:** Unrestricted

**Past Pathway of Paper:** None

**Future Pathway of Paper:** None

**Electoral Division:** All

**Summary:** This report presents the strategic risks relating to the Social Care Health and Wellbeing Directorate. It also includes the risks on the Corporate Risk Register for which the Corporate Director is the designated 'risk owner'. The paper also explains the management process for review of key risks.

**Recommendation:** The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** the Risk Management arrangements outlined in this report and to **CONSIDER** and **COMMENT** on the risks presented.

## 1. Introduction

- 1.1 Directorate business plans are reported to Cabinet Committees as part of the Authority's business planning process. The plans include a high-level section relating to key directorate risks, which are set out in more detail in this paper.
- 1.2 Risk management is a key element of the Council's Internal Control Framework and the requirement to maintain risk registers ensures that potential risks that may prevent the Authority from achieving its objectives are identified and controlled. The process of developing the registers is therefore important in underpinning business planning, performance management and service procedures. Risks outlined in risk registers are taken into account in the development of the Internal Audit programme for the year.
- 1.3 Directorate risk registers are reported to Cabinet Committees annually, and contain strategic or cross-cutting risks that potentially affect several functions across the Social Care, Health and Wellbeing Directorate, and often have wider potential interdependencies with other services across the Council and external parties.
- 1.4 Corporate Directors also lead or coordinate mitigating actions in conjunction with other Directors across the organisation to manage risks featuring on the Corporate Risk Register. The Corporate Director of Social Care Health

and Wellbeing is designated 'Risk Owner' for several corporate risks, which include the health and social care "red risks" along with the risks associated with the implementation of the Welfare Reform Act 2012.

- 1.5 A standard reporting format is used to facilitate the gathering of consistent risk information and a 5x5 matrix is used to rank the scale of risk in terms of likelihood of occurrence and impact. A Risk Matrix for the Social Care Health and Wellbeing Directorate is attached in Appendix One.

## **2. Risks relating to the Social Care, Health and Wellbeing Directorate**

- 2.1 It continues to be a time of significant risk for the Social Care Health and Wellbeing Directorate. There are currently 16 risks on the Directorate Risk Register. (A copy of the Register is attached in Appendix Two). Many of the risks are Directorate wide, for example the on-going financial pressures; however the specific risks for Specialist Children's Services include:

- Transformation of Children's Services
- OFSTED preparedness and service improvement
- The Safeguarding responsibilities for children and young people
- The capacity to respond to the Unaccompanied Asylum Seeker Children arriving in Kent

- 2.2 The key "red" risks on the Directorate register are currently:

- Transformation of Adult Social Care Services
- Safeguarding – protecting vulnerable children
- Safeguarding – protecting vulnerable adults
- Austerity and pressures on public sector funding
- Health integration
- Increasing demand for social care services
- Managing the social care market
- Mental Capacity Act and Deprivation of Liberty Assessments
- Capacity to assess, support and accommodate the increased arrival rate of Unaccompanied Asylum Seeker children

- 2.3 These risks also feature on the Authority's Corporate Risk Register, due to the significance of the risks to the Council as a whole.

- 2.4 The PREVENT initiative to reduce the threat of terrorism, radicalisation and extremism was recently added to the Directorate Risk Register. Since the report to Members in March 2015, the following risks have been taken off the register:

- Health and Social Care Act 2012
- Preparation for legislative change and the Care Act 2014
- Organisational change
- Independent Living Fund

- 2.5 There is a "hierarchy" of risk registers. In addition to the Corporate and Directorate Risk Register, each division has its own Risk Register and the Specialist Children's Service maintains a register which contains slightly "lower level" risks such as the difficulties in recruiting experienced social workers.



2.6 Inclusion of risks on the risk registers does not necessarily mean there is a problem. On the contrary, it can give reassurance that they have been properly identified and are being managed proactively. The risk registers are regarded as 'living' documents to reflect the dynamic nature of risk management. The Directorate Management Team formally monitors and reviews the risk register on a quarterly basis, although individual risks can be identified and added to the register at any time.

### 3. Recommendation

**3.1 Recommendation:** The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** the Risk Management arrangements outlined in this report and to **CONSIDER** and **COMMENT** on the risks presented.

### 4. Appendices

Appendix 1 – Risk Matrix

Appendix 2 – Directorate Risk Register

### 5. Background Documents

5.1 KCC Risk Management Policy on KNet intranet site.  
<http://knet/ourcouncil/Pages/MG2-managing-risk.aspx>

### 6. Report Author

Anthony Mort  
Customer Care and Operations Manager  
03000 415424  
Anthony.mort@kent.gov.uk

#### Relevant Director

Philip Segurola  
Director, Specialist Children's Service  
03000 413120  
Philip.Segurola@kent.gov.uk

This page is intentionally left blank

Appendix One  
Social Care Health and Wellbeing Risk Register Risk Profile

<b>Likelihood</b>	Very Likely	5					04 19
	Likely	4			17 20	05 03a 03b 15	01 07 08
	Possible	3			12 10 02 11	09	
	Unlikely	2					
	Very unlikely	1					
<b>Risk Rating Matrix</b>			1	2	3	4	5
			Minor	Moderate	Significant	Serious	Major
		<b>Impact</b>					
		Low = 1-6	Medium = 8-15		High = 16-25		

Risk Number	Risk	Likelihood	Impact	Risk Score
01	Transformation of ASC Services	5	4	20
02	Transformation of Children's Services	3	3	9
03a	Safeguarding - protecting vulnerable children	4	4	16
03b	Safeguarding - protecting vulnerable adults	4	4	16
04	Austerity and pressures on public sector finance	5	5	25
05	Working with health, integration, pioneer and BCF	4	4	16
07	Increasing demand for social care services	5	4	20
08	Managing and working with the social care market	4	5	20
09	Information and Communication Technology	4	3	12
10	Information Governance	3	3	9
11	Business disruption	3	3	9
12	KCC and KMPT Partnership Agreement	3	3	9
15	MCA and Deprivation of Liberty assessments	4	4	16
17	OFSTED preparedness and service improvement	4	3	12
19	Capacity to assess, support and accommodate the increased arrival rate of unaccompanied asylum seeker children	5	5	25
20	Prevent duties	3	4	12

This page is intentionally left blank



# **Social Care Health & Wellbeing Risk Register**

**FEBRUARY 2016**

<b>Risk ID</b>	<b>SCHW 01</b>	<b>Risk Title</b>	<b>Transformation of adult social care services</b>			
<b>Source / Cause of risk</b>	<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>	
Transformation of adult social care services. The transformation programme is being implemented in adult social care. Adopting new ways of working and implementing a programme of significant change is not without risk.	A phased approach has been adopted to the Transformation Programme in OPPD and a Project Management approach to the 7 LD Transformation Projects. Savings need to be made through more efficient and effective ways of working. Carrying out the transformation is a demand on resources.	If the transformation programme does not meet targets this will lead to significant pressures on the service and on the directorate and local authority budgets. How the phases of the Transformation Programme are managed and implemented is crucial as it has a major impact on the service including productivity and performance.	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban Director Commissioning SCHWB	Very Likely (5)	Serious (4)	
				<b>Target Residual Likelihood</b>	<b>Target Residual Impact</b>	
				Possible (3)	Significant (3)	
<b>Control Title</b>			<b>Control Owner</b>			
A Transformation Portfolio Board is established with agreed Governance arrangements. A Portfolio Management office is in place to ensure the right change initiatives are being delivered in the right way.			Andrew Ireland, Corporate Director SCHWB/Mark Lobban Director Commissioning SCHWB			
Support of Efficiency partner with diagnostics, design and implementation of the Transformation agenda.			Andrew Ireland, Corporate Director SCHWB/Mark Lobban Director Commissioning SCHWB			
There is a separate risk register and issues log at portfolio, programme and project levels.			Andrew Ireland, Corporate Director SCHWB/Mark Lobban Director Commissioning SCHWB			
Oversight and monitoring by Transformation Advisory Group Programme Board, Budget board and Cabinet Committee.			Andrew Ireland, Corporate Director SCHWB/Mark Lobban Director Commissioning SCHWB			

Transformation Programme in place with links and interdependencies with the KCC Transformation /Facing the Challenge Programme.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban Director Commissioning SCHWB	
6 monthly reporting to Cabinet Committee and monthly programme reporting to portfolio board and TAG.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban Director Commissioning SCHWB	
A sustainability programme is in place in OPPD to monitor the impact of change and transformation and ensure the performance management measures are achieving intended outcomes. A virtual Transformation Engagement Team continues to ensure staff are engaged and leading change and improvement at a local level	Anne Tidmarsh, Director OPPD	
Monthly meeting to assess whether the programme benefit is achieving expectations	Andrew Ireland, Corporate Director SCHWB	
<b>Action Title</b>	<b>Action Owner</b>	<b>Planned Completion Date</b>
Agreed on going work with an Efficiency Partner. This includes acute hospital optimisation, access to independence, your life your home, Kent Pathways Service, and Shared Lives	Mark Lobban, Director Commissioning SCHWB	1 <sup>st</sup> April 2016
Manage the interdependencies and relationship between transformation and other Corporate and Directorate programmes.	Andrew Ireland, Corporate Director SCHWB	31 <sup>st</sup> March 2016
Ensure effective two way communication re the Transformation Programme. Need to ensure staff that are informed and there is "ownership" of the message. A communication bulletin is produced and disseminated.	Mark Lobban Director Commissioning SCHWB	1 <sup>st</sup> April 2016
Monitoring of Transformation phase one, OPPD projects e.g. Optimisation, Care Pathways, Commissioning. Roll out of "Sandbox" methodology. Handover to business as usual to ensure the continued realisation of the benefits of the changes made.	Anne Tidmarsh, Director Older People & Physical Disability	1 <sup>st</sup> April 2016
Working with Newton Europe on the Phase 2. PMO set up. Priorities for all phase 2 activity being defined (regardless of whether KCC or Newton Europe).	Mark Lobban, Director Commissioning SCHWB	31 <sup>st</sup> March 2016
The 7 Transformation Projects in LD services are being progressed through project management arrangements. The Your Life Your Home pilot completed.	Penny Southern, Director DCLDMH	31 <sup>st</sup> March 2016

<b>Risk ID</b>	<b>SCHW 02</b>	<b>Risk Title</b>	<b>Transformation of children's services</b>			
<b>Source / Cause of risk</b>	<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>	
Transformation of children's services	SCS Transformation to make continuous improvements to services for vulnerable children and young people in Kent.	Failing to transform and continuously improve services could adversely impact on vulnerable children and young people. Failure to maximise the benefits of the work would also be detrimental to service delivery, budgets and key performance indicators.	Andrew Ireland, Corporate Director SCHWB/Philip Seguola, Director Specialist Children's Services	Possible (3)	Significant (3)	
				<b>Target Residual Likelihood</b>	<b>Target Residual Impact</b>	
				Unlikely (2)	Significant (3)	
<b>Control Title</b>			<b>Control Owner</b>			
Robust performance management through audit activity, management information reports, deep dive meetings, 0-25 programme board and SCS DivMT			Andrew Ireland, Corporate Director SCHWB/Philip Seguola, Director Specialist Children's Services			
Performance framework, operational framework and quality assurance framework in place.			Andrew Ireland, Corporate Director SCHWB/Philip Seguola, Director Specialist Children's Services			
0 to 25 Unified Programme is part of the over-arching cross-directorate 0-25 Portfolio. The programme is led by the relevant Corporate Directors through the 0-25 Portfolio Board which reports to the Transformation Advisory Board (TAG) a member led body.			Andrew Ireland, Corporate Director SCHWB/Philip Seguola, Director Specialist Children's Services			
Following the conclusion of the design phase, SCS and EHPS will continue to work with Newton Europe in delivering the implementation phase.			Philip Seguola, Director Specialist Children's Services			



A Fostering Action Plan has been produced following an audit. The action are being developed, monitored and progressed. A report has been submitted to Governance & Audit Committee	Philip Segurola, Director Specialist Children's Services	
There is a separate risk register for the programme, which is presented at each Portfolio Board meeting	Andrew Ireland, Corporate Director SCHWB/Philip Segurola, Director Specialist Children's Services	
<b>Action Title</b>	<b>Action Owner</b>	<b>Planned Completion Date</b>
Progress will be monitored in part through a rolling programme of audits of services. Peer review audits of services including children in need, child protection and children in care. Progress will be tracked against previous audits and results presented to SCS DivMT with six monthly and yearly audit reports. KSCB to host multi agency audits	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
Produce and disseminate a monthly programme update for staff. Develop a process to encourage two way communication.	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
Regular reporting and cascading of learning through meetings with Director and monthly attendance at joint SCS and EHPS DivMT meetings.	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
SCS and EHPS DivMT to attend Leaders workshops in preparation for Implementation Phase.	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
Implementation will be rolled out sequentially, allowing intensive work to take place in each area and to ensure that each district can learn from the experiences of those that have been involved at earlier stages.	Philip Segurola, Director Specialist Children's Services	30 <sup>th</sup> June 2016
Through Resource Group maintain the continued focus on recruitment to permanent Social Work and Management vacancies and the retention of experienced qualified social work staff.	Andrew Ireland, Corporate Director SCHWB	31 <sup>st</sup> March 2016
Implementation of the signs of safety model of intervention concurrently with the roll out of the implementation phase to further improve consistency and quality of practice.	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016

<b>Risk ID</b>	<b>SCHW 03a</b>	<b>Risk Title</b>	<b>Safeguarding - Protecting vulnerable children</b>			
<b>Source / Cause of risk</b>	<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>	
Safeguarding - Protecting vulnerable children	The Council must fulfil its statutory obligations to effectively safeguard vulnerable children.	Its ability to fulfil this obligation could be affected by the adequacy of its controls, management and operational practices or if demand for its services exceeds its capacity and capability.	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban Director Commissioning SCHWB	Likely (4)	Serious (4)	
				<b>Target Residual Likelihood</b>	<b>Target Residual Impact</b>	
				Possible (3)	Significant (3)	
<b>Control Title</b>			<b>Control Owner</b>			
Safeguarding Boards in place for children's services, providing a strategic countywide overview across agencies.			Andrew Ireland, Corporate Director SCHWB/Philip Segurola, Director Specialist Children's Services			
Multi-agency public protection arrangements in place.			Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Philip Segurola, Director Specialist Children's Services			
Quarterly reporting to Directors and Cabinet Members and Annual Report for Members			Andrew Ireland, Corporate Director SCHWB/ Philip Segurola, Director Specialist Children's Services			
The unit has been restructured. This includes additional child protection and Independent Reviewing Officer Capacity			Philip Segurola, Director Specialist Children's Services			
Consistent scrutiny and performance monitoring through Divisional Management Team, Deep Dives and			Andrew Ireland, Corporate Director SCHWB/Philip			

audit activity.		Segurola, Director Specialist Children's Services
SCS and EHPS are to adopt the Signs of Safety model of intervention, a standardised child-focused model of risk analysis, risk management and safety planning.		Andrew Ireland, Corporate Director SCHWB/Philip Segurola, Director Specialist Children's Services
The SCS Development Action Plan has been updated to reflect the recommendations in the recent OFSTED Child Sexual Exploitation themed inspection. The plan is a joint plan with EHPS and children's commissioning.		Philip Segurola, Director Specialist Children's Services
Deep dives for constructive challenge by Senior Managers of front line services. This includes an extended deep dive process with visits to District Teams using an inspection type format.		Andrew Ireland, Corporate Director SCHWB/Philip Segurola, Director Specialist Children's Services
<b>Action Title</b>	<b>Action Owner</b>	<b>Planned Completion Date</b>
Ongoing provision of safeguarding training for the relevant staff.	Andrew Ireland, Corporate Director SCHWB	31 <sup>st</sup> March 2016
Continue with recruitment programme to attract and retain high calibre social workers and managers	Andrew Ireland, Corporate Director SCHWB	30 <sup>th</sup> September 2016
Support KSCB in delivering business plan.	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
Progressing delivery against plans and oversight through SCS DivMT and joint SCS and EHPS DivMT meetings	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
A revised deep dive process has been agreed and is in place. Deep Dives to take place in 2016.	Philip Segurola, Director Specialist Children's Services	30 <sup>th</sup> June 2016
On-going Implementation of solutions to help manage the current unallocated cases.	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016

Risk ID	SCHW 03b	Risk Title	Safeguarding - Protecting vulnerable adults			
<b>Source / Cause of risk</b>	<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>	
Safeguarding - Protecting vulnerable adults	Potential risk for vulnerable people. A statutory responsibility to safeguard vulnerable adults.	Failure to achieve this could lead to vulnerable people being at risk.	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD	Likely (4)	Serious (4)	
				<b>Target Residual Likelihood</b>	<b>Target Residual Impact</b>	
				Possible (3)	Significant (3)	
<b>Control Title</b>			<b>Control Owner</b>			
The Kent Adult Safeguarding Board (SAB) is in place with key agencies. Financial agreement between partner agencies. The SAB has been on a statutory footing following implementation of the Care Act in April 2015. There are 3 key working groups within the SAB: - Quality Assurance Working Group: This group has introduced a range of performance improvement tools including a dashboard of key indicators and a self-assessment framework - A Learning and Development Group; This group carries out structured work e.g. redrafting the multi-agency training package in response to the Care Act changes - Policy, Protocols and Guidance Group to review and revise policies			Andrew Ireland, Corporate Director SCHWB			
Multi agency public protection arrangements in place.			Andrew Ireland, Corporate Director SCHWB			

Quarterly reporting to Directors and Cabinet Members and an Annual Report to Members.	Mark Lobban Director Commissioning SCHWB/ Nick Sherlock, Head of Adult Safeguarding	
Consistent scrutiny and performance monitoring through Divisional Management Teams, Deep Dives and Audit Activity. Also through the Quality Assurance Working Group and the Adult Safeguarding Quarterly Report.	Mark Lobban Director Commissioning SCHWB/Penny Southern, Director DCLDMH/Anne Tidmarsh, Director OPPD/ Nick Sherlock, Head of Adult Safeguarding	
RiPfA work is ongoing, developing the capability framework for safeguarding and MCA work. Due to be launched in April 2016. The multi-agency Adult Safeguarding training package has been redrafted in response to Care Act changes.	Mark Lobban Director Commissioning SCHWB/ Nick Sherlock, Head of Adult Safeguarding	
OPPD Improvement Plan in place.	Anne Tidmarsh, Director OPPD	
In Kent a Transforming Care/Winterbourne Steering Group is in place. This has been to learn the lessons from Winterbourne and to take forward the Transforming Care Programme in Kent.	Penny Southern, Director DCLDMH	
<b>Action Title</b>	<b>Action Owner</b>	<b>Planned Completion Date</b>
Ongoing provision of safeguarding training for the relevant staff.	Nick Sherlock, Head of Adult Safeguarding	31 <sup>st</sup> March 2016
Ongoing programme of safeguarding audits and feedback sessions from the audits	Nick Sherlock, Head of Adult Safeguarding	31 <sup>st</sup> March 2016
Preparation for the introduction of the Capability Framework for safeguarding and multi-agency training courses revised to reflect the Care Act changes	Nick Sherlock, Head of Adult Safeguarding	31 <sup>st</sup> March 2016
Corporate Audit of adult safeguarding practices expected in 2015/16	Nick Sherlock, Head of Adult Safeguarding	1 <sup>st</sup> April 2016
Making Safeguarding Personal project work to develop service user involvement in safeguarding – link to ADASS national project. Initial project completed and being rolled out.	Nick Sherlock, Head of Adult Safeguarding.	31 <sup>st</sup> March 2016

<b>Risk ID</b>	<b>SCHW 04</b>	<b>Risk Title</b>	<b>Austerity and pressures on public sector funding</b>				
<b>Source / Cause of risk</b>	<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>	<b>Target Residual Likelihood</b>	<b>Target Residual Impact</b>
Austerity and pressures on public sector funding impacting on capital and revenue budgets. Public sector finance pressures and the need to achieve significant efficiencies for foreseeable future.	KCC has to find £83 million of savings in 2015/16. Expected that there will be further reductions in local government spending in future years. Partner organisations and private sector providers also experiencing funding challenges potentially putting joint working at risk. Financial pressures in the health sector having repercussions for social care. Increased stress on some families due to financial pressures. Insufficient central government funding to support UASC care leavers.	Major funding pressures impact on the delivery of social care services. The capital strategy putting specific projects at risk. Business viability of independent providers could be impacted with some providers going out of business.	Michelle Goldsmith, Finance Business Partner/ Andrew Ireland, Corporate Director SCHWB	Very Likely (5)	Major (5)	Likely (4)	Serious (4)
<b>Control Title</b>			<b>Control Owner</b>				
Robust financial and activity monitoring regularly reported to DMT and budget reporting within the DivMTs			Andrew Ireland, Corporate Director SCHWB/ Michelle Goldsmith, Finance Business Partner				
Robust debt monitoring			Andrew Ireland, Corporate Director SCHWB/ Michelle Goldsmith, Finance Business Partner				
Transformation programme to ensure efficiencies and the best use of available resources.			Andrew Ireland, Corporate				

		Director SCHWB/ Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH / Anne Tidmarsh, Director OPPD/ Michelle Goldsmith, Finance Business Partner
More efficient use of assistive technology		Andrew Ireland, Corporate Director SCHWB/ Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH / Anne Tidmarsh, Director OPPD/ Michelle Goldsmith, Finance Business Partner
The 0 to 25 Partnership Board is overseeing the joint Transformation projects of SCS, Early Help and Preventative Services and Children's Commissioning - working closely with Newton-Europe. The programme feeds into the overarching 0 to 25 Change Portfolio.		Philip Segurola, Director Specialist Children's Services
Business Plans in place for 2015/16. Draft Business Plans being developed for 2016/17.		Andrew Ireland, Corporate Director SCHWB
Dialogue with the Home Office re the increasing numbers of unaccompanied minors and the costs of supporting UASC care leavers		Philip Segurola, Director Specialist Children's Services
<b>Action Title</b>	<b>Action Owner</b>	<b>Planned Completion Date</b>
Continued drive to deliver efficient and effective services through transformation and modernisation agenda. Consultation on 4 KCC residential care homes.	Andrew Ireland, Corporate Director SCHWB	31 <sup>st</sup> March 2016
Continue to work innovatively with partners, including health services, to identify any efficiencies.	Andrew Ireland, Corporate Director SCHWB	31 <sup>st</sup> March 2016
Building community capacity. In LD services the GDP programme moving from segregated facilities to inclusive settings with partners.	Andrew Ireland, Corporate Director SCHWB	1 <sup>st</sup> April 2016

Focus on prevention, enablement and independence for vulnerable adults.	Andrew Ireland, Corporate Director SCHWB	1 <sup>st</sup> April 2016
Development of appropriate incentives within the commissioning framework	Mark Lobban Director Commissioning SCHWB	1 <sup>st</sup> April 2016
Continue to review and ensure value for money from residential and IFA placements.	Mark Lobban Director Commissioning SCHWB	1 <sup>st</sup> April 2016
SCS to continue to manage budget reductions including care cost reduction and placement reconfiguration. Improve business processes. Management Actions in place, close monitoring of spend, engaging finance staff in monthly DivMT slot, savings targets part of 0-25 programme. Also a substantive item on the joint DivMT meetings between SCS and EHPS	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
OPPD developing and implementing management actions to address the financial pressures facing the Division.	Anne Tidmarsh, Director Older People & Physical Disability	31 <sup>st</sup> March 2016
Shaping the social care market through tendering for home care and for residential and nursing home care	Mark Lobban Director Commissioning SCHWB	1 <sup>st</sup> April 2016



<b>Risk ID SCHW 05</b>						
<b>Risk Title Working with Health, Integration, Pioneer and BCF</b>						
<b>Source / Cause of risk</b>	<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>	
Working with health, integration of health and social care services	There is a need to develop integrated health and social care services. There is a risk if services do not become fully integrated. Local Authorities are required to have a plan in place by 2017 and be ready for integration by 2020. There are risks associated with joint working including ensuring commitments to Section 75 agreements. Also pressures within the health sector having repercussions for social care. Pressures on NHS Trusts particularly at winter having repercussions for social care.	Increased health and social care integration will impact on ways of working and the delivery of services. If services are not integrated there is a risk of gaps between services or in some instances duplication of services or inefficient use of the available joint resources. If health services are not meeting needs there can be increased pressures on social care services and budgets.	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director Older People & Physical Disability/ Philip Segurola, Director Specialist Children's Services	Likely (4)	Serious (4)	
				<b>Target Residual Likelihood</b>	<b>Target Residual Impact</b>	
				Possible (3)	Significant (3)	
<b>Control Title</b>			<b>Control Owner</b>			
Reporting and inputting to Transformation Board regarding integration but also to Health and Wellbeing Boards, Locality Boards, Clinical Commissioning Groups and Vanguard Groups.			Anne Tidmarsh, Director Older People & Physical Disability			
Programme management arrangements in place for integration with a Programme Plan and local action plans based on the Programme Plan. Co-ordination by a programme manager.			Anne Tidmarsh, Director Older People & Physical Disability			

Kent is one of the 25 Integrated Care and Support Pioneers. This is giving renewed impetus to the integration programme in Kent. An Integration Pioneer Steering Group is in place with over 25 stakeholder members.	Anne Tidmarsh, Director Older People & Physical Disability	
The Better Care Fund will help the integration programme and the development of joined up working and commissioning. High level county wide BCF finance and performance meetings take place to monitor implementation, performance and delivery including issues and risks.	Anne Tidmarsh, Director Older People & Physical Disability	
Close working at a leadership level seeking to develop a shared transformation plan. Health and Well Being Board in place. Meetings with CCG Accountable Officers.	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director Older People & Physical Disability/ Philip Segurola, Director Specialist Children's Services	
JSNA to support health and social care commissioning.	Andrew Ireland, Corporate Director SCHWB	
Joint working with health on Section 75 agreements including the Section 75 agreement for the provision of the Community Equipment Service	Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director Older People & Physical Disability	
<b>Action Title</b>	<b>Action Owner</b>	<b>Planned Completion Date</b>
Developing integrated performance measures and monitoring	Anne Tidmarsh, Director OPPD	1 <sup>st</sup> April 2016
Work closely with the CCGs to focus on long term conditions to improve people's ability to self-care.	Anne Tidmarsh, Director OPPD	1 <sup>st</sup> April 2016
Kent has Pioneer Status for Health and Social Care Integration. This broadens the integration programme to include commissioning and provision. Further work to be done to develop and take forward the integration programme and wider Pioneer work.	Anne Tidmarsh, Director OPPD	1 <sup>st</sup> April 2016

The Better Care Fund plan has been produced and agreed by the Health and Wellbeing Board. Further updates to be provided to the Health and Wellbeing Board.	Anne Tidmarsh, Director OPPD, Programme Manager	31 <sup>st</sup> March 2016
Local BCF delivery groups working on local action plans.	Anne Tidmarsh, Director OPPD	31 <sup>st</sup> March 2016
To ensure alignment of the commissioning plans for social care and CCGs	Andrew Ireland, Corporate Director SCHWB	31 <sup>st</sup> March 2016
Information management and technology strategy being developed within the CCG area Digital Roadmaps to support a shared integration plan.	Anne Tidmarsh, Director OPPD	31 <sup>st</sup> March 2016
Ensure adherence to the CHC Framework and monitor joint working arrangements to prevent cost shunting.	Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD/ Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
To continue to monitor the Section 75 agreements	Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD	31 <sup>st</sup> March 2016

<b>Risk ID</b>	<b>SCHW 07</b>	<b>Risk Title</b>	<b>Increasing demand for social care services</b>			
<b>Source / Cause of risk</b>	<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>	
Risk that demand will outstrip available resources.	Fulfilling statutory obligations and duties becomes increasingly difficult against rising expectations and increased demand for services. Increased demand due to: - demographic changes in population i.e. more people living longer, more people with dementia and an increase in clients with complex needs and migration of population (see separate risk for Unaccompanied Asylum Seeker Children).	Austerity potentially leads to more stress, family breakdown and need for support from specialist children's services. More reliance on informal carers leads to strain on families and individuals. More pressure on services to respond to increased demand, a risk of service failure if there is insufficient capacity to respond.	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD	Very Likely (5)	Serious (4)	
				<b>Target Residual Likelihood</b>	<b>Target Residual Impact</b>	
				Likely (4)	Serious (4)	
<b>Control Title</b>			<b>Control Owner</b>			
Robust monitoring, reporting and analysis to DMT and Business Planning			Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD			
Working towards joint planning and commissioning with partners			Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD			

Early intervention and Preventative services aimed at reducing demand-enablement, fast track minor equipment, short term care with step down and step up support	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD	
Developing community capacity particularly in relation to prevention and early help.	Mark Lobban, Director Commissioning SCHWB	
Tendering taking place for Residential and Nursing Care to shape/manage the market.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB	
As part of the 0 to 25 programme, streamlining back office processes and systems. Freeing up social worker time for more direct work. Focus on quality and effectiveness of intervention and ensuring an appropriate and timely throughput of cases	Philip Segurola, Director Specialist Children's Services	
Continued monitoring of Ordinary Residence regarding the disproportionate number of people in need across the age ranges (children and adults) being placed by other local authorities into Kent.	Andrew Ireland, Corporate Director SCHWB/ Philip Segurola, Director Specialist Children's Services/ Penny Southern, Director DCLDMH	
Adults Transformation Programme in progress. Phase One implemented including: Care Pathways, Commissioning and Procurement and Optimisation. Phase 2 and LD projects now in progress.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD	
<b>Action Title</b>	<b>Action Owner</b>	<b>Planned Completion Date</b>
Review of care ensuring good outcomes linked to effective arrangements for support. Monitoring of trusted assessor arrangements e.g. carers assessments.	Andrew Ireland, Corporate Director SCHWB	31 <sup>st</sup> March 2016
Continued use and development of Assistive Technology (Telecare). Extend scope of Telecare.	Andrew Ireland, Corporate Director SCHWB	1 <sup>st</sup> April 2016

Continued working to ensure children in care are supported with a permanency plan. Early help for families. Promoting adoption and permanency where it is right for the child.	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
Continue to invest in preventative services through voluntary sector partners.	Andrew Ireland, Corporate Director SCHWB	31 <sup>st</sup> March 2016
Adult social care Transformation Programme - tracking and monitoring the impact of delivery -on going.	Andrew Ireland, Corporate Director SCHWB	1 <sup>st</sup> April 2016
Checking cases to ensure that where SCHW is approached to take cases on then the individual case does "qualify" under the Ordinary Residence guidance - on going.	Andrew Ireland, Corporate Director SCHWB	1 <sup>st</sup> April 2016
Continued modernisation of Older People Services and of Learning Disability Day Services through the Good Day Programme.	Andrew Ireland, Corporate Director SCHWB	1 <sup>st</sup> April 2016
Monitor demand for services including new referrals and people requiring services for longer -often with complex needs.	Penny Southern, Director DCLDMH	31 <sup>st</sup> March 2016
SCS working with Strategic Commissioning and EHPS to negotiate improved contracts with providers.	Philip Segurola, Acting Director Specialist Children's Services	31 <sup>st</sup> March 2016
To further improve the adoption journey for children and adopters in Kent and achieve earlier permanence and improved outcomes for children in the care system	Philip Segurola, Acting Director Specialist Children's Services	31 <sup>st</sup> March 2016

<b>Risk ID</b>	<b>SCHWB 08</b>	<b>Risk Title</b>	<b>Managing and working within the Social Care Market.</b>			
<b>Source / Cause of risk</b>	<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>	
Managing and working within the Social Care Market.	SCHW adult services commissions about 90% of services from outside the Directorate. Many of them from the Private and Voluntary sector. Although this offers efficiencies and value for money it does mean the Directorate needs the market to be buoyant to achieve best value and to give service users real choice and control. A risk is the care home and domiciliary care markets not being sustainable. Becoming increasingly difficult to obtain provider supply at affordable prices. The introduction of the Living Wage could severely impact on the care market and could result in home closures/service failures. Also, there is a need to develop and promote the Children's social care market to ensure the sufficient supply to meet the needs of children in need and children in care.	Some parts of the social care market are facing severe financial pressures; this could be compounded by a significant increase in the minimum wage. If some providers fail then there could be gaps in the care market for certain types of care or in geographical areas. This would make it difficult to place some service users. Financial pressures could result in difficulties purchasing care at affordable prices. A risk that providers will choose not to tender for services at Local Authority funding levels.	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban Director Commissioning SCHWB	Likely (4)	Major (5)	
				<b>Target Residual Likelihood</b>	<b>Target Residual Impact</b>	
				Possible (3)	Significant (3)	

<b>Control Title</b>	<b>Control Owner</b>
Strategic Commissioning and Access to Resources function in place to ensure KCC gets value for money - whilst maintaining productive relationships with providers.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB
Regular market mapping and price increase pressure tracking	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB
Procurement and contract controls	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB
Commissioning framework for children's services	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB
Regular meetings with provider and trade organisations	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB
A risk based approach to monitoring providers	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB
Reviewing relationships with voluntary organisations	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban, Director Commissioning SCHWB
Develop commissioning plans for specific service areas to determine if a tendering process is required and then implement.	Mark Lobban, Director Commissioning SCHWB
Every provider has signed the National Fostering Framework agreement and KCC's service specification.	Mark Lobban, Director Commissioning SCHWB
Preparations taking place for the next residential/nursing home relet	Mark Lobban, Director Commissioning SCHWB
Opportunities for joint commissioning in partnership with key agencies (health) being explored	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban, Director Commissioning SCHWB
On-going monitoring of Home Care and market coverage following Home Care retender	Mark Lobban, Director Commissioning SCHWB



An Accommodation Strategy is in place developed with partners and key stakeholders		Mark Lobban, Director Commissioning SCHWB
<b>Action Title</b>	<b>Action Owner</b>	<b>Planned Completion Date</b>
Ensuring market is able to offer choice in the new market conditions opened up by personalisation	Mark Lobban, Director Commissioning SCHWB	31 <sup>st</sup> March 2016
Project to improve quality of care in independent sector. Framework to be produced.	Mark Lobban, Director Commissioning SCHWB	31 <sup>st</sup> March 2016
Need to ensure there is sufficient local foster and residential care for disabled children to reduce the need for out of county placements.	Mark Lobban, Director Commissioning SCHWB	31 <sup>st</sup> March 2016
Preparation taking place in Strategic Commissioning and Procurement to tender for residential and nursing home care.	Mark Lobban, Director Commissioning SCHWB	1 <sup>st</sup> April 2016

Risk ID	SCHW 09	Risk Title	Information and Communication Technology			
<b>Source / Cause of risk</b>	<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>	
Need to ensure that information and communication systems are fit for purpose and support business requirements.	There is a risk that failure of critical systems or network failure will impact significantly on the delivery of services. There are risks if systems are slow or if there is down time. An example is a problem with systems could impact on client billing. A second risk is that systems are not updated so that they become obsolete and are no longer fit for purpose, or the system provider decides not to retain a commitment to the product. A third risk is if systems do not have disaster recovery systems in place.	Information Systems need to be fit for purpose to assist service delivery and performance management - if systems are not fit for purpose this could have a significant impact on the service. If there is a lot of down time or if systems are slow it can impede staff from accessing key information about service users and carers.	Andrew Ireland, Corporate Director SCHWB/ Philip Segurola, Director Specialist Children's Services/ Mark Lobban, Director Commissioning SCHWB	Likely (4)	Significant (3)	
				<b>Target Residual Likelihood</b>	<b>Target Residual Impact</b>	
				Possible (3)	Moderate (2)	
<b>Control Title</b>			<b>Control Owner</b>			
Upgrade to version 29.1 of SWIFT/AIS has taken place			Mark Lobban, Director Commissioning SCHWB			
A new Controcc System implemented (Foster Payment System). Phase 1 is live, phase 2 is planned.			Philip Segurola, Director Specialist Children's Services			
Children's System Programme Board oversees ICT related projects for SCS and EHPS such as updates and improvements to the ICS system (Liberi), the procurement and integration of Controcc and a EH module on Liberi.			Philip Segurola, Director Specialist Children's Services			
SCS Progression of new technology options to improve remote access and flexible recording			Philip Segurola, Director Specialist Children's Services			

Reconfiguration of roles and responsibilities undertaken to clarify accountabilities including the role of system owner	Mark Lobban, Director Commissioning SCHWB	
Work on going with SWIFT/AIS software provider. Meetings with account holder and on -going dialogue. Northgate recently taken over by a private equity company - Cinven. Monitoring to see if there are any implications in terms of their commitment to the social care market.	Mark Lobban, Director Commissioning SCHWB	
<b>Action Title</b>	<b>Action Owner</b>	<b>Planned Completion Date</b>
Any issues and risks regarding the new Liberi system are to be dealt with in the Programme board/separate risk register	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
The contract with the current provider is time limited and decisions will need to be taken regarding future arrangements.	Mark Lobban, Director Commissioning SCHWB	31 <sup>st</sup> March 2016
DMT will need to consider the strategic use of ICT and related investment needs within adult social care to incorporate the requirements of Facing the Challenge, adult social care transformation and the Care Act. Revamp of ASSG planning and monitoring systems and re-investment of dedicated resource.	Mark Lobban, Director Commissioning SCHWB	31 <sup>st</sup> March 2016
Implementation of tablet option with remote access as part of TRP refresh programme. Exploring options for remote access for those using existing technology.	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
Following out sourcing of Digital Services to Agilisys, need to ensure there is no disconnect between back office systems (managed by ICT) and the customer facing website (managed by Agilisys).	Linda Harris, Infrastructure Business Partner	31 <sup>st</sup> March 2016
A disaster recovery environment in place - need to test DR once a year and after every upgrade. DR is needed and in place for Liberi and CONTROCC.	Linda Harris, Infrastructure Business Partner	31 <sup>st</sup> March 2016
CCGs working towards local health and care economies being paper free by 2020. Expected that Local Authorities will participate. Paper submitted to DMT regarding position in Kent.	Linda Harris, Infrastructure Business Partner	31 <sup>st</sup> March 2016

Risk ID	SCHW 10	Risk Title	Information Governance			
<b>Source / Cause of risk</b>	<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>	
With New Ways of Working, flexible working and increased information sharing across agencies there are increased risks in relation to data protection. With office moves taking place files may need to be moved and there could be insufficient storage in the accommodation provided. There are also risks that in shared office spaces some SCHW staff may be working/hotdesking alongside staff not in the Directorate	The success of health and social care integration is dependent upon organisations being able to share information across agencies boundaries. Such working means that client information may be shared with other organisations which may have an implication on information sharing protocols. Also flexible working could lead to increased risk of loss of data or equipment. Delegated functions to other organisations raises issues about information sharing and what controls, systems and I.G assurance mechanisms the other organisations have in place.	This could lead to breaches of the Data Protection Act if protocols and procedures are not followed.	Andrew Ireland, Corporate Director SCHWB	Possible (3)	Significant (3)	
				<b>Target Residual Likelihood</b>	<b>Target Residual Impact</b>	
				Possible (3)	Moderate (2)	
<b>Control Title</b>			<b>Control Owner</b>			
Information sharing agreements and protocols for some specific projects are in place. IG is considered during the PMO process. Where information sharing with non-government organisations then Egress can be used to lead to greater security.			Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD/Philip Segurola, Director Specialist Children's Services			

Organisational policies on IT security and the principles of Data Protection in place.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD/Philip Segurola, Director Specialist Children's Services
E Learning training for staff to raise awareness. All staff to complete the e-learning training on Information Governance and Data Protection.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD/Philip Segurola, Director Specialist Children's Services
Clause in employment contracts requiring compliance with data protection requirements.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD/Philip Segurola, Director Specialist Children's Services
Policy impact Assessment for the information governance aspects of projects such as the residential re-let.	Andrew Ireland, Corporate Director SCHWB
In shared offices there are designated areas for SCHW staff to ensure phone calls are not overheard.	Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD/Philip Segurola, Director Specialist Children's Services

<b>Action Title</b>	<b>Action Owner</b>	<b>Planned Completion Date</b>
All projects need to have information protocols and agreements where information is to be shared across agencies.	Andrew Ireland, Corporate Director SCHWB	31 <sup>st</sup> March 2016
Need to continue to raise awareness across staff groups. All staff to undertake E-learning in information governance	Andrew Ireland, Corporate Director SCHWB	31 <sup>st</sup> March 2016
Standard operating procedures being produced with organisations that are to be data processors with access to adult social care client database information.	Anne Tidmarsh, Director Older People & Physical Disability	31 <sup>st</sup> March 2016
On-going work with health partners regarding information sharing through the Pioneer Programme.	Anne Tidmarsh, Director Older People & Physical Disability	1 <sup>st</sup> April 2016
Information Governance reports to DMT with updates.	David Oxlade, Head of Operational Support	1 <sup>st</sup> April 2016
In SCS regular communication with staff to remind them of data protection requirements and the need to use secure e-mails etc. Learning to be shared from Data Protection breaches	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
Ensure lessons are learned from the Information Commissioner's findings and are cascaded and inform training.	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016

<b>Risk ID</b>	<b>SCHW 11</b>	<b>Risk Title</b>	<b>Business disruption</b>			
<b>Source / Cause of risk</b>		<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>
Possible disruption to services		Impact of emergency or major business disruption on the ability of the Directorate to provide essential services to meet its statutory obligations.	Such an event would impact on the customers of our services and possibility the reputation of the service would suffer	Andrew Ireland, Corporate Director SCHWB/ Penny Southern, Director DCLDMH	Possible (3)	Significant (3)
					<b>Target Residual Likelihood</b>	<b>Target Residual Impact</b>
					Possible (3)	Significant (3)
<b>Control Title</b>				<b>Control Owner</b>		
Business Continuity Systems and Procedures are in place				Andrew Ireland, Corporate Director SCHWB/ Penny Southern, Director DCLDMH		
Business continuity planning forms part of the contracting arrangements with private and voluntary sector providers				Andrew Ireland, Corporate Director SCHWB/ Penny Southern, Director DCLDMH		
Good partnership working at all levels for emergency planning.				Andrew Ireland, Corporate Director SCHWB/ Penny Southern, Director DCLDMH		
Business Impact Analysis and Risk Assessment are reviewed at least every 12 months or when substantive changes in processes and priorities are identified.				Andrew Ireland, Corporate Director SCHWB/ Penny Southern, Director DCLDMH		
Crisis/emergency planning training available for staff.				Andrew Ireland, Corporate Director SCHWB/ Penny Southern, Director DCLDMH		
Business Continuity plans reviewed annually or in light of significant changes or events.				Andrew Ireland, Corporate Director SCHWB/ Penny Southern, Director DCLDMH		

<b>Action Title</b>	<b>Action Owner</b>	<b>Planned Completion Date</b>
Business Continuity Risk Assessment identifies actions at divisional level	Andrew Ireland, Corporate Director SCHWB	31 <sup>st</sup> March 2016
Regular review and update of continuity plans	Andrew Ireland, Corporate Director SCHWB	31 <sup>st</sup> March 2016
Business Management Team to work with strategic commissioning and corporate procurement to ensure contracted services have business continuity arrangements in place.	David Oxlade, Head of Operational Support	31 <sup>st</sup> March 2016
Establish Directorate Capacity Management Group. Develop a single capacity planning process for whole system resilience in quality of care, safeguarding and emergencies in care provision.	David Oxlade, Head of Operational Support	31 <sup>st</sup> March 2016
Develop and deliver a specialist programme in Emergency Response for Social Care and Public Health Staff: (1) operational resilience in social care; (2) Emergency response in the community; (3) surge capacity management	David Oxlade, Head of Operational Support	31 <sup>st</sup> March 2016



<b>Risk ID</b>	<b>SCHW 12</b>	<b>Risk Title</b>	<b>KCC KMPT partnership agreement</b>			
<b>Source / Cause of risk</b>	<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>	
Partnership agreement with KMPT to deliver mental health services.	Risk that a failure to meet mental health statutory requirements would have legal, financial and reputational risks for the Local Authority and would impact on service quality for service users.	Legal, financial and reputational risks for the Local authority and impact on service users.	Penny Southern, Director DCLDMH	Possible (3)	Significant (3)	
				<b>Target Residual Likelihood</b>	<b>Target Residual Impact</b>	
				Possible (3)	Moderate (2)	
<b>Control Title</b>				<b>Control Owner</b>		
Improved governance and performance monitoring arrangements in place.				Penny Southern, Director DCLDMH		
Div MT oversight of the joint operating framework and improved data quality to monitor services.				Cheryl Fenton, Head of Mental Health Social Work		
CQC highlighted a concern with high caseloads in KMPT. This will impact on KCC seconded staff. A system has been introduced to monitor caseloads on a weekly basis through a RAG rating tool. This it to be monitored at DivMT.				Cheryl Fenton, Head of Mental Health Social Work		
Increased monitoring of the number of residential care placements through coordination of the Complex Needs Panel, the review of placements, and the transfer of a significant number of residential clients to the KCC Primary Care Mental Health Service.				Cheryl Fenton, Head of Mental Health Social Work		
Introduction of a new model to deliver safeguarding duties under Section 42 Care Act 2014 with KCC providing designated senior officer role and oversight of all stages of enquiries				Cheryl Fenton, Head of Mental Health Social Work		
KMPT required to implement social work job plans, caseload management tool and focused roles and responsibilities for mental health social workers (based on the College of Social Work recommendations). To seek assurance at Div MT.				Cheryl Fenton, Head of Mental Health Social Work		

Action Title	Action Owner	Planned Completion Date
Improve the supervision, support and Continuous Professional Development for social care staff. Arrangements for professional supervision in place. Supervision audits on-going. Targeted recruitment and succession strategy has been implemented.	Cheryl Fenton, Head of Mental Health Social Work	31 <sup>st</sup> March 2016
Partnership/Operating Agreement between KCC and KMPT monitored through DivMT on an on-going basis. Annual report to Members regarding the Agreement.	Penny Southern, Director DCLDMH	31 <sup>st</sup> March 2016
Continue to promote the personalisation agenda with social care clients in mental health services. Implementation of recent Social Work Assistant review with clear remit to support the personalisation agenda. Transfer of KERS service to new Primary Care Mental Health Service to ensure early intervention and prevention via enablement	Cheryl Fenton, Head of Mental Health Social Work	31 <sup>st</sup> March 2016
Monitor KPIs -focus on red indicators and exception reports. Address IT issues - action plan to do this	Cheryl Fenton, Head of Mental Health Social Work	1 <sup>st</sup> April 2016
Establishment of a Primary Care and Well Being Service to deliver social care. Will be in place by April 2016 as part of a wider multi agency approach to community mental health service. This will include a primary care social work service.	Penny Southern, Director DCLDMH	31 <sup>st</sup> March 2016
Audit of implementation of Care Act planned to inform ongoing action required by KMPT.	Cheryl Fenton, Head of Mental Health Social Work	31 <sup>st</sup> March 2016

Risk ID	SCHW 15	Risk Title	MCA and Deprivation of Liberty Assessments			
<b>Source / Cause of risk</b>	<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>	
A judgement by the Supreme Court has implications for the number of Deprivation of Liberty Assessments that are required.	The number of Deprivation of Liberty assessments has significantly increased. This could lead to DoLs applications and Best Interests Assessments not being done within the statutory framework.	This could result in some people living in circumstances where they are deprived of their liberty based on the new legal interpretation but without a DoLs assessment. This could be detrimental to the individual and could result in a challenge based on the Supreme Court judgement.	Mark Lobban, Director Commissioning SCHWB	Likely (4)	Serious (4)	
				<b>Target Residual Likelihood</b>	<b>Target Residual Impact</b>	
				Likely (4)	Moderate (2)	
<b>Control Title</b>			<b>Control Owner</b>			
DMT briefed on the judgement and its implications.			Nick Sherlock, Head of Adult Safeguarding			
Briefing issued by Corporate Director.			Nick Sherlock, Head of Adult Safeguarding			
Support is provided to staff through the DoLs/MCA team			Nick Sherlock, Head of Adult Safeguarding			
Specialist DoL training is available to staff			Nick Sherlock, Head of Adult Safeguarding			
Additional resources identified and deployed to increase staff capacity (including for advocacy and section 12 doctors)			Nick Sherlock, Head of Adult Safeguarding			
<b>Action Title</b>		<b>Action Owner</b>		<b>Planned Completion Date</b>		
Staff who have completed the BIA training are being put onto the BIA rota. Two BIA training courses per year are being delivered through Canterbury		Mark Lobban, Director		31 <sup>st</sup> March 2016		

Christchurch University. Range of initiatives to increase the DoLs capacity i.e. New Section 12 Contract to focus on the backlog; Commissioning of 750 BIA Assessments from Connect 2 Kent	Commissioning SCHWB	
As this risk is the result of a national judgment - most Local Authorities are facing similar challenges. To keep abreast of any national (DH) developments or further court judgments	Mark Lobban, Director Commissioning SCHWB	1 <sup>st</sup> April 2016
Additional funding identified for 2015/16 to invest in additional staff and to meet costs (e.g. legal costs). DMT agreed a way forward for the deployment of these resources for DoLs applications for institutional care settings. Authorisation for the recruitment of additional staff agreed. Action plan has been developed to ensure a systematic implementation of managing these resources. DMT agreed to extend the number of authorisers within the Directorate. A Cost modelling exercise has been completed to identify costs for applications arising from supported living placements in DCLDMH	Mark Lobban, Director Commissioning SCHWB	31 <sup>st</sup> March 2016

<b>Risk ID</b>	<b>SCHW 17</b>	<b>Risk Title</b>	<b>OFSTED preparedness and service improvement</b>			
<b>Source / Cause of risk</b>	<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>	<b>Target Residual Impact</b>
Preparedness for an Ofsted Inspection	An announced Ofsted Single Inspection Framework is expected in 2015	Failure to maintain service improvement could adversely impact on children and young people, budget and staffing. A critical inspection could result in being placed on an improvement notice.	Andrew Ireland, Corporate Director SCHWB/ Philip Seguola, Director Specialist Children's Services	Likely (4)	Significant (3)	Moderate (2)
<b>Control Title</b>				<b>Control Owner</b>		
A children's improvement group has been established, comprising of senior manager from SCS and Early Help and Preventative Services.				Philip Seguola, Director Specialist Children's Services		
The 0 to 25 programme Board provides a strategic overview.				Philip Seguola, Director Specialist Children's Services		
Recruitment and retention plan in place and monitored through the resource group.				Philip Seguola, Director Specialist Children's Services		
Progress is robustly monitored locally, at monthly performance slots at divisional management teams and at area deep dive meetings.				Philip Seguola, Director Specialist Children's Services		
Engagement with expert practitioner group. Ensure implementation of the social work contract.				Philip Seguola, Director Specialist Children's Services		
Following removal from improvement notice the Children's Improvement Plan has been revised and re-launched as a development action plan. The joint plan with EHPS addresses high priority actions and addresses the recommendations made in the recent OFSTED CSE themed inspection and the actions identified during a recent external review				Philip Seguola, Director Specialist Children's Services		

<b>Action Title</b>	<b>Action Owner</b>	<b>Planned Completion Date</b>
Annex A documentation collated and updated in readiness for an Ofsted inspection.	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
Teams to identify and collate good practice examples	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
There is a continuous programme of audits with regular reporting to Senior Managers. Currently reviewing the Audit Process both within SCS and multi-agency KSCB. How best to cascade lessons learnt and evidence impact to be considered as part of this work	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
Work to Children's Development Plan and continue to amend in line with areas for improvement, identified through Q&A activity, peer challenge or external inspection	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
CSE action plan Incorporated into the Children's Development Plan.	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
Weekly monitoring of key performance indicators and caseloads.	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016

Risk ID	SCHW 19	Risk Title	Capacity to assess, support and accommodate the increased arrival rate of Unaccompanied Asylum Seeking Children				
<b>Source / Cause of risk</b>	<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>	<b>Target Residual Likelihood</b>	<b>Target Residual Impact</b>
Since May 2015 there has been an unprecedented increase in the numbers of UASC arriving in Kent.	There is a risk that there will be insufficient accommodation, social work assessment capacity and support for UASC	Insufficient capacity within the council to accommodate and support UASC. The current arrival rate places increased demand on all aspects of SCS service delivery, such as VSK, the IRO service, social work capacity and the availability of accommodation and support. If costs are not met by the Home Office there could be a significant budget shortfall for the Council. Capacity to recruit sufficient social work and IRO staff to undertake the work required	Philip Segurola, Director Specialist Children's Services	Very Likely (5)	Major (5)	Possible (3)	Serious (4)
<b>Control Title</b>			<b>Control Owner</b>				
The Leader, Members and Senior Officers continue to make representations to the Home Office			Philip Segurola, Director Specialist Children's Services				
From September 2015 two additional, temporary Reception Centres have opened			Philip Segurola, Director Specialist Children's Services				

SCS DivMT authorised an increase in staff for asylum duty team, IRO service and district teams		Philip Segurola, Director Specialist Children's Services
<b>Action Title</b>	<b>Action Owner</b>	<b>Planned Completion Date</b>
Trying to strengthen the position of a dispersal scheme with the Home Office	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
Continue to review staffing levels and increase as required. Work with HR and Connect to Kent to source additional social workers	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
Daily updates top Senior Management to review arrival rate, capacity, and accommodation and support requirements. Management action taken as required	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016
Continue to work with other providers to source accommodation	Philip Segurola, Director Specialist Children's Services	31 <sup>st</sup> March 2016



Risk ID	SCHW 20	Risk Title	Prevent Duties			
<b>Source / Cause of risk</b>	<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>	<b>Target Residual Impact</b>
The Government's "Prevent Duty" requires the Local Authority to act to prevent people from being drawn into terrorism. The Local Authority needs to comply with the Counter Terrorism Act 2015	Failure to meet the requirements of the "Prevent Duty" could lead to more people being drawn into terrorism and terrorist activities.	Could lead to more terrorism and terrorist activity.	Andrew Ireland, Corporate Director SCHWB/Philip Segurola, Director Specialist Children's Services/Mark Lobban, Director Commissioning/Penny Southern, Director DCLDMH/Anne Tidmarsh, Director OPPD	Possible (3)	Serious (4)	Moderate (2)
<b>Control Title</b>				<b>Control Owner</b>		
Prevent Duty Delivery Board established to oversee the activity of the Kent Channel Panel, co-ordinate Prevent activity across the County and report to other relevant strategic bodies in the county such as the Kent Safeguarding Boards				Andrew Ireland, Corporate Director SCHWB		
Kent Channel Panel (early intervention mechanism providing tailored support to people who have been identified as at risk of being drawn into terrorism) established at district and borough level				Andrew Ireland, Corporate Director SCHWB		
Briefings produced and communication on Knet regarding the PREVENT agenda. Mandatory training package produced				Andrew Ireland, Corporate Director SCHWB		

Action Title	Action Owner	Planned Completion Date
Awareness raising "Prevent" training for those working with people directly at risk	Andrew Ireland, Corporate Director SCHWB/Philip Segurola, Director Specialist Children's Services/Nick Sherlock, Head of Adult Safeguarding	31 <sup>st</sup> March 2016
Reports to the Divisional Management Teams to raise awareness of the issue	Nick Wilkinson, Head of Youth Justice and Safer Young Kent	31 <sup>st</sup> March 2016
Mandatory training being rolled out.	Nick Wilkinson, Head of Youth Justice and Safer Young Kent	31 <sup>st</sup> March 2016

Risk ID	CRR 12	Risk Title	Welfare Reform changes (Directorate Led Corporate Risk)			
<b>Source / Cause of Risk</b>		<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>
The Welfare Reform Act 2012 put into law many of the proposals set out in the 2010 white paper <i>Universal Credit: Welfare that Works</i> . It aims to bring about a major overhaul of the benefits system and the transference of significant centralised responsibilities to local authorities. KCC needs to be prepared to manage the uncertain affects and outcomes that the changes may have on the people of Kent. This now includes assessment of potential impacts of the Welfare Reform & Work Bill.		The impact of the reforms in regions outside of Kent could trigger the influx of significant numbers of 'Welfare' dependent peoples to Kent.  Failure to plan appropriately to deal with potential consequences.	An increase in households falling below poverty thresholds with vulnerable people becoming exposed to greater risk.  Additional pressure on KCC services e.g. demand for adults and children's social care.  Increasing deprivation leads to increase in social unrest and criminal activity.	Andrew Ireland, Corporate Director SCHW  <b>Responsible Cabinet Member(s):</b> Graham Gibbens, Adult Social Care & Public Health	Possible (3)  <b>Target Residual Likelihood</b> Possible (3)	Serious (4)  <b>Target Residual Impact</b> Significant (3)
<b>Control Title</b>					<b>Control Owner</b>	
Ongoing analysis and tracking of impacts conducted by Strategy, Policy & Assurance and Strategic Business Development & Intelligence teams plus external partners to give an indication of scale of implications of reforms. Mechanism developed to track benefit migration into Kent.					Emma Mitchell, Director Strategic Business Development & Intelligence /David Whittle, Director Strategy, Policy, Relationships and Corporate Assurance	
Policy & research updates produced periodically to aid monitoring of potential impacts					David Whittle, Director Strategy, Policy, Relationships and Corporate Assurance/Emma Mitchell, Director Strategic Business Development & Intelligence	

Kent Support and Assistance Service operating as the County's local welfare assistance scheme		Graham Gibbens, Cabinet Member Adult Social Care & Public Health
<b>Action Title</b>	<b>Action Owner</b>	<b>Planned Completion Date</b>
Review of local welfare assistance scheme	Mark Lobban, Director Commissioning SCHW	September 2016
Policy and research update to review potential impacts of welfare reform changes, including potential implications of Welfare Reform and Work Bill	David Whittle, Director Strategy, Policy, Relationships and Assurance/Emma Mitchell, Director Strategic Business Development & Intelligence	January 2016

From: Peter Sass, Head of Democratic Services

To: Children's Social Care and Health Cabinet Committee – 22 March 2016

Subject: **Work Programme 2016**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Standard item

**Summary:** This report gives details of the proposed work programme for the Children's Social Care and Health Cabinet Committee.

**Recommendation:** The Children's Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 2016.

## 1. Introduction

- 1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decisions List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting, in accordance with the Constitution, and attended by the Chairman, Mrs Whittle, the Vice-Chairman, Mrs Crabtree and three Group Spokesmen, Ms Cribbon, Mr Vye and Mrs Wiltshire.
- 1.2 Whilst the Chairman, in consultation with the Cabinet Member, is responsible for the final selection of items for the agenda, this item gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

## 2. Terms of Reference

- 2.1 At its meeting held on 27 March 2014, the County Council agreed the following terms of reference for the Children's Social Care and Health Cabinet Committee:- *"To be responsible for those functions that sit within the Social Care, Health and Wellbeing Directorate which relate to Children"*. The functions within the remit of this Cabinet Committee are:

### **Children's Social Care and Health Cabinet Committee**

#### **Commissioning**

- Children's Health Commissioning
- Strategic Commissioning - Children's Social Care
- Contracts and Procurement - Children's Social Care
- Planning and Market Shaping - Children's Social Care
- Commissioned Services - Children's Social Care

### **Specialist Children's Services**

- Initial Duty and Assessment
- Child Protection
- Children and young people's disability services, including short break residential services
- Children in Care (Children and Young People teams)
- Assessment and Intervention teams
- Family Support Teams
- Adolescent Teams (Specialist Services)
- Adoption and Fostering
- Asylum (Unaccompanied Asylum Seeking Children (UASC))
- Central Referral Unit/Out of Hours
- Family Group Conferencing Services
- Virtual School Kent

### **Child and Adolescent Mental Health Services**

### **Children's Social Services Improvement Plan**

### **Corporate Parenting**

### **Transition planning**

### **Health – when the following relate to children**

- Children's Health Commissioning
- Health Improvement
- Health Protection
- Public Health Intelligence and Research
- Public Health Commissioning and Performance

2.2 Further terms of reference can be found in the Constitution at Appendix 2, Part 4, paragraphs 21 to 23, and these should also inform the suggestions made by Members for appropriate matters for consideration.

### **3. Work Programme 2016**

3.1 The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion in the agenda of future meetings.

3.2 The schedule of commissioning activity 2015-16 to 2017-18 which falls within the remit of this Cabinet Committee will be included in the Work Programme and considered at future agenda setting meetings. This will support more effective forward agenda planning and allow Members to have oversight of significant service delivery decisions in advance.

- 3.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately to the agenda, or separate Member briefings will be arranged, where appropriate.

#### **4. Conclusion**

- 4.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme to help the Cabinet Members to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions of future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings for consideration.

#### **5. Recommendation:**

The Children's Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 2016.

#### **6. Background Documents**

None.

#### **7. Contact details**

Report Author:  
Alexander Saul  
Democratic Services Officer  
03000 419890  
[Alexander.saul@kent.gov.uk](mailto:Alexander.saul@kent.gov.uk)

Lead Officer:  
Peter Sass  
Head of Democratic Services  
03000 416647  
[peter.sass@kent.gov.uk](mailto:peter.sass@kent.gov.uk)

This page is intentionally left blank



**CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME  
2016/17**

Agenda Section	Items
<b>13 MAY 2016</b>	
<b>B – Key or Significant Cabinet/Cabinet Member Decisions</b>  CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
<b>C – Other items for Comment/Rec to Leader/Cabinet Member</b>	
<b>D – Performance Monitoring</b>	<ul style="list-style-type: none"> <li>• Specialist Children’s Services Performance Dashboards</li> <li>• Public Health Performance Dashboard</li> <li>• Work Programme</li> </ul>
<b>E – for Information - Decisions taken between meetings</b>	
<b>5 JULY 2016</b>	
<b>B – Key or Significant Cabinet/Cabinet Member Decisions</b>  CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
<b>C – Other items for Comment/Rec to Leader/Cabinet Member</b>	<ul style="list-style-type: none"> <li>• Action Plans arising from Ofsted inspection (replaces former CSIP update) <b>to alternate meetings</b></li> <li>• Teenage Pregnancy Strategy one year on update</li> </ul>
<b>D – Performance Monitoring</b>	<ul style="list-style-type: none"> <li>• Specialist Children’s Services Performance Dashboards</li> <li>• Public Health Performance Dashboard</li> <li>• Work Programme</li> </ul>
<b>E – for Information - Decisions taken between meetings</b>	
<b>6 SEPTEMBER 2016</b>	
<b>B – Key or Significant Cabinet/Cabinet Member Decisions</b>  CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	<ul style="list-style-type: none"> <li>• Emotional Health and Wellbeing Strategy – 6 monthly update</li> </ul>
<b>C – Other items for Comment/Rec to</b>	<ul style="list-style-type: none"> <li>• Update on teenage pregnancy strategy– seek data for more local (ward) level. (Requested at 8 Sept mtg)</li> </ul>

<b>Leader/Cabinet Member</b>	
<b>D – Performance Monitoring</b>	<ul style="list-style-type: none"> <li>• Specialist Children’s Services Performance Dashboards</li> <li>• Public Health Performance Dashboard</li> <li>• Equality and Diversity Annual report</li> <li>• Annual Complaints report</li> <li>• Work Programme</li> </ul>
<b>E – for Information - Decisions taken between meetings</b>	
<b>10 NOVEMBER 2015</b>	
<b>B – Key or Significant Cabinet/Cabinet Member Decisions</b>	
CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
<b>C – Other items for Comment/Rec to Leader/Cabinet Member</b>	<ul style="list-style-type: none"> <li>• Action Plans arising from Ofsted inspection (replaces former CSIP update) <b>to alternate meetings</b></li> </ul>
<b>D – Performance Monitoring</b>	<ul style="list-style-type: none"> <li>• Specialist Children’s Services Performance Dashboards</li> <li>• Public Health Performance Dashboard</li> <li>• Work Programme</li> </ul>
<b>E – for Information - Decisions taken between meetings</b>	

**NEXT MEETINGS:**

**11 JANUARY 2017**

**23 MARCH 2017**