Summons to and Agenda for a Meeting on

Thursday, 7th December, 2017

at **10.00 am**

DEMOCRATIC SERVICES
SESSIONS HOUSE
MAIDSTONE

Wednesday, 29 November 2017

To: All Members of the County Council

Please attend the meeting of the County Council in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 7 December 2017 at **10.00 am** to deal with the following business. **The meeting is scheduled to end by 4.30 pm.**

Webcasting Notice

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

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

Voting at County Council Meetings

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

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

A G E N D A

1. Apologies for Absence

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

3. Minutes of the meeting held on 19 October 2017 and, if in order, to be approved as a correct record **(Pages 5 - 16)**

4. Chairman's Announcements

5. Questions

6. Report by Leader of the Council (Oral)

7. KCC engagement with the Kent & Medway NHS Sustainability and Transformation Plan **(Pages 17 - 24)**

8. Kent Health and Wellbeing Board - Annual Report **(Pages 25 - 32)**

9. Kent and Medway Safeguarding Adults Board - Annual Report **(Pages 33 - 94)**

10. Motion for Time Limited Debate

Public Question Time

Proposed by Rob Bird and seconded by Ida Linfield

"This Council faces considerable and increasing challenges including growing demand, rising costs and reduction in government funding. To ensure that we continue to deliver the services that matter most to the people of Kent, public engagement is vital.

This Council supports the principle of public participation in County Council meetings.

This council therefore agrees to request that the General Counsel explore options and present a paper to the meeting in March 2018 to introduce a Public Question Time to ensure that we meet the Council's priorities and to join with our District colleagues and other County Council peers in introducing the ability for the residents to have their say."

John Lynch,
Head of Democratic Services
03000 410466

KENT COUNTY COUNCIL

MINUTES of a meeting of the Kent County Council held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 19 October 2017.

PRESENT:
Mr D L Brazier (Chairman)
Mr M J Angell (Vice-Chairman)

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

IN ATTENDANCE: Mr D Cockburn (Corporate Director Strategic & Corporate Services), Mr B Watts (General Counsel), Mr J Lynch (Head of Democratic Services), Mrs A Beer (Corporate Director Engagement, Organisation Design & Development), Mrs B Cooper (Corporate Director of Growth, Environment and Transport), Mr A Ireland (Corporate Director Social Care, Health and Wellbeing), Mr P Leeson (Corporate Director Children, Young People and Education), Ms A Singh (Corporate Director, Adult Social Care and Health) and Mr A Wood (Corporate Director of Finance)

UNRESTRICTED ITEMS

27. Apologies for Absence

The General Counsel reported apologies from Mr Bowles, Miss Dawson, Mr Horwood and Mr Pugh.

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

(1) Dr Sullivan declared an interest in item 7 (Autumn Budget Statement) as her husband was employed by the County Council in the Early Help and Prevention Team.

(2) Mr Bartlett declared an interest in item 10 (Treasury Management Annual Review 2016/17) as an employee of the Bank of New York Mellon (BNYM); a fund managed by an entity of BNYM was listed as a deposit taker in Appendix 2. He stated that it was a voluntary announcement for transparency purposes and he did not intend to participate or vote on the item.

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

29. Minutes of the meeting held on 13 July 2017 and, if in order, to be approved as a correct record

RESOLVED that the minutes of the meeting held on 13 July 2017 be approved as a correct record.

30. Chairman's Announcements

(a) Mrs Molly De Courcy

(1) The Chairman stated that it was with regret that he had to inform Members of the death of Mrs Molly De Courcy on Thursday 3 August. Mrs De Courcy was a former KCC Member for Canterbury East between 1981and 1993.

(2) Mrs De Courcy's funeral had taken place on 24 August.

(3) Mr Gibbens and Mrs Dean paid tribute to Mrs De Courcy.

(b) Mr John Cubitt

(4) The Chairman stated that it was with regret that he had to inform Members of the death of Mr John Cubitt on 15 August. Mr Cubitt was a former Conservative Member for Gravesham East from 2009 until 2013.

(5) Mr Cubitt's funeral had taken place on 8 September.

(6) Mr Sweetland, Mr Chittenden, Dr Sullivan and Mr Dhesi paid tribute to Mr Cubitt.

(c) Mr Bill Newman DL

(7) The Chairman stated that it was with regret that he had to inform Members of the death of Mr Bill Newman on 20 August. Mr Newman was a former Labour Member for Dover Central/Town from 1995 until 2009.

(8) He became an Honorary Alderman of the County Council in 2010 and was appointed as a Deputy Lieutenant in 2001.

(9) Mr Newman's funeral had taken place on 5 September.

(10) Mr Carter and Mr Hook to give a tribute to Mr Newman.

(d) Mr David Marwood

(11) The Chairman stated that it was with regret that he had to inform Members of the death of Mr David Marwood on Friday 15 September, former Conservative Member for Tonbridge West between 1985 and 1991.

(12) Mr Marwood's funeral had taken place on Friday 29 September.

(13) Mr Rayner and Mrs Dean paid tribute to Mr Marwood.

(e) Mr Charles Findlay

(14) The Chairman stated that it was with regret that he had to inform Members of the death of Mr Charles Findlay on Monday 9 October, former Conservative Member for Ashford Rural East between 1997 - 2009.

(15) Mr Findlay's funeral would take place on Monday 30 October at 2pm at St. Gregory and St. Martin's Church, Wye, Ashford.

(16) Mr Hill, Mr Brazier, Mr Carter and Mr Koowaree paid tribute to Mr Findlay.

(f) Mr Ken Gregory

(17) The Chairman stated that it was with regret that he had to inform Members of the death of Mr Ken Gregory on Monday 16 October, Conservative Member for Birchington & Rural from May 2017.

(18) Members would be informed of the funeral arrangements for Mr Gregory in due course.

(19) Mr Marsh, Mr Hotson, Mr Bird and Mr Lewis paid tribute to Mr Gregory**.**

(20) At the end of the tributes all Members stood in silence in memory of Mrs De Courcy, Mr Cubitt, Mr Newman, Mr Marwood, Mr Findlay and Mr Gregory.

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

(22) This Council records the sense of loss it feels on the sad passing of Mrs De Courcy, Mr Cubitt, Mr Newman, Mr Marwood, Mr Findlay and Mr Gregory and extends to their families and friends our heartfelt sympathy to them in their sad bereavements.

(g) Ms Anu Singh

(23) The Chairman introduced Anu Singh, Corporate Director for Adult Social Care and Health, who joined KCC on 28 August 2017.

(24) Ms Singh was invited to introduce herself and briefly set out her role.

(h) Petition to reduce the speed limit on Hamstreet - Ashford Road B2070

(25) The Chairman invited Mr Angell to present a petition requesting the County Council to reduce the speed limit on Hamstreet - Ashford Road B2070.

(26) The Chairman invited Mr Balfour, the Cabinet Member for Planning, Highways, Transport & Waste, to approach the dais to collect the petition and to ensure that it was responded to in accordance with the Petition Scheme.

31. Questions

In accordance with Procedure Rule 1.17(4), 10 questions were asked and replies given. A record of all questions put and answers given at the meeting are available online with the papers for this meeting. Questions 11 to 15 were not put in the time available but written answers were provided.

32. Report by Leader of the Council (Oral)

(1) The Leader updated the Council on events since the previous meeting.

(2) Mr Carter stated that his report would focus on the autumn budget statement and the progress in delivering the strategic outcomes which were both substantive items being considered later in the meeting.

(3) Mr Carter noted that there had been continuous improvements to the delivery of services and progress had been made towards achieving the three strategic outcomes: children and young people in Kent getting the best start in life, older and vulnerable residents being safe and supported with choices to live independently; and Kent communities feeling the benefits of economic growth by being in-work, healthy and enjoying a good quality of life.

(4) Mr Carter referred to unfairness in the current methodology used by the Department for Communities and Local Government and central government in distributing grants to support local government particularly to county councils such as Kent. He reported that he had been lobbying for additional help, in the form of a two-year transitional fund, prior to the introduction of a new funding methodology for local government in 2020/2021 and the full repatriation of business rates.

(5) Mr Carter stated that the existing two-year transitional grant, which had provided an additional £6 million of funding a year, would conclude at the end of the financial year; in addition to other grant reductions including the Revenue Support Grant. He reported that good progress had been made in terms of the authority's submission, in conjunction with the borough and district councils, to become one of the 100% business rate retention pilot areas; the pilot would bring £6 – 7 million of additional funding over the next two years.

(6) Mr Carter provided figures to highlight the variation in reductions to the Revenue Support Grant. He noted that the average council tax paid per head of population was £185 in Inner London, £241 in Outer London, £260 in metropolitan areas, £290 in unitary areas and £360 in county council areas; £360.09 per head was paid in Kent. He outlined the estimated Revenue Support Grant per head in 2018/19: £109 in Inner London, £58 in Outer London, £87 in metropolitan areas, £54 in unitary areas and £24.31 in county council areas; it was estimated that Kent would receive £24.69 per head. He stated that there had been a 58.6% reduction to the Revenue Support Grant in Inner London over the past four years, in contrast to county councils

in particular Kent whose grants had reduced to 94.6% and 94.4% respectively. Further, county councils did not fully benefit from the New Homes Bonus, like unitary authorities did, as the bonus was split 80:20 between district and county councils.

(7) Mr Carter stated that despite grant reductions, Kent had modernised and transformed services, so that it delivered the same or better outcomes for less money, through commissioning and procurement; whilst providing a range of non-statutory services such as the £80 million Freedom Pass, £6 million subsidised bus routes and £16 million enablement service to help and support people as they came out of hospital. He reported that if additional transitional and pilot funding was not made available, he was confident that the authority would continue to modernise and transform services for less money. He highlighted, as part of the proposal to reduce subsidies for uneconomic bus routes, the authority was looking to develop community provision through the potential use of an Uber type technology to allow taxi sharing in rural areas.

(8) Mr Carter reported that county councils across the country were looking to reduce services including children centres, libraries and uneconomic bus routes; in contrast to Kent where services had been maintained and improved as a result of the support, hard work and innovation of staff across the authority. He praised the staff for all their efforts.

(9) Mr Bird, the Leader of the Opposition, stated that whilst he recognised that the authority had been able to manage its resources effectively and preserve services due to the hard work and dedication of the staff; he expressed concerns about the continuation of austerity measures. He referred to the long term consequences on the NHS if the ring-fenced public health budget continued to be reduced despite demographic growth and rising inflation.

(10) Mr Bird requested that budget monitoring reports be reinstated to Cabinet Committees and be discussed by Members; he stated that those reports had not been presented to Cabinet Committees this year. He acknowledged that Cabinet Members would have to take difficult decisions to ensure the budget was met and it was important that Members were advised and had the opportunity to provide their input.

(11) Mr Bird stated his Group's support for Mr Carter in seeking further funding for the authority.

(12) Mr Farrell, Leader of the Labour Group, began by referring to a claim by the Department for Communities and Local Government, that the needs and resources of local authorities were taken into account when funding was allocated, which he disputed. He emphasised the importance of Mr Carter lobbying central government to seek further funding for the authority particularly for the provision of social care.

(13) In relation to education, Mr Farrell raised concerns about capital funding for new schools; the provision of school places; the Free School programme; attainment levels for children in receipt of free school meals and the sale of community assets such as schools. He welcomed central government's decision not to proceed with grammar school expansion and cautioned against the authority pursuing the policy by stealth.

(14) Mr Farrell referred to the statistics relating to children and young people in the Strategic Statement including over 9,000 being classified as children in need; 45,000 diagnosed with a mental health issue; 80,000 living in poverty; and 1,500 sexual offences being committed against children in 2016/17 . He stated that these statistics highlighted further work was required to ensure that children and young people in Kent got the best start in life.

(15) Mr Farrell stated that the Labour Group would work with the administration to improve rates of attendance at mental health services, develop services to offer welfare assistance, identify opportunities for preventative activity and improve support services for children particularly those in the criminal justice system; the Labour Group would also work with district councils to provide local support packages for low income working families.

(16) Mr Farrell referred to the omission of finance during the Secretary of State's speech at the Local Government Conference; he concluded that local government was being left to deal with crises in social care, schools and its own finance.

(17) Mr Whybrow, Leader of the Independents Group, began by welcoming Mr Carter's increased lobbying for further local government funding; he stated that the he hoped that central government particularly the Chancellor was listening. He reported that parish councils in his division were aware of the lobbying and the strong arguments being put forward by Mr Carter. He stated that whilst he would like an uplift for all local authorities, he recognised the imbalance in funding as demonstrated in the figures provided by Mr Carter.

(18) Mr Whybrow expressed concerns about the reduction to public health services particularly in relation to the infant feeding consultation. He stated that it had been evidenced that preventative services such as drug and alcohol services provided a societal saving of £8 for every £1 spent in addition to helping people with addiction. He reported that there had been cuts to frontline services and highlighted the closure of the Folkestone drug and alcohol walk-in centre; service users were now required to go to Ashford or Dover to access services. He noted that more and more residents in Kent would begin to feel the impact of cuts made by the authority.

(19) Mr Whybrow concluded that if central government did not provide local government with additional funding, he would consider this to be a dereliction of duty.

(20) In replying to the other Leaders' comments, Mr Carter referred to the work being undertaken by local government particularly in Kent to deliver challenging savings. He stated that he was working with and lobbying the Kent MPs and Cabinet Ministers for additional funding. He reported that he had recently met with the Secretary of State for Education, Justine Greening, to discuss the pressures on special educational needs and the capital programme which had received a warm reception; he recognised that the outcome was not yet known.

(21) Mr Carter reported that the authority had previously been successful in receiving additional funding. He highlighted the release of £5 – 6 million of funding, as part of the second round of Better Care Funding, after the setting of the County Council's budget in February to strengthen the domiciliary care markets; staff had noted improved terms and conditions including paid travel time and increased recruitment.

(22) In conclusion Mr Carter stated that the Local Government Association and the County Council Network as a collective was pressuring central government to release some of the £15 billion of funding which had been accrued through the underfunding of local government. He concluded that if this funding was not released, local government would not be able to invest in preventative services and the costs of supporting people, who did not previously require further support, would escalate.

33. Autumn Budget Statement

(1) The Chairman reminded Members that any Member of a Local Authority who is liable to pay Council Tax, and who has any unpaid Council Tax amount overdue for at least two months, even if there is an arrangement to pay off the arrears, must declare the fact that they are in arrears and must not cast their vote on anything related to KCC's Budget or Council Tax.

(2) The Chairman moved and the Vice-Chairman seconded that:

(a) Procedure Rule 1.28 be suspended in order that the Leader and the Cabinet Member for Finance be allowed to speak for a maximum of 12 minutes in total and the Leaders of the Liberal Democrat, Labour and Independent Groups speak for 6, 5 and 4 minutes respectively.

(b) Procedure Rule 1.35 (1) be suspended in order to allow Members to speak more than once during the debate, at the discretion of the Chairman, the Cabinet Member for Finance, as seconder of the motion be allowed to speak again at the end of the debate.

Agreed without a formal vote

(3) The Chairman then invited Mr Wood, Corporate Director Finance and Procurement, to give a presentation to provide context for this item.

(4) Mr Carter moved and Mr Simmonds seconded the following motion:

"The County Council is asked to:

a) AUTHORISE Corporate Directors to make the necessary arrangements to be able to deliver savings once the final budget has been approved in February, and to develop further proposals to resolve the unidentified gap and resolve the uncertainties should these arise.
b) AGREE, in principle (not the amount) to the policy savings set out in table 2 (and appendix A) relating to:
(i) KCC's policy in relation to discretionary subsidies for uneconomic bus routes
(ii) In-house social care services
(iii) Kent Support and Assistance Service
(iv) Housing Related Support for offenders
c) RECOGNISE the progress made towards setting a balanced budget for 2018-19 based on robust estimates and on reducing the unidentified gap"

(5) Ms Constantine proposed and Mr Farrell seconded the following amendment:

"The County Council is asked to:

a) AUTHORISE Corporate Directors to make the necessary arrangements to be able to deliver savings once the final budget has been approved in February, and to develop further proposals to resolve the unidentified gap and resolve the uncertainties should these arise, both in meaningful consultation with trade unions.
b) Note, in principle (not the amount) to the policy savings set out in table 2 (and appendices 1 and 2) relating to:
   (i) KCC's policy in relation to discretionary subsidies for uneconomic bus routes
   (ii) In-house social care services
   (iii) Kent Support and Assistance Service
   (iv) Housing Related Support for offenders
c) RECOGNISE the progress made by officers towards setting a balanced budget for 2018-19 based on robust estimates and on reducing the unidentified gap despite disgracefully inadequate funding from central government."

(6) Following the debate the Chairman put the amendment set out in paragraph (5) above to the vote and the voting was as follows:

For (13)

Mr R Bird, Mr I Chittenden, Ms K Constantine Mr D Daley, Mrs T Dean, Mr T Dhesi, Mr D Farrell, Mr A Hook, Mr G Koowaree, Mr B Lewis, Ida Linfield, Dr L Sullivan, Mr M Whybrow.

Against (58)

Mrs A Allen, Mr M Angell, Mr M Balfour, Mr P Barrington-King, Mr P Bartlett, Mrs C Bell, Mrs P Beresford, Mrs R Binks Mr T Bond, Mr A Booth, Mr D Butler, Miss S Carey, Mr P Carter, Mrs S Chandler, Mr N Chard, Mrs P Cole, Mr N Collor, Mr A Cook, Mr G Cooke, Mr P Cooper, Mrs M Crabtree, Mr M Dance, Mrs L Game, Mrs S Gent, Mr G Gibbens, Mr R Gough, Ms S Hamilton, Mr P Harman, Mr M Hill, Mr T Hills, Mrs S Hohler, Mr S Holden, Mr P Homewood, Mr E Hotson, Mr J Kite, Mr P Lake, Mr R Long, Mr G Lymer, Mr S Manion, Mr A Marsh, Ms D Marsh, Mr J McInroy, Mr P Messenger, Mr D Monk, Mr D Murphy, Mr M Northey, Mr P Oakford, Mr J Ozog, Mr D Pascoe, Mr M Payne Mrs S Prendergast, Miss C Rankin, Mr A Ridgers, Mr C Simkins, Mr J Simmonds, Mrs P Stockell, Mr I Thomas, Mr M Whiting.

(7) Following further debate the Chairman put the motion set out in paragraph (4) above to the vote and the voting was as follows:

For (60)

Mrs A Allen, Mr M Angell, Mr M Balfour, Mr P Barrington-King, Mr P Bartlett, Mrs C Bell, Mrs P Beresford, Mrs R Binks Mr T Bond, Mr A Booth, Mr D Butler, Miss S Carey, Mr P Carter, , Mrs S Chandler, Mr N Chard, Mrs P Cole, Mr N Collor, Mr A Cook, Mr G Cooke, Mr P Cooper, Mrs M Crabtree, Mr M Dance, Mrs L Game, Mrs S Gent, Mr G Gibbens, Mr R Gough, Ms S Hamilton, Mr P Harman, Mr M Hill, Mr T Hills, Mrs S Hohler, Mr S Holden, Mr P Homewood, Mr E Hotson, Mr J Kite, Mr P Lake, Mr R Long, Mr G Lymer, Mr S Manion, Mr A Marsh, Ms D Marsh, Mr J

McInroy, Mr P Messenger, Mr D Monk, Mr D Murphy, Mr M Northey, Mr P Oakford, Mr J Ozog, Mr D Pascoe, Mr M Payne, Mrs S Prendergast, Miss C Rankin, Mr A Ridgers, Mr C Simkins, Mr J Simmonds, Mrs P Stockell, Mr B Sweetland, Mr I Thomas, Mr M Whiting, Mr J Wright.

Against (13)
Mr R Bird, Mr I Chittenden, Ms K Constantine, Mr D Daley, Mrs T Dean, Mr T Dhesi Mr D Farrell, Mr A Hook, Mr G Koowaree, Mr B Lewis, Ida Linfield, , Dr L Sullivan, Mr M Whybrow

Motion carried

(8) RESOLVED that the County Council:

(a) authorises the Corporate Directors to make the necessary arrangements to be able to deliver savings once the final budget has been approved in February, and to develop further proposals to resolve the unidentified gap and resolve the uncertainties should these arise.
(b) agrees, in principle (not the amount) to the policy savings set out in table 2 (and appendix A) relating to:
(i) KCC's policy in relation to discretionary subsidies for uneconomic bus routes
(ii) In-house social care services
(iii) Kent Support and Assistance Service
(iv) Housing Related Support for offenders
(c) recognises the progress made towards setting a balanced budget for 2018-19 based on robust estimates and on reducing the unidentified gap.

34. Kent Safeguarding Children Board – 2016/17 Annual Report

(1) Mr Gough and Mrs Prendergast seconded the following motion:

"County Council is asked to:

(a) COMMENT on the progress and improvements made during 2016/17, as detailed in the Annual Report from Kent Safeguarding Children Board

(b) NOTE the 2016/17 Annual Report attached."

(2) Ms Gill Rigg, Independent Chair of the Kent Safeguarding Children Board, addressed the meeting and answered a number of questions from Members.

(3) Following the debate, the motion was agreed without a formal vote.

(4) RESOLVED that the 2016/17 Annual Report from Kent Safeguarding Children Board and the comments made by Members be noted.

35. Increasing Opportunities, Improving Outcomes - Strategic Statement Annual Report

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

"County Council is asked to approve the 'Increasing Opportunities, Improving Outcomes' Annual Report 2017 (Appendix 1)."

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

(3) RESOLVED that the 'Increasing Opportunities, Improving Outcomes' Annual Report 2017 (Appendix 1) be approved.

36. Treasury Management Annual Review 2016/17

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

"Members are asked to note the report."

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

(3) RESOLVED that the report be noted.

37. Motion for Time Limited Debate

(1) Mr Hook moved and Mr Bird seconded the following motion:

"This Council notes:

1. The high importance of cross Channel trade for Kent's economy, a major part of which is around 11,000 lorries travelling through Dover and other Kent Ports, to or from other member states of the European Union;
2. The observations made by the Chancellor of Exchequer to the House of Lords Economic Affairs Committee on 12 September that Dover "operates as a flow-through port and volumes of trade at Dover could not be accommodated if goods had to be held for inspection even, I suspect, if they were held for minutes, it would still impede the operation of the port."
3. The finding that a lorry from within the EU typically takes 2 minutes to clear Customs at Dover and a lorry from outside the EU takes 20 minutes.
4. Whenever there is a problem with the free flow of freight through Dover and other Kent ports, serious disruption results to the travel and lives of residents all over the county.

This Council therefore believes that it is essential to the economic and social well-being of the people of Kent for our county to continue to enjoy free flowing trade across the Channel, at least as seamlessly as present due to the UK's membership of the Single Market and Customs Union.

This Council calls for:

a. The UK government to take all necessary steps to ensure the continued free flow of cross channel freight between Kent and continental Europe, at least as seamlessly as present;
b. Parliament to consider all legal possibilities for Kent and the UK outside the EU, including retaining membership of the Single Market and/or Customs Union;
c. The Leader to write to the Prime Minister and Kent MPs setting out the action requested in this motion."

(2) Mr Dance proposed and Mr Holden seconded the following amendment:

"This Council notes that several thousand lorries a day travel through Dover and other Kent ports and handling that traffic is an important industry within the county, notwithstanding that the vast majority pass straight through without adding to Kent's economy.

The Council also notes that it has worked, and will continue to work, to maintain the free flow of that trade given the damage to the economic and social well-being of the people of Kent when Operation Stack has been invoked because of disruption on the French side.

Consequently, this Council expresses its support for the government's present negotiating position for a Brexit deal which we hope will see a continuation of the seamless flow of cross-Channel freight in the interests of the people of Kent, the country and our European partners."

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

For (55)

Mrs A Allen, Mr M Angell, Mr P Barrington-King, Mr P Bartlett, Mrs C Bell, Mrs P Beresford, Mrs R Binks Mr T Bond, Mr D Butler, Miss S Carey, Mr P Carter, Mrs S Chandler, Mr N Chard, Mrs P Cole, Mr N Collor, Mr A Cook, Mr G Cooke, Mr P Cooper, Mrs M Crabtree, Mr M Dance, Mrs L Game, Mrs S Gent, Mr G Gibbens, Mr R Gough, Ms S Hamilton, Mr M Hill, Mr T Hills, Mrs S Hohler, Mr S Holden, Mr P Homewood, Mr E Hotson, Mr J Kite, Mr P Lake, Mr R Long, Mr S Manion, Mr A Marsh, Ms D Marsh, Mr J McInroy, Mr P Messenger, Mr D Monk, Mr D Murphy, Mr M Northey, Mr P Oakford, Mr J Ozog, Mr D Pascoe, Mr M Payne, Mrs S Prendergast, Miss C Rankin, Mr H Rayner, Mr A Ridgers, Mr C Simkins, Mr J Simmonds, Mrs P Stockell, Mr I Thomas, Mr J Wright.

Against (13)

Mr R Bird, Mr I Chittenden, Ms K Constantine, Mrs T Dean, Mr T Dhesi, Mr D Farrell, Mr P Harman, Mr A Hook, Mr G Koowaree, Mr B Lewis, Ida Linfield, Dr L Sullivan, Mr M Whybrow.

Amendment carried

(4) The Chairman put the substantive motion set out in paragraph (2) above to the vote and the voting was as follows:

For (54)

Mrs A Allen, Mr M Angell, Mr P Barrington-King, Mr P Bartlett, Mrs C Bell, Mrs P Beresford, Mrs R Binks, Mr T Bond, Mr D Butler, Miss S Carey, Mr P Carter, Mrs S Chandler, Mr N Chard, Mrs P Cole, Mr N Collor, Mr A Cook, Mr G Cooke, Mr P Cooper, Mrs M Crabtree, Mr M Dance, Mrs S Gent, Mr R Gough, Ms S Hamilton, Mr P Harman, Mr M Hill, Mr T Hills, Mrs S Hohler, Mr S Holden, Mr P Homewood, Mr E Hotson, Mr J Kite, Mr P Lake, Mr R Long, Mr S Manion, Mr A Marsh, Ms D Marsh, Mr J McInroy, Mr D Monk, Mr D Murphy, Mr M Northey, Mr P Oakford, Mr J Ozog, Mr D Pascoe, Mr M Payne, Mrs S Prendergast, Miss C Rankin, Mr H Rayner, Mr A Ridgers, Mr C Simkins, Mr J Simmonds, Mrs P Stockell, Mr I Thomas, Mr M Whiting, Mr J Wright.

Against (12)

Mr R Bird, Mr I Chittenden, Ms K Constantine, Mrs T Dean, Mr T Dhesi, Mr D Farrell, Mr A Hook, Mr G Koowaree, Mr B Lewis, Ida Linfield, Dr L Sullivan, Mr M Whybrow.

Motion carried

(5) RESOLVED that:

(a) this Council notes that several thousand lorries a day travel through Dover and other Kent ports and handling that traffic is an important industry within the county, notwithstanding that the vast majority pass straight through without adding to Kent's economy;

(b) the Council also notes that it has worked, and will continue to work, to maintain the free flow of that trade given the damage to the economic and social well-being of the people of Kent when Operation Stack has been invoked because of disruption on the French side;

(c) consequently, this Council expresses its support for the government's present negotiating position for a Brexit deal which we hope will see a continuation of the seamless flow of cross-Channel freight in the interests of the people of Kent, the country and our European partners.

From: Paul Carter, Leader of the Council and Cabinet Member for Health Reform

David Cockburn, Head of Paid Service and Corporate Director for Strategic & Corporate Services

Ben Watts, General Counsel

To: County Council, 7 December 2017

Subject: **KCC engagement with the Kent & Medway NHS Sustainability and Transformation Plan**

Classification: Unrestricted

Summary: County Council previously considered the Kent & Medway Sustainability and Transformation Plan (STP) at its meeting in March 2017. As the STP develops over the next twelve months, the arrangements for the financing, commissioning and delivery of health and social care services across the Kent and Medway area will increasingly come to the fore. KCC's engagement with the STP places it in a strong position to influence and shape these STP discussions. However, given the potential for the proposals to fundamentally change existing KCC social care budgets, policies and decision-making arrangements, it is important that County Council agrees the framework for further engagement in the STP discussions.

Recommendations:

That County Council:

a) Note the successful engagement of the County Council with the STP to date;

b) Note the latest developments regarding the STP, in particular the move towards a single Strategic Commissioner for health and two Accountable Care Partnerships;

c) Agree the principles as the basis for KCC engagement in the STP discussions set out in Section 4;

d) Note and agree the arrangements for Member oversight and decision-making for proposals which may emanate from STP engagement.

1. Introduction:

1.1 The Kent and Medway Sustainability and Transformation Plan (STP) was published in November 2016 and is one of forty-four STPs across England which are responding to the fundamental challenge of delivering a financially sustainable health and social care system as required in the NHS England Five Year Forward View. County Council considered the Kent and Medway STP at its meeting on 16 March 2017. Following publication of the Five Year Forward View: The Next Steps in late March 2017, Sustainability and Transformation Plans became Sustainability and Transformation Partnerships, as focus shifts from plan development to design of future service and commissioning arrangements.

1.2 Engagement with, and representation on, the Kent and Medway STP from KCC at both officer and member level has been significant. However, the STP is approaching a period where it will consider fundamental issues around the arrangements for the financing, commissioning and delivery of services across the Kent and Medway health and social care system. This step-change

may lead to proposals to change existing KCC social care budgets, policies and decision-making arrangements.

1.3 As such, the aim of this paper is not to consider the merits or otherwise of the STP itself, but instead to set out:

- KCC's engagement with STP to date;
- the latest developments on the STP, and how these will shape forthcoming discussions on the future design and delivery of health and social care services;
- fundamental principles and red lines to KCC's engagement during these discussions;
- how Members will be kept informed of the progress of these discussions and;
- arrangements for future decision-making that may emanate from the STP.

2. KCC engagement to date:

2.1 The scope of KCC's engagement with the STP is broad and impacts across a wide range of KCC services. The various boards and workstreams of the STP and the members and officers who represent KCC on them is set out in Appendix 1. Whilst some workstreams are more developed than others, the time and effort required to engage on each workstream is significant. However, senior level KCC engagement across the full range of workstreams is considered necessary given the interdependencies between them.

2.2 This scale of our engagement, together with the recognition that Kent and Medway is a single health and social care system places KCC in a strong position to influence and shape the future service and governance arrangements which will emerge from the STP – particularly in the delivery of local care. Most other county councils have multiple STPs within their boundaries and have found it difficult to access and engage fully with the STPs in their local areas. That has not been the case in Kent.

2.3 The progress made on the STP has required financial and non-financial support to be provided by all partners as programme costs are not funded by central government or NHS England. To date, the total amount committed by KCC is £452k**.** As the STP moves from being dependent on a temporary programme structure the expectation is that those temporary programme costs will end.

2.4 However, the non-financial costs in terms of officer and Member time, expense and opportunity loss are significant. It is important to note that the STP is not, and cannot be, the only priority for the County Council. Officer time and effort must be appropriately balanced between health reform and other core council responsibilities, priorities and pressures. As such, it may become necessary for the Head of Paid Service to proportionally flex KCC officer resource across STP workstreams should other pressures and priorities require him to do so.

3. Latest developments on the STP:

3.1 The summer and autumn have seen some important developments on the STP. Glenn Douglas, formally the Chief Executive of Maidstone and Tunbridge Wells NHS Trust has been confirmed as the STP Chief Executive. There is now general agreement for the need for a single Strategic Commissioner for health across Kent and Medway, and work is underway to develop this through the STP, including determining how a strategic commissioner for health will work alongside the existing Clinical Commissioning Groups (CCGs).

3.2 In parallel to the emerging arrangements for the Strategic Commissioner for health is an in-principle agreement to create two Accountable Care Partnerships (ACPs) that will sit beneath the Strategic Commissioner in Kent and Medway. It is currently proposed that there will be one ACP covering East Kent and one ACP covering West Kent, North Kent and Medway.

3.3 ACPs have their genesis in integrated care models in America and New Zealand. They involve bringing together providers or an alliance of providers that collaborate to meet the health needs of a clearly defined (either by need or geography) population. These providers then take responsibility for a contract awarded by a commissioner or commissioners to deliver a range of services. ACPs work via an outcome-based capitated contract to provide maximum flexibility about how resources are used to deliver those outcomes. As such, it is intended that ACPs focus on collaboration rather than competition.

3.4 There is no defined or set model for ACPs in the UK and many STP areas are exploring various options around the design, structure and accountability of ACPs. However, the fundamental rationale of ACPs is that by collectively sharing resources and governance across different types of health and social care providers, it is possible to shift resources and budgets towards new models of care focussed on community and primary care, and weaken traditional blockages such as organisational self-interest. Developing ACPs as separate, legally constituted vehicles to which commissioners provide significant multi-year budgets and delegate significant flexibility over the design and delivery of services in a health and social care system as complex as that in the UK will not be easy.

3.5 The exact relationship between the Strategic Commissioner for health and the ACPs in Kent is not yet known and will be the subject of further discussion in the STP, but will depend on relative split in functions and responsibilities between each. KCC is represented by Anu Singh, Corporate Director for Adult Social Care & Health on the East Kent ACP working group, and there will be similar senior representation on the working group for the West Kent, North Kent and Medway ACP when established.

3.6 For KCC as the countywide strategic Commissioner of social care the move to create a single Strategic Commissioner for health provides a clear opportunity for the integration of health and social care priorities between two partners that govern the majority of spend across the health and social care system. As such, our preference is that ACPs are primarily focussed on developing integrated delivery where it is sensible and expeditious to do so, whilst the Strategic Commissioner for health works closely with KCC and Medway Councils to align budgets, outcomes and strategic commissioning activity.

3.7 Perhaps the most significant risk in these new arrangements is that they are being developed in a legal framework established by the Health and Social Care Act 2012, which created CCGs as the sole commissioners of health services for their local population and formalised the commissioner/provider split in the NHS which stipulates a significant degree of competition in the system. It was widely expected in the health service that primary legislation would have been brought forward by the Government to provide stronger legislative cover for the integration of health and social care at some point this year. However, the results of the General Election in June removed any prospect of complex (non-Brexit) legislation being possible. As such, the new arrangements are being agreed and delivered within the existing legal framework and through a consensus approach across all partners. This approach has not yet been tested in practice and could yet be subject to judicial review.

4. Principles for KCC engagement in STP discussions:

4.1 The County Council has been a strong proponent of the health reform agenda and is committed to health and social care integration. Indeed, the broad principles set out in *Delivering Better Healthcare*, a policy discussion paper considered by County Council in 2013 is still the fundamental strategic position of the County Council. These were:

- Healthcare that is predominately based in the community, around GP surgeries and local clinics that offer an extended range of services and use of new technologies and support to maintain people in their homes;

- Use of innovative models to provide coordinated, enabling support for those most at risk of avoidable hospitalisation;
- GPs as the coordinators of their patients' care, with integrated support from social care and other professionals;
- A health and care system in the community that is available 24/7 with professionals like District Nurses, Heath Visitors, physiotherapists, occupational therapists and others, providing personalised, coordinated support for patients - team around the patient;
- A culture of quality in all areas of the health and care system, with respect, dignity and compassion at the heart of everything we do;
- Real accountability to patients and their families;
- A range of providers of health and care services, encouraging innovation and driving high quality;
- Public health services that support people to take responsibility for their health and wellbeing.

4.2 The challenge for the STP is not what integration may achieve in terms of outcomes or broad structures but the detailed and practical implementation of a local workable model at scale and pace in a county the size of Kent. This goes beyond the strategic governance and decision-making arrangements that are the immediate focus of the STP, to the design of front-line services across health and social care that must be remodelled to shift monies and provision downstream into a genuinely preventative and community operating model. Further thinking on the detail of this will be brought back to Members in due course.

4.3 However, given the financial, regulatory and service complexity across health and social care, the County Council must also protect its position so as not to increase its risk in an uncontrolled way. As such, the following are the red lines for KCC's engagement in the next steps discussions across all STP boards and workstreams:

- Engagement with the STP in and of itself does not confer or imply KCC support for proposals which may emerge from STP discussions;
- An agreement made at any STP board or workstream is 'in principle' only irrespective of who is the lead for KCC, until such agreement is confirmed through the necessary key or significant decision-making process of the County Council;
- That proposals emerging from the STP which directly impact KCC services or budgets are underpinned by sound business cases reflecting the principles set out within HM Treasury Green Book;
- That the financial case for proposals does not risk the County Council's ability to set a legal and balanced budget, as may be determined by the Section 151 Officer;
- That the proposals do not weaken or limit the council's ability to discharge its wider statutory duties, including but not exclusively around the Care Act and its statutory safeguarding responsibilities. This includes the ability of KCC statutory officers and Members to effectively discharge their statutory duties;
- That KCC social care monies should only be spent on meeting social care needs and should only be spent within the KCC administrative area. Clear line of sight of how and where KCC monies are spent must be maintained in any joint arrangements;
- That appropriate exit arrangements from any shared or joint arrangements are in place before the Council enters into, or operates within, joint arrangements.

5. Member oversight and framework for decision-making:

5.1 Given the complexity of the STP the Health Reform and Public Health Cabinet Committee will play an important role in overseeing KCC engagement with the STP. It has already received updates, and the forward plan is being designed so the committee can deep dive into specific STP workstreams at future meetings. Moreover, as a general matter of principle, should STP proposals impact on KCC services, then they should be considered by both the Health Reform and Public Health Cabinet Committee and the Cabinet Committee for the relevant service.

5.2 KCC is also exploring the option of creating a joint Health and Wellbeing Board with Medway Council. The fundamental nature of the decisions that might arise for both authorities from the STP in regard to the design and delivery of health and social care services means there is a need for a joined-up forum across both councils to provide a strong democratic voice back into STP discussions. It is envisaged that the joint Board would focus on the STP local care and prevention work streams where the local authorities are mission critical given their responsibilities as the relevant social care and public health authorities. It would also take an active role in shaping and developing the proposals for a system wide Strategic Commissioner and the relative roles, responsibilities and accountabilities of the emerging Accountable Care Partnerships.

5.3 For proposals emanating from the STP to be formally agreed, each partner must take decisions through their own governance arrangements. For KCC this means through the key and significant decision-making arrangements set out in The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, and the arrangements set out in the KCC Constitution.

5.4 Whilst any formal decisions emanating from STP proposals cannot yet be known, it is broadly accepted that there are four types of decision that may emanate from STP proposals. These are set out below, along with the appropriate decision-making arrangement:

- **Arrangements regarding KCC engagement in the STP:** Should there be any further decisions necessary to support KCC's engagement with the STP, such as further financial support, these will be made in the normal way by Cabinet or relevant Cabinet Member, with scrutiny, where necessary, by the Health Reform and Public Health Cabinet Committee.

- **NHS service variation and reconfiguration proposals:** Where proposals entail NHS-specific variation and reconfiguration of services that do not directly involve KCC services, these proposals may be scrutinised by the Health Overview and Scrutiny Committee (HOSC) if it believes them to be significant. HOSC may also make a referral to the Secretary of State if it disagrees with the proposals. So as not to fetter the statutory responsibility of HOSC all NHS-specific variation and reconfiguration proposals emanting from the STP will only be considered by HOSC.

- **Service redesign or recommissioning proposals by KCC to support STP objectives:** Proposals from some workstreams within the STP such as the prevention and local care workstreams will likely impact on KCC services such as older people's domiciliary care and public health. Where it is proposed to make changes to KCC services to support STP objectives, pre-scrutiny should be through the Health Reform and Public Health Cabinet Committee and the appropriate service Cabinet Committee in line with current procedure.

- **Proposals to transfer KCC decision-making, commissioning or budgets to new/shared arrangements with NHS:** As noted in section four, it is possible that both the emerging Strategic Commissioner and ACP arrangements in Kent and Medway lead to proposals for budget, commissioning and service decision-making to be transferred into new permanent integrated arrangements. Such proposals would have a significant impact on our staff, service users, service providers and elected Members. As these decisions may fundamentally change how KCC discharges its statutory duties, they are a reserved decision for Full Council on the recommendation of the Cabinet.

5.5 It should be noted that the Scrutiny Committee will continue to have discretion to consider any KCC decisions/service issues as it sees fit. It is also worth highlighting that even where proposals emanate from agreement within the STP, this does not remove or mitigate the need for KCC to fulfil its wider statutory duties when making decisions. The need for KCC to ensure appropriate public and service user consultation and engagement will still apply, whilst all Members

must be satisfied that the Public-Sector Equality Duty has been appropriately discharged (as evidenced through an Equalities Impact Assessment) ahead of taking any decision.

6. Recommendations:

6.1 County Council:

a) Note the successful engagement of the County Council with the STP to date;
b) Note the latest developments regarding the STP, in particular the move towards a single Strategic Commissioner for health and two Accountable Care Partnerships;
c) Agree the principles as the basis for KCC engagement in the STP discussions set out in Section 4;
d) Note and agree the arrangements for Member oversight and decision-making for proposals which may emanate from STP engagement.

Background documents:

- Delivering Better Healthcare, Policy Discussion Paper to Kent County Council, 28 March 2013
- NHS England Five Year Forward View, October 2014
- The Sustainability and Transformation Plan (STP) for Kent and Medway, Report to Kent County Council, 16 March 2017
- NHS England Five Year Forward View: The Next Steps, March 2017

Appendices: Appendix 1 - KCC representation on STP Boards and Workstreams

Report Author:

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Appendix 1: KCC representation on STP Boards and Workstreams

Board / Workstream	KCC Engagement
Programme Board	- Paul Carter, Leader of the Council - Peter Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning & Public Health - Anu Singh, Corporate Director for Adult Social Care & Health - Andrew Scott-Clark, Director of Public Health ▪
Clinical Board	- Anu Singh, Corporate Director for Adult Social Care & Health - Anne Tidmarsh, Director of Older People & Physical Disability - Andrew Scott-Clark, Director of Public Health
Finance Group	- Jane Blenkinsop, Project Manager - Rebecca Spore, Director of Infrastructure
Prevention	- Andrew Scott-Clark, Director of Public Health - Faiza Khan, Public Health Consultant - Abraham George, Public Health Consultant
Local Care	- Michael Thomas-Sam, Head of Strategy and Business Support
Mental Health	- Penny Southern, Director Leaning Disability & Mental Health
Workforce	- Ann Tidmarsh, Director of Older People & Physical Disability - Jess Mookherjee, Public Health Consultant - Karen Ray, EODD Business Partner, Adult Social Care & Health
Digital	- Alan Day, Technology and Strategy Commissioning - Linda Harris, Infrastructure Business Partner
Estates	- Rebecca Spore, Director of Infrastructure - Victoria Seal, Head of Property Strategy & Commissioning
System Transformation (previously titled Commissioning)	- Vincent Godfrey, Strategic Commissioner

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From: Peter Oakford – Deputy Leader, Cabinet Member for Strategic Commissioning & Public Health and Chairman of the Kent Health and Wellbeing Board

To: County Council 7 December 2017

Subject: Kent Health and Wellbeing Board Annual Report 2016-2017

Past Pathway of Paper: 20 September 2017 Kent Health and Wellbeing Board

Summary: The Kent Health and Wellbeing Board is required to report annually to Kent County Council summarising how it has discharged its statutory duties and associated functions.

Recommendation – That the County Council is asked to agree that the Kent Health and Wellbeing Board has fulfilled its responsibilities under its Terms of Reference.

1. Background

1.1 The Kent Health and Wellbeing Board was established following the enactment of the Health and Social Care Act 2012. From 1 April 2013 it became a committee of Kent County Council although from September 2011 the Health and Wellbeing Board operated in shadow form as part of the Government's Early Adopter programme.

1.2 Under the terms of reference for the Board it is required to submit an annual report to the County Council detailing how it has met its statutory obligations and performed other important functions that fall within its terms of reference. The report is not intended to be a comprehensive review of the Health and Social Care system in Kent but focusses on the work of the Board itself.

2. The Report

2.1 The attached report details the activity of the Board during the period April 2016 to March 2017. It was approved by the Health and Wellbeing Board on September 20 2017.

2.2 Appendices to the report give detail on the agenda items considered. Other sections of the report describe initiatives that have been developed with the involvement of the Board during the year and commentary on how some of the issues are being progressed in the current year.

3. Recommendation

3.1 That the County Council is asked to agree that the Kent Health and Wellbeing Board has fulfilled its responsibilities under its Terms of Reference.

Attachment: Kent Health and Wellbeing Board Annual Report 2016-2017

Report Author

Karen Cook
Policy and Relationships Adviser (Health)
03000 415281 Karen.cook@kent.gov.uk

Kent Health and Wellbeing Board Annual Report 2017-18

1. Introduction and Current Context

1.1 This is the annual report of the Kent Health and Wellbeing Board (the Board) for 2016/17. Under its terms of reference the Board is required to produce an annual report detailing how it has met its statutory obligations and performed other important functions that fall within its terms of reference. The report is not intended to be a comprehensive review of the Health and Social Care system in Kent but focuses on the work of the Board itself. This report details the activity of the Board during the period **April 2016 to March 2017.**

1.2 During this year the Board was engaged with the Sustainability and Transformation Plan (STP) for Kent and Medway. The STP is a national initiative designed to have a significant impact on the progress of integration and it will influence all aspects of health and social care. It provides the current framework for health and social care policy discussion and has been the focus of leaders across health, public health, and social care for the past year and will continue to be an area of significant interest for the Board.

1.3 The Board will continue to have the same statutory responsibilities that it currently has. The challenge for the Board as it goes forward will be to continue to fulfil its statutory duties and operate meaningfully within a different planning and commissioning environment.

2. The Structure of the Kent Board and its Membership

2.1 The Kent Health and Wellbeing Board is a statutory body established by the Health and Social Care Act 2012 as a formal committee of Kent County Council (KCC), with the intention that it operate as a partnership board. The Kent Board has statutory representation from all the organisations that are responsible for the planning and commissioning of health and social care services in the county, along with Healthwatch. The Act specified a minimum membership that in Kent has been extended to include representatives of district councils, recognising we operate in a two tier authority area where district colleagues are critical partners.

2.2 The Kent Health and Wellbeing Board was chaired for the whole of 2016/17 by KCC Cabinet Member for Education and Health Reform, Cllr Roger Gough. It met 6 times between April 2015 and March 2016. A full list of agenda items considered at each meeting can be found at Appendix 1. The Board does not have any dedicated resources and is administered as a Committee of Kent County Council by Democratic Services, a Secretariat of KCC.

3. Substructures

3.1 Over time a number of subgroups have been established to assist the Kent Board for specific purposes. These are:

- Seven Local Health and Wellbeing Boards primarily supported by District Councils.
- The Kent Children's Health and Wellbeing Board that focusses on issues relevant to our children and young people.
- The Kent Health and Social Care Integration Pioneer Group that is responsible for delivering the NHS England Integration Pioneer Programme of which Kent was a founder member.
- The Better Care Fund Assurance Group that monitors the progress of the Better Care Fund plans developed to promote integration.

4. Statutory Responsibilities of the Board

4.1 Under the Health and Social Care Act 2012 the Kent Board has five responsibilities and in 2016/17 has successfully fulfilled its statutory requirements as described below:

A. To ensure that a Joint Strategic Needs Assessment (JSNA) that identifies the health priorities for the population is produced

Kent's JSNA is available here: http://www.kpho.org.uk/joint-strategic-needs-assessment.

4.2 Reports concerning the JSNA were received by the Board:
- Kent JSNA Overview Report for 2016 on 25 May 2016.
- An exception report was considered by the Board on 22 March 2017.

4.3 During the year a working group has been looking at how a "JSNA Plus" can be developed that will include trend analysis, predictive modelling and value for money tools. This work is being carried forward with the current review of the Joint Health and Wellbeing Strategy.

B. To ensure that a Joint Health and Wellbeing Strategy, based on the Joint Strategic Needs Assessment is produced.

4.4 The strategy was published in 2014 and runs until the end of 2017. It is available here: http://www.kent.gov.uk/social-care-and-health/health/health-and-public-health-policies/joint-health-and-wellbeing-strategy

4.5 The Board has continued to oversee the implementation of the strategy which has five outcomes and during 2016/17, the focus was on reporting against specific Outcomes

- Every child has the best start in life- report received 25 January 2017.
- Effective prevention of ill health by people taking greater responsibility for their health and wellbeing- 20 July 2016.
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support- 21 September 2016.
- People with mental health issues are supported to 'live well'- 20 July 2016

- People with dementia are assessed and treated earlier, and are supported to live well- 23 November 2016

4.6 On 23rd November 2016 the Board agreed to begin development of the next Joint Health and Wellbeing Strategy. The Board agreed that a strategy steering group would be formed which has met four times since November 2016. Some local engagement work has also taken place with representatives from the Voluntary sector and Healthwatch Volunteers. Work on the new strategy continues into 2017-18.

C. To ensure that the commissioning plans of the CCGs and Kent County Council (social care and public health) properly reflect the needs identified in the Joint Strategic Needs Assessment and the priorities within the Joint Health and Wellbeing Strategy.

4.7 The Health and Wellbeing Board received a report on 22 March 2017 which provided assurance that work carried out by Commissioners reflected the priorities of the current Joint Health and Wellbeing Strategy.

D. To ensure that a Pharmaceutical Needs Assessment is produced.

4.8 The main aim of the Kent Pharmaceutical Needs Assessment (PNA) is to describe the current pharmaceutical services in Kent, systematically identify any gaps/unmet needs and in consultation with stakeholders make recommendations on future development.

4.9 The Board approved the Kent's Pharmaceutical Needs Assessment on 18 March 2015 and it is available here: http://www.kpho.org.uk/health-intelligence/service-provision/pharmacy/pharmaceutical-needs-assessments

E. To promote the integration of health and social care

4.10 Sustainability and Transformation Plan (STP)

The Kent and Medway STP sets out the challenges that the health and social care system is facing. It also describes how New Models of Care are being developed to enable the whole system to be realigned to meet these challenges. The document is available here - http://kentandmedway.nhs.uk/

The Health and Wellbeing Board has been involved in the development of the STP and the Chair of the Board is a member of the Kent and Medway STP Programme Board. The Board has received regular reports on the STP – 25 May 2016, 21 September 2016 (with a special focus on Local Care), and 22 March 2017.

4.11 Better Care Fund (BCF)

The Better Care Fund is a driver for integration as it promotes the pooling of budgets and the development of joint initiatives by health and social care organisations designed to reduce demand for hospital services. In 2015/16 the national allocation for the Kent Better Care Fund was £101m. For 2016/17 this was increased to £105m. The Social Care Capital Grant has ceased and the Disabled Facilities Grant has been increased from £7.2m to £13.1m. While

the BCF is a relatively small element of health and social care budgets in Kent, the Board is keen for it to be used efficiently and effectively and it received papers on the BCF on 25 May 2016 and 25 January 2017.

4.12 Pioneer Programme

The national Integrated Care and Support Pioneer Programme was launched in November 2013 to assist selected authorities to progress with their health and social care integration plans at pace and scale. As one of the original Integration Pioneer sites Kent established an Integration Pioneer Group as a sub-group of the Health and Wellbeing Board to coordinate the delivery of the objectives identified in the Kent Pioneer bid. The Integration Pioneer Programme and team continue to support the development of new models of delivery to support the STP.

Further information about the Kent and Medway Integration Care Pioneer can be found here: http://www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/kent-integration-pioneer

4.13 One Public Estate (OPE)

This programme is designed to facilitate and enable public sector bodies to work collaboratively on property and land matters. The Board considered how the Department of Health's Local Estate Strategy and the requirement to establish local estates forums might fit with wider collaboration and integration of service commissioning. A substantial amount of practical work in different localities has followed on from this and the Board received an update on 21 September 2016.

5 Endorsement, consideration and support

5.1 A number of issues that either have implications for the health and wellbeing of the population or are likely to impact on the health and social care system have been presented to the Board for their consideration and endorsement. In 2016/17 these have included:

- Kent Environment Strategy – 20 July 2016
- Kent and Medway Crisis Care Concordat Annual Report – 20 July 2016.
- Healthwatch Kent Annual Report – 21 September 2016.
- Kent Safeguarding Children Board 2015/16 Annual Report – 23 November 2016.
- Kent Transformation Plan for Children, Young People and Young Adults' Mental Health and Wellbeing – 23 November 2016.
- Update from the Kent Drug and Alcohol Partnership – 25 January 2017.
- Kent and Medway Safeguarding Adults Board Annual Report 2015/16 – 25 January 2017.

Background Papers

Information on the Kent Health and Wellbeing Board, including meeting dates and meeting papers can be found here:
https://democracy.kent.gov.uk/mgCommitteeDetails.aspx?ID=790

APPENDIX 1

Substantive agenda items taken by the Kent Health and Wellbeing Board in 2016/17

25 May 2016

- Draft Sustainability and Transformation Plans - Presentation
- The Kent Better Care Fund
- Workforce Task and Finish Group - Final Report and Recommendations
- Addressing Obesity: Progress Report from Local Health and Wellbeing Boards
- Abridged Kent Joint Strategic Needs Assessment (JSNA) Overview Report 2016
- Forward work programme of the Board
- Minutes of the 0-25 Health and Wellbeing Board (Standing item)
- Minutes of the Local Health and Wellbeing Boards (Standing item)

20 July 2016

- Kent Environment Strategy
- Kent and Medway Crisis Care Concordat - Annual Report
- Review of Outcome 2 - Prevention of Ill-health

21 September 2016

- Outcome 3 of the Health and Wellbeing Strategy and Development of Out of Hospital Care
- One public estate/local estates update
- Draft Kent Health and Wellbeing Board Annual Report 2015-16
- Healthwatch Kent Annual Report

23 November 2016

- Kent Safeguarding Children Board - 2015/16 Annual Report
- Review of Outcome 5 – Dementia
- Developing a Joint Health and Wellbeing Strategy 2018-21
- Developing the Relationship between the Kent Health and Wellbeing Board and the VCS
- Kent Transformation Plan for Children, Young People and Young Adults' Mental Health and Wellbeing

25 January 2017

- Update from the Kent Drug and Alcohol Partnership
- Better Care Fund 2017/19
- Health and Wellbeing Strategy: Update Outcome 1. Every Child has the Best Start in Life.
- Update report on the Children's Integrated Commissioning Project

- Kent and Medway Safeguarding Adults Board – Annual Report 2015/16

22 March 2017

- Draft Joint Kent Health and Wellbeing Strategy 2018-23.
- Kent Health and Wellbeing Board Review of Commissioning Plans and STP Update.
- Kent Joint Strategic Needs Assessment Exception Report 2016/17.

By: Graham Gibbens – Cabinet Member for Adult Social Care

Anu Singh – Corporate Director, Adult Social Care and Health

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

To: County Council – 7 December 2017

Subject: **KENT AND MEDWAY SAFEGUARDING ADULTS BOARD ANNUAL REPORT APRIL 2016 – MARCH 2017**

Classification: Unrestricted

Summary: This report introduces the Kent and Medway Safeguarding Adults Annual Report April 2016–March 2017, which details the work of the multi-agency partnership and how it managed safeguarding adult's issues in 2016-2017. The report provides safeguarding activity information and also contains key statements from partner organisations regarding how they dealt with safeguarding issues in their respective agencies and outlines key priorities for the year ahead.

Recommendations: County Council is asked to **COMMENT** on the progress and improvements made during 2016-17, as detailed in the Annual Report from the Kent and Medway Safeguarding Adults Board and **ENDORSE** the 2016-17 Annual Report.

1. Introduction

1.1 This report presents the 2016-2017 Annual Report (attached as Appendix 1) produced by Deborah Stuart-Angus, the Independent Chair of the Kent and Medway Safeguarding Adults Board (KMSAB) and endorsed by members of that Board.

1.2 Following the Care Act 2014 safeguarding adults is now a statutory responsibility for all Agencies, with Local Authorities taking the lead. Safeguarding continues to be the major priority of the Adult Social Care and Health Directorate. In meeting this responsibility, it is essential that the Directorate plays a key role in the workings of the KMSAB.

1.3 The KMSAB works to make sure that all agencies are working together to help keep Kent and Medway's adults safe from harm and to protect the rights of citizens, in line with the Care Act 2014 and the Mental Capacity Act 2005.

1.4 The enactment and implementation of the Care Act 2014, placed Safeguarding Adults Boards on a statutory basis from April 2015. The Care Act (14.116) states that the following organisations **must** be represented on the Safeguarding Adults Board:

- Local Authority
- Clinical Commissioning Groups in the Local Authority's area
- Police

1.5 The Care Act (14.10) also requires that each Local Authority **must**:

- make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect , and if so, by whom
- set up a Safeguarding Adults Board
- arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them
- co-operate with each of its relevant partners (as set out in Section 6 of the Care Act) in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.

1.6 In line with the Care Act 2014, the KMSAB is required to publish an Annual Report each financial year.

1.7 The following agencies are currently represented on the KMSAB: Medway Council, Kent County Council, Kent Police, Acute Trusts, Clinical Commissioning Groups, Community Health Trusts, Kent and Medway NHS and Social Care Partnership Trust, NHS England, Kent Surrey and Sussex Community Rehabilitation Company, National Probation Service, Kent Fire & Rescue Service, Prison Service, both Kent and Medway Community Safety Partnerships, Healthwatch, District Councils, Advocacy Services, Housing providers, elected Members from both Kent County Council and Medway Council and representatives from independent provider organisations.

1.8 The Care Act 2014 states that once the Annual Report is published, it should be submitted to the Chief Executive (where one is in situ) and Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

2. Increasing Opportunities, Improving Outcomes

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

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

3. The 2016–2017 Annual Report

3.1 The report contains a wealth of information from each of the key agencies engaged in the KMSAB.

3.2 Section 3 of the report details how the Board delivered against its priorities for 2016 – 2017. Some of the key achievements during the reporting period include:

- Board members arranged and delivered a safeguarding adults awareness raising campaign from 3– 7 October 2016, it was centred on the theme "Abuse: See It, Report It, Stop It". The campaign provided general information on how to identify and report abuse, and the support and services available for those at risk or experiencing abuse. The campaign received positive feedback and there has been an increase in referrals.

- The Learning and Development Working Group led on a significant project to review the course structure and content for the Board's multi-agency training programme. The group designed a new training specification and drew up the commissioning and tender strategy for the new training offer. The tender process was successful a new provider was commissioned to deliver the training.

- In response to an increase in the number of commissioned SARs, the Board established a Safeguarding Adults Review Working Group to strengthen quality assurance processes and to oversee the progress of SAR action plans and related learning.

- A 'Multi Agency Case Audit' process has been established to create further scope for delivering learning from case analysis, enabling practice improvement and to deliver learning from the analysis of complex safeguarding cases.

3.3 Section 3 also provides an update on Safeguarding Adult Review activity. Five new SAR referrals were received in 2016-17 of these; two were commissioned as SARs, one was commissioned as a Domestic Homicide Review and the other two referrals did not meet the criteria and were managed through other processes.

3.4 One SAR, 'Mrs D', was completed during this reporting period, the executive summary, detailing the findings was published in June 2017 and is available at http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/safeguarding-adult-reviews. The lessons from all Kent and Medway SARs and from other

National SARs continue to influence the focus of KMSAB's multi-agency learning and development strategy and training programme.

3.5 Section 7 outlines the activity data for adult safeguarding in Kent and Medway. This includes referral data, the background data in regard to victims and the current trends in relation to adult safeguarding in Kent and Medway.

3.6 There has been a significant increase in safeguarding enquiries, especially in Kent. In 2015–2016 there were 3,906 safeguarding enquiries in Kent compared to 5,715 safeguarding enquiries in 2016-2017. This is a 46.3% increase. In Medway there was a 14.9% increase, from 268 safeguarding enquiries in 2015-2016 to 308 safeguarding enquiries in 2016–2017.

3.7 Section 8 identifies the key priorities for the KMSAB for 2017-2018:

- To engage with residents of Kent and Medway, empowering and enabling them to contribute to safeguarding and the work of the Board
- To ensure that lessons are learnt from the outcomes of Safeguarding Adult Reviews (SARs), Domestic Homicide Reviews (DHRs) and Children's Serious Case Reviews (SCRs) and Multi Agency Case Audits and these directly influence practice improvements
- To ensure that structure and governance arrangements enable the KMSAB to meet its statutory duties effectively and efficiently
- To ensure that Policy, Procedures and Guidance documents are compliant, easy to use and reviewed and updated regularly
- To provide a high quality multi-agency training offer.

3.8 The KMSAB Constitution was signed off by the Board at their June 2016 meeting. This constitution details how the Board will operate, outlines roles, responsibilities and governance arrangements. Work to develop the Board's strategic plan for 2018-2021 has commenced. The outcome of this will determine the future structure of the Board and related working groups. A Business Group will be established to manage the implementation of the strategic plan, monitoring and signing off the outcomes delivered by the working groups. This allows the Board to focus on strategic priorities and Safeguarding Adult Reviews outcomes.

4. Conclusion

4.1 During 2016-17, the KMSAB and its partner agencies have built on the good work from the previous year. The KMSAB has continued with its scrutiny and challenge role through stricter governance and lines of accountability, implementing a more robust governance structure to reflect clear Board deliverables.

5. Recommendations

5.1 County Council is asked to **COMMENT** on the progress and improvements made during 2016-17, as detailed in the Annual Report from the Kent and Medway Safeguarding Adults Board and **ENDORSE** the 2016-17 Annual Report.

6. Background Documents

None

7. Contact Details

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Kent and Medway Safeguarding Adults Board

Annual Report

April 2016 – March 2017

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

It gives me great pleasure to share with you Kent and Medway's Safeguarding Adults Board Annual Report. It details the vast range of activity that our partnership has delivered to help keep our population safe, so that our citizens can live free from harm, abuse and neglect. This has been an exceptionally busy and exacting year, where we have focused our strategic direction on strengthening safeguarding activity, in the wake of a 40% increase in safeguarding referrals.

Our Board set its safeguarding priorities to prevent harm in our communities and am proud to say that the partners of Kent and Medway have delivered. I offer my personal thanks for their continuous efforts, set within challenging times, and their proactive, mutual collaboration. Recognition for this contribution and the dedicated effort that continues to be made to keep our residents safe has to be acknowledged.

In the wake of a vast increase in safeguarding activity, Kent and Medway are probably experiencing the full impact of the changes brought about by the Care Act 2014. This has made us more determined to raise awareness; continuously improve our multi-agency safeguarding adult policy and procedures; measure our impact and quality outputs and challenge our partners to gain assurance that safeguarding arrangements are effective.

We have undertaken an increased number of Safeguarding Adult Reviews (SARs) and ensured that the SAR Multi Agency Decision Making Panel is supported by a standing Working Group, enabling the ongoing development of a rigorous quality assurance processes and implementation planning to embed lessons learned, where agencies could have worked better together.

We have also developed a high level Multi Agency Case Audit process to create further scope for delivering learning from case analysis, enabling practice improvement and have delivered and reviewed a comprehensive, competence based multi-agency training programme to support the '6 Safeguarding Principles', promoting choice and control for adults who may be or are, at risk.

The work to better engage with adults at risk, carers and the public is now lead by a Citizen's Panel task and finish group and last October, we saw the delivery of a further successful Safeguarding Adults Awareness Raising Campaign, with the strap line: "Abuse: See It, Report It, Stop It". The campaign was positioned in shopping centres, supermarkets and hospitals, promoting scam awareness, community engagement and domestic abuse one stop shops, attracting social media and press coverage. This one event alone positively impacted on the reporting of Domestic Abuse.

We have signed off the KMSAB Constitution and members have opted to re-structure the Board for 2017-18. This will improve expeditious decision making and produce a defined focus on strategic priorities and the delivery of SAR outcomes. A Business Group will implement the future designated 2018-2021 Strategic Plan.

There has been a very successful collaborative and innovative approach to strengthening safeguarding delivery, oversight and governance for Medway's residents, with the setting up of the Medway Safeguarding Adults Executive Group (MSAEG). The Group are able to clearly

focus on the safeguarding needs of Medway's adult's at risk population and have been able to create a 'golden thread' to connect KMSAB's strategic vision to achieving outcomes for adults with care and support needs. MSAEG are also delivering on the outcomes from a constructive Peer Review for adult safeguarding.

We wanted to work more closely with Kent Safeguarding Children's Board and Medway's Safeguarding Children's Board. Following successful negotiation, we are now represented on the Joint Risk, Threats and Vulnerabilities Working Group, pooling our efforts to reduce gang violence, prevent child sexual exploitation and taking a strong view on PREVENT and Chanel anti-terrorism duties, working closely with both the Community Safety Partnership and partner Boards across Kent and Medway.

The achievements of our partners are too numerous to mention here and I would urge you to read on, to gain a measure of the magnitude of what has been realised this year. To mention but a few, there has been the noted success of the Kent Learning Disability Advocacy Project and Speaking up Groups for People with high functioning Autism; the deployment of 'Keeping Safe' training for adults with learning disabilities; raising awareness and understanding of Making Safeguarding Personal in Adult Social Care; increased activity from proactive Community Wardens; Mental Capacity Act audits across KMPT; the focus on the 'vulnerability strategy' by Kent Police, establishing the innovative New Horizons policing model; attaining safeguarding training compliance improvement in Maidstone and Tunbridge Wells NHS Trust, Medway NHS Foundation Trust, SECAMB and Kent Fire and Rescue Services. There has been a wide ranging review of safeguarding training requirements for providers by the NHS Clinical Commissioning Groups; delivery on the 'Think Family' approach by Medway Community Healthcare and safer custody implementation across the Prison Service.

As a Board, of course we face our challenges, but we have decided that we will pre-empt what we can and endorse building on our priorities by jointly setting out a three-year Safeguarding Strategy for Kent and Medway and an associated Business Plan. We will work to ensure that our structure reflects the best delivery model to keep our residents safe; we will develop a systematic implementation plan for lessons learned to be delivered across the partnership and continuously improve and learn from the outcomes measured by our Quality Assurance Framework.

Our shared responsibility to safeguard adults at risk in Kent and Medway can only be achieved by collaboration, by working together and understanding the challenges our partners face. However, it is their success in delivering on their achievements, versus challenge, that contributes to inspire me to lead this Board with pride. As Chair, I remain humble and cognisant to the ever increasing demands made on the members of this Board and will continue to offer a potent contribution, so that we can together, continue to be strident in the face of preventing abuse and neglect, so that people live safer lives.

Thank you for taking the time to read this, I hope it inspires you to read on.

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

Section 1. Introduction

What is safeguarding?

Adult Safeguarding is the process of ensuring that adults at risk are not abused, neglected or exploited. The Care Act 2014 defines safeguarding as:

> "Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action." Care Act (2014)

The Care Act states that safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect.

Care and support is the combination of practical, financial and emotional support for adults, who need extra help to manage their lives and be independent. Care and support can mean different things for different people, for example it can include:

- help to get out of bed, dressed or washed
- help with eating or cooking
- help seeing friends and family
- help caring for others.

Abuse or neglect can take many forms. The Care Act lists the following types of abuse and neglect:

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect.

For a full definition of each category of abuse and neglect please see Appendix 2.

These are reflected Board's Multi-Agency Safeguarding Adults Policies, Protocols and Guidance for Kent and Medway.

How do I report abuse or neglect?

If you think someone is in immediate risk or danger call 999 for the emergency service

If you think you or another person is at risk of harm, neglect or abuse, please contact:

If you live in Medway:
01634 334466
(Next Generation Text Service - 18001 01634 334466)

If you live in any other part of Kent:
03000 41 61 61
(Next Generation Text Service - 18001 03000 416161)

.
For further information go to: www.medway.gov.uk/abuse
www.kent.gov.uk/adultprotection

What is the role of the Kent and Medway Safeguarding Adults Board?

Local Authorities are required by law to have a Safeguarding Adults Board. The Board is not involved in operational practice. The purpose of the Board is to:

- help protect the people of Kent and Medway's right to live free from harm, abuse and neglect.
- provide strategic oversight of safeguarding activity in Kent and Medway
- fulfil the statutory requirements outlined in the Care Act 2014 and related guidance.

Kent and Medway Safeguarding Adults Board (KMSAB) achieves this by bringing together partner agencies that have a responsibility for safeguarding, such as police, local authorities and health. These agencies work collaboratively, and with local communities. The KMSAB meets four times a year and is supported by working groups, see appendix 3 for the structure chart.

The key responsibilities of the KMSAB include:

- Providing strategic direction for the adults at risk agenda
- Developing and reviewing multi-agency policy, procedures and guidance for safeguarding adults at risk
- Monitoring and reviewing the implementation and impact of policy
- Promoting and deploying multi-agency training
- Undertaking Safeguarding Adult Reviews (replacing Serious Case Reviews)
- Holding partners to account and gaining assurance of the effectiveness of safeguarding arrangements

The KMSAB supports adults at risk to have choice and control over their lives by following and endorsing the six safeguarding principles outlined in the Care and Support Guidance:

- Empowerment - individuals will be asked what they want the outcomes from the safeguarding process to be and these outcomes will directly inform what happens wherever possible

- Prevention - individuals will get help and support to report abuse and neglect and get help to take part in the safeguarding process

- Proportionality - individuals will be confident that professionals will work for their best interests and that professionals will only get involved as much as needed

- Protection - individuals will receive clear information about what abuse and neglect is, how to recognise the signs and what they can do to seek help and support

- Partnership - individuals will be confident that professionals will work together to get the best outcomes for them. They will also be confident that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary

- Accountability - individuals will receive timely help they need from the person or agency best placed to provide it

The KMSAB used these principles to inform the Strategic Plan.

Section 2. National Context

Key documents which have influenced the safeguarding agenda include:

The Care Act 2014

The Care Act 2014 came into force on 1 April 2015, replacing and consolidating a number of previous laws and statutory guidance, to create a single, consistent approach to establishing entitlement to adult social care in England. It sets out duties for local authorities and partner agencies and introduces the right to an assessment for anyone, including carers, in need of support. The Act promotes a preventative approach and aims to put individuals in control of their care and support.

http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Care Act Statutory Guidance 2016 Update

The updated Care Act 2014 statutory guidance was published on 10 March 2016. The update reflects; regulatory changes, feedback from stakeholders and the care sector; and other relevant developments. Chapter 14 specifically relates to safeguarding.

https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#contents

Deprivation of Liberty Safeguards (DoLS)

Deprivation of Liberty Safeguards (DoLS) came into force in England and Wales in April 2009, under an amendment to the Mental Capacity Act 2005. These safeguards are intended to protect individuals, who lack the capacity to consent to care or treatment, from being deprived of their liberty unless there is no other, less restrictive alternative, and a deprivation of liberty is assessed to be in their best interests to protect them from harm, or to provide treatment.

The definition of what constitutes a deprivation of liberty was amended following a Supreme Court Judgement in 2014, P v Cheshire West and Chester Council (2014), which created an 'acid test' for what constitutes a deprivation of liberty. The 'acid test' is fulfilled, and an individual is considered to be deprived of their liberty, if they:

- lack the capacity to consent to their care/treatment arrangements **and**
- are under continuous supervision and control **and**
- are not free to leave

The following are not relevant to the application of the test:

- the person's compliance or lack of objection
- the relative normality of the placement and the reason
- the purpose for the placement having been made

Statistics by the NHS Digital (formerly Health and Social Care Information Centre) illustrate a continued increase in the number of DoLs applications received. "195,840 DoLS applications were reported as having been received by councils during 2015-16. This is the most since the

DoLS were introduced in 2009 and represents 454 DoLS applications received per 100,000 adults in England"[1]. It is expected that the figures for 2016-17 will be published in October 2017.

In March 2017, The Law Commission issued its report following review of the DoLS legislation. The Government will determine how the recommendations will be taken forward.
The main highlights are:

- DoLS will be replaced by the 'Liberty Protection Safeguards'
- This will apply to individuals over the age of 16 years
- It will apply in any setting
- The Supervisory Body will be replaced by the 'Responsible Body'
- Responsible Bodies will include NHS and Local Authorities
- Additional scrutiny of restrictions by an Approved Mental Capacity Professional for those Relevant Persons who are objecting

The full report is available at:
http://www.lawcom.gov.uk/wp-content/uploads/2017/03/lc372_mental_capacity.pdf

Modern Slavery Act 2015

Trafficked adults are at increased risk of significant harm because they are largely invisible to the professionals and volunteers who would be in a position to assist them. The adults who traffic them take trouble to ensure trafficked adults do not come to the attention of the authorities, and either have no contact or disappear from contact with statutory services soon after arrival in the United Kingdom (UK), or in a new area within the UK.

The Modern Slavery Act 2015 consolidates slavery and trafficking offences.

The Modern Slavery Act 2015 Section 52 places a duty on a range of public authorities to notify the Home Office about suspected victims of slavery or human trafficking.

The Counter Terrorism and Security Act

The Counter Terrorism and Security Act 2015 aims to disrupt the ability to travel abroad to engage in terrorist activity and then return to the UK. It also places a duty on a range of organisations to prevent people from being drawn into terrorism. It places Channel, the Government's programme for people vulnerable to being drawn into terrorism, on a statutory footing.

Female Genital Mutilation (FGM) Act 2003 as amended by the Serious Crime Act 2015

The Female Genital Mutilation Act (2003) was amended by section 73 of the Serious Crime Act 2015 to include FGM Protection Orders. A FGM Protection Order is a civil measure which can be applied for through a family court. The FGM Protection Order offers the means of protecting actual or potential victims from FGM under the civil law. Breach of an FGM Protection Order is a criminal offence carrying a sentence of up to five years in prison. As an alternative to criminal

[1] Health and Social Care Information Centre (Now NHS Digital) (2016) Mental Capacity Act 2005, Deprivation of Liberty Safeguards (England), Annual Report 2015-16. Published 28 September 2016 http://content.digital.nhs.uk/catalogue/PUB21814

prosecution, a breach could be dealt with in the family court as a contempt of court, carrying a maximum of two years' imprisonment. (NSPCC).

Controlling or Coercive Behaviour in an Intimate or Family Relationship

This legislation allows the Crown Prosecution Service to prosecute specific offences of Domestic Abuse if there is evidence of repeated, or continuous, controlling or coercive behaviour. This type of abuse in an intimate or family relationship can include a pattern of threats, humiliation and intimidation, or behaviour such as stopping a partner socialising, controlling their social media accounts, surveillance through apps and dictating what they wear. The legislation states that to be defined as controlling or coercive, the behaviour must have had a 'serious effect' on the victim, meaning that it has caused the victim to fear violence will be used against them on 'at least two occasions', or it has had a 'substantial adverse effect on the victims' day to day activities.

Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews

When a person dies as the result of domestic violence, the law requires that professionals involved in the case review what happened so they can identify what needs to be changed and reduce the risk of it happening again in the future. In 2016 the Home Office updated the Statutory Guidance which details the requirements on how to conduct a review.

A summary of the changes can be found on the link below
http://aafda.org.uk/resource/aafda-detailed-analysis-key-changes-new-home-office-domestic-homicide-review-guidance-published-december-2016/

Section 3. Local Context

This section includes key areas of work for the Board and details how we delivered against our priorities for 2016 – 2017

Engagement with Service Users and Carers

The KMSAB is continuously pursuing ways to engage with service users, carers and the public. The ambition is to provide a forum for them to influence the work of the Board and empower and enable them to contribute to safeguarding in Kent and Medway. A citizen's panel task and finish group, made up of multiagency partners, has been established to lead this work. They are required to provide a progress update at each Board meeting.

Having considered different models, it was agreed that rather than ask representatives to attend a formal meeting, engagement would be mostly 'virtual'. Utilising existing service user and carer groups and forums to share updates and seek views on the work of the KMSAB. The task and finish group has compiled a list of service user and carer groups already established in Kent and Medway. As expected, due to the size of the local area, they found that there are a very large number of such groups and forums already in place.

A pilot questionnaire was circulated to a sample of user and carer groups. 618 people were contacted to ascertain how best to involve them in matters relating to safeguarding adults in Kent and Medway. Even with the provision of self-addressed envelopes, only 16 responses were received. Despite some initial challenges the group remain committed to finding the most effective ways to encourage participation. This work remains a priority for the 2017-18 work programme.

Increasing Awareness

As well as being good practice, Safeguarding Adults Boards have a duty under the Care Act to prevent harm and "raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect"[2]. Research has found that successful awareness raising campaigns can make a significant contribution to the identification and prevention of abuse.

Board members arranged and held a safeguarding adults awareness raising campaign from 3–7 October 2016, it was centred on the theme "Abuse: See It, Report It, Stop It". The campaign provided general information on how to identify and report abuse, and the support and services available for those at risk or experiencing abuse. Each agency focused their activities on the themes most relevant to them. When preparing the events, agencies consulted with service users and carers, where possible. Events included:

- A conference for providers
- Information stalls at places such as; community hubs, shopping centres, markets, supermarkets and hospitals
- Scam awareness and safety presentations
- Domestic abuse one stop shops
- A staff conference for hospital staff in Medway
- Engagement day with community groups
- Awareness raising through social media and press coverage

[2] [2] Care and Support Statutory Guidance Issued Under the Care Act 2014

Feedback regarding the events included:
"*the number of domestic abuse cases being reported and consulted about has risen dramatically"*

"The public were very engaged and appreciated having someone to talk to about their issues"

"Supermarket management were very supportive of the community warden stands, taking leaflets for their staff room and inviting them back to host regular events"

"this was a well-planned out campaign and we welcome being part of it again in the future"

To support safeguarding awareness week, and awareness raising work more generally, the Policy, Protocols and Practice Working Group reviewed the flyers and leaflets produced by the Board, ensuring that they were up to date, relevant and fit for purpose. The 'Report It' information leaflet for the public was redesigned to provide more details on the types of abuse and to make it more eye catching. The flyer design and "Abuse: See It, Report It, Stop It" strapline was used to develop:

- a web and social media banner
- a signature banner for emails
- a contact card
- a poster
- information "pop-up" stands

These continue to be used to raise awareness of the Board.

Signature banner for emails:

Progress Safeguarding Adults Reviews, ensuring lessons learnt lead to practice improvements

Kent and Medway Safeguarding Adults Board has a duty to carry out a Safeguarding Adults Review (SAR) when an adult at risk in Kent or Medway dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. KMSAB must also arrange a SAR if the same circumstances apply where an adult is still alive but has experienced serious neglect or abuse. KMSAB can also arrange for a SAR in other situations where it believes that there will be value in doing so. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults, and can include exploring examples of good practice.

The KMSAB continues to review and strengthen the SAR process. In 2016/17 the following improvements were made:

SAR decision making panel - To ensure a more robust and consistent process for determining whether a case referred for a safeguarding adults review meets the criteria, a decision making panel has been established, it is chaired by a Detective Superintendent. This multiagency panel is convened when a new referral is received. Each agency brings a summary of their involvement, these are considered to assess if the referral meets the criteria for a SAR or whether any other review or action is required.

SAR Working Group – In response to the increasing number of SAR referrals, a SAR working group was established. The group is responsible for tracking and progressing SARs in progress and related action plans. The group also review the SAR process and quality assurance mechanisms, making recommendations for improvement as appropriate.

Development of Case Audit Process – The Policy, Protocols and Practice Working Group developed a multiagency audit process which can be used to review a case that does not meet the SAR criteria, but where it is agreed that a multiagency audit would be beneficial, to scope areas of improvement and to determine if there are lessons to be learnt. This process was piloted on a case in September 2016. Multiagency partners met to discuss the case and review practice, they developed 10 recommendations for agencies to progress.

SAR Activity

2016-17 saw an increase in the number of SAR referrals. In addition to the two SARs which were in progress (Mrs D[3] and Mrs H) a further five referrals were received. Of these; two were commissioned as SARs (Mrs C and one other) and one was commissioned as a Domestic Homicide Review. The other two referrals did not meet the criteria.

The executive summary, detailing the findings of the Mrs D case was published in June 2017. http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/safeguarding-adult-reviews
The learning from this review has been disseminated to partner agencies. An action plan is being developed and lessons learnt workshops are being arranged. These will combine learning from three safeguarding adults reviews and are expected to take place in November 2017.

Some KMSAB agencies have also been involved in two SARs which are being led by other Safeguarding Adults Boards. The findings of these reviews will be shared and lessons learnt workshops are being planned to support practice improvement.

In September 2014, the Board commissioned a Safeguarding Adults Review (SAR) in respect of Mary Smith,[4] chaired by Paul Pearce. The overview report and recommendations were presented to the Board in June 2015. Agencies have now completed the action plan which addressed the recommendations.

Review of the Kent and Medway multi-agency training programme and commission training providers

The Learning and Development Working Group led on a significant project to review the course structure and content for the Board's multi-agency training programme. The group designed a new training specification, taking into account each agency's requirements, competency and capability frameworks and statutory requirements.

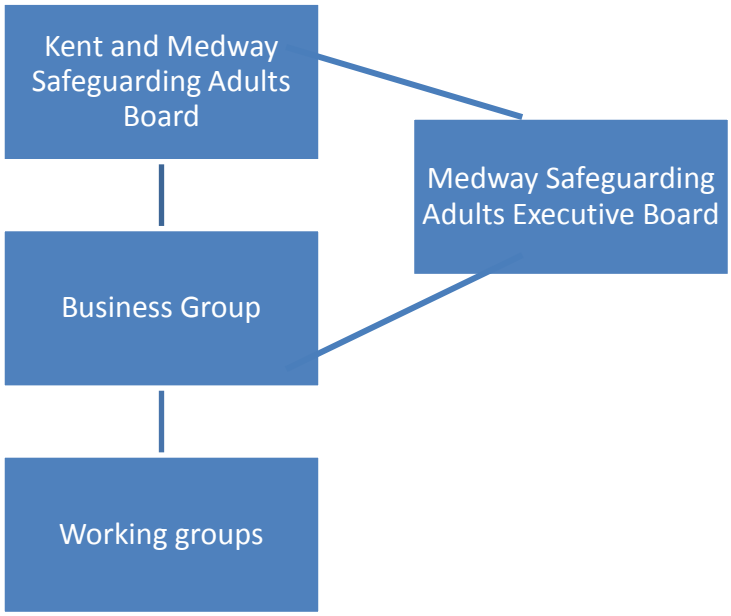
[3] To protect the identity of the individuals initials are not the person's real initial
[4] To protect the identity of the individual this is a fictitious name

On behalf of the Board, the group also drew up the commissioning and tender strategy for the new training offer with multi-agency partners supporting the process. The tender process was a success and a contract was awarded. Details of the new training programme can be found here.

Board Structure, Constitution and Strategic Plan

The KMSAB Constitution was signed off by the Board at their June 2016 meeting. This constitution details how the board will operate, outlines roles, responsibilities and governance arrangements. As there was no clear agreement on the preferred structure of the Board, KMSAB members attended a development day on 2 December 2016 to consider different options and decide on a final structure.

At the meeting members agreed that the current structure was no longer sustainable, with increasing membership and too many items on the agenda. Members proposed a new model, with the addition of a business group, as shown in the structure chart below:



The intention is that the Business Group will manage the implementation of the strategic plan, monitoring and signing off the outcomes delivered by the working groups. This allows the Board to focus on strategic priorities and SAR outcomes.

Following the development day there has been a process of consultation and refinement. Work to develop the strategic plan for 2018-2021 has commenced. The outcome of this will determine the working group structure. It is anticipated that the new Board structure will commence 1 January 2018.

During this period of change, the Board has continued to operate as usual, collaborating and working closely with partners to ensure a variety of safeguarding contribution. As an example of this, the KMSAB is now represented on the Joint Risk, Threats and Vulnerabilities working group with Kent Safeguarding Children's Board and Medway Safeguarding Children's Board.

Medway Safeguarding Adults Executive Group

Medway Safeguarding Adults Executive Group (MSAEG) brings together senior representatives from the key agencies responsible for the effective delivery of Adult Safeguarding in Medway.

The MSAEG works collaboratively to deliver the strategic priorities of the Kent and Medway Safeguarding Adults Board, strengthening delivery, oversight and governance. A peer review of was carried out in Medway Council in December 2016. The theme for the review was; "Is there evidence to demonstrate a robust and effective golden thread, originating from the strategic vision of the Kent and Medway Safeguarding Adults Board, across partner agencies, through to the achievement of individual outcomes for adults with care and support needs in Medway?" The report was positive but suggested some areas for development. An action plan has been developed in response to these and a follow up visit from ADASS will take place later in the year.

Deprivation of Liberty Safeguards

The national context is reflected in both Kent and Medway. Given the high number of referrals, both local authorities have robust triage processes in place, as recommended by ADASS, to prioritise applications. The current DoLS process puts significant pressure on the health and social care system. Since the Supreme Court Judgement in 2014, there continues to be a significant increase in the number of applications locally. There is a proactive approach in mitigating risk to applications that are deemed as Non Priority and re-prioritisation takes place where appropriate.

Prevent and Channel

The Kent Multi-Agency Prevent Duty Delivery Board (PDDB) has continued to oversee the delivery of the Prevent Duty across Kent and Medway. The Board receives feedback from Channel, shares information regarding Prevent awareness raising and training activity within individual agencies and drives the Kent-wide action plan. The PDDB also connects to the KMSAB, Kent Safeguarding Children's Board, Kent Community Safety Partnership and Health and Wellbeing Board.

Channel is a voluntary early intervention mechanism used before a person engages or becomes involved in criminal terrorist activity. It is focused on safeguarding individuals. All agencies and members of the community can refer individuals to Channel by emailing the Kent Police Channel inbox (prevent.referrals@kent.pnn.police.uk). A county wide Kent Channel Panel meets monthly to consider the cases of those who have been identified at risk of being drawn into terrorism and if necessary plans tailored support for them.

Kent County Council also has its own internal Prevent group that ensures the Prevent duty is mainstreamed throughout the organisation.

Medway has a Channel Panel separate to Kent's. This Panel meets as required and referrals are made using the Kent-wide referral form. Medway Council also has its own internal Prevent Board as well as a multi-agency Prevent Board to meet the guidance laid down in the Counter Terrorism and Security Act 2015.

Sub-group Activity

The Practice, Policy and Procedures Working Group (PPPWG)

Key achievements in 2016-2017:

- **The PPPWG reviewed and updated the following documents:**
    - **KMSAB Multi-agency Safeguarding Adults Policy, Protocols and Guidance Document.** The updated document can be found here.
    - **Additional Guidance for Health and Care Service Providers In Kent and Medway, When Adult(s) with Care and Support Needs or Care or Support Needs alone Abuse Each Other** The updated document can be found here.
    - **Procedure for Safeguarding Adult Reviews.** The updated procedure can be found here
    - **Kent and Medway Multiagency - Resolving Practitioner Differences; Escalation Policy for Adult** The updated document is available online.
- **Multi-Agency Case Audit Process**
  The PPPWG developed a multiagency Case Audit process.
- **Review of KMSAB literature.** The PPPWG reviewed the flyers and leaflets produced by the Board, ensuring that they were up to date, relevant and fit for purpose.

The Quality Assurance Working Group (QAWG)

Key achievements in 2016-2017:

- **Self Assessment Framework**
  The KMSAB requires agencies to complete a self- assessment framework, developed by the QAWG, to measure their progress against key quality standards. The returns are then peer reviewed by another agency and findings are presented to the Board. Any actions rated red or amber require regular update reports to the QAWG and Board to ensure the required standards are achieved.
- **Annual Plan 2017-18**
  The QAWG developed, and will monitor, the Board's annual plan for 2017-18. The plan details how the Board will deliver the priorities set out in the Strategic plan.
- **Development of Strategic Plan**
  The QAWG is leading on work to revise and update the strategic plan for 2018-2021. As part of this work the group are revising the quality assurance framework.
- **Safeguarding Adults Reviews**.
  Until the SAR working group was established the quality assurance working group was responsible for monitoring progress against Safeguarding Adults Reviews. The group ensure that action plans address the recommendations made in the review and that these are subsequently progressed. During 2016/17 the action plan in relation to Mary Smith[5] was completed.

The Learning and Development Working Group (LDWG)

Key achievements in 2016-2017:

- **Delivery of Multi-agency Training Programme**

The Learning and Development Working Group maintains oversight of the delivery of multi-agency safeguarding training, monitoring demand and uptake of training. More details are provided in the next section of the plan.

- **Evaluation of Training and Recommissioning Strategy**

As detailed here the LDWG undertook a comprehensive review of the course structure and content for the multi-agency training offer and commissioned a new provider.

- **KMSAB Competence Framework**

An update of the KMSAB Competence Framework document, 2014, was also undertaken. Since its introduction, the Framework has been a positive step towards establishing more efficient and consistent safeguarding practice across Kent and Medway, providing employees and employers with a benchmark for the minimum standard of competence required of those who work to safeguard adults across a range of sectors.

Each statutory partner agency is responsible for ensuring their staff are trained at the appropriate level for their role, and, since the Care Act 2014, which put safeguarding adults on a firm statutory footing, key agencies have also developed their own Competency / Capability Frameworks to ensure that their staff meet the expectations of the Care Act and the supporting Statutory Guidance and the requirements of their own organisation / professional bodies.

Section 4. Kent and Medway Multi-Agency Training

The Kent and Medway Safeguarding Adults Board has continued to commission multi-agency safeguarding adults training specifically for staff from the statutory sector, covering the roles and responsibilities of statutory partners in relation to Safeguarding Adults Section 42 Enquiries.

The existing course materials had been reviewed and aligned to fit with the new Safeguarding Adults Capability Framework which was introduced in April 2016, at the same time as meeting the multi-agency partners' required competencies.

The Kent and Medway multi-agency training is structured to ensure that staff can build on their existing knowledge and skills by adopting a sequential learning approach, and is designed to reflect core and complimentary knowledge and skills, within the multi-agency context of safeguarding work. This year's offer included:

- Level A / Level 1 and Level 2– Adult Safeguarding Awareness and Application of Law and Policy
- Level B – Guide to Undertaking Safeguarding Enquiries
- Level C – Decision Making and Accountability in Safeguarding
- Level D – Post Abuse Responsibilities

All agencies take responsibility for the delivery of Levels 1 and 2 training to their staff, using the training standards tool to record the quality of the content and delivery methods and evaluation of the training in line with the KMSAB Competence Framework. Kent County Council has continued to offer Level A (Levels 1 and 2) training for staff in the private, voluntary and independent sectors.

Levels B, C and D of the multi-agency training programme are provided by external training consultants, funded by the KMSAB.

The table below outlines the level of multi-agency course provision and attendance during April 2016-March 2017.

		Attendance by Agency				
Course	**Total No of Persons Attending**	**KCC**	**Medway Council**	**KMPT** (incl staff seconded from KCC)	**Health - other**	**Other Agencies**
Level B (18 courses)	307	162	31	101	11	2
Level C (6 courses)	83	44	21	11	5	2
Level D (1 course)	22	17	1	3	1	0
Total trained	**412**	**223**	**53**	**115**	**17**	**4**

In addition to the training detailed above, agencies may supplement this with their own training programmes.

Section 5. Funding Arrangements

The Kent and Medway Safeguarding Adults Board is funded by five partner agencies including Kent County Council, Medway Council, Kent Police, Kent Fire & Rescue Service, Clinical Commissioning Groups and commissioned Health provider organisations. Each of these agencies made the following percentage contributions in 2016-17:

- KCC, Social Care Health and Wellbeing – 40.4%
- Medway Council – 8.2%
- Kent Police – 14%
- NHS Kent and Medway – 35.8%
- Kent Fire & Rescue Service – 1.7%

The multi-agency budget covers the salaries for the Independent Chair, Safeguarding Adults Board Co-ordinator and Administration Officer posts. It also covers the administration costs for the various multi-agency group meetings, Safeguarding Adult Reviews and the provision of multi-agency training.

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

	2014-2015 Agreed contribution (£000's)	2015-2016 Agreed contribution (£000's)	2016-2017 Agreed contribution (£000's)
KCC	61	72.8	80.8
Medway Council	12.6	14.8	16.5
Local Health Commissioners and Providers	54.8	64.5	71.5
The Office of the Police and Crime Commissioner	21.9	25.3*	28.1*
Kent Fire & Rescue Service	2.6	3	3.3
Shortfall	15.2	1.9	10.0
Total	168.1	182.3	210.2

*21 received

A decision was made by the Board to use reserves in order to reduce the contributions of partners, given the savings agencies needed to make in the financial year.

Section 6. Partner Highlights

Advocacy for All

Overview of 2016‑2017

- All staff undertake safeguarding e learning as part of induction
- Safeguarding regularly discussed during team meetings, supervision and appraisals
- Service-user led Safeguarding training for people with a learning disability and staff from service providers
- Support self advocacy group members and others with a learning disability and/or Autism with 1:1 advocacy support via our Kent Learning Disability Advocacy Project and Speaking up Groups for People with high functioning Autism.
- Current IMCA and Care Act provider – safeguarding support for those who lack capacity or who have difficulty understanding information.

Key Achievements

- Provision of 'Keeping Safe' training to adults with learning disabilities by our 'A Team', a group of people with learning disabilities who are trained as trainers for other disabled young people and adults to ensure they are aware of, and can recognise abuse.
- Provision of advocacy through IMCA and Care Act advocacy to ensure the voice of the client is heard at safeguarding meetings.
- Safeguarding training provided to all staff during our organisation training day.

Key Challenges

- Ensuring an advocate is involved at the start of all relevant safeguarding processes.
- Access to advocacy for people who live in Kent but funded by another local authority when they are not covered by a statutory service
- Being able to enable support for vulnerable people at risk, where their situation is not seen as safeguarding.

Future Plans 2017-2018

- To provide further opportunities for 'Keeping Safe' to people with a learning disability, so they can recognise abuse and how to report it.
- To update and renew our Safeguarding training for all our staff
- To work with partners to ensure advocacy is available to all those who have a statutory or non statutory right to advocacy during a safeguarding process

Dartford and Gravesham NHS Trust

Overview of 2016‑2017

During 2016-2017 the Trust has seen some challenging times. There has been an increasing number of people attending the Emergency Department who require hospital admission. Additional support has been given to the Emergency Department by the Safeguarding Lead in order to raise awareness regarding safeguarding adults, especially during difficult periods. There has been increased presence by the Safeguarding Lead throughout the Trust, with the aim to promote and enhance awareness regarding the safeguarding process and mental capacity. As a result during the past year there have been 104 safeguarding referrals made, which include 15 raised against the Trust, which have been investigated as part of the safeguarding process. The previous year the Trust made 37 referrals.

The Safeguarding Lead continues to support staff throughout the Trust in all matters relating to safeguarding. The Trust has reviewed the levels of training that it provides in relation to safeguarding adults, MCA and DoLS. The Safeguarding Adults Lead continues to produce a quarterly Safeguarding Adults newsletter which is made available Trust wide via the Trust Intranet. It highlights current safeguarding points, training dates and changes in services (i.e. IMCA services) and lessons learnt. The Safeguarding Lead continues to report to the Clinical Commissioning Group, Trusts Quality and Safety Committee and attend the various sub-groups as required by the Kent and Medway Safeguarding Adults Board.

Key Achievements

- The Trust has played an active role in the Frequent Attenders Steering Group. This has involved looking at its top 20 frequent attenders of 2016 so as to reduce attendance in the Emergency Department in a positive way. This involves care planning with other agencies involved in their care including primary health services and the Local Authority.
- Successful collaborative working with the Emergency Department to increase their awareness of safeguarding and MCA. A diary is used by the department and SECAmb to raise additional concerns. This is reviewed on a daily basis.
- Safeguarding Adults training has been reviewed and now includes training to a higher level.

Key Challenges

- Investigation of historical safeguarding alerts with the Local Authority, some of which dated back to 2014.
- The balance between the increase numbers of people attending the Emergency Department whose medical needs take priority and completion of paperwork i.e.: KASAF and DOLS. The department remains very busy; staff require additional support during these times to complete safeguarding paperwork.
- The increase in patients requiring prolonged hospital admission due to changes in their needs/MCA following admission to hospital. This results in delayed discharges and possible safeguarding concerns.

Future Plans 2017-2018

The Trust will continue to promote the importance of safeguarding adults via education, training and newsletter updates. The importance of regularly assessing MCA will continue to be highlighted, so that all clinical staff feel confident.
The Trust will continue to work collaboratively with external organisations in order to improve the patients experience in relation to Safeguarding MCA and DoLS.

East Kent Hospitals University NHS Foundation Trust

Overview of 2016 – 2017

The Trust and The People at Risk Team (PART) have experienced significant change with in the last year. EKHUFT is no longer in CQC Special Measures. Despite significant financial pressures, PART have been supported by the Trust in replacing staff members as they have moved on. Two new members are in post and a third for Learning Disability awaits recruitment. Between October and January the team operated with reduced capacity, impacting on its ability to support services.

Key Achievements

- Successful campaign in raising Domestic Abuse awareness amongst staff and the public.
- Continued greater levels of involvement with medical teams, to support complex discharges for patients who lack mental capacity.
- Ability to report training compliance restored and improved compliance

Key Challenges

- Achieving 85% compliance with Level 2 training equivalent of training 3,500 staff.
- There is an on-going issue with vulnerable patients being admitted to the Trust with immediate, but short term, acute health problems who then remain on the wards for months after their acute illness is resolved. Many of these patients lack mental capacity, exhibit challenging behaviour and are difficult to manage.
- Changing practice in record keeping to evidence adherence to the Mental Capacity Act.

Future Plans 2017-2018

- Improve level 2 training compliance in Midwifery and Women's health to meet a target of 85%.
- Highlight the importance of robust communication about patient care at point of discharge with staff
- Continue to embed identification of high risk patients with in the acute setting and thus improve discharge planning.
- Develop the Trust's responses to cases of Domestic Abuse, Modern slavery and Trafficking.

Kent Advocacy – Information provided by seAp

Overview of 2016-2017

Kent Advocacy was launched on 1 April 2016. It is a partnership of 9 providers - ADSS, Advocacy for All, Assert, CiLK, CROP, RAD, Rethink, seAp and Support for Sight - led by seAp.

Previously there had been around 17 providers delivering advocacy so the idea behind Kent Advocacy was to streamline provision and make referral pathways easier. This is achieved by having one central referral point for professionals and self-referrers. seAp, as the lead partner, allocates the case to the most appropriate provider depending on the needs, type of advocacy and location of the client.

During this year our referrals include the following which are particularly relevant to the KMSAB:

- Safeguarding under the Care Act: 231
- Safeguarding under the MCA: 48
- DoLS 39a: 287
- relevant person's representative: 420

Key Achievements

- A wide range of professionals and individuals know how to refer to Kent Advocacy
- The partnership has started to continue the co-production work which was so important in the production of the service specification
- Clients are receiving good quality advocacy from a range of specialist organisations

Key Challenges

- Working on a spot purchase contract where we can only charge for client work recorded on our database
- seAp had a new database on 1 April 2016, for staff and partners
- Ensuring professionals and individuals know about and how to access Kent Advocacy

Future Plans 2017-2018

- To undertake significantly more awareness raising across the county to potential clients and professionals
- To continue co-production work with clients
- Develop working relationships with less formal partners, enabling them to become involved in the continued development and promotion of the service.

Kent Community Health NHS Foundation Trust (KCHFT)

Overview of 2016-2017

During 2016/17, a total of 250 adult protection referrals were received by the Trust's safeguarding (SG) service, 201 were raised by KCHFT implicating others, compared to 225 raised within the same time period for 2015/16. 49 were raised implicating KCHFT (of which 33 were raised by KCHFT staff against KCHFT and 16 by other organisations against KCHFT), compared to 61 raised within the same time period for 2015/16. The highest area of abuse raised is Neglect. The Trust had 8 cases in which abuse has been substantiated, or partially substantiated, by KCC.

The Trust's Safeguarding Service provides a daily duty rota for provision of safeguarding advice to staff who may have a safeguarding concern. Audit actions and audits for 2016/17 have been completed and have provided assurance and evidence of good practice and identified areas for further development.

Key Achievements

- Although neglect remains the largest area of abuse within the Trust, there were 20 cases less reported compared to 2015/16.
- The Trust's SG service developed closer working relationships with its Community Hospitals and operational services, to raise awareness of practice that could constitute potential abuse and encourage staff to identify and raise safeguarding concerns resulting in less adult protection referrals being raised during 2016/17 compared to 2015/16
- The Trust's SG service provided staff with support and SG supervision (reflective and restorative) following any referrals received implicating the Trust

Key Challenges

- To reduce the Trust's number of cases of avoidable harm affecting patients across the Trust
- To ensure services work collaboratively with internal and external partners to reduce patient harms
- To encourage services to "Think Family" and consider the family as a whole when delivering care to individual clients

.**Future plans 2017-2018**

- SG service to continue to work with internal and external partners to strengthen collaborative and co-ordinated working that will further reduce avoidable patient harms
- Continue to develop existing electronic systems, to collate, enhance and evidence reporting of safeguarding activity and performance data
- Continue to support services within the Trust, including supporting KCHFT services based outside of, or extended beyond the geographical boundaries of Kent.

Kent County Council, Social Care, Health and Wellbeing

Overview of 2016 – 2017

Adult safeguarding is managed at operational levels in the divisions of Older People and Physical Disability (OPPD), and Disabled Children and Adults Learning Disability and Mental Health (DCALD/MH), including the Kent and Medway Mental Health and Social Care Partnership Trust (KMPT). These divisions are supported by Adult Safeguarding Co-ordinators**.** The Adult Safeguarding Unit maintains a strategic role, focussing on quality assurance through arranging practice audits, reporting on performance and developing relevant policy and guidance in partnership with other agencies. The Deprivation of Liberty Safeguards (DOLS) function sits within this Unit.

Key Achievements

- **Older Persons and Physical Disabilities**
  In October 2016 the operational management of the adults safeguarding response in the Central Referral Unit (CRU) was transferred to the Older Persons and Physical Disabilities Division. The transition was managed with no interruption to service for either the public or partner agencies. This cross division service responds to approximately half of the adult safeguarding activity in the county and work is underway to ensure that resources can be matched to needs. Additional resources will support improvements in collaborative working with partner agencies and respond to the work demands arising from changes in partner agency
- **Learning Disabled Services**
  During the last year our 5 Safeguarding coordinators within Learning Disabled Services have been working very closely with many of our external providers to raise their awareness of Safeguarding and Making Safeguarding Personal. This has resulted in many of the providers now having an initial consultation with us, enabling our LD teams to signpost the concern more effectively via Safeguarding, Quality and Care and/or complex casework. With an improved understanding of Making Safeguarding Personal, we are now seeing that clients remain central in a greater number of safeguarding discussions. We have developed good communication links, resulting in improved joint working and ultimately better outcomes for our clients.
- **Mental Health**
  The Mental Health Adult Safeguarding Team have been undertaking the Local Authority Designated Senior Officer role since April 2016 for Secondary Care Mental Health and the Mental Health Primary Care Social Work Service. There has been a significant increase in safeguarding enquiries. The team are working closely with partners at local community levels in responding to these concerns, improving practice through targeted workshops and continuing to work alongside practitioners within MH and in partnership with KMPT (secondary care). A scoping exercise in September 2016 identified domestic abuse in over a 1/3 of the safeguarding cases. This has resulted in the Directorate commissioning specific training for Mental Health staff on the impact of Domestic Abuse, Substance Misuse and Mental Health, one Safeguarding Coordinator attending Train the Trainer provided by Ripfa on Coercion and Control and closer working with Commissioning. A refresh of the scoping exercise will be completed in May 2017.
- **Public Protection**

- A joint Kent and Medway Domestic Homicide Review (DHR) Steering Group (established in 2011) ensures that the requirements of the DHR legislation and the Home Office guidance are followed. The Kent & Medway Adult Safeguarding Board receives feedback from the DHR Steering Group on the reviews, and shares information around the learning and recommendations resulting from completed cases. The Home Office published revised Domestic Homicide Review (DHR) Guidance in December 2016. An

estimated 15,000 visits to vulnerable people were undertaken by the Kent Community Warden Service in 2016/17. Stop the Scammers is a KCC Public Protection project involving Trading Standards and the Kent Community Warden Service. In 2016/17: over 500 scam victims were visited by Community Wardens and given sustainable support; 110 scam friends and scam champions were trained; and 25 call blocker units were installed for vulnerable residents, resulting in 99% of nuisance calls blocked.

- **Prevent** In order to raise awareness of Prevent, mandatory e-learning training was undertaken by all KCC staff. To ensure that everyone is aware of how to make a referral to Channel, relevant information was added to the multi-agency Kent and Medway Adult Safeguarding Policy, Protocols and Guidance document and to our Kent.gov website. We continue to work closely with the Police, Central Government and other multi-agency partners to ensure robust processes and measures are in place and communicated to all colleagues.

Key Challenges

- The volume of DOLS applications continues to be a significant challenge.
- Safeguarding concerns continue to rise. In the specific areas of domestic abuse and self-neglect, it is identified that staff training and policies must be reviewed and updated in order to ensure clear guidance is provided.

KCC Adult Social Care and Health Directorate is currently undergoing a 'design' process, which will result in recommendations later in 2017

Future Plans 2017-2018

To continue to work with staff, providers and multi-agency partners to ensure that lessons learned from Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHRs) are shared to inform practice.
To continue to support the Kent and Medway Safeguarding Adults Board in future developments.
To work closely with colleagues in Commissioning and providers to ensure that the Quality in Care agenda is embedded in order to implement preventative strategies in adult safeguarding work.

Kent Fire and Rescue Services

Overview of 2016-2017

Working with partners, specific safeguarding audits have been used to develop the direction of travel for our safeguarding work. We have updated our policy, training and how we manage safeguarding concerns. This will ensure we are better able to safeguard children and vulnerable adults.

Key Achievements

- We have published a renewed policy on safeguarding and how we deal with allegations, which have been approved by the Kent and Medway Fire and Rescue Authority. This includes clearer responsibility for safeguarding at a strategic level within the Corporate Management Board.
- We have developed a new safeguarding module within our Customer Relations Management database to ensure that our safeguarding actions are managed and recorded effectively.
- We have trained an additional sixteen operational managers as On-call Safeguarding Officers to DSO level, ensuring we have resilience when dealing with out of hours safeguarding issues

Key Challenges

- Identification and delivery of training is a key challenge for KFRS, ensuring that we have the correct level of training to meet the needs of all roles.
- Embedding safeguarding within the Service to ensure that all staff are aware of their responsibilities.
- Keeping all our staff up to date with relevant legislation and also changes in new types of safeguarding issues.

Future plans 2017-2018

- To work with the local safeguarding boards to identify best practice and translate that into training and awareness for staff.
- To have a full training package available for all staff and volunteers applicable to their specific role, this will include the Corporate Management Board and Members of the Fire and Rescue Authority. This training will also include CPD events to ensure continual learning.
- We will improve the quality assurance for all our safeguarding work through peer review before a safeguarding case is closed. Monthly audits will be completed and reported to the strategic lead on a quarterly basis.

Kent and Medway NHS and Social Care Partnership Trust (KMPT)

Overview of 2016-2017

The year has seen KMPT work hard to embed best practice around the application of the Mental Capacity Act and Deprivation of liberty Safeguards across the organisation. Alongside mandatory training several bespoke sessions have been delivered to practitioners on these key statutory areas. Improvement has been seen in practice and noted by the Care Quality Commission during their inspection of the organisation in January 2017.

Audits have continued within KMPT to gain further assurance around the application of the Mental Capacity Act and adherence to policies and protocols in place. Audits were also completed by the Trust internal auditors to ensure systems and processes around the Mental Capacity Act are being followed. There is an action plan in place to address some minor gaps in process.

There has been continuous review of referrals for safeguarding to ensure quality and timeliness as well as the adherence to the 'Making Safeguarding Personal' principles. This is an ongoing piece of work by the safeguarding team. KMPT has participated in both Domestic Homicide Reviews and Serious Adult Reviews with partner agencies.

Training has been reviewed to ensure it meets the training requirements laid down in the *Adult Intercollegiate Document* alongside updating of all training packages both face to face and e-learning**.**

Key Achievements

- An overall assessment by the CQC of 'Good' across KMPT and 'Outstanding for caring services.
- Good partnership working with the Safeguarding Co-ordinators across mental health and adult services.
- Very successful Safeguarding Adult week campaign across KMPT featuring Domestic Abuse, Scams & Fraud and Radicalisation.

Key Challenges

- The historical safeguarding adult cases that were previously the delegated responsibility of KMPT remain a challenge to close. Progress is slow but steady.
- The numbers of breached Deprivation of Liberty applications have started to show an increase which is an ongoing concern.
- Consistency is needed in the 'Making Safeguarding Personal' elements of raising a concern and subsequent follow through once the process is over to ascertain whether the victim felt their outcomes were met.

Future plans 2017-2018

- Continue to aim for total closure of all historical cases formerly held by KMPT.
- Focussed work on Making Safeguarding Personal and encouragement and assistance to victims to complete the feedback in to the care and delivery of the safeguarding process they underwent.
- Review how KMPT can become more involved in the Prevent Channel Panels across Kent and Medway.

Kent Police

Overview of 2016- 2017

In line with the Government and College of Policing recommendations Kent Police have set their Force Control Strategy to focus on vulnerability. This strategy also delivers against the strategic policing requirement for policing. The Safeguarding of vulnerable adults or adults at risk is also addressed in these objectives.
Kent Police has undertaken specific activities in the past year to improve safeguarding as set out below:
The Kent Police Control Strategy has been significantly updated and includes key areas of public protection including adult abuse, child abuse and exploitation, domestic abuse, serious violence and sexual violence, human trafficking and gangs. The control strategy is the mechanism by which Kent Police prioritise its activities and coordinate its resources. This emphasis on vulnerability is a move away from the traditional target based policing priorities and a focus on protecting those most vulnerable in our community, preoccupied for many years with acquisitive crime, and violence (particularly in relation to night time economy).

A comprehensive review of policing across Kent has been completed and agreement has been made that a new force wide Vulnerability framework will be introduced. The Chief Constable has conducted roadshows across the county to engage and consult with staff on how these changes will be delivered. The Vulnerability Policing model has appropriately been called New Horizons and the changes within Kent Police will be completed in phases; phase 1 will see changes in the Central Referral Unit (CRU) planned for Spring 2017, phase 2 will be the changes within Districts and Investigation teams taking place in the Autumn of 2017.

As part of the change programme the New Horizons team held 60+ focus groups, workshops and events, engaging with over 1000 police officers & police staff. They held engagement events with vulnerable communities attended by over 200 people as well as engaging across Kent and Medway with partners at strategic and practitioner level.

Kent Police remain committed to engaging with multi agency partners. We have representation across all the Strategic as well as operational Boards. As well as being proactive in supporting last year's adult awareness week, we have hosted two multiagency exploitation and vulnerability conferences and a conference on FGM/FM/HBA within the last year to raise awareness on these subjects. We have also put on development days for officers and staff regarding interviewing vulnerable suspects and Domestic Abuse. We have created a vulnerability events planner for this year and are actively engaging with partner agencies to ensure learning and best practise is shared across agencies.

Domestic abuse (DA) has been a significant focus for Kent Police this year, recognising the long term impact on victims and children if we do not work effectively and quickly in partnership to provide appropriate support and safety. The recent HMIC PEEL inspection found the force response to DA to be very effective across all elements under Op Unity. The number of calls in the Force Control Room for domestic abuse that were pending attendance had reduced significantly and there were clear processes for assessing risk and managing DA incidents. Vulnerable and repeat incident flags had been re-introduced allowing Kent Police to understand the volumes of callers relevant to this assessment.

HMIC noted the increases that had been made in the DA arrest rate but were also impressed that officers and staff fully understood the reasons for making these arrests. The result is that the rate at which Kent Police charge people with offences relating to domestic abuse has also

increased. It was noted that consistency across Kent Police in responding to domestic abuse is achieved through DA Leads and Advisors.

The HMIC found the Force's processes for dealing with vulnerable adults was good, and Kent Police were considered to be in a good position regarding its use of Domestic Violence Protection Notices (DVPNs) and Domestic Abuse Notifications Scheme (DANS)

Key Achievements

- Vulnerability being recognised as central to the control strategy of Kent Police.
- The creation of the Vulnerable Adult Intervention Officer (PCSO) role and the Missing Adult Liaison Officer.
- The improved response in relation to missing episodes for adults at risk, specifically in relation to Dementia and the use of the 'At risk of going missing' process.
- An increase of police staff investigators across all areas of vulnerability.

Key Challenges

- Maintaining and improving safeguarding services for victims of crime during the force restructure.
- Developing a multi-agency approach to persistent & repeat business from adults at risk of harm (incorporating lessons learnt from recent SAR's)
- Ensuring that all Police Officers and Frontline Police staff receive Protecting Vulnerable People training as well as Vulnerability conversion courses where required.

Future plans 2017-2018

- Improving awareness around MARAC for the partner agencies within Adult safeguarding.
- Improve services to Adults at risk of fraud – Operation Signature.
- Delivering training for police staff investigators within vulnerability teams to provide a better service to victims and support to partner agencies.
- Introduction of Forensic Investigatively Trained officers to achieve best evidence from adults with learning disabilities/difficulties and autism

Adult Abuse Data Financial Year 2016/17

	Total Recorded Crimes	Total Secondary Incidents	Total
Kent	550	649	1199
Medway	81	200	281
Force Total	**631**	**849**	**1480**
2015-16	525	703	1228
2014-15	676	1058	1734

Crime Type Breakdown
Notifiable

	Violence Against the Person	Sexual	Theft	Robbery	Other Crime	Total Notifiable Offences
Kent	386	93	59	2	10	**550**
Medway	58	14	8	1	0	**81**
Total	**444**	**107**	**67**	**3**	10	**631**
2015-16	**358**	**67**	**67**	**5**	**28**	**525**

Definitions:

Notifiable – A Notifiable Offence is any offence under United Kingdom law where the police must inform the Home Office.

Secondary Incidents – This term is used when recording non crime incidents – for example a verbal altercation or an adult protection concern that would not constitute a crime, for example: an elderly person found wandering the street would lead to a referral being made.

Kent Prison Service

Overview of 2016-2017

The Kent Prison Service has had a challenging year, our inability to recruit staff in sufficient numbers to offer full regimes within our establishments, has led to most of the prisons running restricted regimes. During the year, the main establishments received additional funding, to improve safety, this resulted in increased stability, and offered more predictability within the core day. Towards the end of the reporting year, establishments reported, a more stable, environment, for prisoners and staff.

Key Achievements

- Increased Stability
- Safer, Decent and Secure Prisons
- Recruitment of new staff, coming through

Key Challenges

- Keeping Prisons Safe
- Staff Shortfalls
- Predictable Regimes

Future Plans 2017-2018

The Kent Prison Service will be undergo significantly changes in its structure. HMP Rochester will be re-developed and as a result will close at the end of 2017, it will re-open as a Category C male establishment. The new prison is expected to re-open by May 2020. Although remaining in Kent HMP Swaleside will become part of the Long Term Prisoner Estate, and HMP Maidstone will become part of the Foreign National Estate. The Group Director of Custody for Kent & Essex will be responsible for, Elmley, Standford Hill, Chelmsford and Rochester.

Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC)

Overview of 2016-2017

The main aim of KSS CRC is to reduce reoffending and thereby protect the public. Recognising that safeguarding of children and adults is an important aspect to public protection KSS CRC has revised its policies so that it now brings together all the key documents that fall within the safeguarding of children and adults under one set of overarching principles. In addition, to support clarity and best practice we have added, extremism, modern slavery, sex working, gangs, child sexual exploitation and trafficking (CSE) and female genital mutilation (FGM) as key strands to the policy.

Key Achievements

- Our plans for a new IT platform were successfully implemented. Our moves to new premises, where the layout and physical environment provides for and reflects our collaborative approach to rehabilitation, has been welcomed by staff, service users and our partners.
- KSS CRC implemented a Quality Assurance Audit and Performance Strategy which outlines the purpose, principles, strategies and key deliverables for quality assurance.
- During November 2016 the CRC completed a safeguarding week to increase staff knowledge of safeguarding issues and impact positively on behaviours and attitudes . This included articles in staff and partnership magazines, daily safeguarding 'top tips' posted in the intranet, posters around offices and a subsequent on line staff quiz. The safeguarding section of the intranet has been fully revised to store all safeguarding documents and other relevant reports in a manner that facilitates staff access.

Key Challenges

- Embedding new IT system.
- Embedding the Quality Assurance Audit and Performance Strategy whilst maintaining front line delivery and performance against contract.
- Consolidation of Estates Strategy and maintaining service delivery during office moves.

Future Plans 2017-2018

- KSS CRC plan to replace the national case management system we currently use – NDelius – with a new case management system (MySIS).
- We are currently re-aligning the assessment and rehabilitation functions into one function. This is to ensure a better continuity for the service user and the responsible officer as the responsible officer will be involved in both the assessment and case management.
- Launch of Women's Strategy and KSS CRC is currently in the process of completing a new Risk of Harm Strategy.

Maidstone and Tunbridge Wells NHS Trust

Overview of 2016-2017

The Executive Lead for Safeguarding Adults is the Chief Nurse, this agenda is supported by the Deputy Chief Nurse and Matron for Safeguarding Adults. The Trust has a mature multi-agency Safeguarding Adults Committee, chaired by the Deputy Chief Nurse, with Local Authority and Clinical Commissioning Group representation.

The Trusts Safeguarding Adults at Risk of Harm Policy has again been reviewed this year. The Domestic Abuse policy for patients and staff will be jointly reviewed by the Safeguarding Adult's and Children's leads in the forthcoming year.

Level 1 and 2 Safeguarding Adults training compliance is now above the Trusts target of 85% compliance overall. The Trust eagerly awaits the final publication of the NHS England Intercollegiate Document in order to finalise our Training Needs Analysis. All safeguarding Adults training delivery has either been reviewed or is under review so as to include PREVENT basic awareness. A programme of PREVENT Wrap training has been developed for the year with the expectation that 1000+ staff will receive this training.

There have been 58 hospital alerts raised about hospital practice or by hospital staff, of which: 14 have been upheld or partially upheld, 20 discounted, 3 insufficient evidence, 4 closed at CRU and 15 awaiting an investigation report. The remaining two were relatives or visitors who were alleged responsible. Trust staff continue to follow the new Care Act definitions and raise safeguarding alerts appropriately.

Key Achievements

- Development of PREVENT training programme, delivering in excess of 29 WRAP training sessions this year.
- Trust staff showing an understanding of the difference between the definitions of a 'vulnerable adult' and an 'adult at risk of harm' and completing KASAF's in accordance with this change in threshold.
- Continued 'buy in' from all Trust staff to adhere to the Care Act and to continue to raise safeguarding concerns about patients, visitors and staff.

Key Challenges

- Inconsistent application of the 'adult at risk of harm' definition from external partners.
- Competing demands on resources leaving us unable to employ a Learning Disability Hospital Liaison Nurse.
- DoLS applications that the Supervisory Body have not been able to apply the safeguards to, due to volume of referrals.

Future Plans 2017-2018

- To employ the services of a Hospital Learning Disability Liaison Nurse.
- To work with the Medical Director and Clinical Directors to ensure that the Mental Capacity Act is embedded in all medical practitioners practice.
- To develop Level 3 Safeguarding Adults training without reliance upon external, or costed speakers.

Medway Community Healthcare

Overview of 2016-2017

Work continued within MCH during 2016-17 to empower and improve our workforces understanding and confidence in their safeguarding practice. We undertook a review of the safeguarding team and underwent a restructure with the aim of embedding a “Think Family” approach in practice. This has enabled the safeguarding adults and children’s teams to merge as one safeguarding team, increasing resource and access across operational services to safeguarding practice support. We built on earlier successes in providing training that encompassed safeguarding the family across all ages and also reviewed training packages in light of the draft intercollegiate guidance for Safeguarding Adults. The organisation was also subject to a CQC inspection towards the end of the year, we await our report.

Key Achievements

- Introduction of a half day safeguarding training session for all new starters including safeguarding adults and children, domestic abuse and Prevent
- Restructure of the safeguarding teams to enable the embedding of a “Think Family” approach
- Review and implementation of Safeguarding Adults training packages in line with the NHS England Intercollegiate Document (draft)

Key Challenges

- Improving confidence in safeguarding practice in the workforce
- Preparation for our CQC inspection in conjunction with our colleagues
- Communication route clarification regarding quality in care concerns regarding other providers with commissioners

Future Plans 2017-2018

- To initiate the new Think Family approach across all training and supervision packages
- To initiate the Strengthening Families model currently used in Safeguarding Children supervision across Safeguarding Adults supervision
- To work with colleagues in the local authority to review means of communication and multiagency partnership in regards to quality in care concerns.

Medway Council

Overview of 2016-2017

The number of Safeguarding Adult concerns opened by Medway Council were 998 in 2016/17. In 2015/16 there were 965 concerns opened therefore there has been a 3.4% increase in the past year. The Adult Social Care Teams (the Over 25 Disability Team, the Mental Health Social Work team, the 0-25 Disability team, the Older People East team and the Older People West team) retain responsibility for screening and progressing safeguarding adult concerns received by Medway Council. The Deprivation of Liberty Safeguards Service manages and processes all DoLS applications and authorisations.
Medway ASC took part in a safeguarding peer review in December 2016. The report was largely positive but did highlight areas for improvement. An action plan has been developed and a follow up visit from ADASS will take place later in the year

Key Achievements

- The annual customer satisfaction survey was completed and all responses relating to individuals' safety were followed up by staff.
- Medway Council has an established working relationship with the safeguarding team at Medway Foundation Trust. Operations Managers attend scrutiny meetings and the MFT Quality Assurance Group. As a result of this we are now working to achieve consistent practice across the Trust and the Council.
- The DoLS team also have a good working relationship with the MFT safeguarding team, ensuring oversight of cases referred. The DoLS team work with the Quality Assurance team in the Council to highlight issues within care homes which require improvement and to ensure good working relationships for the benefit of residents.

Key Challenges

- DOLS applications continue to be a challenge for the Council. Applications continue to increase although this slowed slightly in the year 2016/17 compared to the rise from 2014/15 to 2015/16. Cases are prioritised according to ADASS tool however, there is a steady increase in objections requiring application under s21A to the Court of Protection. The DOLS risk assessment has been updated.
- Adult Social Care is in the process of being restructured. It is planned that the new arrangements will be in place in July 2017.
- Domestic Abuse governance arrangements have been discussed at CMT to ensure oversight from Adult Social Care.
- Implementing Making Safeguarding Personal across all our partners.
- Assessment and authorisation of DoLS applications in a timely manner

Future Plans 2017-2018

- Development of a Performance and Quality Framework
- Devise an action plan to improve practice across the service to ensure that Medway Council is Making Safeguarding Personal compliant.
- A human trafficking and modern day slavery action plan is being developed within the Council with colleagues from Medway Children's' Safeguarding Board and the Community Safety Partnership.
- Developing arrangements for community volunteers to promote MSP locally

Medway NHS Foundation Trust

Overview of 2016-2017

In April 2016 a new safeguarding team was recruited at Medway Foundation Trust. The focus of work was to achieve the CQC actions and meet the remedial action plan set by the CCG for safeguarding.

Training was reviewed and implemented. Governance strengthened and the safeguarding profile was raised throughout the organisation.
In February 2017 the remedial action plan was closed down and in March 2017 the CQC report was published with the recommendation the Trust be taken out of special measures.

Key Achievements

- Raising the awareness of safeguarding adults, MCA & DOLS across the organisation. This included reviewing all levels of training and the staff roles linked to each level.
- Initiating the PREVENT training and process into the Trust, achieving 48% of those requiring level 1 and 49% of those requiring WRAP 3.
- Developing governance structures and up to date policies and procedural documents to inform practice.

Key Challenges

- Embedding MCA / DOLS knowledge and process into practice.
- Getting clinical engagement from all disciplines in the safeguarding investigation process when carrying out section 42 investigations.
- Managing the external expectations and intense scrutiny in addition to carrying out an increasing workload of safeguarding activity on a day to day basis.

Future Plans 2017-2018

- Audit safeguarding responses and outcomes.
- Develop new substantive team and embed processes for sustainability
- Work closely with partner agencies to ensure that patients are safeguarded appropriately and in a timely manner.

National Probation Service (NPS)

The National Probation Service (NPS) South East and Eastern (SEE) Kent Local Delivery Unit (LDU) has a designated lead for Safeguarding Children and Adults; the Senior Operational Support Manager (SOSM).

The SOSM attends the Safeguarding Adults Board (SAB), the Quality Assurance Working Group (QAWG) and is a virtual member of the Learning & Development Group.

During the past year, aside from commitment to the Board itself, the SOSM engaged in the SAB Development Day (December 2016) and works closely with the NPS Kent LDU Safeguarding Officer/Probation Officer located at the Central Referral Unit, Kroner House, Ashford who is responsible for raising adult safeguarding issues amongst frontline practitioners in the NPS Kent LDU including recent involvement in the Safeguarding Adults Awareness Campaign 2017.

NHS Clinical Commissioning Groups across Kent and Medway

Overview of 2016-2017

Clinical Commissioning Groups (CCGs) are established under the Health and Social Care Act 2012 and are clinically-led membership organisations. They are statutory bodies which have the function of commissioning services for the purposes of the health services in England.
CCGs work with closely with NHS England, which has three roles in relation to CCGs. The first is assurance: NHS England has a responsibility to assure themselves that CCGs are fit for purpose, and are improving health outcomes. Secondly, NHS England must help support the development of CCGs. Finally, NHS England are also direct commissioners, responsible for highly specialised services and in some cases primary care, though a number of CCGs have now taken on either full or joint responsibility alongside NHS England for this. As co-commissioners, CCGs work with NHS England's Regional Teams to ensure joined-up care.
NHS England has a statutory duty (under the Health and Social Care Act (2012)) to conduct an annual assessment of every CCG and it does this through the assurance process.
Safeguarding Adults continue to be a high priority for the CCGs and has been embedded across all commissioning intentions.

Key Achievements

- Safeguarding training requirements for providers has been reviewed in line with the NHS England Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document. (draft); provider contractual safeguarding metrics have been revised to reflect these.
- A safeguarding training matrix has been developed by the Designated Nurses that will be circulated to Primary Care
- As part of our commissioning arrangements the expanding agenda for safeguarding is included as part of all providers contracts; this includes all independent health providers and primary care. It is important to note that currently each CCG is at a different stage along the co-commissioning pathway but there is recognition of the need to address safeguarding in all contracts
- Developing a more robust system to measure how primary and secondary care services learn lessons from Safeguarding Adults Reviews and Domestic Homicide Reviews is a

gap that we have not been able to fully address within the current year pan-Kent and will be a key objective for next year. This will be assisted through the new governance structure developed by the SAB.

Key Challenges

- Trying to take practice forward whilst awaiting publication of key documents that impact on learning such as NHS England Safeguarding Intercollegiate document, National Training packages and Prevent competencies.
- Dissemination of co-commissioning responsibilities from NHS England and each CCG taking up co-commissioning at different times.
- Lack of medical advisor resource within CCG's specifically for adult safeguarding has impacted on the CCG's ability to support the Serious Adult Review and Domestic Homicide Review processes and gain engagement with primary care.

Future Plans 2017-2018

- Identify statutory role for the Designated Nurse for Safeguarding within the Sustainability and Transformation Plan (STP)
- Developing a more robust system to measure how primary and secondary care services learn lessons from Safeguarding Adults Reviews, Domestic Homicide Reviews and Learning Disabilities Mortality Review (LeDeR) process.
- Taking the lead from the NHS England Prevent agenda (one of their 5 key priority areas), raise awareness and promote the PREVENT agenda within Primary Care.

Report collated by Designated Nurses for Adult Safeguarding from:

- Ashford and Canterbury and Coastal CCGs
- North Kent CCG's (incorporating NHS Swale, NHS Dartford, Gravesham and Swanley and NHS Medway Clinical Commissioning Groups)
- South Coast Kent and Thanet CCGs
- West Kent CCG

South East Coast Ambulance Service NHS Foundation Trust

Overview of 2016-2017

During 2016/17 the Safeguarding team has worked hard to raise the profile of safeguarding, and the team, throughout the year, including articles in the Trust's weekly bulletin and the development of a quick reference guide (pocket-book insert) for safeguarding incorporating both adult and child safeguarding arrangements. Referral rates have been maintained across the whole Trust for the first year, which for Kent, translates to 2527 concerns being shared with Kent Adult services from April 2016 to March 2017 (an increase of 147) and equates to 29% of all adult referrals.

Key Achievements

- Maintaining rates of safeguarding training (level 2 for all frontline staff) to over 90% across the Trust and delivering face to face PREVENT training to 82% of Trust frontline staff.
- Re-starting the Trust Safeguarding Sub-Group to increase Trust-wide accountability and Governance arrangements, this group has overseen the review of all Trust-wide safeguarding related policy and procedures in year.
- Development and implementation of Mental Capacity Act assessment documentation following Trust learning in response to two Safeguarding Adult Reviews.

Key Challenges

- Capacity within the safeguarding team has continued to be a challenge throughout the year.
- Publication of the Care Quality Commission (CQC) report which identified some areas requiring improvement within safeguarding, particularly regarding the training levels for safeguarding children.
- Frequent changes within the Trust leadership team has meant the Safeguarding Department has had three separate executive leads over the past year.

Future plans 2017/18

- The Level 3 training, piloted during 2016/17 is being rolled out to frontline practitioners, of all grades, across the whole Trust. This includes clinical staff at the 111 centre.

- The Trust has reviewed the capacity and the function of the Safeguarding Team, utilising the expertise of the Designated Nurse consultants within the Trust. A key priority will be to ensure that the agreed team structure is finalised and all positions are recruited to

Section 7. Safeguarding Activity

Background to data

The data for this report was extracted from the Kent County Council social care system (SWIFT) and the Medway Council Adult Social Care database Frameworki.

Data included in this report is consistent with the Department of Health (DH) statutory returns: Abuse of Vulnerable Adults (AVA) for 2012-13, the Safeguarding Adults Return (SAR) for 2013-14 and 2014-15, and the Safeguarding Adults Collection (SAC) for 2015-16 and 2016-17.

Following the implementation of the Care Act 2014, terminology now used within safeguarding refers to safeguarding concerns and safeguarding enquiries. This terminology has been used within this report.

The first part of the report looks at new adults safeguarding concerns, which is a sign of suspected abuse or neglect that is reported to the local authority or identified by the local authority, and new safeguarding enquiries. Safeguarding enquiries are defined as the action taken, or instigated, by the local authority in response to a concern that abuse or neglect may be taking place.

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

New safeguarding concerns and enquiries

Number of safeguarding concerns

This section is new to this report this year and presents the number of safeguarding concerns that have been reported to each local authority. Figures are presented for 2016-17 only as this information now forms statutory reported information.

Anyone may report concerns regarding actual, alleged or suspected abuse or neglect. Reports can be made by phone, e-mail or in writing. Safeguarding concerns can include all types of risk, including cases of domestic abuse, sexual exploitation, modern slavery and self-neglect.

Area	2016-17
Kent	9668
Medway	998
Total	**10666**

Table 7.1 Number of safeguarding concerns received in Kent and Medway, 2016-17

The number of concerns received represents significant activity in both Kent and Medway, with a total of 10,666 safeguarding concerns received in the 2016-17 period. Each local authority will need to engage with referrers to determine whether the concerns raised constitute the need to undertake a safeguarding enquiry.

Number of safeguarding enquiries and rate of change

In the period of April 2016 to March 2017, 6023 new safeguarding enquiries were started, which reflects a 44.3% increase. Both Kent and Medway demonstrated increases in enquiry activity, with Kent reflecting the greatest proportion (46.3% increase) and Medway reflecting an increase of 14.9%.

Intelligence suggests that the significant increases seen in enquiry activity in Kent and Medway are associated with greater awareness of safeguarding, with increased awareness through more publications relating to safeguarding and events such as 'Safeguarding Awareness Week' providing a basis for increased recognition of safeguarding issues.

Area	2013-14	2014-15	2015-16	2016-17	% change between 15-16 and 16-17	% of Total in 2016-17
Kent	3176	3273	3906	5715	46.3%	94.9%
Medway	315	244	268	308	14.9%	5.1%
Total	**3491**	**3517**	**4174**	**6023**	**44.3%**	**100.0%**

Table 7.2 Number of enquiries year on year and rate of change 2013-14 to 2016-17

Age of alleged victims

The majority of all safeguarding enquiries, 38.1%, related to the 18-64 age group, followed by the 85+ age group where 27.9% of all enquiries related to this age group. Of the 18-64 age group, the highest proportion of enquiries in this age band relate to the 45-54 age group (9.1%) followed by the 55-64 age group (8.6%).

In the 2016-17 year there has been an increased proportion in the age groups of 65-74 where a 1.0% increase has been observed and the 75-84 age group, where a 0.8% increase is reflected. The percentage of enquiries where the age of the alleged victim is unknown has decreased between the four reporting periods.

	2013-14		2014-15		2015-16		2016-17	
Age group	Number	%	Number	%	Number	%	Number	%
18-64	**1372**	**39.3%**	**1454**	**41.3%**	**1726**	**41.4%**	**2294**	**38.1%**
18-24	-	-	-	-	-	-	369	6.1%
25-34	-	-	-	-	-	-	470	7.8%
35-44	-	-	-	-	-	-	375	6.2%
45-54	-	-	-	-	-	-	554	9.2%
55-64	-	-	-	-	-	-	526	8.7%
65-74	**416**	**11.9%**	**391**	**11.1%**	**483**	**11.6%**	**761**	**12.6%**
75-84	**707**	**20.3%**	**690**	**19.6%**	**855**	**20.5%**	**1284**	**21.3%**
85+	**974**	**27.9%**	**976**	**27.8%**	**1100**	**26.4%**	**1678**	**27.9%**
Unknown	**22**	**0.6%**	**6**	**0.2%**	**10**	**0.2%**	**6**	**0.1%**
Total	**3491**	**100%**	**3517**	**100%**	**4174**	**100%**	**6023**	**100%**

Table 7.3 Age breakdown of alleged victims for the periods 2013-14 to 2016-17

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

For comparison purposes, based on the 2016 mid-year population estimates, the following table presents the total adult population, by gender and age range, for Kent and Medway.

	Kent		Medway		Kent & Medway combined	
Gender	Number	%	Number	%	Number	%
Male 18-64	446,611	36.9%	85,858	40.0%	532,469	37.4%
Female 18-64	456,313	37.7%	85,750	39.9%	542,063	38.1%
Total Persons 18-64	902,924	74.7%	171,608	79.9%	1,074,523	75.5%
Male 65+	139,105	11.5%	19,755	9.2%	158,860	11.2%
Female 65+	166,819	13.8%	23,482	10.9%	190,301	13.4%
Total Persons 65+	**305,924**	**25.3%**	**43,237**	**20.1%**	**349,161**	**24.5%**
Total Persons 18+	**1,208,848**	**100%**	**214,845**	**100%**	**1,423,693**	**100%**

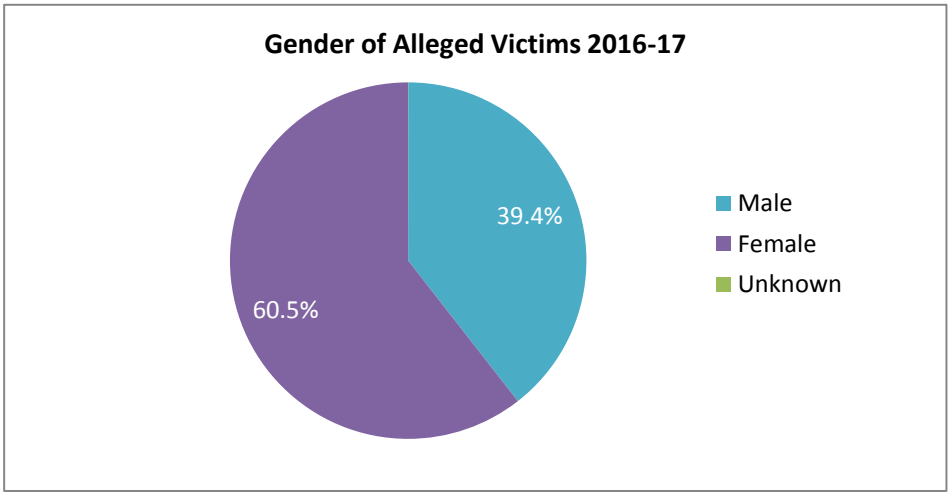
Table 7.3a: Population estimates by Gender and Age Range
Source: Population Estimates Unit, ONS (Crown Copyright).
Data released on 22 June 2017 by the Office for National Statistics.

Gender of alleged victims

In 2016-17 the highest proportion of alleged victims was Female at 60.5%, which reflects a marginal increase compared with the 2015-16 percentage. Overall, the proportions remain consistent over the reporting periods.

	2013-14		2014-15		2015-16		2016-17	
Gender	Number	%	Number	%	Number	%	Number	%
Male	1375	39.4%	1366	38.8%	1680	40.2%	2376	39.4%
Female	2116	60.6%	2151	61.2%	2494	59.8%	3646	60.5%
Unknown	0	0.0%	0	0.0%	0	0.0%	5 or less	0.0%
Total	**3491**	**100%**	**3517**	**100%**	**4174**	**100%**	**6023**	**100%**

Table 7.4 Gender of alleged victims over the periods 2013-14 to 2016-17



For comparison purposes, based on the 2016 mid-year population estimates, the following table presents the total population, by gender, for Kent and Medway.

Gender	Kent		Medway		Kent & Medway combined	
	Number	%	Number	%	Number	%
Male	756,568	49.1%	138,262	49.6%	894,830	49.1%
Female	785,325	50.9%	140,280	50.4%	925,605	50.9%
Total Persons	**1,541,893**	**100%**	**278,542**	**100%**	**1,820,435**	**100%**

Table 7.4a: Population estimates by Gender
Source: Population Estimates Unit, ONS (Crown Copyright).
Data released on 22 June 2017 by the Office for National Statistics.

Ethnicity of alleged victims

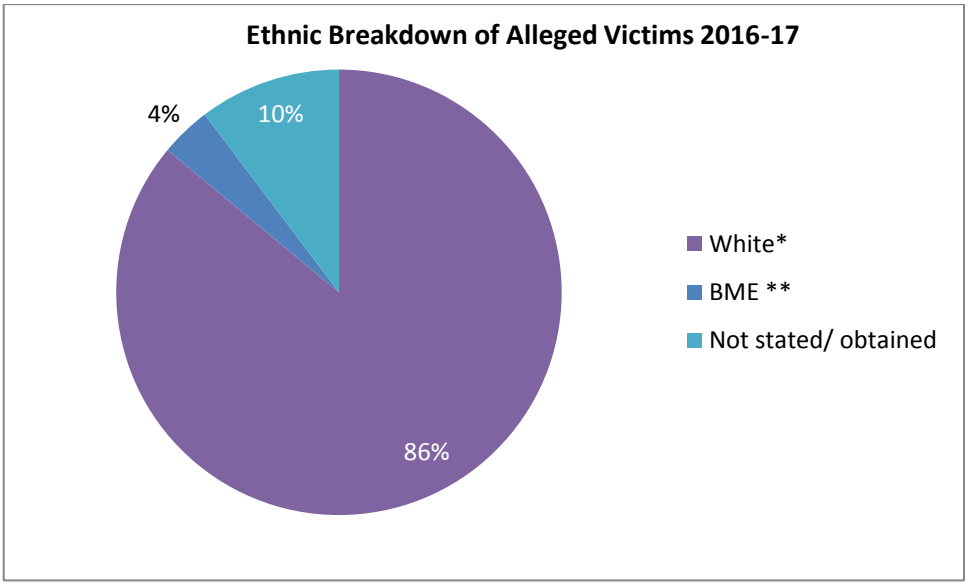
Between the periods of 2015-16 and 2016-17, the percentage of enquiries relating to alleged victims from a white background increased from 84.9% to 86.0%. The percentage of alleged victims from a black or ethnic minority background has increased by 0.4%, from 3.3% to 3.7%.

In contrast, enquiries where the ethnic origin was not stated or obtained, has reduced by 1.5%.

Ethnic Group	2013-14		2014-15		2015-16		2016-17	
	Number	%	Number	%	Number	%	Number	%
White*	3077	88.1%	3062	87.1%	3544	84.9%	5181	86.0%
BME **	106	3.0%	118	3.4%	136	3.3%	222	3.7%
Not stated/ obtained	308	8.8%	337	9.6%	494	11.8%	620	10.3%
Total	**3491**	**100%**	**3517**	**100%**	**4174**	**100%**	**6023**	**100.0%**

Table 7.5: Breakdown of Ethnic Group for the periods 2013-14 to 2016-17

** White' contains the DoH ethnic groups of White British, White Irish, Traveller of Irish Heritage, Gypsy/Roma, Other White Background*
*** 'BME' includes all Asian or Asian British, Black or Black British, Mixed and Other groups*



For comparison purposes, based on the 2011 census, the following table presents the total population, by ethnic group, for Kent and Medway.

Ethnic Group	Kent		Medway		Kent & Medway combined	
	Number	%	Number	%	Number	%
White	1,371,102	93.7%	236,579	89.6%	1,607,681	93.1%
BME	92,638	6.3%	27,346	10.4%	119,984	6.9%
All usual residents	1,463,740	100%	263,925	100%	1,727,665	100%

Table 7.5a: Kent Population by Ethnic Group
Source: 2011 Census: Key Statistics Table 201, Office for National Statistics (ONS) © Crown Copyright

Primary Support Reason of alleged victims

The table below shows the number of individuals according to the Primary Support Reason of alleged victims.

As in previous Annual Reports, in both Kent and Medway, the most prevalent support reason remains Physical Support. This is then followed by no support reason at the time of the alleged incident, with Kent and Medway reflecting 21.7% and 22.4% of cases respectively having no support reason. The percentage of cases with no Support Reason are in-line with those previously reported and is to be expected, as individuals subject to a safeguarding referral will not always be receiving support from the local authority.

Primary Support Reason	Kent	Medway
Physical Support	36.9%	56.5%
Sensory Support	2.2%	0.3%
Support with Memory & Cognition	11.4%	3.6%
Learning Disability Support	12.5%	8.4%
Mental Health Support	14.1%	5.2%
Social Support	1.0%	3.6%
No Support Reason	21.7%	22.4%
Total	**100%**	**100%**

Table 7.6 Breakdown of Primary Support Reason (PSR) for the period 2016-17

Location of alleged abuse

Following changes within statutory reporting requirements, the table below has been updated to reflect new codes. These include breaking down the care home location to residential and nursing settings and reporting hospital settings broken down by acute, mental health hospital and community hospital locations. The location of public place has also now been recoded under the setting of 'in the community (excluding community services)'.

In 2016-17 the most prominent location for incidents of alleged abuse was within the alleged victim's own home. This location represents 41.1% of all incident locations and has seen a 6.4 percentage point increase over since the previous year, 2015-16. This is a significant increase and the highest percentage seen across the four reporting years for this location.

Previously the care home setting was the main setting of alleged incidences of abuse but this location has seen a 6.3 percentage point drop, to 35.7% in 2016-17.

Please note, from 2015-16 the method of calculating the location of alleged abuse is based on closed enquiries in the reporting year. Therefore, the total number of enquiries will not correlate with earlier sections of the report which detail number of enquiries received within the reporting period.

	2013-14		2014-15		2015-16		2016-17	
Location of Alleged Abuse	Number	%	Number	%	Number	%	Number	%
Own Home	**1215**	**34.8%**	**1209**	**34.4%**	**1262**	**34.7%**	**2223**	**41.1%**
In the community (exc. community services)	**71**	**2.0%**	**70**	**2.0%**	**-**	**-**	**190**	**3.5%**
In a community service	**109**	**3.1%**	**116**	**3.3%**	**111**	**3.1%**	**199**	**3.7%**
Care Home*	**1415**	**40.5%**	**1359**	**38.6%**	**1528**	**42.0%**	**1932**	**35.7%**
Care Home - Nursing	-	-	-	-	-	-	420	7.8%
Care Home - Residential	-	-	-	-	-	-	1512	27.9%
Hospital**	**191**	**5.5%**	**262**	**7.5%**	**171**	**4.7%**	**420**	**7.8%**
Hospital - Acute	-	-	-	-	-	-	181	3.3%
Hospital - Mental Health	-	-	-	-	-	-	148	2.7%
Hospital - Community	-	-	-	-	-	-	91	1.7%
Other***	**130**	**3.7%**	**156**	**4.4%**	**563**	**15.5%**	**451**	**8.3%**
Not Known	**360**	**10.3%**	**345**	**9.8%**	**-**	**-**	**-**	**-**

Table 7.7: Location of alleged abuse for the periods 2013-14 to 2016-17

** All care home settings, including nursing care, permanent and temporary*
*** Acute, community hospitals and other health settings*
**** Includes any other setting that does not fit into one of the above categories including Not Known.*

Types of alleged abuse

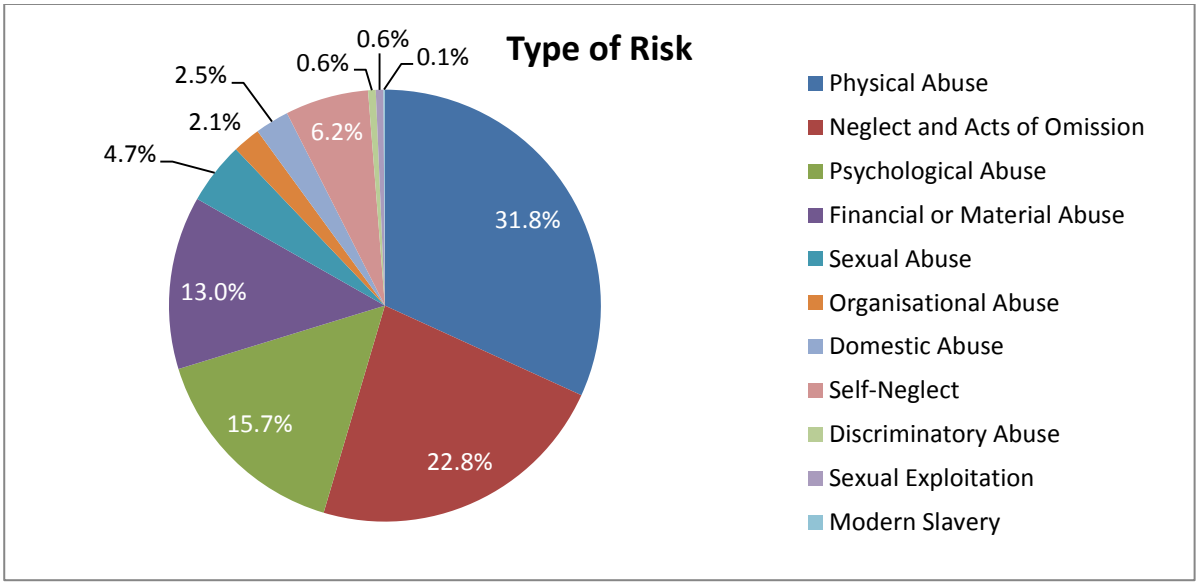
Physical abuse has remained to be the most predominant type of risk over the four reporting years as shown in table 7.8. However, the percentage of types of risk relating to Physical abuse has reduced 4.2 percentage points since 2014-15, decreasing to 31.8% in the 2016-17 period.

Neglect and Acts of Omission has remained the second most prevalent type of risk but this type of risk has also reflected a reduction in the 2016-17 period, reducing by 2.5 percentage points to 22.8% in the latest reporting period.

Incidents relating to risk types of Domestic Abuse or Self-Neglect have both reflected percentage increases in the 2016-17 period. Domestic Abuse has increased from 1.7% in 2015-16 to 2.5% in 2016-17, whilst Self-Neglect increased from 1.4% to 6.2% over the same periods.

Categories of alleged abuse	2013-14		2014-15		2015-16		2016-17	
	Number	%	Number	%	Number	%	Number	%
Physical Abuse	1407	33.6%	1100	36.0%	1482	34.5%	2063	31.8%
Neglect and Acts of Omission	1054	25.2%	750	23.5%	1090	25.3%	1477	22.8%
Psychological Abuse	691	16.5%	366	17.0%	656	15.3%	1017	15.7%
Financial or Material Abuse	688	16.4%	572	14.7%	600	14.0%	841	13.0%
Sexual Abuse	206	4.9%	146	5.8%	215	5.0%	302	4.7%
Organisational Abuse	98	2.3%	65	2.4%	91	2.1%	135	2.1%
Domestic Abuse	-	-	-	-	75	1.7%	165	2.5%
Self-Neglect	-	-	-	-	62	1.4%	405	6.2%
Discriminatory Abuse	39	0.9%	9	0.6%	24	0.6%	37	0.6%
Sexual Exploitation	-	-	-	-	5 or less	<1%	37	0.6%
Modern Slavery	-	-	-	-	5 or less	<1%	7	0.1%

Table 7.8: Type of Risk (an enquiry may have multiple types of risk recorded – the percentage figures relate to the proportion of all enquiries where each type of risk was apparent)



Source of safeguarding concern leading to safeguarding enquiry

Table 7.9 below shows the comparison of the sources of safeguarding concerns leading to safeguarding enquiries over the past four years. As reflected in previous annual reports, the majority of enquiries continue to initiate from social care staff - however; there has been a 0.6 percentage point decrease from 2015-16 to 2016-17. The second most prevalent source group is health staff, which has seen a 5.8% percentage point increase in the last period, rising to 32.2%.

The 'Other' category, which includes carers, voluntary agencies/independent sector, anonymous, legal, other LA, Benefits Agency, Probation Service and strangers, has reflected a 5.1% percentage point decrease between 2015-16 and 2016-17.

Both Kent and Medway have safeguarding websites and leaflets accessible by members of the public. Safeguarding Awareness Week is key to increasing safeguarding awareness amongst members of the public.

Source of safeguarding concern leading to enquiry	2013-14		2014-15		2015-16		2016-17		% point change 2015-16 to 2016-17
	No.	%	No.	%	No.	%	No.	%	
Social Care staff	1689	48.4%	1602	45.6%	1701	43.5%	2654	44.1%	0.6%
Health Staff	718	20.6%	827	23.5%	1032	26.4%	1937	32.2%	5.8%
Other	298	8.5%	386	11.0%	553	14.2%	546	9.1%	-5.1%
Police	152	4.4%	132	3.8%	158	4.0%	225	3.7%	-0.3%
Family member	271	7.8%	202	5.7%	135	3.5%	109	1.8%	-1.7%
Care Quality Commission	115	3.3%	132	3.8%	125	3.2%	162	2.7%	-0.5%
Self-Referral	129	3.7%	122	3.5%	105	2.7%	18	0.3%	-2.4%
Housing	45	1.3%	60	1.7%	66	1.7%	189	3.1%	1.4%
Friend/Neighbour	49	1.4%	25	0.7%	23	0.6%	17	0.3%	-0.3%
Education/Training/ Workplace	10	0.3%	22	0.6%	6	0.2%	23	0.4%	0.2%
Other Service User	8	0.2%	7	0.2%	5 or less	<1%	4	0.1%	-
Unknown	7	0.2%	0	0.0%	5 or less	<1%	139	2.3%	-
Total	**3491**	**100%**	**3517**	**100%**	**3906**	**100%**	**6023**	**100%**	**-**

Table 7.9 Source of safeguarding concerns for the periods 2013-14 to 2016-17

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

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

Closed referrals

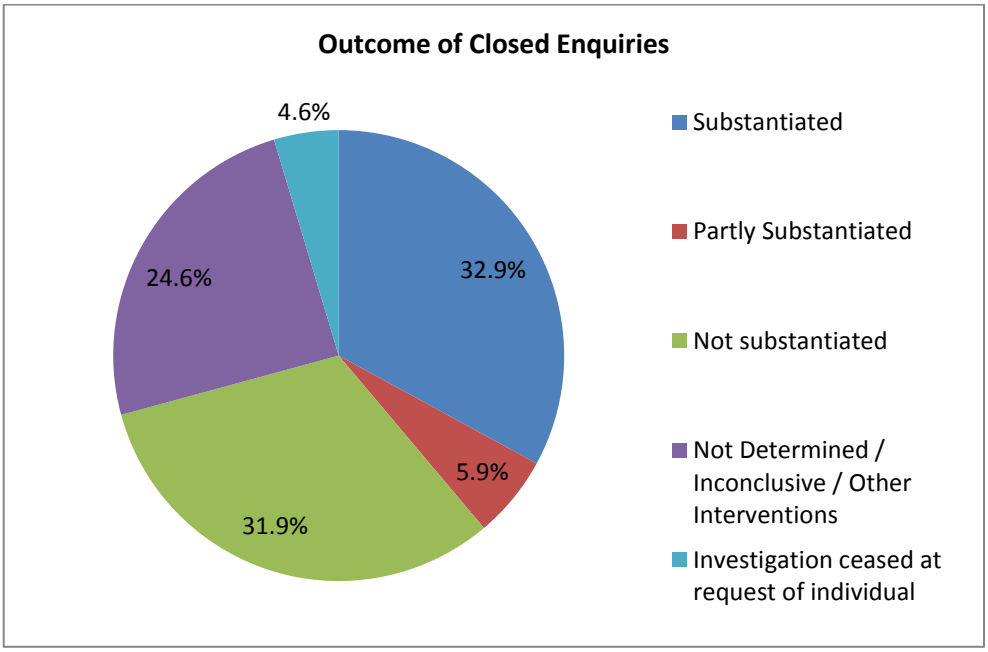
Outcome of closed enquiries

The greatest proportion of cases in Kent relate to substantiated cases (33.2%), which has seen a 7.9 percentage point drop from the 41.1% of cases substantiated in 2015-16. The biggest increase relates to the not determined/inconclusive/other interventions outcome, which has reflected an increase of 11% percentage points this year. Other interventions will include self neglect protocols and statutory intervention. In Kent, the total of cases that are not substantiated has fallen by 5.4% (to 31.9%).

In Medway, the highest proportions of cases are not substantiated at 32.1%, which has increased by 1.1 percentage points in 2016-17. Cases that are substantiated represent a slightly lower proportion in Medway (29.5%) when compared with Kent (33.2%). Partly substantiated cases for Medway represent 16.0%, and this remains consistent with the 15.1% seen in 2015-16.

	Substantiated		Partly Substantiated		Not Substantiated		Not determined/ inconclusive/ Other Interventions		Investigation ceased at request of individual	
Area	No.	%	No.	%	No.	%	No.	%	No.	%
Kent	1692	33.2%	270	5.3%	1628	31.9%	1283	25.1%	230	4.5%
Medway	92	29.5%	50	16.0%	100	32.1%	49	15.7%	21	6.7%
Total	**1784**	**32.9%**	**320**	**5.9%**	**1728**	**42.8%**	**1332**	**13.7%**	**251**	**4.6%**

Table 7.10 Outcome of closed enquiries in Kent and Medway 2016-17



Risk outcomes for closed enquiries

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

	Risk Remained		Risk Reduced		Risk Removed	
Area	No.	%	No.	%	No.	%
Kent	101	3.9%	2096	80.3%	413	15.8%
Medway	19	13.4%	80	56.3%	43	30.3%
Total	**120**	**4.4%**	**2176**	**79.1%**	**456**	**16.6%**

Table 7.11: Risk Outcomes for closed safeguarding enquiries 2016-17
Note: Only presents information for cases where a risk was identified.

In Kent, there were 3.9% of cases where the circumstances causing the risk were unchanged and the same degree of risk remained. In Medway this risk outcome represents 13.4%. It should be acknowledged that there are valid reasons that a risk could remain, for example in the case of an individual wanting to maintain contact with a family member who was the source of the risk. In such an example action could still be taken to refer the individual at risk for counselling.

Table 7.11 demonstrates that in both Kent and Medway the greatest proportions relate to risk being reduced or removed. In 96.1% of cases where a risk was identified in Kent, the risk was either reduced or removed. In Medway a similar picture is presented, with 86.6% of cases where a risk was identified having the risk reduced or removed.

Section 8. Priorities for 2017-2018

The KMSAB Annual Plan for 2017–2018 details how we will meet the following priorities:

- We will engage with residents of Kent and Medway, empowering and enabling them to contribute to safeguarding and the work of the Board.
- We will ensure that we learn from the outcomes of Safeguarding Adult Reviews (SARs), Domestic Homicide Reviews (DHRs) and Children's Serious Case Reviews (SCRs) and these directly influence practice improvements
- We will ensure our structure and governance arrangements enable us to meet our statutory duties effectively and efficiently.
- We will ensure that our Policy, Procedures and Guidance documents are compliant, easy to use and reviewed and updated regularly
- We will provide a high quality multi-agency training offer

Appendices

Appendix 1 : Kent and Medway Safeguarding Adults Board Principles and Values

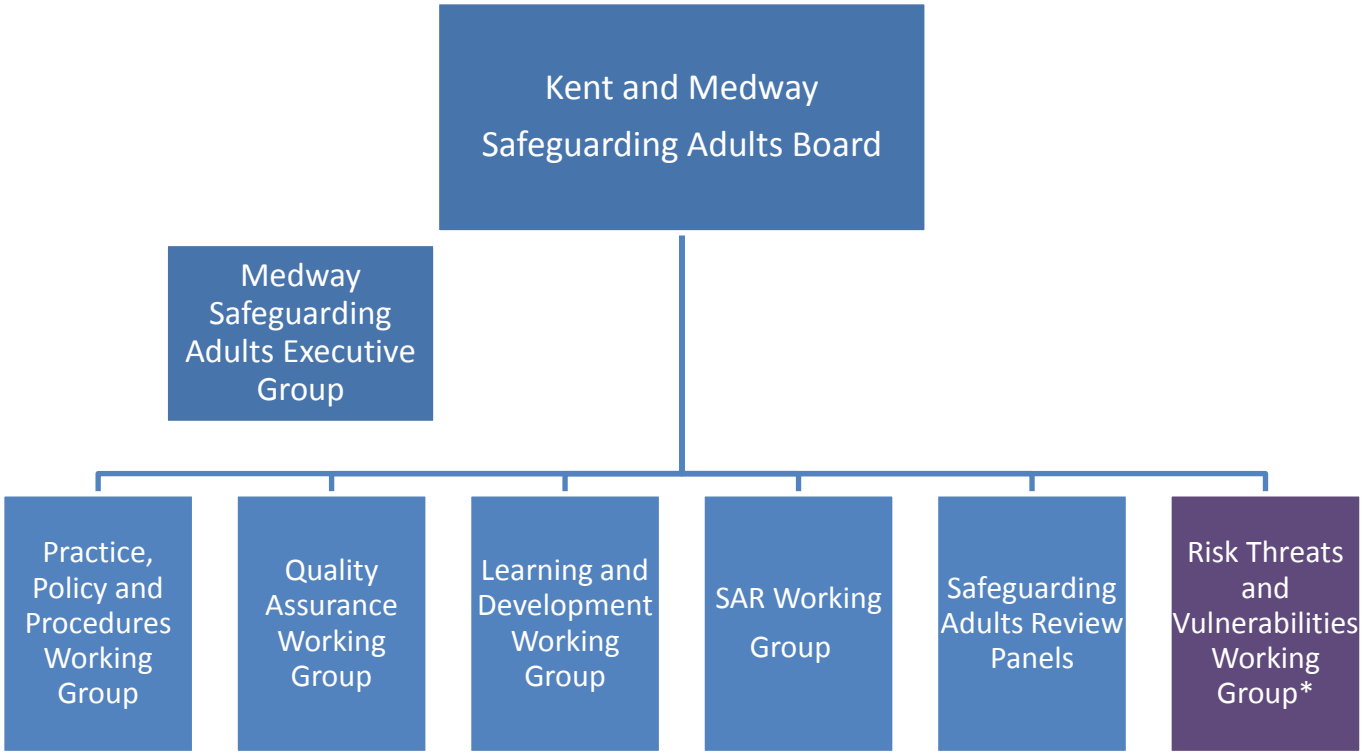
The Kent and Medway Safeguarding Adults Board is underpinned by the following principles and values:

- It is every adult's right to live free from abuse in accordance with the principles of respect, dignity, autonomy, privacy and equity
- All agencies and services should ensure that their own policies and procedures make it clear that they have a zero tolerance of abuse
- Priority will be given to the prevention of abuse, by raising the awareness of adult safeguarding issues and by fostering a culture of good practice through support and care provision, commissioning and contracting
- Adults who are susceptible or subjected to abuse or mistreatment will receive the highest priority for assessment and support services
- These principles are applicable to all adults whether living in a domestic setting, care home, social services or health setting, or any community setting
- Protection of adults experiencing, or at risk of, abuse or neglect, is a multi-agency responsibility and all agencies and services should actively work together to address the abuse of adults
- Interventions should be based on the concept of empowerment and participation of the individual at risk
- These principles should constitute an integral part of the philosophy and working practices of all agencies involved with adults experiencing, or at risk of, abuse or neglect, and should not be seen in isolation
- It is the responsibility of all agencies to take steps to ensure that adults experiencing, or at risk of, abuse or neglect, are discharged from their care to a safe and appropriate setting
- The need to provide support for carers must be taken into account when planning services for adults experiencing, or at risk of, abuse or neglect, and a carer's assessment should be offered
- These principles are based upon a commitment to equal opportunities and practice in respect of race, culture, religion, disability, gender, age or sexual orientation

Appendix 2 : Types of Abuse

- **Physical abuse** is when someone is physically harmed by another person, for example through assault, such as slapping, pushing, kicking or rough handling. It can also include the misuse of medication, or inappropriate sanctions or restraint.
- **Domestic Abuse** is when abuse occurs between partners, former partners or by a family member. It can include psychological, physical, sexual, financial or emotional abuse as well as 'honour' based violence, forced marriage and female genital mutilation.
- **Sexual abuse** relates to any sexual activity which the adult has not consented to, was not able to consent to or was pressured into consenting to. This can include rape, sexual assault or harassment, sexual photography, subjection to pornography or inappropriate touching.
- **Psychological abuse** includes emotional abuse, verbal assault, intimidation, bullying, cyber bullying, abandonment, threats of harm, humiliation or blaming. Any unjustified withdrawal of services or support networks is also a form of psychological abuse, as is not letting the person have choices or ignoring their wishes.
- **Financial or material abuse**, abuse relates to theft, fraud, internet fraud/scams, exploitation or pressure in connection with financial affairs or arrangements. It can also include the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** is when individuals are coerced, deceived or forced into a life of abuse, servitude and inhumane treatment. This can be through human trafficking, forced labour or domestic servitude
- **Discriminatory abuse** is when a person suffers ill-treatment or harassment because of their race, gender, cultural background, religion, physical and/or sensory impairment, sexual orientation or age. This can be referred to as hate crime.
- **Organisational abuse** is where an adult is placed at risk through poor professional practice and/or organisational failings. It can be a one-off incident or ongoing ill-treatment or neglect. This abuse can happen when care and support is provided at home or within an institution or care setting, such as a hospital or residential home.
- **Neglect and acts of omission** is when someone deliberately or unintentionally causes a person to suffer by failing to provide the required medical or physical care. This may include failing to provide access to appropriate health, social care or education. This can result in their essential day to day needs, such as: medication, food, drink and heating, being denied.
- **Self-neglect** is when a person's behaviour, such as neglecting to care for personal hygiene, health or surroundings, has a detrimental effect on their health and wellbeing. It can include behaviour such as hoarding.
- **Forced Marriage** is a marriage in which one or both of the parties is married without his or her consent or against his or her will
- **Honour Based Violence** is a term used to describe violence committed within the context of the extended family which is motivated by a perceived need to restore standing within the community, which is presumed to have been lost through the behaviour of the victim
- **Hate Crime** is any crime that is targeted at a person because of hostility or prejudice towards that person's: disability, race or ethnicity, religion or belief or sexual orientation
- **Mate Crime** is a form of crime in which a perpetrator befriends a vulnerable person with the intention of then exploiting the person financially, physically or sexually

Appendix 3 : Kent and Medway Safeguarding Adults Board Governance Structure (2016-17)



*KMSAB joined this working group in February 2017. It is a joint working group with Kent Safeguarding Children's Board and Medway Safeguarding Children's Board

If you think you or another person is at risk of harm or abuse, please contact:

KENT
Tel: 03000 41 61 61
NGT: 18001 03000 416161
Kent.gov.uk/adultprotection

MEDWAY
Tel: 01634 334466
NGT: 18001 01634 334 466
Medway.gov.uk/abuse

If someone is in immediate risk contact the emergency services on 999