



Summons to and  
Agenda for a  
Meeting on  
**Thursday, 15th  
December, 2022**  
at **10.00 am**





DEMOCRATIC SERVICES  
SESSIONS HOUSE  
MAIDSTONE

Wednesday, 7 December 2022

To: All Members of the County Council

A meeting of the County Council will be held in the Council Chamber, County Hall, Maidstone, Kent, ME14 1XQ on Thursday, 15th December, 2022 at **10.00 am** to deal with the following business. **The meeting is scheduled to end by 4.30pm.**

## **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 **(Pages 1 - 18)**
4. Corporate Parenting Panel - Minutes for noting **(Pages 19 - 24)**  
Minutes of the meeting held on 26 October 2022
5. Chairman's Announcements
6. Questions
7. Report by Leader of the Council (Oral)
8. Reconnect Update **(Pages 25 - 54)**
9. Governance & Audit - Chairman's Annual Report **(Pages 55 - 60)**
10. Kent & Medway Interim Care Strategy **(Pages 61 - 124)**
11. SEND Transformation and Ofsted Revisit **(Pages 125 - 142)**
12. Motions for Time Limited Debate

## **Motion 1**

### **Motion for Time Limited Debate – Impact Assessments**

Proposer: Paul Stepto

Seconder: Mike Baldock

#### **Background information**

Local Government is facing a “financial crisis” and we are being forced to make increasingly difficult decisions. It is important that KCC considers the impact of these decisions on the residents of Kent. When conducting impact assessments, the Council should recognise the impact of factors not currently covered by the nine protected characteristics.

Socio-economic disadvantage can significantly impact a person’s ability to fulfil their potential, to live healthily and benefit from job and other opportunities. Socio-economically disadvantaged Kent residents experience greater levels of material deprivation, which restricts their ability to access basic goods and services.

KCC should also consider how its decisions affect residents in areas of rural deprivation. Residents of rural areas can face isolation because of inadequate transport links, limited access to services such as shops, leisure and health facilities, and fewer opportunities to socialise.

In line with the council’s current policies, we must also ensure that decision making aligns with our commitments to meet climate change targets and thus protect communities from deteriorating air quality and increasing risk from flooding, drought, and fire.

#### **MOTION:**

County Council resolves that the Executive is asked to;

- Undertake appropriate assessments which take account of rural deprivation, environment and climate change and also socio-economic factors as part of the formal Executive decision process, in addition to the established Equality Impact Assessment process; and
- ensure the relevant assessments are explicitly referenced in and accessible alongside Executive Decision documentation.

## **Motion 2**

### **Motion for Time Limited Debate – Special educational needs and disability (SEND) provision in Kent**

Proposer: Trudy Dean, MBE

Seconder: Antony Hook

#### **Background – Provided by the Liberal Democrat Group**

Significant numbers of children who are either in the care of the council, or children with special educational needs are being placed in residential care or special schools outside Kent and must travel long distances within the county to access schools with specialist resource provision or specialist schools. This means that children are either living a long way from family and friends or must travel long distances to get to and from school which is detrimental to children and their families.

Access to the appropriate educational setting will promote the life chances of the individual and reduce the burden on the county's health and social care system. At present, the Liberal Democrat Group believes that obstacles to suitable transport support and an apparent lack of KCC provided residential and SEND places for children in Kent combine to exacerbate the challenges faced by many families and further limit opportunities for children access an appropriate education setting.

#### **Key figures:**

1. The council has budgeted £393m for 2022-23 for Adult Social Care & Health Operations under the Adult Social Care & Health Directorate
2. The council has budgeted £92m for 2022-23 for SEND provision under the Children, Young People & Education Directorate.
3. The council has budgeted £9.5m for 2022-23 on supporting 7,500 working age adults with autism and other disabilities.

#### **Motion:**

The County Council resolves;

- a. To recommend to the Executive that relevant policies and strategies be amended to reflect that early intervention and support for children with SEND is likely to save KCC long term care and support costs and that this be prioritised accordingly as part of service and budget planning.
- b. To call on the Executive to prioritise necessary investment in SEND provision to meet the increasing demand of the ever-growing numbers of children in Kent with SEND.
- c. To recommend to the Executive that the parental travel allowance and travel training for young people with SEND should be better promoted to increase take up.
- d. To welcome and endorse the Scrutiny Committee decision to set up a SEND focused Scrutiny Sub-Committee.

**Motion 3**

Submitted by the Labour Group

A handwritten signature in black ink, appearing to read 'B. Watts', with a long horizontal stroke extending to the right.

Benjamin Watts  
General Counsel  
03000 416814

7 December 2022

## KENT COUNTY COUNCIL

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### COUNTY COUNCIL

MINUTES of a meeting of the County Council held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 20 October 2022.

PRESENT: Mrs L Game (Chairman), Mr G Cooke (Vice-Chairman), Mr N Baker, Mr M Baldock, Mr P V Barrington-King, Mr P Bartlett, Mr D Beaney, Mrs C Bell, Mr T Bond, Mr A Booth, Mr A Brady, Mr C Broadley, Mr S R Campkin, Miss S J Carey, Sir Paul Carter, CBE, Mrs S Chandler, Mr N J D Chard, Mr I S Chittenden, Mrs P T Cole, Mr P Cole, Mr N J Collor, Ms K Constantine, Mr P C Cooper, Mr D Crow-Brown, Mr D S Daley, Mr M C Dance, Ms M Dawkins, Mr M Dendor, Mr R W Gough, Ms K Grehan, Ms S Hamilton, Mr P M Harman, Mr P M Hill, OBE, Mr A R Hills, Mrs S V Hohler, Mr M A J Hood, Mr A J Hook, Mrs S Hudson, Mr D Jeffrey, Mr A Kennedy, Mr J A Kite, MBE, Rich Lehmann, Mr R A Marsh, Ms M McArthur, Mr J Meade, Mr D Murphy, Mr P J Oakford, Mr J M Ozog, Mr A M Ridgers, Mr D Robey, Mr D Ross, Mr A Sandhu, MBE, Mr T L Shonk, Mr C Simkins, Mr M J Sole, Mr P Stepto, Mr R G Streatfeild, MBE, Dr L Sullivan, Mr B J Sweetland, Mr D Watkins, Mr A Weatherhead, Mr J Wright and Ms L Wright

IN ATTENDANCE: Mr J Cook (Democratic Services Manager) and Mr B Watts (General Counsel)

IN VIRTUAL ATTENDANCE: Mr D L Brazier and Mrs S Prendergast

### UNRESTRICTED ITEMS

**93. Apologies for Absence**  
*(Item 1)*

The General Counsel reported apologies for absence from Mr Cameron Beart, Mrs Rosalind Binks, Mrs Becki Bruneau, Mr Tom Cannon, Mrs Trudy Dean, Mr Sean Holden, Mr Brian Lewis, Mr Rory Love, Mr Steve Manion, Mr James McInroy, Ms Jackie Meade, Mrs Lottie Parfitt-Reid, Mr Harry Rayner, Mr Oliver Richardson, Mr Robert Thomas, and Mr Simon Webb.

Members were advised that Mr David Brazier and Mrs Shellina Prendergast had given their formal apologies and were joining the meeting virtually.

**94. Declarations of Disclosable Pecuniary Interests or Other Significant Interests in items on the agenda**  
*(Item 2)*

There were no declarations of interest.

- 95. Minutes of the meeting held on 14 July 2022 and, if in order, to be approved as a correct record**  
*(Item 3)*

RESOLVED that the minutes of the meeting held on 14 July 2022 be approved as a correct record.

- 96. Corporate Parenting Panel - Minutes for noting**  
*(Item 4)*

RESOLVED that the minutes of the meeting of the Corporate Parenting Panel held on 27 July 2022 be noted.

- 97. Chairman's Announcements**  
*(Item 5)*

### **Country Parks**

- (1) The Chairman paid tribute to the four Kent County Council's country parks which had been awarded Gold in the South and South East In Bloom Awards this year. Brockhill, Lullingstone, Shorne Woods, and Trosley Country Parks were all awarded Gold, with Brockhill also being named the South and South East Country Park of the Year for the fifth year in a row.
- (2) The Chairman was also pleased to announce that eight of the country parks achieved the Green Flag Status this year and Lullingstone Country Park became a Queen's Green Canopy Ancient Woodland site, one of only 70 across the UK, due to its veteran tree population.
- (3) The Chairman asked Members to join her in congratulating the Country Parks Teams on their fantastic successes and praised everyone involved in making the Council's country parks such wonderful places to visit.

### **Reconnect Awards**

- (4) The Chairman referred to the Reconnect Community Awards which had recently taken place at the Ashford International Hotel and said she had attended to present some of the awards including an Outstanding Individual Award, a Young Volunteer Award, a Well-Being Award and a Sports and Activities award. The Chairman said it had been a fantastic opportunity for the Council to celebrate the successes of the Reconnect Programme, and to reward some of the organisations and young people involved.

### **Kickboxing World Championship**



- (5) The Chairman paid tribute to a young person from Aylesham who had become a World Champion in the WAKO Children, Cadet and Junior World Championships that took place in Italy in September. Ruby Monger won the World Championship title after previously winning the World Ring Sports Associations -55KG English title in Chippenham earlier this year. The Chairman asked Members to join her in congratulating Ruby on her fantastic successes and wished her every success in the future.

### **Pictures of Her Majesty Queen Elizabeth II**

- (6) The Chairman referred to Kent's primary school children who were invited to draw pictures of Queen Elizabeth II to be displayed in the Stone Hall and the Exhibition Hall at County Hall. The Chairman said the response had been amazing and hundreds of pictures had been received. She asked Members to join her in thanking all those who submitted drawings and invited Members to take some time to view the drawings.

### **Ukraine**

- (7) The Chairman reaffirmed the Council's commitment to those suffering from the conflict in Ukraine, referred to the later item about this on the agenda, and noted the presence of the Ukrainian flag in the Council Chamber.

### **Former Members**

- (8) The Chairman, with the deepest sadness and regret, informed Members of the death of Mr George Koowaree, former Liberal Democrat Member for Ashford East from May 2004 to May 2021.
- (9) The Chairman said, in addition to his time at Kent County Council, Mr Koowaree represented North Willesborough at Ashford Borough Council and was also Mayor of Ashford in 1996 and 2016.
- (10) The Council held a one minute's silence in memory of Mr Koowaree.

### **98. Questions**

*(Item 6)*

In accordance with Sections 14.15 to 14.22 of the Constitution, 11 questions were submitted by the deadline, 10 questions were asked, and replies given. A record of all questions put and answers given at the meeting is available [online](#) with the papers for this meeting.

### **99. Report by Leader of the Council (Oral)**

*(Item 7)*

- (1) The Leader referred to the political changes and events that had occurred within central government since the last County Council meeting. Mr Gough

said it was his policy, as he felt Members were aware, to address national issues insofar as they had an impact on the Council and its work. He explained there were some important areas he would not address in his report, for example cost-of-living pressures and the war in Ukraine, as they were later items on the agenda.

- (2) The Leader said the Council's financial position was a vital issue and one that would shape a lot of conversations at Council meetings and elsewhere over the coming weeks and months. He said it was reported at Cabinet on 29 September 2022 that for the period from April 2022 to June 2022 there was a projected overspend for the year of £50million and since then the projected overspend for the year had risen to £70million. Mr Gough explained that the underlying cause of the projected overspend, above all, was inflation and this was also the case for other local authorities. He said the estimated impact of inflation was around £45million resulting in constant pressures on services and challenges in delivering existing savings. Mr Gough highlighted this was just an estimate, and the Council had seen in the latter part of past years performance come in quite sharply, but he noted that the Council had never been looking at a projected set of pressures on this scale. Mr Gough said the Council had anticipated that, post pandemic, local government would not be a priority for public spending, and along with the Local Government Association, the Council would continue to push extremely hard for additional financial support, and for local authorities in general through the County Councils Network. He stressed that the gravity of the situation could not be doubted and the response, as discussed at the time of the February budget, of resisting pressures, taking difficult decisions and managing down the Council's costs, had to remain the essence of what the Council sought to do across the full range of its work.
- (3) Mr Gough turned to Investment Zones, announced in the government's mini budget in September 2022, and said this was an important initiative of which many details were still unknown, and although the Council was not irrevocably committed to anything, and it recognised challenges around issues such as environmental standards, it would be a mistake not to be engaged in the debate. Mr Gough confirmed that judgment could be made when more detail was available and noted the excellent engagement between the Council, and districts and boroughs, in submitting a response by the deadline of 14 October 2022.
- (4) Mr Gough said that he did not propose to address the KCC Supported Bus Funding Review in his report as it was an item later on the agenda. He did, however, refer to the underlying issues of the commercial network in the early part of the summer and, although they had not been resolved perfectly, commended the work of the Council's Public Transport Team and its partnership with operators in achieving a different and better position by September. Mr Gough confirmed the outcome of the Bus Service Improvement Plan (BSIP) was still awaited.
- (5) Mr Gough referred to the uncertain fate of the planning and infrastructure bill, and said it was an opportunity for the Council and the County Council's

Network to set out its views in particular the case for effective strategic planning. Mr Gough met the Levelling Up Minister at the recent opening of the new Miskin Creative and Performance Studios at North Kent College and noted this was an example of Kent bodies working together to secure funding from the Getting Building Fund.

- (6) The Leader met with Kent MPs and the Transport Secretary on 19 October 2022 regarding border issues and the impact of Operation Brock. Mr Gough noted the longstanding nature of the issue and said the Council, along with MPs and officers, would be working on measures to respond to short, medium, and long term challenges, in particular the EU's Entry/Exit System (EES) scheduled for May 2023.
- (7) Mr Gough said 1,110 Unaccompanied Asylum-Seeking Children (UASC) had so far arrived in Kent in 2022 and explained that this volume brought about significant pressures, including hotel accommodation, and ensuring they were placed through the National Transfer System. Mr Gough said there was a significant number of children with an Albanian background who were not claiming asylum or entering the National Transfer System and were therefore becoming the Council's Children in Care, and missing episodes amongst young people was a concerning issue in which the Council was engaging with the police and other partners. Mr Gough noted that the government was raising the requirement for the number of young people taken into care and the Council was working to develop further its successful Reception and Safe Care Service.
- (8) Mr Gough confirmed that the development of the Integrated Care Partnership Strategy continued, and he noted the importance of the strategy in shaping the frameworks and policies pursued by partners. He said, above all, it was essential to ensure better integration and better spending of the Kent pound.
- (9) Finally, the Leader was pleased to announce that the Kent Rural Board had been launched and had its first meeting, chaired by Mr Matthew Balfour, on 5 October 2022 which included representatives from several key rural sectors. Mr Gough said Board Members' priorities would be sought over the coming months and the Council would support that in line with its Kent Rural Strategy.
- (10) The Leader of the Labour Group, Dr Sullivan, responded to the Leader's remarks and commented on the changes and events that had taken place within central government since the last County Council meeting.
- (11) Dr Sullivan referred to the Council's financial position, and the £70million predicted overspend, and said she hoped that central government would not find savings in local government and that she feared the beginning of austerity. Dr Sullivan questioned the message this would send to Kent residents and Council staff who were working tirelessly to deliver the Council's services. She said she hoped the Leader had lobbied hard to the

Local Government Minister for funding because local authorities were not a priority as she felt they should be.

- (12) Dr Sullivan referred to the Council's budget before the Covid-19 pandemic and condemned the government for causing the growth of mortgage rates, interest rates, inflation, energy bills, petrol costs and food bills and asked the Leader to call on government for additional funding for the Council. She said she hoped levelling up had filtered down with the introduction of Investment Zones and further details would be fully costed and would result in additional funding for infrastructure. Dr Sullivan questioned whether the Council looked at commissioning as its solution to the financial situation and whether that approach was the most cost-effective route for Kent taxpayers.
- (13) Dr Sullivan turned to the Special Educational Needs and Disability (SEND) Transport Review and said a lack of decisions and responsibilities had had a huge impact on Kent's most vulnerable families. She said the internal report identified that a lack of formal and informal governance advice had led, in part, to the situation and noted that an external review may take place. Dr Sullivan said justice for those affected would be exacerbated by a delay in accountability and asked for action to be taken swiftly.
- (14) Mr Hook, Leader of the Liberal Democrats Group, noted it had been over three months since the Council had last met in full. He referred to events of the last three months including the women's England football team winning the World Cup, the re-introduction of wild bison to Kent's countryside, an unprecedented heatwave and a new Head of State, King Charles III. He said the summer had seen delays at Kent ports, driven by the new requirement for passport stamps, and questioned the opinions of some political leaders. Mr Hook said a report of the inquiry into East Kent Maternity Services had been published and for which, he said, there must be a reckoning. He commented that Kent must not be a place where it was unusually dangerous to have a baby. He referred to the changes in government since the last County Council meeting and the economic crisis, and said it was right for the Council to meet again to discuss important issues.
- (15) Mr Hook referred to the financial situation of the Council and said the overspend was largely due to the increased cost of materials and labour needed to deliver services, and the war in Ukraine was not the sole cause. He noted the pound's value was down 25 cents compared to a year ago and 19 cents on five years ago, and said until there was a stronger national policy the Council would continue to pay the cost. He said five of the last seven years had seen slow growth in the economy, but every year the Council had had to find cuts in its expenditure due to insufficient government funding, and the people of Kent should know the services of their Council had declined year on year because of that.
- (16) Mr Hook turned to border controls and agreed with the Leader that the forthcoming EU biometric checks at the port of Dover posed a real problem for which the government had not yet found a solution for. In his view, the

Entry/Exit Scheme (EES) was a bad policy at odds with fundamental European values and he hoped that the introduction of the EES would be prevented.

- (17) Regarding Investment Zones, Mr Hook said he was concerned about taking on a scheme with short notice and little information, and that his Group would oppose any plans to make development within the county easier.
- (18) Mr Hook was pleased to hear there was a meeting with the Transport Secretary and wondered whether the issue of Faversham Creek Bridge was mentioned, as information had not been forthcoming since March 2022.
- (19) Mr Hook said the Council had the Group's full support in addressing the issue of missing children and was pleased to hear the Kent Rural Board had been reinstated.
- (20) Mr Stepto, Leader of the Green and Independent Group, said his Group had strong concerns about Investment Zones and their potential to bypass environmental protections and further remove local decision making from the planning process. He questioned the success of Enterprise Zones introduced in 2011, and noted that at the time of their introduction, treasury estimates suggested they would help create 54,000 jobs across five years but by 2017 they had only created 17,000, a third of which were jobs moved from elsewhere, and the majority of which were low skilled, so unable to provide boosts for local economies.
- (21) Mr Stepto looked forward to the agenda item on the KCC Supported Bus Funding Review and hoped ways could be found to offer more support for bus transport. He said a reliable, efficient, and reasonably priced bus service brought many benefits to the county such as cleaner air, less congestion, and an improved quality of life, particularly for people on lower incomes, people in villages, and those without access to a car.
- (22) Mr Stepto said the new Department for Levelling Up, Housing and Communities (DLUHC) team looked to have a variety of experience in central and local government, and he questioned when the local government finance settlement would happen, what would be its duration, and how much help would local authorities receive to address inflation.
- (23) Mr Stepto referred to the EES and the possibility this would result in serious border delays.
- (24) Mr Stepto noted the Leader's comments on UASC and commended officers and Members who were involved in this work. He said he hoped the nation would continue to offer a safe haven to people in need of shelter.
- (25) Mr Stepto commented on government decisions that had led to the country's financial situation and the consequences for the Council in terms of funding cuts instead of growth.

- (26) The Leader responded to a few key points and said he felt the Opposition Leaders reflected his view on the pressures that the Council faced.
- (27) The Leader responded to Dr Sullivan's comments about commissioning and explained that the emphasis had never been on outsourcing, rather it was about identifying the best way to deliver services, and continued reviews would ensure a clear sighted and pragmatic approach.
- (28) The Leader agreed with Opposition Leaders that local authorities should be a higher priority for government funding and he confirmed the Council continued to make that case. He acknowledged that the support from government during the pandemic had been good and financial settlements in recent years, compared with some, had not been bad. Mr Gough said his concern had always been that post pandemic, public spending would remain restrained, and other pressures, such as funding for defence and the NHS would most likely take priority. Mr Gough acknowledged the case for local government would need to be fought hard, not only by the Council, but all colleagues in local government.
- (29) The Leader responded to points made about the port of Dover and the EES and confirmed, although it would be good if the introduction of the EES could be avoided, the Council should prepare accordingly. He said the EES had been part of the Council's representations to government and the point had been raised at the Transport Select Committee. Mr Gough said there was recognition of how difficult and intractable the issue had been over the years, and the Council would seek to take it forward.
- (30) Mr Gough reiterated his point made earlier about Investment Zones and said it would be assessed on an evidence-based approach. Mr Gough reassured Members that the Council would navigate the process carefully, it would take advantage of any opportunities that arose, and he recognised the importance of a sensible and balanced approach.
- (31) Mr Gough responded to Dr Sullivan's comments on the SEND Transport Review and said there had rightly been a lot of focus on the findings of the internal audit report which had been commissioned by statutory officers. Mr Gough explained that work would continue over the coming weeks to address the outcomes of the report, and, in terms of practice, lessons had already been learnt, and there was a need to learn and apply concrete lessons.
- (32) Mr Gough returned to the border issue at the port of Dover and said more resilience was needed to deal with the several different problems that were causing vulnerability. He noted there had been some success but there was further work to be done.
- (33) Finally, the Leader agreed with Opposition Leaders on the need for engagement with DLUHC and on comments made about the provision of support for Ukrainian refugees, the way forward for which would be discussed later in the meeting.

(34) RESOLVED that the Leader's update be noted.

**100. Cost of Living**  
*(Item 8)*

(1) Mr Gough proposed, and Mrs Bell seconded the motion that

“County Council:

- (a) Notes and discusses the impact of the cost-of-living crisis on people and households and the current response to it.
- (b) Notes that a separate report on the impacts of the crisis on businesses and enterprises and the support available will be presented to the Growth, Economic Development and Communities Cabinet Committee.
- (c) Notes that the Financial Hardship Programme will continue to provide support to people and households over the winter period.
- (d) Notes that a third round of the Household Support Fund is expected to be provided by Government and, depending on any restrictions, KCC's intention is to allocate the funding as it has previously between support for families eligible for free school meals, some funding issued to District and Borough Councils, some funding provided through KSAS, and some funding held for dedicated support with water and energy bills.
- (e) Agrees that KCC will lobby Government to ensure that any cost-of-living grant support to local authorities has clear objectives but limited restrictions to allow KCC Page 31 and its partners to flexibly meet local need, and that capacity funding is provided to local authorities to administer and deliver any such schemes.
- (f) Agrees that KCC will lobby Government to consider the immediate and direct benefit of providing grants schemes targeted at vulnerable households to improve thermal insulation.
- (g) Notes that an emergency meeting of Joint Kent Leaders is being held on 15 September to discuss the cost-of-living crisis and how Kent councils should respond jointly.
- (h) Notes the potential for the Integrated Care Partnership to be the vehicle through which Kent and Medway partners can work together to jointly address the medium to longer term impact of the cost-of-living crisis, and that the Integrated Care Partnership will discuss a paper about cost of living at their October meeting and consider a collective response.”

(2) Following the debate, the Chairman put the motion set out in paragraph 1.

(3) RESOLVED that the County Council:

- (a) Notes and discusses the impact of the cost-of-living crisis on people and households and the current response to it.

- (b) Notes that a separate report on the impacts of the crisis on businesses and enterprises and the support available will be presented to the Growth, Economic Development and Communities Cabinet Committee.
- (c) Notes that the Financial Hardship Programme will continue to provide support to people and households over the winter period.
- (d) Notes that a third round of the Household Support Fund is expected to be provided by Government and, depending on any restrictions, KCC's intention is to allocate the funding as it has previously between support for families eligible for free school meals, some funding issued to District and Borough Councils, some funding provided through KSAS, and some funding held for dedicated support with water and energy bills.
- (e) Agrees that KCC will lobby Government to ensure that any cost-of-living grant support to local authorities has clear objectives but limited restrictions to allow KCC Page 31 and its partners to flexibly meet local need, and that capacity funding is provided to local authorities to administer and deliver any such schemes.
- (f) Agrees that KCC will lobby Government to consider the immediate and direct benefit of providing grants schemes targeted at vulnerable households to improve thermal insulation.
- (g) Notes that an emergency meeting of Joint Kent Leaders is being held on 15 September to discuss the cost-of-living crisis and how Kent councils should respond jointly.
- (h) Notes the potential for the Integrated Care Partnership to be the vehicle through which Kent and Medway partners can work together to jointly address the medium to longer term impact of the cost-of-living crisis, and that the Integrated Care Partnership will discuss a paper about cost of living at their October meeting and consider a collective response.

**101. Update on Kent's Plan Bee**  
(*Item 9*)

- (1) Miss Carey proposed, and Ms Hamilton seconded the motion that  

“The County Council notes the success of Kent’s Plan Bee in its first two years and the work that will be continued into future years.”
- (2) The General Counsel clarified, following comments from Members, that the minutes from the County Council meeting on 17 May 2018 recorded that Mr Whybrow moved, and Mr Holden seconded, the motion which led to the setting up of a cross party working group to produce a pollinator action plan.
- (3) Following the debate, the Chairman put the motion set out in paragraph 1.
- (4) RESOLVED that the County Council notes the success of Kent’s Plan Bee in its first two years and the work that will be continued into future years.



**102. Ukraine/Refugee Update report**  
*(Item 10)*

- (1) Mr Gough proposed, and Mr Hill seconded the motion that  
“The County Council comments on and notes the report.”
- (2) Following the debate, the Chairman put the motion set out in paragraph 1.
- (3) RESOLVED that the County Council notes the report.

**103. Treasury Management Annual Review 2021-22**  
*(Item 11)*

- (1) Mr Oakford provided an update of the Council’s current treasury management position since the report had been written.
- (2) Mr Oakford proposed, and Mr Cooper seconded the motion that  
“The County Council notes the report”.
- (3) Following the debate, the Chairman put the motion set out in paragraph 2.
- (4) RESOLVED that the County Council notes the report.

**104. Scrutiny referral of Decision 22/00052 - KCC Supported Bus Funding Review**  
*(Item 12)*

- (1) The General Counsel introduced the report and said that the Council may, having reviewed Executive Decision 22/00052, resolve one of the following:
  - (a) Agree that the decision be implemented
  - (b) express comments but not require reconsideration of the decision, or
  - (c) require implementation of the decision to be postponed pending reconsideration of the matter by the Cabinet, taking into account the Council’s comments
- (2) Mr Gough proposed, and Mr Watkins seconded the motion that  
“The County Council agree that the decision be implemented.”
- (3) The General Council responded to a query regarding County Council’s decision making capabilities.
- (4) Following the debate, the Chairman put the motion set out in paragraph 2 above to the vote. The voting was as follows.

For (37)

Mr N Baker, Mr P Barrington-King, Mr P Bartlett, Mrs C Bell, Mr T Bond, Mr A Booth, Mr C Broadley, Miss S Carey, Mrs S Chandler, Mr N Chard, Mr P Cole, Mrs P Cole, Mr N Collor, Mr P Cooper, Mr D Crow-Brown, Mr M Dendor, Mr R W Gough, Ms S Hamilton, Mr P M Hill, OBE, Mr A R Hills, Mrs S Hohler, Mr D Jeffrey, Mr J Kite, MBE, Mr R A Marsh, Mr J Meade, Mr D Murphy, Mr P J Oakford, Mr D Robey, Mr D Ross, Mr A Sandhu, MBE, Mr T L Shonk, Mr C Simkins, Mr B J Sweetland, Mr D Watkins, Mr A Weatherhead, Ms L Wright, Mr J Wright

Against (15)

Mr M Baldock, Mr A Brady, Mr S R Campkin, Mr I Chittenden, Ms K Constantine, Ms M Dawkins, Ms K Grehan, Mr P M Harman, Mr M Hood, Mr A Hook, Rich Lehmann, Mr M J Sole, Mr P Stepto, Mr R G Streatfeild, MBE, Dr L Sullivan

Abstain (1)

Sir Paul Carter, CBE

*Motion carried.*

(5) RESOLVED that the County Council agree that the decision be implemented.

**105. Request for Extended Leave of absence**

*(Item 13)*

(1) The Chairman proposed, and the Vice-Chairman seconded the motion that

“In accordance with Section 85 (1) of the Local Government Act 1972 the County Council considers Ms Bruneau’s request for extended leave to 11 May 2023 on the grounds of ill health.”

(2) Following the debate, the Chairman put the motion set out in paragraph 1.

(3) RESOLVED that the County Council, in accordance with Section 85 (1) of the Local Government Act 1972 the County Council considers Ms Bruneau’s request for extended leave to 11 May 2023 on the grounds of ill health.

**106. Motions for Time Limited Debate**

*(Item 14)*

Motion for Time Limited Debate 1 – Kent Water Quality

- (1) Mr Hood proposed and Mr Sole seconded the following motion for time-limited debate:

“The County Council resolves to:

1. Recognise this Council’s commitment to work collaboratively to protect Kent’s streams and rivers, in line with its own policies and the National Planning Policy Framework.
2. Recognise that there is clear evidence of deterioration of water quality due to the impacts of combined sewer overflows events (CSO) on our streams, rivers and seas.
3. Encourage the use of Water Cycle Strategies to be completed as integral documents in Local Plans to inform district councils regarding the sustainable level of future development.
4. Recognise the continuing impact of wastewater discharges, including untreated sewage in our local rivers and seas on wildlife, the health of our residents and on Kents tourist economy.
5. Continue to working constructively with other agencies and local authorities to implement flood management schemes which also improve the environment in the interests of wildlife.
6. Continue to request that representatives of Southern Water, the Environment Agency and Natural England continue to attend relevant meetings of this Council to answer questions on the current levels of CSO and sewage plant discharge and to consider whether all future development in Kent should be Water Neutral or at least to require consumption be limited to 90lt of clean water per person in agreement with District Councils.
7. Ask Southern Water to clarify, for developments being processed by our planning department, which treatment works will be managing the sewerage and whether there is available capacity to avoid combined sewer overflows; whether it has the information available to assess the impact on the number or duration of sewage discharges into local rivers or seas and if it does have this information, to share it (noting that this can only be requested not required).
8. Acknowledge that reducing demand for water, reducing the amount of non-foul wastewater finding its way to Waste Water Treatment Works and ensuring that clean surface water is fed instead into Kent’s streams and rivers can reduce eutrophication on our slow flowing rivers.”

- (2) Following the debate, Mr Kite proposed, and Mr Hood seconded the following amendment:

“The County Council resolves to:

1. Recognise this Council’s commitment to work collaboratively to protect Kent’s streams and rivers, in line with its own policies and the National Planning Policy Framework.

2. Recognise that there is clear evidence of deterioration of water quality due to the impacts of combined sewer overflows events (CSO) on our streams, rivers and seas.
3. Encourage the use of Water Cycle Strategies to be completed as integral documents in Local Plans to inform district councils regarding the sustainable level of future development.
4. Recognise the continuing impact of wastewater discharges, including untreated sewage in our local rivers and seas on wildlife, the health of our residents and on Kents tourist economy.
5. Continue to working constructively with other agencies and local authorities to implement flood management schemes which also improve the environment in the interests of wildlife.
6. Continue to request that representatives of Southern Water and all relevant water companies, the Environment Agency and Natural England continue to attend relevant meetings of this Council to answer questions on the current levels of CSO and sewage plant discharge and to consider whether all future development in Kent should be Water Neutral or at least to require consumption be limited to 90lt of clean water per person in agreement with District Councils.
7. Ask Southern Water and all relevant water companies to clarify, for developments being processed by our planning department, which treatment works will be managing the sewerage and whether there is available capacity to avoid combined sewer overflows; whether it has the information available to assess the impact on the number or duration of sewage discharges into local rivers or seas and if it does have this information, to share it (noting that this can only be requested not required).
8. Acknowledge that reducing demand for water, reducing the amount of non-foul wastewater finding its way to Waste Water Treatment Works and ensuring that clean surface water is fed instead into Kent's streams and rivers can reduce eutrophication on our slow flowing rivers."

- (3) The Chairman put the amendment set out in paragraph 2 and it was agreed unanimously.

*Amendment carried.*

- (4) The Chairman put the substantive motion set out in paragraph 2 and it was agreed unanimously.

*Motion carried.*

- (5) RESOLVED that the County Council:

1. Recognise this Council's commitment to work collaboratively to protect Kent's streams and rivers, in line with its own policies and the National Planning Policy Framework.

2. Recognise that there is clear evidence of deterioration of water quality due to the impacts of combined sewer overflows events (CSO) on our streams, rivers and seas.
3. Encourage the use of Water Cycle Strategies to be completed as integral documents in Local Plans to inform district councils regarding the sustainable level of future development.
4. Recognise the continuing impact of wastewater discharges, including untreated sewage in our local rivers and seas on wildlife, the health of our residents and on Kents tourist economy.
5. Continue to working constructively with other agencies and local authorities to implement flood management schemes which also improve the environment in the interests of wildlife.
6. Continue to request that representatives of Southern Water and all relevant water companies, the Environment Agency and Natural England continue to attend relevant meetings of this Council to answer questions on the current levels of CSO and sewage plant discharge and to consider whether all future development in Kent should be Water Neutral or at least to require consumption be limited to 90lt of clean water per person in agreement with District Councils.
7. Ask Southern Water and all relevant water companies to clarify, for developments being processed by our planning department, which treatment works will be managing the sewerage and whether there is available capacity to avoid combined sewer overflows; whether it has the information available to assess the impact on the number or duration of sewage discharges into local rivers or seas and if it does have this information, to share it (noting that this can only be requested not required).
8. Acknowledge that reducing demand for water, reducing the amount of non-foul wastewater finding its way to Waste Water Treatment Works and ensuring that clean surface water is fed instead into Kent's streams and rivers can reduce eutrophication on our slow flowing rivers.

#### Motion for Time Limited Debate 2 – Fracking

- (1) Mr Hook proposed, and Mr Streatfeild seconded the following motion for time-limited debate:

“The County Council resolves to record its profound concern about the possibility of fracking in Kent and asks the Leader of the Council to convey these concerns to the UK Government.”
- (2) Miss Carey suggested that the motion be withdrawn based on advice obtained prior to the meeting from the Head of Planning Applications.
- (3) The General Counsel clarified, from a legal perspective, that the motion was capable of discussion.
- (4) Mr Oakford proposed, and Mr Murphy seconded that the motion set out in paragraph 1 be put to the vote.

*Motion carried.*

(5) Following the debate, the Chairman put the substantive motion set out in paragraph 1 to the vote. The voting was as follows.

For (14)

Mr A Brady, Mr S R Campkin, Mr I Chittenden, Ms K Constantine, Ms M Dawkins, Ms K Grehan, Mr P M Harman, Mr M Hood, Mr A Hook, Rich Lehmann, Mr M J Sole, Mr P Stepto, Mr R G Streatfeild, MBE, Dr L Sullivan

Against (29)

Mr N Baker, Mr P Bartlett, Mrs C Bell, Mr A Booth, Miss S Carey, Mrs S Chandler, Mr N Chard, Mr P Cole, Mrs P Cole, Mr N Collor, Mr P Cooper, Mr M Dendor, Mr R W Gough, Ms S Hamilton, Mr P M Hill, OBE, Mr A R Hills, Mrs S Hohler, Mr D Jeffrey, Mr J Kite, MBE, Mr R A Marsh, Mr D Murphy, Mr P J Oakford, Mr D Robey, Mr D Ross, Mr A Sandhu, MBE, Mr C Simkins, Mr B J Sweetland, Mr A Weatherhead, Mr J Wright

Abstain (2)

Mr T Bond, Mr T L Shonk

*Motion lost.*

## KENT COUNTY COUNCIL

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### COUNTY COUNCIL

MINUTE of a meeting of the County Council held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 14 July 2022.

### UNRESTRICTED ITEMS

**91. Pension Board - review of Terms of Reference**  
*(Item 13)*

- (1) Mr Thomas proposed, and Mr Oakford seconded the motion that  
“The County Council agree the revised Kent Local Pension Board Terms of Reference”
- (2) Following the debate, the Chairman put the motion set out in paragraph 1.
- (3) RESOLVED that the Kent Local Pension Board Terms of Reference be agreed.

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## **CORPORATE PARENTING PANEL – 26 October 2022**

### **MINUTES of a meeting held in the Council Chamber, Sessions House, County Hall, Maidstone.**

PRESENT: Dirk Ross (Chairman), David Beaney, Dan Bride, Tom Byrne, Tony Doran, Lesley Game, Sarah Hamilton, Sarah Hammond, Margot McArthur, Nancy Sayer and Caroline Smith.

ALSO PRESENT: Sue Chandler, Cabinet Member for Integrated Children's Services

IN ATTENDANCE: Joanne Carpenter, Participation and Engagement Manager, Virtual School Kent, Maureen Robinson, Management Information Unit Service Manager, Steve Tanner, Assistant Director, SEND, Sarah Skinner, Head of Adoption Partnership South-East, Florah Shiringo, Assistant Director Area lead South, CYPE, Theresa Grayell, Democratic Services Officer, and Georgina Little, Principal Democratic Services Officer.

#### **1. Apologies and substitutes**

1. Apologies for absence had been received from Rob Barton, Julianne Bayford, Gary Cooke, Sophia Dunstan, Alison Farmer, Stephen Gray, Shellina Prendergast, Tracy Scott and Sharon Williams.

2. Joining the meeting remotely were Dan Bride, Lesley Game, Sarah Hamilton, Margot McArthur and Nancy Sayer.

3. Florah Shiringo was in attendance in place of Kevin Kasaven, Interim Director of Integrated Children's Services, East Division, but the Panel was advised that Kevin would be a regular future attender at Panel meetings.

#### **2. Chairman's Announcements**

1. The Chairman advised that he intended to shape the important role of the Vice-Chairman as a supporter to the Chairman's role.

2. He advised that he would be attending a participation event at Detling Showground on 27 October and an Adoption conference on 2 November.

#### **3. Minutes of the meeting held on 27 July 2022**

It was RESOLVED that the minutes of the meeting held on 27 July 2022 are correctly recorded and they be signed by the Chairman. There were no matters arising.

#### **4. Participation Team update**

1. Jo Carpenter advised that a new Youth Engagement Support Officer had been appointed to work with young people aged 16+ and care leavers. Two new apprentices had also been appointed and would start work shortly.

2. Jo and Tom Byrne summarised the meetings of the care councils and the many participation activities which had been attended and enjoyed since last reporting to the Panel, along with those planned for the winter programme. Some of these events would be virtual as some young people were nervous of being out late on dark evenings. All County Council Members would be sent details of events so they could attend.

3. Tony Doran advised that, at a recent conference of 200 schools across Kent, a national speaker had paid a warm tribute to the work of Jo and the Participation team, described them as 'one of the best - if not *the* best - Participation team in the country'. The Panel was delighted to hear this news and congratulated the team.

4. Tom showed a photo reel of young people enjoying two recent award ceremonies for those aged 16+ and 18+, presented by Sue Chandler and Caroline Smith, which included adventurous outdoor activities at which Shellina Prendergast excelled. Jo added that the award ceremony had been held at an Ashford residential centre, which had worked well as a venue as it offered good indoor and outdoor space. Timed sessions of awards had been interspersed with sessions of outdoor activities and young people and their families had been able to move freely between the two. Sue Chandler commented that the day had been fantastic and had generated a great buzz. Caroline Smith added that she had had plenty of very appreciative and positive feedback from families and carers, saying their young people had felt very special to attend such an event and had taken away very proud memories. Parents also appreciated the timed slots for the awards as this broke up the day and gave young people time to be active in between. Tony Doran added that he also had had many compliments, including from a carer of two children on the autistic spectrum who usually did not show joy but who had shown excitement and pleasure at being at such an event. One had won a cuddly toy fox as a prize, which was much treasured.

5. The update was noted, with thanks, and the news of the success of recent events and the feedback and tributes were welcomed.

## **5. Performance Scorecard for Children in Care**

1. Maureen Robinson introduced the scorecard and highlighted three challenges currently facing the service:-

- a) the National Transfer Scheme had some impact on Kent's statistics as young people leaving the county as part of the scheme were become excluded from Kent's figures, although they would already have been included in those figures for their initial health assessment when first coming into care in Kent. They were not separated out from citizen children at the initial health assessment stage but to be able to make this separation in the future would help a lot when monitoring figures. Because Kent had so many more UASC than any other local authority, it was always difficult to compare Kent's performance statistics with other local authorities;

- b) young people arriving in the county from overseas but not claiming asylum were did not become looked after in the same way as UASC and hence did not show up in the statistics in the same way; and
- c) social worker staffing had improved in the early part of the autumn and average caseloads were now 15.6 cases per social worker, so were gradually approaching the target of maximum of 15 cases.

2. In response to a question about the number of children awaiting Adoption Orders, Caroline Smith advised that Kent had no shortage of people waiting to be approved as adopters and that timescales for the adoption process in Kent were generally good. Sarah Hammond added that Kent's performance at placing a child, once a final Adoption Order had been granted, was good; the delay in the adoption system was in the courts process to get an Order granted. The Department for Education had very recently contacted Kent to take part in a review of the material and financial impacts of court delays, and this opportunity to comment was welcomed.

3. It was RESOLVED that the performance data in the scorecard be noted, with thanks.

## **6. Verbal Update by the Cabinet Member**

1. Sue Chandler gave an update on the following issues:-

**UASC and the National Transfer Scheme (NTS)** – the NTS had first been introduced in 2015 to help ease the pressure at the height of Kent's UASC crisis. The aim at that time had been that UASC would make up no more than 0.07% of the total population in any one authority and that all councils across the country would take a share of UASC. The scheme had first been voluntary, and participation had been limited, later becoming mandatory. However, in 2022, not all authorities were yet taking their share of UASC and the target percentage of population had had to be increased from 0.07% to 0.1% per authority to accommodate increasing UASC numbers. The NTS usually took about 15 days to complete a transfer and the aim was to reduce this time as well as the need to use hotels to accommodate young people awaiting transfer.

2. Kent's UASC population was again very high. So far in 2022, 1,146 UASC had arrived in Kent, which exceeded the number arising at the height of the 2015 crisis. Most of this increase had come from Albania, and some were not claiming asylum so did not show up in UASC statistics listed in the dashboard. There were safeguarding concerns around young people waiting for transfer, and the Council was working with the police to minimise the risk of exploitation. As a result of these various developments, the picture of non-Kent children in care in Kent was now more complex than ever before.

3. In response to questions, Sue advised that the revised target for the UASC percentage of population would be applied immediately. Sarah Hammond added that, by the end of 2022, Kent expected to reach its 0.1% of population, which would be 346 UASC, but to this needed to be added approximately 120 young people accommodated temporarily while awaiting transfer.

4. Asked how many Ukrainian children were in care in Kent, Sarah advised that they were not part of Kent's UASC population so the Council had no corporate parenting responsibility for them, although it did have a duty to provide early help services and school places. Most Ukrainian children in Kent had arrived with a parent and a few were living with hosts in private fostering arrangements.

**16+ Care Leavers** – Sue said how delighted she had been to attend the 16+ awards ceremony described in the Participation Team's update. Its success was a great testament to the care, work and commitment of the staff who supported young people and were making such a difference to their lives. On 27 October, she would attend an Aspirations event for care leavers. Such an event would be a good opportunity to focus on the Council's corporate parenting role in supporting young adults.

5. It was RESOLVED that the verbal update be noted, with thanks.

#### **7. Kent Children in Care in the statutory school years with an Education Health and Care Plan (EHCP) - Access to Education**

1. Tony Doran and Steve Tanner introduced the report and highlighted that Kent's percentage of young people with an EHCP was 2% above the nation average of 30%. The main reason for a young person to have an EHCP was that they had come into care later in their teens. However, an EHCP was not necessarily always the right pathway and VSK and the SEND team were working closely together to address this. Tony reassured the Panel that no child in Kent was or would be left without any educational provision.

2. Steve added that the report included information previously requested by the Panel, including the number of EHC plans and EHC needs assessments currently in the system (20,000), and work to change the operating model and seek dedicated staff to manage the process. The process would be phased to cover the transitions from early help to primary, primary to secondary and secondary to 16+. The team also sought to align the SEND and children in care annual review processes to make an holistic approach.

3. Tony and Steve responded to questions from the Panel, including the following:-

- a) asked about the criteria and eligibility for an EHCP assessment, Steve advised that a parent would need to be able to demonstrate evidence that their child was significantly (ie two or more years) behind his or her peers. The Covid pandemic had exacerbated the situation for many children. Work was going on to reaffirm the criteria used and apply them consistently. There was no scope for parental appeal, unless through a

tribunal, and they could not re-apply for 6 months unless they could demonstrate exceptional circumstances;

- b) Sarah Hammond advised that, although Kent's percentage of children in care with an EHCP was slightly higher than the national average, it was very much lower than the number of children not in care with an EHCP. This demonstrated the effectiveness of the VSK team;
- c) asked if social prescribing was used, for example, to engage with a child via non-academic interests such as music, art or an interest in animals or nature, Tony advised that other forms of engagement were indeed used. He gave an example of a young man who was not academic but wanted to work with horses and was encouraged to develop this interest and train in this field. He had eventually become a jockey. The process needed to have the flexibility to be able to offer routes like this. Sue Chandler added that all children could benefit from alternative forms of engagement;
- d) Tony added that the recent Ofsted inspection had included visits to schools and had considered the issue of children in care being taken out of class to take part in regular care reviews and meetings about PEPs and EHCPs. Although many young people said they no longer felt as much stigma about their care status at school and did not mind having to leave class to attend such sessions, Tony and Caroline Smith were part of a working group looking into addressing this issue.

- 4. It was RESOLVED that the work of VSK and Kent SEN in supporting young people be noted, with thanks.

## **8. Adoption Partnership South-East, Regional Adoption Agency (RAA)**

1. Sarah Skinner introduced the report, highlighted key points and set out the content of the Adoption conference on 2 November. The conference would focus on adoptive parents and would feature key speakers such the lead of a therapeutic parenting organisation, a paediatrician, the strategic lead from the RAA and representatives from adoption partnership groups, including virtual schools. She responded to comments and questions from the Panel, including the following:-

- a) the inclusivity of the adoption service in terms of race, gender and sexuality was welcomed. Sarah advised that there were very few criteria that prospective adopters needed to satisfy, legally – they should be aged over 21, resident in the UK and have no criminal record relating to children – and diversity in the service was actively promoted;
- b) asked about the timescale of the legal elements of the adoption process, Sarah advised that the key target for the RAA was the time between achieving a placement order and matching a child with adoptive parents, which was a minimum of 121 days; this may be shorter if the child was already living with the adoptive family and

longer if the child had complex emotional or physical needs. This time was made up of two stages; the first stage was led by the adopters and covered statutory checks and training, while the second was the formal assessment process; and

- c) adoptive parents were not paid in the same way as foster carers but could receive an adoption allowance. This allowance was framed by eligibility criteria and dictated by the needs of the child rather than the adoptive family.

2. Sue Chandler commented that the Adoptables group established by the Participation Team was unique to Kent and was invaluable in helping to support adopted children and their families. Jo Carpenter added that the team was pleased with the work it had done so far but had much work still to do, including work with Bexley and Medway councils, Kent's partners in the RAA.

3. Jo added that adoptive parents tended to have a different approach from foster carers to their children attending participation events and were generally more hesitant about leaving their children at such an event. At times, it could be harder for a child to join in and take part, and more challenging for the team to relate to a child, while their parents were present. The participation team worked hard to reassure adoptive parents and gain their trust that their child would be OK and able to enjoy an event with their peers and make friends. Asked how adoptive parents could network with others, to support this process, Sarah advised that a virtual monthly coffee morning took place, which focussed on education issues, and there were two yearly family events for adoptive family, eg a family picnic and Christmas party, and a monthly newsletter. A charitable organisation 'We are Family' was commissioned to facilitate adopter-led support groups. Asked how the Council could check if monthly newsletters were being read, Sarah advised that, under General Data Protection Regulations, adopters now had to opt in to receive the newsletter so were making a conscious choice to receive it and engage.

4. It was RESOLVED that the Regional Adoption Agency annual report be noted, with thanks.

**From:** Sue Chandler, Cabinet Member for Integrated Children's Services  
Sarah Hammond, Corporate Director of Children, Young People and Education

**To:** Scrutiny Committee – January 2022

**Subject:** Reconnect: Kent Children and Young People - Evaluation of Programme

**Classification:** Unrestricted

Past Pathway of report: **Cabinet – 1 December 2022**

Future Pathway of report: **Scrutiny Committee - 25 January 2023**

Electoral Division: **All**

**Summary:** This report sets out the achievements of the Reconnect: Kent Children and Young People Programme.

**Recommendation(s):** County Council is asked to note the report.

## 1. Introduction

- 1.1 In March 2021, Cabinet approved (21/00035) that work begin to deliver the Reconnect: Kent Children and Young People Programme, as a response to the Covid-19 pandemic. Members from all parties recognised that Kent's children and young people (C&YP) had all been affected by the pandemic. They agreed it was essential that C&YP be supported to re-engage with activities and opportunities that they had enjoyed before the pandemic, and to try something new.
- 1.2 Formal approval for Reconnect was provided in Key Decision 21/00042 by Cabinet in June 2021. This set out the parameters within which the programme would operate, key of which were:
- This would be a KCC led, community-based programme, which sought to engage the whole Kent community in supporting C&YP
  - It aimed to reconnect C&YP to:
    - Learning missed
    - Health and happiness
    - Friends, family and community
    - Sports, activities and the outdoors
    - Economic wellbeing

- It was to be universal, with something for all C&YP aged 0-19 years (up to 25 for those with SEND)
  - It would promote existing opportunities for C&YP to connect or reconnect to, fund and empower others to create additional opportunities
  - It should focus on the future, not dwell on the negatives of the pandemic
  - The voice of young people would be at the heart of the programme
  - Funding should be spent equally against each theme if possible
  - A quarter of the funding would be spent locally, via Local Children's Partnership Groups
- 1.3 This paper provides a summary of the evaluation of the programme. A full evaluation report is available at:  
[https://www.kent.gov.uk/data/assets/pdf\\_file/0006/141909/Reconnect-Evaluation-Report.pdf](https://www.kent.gov.uk/data/assets/pdf_file/0006/141909/Reconnect-Evaluation-Report.pdf)
- 1.4 The programme was always intended to be fixed-term, ending on 31st August 2022, to provide immediate support post pandemic. Following agreement by Cabinet in July 2022, most activity and the public brand closed as planned, but some further support has been commissioned to run until 31 March 2023. This report covers the activity to 31 August 2022 only.

## **2. Evaluation - Outcomes and Impact**

- 2.1 It was recognised from the outset that the wide-ranging nature of activities and support which would be provided to C&YP would make it challenging to evidence impact, particularly trying to assign a direct causal link to the work of Reconnect; for example, demonstrating Reconnect has improved the achievement of pupils in maths, as opposed to this success being down to staff in schools, the support of parents and the hard work of the C&YP themselves.
- 2.2 The programme's evaluation findings, conclusions and recommendations are drawn from semi-structured interviews, digital surveys, and data returns (i.e., case studies, quotations and other data providers have submitted). The data included in the findings is a minimum level of achievement. Participation numbers, for example, will be "at least" that reported, because in some cases providers could not count all the children participating (e.g. a family fun day), while in others the data provided by participants hides participation levels (to illustrate, one child minder registered to participate in the Big Summer Challenge, but all 12 of the children she looked after took part), and we have missing data returns.
- 2.3 It should also be noted that data was collected by providers in a variety of ways relevant to their events, for example, a festival compared to 1:1 counselling. Therefore, it has not been possible to collect detailed data, such as whether the participant has special educational needs, as the data collected must be proportionate and relevant for the provider to comply with



GDPR. We do know, however, that a wide variety of young people were engaged due to the specific nature of the provision funded, such as a youth club for YP aged 18+ who have EHCPs, and the Kickstart activity which engaged NEETs.

#### 2.4 Reach of the Reconnect Programme

The programme has reached at least 725,532 C&YP, meaning on average every Kent child aged 0-19 years has engaged in two Reconnect activities. It is evidently not that simple. Clearly some C&YP will have engaged in more activity than others. Some activities will have been more than one session. For example, the reach for bus passes is determined as the number of bus passes issued, but we know in summer 2022 the two big bus operators recorded over 1 million Reconnect journeys between them. In addition, we know more C&YP have been supported indirectly through the programme's activities. For example, Reconnect funded early years and forest school training for leaders to help Kent Scouts accelerate the opening of "Squirrel Dreys", a new group for younger children. While the children joining the new Squirrel Dreys are included in the reach figure, many leaders have commented how the training has altered their practice in other fields, such as with an older age group, or in their profession as a teacher. The children in the older groups, or school classrooms are the "indirect reach" we are not able to count.

2.5 The two tables below illustrate the reach of the programme, by age group and geography. Please note that we do not have age breakdowns from many providers. It is evident that the objective of providing a universal programme with something for all ages in all localities has been achieved, thanks to the tremendous efforts of the organisations and individuals who joined the Reconnect cause.

Activity	Under 5	6 to 11	12 to 16	Over 16	SEND	NEET	Total CYP and adults
Reconnect Summer 2021	2,416	6,063	2,445	1,182	n/a	n/a	12,106
County grants and Commissioned Activities	3,780	15,063	2,955	19,186	937	319	252,358
Locality Grants Round 2	2,297	6,757	4,529	2,040	1,211	148	17,531
Locality Grants Round 3	3,044	10,364	4,920	4,298	1,627	438	34,209
Leisure Centres	462	1,162	861	839	n/a	n/a	6,271
Open Access	810	223	20	0	n/a	n/a	10,315
Big Adventures	178	2571	1349	177	780	n/a	4,275

Bus Passes	n/a	n/a	n/a	n/a	n/a	n/a	399,992
Curious Maths	n/a	n/a	n/a	n/a	n/a	n/a	581
<b>Total</b>	<b>12,987</b>	<b>42,203</b>	<b>17,079</b>	<b>27,722</b>	<b>4,555</b>	<b>757</b>	<b>725,532</b>

\*The figure we have for the bus passes is the total number of bus passes (physical and digital) issued to CYP and families in Kent. The figure we have for Curious Maths is the number of subscriptions. It is highly likely that the programme has reached significantly more CYP, especially SEND and NEET CYP or CYP within these age ranges. These numbers are reflection of the data and feedback we have received from providers.

\*The Reconnect Programme 2021 includes our leisure centre discount scheme (2,500 altogether, 54% FSMs), our open access activities including the Christmas programme (approximately 4-5000 altogether) and the Invicta summer programme (approximately 4,900 registered; 33,000 sessions attended by children residing in Kent).

District	Just CYP	Under 5	5 to 11	12 to 16	Over 16	SEND	NEET	All
Ashford	4,877	1,237	2,446	879	151	286	47	7,442
Canterbury	16,773	1,379	10,949	1,269	3,147	359	58	24,776
Dartford	2,712	203	1,714	614	468	226	51	3,412
Dover	1,971	906	804	192	980	135	5	2,057
Folkestone and Hythe	6,193	809	3,871	1,354	132	506	15	6,727
Gravesham	1,539	8	602	798	63	16	13	1,557
Maidstone	6,840	1,520	3,440	1,428	590	672	288	7,933
Sevenoaks	2,441	142	1,631	929	267	503	23	3,665
Swale	1,731	339	796	293	327	158	10	2,955
Thanet	4,333	469	1,249	2,382	251	482	130	4,930
Tonbridge and Malling	1,649	423	792	279	183	213	28	2,034
Tunbridge Wells	1,158	180	581	619	220	162	10	1,757
<b>Grand Total</b>	<b>58,478</b>	<b>9,121</b>	<b>32,184</b>	<b>12,404</b>	<b>8,543</b>	<b>3,775</b>	<b>905</b>	<b>77,498</b>

## 2.6 Engagement Level

Providers reported high levels of engagement from C&YP and families on the programme.

The online survey feedback reveals that 86.3% of C&YP and families reported to have had a very positive experience with the activities they engaged in on the Reconnect Programme, and 15.8% had a positive experience. Our understanding of 'positive experience' covers several key themes identified in the evaluation analysis: a positive experience denotes fun, excitement, experiences they would have never done otherwise, spending quality time with family members, socialising with peers, a positive change i.e., being

outside and not stuck inside, gained something from the activity like skills acquisition or a job, improvements in mental wellbeing or learning, etc. From this understanding of a positive experience, it would seem that many C&YP and families on the Reconnect Programme have engaged very well with the Reconnect activities and this engagement has contributed to improvements in their mental health and wellbeing (as they are able to go out, be active, socialise with others – all of which are factors which research suggests can greatly influence mental health and wellbeing), learn and improve their academic engagement levels, etc.

95% of 100 interview respondents said that the activities they delivered went well (i.e., gave a rating of 7 and higher out of 10), and that they met their initial aims (aims which were in line with the Reconnect Programme's own aims). High levels of engagement across the board is suggested by repeated reference to words like 'engaged,' 'fun,' 'learning,' and the desire expressed by attending/participating C&YP to 'do it again.' Most survey respondents reported that C&YP would engage in the same or similar activities in the future – which suggests sustained engagement with the activities (e.g., physical activity, sports, and learning). 100% of interview respondents revealed that they would either continue delivering these activities, go on to deliver additional activities, or look for additional funding to continue delivery which suggests sustainability of the impact they have had.

## **2.7 Theme-specific Impact – in line with the logic model (programme aims, output(s), and medium-term outcomes) – based on survey responses and interviews**

Health and Happiness: Interview and returned data indicates 90% of C&YP and families reported that they were 'happy,' had 'had fun' and were 'engaged.' 65% of survey respondents reported that they saw improvements in the mental health and wellbeing of C&YP involved in their activities (thanks to the Reconnect funding they received). Reasons commonly given for this include being able to socialise with others and make new friends, learn new things, and have new experiences they would not have otherwise had. 95% of children and family services and support groups were able to reach sustainable engagement with the C&YP and families in their communities. 186 activities delivered altogether by 158 providers.

Economic wellbeing: Over 21 businesses and partner agencies were able to work together to support young people to engage with future employment opportunities. The programme was able to co-ordinate and promote a range of approximately 32 activities and opportunities for children and young people relating to economic wellbeing. As a result, through these activities YP aged over 16 on the programme were given a better chance of securing work in the future through their involvement in key Reconnect economic wellbeing activities.

Learning Missed: We were able to support C&YP to re-engage in education following the pandemic by sourcing and promoting a number of educational activities and opportunities for children and young people. 146 activities were

delivered by 125 providers. For example, 4,184 C&YP were able to re-engage with learning and gain cultural capital instrumental to the education experience through Big Adventures. 85% of providers reported that the CYP had learned or 'caught up' with their learning. As a result, C&YP on the programme were able to catch up with learning missed and are engaged in education.

Sports, Activities, and the Outdoors: C&YP were able to live healthier lifestyles and engage in sport and physical activity. For example, 6,271 CYP engaged in leisure centres offers this summer alone. We were able to coordinate and promote a range of around 230 activities and opportunities for CYP relating to sports, activities, and the outdoors through around 204 providers. As a result, more C&YP are engaged in healthier activity. Interview and data returns indicate 76% of C&YP and families were able to engage in activities that they were able to 'go out' and be 'active' following the pandemic.

Family, Friends, and Communities: Over 192 multiagency partners, business, community organisations and groups worked together, and this led to an increase in the number of local activities and opportunities available to C&YP in Kent (218 activities). 56% of providers reported that they were able to enhance local networks for community assets. The programme was able to reduce the accessibility gap for some disadvantaged C&YP: 50% of respondents reported that the Reconnect funding enabled them to provide activities or run events that were free (therefore, more accessible for lower income groups from deprived areas) and that had not previously been available in their area. The programme was also able to support connections between C&YP and responsible adults from older generations, as some interview respondents revealed.

As a result of investing in Kent communities we have created opportunities for communities to support C&YP and their families and fill gaps.

## 2.8 **Learning Missed**

The following are a few key projects and activities on the programme which sought to support the following Learning Missed objectives:

- To support children and young people to re-engage in education following the pandemic.
- To source and promote additional educational activities and opportunities for children and young people.

### **Invicta Home Study Support**

These were virtual home study support sessions for Years 5&6 and Years 10&11 which ran twice weekly. Attendance levels were good, with 673 individual KS2 attendees (16.62% FSMs and 4.99% SEND). The sessions appealed particularly to students of Black and Asian ethnic backgrounds (c50%) and a greater number of girls (55%). 70% of the 217 individual KS4 attendees were female, a little over 60% were white, 8.5% FSM and 18% SEND. Attendance was evenly spread at all IDACI levels.

Feedback was mostly positive from students and parents:

KS2: Maths – 73.65% of reported that the sessions were ‘enjoyable and informative,’

KS4: Has this session been helpful to you? Yes - English 88.76%, maths 86.29%, science 95.16%.

GCSE revision sessions were also held in Easter 2022. 1014 individual students attended the 44 sessions with each attending on average two sessions. 8 subjects were covered with English and Maths having foundation and higher sessions to meet diverse needs, and study skills sessions were also delivered. 76% reported feeling they had progressed, with 21% feeling they had progressed somewhat.

### **Babble, Chatter, Talking Matters**

Home-Start Dover delivered a project aimed at 0–5-year-olds on development and school readiness with a special focus on communication/Speech and Language. Over the course of the project, from February 2022 to August 2022, over 80 children were provided with 480 hours of support between them. 98% of the children supported have seen improvements. The project has been so successful that Home-Start Dover have sourced additional funding to keep the project running to March 2023.

### **Lessons in a Box - Visit Kent**

125 boxes of high-quality teaching resources were quickly snapped up by Kent teachers in 107 schools in just 15 days from opening registrations. These were designed to bring to life six historic venues in Kent, which C&YP had been unable to visit during the pandemic. 8115 children took part in the Reconnect activities. “Our Year 5’s loved taking part in the Reconnect Lesson in a Box challenge in Term 6. The children loved having a real-world focus for their writing and were especially motivated to create advertisements for local attractions. They were able to practice some amazing work completed for the project. As a teacher, the PowerPoints and resources were engaging, easy to use and pitched to the right level for my class. The children are amazed that they won and cannot wait for their class trip to Historic Dockyard Chatham at the beginning of next term.” (KS2 Teacher)

### **Youth Summit**

More than 650 YP attended the University of Kent campus, enjoying a choice of 25 distinct types of activity across a wide range of subjects and over three days. When asked if they would come to the Youth Summit again, 93% of the young people said “yes”. Words used to describe their experiences were: fun, gave me ideas, and valuable.

When asked 'how confident do you feel about sharing your opinions and ideas with others after taking in today's activities?' 70% of the attendees responded they were more confident after the event.

Attendees commented: "I think it was really good as we were all given a chance to participate in the interactive movie which was fun and an incredible

experience overall." "I think the Exploring Scientific Spaces workshop was probably most inspiring, as we talked about women in STEM and how anyone can do anything, lifting our spirits higher." "Amazing and very nicely interactive."

### **Lyfta**

A real success of the Lyfta project was the engagement of students who accessed independently of their schools. Lyfta provided bespoke lesson plans, created for students aged 4 to 6, 7 to 11 and 12 plus. In total, there were 165 sign ups from parents, carers or students which equated to 198 children given access to the platform.

"My child spent the weekend completing these excellent tasks. I must say, we were both really impressed with them. The information, videos, facts etc about each person and their location and lifestyle was amazing. She found each lesson extremely engaging and each one opened up a different conversation between us and discussions around the countries, cultures, feelings etc. Each lesson was completely different too, it was wonderful to be able to visit these places virtually. Her favourite was Anna in Norway. But Erkan in Turkey was a close second. She is going into year six when she returns in September. Many thanks once again. This summer holiday we have made full use of KCC's offering. Thank you again."

### **Sir Linkalot**

Positive feedback from beneficiaries suggests that Sir Linkalot helped to support student learning, specifically English and literacy, in an enjoyable and engaging manner.

- (Year 3) – It's really cool because it helps you know how to spell correctly. It helps me to learn.
- (Year 5) – I really liked it when he visited because he taught us and then he used different techniques that weren't on the app to help us. He is very enthusiastic and encouraging.
- Just to say we've been using this app for the past year and it is fantastic. Really, very good and an excellent resource. A much better way to learn spellings than lists or competitions.

### **Families Supporting Families (FSF)**

This targeted programme supported families in small groups to come together and learn with and from each other, to build social networks and resilience.

The following is a range of activities which potentially increase learning and wellbeing, which families identified as undertaking more often with their children because of taking part in FSF Pathway.	Families doing more or a lot more
○ Reading and looking at books together	100%
○ Singing songs and rhymes	60%

o Creating made-up stories with their children	80%
o Make-believe play	40%
o Cooking	60%
o Household chores	60%
o Messy play	80%
o Play outdoors together	80%
o Access community events and facilities e.g. the library, swimming pool, the park, local woods.	80%

### **Playground**

Organised by KCC's Culture and Creative Economy Service, 311 playground sessions were delivered across 26 weeks in Children's Centres and Libraries by external creative artists. In total there were visits by 1537 babies aged 0-2 years and 1665 adults. The majority of babies were aged between 3 and 15 months. Feedback from Parents/Carers was hugely positive:

- o 95.4% would recommend Playground to other families.
- o Reasons for liking Playground sessions varied but the most popular answers included being free (84.6% of families), sessions were calming /relaxing (78.5%), sessions were baby-led (76.9%), and sessions encouraged baby development (66.2%).
- o Following participation in Playground parents/carers reported engaging in creative play more often with their baby at home. Before attending Playground almost a quarter of the parents/carers (23.1%) reported that they either never engaged in creative play, or only engaged once a week. Post Playground however, this had reduced to 7.7%. In contrast, the numbers of parents and carers engaging in creative play at home at least once a day, or even several times a day, had increased from 33.8% to 58.4%
- o "It is absolutely brilliant; I really look forward to the sessions and make a special effort to make myself and baby available. I've never seen my little boy so happy."

### **Big Writing Challenge**

Almost 1700 C&YP submitted entries into the Kent Big Writing Challenge which was delivered by the Kent and Medway Charity Group. This broke down as KS1 (532), KS2 (740), KS3&4 (385) entries. The organisers received incredibly positive feedback from the district winners, participating schools, parents, and children with a celebration and prize giving event held at Canterbury Cathedral. The three individuals who were the age group winners won their schools funding for an off-site educational trip of their choice for their class. So far visits to Wingham Wildlife Park and Port Lympne have been planned and approved. The Kent and Medway Charity Group plan to continue running the competition annually.

### **Charlton Athletic Community Trust**

This project combined teaching and youth work. Phase 1 has focused on the Isle of Sheppey. Participating children weekly received an hour of tutoring from a qualified teacher, and then had a youth worker led session. They committed to undertake two hours of home learning each week using the School-Online platform. 59 children participated with 51 children completing the programme. Pre and post programme assessments were carried out:

<b>School</b>	<b>% of pupils making progress</b>	<b>Average progress (% improvement)</b>
Queenborough School	73%	37%
St Edmund's RCPS	84%	50%
Thistle Hill Academy	70%	21%

### **Reconnect Big Adventures**

Schools with 40%+ of their pupils living in IDACI bands A-F (disadvantaged communities) were able to access funding to support an offsite education trip. The objective was to support the reconnection with learning and recognised that post pandemic these school communities would find it hardest to reinstate this sort of opportunity.

62 Primary, Secondary and Special schools from all parts of the County took up the offer, with trips including the theatre linked to KS4 GCSE English, visits to Castles linked to KS2 history, and excursions to outdoor activity centres such as Bewl Water to provide enrichment.

When asked if they thought their activity or trip had provided disadvantaged C&YP with opportunities to engage in learning, schools and trip facilitators gave the following responses:

“Definitely. Many of the children had never been to London so even the journey there was amazing for them when they saw the landmarks of London. They were amazed by the golden rooms of the Houses of Parliament and that they were walking in the Queen’s footsteps.”

“Yes, it helps build schema and cultural capital, it allows them to be equal to peers who may have had the experience from a parent or carer.”

“Yes, definitely. We are a small primary school in a deprived area of Thanet with a large number of disadvantaged and vulnerable pupils with over one third of these children in receipt of Free School Meals. We also have a large number of children with special educational needs who greatly benefited from this experience. Some of our pupils had never been outside of their home town or Thanet. Some of our children had never travelled on a coach before either or seen any exotic animals in real life. There were a lot of 'awe and wonder' and 'wow moments' seen throughout the day!”





Word Cloud: Children were asked to think of three words to use to describe their experience.

## 2.9 Health & Happiness (HH)

The following are a few key projects and activities on the programme which sought to support the following HH objectives for not only C&YP and families in Kent, but also key groups: SEND, C&YP in care, BAME, LGBTQ+, C&YP affected by domestic abuse and bereavement.

- o To support C&YP to engage or re-engage with activities that promote resilience and positive well-being.
- o To source and promote additional activities and opportunities for children and young people, relating to health and happiness.
- o To promote suitable engagement with children’s and family services and support groups.

### Individuals with SEND

#### Youth group:

“Since the beginning of this year we have had a number of young people new to our youth group. Of the 9, 5 are diagnosed to be on the ASD spectrum (...) and all are totally happy and feel included. 2 boys are looked after. There is a variety of different races and religions represented too. I have had conversations with some parents who have been over the moon about the fact that their children have found a friendly place to be themselves”.

#### Thanet Wanderers

“We decided to set up a SEND hub as this is a huge passion of mine. I work with autistic children, and I also attended a special needs school and know first-hand how amazing a sport rugby is. I know rugby can help grow confidence, help with mental health, improve fitness and strength and work as part of a team. We’ve been inundated with parents/carers registering their children to attend the hub and a day before the first hub session there were 32 students registered, which is remarkable and beyond our wildest dreams.”

## **BSL**

Supporting families with deaf members who have been especially isolated in covid. 30 C&YP altogether were able to go on trips and outings with others C&YP their age. "I was very enjoying to go BSL community's events because I was meeting lots of new and old faces for the first time and long time since we met. These activities were very good and encouraging for Deaf/hard of Hearing youths to go because this helps and develops our social, mental and communication skills! These skills are very massive important of their entire life!"

## **Nova Children's Project**

Youth Club for YP with SEND. 93% of YP reported that the activity they took part in was very fun. 100% of YP reported that had enjoyed spending time with other young people. "Having time away from my parents and getting to know others is good. I do love my parents but it's nice to do things with other people." (YP)

## **LGBTQ+**

**Porchlight's BeYou project** provided opportunities for YP through 1) Three Trans-Inclusive Swimming Sessions – 10 C&YP and their families and 30 contacts. 2) Intergroup meet ups with 12 Kent-based groups - supported 52 C&YP. 3) Three family activity days with parents and their children who would benefit from additional peer support. (approx. 15 children and their families with 45 contacts). 4) Pride Event summer 2022 (approx. 75 young people). Feedback included - "it's the first time they have been swimming for years" and "I felt safe"

## **Children affected by bereavement**

**Demelza - Bereaved Siblings Project** - The project aimed to support C&YP whose sibling has died. A total of 25 individual children participated in the events and activities. Together there were 95 spaces used across these events, 45 for C&YP and 50 for other family members.

"My daughter spoke so animatedly about the day and how she had enjoyed mixing with others. She told me that she finds it hard at school, that she is shy and often doesn't join in. My daughter is keen to take part in more events and the impact of reconnecting over the summer is clear, extending in to how she feels about school, how we spend our time as a family and her feeling more relaxed and positive."(Parent/Carer, Sibling day at Bewl Water)

"Just wanted to say a massive thank you for yesterday. We absolutely loved it. Singing has always felt so cathartic. Music was a big part of [my Son's] short life."

## **ShivaNova**

ShivaNova have delivered 180 culturally diverse music and dance workshops in Folkestone, Dover and Ashford, involving 2600 C&YP, 100 adults. 240 participants have SEND.

“The children absolutely loved the sessions. It created a real buzz around the school and they were all very excited afterwards”

### **Mental health and wellbeing – interventions (counselling & mentorship) South Kent Mind**

Delivered wellbeing courses and activities aimed at improving the mental wellbeing of C&YP, supporting 250 C&YP overall. The three most common answers from participants to “the best aspects of sessions/activities” were: 1) Learning about anxiety, stress, coping with life, confidence, and self-esteem. 2) Improved confidence, improved self-expression, improved communication. 3) Learnt more about peers and friends, understand more about recognising mental health in others.

### **Salus Intensive Mentoring**

Supporting 58 children and young people. 'I feel like I have come SO far with my anxiety. I feel happier, I was just so unhappy. I was so negative about myself and that's changed now. I've come so far.'

### **Kent Community Health NHS Foundation Trust**

Reconnect funding sought to reduce the referral to treatment time for the C&YP's counselling service from 12 - 6 weeks. In the second quarter 2022 489 C&YP were reported to have received a Tier 2 (Targeted) Emotional Wellbeing Intervention (C&YP Counselling). 92.80% of children had closed referrals (and two or more contacts) with paired scores. 72.70% of children's paired scores show measurable improvement

### **Talents and Interests Grants (Jan- Sept 2022)**

55 out of the 62 evaluation forms for T&I grants this year stated that they either agree or strongly agree that the activity has improved their resilience.

“Archery is just me. It lets me control what I am doing, and I do not have to think about anything else. I did not mix well before I started shooting but I think I have got a lot better.”

“I find the [gym membership] helps me release stress. It makes me feel better about myself physically and mentally.”

## **2.10 Sports, Activities and the Outdoors**

Sports, Activities, and the Outdoors objectives were:

- To support children and young people in Kent to live healthier lifestyles and engage in sport and physical activity.
- To co-ordinate and promote a range of activities and opportunities for children and young people relating to sports, activities, and the outdoors.

### **Leisure Centres**

40 leisure centres in every district of Kent ran a summer 2022 Reconnect offer. Offers varied according to the facilities and staffing available. Emphasis was given to helping those in most financial need (FSMs), children in care/care leavers, and those with SEND, although the expectation was there

would be a strong universal offer. 6271 C&YP and families were supported through leisure centre activities.

- 'I think it was a really positive offering, which really made a difference to local people.'
- "The free bus travel and really low-cost swimming has given my kids so much to do this summer, I made them go (swimming) at least once a week to meet up with their mates as I had to work throughout."
- "The housing development on which the Community Centre is situated, comprises of a range of families (with varying ages of children) including some who are housed in affordable accommodation through Golding Homes. It is felt that our offer had something for everyone."
- "The boys came together to play football and are now meeting up regularly for casual kickabouts. The foster carers that stayed have connected with other foster carers and now attend coffee mornings together where they can share experiences and advice."
- "A number of parents have told us that they would never have considered the gym for their children without the incentive of the discount or free membership being offered (the targeted groups) especially as some of these young people suffer with anxiety, ADHD, autism. The parents have told us how much using the gym has benefitted their children and, in some cases, given them some much needed rest bite."

### **Play Place**

Play Place established a new outreach programme that focussed on working with children, young people (0-18 years old) and their families / communities. They achieved total contact numbers of 4,820 during the delivery of 120 sessions. The parks included areas that have high levels of rural, social, or financial deprivation. Parents, partners and C&YP have told us that they were pleased to be getting back outdoors and having something positive to do locally.

**Kent Scouts - International Jamboree** had 3,500 C&YP and 1,000 adults in attendance. This five-day residential event at Detling Showground would not have taken place in 2022 without grants from Reconnect and Headstart Kent, which enabled both additional activities to be provided and reduced the costs for some families to make attendance affordable, and thus in turn generate the attendee numbers needed to make the event viable.

### **Kent Scouts – Squirrels**

Squirrels is the new Scout group for children aged 4-5 years. To accelerate the creation of dreys across Kent and open this opportunity for children who had missed early socialisation opportunities, Reconnect funded training for leaders and potential leaders in early years development and forest schools. The intention was to give confidence to potential leaders that they could meet the needs of younger children and deliver high quality sessions for participants.

The numbers of Squirrels dreys has increased, with an additional 13 well established groups and a further seven starting out. Four of these dreys were in areas of deprivation. However, several of the Squirrels drey leaders reported they had families come from lower deprivation areas as the families are travelling to attend.

There was a total of 189 attendees across all training sessions, the most popular being introduction to forest school, den building and stories training. It is estimated that during the life of the project it has reached 650-700 young people. Several leaders fed back they could adapt what they learned at the training they attended for the older sections (Beavers, Cubs, Scouts and Explorers).

### **YO! Street Zone CIC**

YO! STREET ZONE CIC ran a weekly indoor street football club in Margate, as well as two street football competition events in a local park. This enabled C&YP from low-income families to attend weekly football club sessions free of charge. The YP really appreciated that the club was in a sports hall which was in walking distance from their homes. Many vulnerable BAME YP attended regularly. Feedback includes:

- "The club helped me to get better at football and I also made some new friends"
- "I was able to get more confident"
- "It was great that I could attend for free because my family couldn't afford it."

The two street football competitions ran in Dane Park in Margate. These were family events and open to anyone to attend. The first competition was for 11-15 year olds, the second for 16+ year olds. 5-aside teams competed against each other in heated 7 minute matches to find out which team has got what it takes to rule the court. Yo! also had their Panna Arena set up where anyone could get involved and play fun 1v1 panna matches. Over 80% of players attending this event were black or from other minority ethnic groups. Feedback includes:

- "It is moving to see so many young black people together. The work you are doing for the local community is truly amazing."
- "These events have been amazing for the community! It helps to put Margate on the map"
- "We didn't expect to see such a professional street football competition set up here in Margate."
- "I really enjoyed the food, the vibes and the people. Great day!"

### **Dance Buddies**

'Activate Us' ran a dance buddies project for children aged 12 and under in the Dover area. The aims were to:

- Encourage children to return to face to face activities after the covid pandemic.
- Encourage children to enjoy a new activity with a friend or relative.
- Try a fun and popular dance form that could become a hobby.
- Introduce children to a different part of culture - musical theatre.
- Get children physically active again after the pandemic.

Up to 15 different children attended the sessions. Some children were already attending dance classes but wanted to try a different style and try with a friend. Other children had never attended a dance class before.

“The parent of one of the children who attended for the whole block of lessons said that her daughter had wanted to attend dance classes for a long time, but financially it was not possible for the family to pay for regular classes. This child will also attend the second block of classes starting in September as we have been able to refer her to another scheme supporting families with low incomes whose children want to take part in activities that are beyond their means. This has been a real success story for this girl.”

Children enjoyed various aspects of the class and when asked what they enjoyed most their answers varied from learning how to dance, having fun, being able to bring my friend, learning a routine from a musical and then performing it to their parents at the end of the lesson block.

### **Road Safety**

The Riot Act arts company delivered road safety performances in schools, an opportunity schools and pupils have missed due to covid-19 related restrictions. 77 virtual sessions were delivered to 15,489 children in years 7 through to year 9, and 31 live performances to a further 5,662 children.

A survey was carried out with the pupil participants to understand the impact the performance had on their understanding and knowledge of road safety. Feedback was that most pupils had a greater understanding of road safety (76%).

1. *“I've learnt that you should come off your phone or pause your music when crossing the street. “*
2. *“that crossing the road without looking could be very lethal”*
3. *“Wait till it's safe to cross, use zebra crossing”*
4. *“I have learnt about peer pressure and peer influence and to always choose the right choices when crossing the road. I liked learning about road safety and lots of facts all about this!”*

90% of teachers reported that the presentation had been beneficial for students.

## 2.11 Friends, Family and Communities

During the pandemic many families enjoy quality time together, bringing them closer to one another and making them reassess their lifestyles. Nationally reports of families moving to new locations, working remotely, and enjoying greater flexibility fill the headlines. However, the pandemic also saw C&YP not able to see grandparents, missing their siblings or a parent in cases of separated households, exposed to higher levels of domestic violence, isolated from friends, and in too many cases, left anxious about social re-engagement. While activity to support some of these issues sits in other themes, particularly Health and Happiness, the Friends and Family theme has been tremendously important. It sought to quickly rekindle relationships, which we know are fundamental to wellbeing, confidence, learning and happiness. The objective was:

- To work with multi-agency partners, businesses, community organisations and groups to increase the number of local activities and opportunities available to C&YP in their communities.

### **Bus Passes**

Free bus travel has been the backbone of the Reconnect programme. It has made engaging in other activities possible for many C&YP and families. It has supported YP to reconnect with friends and provided the opportunity for independence many would not ordinarily have during the summer holidays.

18 bus companies provided free travel to pupils in Years 6 to 13. 150,000 paper-based young person's bus passes were distributed in both summer 2021 and 2022. Free Family bus passes were distributed in summer 2021, focused on low-income families. All families with children on free school meals (benefits related) and those accessing "free for 2" early years places were issued electronic bus passes for Christmas 2021 (50,212 issued, 24,277 accessed). 34,000 families downloaded electronic bus passes in the summer 2022.

In summer 2022 Stagecoach and Arriva recorded over 1m Reconnect journeys between them. Unfortunately, we do not have travel data from the other companies that provided free travel.

### **Youth Reconnect**

KCC's commissioned youth providers were able to provide an additional 769 sessions, which had in totality 11,573 attendees (including 4960 YP). Activities included sailing and street sports (Canterbury Academy), a residential trip to Wales, mountain biking (Pie Factory), laser quest (Salus), choir and theatre trip to London (The Gr@nd).

### **Ice-skating Events**

416 C&YP enjoyed skating in the mobile ice rink which popped up in four locations. Positive feedback was received from attendees:

- "We all had fun on the ice rink, we laughed so much. Thanks for putting it on."

- “We all had a fantastic day, we all laughed and had fun skating. This is a day to remember, a special memory.”
- “A day of the holiday that will be remembered for the right reasons.”
- “It was great to get outside as a family and socialise with others.”
- “It is not an activity my daughter can do, due to no local skating rink and the costs involved, so she was able to participate in a new experience.”
- “My little one has never been ice skating before, and she really loved it.”
- “Spend time together - quality time.”
- “Nice to have something to do together for all the family and different aged children so positive.”

### **Canterbury Festival - We:Connect**

18 Young people were part of the panel that created the event. 104 audience members made up of friends, family, students and college staff. 14 volunteers, 3 professional bands, 3 professional workshops, 6 student bands, 34 students performed, 8 students led workshops, and 42 participants in workshops.

“just wanted to say I’ve really enjoyed volunteering and being a part of this. It was really fun being able to have a part in event managing and being able to perform. Thank you for the cool opportunity and well done to everyone involved in organising” - Panel Member

### **Pillar Reconnect Festival, Folkestone**

1500 YP participated in workshops. These took place as part of the enterprise challenge on NCS (National Care Service) over the summer. 15 YP formed the Youth Board which helped to take the ideas from the workshops and book the venue, bands etc. 350 YP attend the festival.

- “It was great being asked what we wanted the festival to look like, it was great” - Sophie, Workshop Participant
- “I feel like the skills I learned over the last few months will help me in the future” - Samuel, Youth Board Member
- “The Highlight of my summer” - Max, festival attendee

### **Big Summer Challenge**

With 40 challenges, one for each day of the holiday, families could access resources to help keep their children occupied this summer. 1087 families registered to participate in the challenge, enabling them to upload photos and children’s work to the Big Summer Challenge portal, and be in with a chance to win one of 64 voucher prizes.

- “Wow Thank you so much! L loved taking part in this with her brothers! Was full of great ideas to fill the summer holidays! And not things that would cost a fortune being from a big family!”
- “Wow, I didn't expect us to win anything, that is great news! Thank you so much. My son is autistic, so he found it a bit hard to complete the tasks at times, he will be really happy to know that he also gets this as a reward for his hard work.”
- “That is wonderful news. Thank you. My granddaughter will be absolutely delighted. We had such fun doing these activities during the summer.”



- “The girls had lots of fun doing the different activities and were so pleased to have completed them all.”
- “The news still hasn't really sunk in yet. We are going to use it to buy some new resources. The children are so excited.”

Nearly 500 organisations were supported through locality grants 1 and 2, resulting in 36230 CYP supported. Examples of activities and their impact are:

### **Sevenoaks Scouts**

Paddleboarding and activity day - “both of these events have been a huge success for us with a lot of positive feedback. We now have some great equipment and trained volunteers to continue to run these activities. Kemsing Scouts had their second event yesterday. We estimated about 200 people turned up which was beyond all expectations. It was great to see so many people from the village getting together and having fun.”

### **Allington Primary School**

Song writing workshops with 57 children involved - 100% of children enjoyed the workshops.

- “Music session was well structured. Kept the children engaged and interested. It allowed all children to achieve success by collaborative work with peers leadership from teacher. Allowed SEN children to access session.”
- “WOW! This is the best music workshop that I have been part of. It was inclusive to all abilities including a SEND pupil. Every child was focussed inspired. A few told me that they wanted to go home and write their own music. would recommend this to everyone do. Thank you for making me enjoy a music session”

### **Free tennis/sports coaching**

“We have coached over 30 children, and currently we are coaching around 15 per week. I have reduced the classes to a maximum of 8 children per class from 12 as I found the indoor space inadequate for 12. I have noticed a significant change in the children’s confidence and interaction within each other along with their physical improvement.”

"My 7 year old daughter loves attending the tennis sessions with Caroline. She has been able to grow in confidence not only with the sport, but also in responsibilities that Caroline gives her too. From the sounds of it she has learnt and developed many new skills and importantly has been given the time to do so as well, which in a school PE lesson is not quite as possible."  
(Parent)

## **2.12 Economic Wellbeing**

The following are a few key projects and activities on the programme which sought to support the following Economic Wellbeing objectives:

- To work with businesses and partner agencies to support young people to engage with future employment opportunities.
- To co-ordinate and promote a range of activities and opportunities for children and young people relating to economic wellbeing.

### **CSCS Cards**

41 people attended four courses in separate locations, attaining 91 qualifications between them. 19 people have since found work. Everyone completing the course felt they were in a better place to find work. They all reported having improved their employability and their confidence.

### **Kickstart Programme**

KCC employed 80 YP aged 18-24 via its Reconnect Kickstart offer. These YP were placed in schools, particularly special schools, to learn to be teaching assistants, with some training as administrators and caretakers. Schools provided the day-to-day management and support. Employability training was delivered by Runway Training. 51 have moved onto employment, training, or education, 36 of which have employment in a school.

### **Propel - The Mason Foundation**

A county wide programme to support 60 young people with SEND into meaningful employment. Of the 9 young people that have secured employment, these roles range from paid to voluntary positions. They include General Assistant at American Golf, cleaning for various local and national companies, housekeeping at Premier Inn, several Teaching Assistant roles, within local educational settings, care work and volunteering at a local charity shop.

### **YMCA**

This Locality Grant funded project has seen 12 young people gain Sitech qualifications (construction based), while on its cycle project 12 young people get their Level 1 technician qualification, meaning that they are qualified bike mechanics now. YMCA also ran a Job Club: "We had 23 young people that engaged regularly. 82% ended up with some form of work."

### **NEETs Bootcamp**

Delivered by West Faversham Community Association this project has supported 74 YP who were NEET or at risk of being NEET (Not in Education, Employment or Training) through a variety of activities such as employability skills (CV writing, interview skills), L2 Food Safety, Health and Safety, Teambuilding with a reward of gym membership and opportunity to undertake work experience at the end.

"We got a 96% satisfaction rate from the parents, and we're talking probably 200 parents. 81% of the YP felt more confident going into an interview, and 91% of attendees felt they were better positioned to gain employment after completing the boot camp."

### **MyPocketSkill**

This is a digital platform that connects YP to skills-building, money-earning opportunities with households and businesses. It supports savings goals using behavioural science-based “nudges” to build financial capability within the YP. The platform was marketed through secondary schools, with 282 YP “onboarding”, the process of registering with the platform and advertising their skills to potential employers. Household and Businesses form the demand side, with 142 onboarding, meaning they are looking to employ a YP to help them. Tutoring services prove to be of high demand, a natural fit with older YP supporting younger children. Reconnect commissioned Ella through this platform to be the photographer at the Celebration event.

### **Education Business Partnership (EBP)**

The EBP was commissioned to support schools and businesses provide work placement opportunities for YP, something that had become more challenging during and post pandemic. The EBP supported 2230 students and engaged 442 new employers. An alternative blended model of placement was designed and delivered for some YP, recognising their needs and challenges in accessing genuine work placement opportunities.

- Mainstream placements - 1068 Students, 8 Schools
- Alternative/Blended - 1090 Students, 12 Schools
- SEND schools - 72 Students, 6 Schools
- Identified as vulnerable - 308 Students across 12 Schools

‘Thanks so much it was a huge success! I have been involved with Enterprise related activities for many years and I can't remember seeing such a high number of student engagement and positivity.’

"It was fantastic that despite not having a work experience placement, students were still able to develop their employability skills and get an insight into the world of work."

Case study - EHCP student placed at East Kent Railway Trust

‘He’s had a great placement; he’s got to know most of the staff and he’s really come out of his shell. They have said if he wants to carry on working there he can. He’s like a different young person after the challenges of lock down. He goes train spotting at the weekends and he knows all the volunteers here. The driver has taken him up and down the track in the cab’.

### **Be Your Own Boss (BYOB)**

This project provided workshops for older YP who were considering starting their own business. 56 people started across 4 courses, with 49 completing. Through a ripple effect with learners passing on what they had learned to friends and family, BYOB estimate that an additional 50 people indirectly accessed the course material and would have been able to access their support. At the end of the grant there have been 15 new businesses started, 24 people have said they intend to start their business idea this year, and 11 existing small businesses said they felt they have improved their ability to run and manage their own business.

### 2.13 IDACI Reach

One key aim of the programme was to reach Kent's disadvantaged groups. IDACI analysis (Income Deprivation Affecting Children Index) was carried out on the postcode data provided by several key Reconnect activities, including participating Big Adventures, schools and leisure centres. Analysis shows:

- Overall in January 2021, 19% of pupils in Kent lived in the 20% most deprived LSOAs in England.
- Of the 581 schools involved in the Reconnect programme, 32% have a higher proportion of pupils from the most deprived areas when compared to Kent.
- Looking at the Big Writing Challenge, 57 of the 581 schools signed up (9.8%). Of these 57 schools, 13 (23%) were from the schools with a high proportion of pupils from the most deprived areas.
- As Big Adventures was targeted to schools serving disadvantaged communities, it is no surprise 85% of these schools were schools with a high proportion of pupils from the most deprived areas.

This analysis suggests that this aim has been achieved.

### 2.14 Feedback from Providers

The consensus among interviewees has been one of gratitude for the programme. Many have explained that they would have been unable to deliver their activities or unable to have the impact they had if not for the Reconnect funding they received. Other interviewees were grateful that they were considered for funding, believing that they would have been marginalised or forgotten about by other funding 'pots.'

There are signs that many activities funded under the Reconnect programme will continue, being self-sustaining, such as the new Squirrel Dreys. Inevitably some providers are seeking further funding to continue delivering their activities, but they recognise Reconnect was a lifeline, with the pandemic reducing charitable funds by 30%.

Several providers have commented on the value of having a cause, such as Reconnect, to galvanise the community behind. Reconnect is believed to have become a brand that is recognised and understood, and has helped providers place and explain their offer in a context. It has also helped providers link activity with others, and to sign post C&YP to other opportunities. This is true also of those in the children's workforce who have been able to encourage C&YP they are working with to engage in activities in their communities. This is illustrated particularly with the work of the Leisure Centres, who provided direct routes in for foster carers and social workers to discuss the needs of the C&YP they were supporting and how they could access opportunities at the Centres.

### 2.15 Social Media

Almost 4,000 people have followed the Reconnect Facebook page since the page's inception in July 2021 and, in this time, Reconnect posted and shared

over 400 stories, news, offers and relevant information for children, parents and families through their Reconnect Facebook page.

Figures show almost **780,000** people were reached from Reconnect's own offers, discounts, activities, and events including free bus passes, leisure centre discounts, benefits-related free school meal offers, free online educational tools and signposts to vital support and help for Kent families, particularly during holiday periods. Thousands more were reached through story and post sharing by Reconnect through tagging into partner event posts and mentioning Reconnect in their feedback.

The Reconnect Facebook and Instagram pages are still live as KCC recognise that at present, it is still a great channel through which to continue sharing news and information relevant to families with children.

### **2.16 National Awards**

The Reconnect: Kent Children and Young People Programme was a shortlisted finalist in two national awards; the Municipal Journal's Best Council Services Team, and the Local Government Chronicle's Best Children's Service. Unfortunately the programme did not win the awards, but it demonstrates the recognition the programme has achieved.

## **3. Evaluation of Delivery Against Key Parameters**

### **3.1 Community Engagement**

Reconnect was intended to be a Kent County Council led, community-based programme. The evidence above indicates this was successfully achieved.

Families said at the outset of the programme, "Keep it local". The Local Children's Partnership Groups (LCPGs) made that a reality for Reconnect, targeting the offer to their community's needs, using their local knowledge and networks to draw in organisations, clubs, individuals and businesses to deliver support. Through the locality grants, approaching 600 organisations provided opportunities and support to C&YP.

Delivery involved districts and a small number of parish councils, schools, sports and leisure clubs, community groups, charities, businesses, Kent Police, Kent Fire & Rescue Service and individuals. Over 50 organisations provided area/county level services through grants or commissions.

Every major leisure centre in Kent (40) participated in Reconnect in summer 2022.

### **3.2 Spending by Theme**

One key parameter was to spend KCC's £10m contribution equally between the five Reconnect themes. It proved easier to spend against some themes than others, albeit in reality spend on much activity could be assigned to a few themes. For example, a family swimming session could be "friends and

family” or “sports, activities and the outdoors”. The table below sets out the spend by theme as at August 2022.

	<b>Total Spend (£)</b>	<b>% Spend</b>
Programme Costs	420,857	5%
Economic Wellbeing	1,205,821	15%
Friends, Family and Community	1,385,728	17%
Health and Happiness	2,148,872	26%
Learning Missed	1,542,248	19%
Sport, Activities and the Outdoors	1,426,830	18%
<b>TOTAL</b>	<b>8,130,356</b>	<b>100%</b>

The high demand for mentoring and counselling support for children and young people meant commissions assigned to Health and Happiness took the funding spent against this theme to 26% of the £8.1m spent as of 16 August 2022. It was more difficult to commission activity linked to the Economic Wellbeing theme due to sector challenges. This was more noticeable with the spend at LCPG level which saw 13% given to initiatives linked to Economic Wellbeing, and 25% toward Sports, Activities and the Outdoors. At a programme level action was taken to try to balance the spend, for example a specific grant round focused on Economic Wellbeing was undertaken, but unfortunately the number and quality of bids received resulted in only £72k of the £150k budget being awarded.

As per the key parameters, one quarter (£2.5m) of Reconnect’s budget was distributed via grant award rounds managed by LCPGs. Work was undertaken to streamline the grant awarding process, enabling three grant rounds to be run.

### 3.2 **Governance Structure**

The structure set out in the Cabinet paper of July 2021 was put in place:

- The **Reconnect Partnership Board** supplied strategic oversight, direction, and steering for the Reconnect programme. The Chair for this group was Nadeem Aziz, Dover District Council Chief Executive and was formed of a wide range of individuals from stakeholders such as the NHS, Kent Police, voluntary and community sector reps, schools and early years providers, Kent PACT, and other services within KCC.
- **Delivery Board** - The Programme Director, David Adams chaired this group. The delivery board met 2-weekly and considered recommendations for commissions from Theme Teams, new bids, connected the programme locally and countywide, brought a wide range of perspectives to enhance

proposals, reviewed performance of activities and programmes already underway and provided direction to services.

- **Assurance** was supplied for the programme through various teams, such as Corporate Assurance and Risk Team, Internal Audit, Health and Safety, Strategic Commissioning and Finance.
- **Political governance** was provided through the Cabinet Members for Integrated Children’s Services and Education and Skills, with reports to Cabinet and Scrutiny, and verbal reports by Cabinet Members to Children, Young People and Education Cabinet Committee.
- **The Corporate Management Team** received an update on Reconnect and individual Corporate Directors have engaged to ensure services in their directorates contributed.
- **Involvement of Young People** - a young persons’ engagement strategy was developed setting out Reconnect’s approach to engaging young people on a variety of levels. This recognised that our touch points for young people were the thousands of individuals, paid and volunteers, who are working week in, week out with C&YP, talking to them about their lives, hopes, ambitions, and wants. They have shaped their offers around the voices of the C&YP they work with, co-produced their activities. These individuals have provided views to the Programme Team, bid for funds to deliver activities request by C&YP, and feedback on the successes and challenges. A Reconnect Young Persons Steering Group was set up to provide advice, guidance, and strategic direction to the programme Delivery Board – ensuring that young people were involved, consulted, and represented in decision making. However, the fast pace of the programme meant too often decisions needed to be made without the input of this group. Young People served on the LCPG grant panels, evaluating applications. Young people from the Participation Team formed the judging panel for the Reconnect Community Awards to ensure these were truly reflective of views and values of young people themselves.

The Cabinet paper also set out the intention for there to be a small programme team, with support being provided to the programme through staff embedded in services (Communications, Finance, Strategic Commissioning), and via staff in all parts of the Council. This was achieved and highly valued by colleagues. Embedded staff had the support and expertise of others in their services to draw on. Colleagues from across KCC worked together in Theme Teams or via the Delivery Board, gaining insights into the work of other, their perspectives on issues and forming new working partnerships.

#### 4. **Holiday Activities and Food (HAF) Programme**

- 4.1 The HAF programme was launched for the Easter 2021 school holidays amidst the ongoing uncertainty of lockdowns and restrictions and expanded each holiday period as more providers were funded and places became more widely available:

<b>Holiday Period</b>	<b>Places Offered</b>	<b>Take-up</b>
<b>Easter 2021</b>	2262	1861

<b>Summer 2021</b>	4748	4577
<b>Christmas 2021</b>	3236	2836
<b>Easter 2022</b>	5886	5175
<b>Summer 2022*</b>	7401	7107

\*awaiting final monitoring from a few programmes so take-up will increase

- Easter 2022, 3624 more places offered than in 2021 with 3314 more children taking up a place.
- Summer 2022, 2653 more places offered than in 2021 with 2530 more children taking up a place.

4.2 The HAF Programme Team have seen first-hand during monitoring visits the exciting opportunities and activities available to children and young people, these have included water sports, horse riding, team sports, day trips to organised events, skateboarding, dance, arts and crafts and forming a rock band. Opportunities have also been taken to incorporate other activities through Reconnect, for example in summer 2022 CREST awards (science, technology, engineering and maths based) were available to Kent families to access. Through HAF programmes 1961 children participated in this opportunity.

4.3 Family activities have included recipe ideas to support cooking on a budget with ingredients included, family cooking sessions, outdoor pizza making, family BBQ's, family breakfasts and many more inspiring ideas.

4.4 Some programmes have also benefitted from funding or resources from supermarkets and other organisations and have used these to support families and enrich their programmes.

4.5 Feedback received from parents was that access to the HAF provision was further enabled by use of the free bus passes available during the summer holidays making access especially in rural areas easier.

## **5. Reconnect Community Awards and Celebration Event**

5.1 The Reconnect Community Awards celebrated the fantastic work of everyone who had helped make Reconnect a success. These provided the opportunity for members of the public and service users to nominate individuals and organisations who had gone above and beyond to help reconnect C&YP to the programmes five aims, to recognise young volunteers and outstanding individuals. The participation Team in KCC were the judging panel, sifting through the many entries to shortlist finalists and winners. A celebration event was held on Thursday 6th October 2022, hosted by Sarah Hammond, Corporate Director – Children, Young People and Education with shortlisted finalists invited and attendees from a wide variety of organisations who had been involved in the delivery of some of the many activities over the previous year. The Chairman of the County Council presented the awards. Special recognition was also paid on the night to the local bus companies who had so generously supported free travel and to the Theme Leads who had worked tirelessly to drive forward the programme. The evening also included a film highlighting the Reconnect programme



<https://vimeo.com/752459732/1e6b61f074> and another regards Culture Camps from the summer of 2022 <https://vimeo.com/755184831/4b3099e6d8>

## **6. Reconnect Legacy**

6.1 It is hoped that several projects, delivered as part of Reconnect, will continue in future years and form part of the programme's legacy:

1. Big Kent Writing Challenge – The KM Charity Team was pleased with how the competition went and are confident that they will be able to secure sponsorship to deliver the competition annually. A short film demonstrates this year's Awards ceremony <https://vimeo.com/752418952/8d9ce8eabff>.
2. Simon Langton Girls School were the winners of the first Reconnect Hackathon, with their proposal to create a platform for all Kent schools to share their thoughts and activities related to addressing climate change. A short video showcasing the event can be viewed here: <https://vimeo.com/693883059/09f001c4a7>. Pupils have launched their website [www.biojoyversity.org](http://www.biojoyversity.org) which is supported by academics and professions from a wide range of backgrounds, as well as KCC's Environment Team. This will continue to grow and flourish, providing a voice for the County's C&YP to help achieve the change we need.
3. Maidstone School of Science and Technology (SST) was awarded £1,000 at the second Reconnect Hackathon event to deliver their idea of a wellbeing app. This will ask students how they are feeling and signpost to ideas and support for improving physical and mental health. Active Kent is supporting SST with this project and the app will continue beyond Reconnect. If successful, the app may be able to be replicated in other schools or settings.
4. Safety Pin – a project where QR codes are displayed in public places. Young people can scan the codes with their phones and be directed to a website containing links to information and support services. Reconnect funded the pilot of Safety Pin in West Kent but it is hoped that the project will be rolled out county-wide in the future.
5. Free holiday travel for young people – KCC Public Transport is exploring how such ticketing can be delivered in the future, both from a funding perspective and a technical perspective.
6. E-voucher system - Reconnect worked with Wonde Ltd to produce Reconnect e-vouchers and Holiday, Activities and Food Programme (HAF) vouchers. Services across KCC can create bespoke e-vouchers which can be used to provide specific support or access to an offer. Wonde has further developed its HAF platform, which is now used by several Local Authorities. Reconnect pulled services across KCC together to collectively commission an e-voucher provider. A new contract is in place with Wonde which is enabling service units to streamline and improve their processes for supporting children and families.

7. Playground has secured funding from the Arts Council and will continue delivering creative play sessions for under 2s in libraries and children's centres until March 2023. The Playground project has also secured Arts Council **National Portfolio Holder status**, which attracts 3 years of funding for 2023-26. The countywide rollout of the project has been hugely successful, as evidenced in the documentary the team had produced.
8. If the pilot of the Brighter Worlds project in West Kent is successful, it may be rolled out countywide. The animation and training package, that Reconnect funded the development of, will be available for future years for schools and settings to use.
9. Kent Scout's Squirrels Drays will continue to run following support to train volunteers and funding to set up the groups.
10. Due to the success of the first Lessons in a Box project, Visit Kent is delivering another Lessons in a Box project in September 2022. This project was STEM based and will give pupils in key stage 2 the opportunity to find out how engineering, science and technology have influenced some Kent attractions. These resources stay in schools to use with future cohorts.
11. Training and support has been provided to community groups on child safeguarding and bid writing. This will continue to support these groups with their ongoing work with C&YP.
12. Counselling support for young people Mental Health Support Teams will continue to be funded until August 2023 to ensure much needed support is accessible.
13. ShivaNova has also secured Arts Council **National Portfolio Holder status**, and thus funding for 2023-26. They plan to continue delivering in South Kent.

## 8. Conclusion

- 8.1 The evidence shows that the Kent community has enabled the Reconnect: Kent Children and Young People programme to deliver something for everyone. It delivered a wide range of opportunities to C&YP, covering all five areas of the programme, with an offer for all ages. Those involved continue to deliver week in, week out to the County's C&YP and their efforts cannot be commended highly enough. Many C&YP are in a better place because of the programme; being fitter, happier, less isolated, more connected. There is still more that needs to be done over the years ahead to ensure the pandemic does not have a lasting detrimental impact on the County's C&YP, but the prompt action of the Council, through the creation of Reconnect, has gone some way to ameliorating the effects for many C&YP.

<h2>9. Recommendation</h2>
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9.1 County Council is asked to note the report.

**10. Background documents**

21/00044 - Reconnect: Kent Children and Young People Programme  
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?id=2489>

**11. Contact Details**

Report Author:

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**From:** Cllr Rosalind Binks, Chairman – Governance and Audit Committee  
**To:** County Council – 15 December 2022  
**Subject:** Chairman’s Report to the Council  
**Classification:** Unrestricted

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**Recommendation:**

County Council is asked to note the report.

**1. Introduction & Purpose of this report**

1.1. This is the first Chairman’s Report from the Governance & Audit Committee to the Council. Its purpose is to highlight for Members the role and work of the Committee, to draw attention to some of the governance issues the Committee has considered and finally to highlight key themes that all Members should be sighted on.

**2. Committee Membership, Attendance & Training**

2.1. The Governance & Audit Committee is a Cross-Party Committee and also includes one independent non-elected and non-voting member appointed by the Committee. The Committee benefits greatly from the diverse knowledge and expertise that all Members and Dr Horne bring to meetings.

The Governance & Audit Committee is currently made up of 10 Members.

Mrs R Binks (Chairman)  
Mr H Rayner  
Mr A Brady  
Mr A Hook  
Mr D Jeffrey  
Mr S Webb  
Mr M Hood  
Mr N Chard  
Mr R Thomas  
Dr D Horne (Independent member)

2.2. The Committee agreed in 2022 that, given the nature of its work, Members of the Governance & Audit Committee, and indeed Members who wish to substitute at meetings, must have training to ensure that the Committee is fit for a changing and challenging environment. That includes both general and one-to-one talks from officers, auditors and CIPFA, as well as regular online update and training materials from external bodies.

2.3. It should also be noted that the various Substitute Members have all participated fully in the training necessary to the meetings that they attend.

2.4. A review of the Committee and its activities by CIPFA was subsequently presented to the Committee. Their comments and suggestions for development and improvement were informally discussed by Members and largely adopted.

### 3. Activity and Frequency of Meetings

3.1. Prior to 2021/22, the Committee met 4 times a year. However, to properly transact the full range of business, the Committee held 7 meetings in the last financial year 2021/22. For 2022/23 the Committee agreed to meet more frequently in order to appropriately consider key items and has already held 5 meetings up to December 2022.

3.2. During the past 18 months the Committee has considered reports covering the entire breadth of KCC and KCC-related activities. These include:

- annual reports and statements, such as the Annual Governance Statement, the annual Report and Accounts for both KCC and the Kent Pension Fund
- the plans for both Internal and External Audit for the year, and reports on the outcome of their work. During 2021, this has included the new External Audit Value for Money assessment
- policies and frameworks for good governance, such as revised Financial Regulations for the Council, the development of assurance frameworks, the Counter-Fraud Strategy and Treasury Management arrangements
- the Corporate Risk Register, Code of Corporate Governance, Risk Management Policy, Strategy and Programme
- specific items such as the SEND Transport Review and the performance of KCC wholly-owned companies
- reports on lessons learned from audit and government interventions in other Councils.

3.3. The Internal Audit Team, led by Jonathan Idle, planned 57 audits for 2021/22 of which 15 were deferred or removed to provide resources for the SEND Transport Review. For the 22/23 Audit Plan, a new rolling plan approach has been adopted, initially with 26 reports planned. This is in addition to Grant Certification work as well as audits for third parties.

3.4. Audits for 2021/22 have already reported the following assurance opinions:

- 1 No Assurance
- 5 Limited
- 11 Adequate
- 7 Substantial
- 2 High

3.5. With regard to prospects for improvement, most of the audits considered them Good or Very Good. One was viewed as adequate, however two were marked as Uncertain.

3.6. The Committee has already considered several reports including the following:

- Gypsy & Traveller Service – Site Allocations and Pitch Fee Collections  
A review of progress is expected shortly. (No Assurance / Uncertain Prospects)

- Kent & Medway Business Fund (Adequate / Good Prospects)  
The process for debt write-off was not in accordance with KCC Financial Regulations, primarily due to the funds being non-KCC. This is now being amended to comply with the regulations, including a retrospective review of previous write-offs.

3.7. The External Auditors, Grant Thornton, reported in April 2022 that while they found no risk of significant weakness in the Council's governance, or arrangements for economy, efficiency and effectiveness, there was one area of significant weakness in financial sustainability, in SEND and High Needs education.

3.8. The Internal Audit team has recently completed an excellent and totally independent review on SEND Transport. This was presented first to the Governance & Audit Committee in September 2022 with complete transparency and is currently being reviewed by Scrutiny. There will also be further review by the Governance & Audit Committee where necessary and it is already evident that changes have and will continue to be made.

#### **4. Reinforcing the Purpose of the Committee**

4.1. During 2022, the Committee undertook an external review of its effectiveness. The review, which reported in July 2022, found that the Committee demonstrates features of good practice and recommended increasing the focus of the Committee to make an impact across the Council.

4.2. With that in mind, the Terms of Reference for the Committee are being revised and will be under regular review as the Council's statutory responsibilities change over time. It is important that Committee Members understand these Terms and how they differ from those of the Scrutiny Committee. It is also important that all Council Members understand the role of this important non-executive Committee as a key part of our governance.

4.3. In the coming year, Committee Member briefings will be organised with internal and external auditors as and when required. A Chairman's report will be produced for Council at least annually.

4.4. The Committee's agendas are being restructured to enable Members time to better focus on those issues that require most attention and also consider issues which present potential future risks.

4.5. Kent County Council faces an environment of ever-increasing challenges following the long Covid lockdown with substantial increases in demand in many areas, recruiting and retaining staff and growing financial pressures. This Council is certainly not alone in navigating these difficulties and a few Councils have already floundered in a very public manner. One common thread to those cases has been inadequate governance: not necessarily a failure to recognise a problem but a failure to challenge, to ask questions and to ensure that the issue is dealt with promptly.

4.6. Good governance is based on sound ethical culture, transparency for all stakeholders, clear sustainable outcomes, effective performance that provides value for money, continuing review and improvement, risk management, accountability. It is not merely historic but must also consider the future of the Council with increased

risk to KCC's ability to provide efficient and effective services and ensure the Council provides the best value for money with public funds.

4.7. To this regard, increased focus will be placed by the Committee on questioning those with overall responsibility. A Limited or No Assurance audit report will automatically be examined at the next Committee meeting in the presence of the relevant Director, as well as the Cabinet Member or Deputy, who is assumed to be equally fully informed. This will be followed by a review of progress within 6 months, to gain the assurance that is required

4.8. There may be issues where the Committee sees the need for a Deep Dive, but it is largely the work of Internal Audit to gain an understanding of how governance procedures are followed in practice and to present the results to the Committee for comment and assurance.

4.9. These changes and the heightened focus of the Committee will also be reflected in the Annual Governance Report that accompanies the accounts.

## **5. Focus on the Future & Actions for the Coming Year**

5.1. Overall, within the Committee and Council there is a good understanding of governance requirements and procedures. However, rising demand for KCC services presents a serious challenge for the Council. Resources, both financial and non-financial are finite, therefore there is a ceiling of activity beyond which good governance cannot be assured.

5.2. The latest Internal Audit Opinion has remained unchanged from recent years at Adequate but there are underlying trends that give cause for concern. Throughout the Council, there is now a greater awareness of the prompt implementation of agreed improvement actions, the need for clearly-defined responsibilities and accountability within and across directorates and of course realistic consideration of available resources. This is particularly relevant when considering the viability of current activities and services and planning for the future.

5.3. A recent report from Grant Thornton highlighted four key areas that can and have caused failings at various councils:

- Transparency and conduct
- Officer / Member interaction
- Assessment and decision-making
- Governance

5.4. Key Actions for the Committee over the coming year are to

- Be vigilant over risks and mitigations for the financial challenges facing KCC
- Monitor service delivery
- Progress revised Terms of Reference for the Committee.
- Take forward remaining actions from the review of the Committee's effectiveness



**Recommendation:**

County Council is asked note to the report.

**Author:**

**Cllr Rosalind Binks**

**Chairman, Governance & Audit Committee**

**November 2022**

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**From:** Roger Gough, Leader of the Council  
David Cockburn, Chief Executive Officer

**To:** **County Council, 15 December 2022**

**Subject:** **Kent and Medway Interim Integrated Care Strategy**

**Classification:** **Unrestricted**

**Summary:**

Kent County Council (KCC) is a statutory partner in the Kent and Medway Integrated Care System, along with Kent and Medway NHS and Medway Council, and has confirmed its commitment to the partnership in its strategic document, *Framing Kent's Future*. The Integrated Care Partnership is required to produce an Integrated Care Strategy for Kent and Medway by the end of December 2022. Given that 2022/23 has been recognised as a transitional period for the new arrangements and the short timescale available to produce the document, an Interim Integrated Care Strategy for Kent and Medway has been developed. This was approved by KCC's Cabinet on 1 December 2022, subject to final consideration and agreement by the Integrated Care Partnership Joint Committee on 8 December 2022.

The Interim Strategy will be further developed in 2023 including through extensive consultation with partners and the public to expand on the ambitions and commitments of partners. Any comments from Members on the Interim Strategy will be used to shape this further development of the Strategy.

**Recommendation(s):**

County Council is asked to note the Kent and Medway Interim Integrated Care Strategy.

**1. Introduction**

- 1.1 The Health and Care Act 2022 required the creation of Integrated Care Systems consisting of health and social care bodies in local areas, as a means to integrate health and social care services and deliver stronger place based population health management. From 1 July 2022, all 42 Integrated Care Systems across England became legal entities, with statutory responsibilities to deliver for their local populations. Legally, Integrated Care Systems comprise two core parts: an Integrated Care Board (ICB), the NHS budget-holding body, and an Integrated Care Partnership (ICP), a broader coalition of partners within the system, to join up planning and delivery. The lead partners of the Kent and Medway Integrated Care System are NHS Kent and Medway (the ICB), Kent County Council and Medway Council.
- 1.2 The ICP is required to produce an Integrated Care Strategy to set the strategic direction for health and care services across the whole geographic area of the

Integrated Care System. It will be approved by the three statutory partners and agreed by the ICP. National guidance sets out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative and person-centred care for their whole population, across the course of their life. The strategy presents an opportunity to do things differently to before, such as reaching beyond 'traditional' health and social care services to consider the wider determinants of health and joining-up health, social care and wider services. It provides the framework in which the partners will work and supports the council to fulfil its commitment made in *Framing Kent's Future* to seize the opportunity of integrating our planning, commissioning and decision making in adult, children's, and public health services.

- 1.3 The Department for Health and Social Care (DHSC) mandated that ICPs must publish an initial strategy by December 2022 to inform the local NHS Five-Year Joint Forward Plans which are due to be published before the next financial year.
- 1.4 DHSC recognised this was a challenging timeline for the newly formed ICPs and accepted that this will be reflected in the breadth and depth of the work that can be done in preparing the strategy and, subsequently, what is included in the initial strategy. Therefore, this iteration of the Kent and Medway Integrated Care Strategy (attached as Appendix 1) is recognised as an interim strategy and has been built on work that has previously been undertaken across the System, including that of the Health and Wellbeing Boards. The document will be subject to professional design before publication on partner websites.
- 1.5 As the system matures, it is expected that ICPs will want to refresh and further develop their Integrated Care Strategy. To that end, extensive consultation and engagement with Members, partners and the public is planned from early in 2023. Comments from Members on the Interim Strategy will also be fed into the next iteration along with feedback from the planned consultation and engagement activity. Health Reform and Public Health Cabinet Committee will consider and comment on the Interim Strategy at its next meeting on 17 January 2023.
- 1.6 The DHSC will publish further guidance in June 2023, and subsequent to that guidance, any significant changes to the strategy may be subject to a further key decision as is considered necessary.

## **2. Strategy development and contents**

### Development

- 2.1 The Kent and Medway Interim Integrated Care Strategy (Appendix 1) builds on existing work and momentum to further the transformative change needed to tackle challenges such as reducing disparities in health and social care, improving quality and performance, preventing mental and physical ill health, maximising independence and preventing care needs by promoting control, choice, and flexibility in how people receive care and support. There is an

emphasis on the wider determinants of health (such as housing, employment, the environment etc.) and their importance in improving the population's health.

- 2.2 The development of the Interim Strategy has been overseen by the ICP which is currently chaired by the Leader of KCC. A multiagency steering group and project group made up of representatives from KCC, Medway Council and the ICB has led the development of the document, working closely in partnership with wider partners. KCC's Director of Public Health and Director of Strategy, Policy, Relationships and Corporate Assurance have been members of the Steering Group.
- 2.3 Statutory Guidance on the development of Integrated Care Strategies sets out the expected topics to be covered:
- Quality improvement
  - Joint working and section 75 of the National Health Service Act 2006
  - Personalised care
  - Disparities in health and social care
  - Population health and prevention
  - Health protection
  - Life Course- Babies, children, young people, their families, and healthy ageing
  - Workforce
  - Research and innovation
  - 'Health-related' services
  - Data and information sharing

### Contents

- 2.4 The Kent and Medway Interim Integrated Care Strategy covers all the expected topics set out in the guidance. The document is structured around the shared vision and six outcomes that were agreed by partners when the Kent and Medway Integrated Care System was formed. As partnership arrangements are still developing, the Interim Strategy brings together and reaffirms existing commitments that have been made by partners. The full strategy developed next year will build upon these commitments.
- 2.5 The sections of the Interim Strategy are:

*Shared outcome 1 - Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background and are free from fear or discrimination.*

Includes commitments on maternity services, starting well, support for children with Special Educational Needs and Disabilities, Family Hubs and safeguarding.

*Shared outcome 2 - Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.*

Includes commitments on targeting support to those most in need, supporting people through the cost of living crisis, parity of mental health and improving wider determinants of health including employment and skills, strengthening community support and improving our physical environment.

*Shared outcome 3 - Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives, adding years to life and life to years.*

Includes commitments on promoting healthy behaviours and health protection, supporting people to age well, delivering personalised health and adult social care and end of life care.

*Shared outcome 4 - Support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.*

Includes commitments on high quality primary care, multidisciplinary teams and support for carers.

*Shared outcome 5 - Ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.*

Includes commitments on healthcare close to home, specialised health services and improving hospital discharge.

*Shared outcome 6 - Make Kent and Medway a great place for our colleagues to live, work and learn.*

Includes commitments on growing and supporting our shared workforce.

- 2.6 The Interim Strategy also includes 'enablers' that set out how partners will work together to achieve these outcomes, including through collaborating on research, championing innovation and embracing digital transformation. There are commitments to provide system leadership to tackle complex challenges together, explore opportunities for joint commissioning and pooling resources and act as 'anchor institutions'; using assets and resources to benefit the community.
- 2.7 The Interim Strategy concludes with a commitment to work together to listen to and involve people and communities going forward to inform the full strategy and continue to shape service provision and decision-making across the system.

#### Communication and engagement

- 2.8 Despite the limited timescales to produce the Interim Strategy, the Integrated Care System has sought opportunities to engage with Stakeholders through:
- 'Together We Can' Symposium on 28 October involving Members, leaders and senior managers across the County from KCC, NHS, Medway Council, Voluntary and Community Sector and Business leaders to comment and contribute to the Interim Strategy.
  - Online platform for public and professionals to provide feedback (<https://www.kmhealthandcare.uk/about-us/kent-and-medway-health-and-care-symposium>).
- 2.9 However, there is much more to do. Broader public consultation will be delivered from early 2023 to shape the further development of the strategy and a Kent and Medway system-wide communications and engagement plan has been drafted for post December 2022 which will be presented for approval by

the ICP on 8 December. Healthwatch Kent and Medway, as members of the ICP and experts in engaging with the public on issues relating to their health and wellbeing, are supporting this work. The VCSE is also represented on the ICP and will be part of the engagement and consultation process.

- 2.10 There is a requirement to include in the strategy details of communications and engagement plans across the Integrated Care System to ensure effective implementation. This will be a partnership approach between the ICB, KCC and Medway Council Communications Teams with an update on progress being shared with the ICP when available.
- 2.11 As highlighted throughout this report this is the Interim Strategy and the views of Members of County Council are sought to shape and inform the next iteration.

### **3. Financial implications**

- 3.1 There are no direct financial costs associated with the development of the Integrated Care Strategy for KCC other than staff time in supporting the Steering Group and Project Group overseeing its development. Further work on the consultation and engagement plan for the strategy is ongoing, but any financial or non-financial resources required to support that exercise will be met from within service budgets.

### **4. Equalities implications**

- 4.1 An Equality Impact Assessment has been led by the ICB and is attached to this report (Appendix 2). The NHS EIA template and process has been followed with partners providing commentary and input as appropriate. This is a live document and will be developed further as the consultation and engagement process takes place and the strategy is further iteratively developed throughout 2023.

### **5. Conclusion**

- 5.1 The development of the Kent and Medway Interim Integrated Care Strategy, although against exceptionally tight timescales set by DHSC, has proved a useful exercise in bringing the statutory partners together to set out a clear ambition across the health and care system for residents of Kent and Medway. It provides a strong platform to undertake further work on how we can further integrate and join up our commissioning, decision-making and service delivery as a system to ensure it is more effective at meeting both the needs of individuals and service users, but also the needs of our communities at a local and Kent wide level. As such, it represents the start of a process which will see KCC play an important part in developing and delivering through the Integrated Care System, which will support both our wider organisational objectives and support the sustainability of our health and social care services.

### **6. Recommendation**

- 6.1 County Council is asked to note the Kent and Medway Interim Integrated Care Strategy

## **7. Appendices**

Appendix 1: Kent and Medway Interim Integrated Care Strategy

Appendix 2: Equality Impact Assessment for the Kent and Medway Interim Integrated Care Strategy

## **8. Contact details**

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# Kent and Medway Interim Integrated Care Strategy

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## Version Control

Version No	Purpose	Date
1.0	Issued to core Project Team for review.	17/10/22
2.0	Issued to Project Team for second review and commissioning of additional material from content leads where gaps have been identified. Not for wider distribution - Content lead and Steering Group Members' editing only.	19/10/22
3.0	Consolidated version of chapters shared with Project Team at Ashford Symposium feedback workshop 2/11/22. It includes initial review of Symposium outputs and response to comments on v2.0. Outstanding actions are as agreed at workshop for completion by 4/11.	1/11/22
4.0	Incorporating comments and additional content from Symposium and content leads. Distributed to Steering Group for review.	10/11/22
5.0	Incorporating comments from Steering Group and IPPH colleagues.	16/11/22
6.0	Incorporating ICP comments	22/11/22
7.0	Approved by Steering Group	22/11/22

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### Overall document status:

- Content reflects what has been received from a number of colleagues from across Kent and Medway. Thanks for all the input to date. It has been edited to achieve flow and consistency. Please note all graphics or pictures are placeholders subject to replacement by communications team. This will also pick up final typesetting and formatting. Coloured panels represent illustrative case studies/examples only.

## Foreword

Welcome to the Interim Integrated Care Strategy. The Integrated Care System is an opportunity for the NHS and Local Authorities to work together in different ways, putting our residents at the heart of everything we do. This Interim Strategy sets out the shared purpose and common aspiration of partners to work in increasingly joined up ways. It is rooted in the needs of people, communities and places and will help us drive forward on the agreed priorities for action across health and social care across Kent and Medway.

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The breadth of the Integrated Care System, across Kent County Council and Medway Council, the NHS, District Councils, the Voluntary, Community and Social Enterprise sector (VCSE) and Healthwatch puts us in a unique position to identify opportunities for wider partnerships to strengthen our collective approach to improving longer-term health and wellbeing outcomes. For example, across education, housing, environment, transport, employment, and community safety; these wider social determinants of health, and others, have a significant bearing on the health and wellbeing of communities and health inequalities, particularly for people experiencing deprivation. The Integrated Care Partnership will champion joint approaches and look for opportunities to embed and accelerate these in our strategy.

**We truly believe that *Together, we can.***

That is why we, as the leaders of the Kent and Medway Integrated Care System are signing this pledge and making this commitment through the Integrated Care Strategy.

## Our Pledge

Recognising that citizens' health, care and wellbeing are impacted by economic, social and environmental factors more than the health and care services they can access, we pledge to bring the full weight of our organisational and individual efforts to collaborate to enable the people of Kent and Medway to lead the most prosperous, healthy, independent and contented lives they can.

Through this collaborative movement we will work together to reduce economic and health inequalities, support social and economic development, improve public service outcomes, and ensure services for citizens are excellent quality and good value for money. Together, we can.

### Signatures to follow

**Cedi Frederick,**  
NHS Kent and Medway

**Cllr Alan Jarrett,**  
Medway Council

**Cllr Roger Gough,**  
Kent County Council



**Kent and Medway**



*Serving You*

**Kent  
County  
Council**



## Integrated Care Strategy

**We will work together to make health and wellbeing better than any partner can do alone**

### Shared Outcome 1

Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.

### Shared Outcome 2

Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.

### Shared Outcome 3

Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.

### Shared Outcome 4

Support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.

### Shared Outcome 5

Ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.

### Shared Outcome 6

Make Kent and Medway a great place for our colleagues to live, work and learn.

**Enabler:** We will drive research, innovation and improvement across the system

**Enabler:** We will provide system leadership, and make the most of our collective resources

**Enabler:** We will engage our communities on this strategy and in co-designing services

# TOGETHER, WE CAN

**WORKING WITH THE INTEREST OF THE PEOPLE WE SERVE!**

**ALL PARTNERS WORKING TOGETHER AT PACE...**

...and a **COMMON ASPIRATION.**

...to create **BETTER and FAIRER** health OUTCOMES across our COMMUNITIES.

**WORKING WITH a SHARED PURPOSE.**

**Addressing the SOCIAL DETERMINANTS of HEALTH & WELLBEING**

**CREATING SOLUTIONS ROOTED IN PEOPLE, COMMUNITY and PLACE!**

**WE HAVE a LEGISLATIVE MANDATE to do things DIFFERENTLY!**

we will only SUCCEED if ALL PARTNERS make it WORK!

**PROVIDING SOLUTIONS** with, not TO, MEMBERS of the COMMUNITY!

**ENGAGING PEOPLE** in the way they PREFER!

**LISTEN, TALK and LEARN from EACH OTHER!**

**RECOGNISE PEOPLE are COMPLEX and UNPREDICTABLE.**

## "DEVELOPING a MOVEMENT ACROSS KENT & MEDWAY"

**RESEARCH, INNOVATION & DATA**

**WE MUST BUILD TRUST** in RESEARCH and RESEARCHERS.

**WE NEED** QUALITATIVE and QUANTITATIVE DATA.

**BARRIERS:** DATA SETS, LACK OF AWARENESS of us in the REGION.

**FOCUS ON RESULTS** and ENABLING INNOVATION.

**PEOPLE WANT TO WORK** in RESEARCH that ENDURES.

**WE ARE FACING MANY CHALLENGES**

...BUT we have LEARNED many LESSONS on how to WORK TOGETHER during COVID.

SENDING RESTRAINT

INCREASED NEED

**OUR VISION**

ENSURING CHILDREN have the BEST POSSIBLE START in LIFE.

HELPING PEOPLE manage their own HEALTH.

ENSURING HOSPITALS are AVAILABLE to those who NEED THEM.

HELPING the MOST VULNERABLE and DISADVANTAGED.

SUPPORTING PEOPLE with MULTIPLE HEALTH CONDITIONS.

MAKING KENT and MEDWAY a GREAT PLACE to WORK and LIVE.

**MIND & BODY**

**HOUSING SAFETY & QUALITY** & REDUCE INEQUALITY.

**ENCOURAGING PEOPLE & ACCESS SERVICES.**

**SHARED DATA RECORDS.**

**WORKING WITH VOLUNTARY ORGANISATIONS.**

**HOUSING SAFETY & QUALITY** & REDUCE INEQUALITY.

**ENCOURAGING PEOPLE & ACCESS SERVICES.**

**SHARED DATA RECORDS.**

**WORKING WITH VOLUNTARY ORGANISATIONS.**

**ONE AGENCY NEEDS to LEAD!**

**CREATING ENGAGEMENT & AWARENESS.**

**MULTI-PARTNER APPROACH - like a WEB?**

**NO ONE ORGANISATION can ADDRESS our CHALLENGES on their OWN!**

...we need to **EMBRACE** new ways of WORKING TOGETHER!

**WE MUST SHARE DATA BETTER...**

...creating a SINGLE SOURCE OF TRUTH!

**MOVING from being a SICKNESS SERVICE to a HEALTH SERVICE**

...this will require TRUST from MANAGEMENT.

**ADDRESSING HEALTH INEQUALITIES across the REGION**

**ENSURING HOSPITALS are AVAILABLE to those who NEED THEM.**

**HELPING PEOPLE manage their own HEALTH.**

**MAKING KENT and MEDWAY a GREAT PLACE to WORK and LIVE.**

**ENSURING CHILDREN have the BEST POSSIBLE START in LIFE.**

**HELPING the MOST VULNERABLE and DISADVANTAGED.**

**SUPPORTING PEOPLE with MULTIPLE HEALTH CONDITIONS.**

**MAKING KENT and MEDWAY a GREAT PLACE to WORK and LIVE.**

**ECONOMICS & SHARED PROSPERITY**

**JOINED UP STRATEGY is REQUIRED**

**CAREER advice & SKILLS for SCHOOL CHILDREN**

**ONE YOUNG CHILDREN EXPERIENCE of HEALTH & SOCIAL CARE.**

**ADDRESS INCOME GAP.**

**IMPROVE the IMAGE of the AREA.**

**ANCHOR INSTITUTIONS.**

**WE NEED MUTUAL RESPECT & TRUST** between LOCAL AUTHORITIES and VOLUNTARY ORGANISATIONS

**INVEST in our PEOPLE & BUILD MORALE.**

**AS LEADERS we must learn to LISTEN DIFFERENTLY**

...learning from FRONTLINE STAFF and VOLUNTARY ORGANISATIONS

**VOLUNTARY SECTOR**

**EMPOWERING COMMUNITIES**

...& MAXIMISING COMMUNITY INSIGHT!

**It's about ENGAGEMENT!**

...including communities in CO-DESIGNING SOLUTIONS.

**JOINING the DOTS between SMALL VOLUNTARY ORGANISATIONS**

**REFER KENT!**

**MANY SMALL VOLUNTARY ORGANISATIONS CANNOT GATHER QUALITATIVE DATA on their PROJECTS.**

**IDENTIFY and REPLICATE BEST PRACTICE wherever it HAPPENS!**

**PREVENTION is BETTER than CURE!**

**it will be the KEY to our SUCCESS!**

**DELIVERING for LOCAL PEOPLE.**

**HEALTH EDUCATION is KEY!**

**LESS REPORTING & MORE DOING.**

**STRATEGY ACTION PLAN & PRIORITISE.**

**LOOK AFTER our WORKFORCE as well as the COMMUNITY.**

**MOST PEOPLE AREN'T INPATIENTS!**

**BE PREPARED to PUSH BACK vs GOVERNMENT & TAKE RISK.**

# Contents

## Foreword

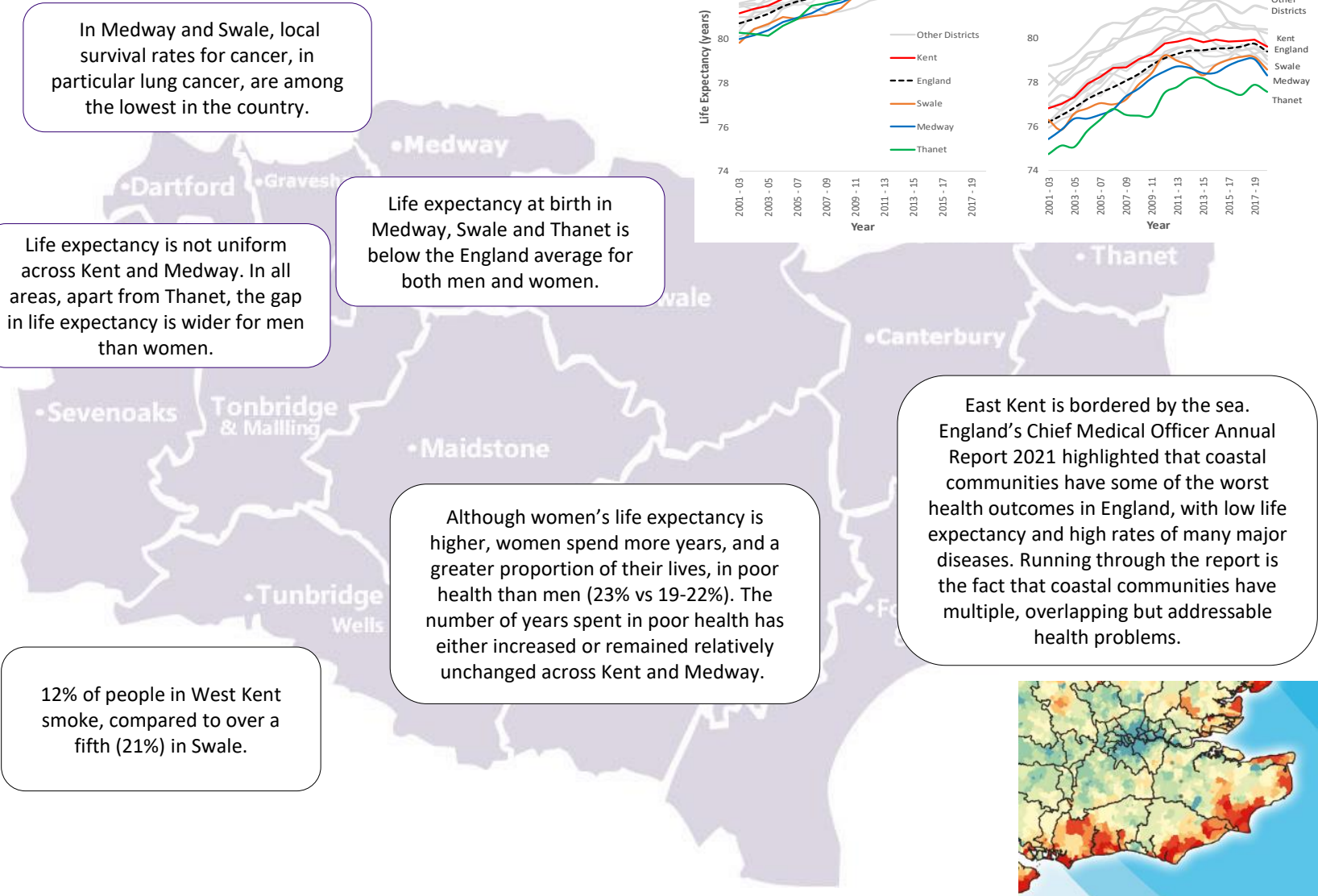
1. Introduction and Vision
2. Giving children the best start in life
3. Tackling inequalities and wider social determinants of health
4. Helping people to manage their own health and wellbeing and be proactive partners in their care
5. Supporting people with multiple health conditions
6. Hospital services and specialist Care
7. Developing our workforce
8. Driving research, innovation and improvement across the system
9. System leadership and making the most of our collective resources
10. What next? Engaging our communities on the issues that matter

# Chapter 1

## Introduction and Vision

## Introduction and context

Kent and Medway is an attractive place for so many who choose to make their lives here. With close proximity to London and mainland Europe, and a plethora of green spaces known as the 'garden of England', it is home to some of the most affluent areas of England. Nevertheless, it is also home to some of the most (bottom 10%) socially deprived areas in England. This correlates with the health outcomes achieved. With the current cost of living crisis, these disparities will persist or worsen without our concerted, collective effort. Kent and Medway Integrated Care Partnership was formed in 2022. This strategy is our initial blueprint for delivering a healthier future for the population of Kent and Medway over the next 5 years. We will continue to develop and refine this integrated care strategy as we engage with, and listen to, our communities. The strategy is underpinned by our joint strategic needs assessments, individual strategies on selected areas, and our Joint Forward Plan, Medway Joint Health and Wellbeing Strategy, and Kent Public Health Strategy to follow.





## System 1.9m people

- At system level we come together at scale to set overall system strategy, manage resources and performance, share research and good practice, plan specialist services, and drive strategic improvements. **All** partners constitute the system. System-wide partners include NHS Kent and Medway, Kent County Council and Medway Council.

## Places 260,000 – 720,000 people

- Alliances of health and care partners working together to design and deliver services to improve outcomes for the population of Kent and Medway, within delegated responsibilities and budgets. We have 4 Place Based Health and Care Partnerships in Kent: Dartford Gravesham and Swanley; East Kent; Medway and Swale; and West Kent.

## Neighbourhoods Typically 30,000-50,000 people

- Local decision making and integrated teams to meet the unique needs of their populations – including local health and care organisations and the VCSE, primary care networks, community groups and community assets.



### Kent and Medway Integrated Care Partnership

Members include: Kent and Medway ICB, Kent County Council, Medway Council, Health and Care Partnerships, District Councils, VCSE representative

Owens this Integrated Care Strategy

NHS Kent and Medway Integrated Care Board  
Responsible for the Joint Forward Plan

Kent County Council and Medway Council

NHS England

4 Place-based Health and Care Partnerships

12 District and Borough Councils

Provider Collaboratives

41 Primary Care Networks

Individual Providers  
including voluntary and community  
services, independent sector,  
NHS Trusts and NHS Foundation Trusts

## What affects our health and wellbeing?

Health and wellbeing is the embodiment of how we live, learn, work and play: it does not start at the GP's door. The overwhelming evidence is that the **wider determinants of health** - socioeconomic factors, our physical environment and our health behaviours - have the most impact on our health.

Variation in people's experience of wider determinants, for example the quality of their housing, their level of education or how safe they feel in their community, has a fundamental effect on their health – creating **health inequalities**. These are the preventable, unfair and unjust differences in health status between groups, populations or individuals. The ICS is committed to tackling health inequalities to improve the health of our population.

This is why this strategy deliberately addresses **health**, rather than solely **healthcare**. We will have a new focus on working together to address the wider determinants of health, tackle inequalities, and prevent people becoming ill in the first place.



SOURCE: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

## Developing Kent and Medway as a place where people thrive

To address the wider determinants of health, we need to create an environment where everyone can thrive. This means having all of the right building blocks in place, such as stable jobs, high quality housing, good education, green spaces and the opportunity to make healthy choices.

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There are several major developments underway in Kent and Medway, with health and wellbeing considered from the outset. For example, **Otterpool Park** is a proposed Garden Town located in the Kent countryside, close to the seaside towns of Folkestone and Hythe. Otterpool Park will offer the best of a rural and urban lifestyle. Everything that's needed will be there – homes, workspaces, schools, shops, community facilities, spaces for leisure, arts and culture. It will be a healthy and inspirational place to live, work and visit, characterised by large amounts of green space and its strong culture and community.

At place level, the things partners will focus on to make a difference include:



Good access to jobs, facilities and social opportunities

Ensuring everyone has access to education and skills development to fulfil their potential and support a thriving economy

Ensuring high quality homes available to all, including the most vulnerable, and tackling homelessness

Attracting and retaining high quality sustainable employment to local areas

Ensuring people can live in safety with little fear of crime

Developing places where active travel, such as walking and cycling, is favoured, and healthy choices are easier to make

Ensuring there are systems with sufficient capacity to deliver health protection

Recognising and supporting communities as key partners in delivering local solutions

## How we will work differently

Demand for health and social care services is at higher levels than ever before and there are increasing pressures on public spending. This means we must not only push further and faster in integrating health and care services, we must also cast our net more widely than our traditional organisational boundaries to build the foundations of improved health and wellbeing for the Kent and Medway population.

The Kent and Medway Integrated Care Partnership provides a unique opportunity for the NHS and social care to work together with local government and other partners to ensure those chances to improve population health are recognised and maximised, and to ensure that we use our resources to address our population's most pressing needs.

Some examples of how we will work together include embedding Population Health Management across the system and working together on improving the economic prosperity of the county to improve health and wellbeing.

We recognise that integration will not happen without our concerted, collective effort. We are determined to lead by example and create a culture of collaboration and trust, putting the health and wellbeing of the people of Kent and Medway at the heart of everything we do.

## Population Health Management (PHM)

Our vision is to ensure that Kent and Medway's population has the best health possible. PHM uses historical and current data to understand what factors are driving poor health outcomes in different population groups, taking a broad view across the wider determinants. Local services can then design new proactive models of care which will improve health and wellbeing today as well as in future years.

Our key goal will be to ensure a whole system collaborative approach to adopting PHM, working across the NHS, council services including public health and social care, the voluntary and community sector and the communities and neighbourhoods of Kent and Medway, to design new models of proactive care and deliver improvements in health and wellbeing which make best use of our collective resources.

People accumulate harms to health across the course of their lives, starting from conception through to old age. Approaches to PHM and prevention need to consider and address each of the stages of people's lives.

A new **economic strategy for Kent and Medway** is being developed.

**Three objectives:** By 2030 we want our economy to be more...

Productive

Sustainable

Inclusive

To 2030: **Five ambitions** to...

Enable innovative, productive and creative businesses

Widen opportunities and unlock talent

Secure resilient infrastructure for planned, sustainable growth

Place economic opportunity at the centre of community renewal and prosperity

Create diverse, distinctive and vibrant places

Leading to economic and wider environmental, health and wellbeing outcomes

## Our vision

**“We will work together to make health and wellbeing better than any partner can do alone”**

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1. **Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.**



2. **Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.**



3. **Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.**



4. **Support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.**



5. **Ensure that when people need hospital services, most are available from people’s nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.**



6. **Make Kent and Medway a great place for our colleagues to live, work and learn**

The remainder of this document sets out our strategy for achieving each of these six strategic outcomes.

We also set out our key enablers of system leadership focus, how we will drive research, innovation and improvement across the system, and our next steps, including engaging with our communities.



## Chapter 2

**We will give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.**

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We will achieve this by:

- Delivering effective maternity services;
- Supporting families to start well;
- Adopting a whole family approach, and;
- Safeguarding our most vulnerable children.

## Maternity services

We are committed to improving outcomes and experience for families using our maternity and neonatal services. We will continue to implement the ambitions of the NHS Long Term Plan and use the learning from the Independent Inquiry into East Kent maternity services (known as the Kirkup Report) to help us hear the voices of families who use services and involve them in helping us make positive changes.

Through the existing clinically led partnership of our local maternity and neonatal system (LMNS) we will:

- Ensure that we have robust processes to identify quality concerns across all of our trusts, enabling shared learning and taking proactive actions to improve patient safety.
- Continue to develop local Maternity Voices Partnerships as our main way of hearing service user feedback and involving people who have used services in making improvements.

- Embed personalised care and support planning to increase choice and control for women throughout their pregnancy and postnatal period.
- Take targeted action on workforce recruitment, retention and training to ensure that all of our maternity and neonatal services achieve sustainable, safe and effective staffing levels.
- Support all of our trusts to implement maternity continuity of carer, initially focusing on black, Asian and mixed ethnic groups and those living in our most deprived communities.
- Take targeted action to improve equity of outcomes for those from local minority groups and deprived communities, engaging closely with voluntary sector groups who support these communities, and developing a more diverse workforce.
- Procure a new shared maternity information system across all of our trusts to give families improved access to their records and enable better information sharing.
- Ensure community maternity services work in close partnership with health visiting and other community services for families, particularly in the development of Family Hubs.

Kent Start for life – we have built our awareness and understanding of the impacts of perinatal mental health on infant health. Training has been offered and delivered to different groups such as non-health professionals. This has included highlighting the differing needs and ways in which ethnicity or culture may change the way mental health need is expressed by pregnant or post-natal women and recognising that partners' and carers' mental health is impacted as well. Focus groups in Kent contributed to the findings which reiterated the need to help inform and support parents – to-be and parents in the workforce which led to the development of parental workplace wellbeing recommendations.

- Continue to develop our specialist perinatal mental health community services, enabling more people to access them, including assessment and signposting for partners.
- Complete implementation of Thrive, our new maternal mental health service offering psychological support for birth trauma and perinatal loss.
- Complete the implementation of other new services that support families who need extra help during their maternity journey, including smoking cessation pathways, pelvic health services, and specialist maternal medicine.

## Starting well

Health inequalities begin early in life. Differences exist between population groups in many key health outcomes for children. These differences include smoking in pregnancy, breastfeeding and childhood obesity, which can affect health and wellbeing outcomes in later life.

We need to take a holistic and family-centered approach. Integrated support for families must include a wide offer that spans housing, communities, health, education, social care and the voluntary sector.

The prevention of poor health and wellbeing outcomes before birth and the promotion of good health and wellbeing at the start of life lays the foundation for better health outcomes. The wider socio-economic context of the family and community also contributes, e.g. if fewer children experience child poverty, adult health outcomes and healthy life expectancy will improve.

Services need to evolve to meet the needs of the population, be evidence based and co-produced with our partners and users that have lived experiences. Therefore, a focus on growing our place and system workforce to work together to deliver care closer to home and within a wider network of support at local level (e.g. VCSE) is required.

Through this we will:

- support parents to be the best parents they can be;
- ensure high quality preschool education and school readiness;
- provide inclusive education that will optimise every child's potential; and
- support practices to increase uptake of childhood immunisations, including a targeted media campaign to improve coverage of pre-school vaccination.

We know that we need to rapidly improve the support we provide to children with special educational needs and disabilities (SEND) in Kent and Medway, including those who are neurodiverse, and we will work as a system to do this. Short-term actions will include better and faster clinical assessment of SEND needs, improving the experience that parents have when they contact us and strengthening SEND provision in mainstream schools. In the longer-term, we will explore arrangements to bring services for children with SEND together to maximise our resources and deliver better outcomes and experience for children and families.

Medway Council is committed to its child-friendly Medway programme, demonstrating that the voices, needs, priorities and rights of children are an integral part of public policies, programmes and decisions.

Being **overweight or obese** increases the risk of developing a host of diseases. In Kent and Medway, over a third of children aged 10 to 11 are overweight or obese, and are more likely to stay obese into adulthood. At a practical level, establishing widespread use of initiatives such as the Daily Mile in schools can reduce obesity, increase fitness and improve classroom focus. Our built environment also has a role to play e.g. access to green spaces and safe walking and cycling routes to schools. **MedwayGO** by Medway Council provides healthy meals and activities including sport and nature walks during school holidays for children eligible for benefits-related free school meals.



## Whole family approach

A whole-family approach, with early help and a focus on preventing rather than responding to crises, is an essential component to reducing inequalities. Taking an approach like this across Kent and Medway Integrated Care System will better enable families to have the confidence to take ownership of their health and care journey. It will ensure improved outcomes by addressing issues such as generational trauma, housing challenges and other components that inhibit families from thriving.

We are committed to developing a **Family Hub** model, including access to Start for Life Universal Services; midwifery, health visiting, mental health, infant feeding, safeguarding and Special Educational Needs and Disabilities.

The programme presents an opportunity to streamline and improve early identification, assessment and interventions for children and families through the hub model.

The funding will enable improved integration, particularly in relation to perinatal mental health and parent infant relationships, parenting support, infant feeding and home learning environments. It is also an opportunity to deliver more Young Person's Mental Health services in the community. Early and targeted identification will also prevent unnecessary escalation and identify families with complexities earlier.

Consistent contact with lead practitioners will enable better engagement with families to help grow their confidence to navigate the system and manage their health and care needs.

All transitions are important points in a child's or their families' lives. We recognise that children and their families' experience of transitions can be difficult and sometimes traumatic. This can destabilise families making it harder for them to cope, especially when the people supporting them - practitioners, services, interventions – move on or change.

Implementing a strategic approach to integration, whole-family, patient-led, asset-based health and care can help to address some of the challenges children and families face at a time of transition. Needs-led and outcome-based systems help to reduce unnecessary and unwanted change.

Families should feel seen, heard and enabled to ask for help and to feel confident to help themselves. The system should have a clear understanding of the local communities, demographics and needs to build a workforce and offer that meets the diverse needs of the population. Growing neighbourhood and place-based solutions and innovations outside of (but connected to) specialist services will target populations that are seldom engaged.

We aim to build a system where a family is met with understanding and empathy when they tell their story, and we respond with a coordinated solution that addresses their needs.

## Safeguarding and children in care

Protecting vulnerable children and young people is one of our most important responsibilities. As partners, we need to bring together our collective information, skills and resources to provide fully joined up support for children and families. In everything that we do to support and protect children and young people, we will put them at the centre, ensuring their voice is listened to and they have a say in decisions about them.

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We will safeguard and promote the welfare of children in care and care leavers, supporting them to live a positive and fulfilled life and transition into independence with confidence and ambition for the future. This means ensuring they have a stable and supportive place to live, a good education, full assessment and support for their physical, mental and emotional needs and feel part of their community.

Many partners will play a role in this, for example:

- Medway Council and Kent County Council have a statutory duty to provide services for safeguarding children and the NHS is a statutory partner
- Working with Council housing teams to ensure that permanent housing is available for care leavers.
- Working with VCSE organisations to provide advocacy for young people.

We will ensure the information that all agencies collect about children in care and care leavers is used to the best advantage to plan and deliver support for them, including to support a smooth transition into adulthood.

A particular challenge for our system is the large number of unaccompanied asylum-seeking children that arrive in the county due to Kent's border location. These children and young people are extremely vulnerable, and we have a responsibility to provide care for them, which stretches system resources. We will continue to work closely with Government to support the National Transfer System and ensure new arrivals are cared for fairly and safely without disproportionate impact on our area.

Multiagency safeguarding arrangements are in place for Kent and Medway through safeguarding children's partnerships, however, there is more work to be done. For example, Medway's children's services has been inadequate since 2019 and are working under statutory notice from Central Government. The ICS presents opportunities to strengthen our partnership approach so we can ensure children and young people grow up in safe, strong communities free from adverse situations that could harm them.

'Virtual School Kent' champions the educational achievement of children in care and care leavers, ensuring they receive a good quality of education and out of school learning, closing attainment gaps and encouraging the voice of young people to be heard.

Priorities for safeguarding children and young people that partners have identified include:

- reducing significant harm to children under two
- reducing injuries as a result of serious youth violence
- identifying and responding to risks of child sexual exploitation
- preventing other forms of exploitation including 'County Lines' drug trafficking
- implementing the Prevent strategy to safeguard from radicalisation and extremism
- preventing domestic abuse and providing effective support for victims and their children
- helping, and where necessary, protecting children in households where neglect is a feature.

Delivering our priorities for children's safeguarding will require a strong partnership response, enhancing the sharing of information to understand the risks and root causes and putting in place a coordinated multiagency response where everyone plays their role. We will more widely embed learning from practice reviews and other learning opportunities to continuously improve practice right down to the frontline across all services for children and families.



## Chapter 3

**We will help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.**

We will achieve this by:

- Tackling inequalities and preventing ill health, targeting those most in need;
- Supporting people deal with the current cost of living crisis;
- Tackling mental health issues with the same energy and priority as physical illness;
- Addressing the social determinants of health, such as community support and employment and skills, and;
- Developing the Kent and Medway physical environment as a place where people thrive.

## Tackling inequalities and preventing ill health

### The challenge...

Everyone deserves the same opportunities to lead a healthy life, no matter where they live or who they are.

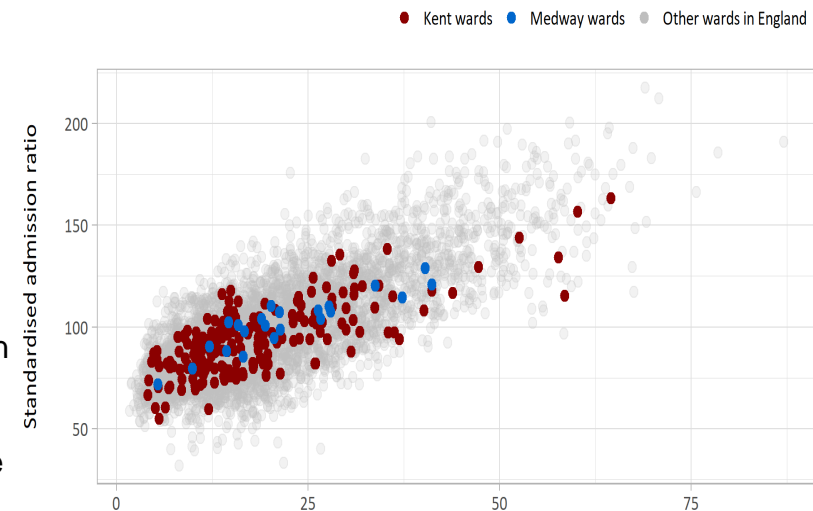
In Kent and Medway people in more affluent areas live longer than those living in more deprived areas. Life expectancy is significantly shorter for some groups of people, including homeless people, people with learning disabilities and people with severe mental illness compared to the general population. Another important group is children in care, who are at significant risk of being disadvantaged in a number of ways that can lead to poor health and wellbeing outcomes and considerable demand on health and care services.

There are inequalities in the access to both primary care (general practice, community pharmacy, dental services) and secondary care (hospital or clinic). Digital exclusion can also play a key role in inequality of access to services.

Emergency admissions to hospital are more common in areas with higher levels of deprivation. Research also shows that individuals from more deprived communities are less likely to engage in preventative programmes, such as immunisations, screening, dental check-ups and eye tests, when facing no immediate discomfort or disability. People from deprived areas are more likely to present to health care providers at a later stage of illness.

Services are often poorest in the areas that need them most - an issue known as the “inverse care law”. It is hard to attract and retain high quality clinicians to areas with high deprivation and needs. The work may be harder due to the high needs of the local people. There may also be more VCSE services in more affluent areas where it is easier to attract volunteers. A strategic approach to tackling inequalities will need to address these issues.

The Kent and Medway Listens programme was a community engagement process which (via community organisations) heard the voices of vulnerable people throughout Kent about their experience of living through COVID-19 and took those voices directly to the ICB leadership to create a series of pledges and actions, listening to the voices of people in need.



Index of Multiple Deprivation score, IMD2019

Ministry of Housing, Communities & Local Government, IMD 2019.  
Office for Health Improvement and Disparities, Fingertips, Indicator ID: 93227.  
Hospital Episode Statistics (HES), NHS Digital.

The Armed Forces community includes serving personnel (Regular and Reservists), former service personnel and their family and carers. In Kent and Medway, this community is about 8-10% of our population and is a group that frequently experiences health inequalities and poorer access to healthcare as a result of developing more complex needs during or following their service. Those with the most needs often live in areas of high deprivation. Their families can also be disadvantaged though the frequent moves, and associated absence due to military service. We will have due regard for the needs of this community in implementing this strategy.

## Our solutions

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We can deliver sustainable and resilient approaches and evidence-led change; putting people and communities at the heart of the conversation which focus on reducing health inequalities. Our key goal will be to ensure a whole system collaborative approach to **Population Health Management**, reducing and, where possible, removing avoidable unfairness in people's health and well-being outcomes.

This means that our health and social care provision needs to be made available to all, with increasing attention needed for those who are more disadvantaged - an approach known as '**proportionate universalism**' - helping everyone, whilst improving the lives of those with the worst health, fastest.

We will empower our **local neighbourhood and place-based partners** to tailor services and interventions to meet the needs of their communities. We will support the development of local prevention plans.

We aim to make promotion of healthy choices part of every encounter with individuals - **Making Every Contact Count (MECC)**. This can help ensure individuals are signposted to additional support that they need, for example, support for health behaviours such as weight loss, social issues such as loneliness or economic challenges such as access to benefits.

All public sector workers and services who are in contact with people should offer MECC supported by simple signposting systems that minimise the work involved for the front-line worker. The approach is also appropriate for VCS workers. Each service will wish to consider what the likely challenges those they serve may face, and ensure signposting to that support is available, e.g. health visitors in areas with high child poverty could signpost to advice on access to benefits.

Carers' Support East Kent is a charity that provides carers with the information and support they need. Their services are available to people who look after a relative or friend, who due to physical or mental illness, age related difficulties, disability, or an addiction, cannot manage without their support.

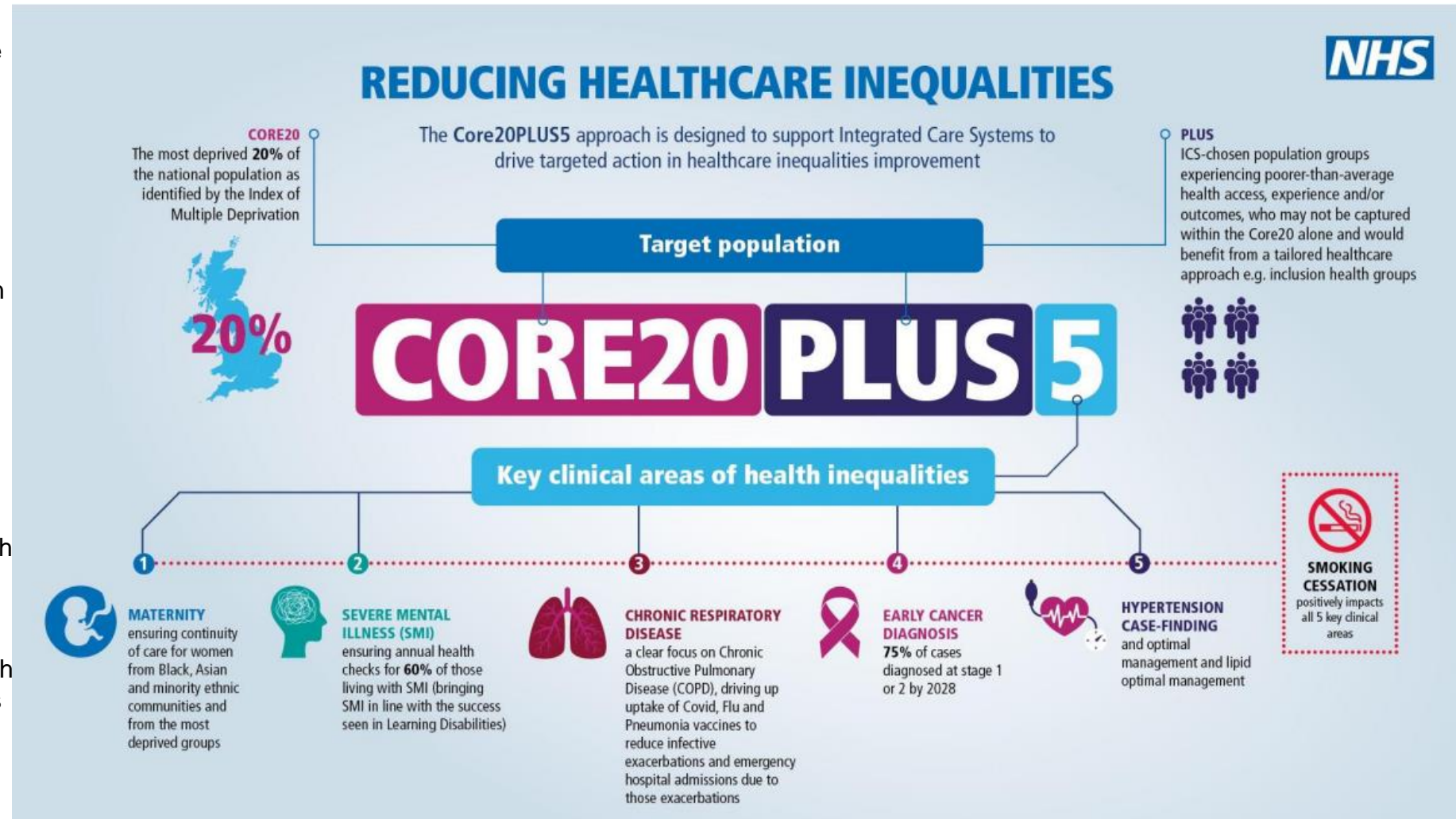
East Kent's Social Prescribing platform is managed by Social Enterprise Kent for the East Kent area. The service can support with short term issues such as, food and fuel support, form filling, social isolation, as well as long term support such as housing, debts, benefits and more.

Our NHS organisations will also continue to adopt the **Core20PLUS5 model** to target those most in need.

Core20PLUS5 is a national NHS approach to support the reduction of health inequalities at both national and system level.

The approach defines a target population group – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement. We will also respond to the recent additions for children and young people.

Core20PLUS5 will support us to drive targeted action in improving healthcare inequalities. This aligns with our approach to population health management and gives a foundation on which to build future joint action, engaging our local communities in design and delivery, which will lead to Health and Care Partnerships aligning to this approach, and identifying specific local population groups.



## Cost-of-living crisis

The cost-of-living crisis is likely to have a detrimental effect on people's health and could widen health inequalities. It is an issue of high importance for the system and an early opportunity to work together better.

Alongside national interventions, partners across the Kent and Medway ICS are putting in place support for local people. Kent County Council and Medway Council are ensuring vulnerable people can access help including food and fuel vouchers and community services are working to identify people who are struggling and refer them to support. The district councils in Kent are responding to local needs through their housing and benefits teams and providing advice. NHS Kent and Medway are factoring cost-of-living pressures into winter planning, identifying transport options to help patients access appointments and supporting staff wellbeing. The VCSE provides a range of support for people experiencing financial hardship including food banks, employment support and debt advice.

It is a challenging time for all partners, for example the VCSE itself is under pressure with costs increasing whilst for some donations are falling, and demand for support is likely to continue to increase.

The ICP has agreed to coordinate activity where this will add value and agree collectively how best to focus resources to have the greatest positive impact on health and wellbeing.



The Kent County Council Financial Hardship Programme addresses a strategic need to develop a solution which allows frontline teams greater visibility of individual vulnerability, both financially and socially (e.g. homelessness, falls prevention) to enable a proactive response in providing support. It involves, among other things, district frontline teams using risk stratification for case finding. It also includes a “no wrong door” approach for referring people to support - the “ReferKent” system

## Mental wellbeing

### *The challenge*

Our mental health and physical health must be treated equally. The COVID-19 pandemic has shone a spotlight on the importance of mental wellbeing, and the vital role of communities in tackling issues such as loneliness and isolation.

People in Kent and Medway that have a serious mental illness experience significantly worse health outcomes than people that don't. For example:

- Adults in Kent and Medway with a serious mental illness are 3.6 times more likely to die prematurely.
- In 2021, nearly one in five 6- to 16-year-olds had a probable mental disorder and we have seen this increase in recent years.
- The prevalence of people with more than one long-term illness or condition is around 50% higher amongst those with a serious mental illness than the rest of the population.
- The rate of suicide across the county was 10.9 per 100,000 in 2015-17. This is higher than the England average rate which was 9.6.

### *Our solutions*

We will deliver **high quality mental health and wellbeing support to our population, giving it equal energy and focus as supporting physical health**. We will:

- Promote positive mental wellbeing in all communities.
- Work through communities to tackle the wider drivers of mental ill health in all age groups (including loneliness, financial distress, abuse, addiction, housing, relationships).
- Ensure people of all ages with mental health issues can access the support they need, whether that's clinical treatment or wider support such as housing, access to and retention in employment, etc.

The NHS Long Term Plan sets out an ambitious mental health service model, taking more action on prevention. The **Kent and Medway Mental Health Learning Disability and Autism Provider Collaborative Board (MHLDA PCB)** brings together all the mental health and wellbeing partners with those with lived experience to design a new way of working, integrate service models and develop a shared accountability for improving the mental health and wellbeing of our communities.

“As local authority, third sector and health partners we will build on the foundations we have put in place in recent years to transform the way Mental Health, Learning Disability and Autism services are delivered across Kent and Medway and, vitally, significantly improved the outcomes and experiences for service users, families and carers.”

### **The MHLDA Provider Collaborative Board**

Through our community mental health framework, **Mental Health Together**, we are implementing an entirely new service model to support people with complex mental health difficulties. It will provide a person who is living with serious mental illness care that is centred around them, their family and local community by joining up support from different services that can help. The model focusses on supporting mental ill health in the context of someone's whole life, for example how debt, relationships and employment can impact someone's mental wellbeing, as well as how physical health can impact them too.

We will also deliver our **Local Transformation Plan for Children, Young People, and Young Adults' Emotional Wellbeing and Mental Health**. The Plan outlines how we will widen access to services closer to home, reduce unnecessary delays and deliver specialist mental healthcare, and is based on a clearer understanding of young people's needs, provided in ways that work better for them.



## Community Support

Our **communities** can provide us with support, resilience and a feeling of belonging that help us to lead healthy and fulfilled lives and reduce the need for health and care services. We will continue to work in partnership to promote **community safety**, tackling issues such as crime, antisocial behaviour and discrimination that can make people feel unsafe or unwelcome.

Alongside the important role of public sector partners, it is often the informal support from the thousands of local organisations, community networks and local volunteers that help to make a community and create a sense of identity. As a system we will recognise, value and support the vital role that these groups and individuals play, and engage in a way that utilises these community assets for our population's health and wellbeing.

Befriending offers supportive, reliable relationships through volunteer befrienders to people who would otherwise be socially isolated. Medway Voluntary Action are working in partnership with Carers FIRST, Medway HCP and other local voluntary and community organisations to deliver and co-ordinate befriending support in Medway.

**Social prescribing** helps to connect people to community services and groups local to them that can help to support their mental and physical health. For example, environmental sustainability activity can play a key role in supporting people with mental health problems. When social prescribing works well, people can be easily referred to link workers from a wide range of local agencies, including general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations. Self-referral is also encouraged.

The profile and level of investment in social prescribing has increased considerably over the last few years. This rapid progression has led to an increase in the number of providers and services such as Link Workers, Community Navigators and Community Wardens.

Kent and Medway is in a good position, through the development of a number of initiatives, to now go further by building on and strengthening what is in place through the system.

South Kent Mind Provides coffee, cakes, and lunches at low cost, as well as fresh bread sold separately, for all members of the community. The Café also runs classes on Coping with Life, and Food and Mood, as well as general wellbeing activities.

A strategy board was set up in June 2022 to set the strategic direction and a steering group began in July 2022 to take the work forward and develop a **Social Prescribing and Community Navigation Strategy** that sets the framework for social prescribing and community navigation across the Kent and Medway system.

Kent and Medway Councils are an integral part of the strategy board and are working collaboratively to ensure future commissioning is aligned and meeting common goals and outcomes for the people in our communities.

We are also working together to implement a **single social prescribing platform** that will be launched in 2023. It will enable the public and referrers to search a single directory of services and provide the infrastructure for a single Kent and Medway referral pathway, helping to contribute to an approach with “no wrong door” to access services.

## Employment and skills

Access to good, stable work with fair pay is one of the building blocks of good health and wellbeing. Loss of employment can lead to financial hardship, increased social isolation, loss of self-esteem and purpose and insecure housing tenure, and lead to poor health outcomes. A healthy population is also an essential component of a successful and productive economy.

Our ambition is to grow the Kent and Medway economy and ensure that everyone can benefit from increased prosperity. This will include working with partners to boost skills levels, attracting more good-quality jobs into the area and supporting businesses to grow. We will particularly focus on areas that are falling behind the rest of the county on measures like employment and skills levels, helping reduce inequalities in opportunity. We will also seek to close gaps between Kent and Medway's economic performance and the rest of the South East.

The ICS will work with the partners involved in economic development, employment and skills to ensure it plays its role in achieving our ambition. As major employers and purchasers we can also play a direct role in improving local economic prosperity.

Priorities already identified by partners to improve access to good quality employment and skills include:

- Supporting young people into work through dedicated support and guidance, exploring opportunities for work-based learning and increasing access to higher education.
- Supporting the existing workforce by increasing access to training that reflects new technologies being used in the workplace, and helping people re-skill and move between jobs and sectors over their career.
- Building stronger relationships between employers and education and skills providers to put in place the skills that the local area needs to grow.
- Building on Kent and Medway's strengths, including in life sciences, to promote innovation and create more high quality jobs.
- Promoting Kent and Medway as a great place to live and work to attract and retain skilled workers.
- Helping people with mental health or Learning Disabilities into sustained work.

The new Kent and Medway Economic Strategy will set out shared objectives.



Where people are finding it hard to access or remain in work due to mental or physical health issues, there needs to be sufficient support in place to help them find appropriate, good-quality work. We will do this by working together to maximise uptake of DWP support programmes and continuing to work with experts in the VCSE who can provide support to address all of the issues that a person might be facing in returning to work, including improving their confidence, securing training to develop new skills and practical support on applying for jobs. We will also work with employers to help them adapt and accommodate the needs of all employees.

## The built environment

The ICS continues to recognise the fundamental impact that the homes and environment that we live in have on our health and wellbeing.

Everyone who lives in Kent and Medway should have access to a decent, safe, secure, warm and affordable home.

We will work with housing providers, VCSE partners and others to continue to improve the quality of housing of all tenures. Our key priorities include improving the energy efficiency of private rented households to reduce fuel poverty and addressing issues like dampness that can cause health problems.

We will encourage housing that is designed with health and wellbeing built in, promoting healthy lifestyles, and responding to the impacts of climate change and changes to the way we all live and work.

We will continue to work together to prevent and respond to homelessness, addressing the root causes.

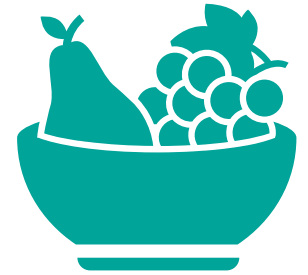
As Kent and Medway continues to grow, partners will work together to plan housing development and regeneration in a way that improves quality of life for new and existing communities, with the physical infrastructure in place that we all need. This includes good transport links, high speed internet connection and sufficient childcare, school places and health and care services to meet local needs.

Access to green space and nature is beneficial for physical and mental health. The physical environment is one of Kent and Medway's greatest natural strengths. We will continue to support everyone to be able to access open spaces including at parks, at the coast, and via safe walking and cycling routes.

Protecting and enhancing our environment is a priority across the system. There are clear health and wellbeing benefits to reducing carbon emissions, improving air quality and managing the impacts of climate change. Reaching our challenging environmental targets and adapting to climate change will require all partners to play their part and system partners to coordinate their activity to go further and faster. We will play our role as anchor institutions, minimising our environmental impact and promoting sustainable practices across the system.



For example, as Swale Borough Council started to give consideration to the future expansion of Faversham to meet local needs, the Duchy of Cornwall's land at the south east edge of the town was identified as the most sustainable location for growth. Careful consideration is being given to the architecture and materials but also the landscape ecology, soil, air and water of the land which can all be improved over time by sensitive development, intelligent land uses and management practices. Beautifully-designed public spaces and streets will be designed around the pedestrian rather than the car, and provide a sense of wellbeing and connection to nature, helping to create a new community that will thrive in the longest term, for people and the planet.



## Chapter 4

**We will help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.**

We will achieve this by:

- Supporting our population to adopt positive health behaviours;
- Protecting the public from diseases such as Covid-19;
- Supporting people to age well - championing resilience and independence;
- Delivering personalised care so people have choice and control over their care;
- Providing palliative and end of life care to those in the last stages of their life.

## Health behaviours

Health behaviours, for example our diet or whether we are physically active, have a direct impact on health outcomes.

As part of our Population Health Management approach, we will deliver **evidenced based support**, including emotional and mental health support, at an appropriate scale to help people maintain a healthy weight, eat a healthy diet, participate in physical activity, maintain good sexual health, and minimise alcohol, substance and tobacco use. Increasing activity and preventing diabetes is identified as a priority by all 14 Councils within Kent and Medway. We will continue to conduct system-wide health needs assessments to help us to target where we need to mitigate against health and social inequalities, and test and learn from new approaches to promoting **positive health behaviours**. For example, we will build on current Health Inequalities pilots to provide targeted, improved **access to proactive reviews and screening, including dental checks**, supported by patient focussed support services that understand and address barriers and behaviours which prevent people from engaging in their wellbeing and long term health.

We will learn from and develop schemes delivered through the voluntary sector to provide holistic support to the public in accessing care and meeting preventative goals. With nearly two thirds of adults within Kent and Medway already overweight or obese, local community support for weight management is vital to help our population to thrive. We will engage with and raise awareness of National programmes - such as the **NHS Digital Weight Management Programme and the Diabetes Prevention Programme** - and incorporate these into existing pathways in a coherent way to ensure that we optimise their impact within Kent and Medway.



**Smoking** is the most important cause of preventable ill health and premature mortality in the UK. It is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. While smoking rates in Kent and Medway have significantly fallen over the last decade, rates remain high in some wards and occupations (e.g. routine and manual). Furthermore, in 2020/1 over a tenth of mothers in Kent and Medway smoked at the time of delivery, which is significantly higher compared to England average.

Cancer Research UK reports that, whilst smokers from more deprived areas are more likely to access stop smoking services, when they do, they are less likely to successfully quit. This pattern is also seen in Kent and Medway. It is therefore important that every aspect of referral and treatment pathways are focused on helping reduce the smoking rates in these higher prevalence groups. We will **Make Every Contact Count** to signpost support.

**Contraceptive services** providers will work together to ensure a seamless service for the public, and will also consider the wider health and sexual health needs of the patients. With the additional pressures on GP practices and Sexual Health Services, the ICS will monitor and evaluate accessibility to ensure people have good access to contraception.

## Health protection

The past two years have shone a spotlight on the important role that our health protection responsibilities play in delivering improved outcomes for our population and the communities we serve.

Health protection is multi-faceted and there are many agencies involved in protecting the public from communicable diseases, non-infectious environmental hazards and the risks of a future in which antimicrobials are no longer effective.

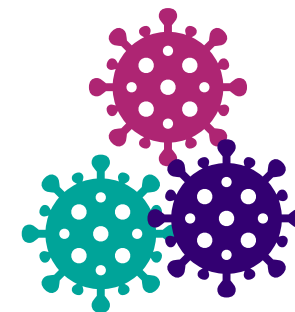
A cross-cutting theme is to ensure that particularly vulnerable groups are being identified and their needs around the prevention and response to health protection issues are addressed. These groups include refugees and asylum seekers - a particular challenge for Kent and Medway - homeless people, Roma, Sinti, Travellers and other groups.

Health Protection includes:

- **Infection prevention and control** (IPC) arrangements within health and social care settings as well as in the community.
- Tackling antimicrobial resistance in the community, primary, secondary and tertiary care.

- Managing and controlling communicable diseases, and new and emerging infections.
- Environmental hazards including air and water quality, food safety, contaminated land, and control of biological, chemical, radiological and nuclear threats.
- Reducing the impact of vaccine-preventable diseases through **immunisation**.
- National **screening** programmes.
- **Emergency preparedness**, resilience and response (EPRR) across all hazards, including epidemics and pandemics.

The Kent and Medway Health Protection Board is a multi-agency board on health protection across Kent and Medway with a focus on protecting the public. Originating from a multi-agency board that coordinated the system response to the Covid-19 pandemic, this board has now taken charge of the wider remit of health protection, building on the effective partnerships and networks developed over the last two years.



The Board provides oversight of existing health protection issues as well as horizon scanning for any emerging situations and threats to support a joined-up and coherent system. The Board provides assurance and system leadership to Directors of Public Health in Kent and Medway in relation to their statutory functions around health protection.

The Board oversees the appropriateness of strategies and plans in place on health protection and emergency prevention, planning and response matters. It receives updates on areas of health protection and recommends steps for system-wide improvement, system alignment and the commissioning of services with a focus on reducing health inequalities in our populations.

In addition, task and finish groups support the Board around specific health protection areas to recommend steps.

## Ageing Well

Our adult social care services support people of all ages to live as full and safe a life as possible. They will continue to promote people's wellbeing prevent, reduce or delay the need for care and support and safeguard vulnerable adults. We will do this by focusing on the individual strengths of people with care needs, their families and carers.

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Accessible and integrated health and social care services where partners work together will enable people to live independently and safely within their local community.

We are committed to:

- Giving people choice and control about the care and support they receive throughout their lives.
- Empowering people to maintain good physical and mental health and well-being.
- Offering people relevant support, information, guidance and interventions to enable them to be proactive and address any lifestyle or related issues, promoting healthy ageing and reducing the likelihood of escalation of health or care need.
- Connecting people with their community, e.g. through social prescribing, to help to combat social isolation and loneliness, and enrich later life.

Key priorities and pathways include:

- Promoting a multidisciplinary approach where professionals work together in an integrated way to provide tailored support that helps people live well and independently at home for longer.
- Developing community response teams to support people with health issues before they need hospital treatment and help those leaving hospital to return and recover at home.
- Making the system more coordinated so it is easier to navigate and get the right care to maintain independence.
- Proactive identification of those that are frail or at greater risk of future hospitalisation, care home admission or death so that we can target prevention strategies and support people to manage their health and wellbeing as they age and provide support on the basis of their needs through to the end of their life.
- Offering more support in care homes including making sure there are strong links between care homes, local general practices and community services.

- Embedding technology-enabled care such as wearable devices and home monitors as core tools to support long term health problems in new ways, and support people to remain at home safely where possible.
- The Kent and Medway Care Record will support continuity of care and a holistic approach for people at higher risk of deteriorating health.





# Personalised Care Delivery

*“Personalised care means people have choice and control over the way their care is planned and delivered. It is based on ‘what matters’ to them and their individual strengths and needs”. NHS England*

Personalised care represents a new relationship between people, professionals and the health and care system. It provides a positive shift in power and decision-making that enables people to have a voice, to be heard and be connected to each other and their communities. It takes a whole system approach, integrating services around the person including health, social care, public health and wider services.

Kent and Medway’s personalised care approach is underpinned by the ESTHER philosophy, this emphasises the *“what matters to me”* methodology.

We currently have 1,700 ESTHER Ambassadors across Kent and Medway in Social Care and VSCEs and over 100 in partner NHS organisations.

Both Kent and Medway Councils work with ‘Think Local, Act Personal’ to make personalised care real.

## Shared Decision Making and Patient and Resident Choice

- Encouraging our workforce to carry out training for Shared Decision Making and Patient and Resident Choice via the Personalised Care Institute.
- Enabling our residents to have discussions on their treatment and care including what is important to meet their needs.

## Personalised Care and Support Planning (and Review)

- Encouraging take up of the Personalised Care Institute (PCI) Personalised Care and Support Planning module across all PCNs and our Delivery Partners.
- Encouraging Local Maternity Services to utilise the PCI for their personalised care planning.
- Addressing the disparity in data collection of personalised care and support plans. There is inconsistency across the system in approach and coding across the PCNs.

## Social Prescribing and Care Navigation (Community-based support)

Tailored to local strengths but with a more consistent, equitable and joined up approach across the Kent and Medway System.

## Personal Health Budgets and Integrated Personal Budgets

Increasing our offer of PHBs and Direct Payments through continuing to support, and evaluate pilot projects working with our system partners.

Work **with** Better Care Fund to support early discharge across the system.

## Enabling Choice (including legal right to choose)

Legal right to choose provider in respect of first outpatient appointment and suitable alternative provider if people are not able to access certain services within the national waiting time standards.

## Supported Self Management

Encouraging people with lived experience to carry out Peer Leadership training to support others with their experience.

For example: A project developing volunteers to teach others to check their own blood pressure, and what to do if this is not normal.

**Enablers: Leadership, co-production and change / Workforce / Finance / Commissioning and payment**



## Dementia care

We are committed to ensuring that every person living with dementia is supported to live as well and as independently as possible. The means receiving high quality, compassionate care from diagnosis through to end of life. This applies to all care settings, whether home, hospital or care home. We will:

**Empower and support people and their carers:**

Promoting individual health and wellbeing, empowering people and their carers to effectively access better information and support.

**Empower our workforce:** Developing a more productive, competent, and confident workforce (including in the care sector) to use the tools and information they need to provide high quality care and support.

**Improve partnerships:** Working closely with partners to seek opportunities to collaborate, innovate, and share information to deliver better outcomes for people.

**Improve standards, safeguarding and quality of care:** Working with all providers to continually improve the quality of dementia care, delivered in an integrated way, with the person with dementia at the centre.

Key priorities and pathways include:

- Increasing awareness and education on how to avoid the risks by promoting individual health and wellbeing, empowering people and their carers to effectively access better information and support.
  - Increase Kent and Medway's Dementia Diagnosis Rate (DDR), ensuring that individuals and their families are able to access timely and accurate diagnosis. We aim to create an improved referral pathway that is individualised and person-centred.
  - Support people living with dementia to live happy, healthy, fulfilled lives remaining safely at their normal place of residence with appropriate support, and making a smooth transition into other residential settings when needed.
  - Enable carers to be able to access support at the right time, helping them to continue in their caring role, whilst also maintaining a life of their own.
  - Ensure that people living with dementia are able to die with dignity in a place of their choosing, for those living with dementia and their families to feel supported during this difficult time and ensure the end of life care provided is excellent.
- To work in partnership across health, social care, community, voluntary and independent provision to develop services that reflect the wants and needs of people living with dementia in Kent and Medway which will:
    - Recognise the need for a collaborative journey where people's values and opinions are recognised.
    - Be delivered with care, compassion, kindness, and friendliness.
    - Keep people well informed.
    - Treat people as individuals and not make assumptions.
    - Offer consistent support and motivation.
    - Ensure that people are listened to and not disregarded.

## Palliative and End of Life Care (PEOLC)

The Palliative and End of Life Care Strategy (Adults and Children and Young People) in Kent and Medway 2022-2027 published in May 2022 provides a steady basis from which to grow. The strategy was based upon the six national ambitions for palliative and end of life care:

Our strategy aims to make sure that individuals who are in the last stages of their lives and dying receive the care they need to preserve their dignity and wellbeing, to keep them independent for as long as possible and to be comfortable, dying in a place of their choosing.

Since July 2022, the Integrated Care Board also has become responsible for PEOLC as part of the Health and Care Bill with both statutory guidance and a handbook for implementation published in late September 2022.

Key local, regional and national priorities include:

- Improving the identification of those who are likely to be within the last year of life with targeted support to manage their changing health needs over time.
- Supporting people to die in their place of choice by ensuring models of care and services evolve over time, always keeping the individual's wishes at the heart of decision making.
- Raising community awareness of death and dying to enable "Compassionate Communities" to grow, and providing robust bereavement services for all.

- Providing a single point of access, available 24-hours-a-day, seven-days-a week to provide an alternative to 111/999 in times of crisis and to enable more people, where appropriate, to live well and die well, at home or the place of their choosing such as a hospice.
- Developing advance care plans for every individual enabling joined up care through the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) roll out across Kent and Medway.
- Prescriptions for medicines that support comfort at the end of life will be the norm and readily available in pharmacies and we will aim to broaden training for informal carers on how to administer these 'just in case' medications.
- Supporting people and their families during the transition between children's and adults' services.
- Learning from individuals and families to improve comfort, dignity and ensure wishes are being met.
- Providing a comprehensive end of life care training programme across all in Health and Social Care in Kent and Medway.





## Chapter 5

**We will support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.**

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We will achieve this through:

- High quality Primary Care;
- Patient Empowerment and Multidisciplinary Teams, and;
- Support for Carers.

## Primary Care

Primary care is, and will remain, the bedrock of the NHS. It is the first point of contact with the NHS and is highly valued by people. It plays a vital role in supporting those with complex conditions. With the right tools, skills and investment, our primary care workforce can continue to deliver world class, place-based patient care.

We know that it is still too difficult for people to get an appointment to see their GP and primary care team, and we must do all we can to support people and general practices.

We want **general practice** to offer a consistently high-quality service to everyone in Kent and Medway, delivered by a skilled multidisciplinary team working in partnership with other health and care services to maximise benefits for our population.



We want general practice to remain true to its core principles of continuity of care and a person-centred approach whilst playing an active part in developing the integrated care system for Kent and Medway. The patient consultation will remain at the heart of general practice but the ways in which that care will be delivered is changing.

Our general practices will increasingly work with neighbouring practices through **primary care networks (PCNs)** to deliver place-based care for their local patient populations. People will benefit from more joined up care in the community, with care being received in the most appropriate setting at a local level and with local accountability.

Practice teams will widen the range of services provided with an extended range of clinical and support staff providing care for both physical and mental health and allowing patients to see the right professional more quickly.

Technology will be used to best effect for patients and general practice staff, offering better care, helping people stay healthier and more independent and improving efficiency for general practice teams. For those unable to use technology other options will be available offering care of equal quality.

Kent and Medway ICB has recently taken over delegated authority for commissioning **Pharmacy, Optometry and Dentist** services.

Harnessing the role of **pharmacy** as part of a PCN approach to the delivery of local health and care services, we will ensure all pharmacies are supporting people with health care, self care, signposting and healthy living advice.

We will improve and increase access to **dentist** services, maximising capacity and improving urgent care, minimising deterioration of oral health and reducing health inequalities.

We will also improve people's access to NHS sight tests and other locally commissioned eye health services, focussing on improving equality of access for everyone. We will ensure that **optometry** services are integrated into wider system as a key component of vital community-based services.

### Medicines Optimisation

Spanning health, social care and justice, total spend on medicines across the ICS is estimated at c.£500m with an estimated annual growth of 8%. Our ICS has developed a pharmacy and medicines optimisation strategy to ensure that medicines are utilised safely and effectively to improve patient outcomes, whilst reducing wastage in medicines usage.

## Patient empowerment and multi-disciplinary teams

The increasing number of people living with long-term conditions means that the needs of our population are often complex, requiring agencies to work in partnership to provide the desired outcomes for our population.

People with multiple health conditions are best served by teams made up of multiple disciplines. This will ensure a holistic approach to common conditions such as cancer, cardiovascular disease, dementia, respiratory disease, and frailty.

Identifying people that require multi-disciplinary care earlier and being proactive in their referral will lead to better outcomes.

Primary Care will be supported in targeting proactive referrals for people based on their individual needs and choices. Complex Care Teams and Multi-Disciplinary Teams working with Primary Care and Social Care will co-ordinate identified groups of people and respond to needs and opportunities at a local level.

A strategic joint needs assessment, in support of Better Care Fund improvements between health and social care, will identify opportunities to invest in sustainable improvements in housing, environments and access to care close to home with the aims of enabling independence through system design with timely access to care where appropriate. This strategy will be informed by evidence including lessons learned from patient centred services such as Complex Care Nursing and Multi Disciplinary Teams.

A model of shared decision-making will empower the people of Kent and Medway to make informed choices about how, when and where they receive care. This will utilise personal health budgets and social prescribing where appropriate, alongside patient centred services such as complex care teams encompassing physical, mental health and social care disciplines, enabled by the Better Care Fund.

Where possible, delivering care in a person's own home will help maintain independence and quality of life. This needs to coincide with easy, local access to support services and where appropriate, assistive technologies to continue independence.

We will develop a strategy to build links with the VCSE to facilitate the business as usual approach to linking people with non-NHS and local authority services.

Cardiovascular disease outcomes are improving but remain the biggest cause of premature mortality nationally. A person dies of cardiovascular disease in Kent and Medway every 2 hours.

As a system, we are strengthening collaborative working in our Cardiovascular Networks to improve earlier detection of those at risk, and working with prevention programmes to manage cardiovascular risks (for example, high blood pressure or cholesterol) at an earlier stage. This includes increasing access to education and support to enable people to manage their own condition.

Our Networks are committed to reducing the variation of services and outcomes across the system by adopting population health management approaches to identify gaps and target resources.

## Support for carers

We recognise the important role of formal and informal carers in a person's care team. There are many different types of carer and they come from all walks of life, ages, ethnicities, and backgrounds. Anyone can find themselves in a caring role at some point in their life. However, they have one thing in common; their role directly benefits the people they look after and society as a whole, so we must recognise their needs and support them too.

A carer's role can make paid work, study, maintaining social connections and getting involved in leisure activities difficult and sometimes almost impossible. Carers are more likely to suffer with physical, emotional and mental health problems.

Young carers can experience lower educational attendance and attainment, isolation and physical and mental health problems due to their caring responsibilities. We are committed to working as a partnership to address this. We will continue to work together to ensure there is good understanding across all services that work with children about the impacts of being a young carer, how to identify 'hidden carers' and how to put support in place for them. VCSE organisations provide vital support for carers of all ages, including one-to-one support for young carers to build resilience and help them cope with challenges, respite activities and in-school support.

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## Chapter 6

**We will ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.**

We will achieve this through:

- Providing quality healthcare as close to home as possible;
- Continuing to develop centres of excellence for specialised services, and;
- A range of alternatives to hospital care, shorter stays and safe discharge enabling effective flow through the system.



## Hospitals and centres of excellence

We recognise the importance of providing **quality healthcare as close to our populations as possible** and we will continue to plan our services in to enable this to happen.

Access to hospital care at the right time is not just about location, it is also about how we look at how services are configured within a Place. Partners within the ICS must join up health and care around individuals so that they can access the service and receive the requisite quality. Some hospital services will continue to move to community based settings. For example, during the COVID-19 pandemic, virtual wards and consultations helped ease pressure on hospitals and enabled primary care and other parts of the system to provide essential services.

There is a compelling case for investment and change in the way acute care is delivered to the population of East Kent. Since 2015, we have worked closely with East Kent Hospitals University NHS Foundation Trust, other partner organisations, and the public to review how hospital services should change. The proposals form the basis of a bid to become one of the Government's New Hospitals Programme. Over the next few years we will continue to support the Trust to further develop their plans to improve the care it provides for East Kent residents.

Nevertheless, there is compelling evidence that creating **centres of clinical excellence** provides improved outcomes for patients. Increasing the volume and variety of cases within a specialism in centres of excellence that have all the necessary supporting clinical adjacencies, helps to address major geographical inequalities in life expectancy, infant mortality and cancer mortality. These centres of clinical excellence are also proven to attract and retain quality staff, and enhance clinical research and innovation.

Here in Kent and Medway, we have already established a number of centres of excellence. We already have two Neo-Natal Intensive Care Units, one single inpatient Renal Centre, one single centre for Primary Percutaneous Coronary Intervention (PPCI), and a small number of specialist cancer surgical centres. We are also in the process of creating three Hyper Acute Stroke Units and we will shortly be centralising all inpatient Vascular Surgery at Kent and Canterbury Hospital. We will continue to work will all partners to further develop centres of excellence where there are clear clinical benefits from doing so.

The recent Health and Care Act gave NHS England the powers to delegate commissioning responsibility to Integrated Care Boards for **NHS Specialised Services** and there is a national ambition to delegate commissioning responsibility for 67 of the 154 specialised services from NHS England to Integrated Care Boards.

From April 2024, Kent and Medway ICB will take over commissioning responsibility for 67 services, such as complex neurology and tier 4 child and adolescent mental health services, and will become the lead commissioner for these specialised services for Kent, Surrey and Sussex.





## Improving flow through the system

Demand on our emergency departments is at an all-time high nationally, exacerbated by seasonal pressures such as winter-related illnesses as well as overflow from primary care and inappropriate referrals. In turn, this leads to full hospital wards, made worse by the challenges of discharging patients from the acute hospital setting.

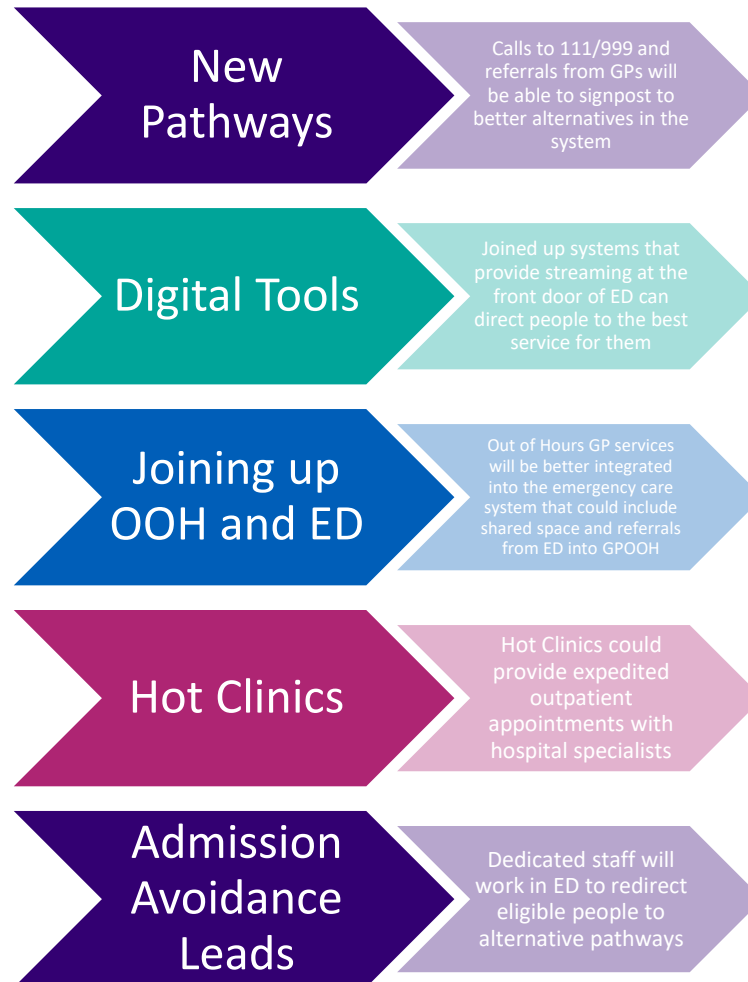
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Embedding new models and services will allow us to not only reduce pressure on Emergency Departments but also deliver more appropriate care faster and closer to the patient's home.

**Urgent Treatment Centres** and facilities that can provide **Same Day Emergency Care** are able to redirect people who would otherwise have visited an emergency department. By reviewing the provision of these services across our region we will ensure they are reflective of best practice, and we will champion these services to reach the best standards.

### Working together during surge

In peak times, we want to improve the communication channels of our services throughout the system so they can escalate and de-escalate to support the wider system and take proactive decisions to balance demand.



We will continue to develop relationships with our partners and get better at using data and evidence to inform commissioning decisions. By improving our commissioning relationships with providers of **adult social care** (including private sector and VCSE) we will ensure sufficiency of the adult social care market and aid discharge from the acute setting.

**Community services** play a significant role in supporting acute hospitals both in prevention of exacerbation of health issues reducing the need for admission, and in rehabilitating people to prevent re-admission.

### A focus on discharge

Our ambition is that the Kent system jointly plans, commissions, and delivers discharge services that maintain flow and are affordable within existing budgets available to NHS commissioners and local authorities, pooling resources where appropriate and responding to seasonal pressures.

We will leverage the benefits of being able to work at system-level to support improved flow and faster, more successful discharges. This will include reducing the transactional behaviour and competition that exists for health and local authority placements.

We will be able to manage the market better, providing joint commissioning and shared tariff and payment mechanisms for care.

Similarly, being able to evaluate our performance at system level will unlock new insights. We will monitor quality effectiveness, outcomes and value for money through new frameworks.



Alternatives to Hospital

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**Local Enhanced Services**

Certain investigations and treatments which could traditionally only be provided in hospital will increasingly be available in primary care, enabled through PCNs with wider skill mixes, more estate options and extended hours.

**Community Diagnostic Centres**

A system-led network solution for diagnostics aims to reduce time to diagnosis through improved patient flow. They provide convenience for patients, away from acute hospital, with rapid results.

**Virtual Wards**

Patients can get the care they need at home safely and conveniently, rather than being in hospital thanks to virtual wards, enabled by telemetry and wearables, support is delivered by a multi-disciplinary team at a distance.

**Urgent Community Response**

We are bolstering our UCR services that aim to see patients within 2 hours of referral in their own home.



Shorter In-Patient Stays

**Single EPR**

As part of our system-wide digital transformation, we're aiming for a single, electronic patient record that will allow clinicians to provide continuity of care with easy access to important clinical information.

**Same-day Emergency Care**

Providing rapid and targeted treatment to applicable patients without prolonged admission can reduce the risks with long stays in hospital.

**Better Testing and Pathology**

Consolidating pathology services allows for more consistent, clinically appropriate turnaround times, ensuring the right test is available at the right time.

**Urgent Treatment Centres**

These community services can be used to relieve pressure on larger A&E departments, which are better placed for treating the seriously unwell, shortening waiting times for both ambulances and patients.



Successful Discharge

**Discharge Pathways Programme**

K&M ICB have used the BCF to help deliver closer collaboration and joint risk sharing when funding and delivering discharge pathways.

Single, integrated discharge teams will have access to system-wide knowledge and resources to plan discharge.

**Reablement**

Joint commissioning of care will have a stronger focus on reablement and therapy and reduce the number of handovers needed between services.

**Data-supported discharge services**

Improved discharge flow is underpinned by system-level demand and capacity modelling as well as accurate and contemporary data to support us in identifying inequality across the system, allowing us to implement steps to improve pinch points and equality.



## Chapter 7

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**We will make Kent and Medway a great place for our colleagues to live, work and learn**

We will achieve this through:

- Championing an inclusive workforce;
- Looking after our people;
- Growing our local workforce, and;
- Building 'one' workforce.

## Our Context

There are over 80,000 health and care colleagues across a range of services based in Kent and Medway.

We have a multi-generational workforce with differing needs and there are opportunities to work more closely together to offer attractive employment at each stage of people's career.

While good examples of collaboration and innovation exist and should be adapted and scaled up where we can, there are differing experiences across our teams which should be tackled. This is especially true for colleagues from ethnic minority groups and those with disabilities or long-term conditions.

The demand for staff is outstripping supply and, along with an ageing workforce, this is putting increased pressure on our teams.

There are many opportunities to work together as a system to grow and develop our workforce and make Kent and Medway a great place for our colleagues.

## Our Ambition:

**Wherever you work in health and care in Kent and Medway, we want it to be a great place to work and learn.**

We see our future as one where our people champion Kent and Medway as a great place to work – where they are empowered to drive improvement, innovation and are active in research.

We want our people to work together across organisations and collaborate with local residents to create communities that are amongst the healthiest in England.

We want our workforce to work together, across health, care and voluntary sector, enjoy their work, learn and develop in their jobs, be empowered, engaged and develop to be excellent at what they do.

To do this, organisations within the ICS will work together to attract and retain professionals, work with education and training providers to develop exciting and diverse careers and training opportunities, provide talented and capable leadership and offer flexible and interesting careers.



### Homegrown Doctors

Kent and Medway Medical School is a ground-breaking new collaboration between local universities and NHS partners. The curriculum is delivered with integration in mind, with early exposure to a range of health and care professionals, and early experience in general practice. In the future, locally trained doctors will be able to serve our local communities and work within the ICS to meet the challenges of modern health and social care.

### Championing inclusive teams

We will work with all our partner organisations to embed cultures that promote civility, respect and inclusion, providing shared talent and development opportunities and education for leaders and teams, with shared action to grow and celebrate our diversity and be representative of our communities including systematically addressing bias, empowering and developing colleagues from underrepresented groups and celebrating diversity at all times.

We will build from best practice, working with colleagues with lived experience to build inclusive teams and cultures and tackle racism and discrimination.

### Looking after our people

We will develop wrap-around wellbeing services for our workforce. These will support those with illnesses as well as empowering colleagues to proactively manage their wellbeing. We will identify specific interventions that align with our population health priorities, particularly with colleagues who are experiencing health inequalities.

### Growing our workforce and skills

We will build on our Kent and Medway health and care academy by working in partnership with local employers, schools, careers services and education partners to create a robust pipeline of local workforce for future years, developing new roles such as apprenticeships, new ways of working such as cross-organisational portfolio roles with the skills and digital capability to be ready for the modern workplace.

We want to develop programmes that help to reduce long term and youth unemployment, bring young people into work and support carers as part of our wider workforce.

We will create an attractive employment proposition for health and care. One that develops and retains our exceptional local workforce and attracts people into careers in health and care from

within and beyond Kent and Medway, reducing the need for expensive agency workers.

### Building 'one' workforce at place

Working across health and care partnerships, we will use our anchor institutions to develop one workforce at place, create integrated neighbourhood teams with embedded flexible working, mobility and enabled through digital technology and capabilities. Through this, we hope to reduce unnecessary commuting and reduce our carbon footprint.

We also have a vital and valued volunteer workforce - we will ensure that that we celebrate their invaluable work but also seek their input to shape, improve and deliver services.

The Kent and Medway People Strategy is being developed alongside the Integrated Care Strategy and Five Year Joint Forward Plan and is being led by the Chief People Officers across Kent and Medway with engagement of a range of partners. The strategy development will be overseen by the Integrated Care Board's People Committee.

## Chapter 8

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### **We will drive research, innovation and improvement across the system**

We will achieve this through:

- Establishing ways to better collaborate on research across our system;
- Unlocking additional capacity by empowering our workforce to take part in research and improvement in their everyday work;
- Championing innovation and being open to trying new ideas;
- Sharing and using data safely and effectively to achieve better outcomes, and;
- Embracing digital transformation as a system.

## Our Research Context

There is a large amount of high quality research already taking place across Kent and Medway. However, this research is not always as widely shared as it could be and it is difficult to find out what research is currently underway across the system.

The data that our partners hold is a rich source of information that can provide valuable insights and, in turn, can drive improvement. Trusted frameworks and governance structures are needed to facilitate combined data sets.

The formation of our ICS presents an opportunity to establish new ways of working and reshape the focus of our research. Our aim is to bring the research activity, data and innovation of our organisations closer together. This will allow for better **collaboration**, unlock additional research **capacity**, and help share **innovation** across our system, collectively to improve the lives of people who reside and work in Kent and Medway.

## Our 6 Research and Innovation Outcomes are set out below:

### 1. People are well informed and understand it's their right and choice to participate in research

- We'll achieve this by integrating research messaging into everyday communications

### 2. Reduced disparities in: people accessing research and benefitting from proven innovations

- We'll achieve this by making available an expansive and diverse portfolio of studies that unites system partners for equitable access to patients, carers and the general public

### 3. Research evidence is utilised to support improved outcomes

- We'll achieve this by enabling system-wide capability to access and synthesise new evidence

### 4. Co-develop new research projects in response to local evidence gaps and in line with local strengths

- We'll achieve this by commissioning local research, with university collaboration in response to local needs and priorities

### 5. Increase the number and diversity of the research and innovation workforce

- We'll achieve this by supporting our workforce, promoting research as a career and jobs that span multiple disciplines

### 6. Enabling and supporting the adoption and spread of proven innovation, for better outcomes and thriving lives

- We'll achieve this by horizon scanning and industry engagement to generate a rich pipeline of useful innovation

## Research Collaboration

Involving all of our partners will allow us to apply a more holistic approach, considering more of the wider determinants of health and challenging partners to view prevention as our primary focus.

Our own research should be utilised to help us plan and commission services more effectively. By consulting with our research community on modelling and appropriate methodologies, we can commission services based on local, evidence-based research. As our confidence in collaborative research grows, we will understand the needs of our communities better, and identify collective solutions to address them.



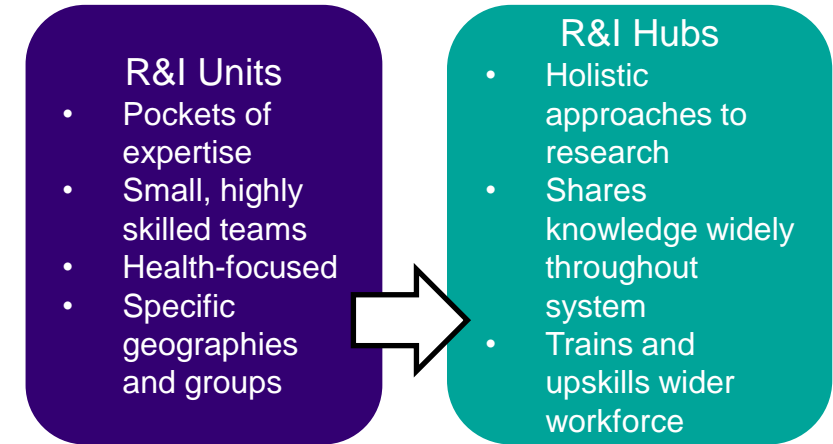
## Joint Research Collaborative

The JRC brings established NHS Trust Research and Innovation Units and local academic partners together, and now has been extended to public health and social care teams. This will support better prioritisation of research objectives and improve representation of otherwise under-represented service users.

## Health Determinants Research Collaboration

Medway Council, in collaboration with the University of Kent, has been successful in bidding for £5m in funding to establish a Health Determinants Research Collaboration, one of just 13 in the country. The team will conduct research on wider determinants of health which will inform council and ICS policy on how we work to improve health and wellbeing.

Kent County Council Public Health has recently set up a Research, Innovation & Improvement Unit working with Adult Social Care (known as Kent Research Partnership) and the wider council to strengthen existing research infrastructure, capacity and culture. This will build upon KCC Public Health's track record on international research activities (Health & Europe), experience in linked dataset development and associated education and training activities such as Darzi Fellowship and other university placement programmes.



Our Research and Innovation Units are key centres of talent and expertise that need to be harnessed to disseminate learning throughout the system. Our aim is to develop these into hubs that broaden our outlook and equip more people with skills to carry out research and improvement work.

With a system-wide overview, we can deploy additional support, such as in general practice and district councils, to bolster their research output and align it to wider system priorities.

Lastly, there is the opportunity to create new integrated research roles that traverse different sectors as well as advocating for adding research activity into job descriptions.



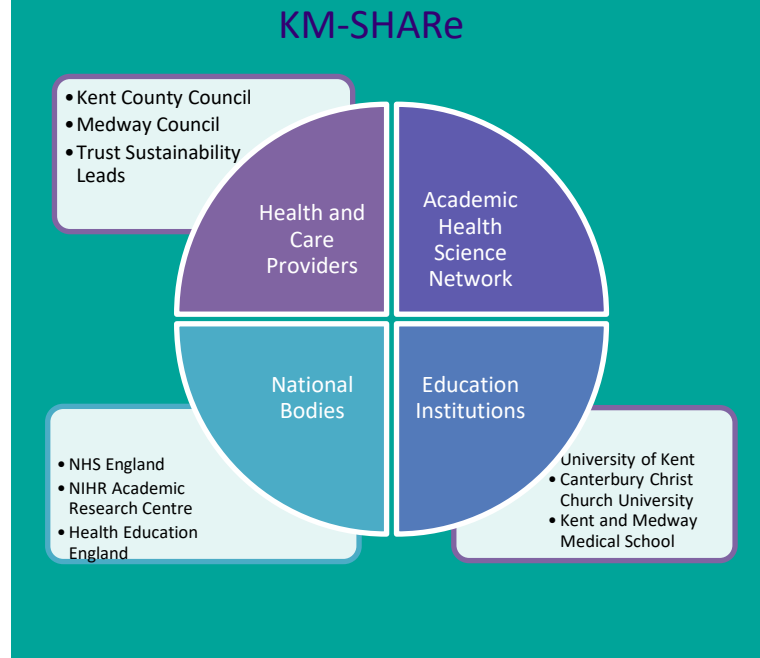
## Quality Improvement and Innovation

We will make a commitment to, and adopt, **single methodology and philosophy** (such as Quality, Service Improvement and Redesign – QSIR), and develop capacity and capability at all levels of the ICS. We will change culture to increase focus on experimentation and rapid improvement cycles.

Upskilling our workforce and empowering colleagues to take on research, innovation and quality improvement across a wider cross-section of our system will provide greater capacity. In doing so, we can instil continual improvement across the entire system.

Quality improvement and innovation are activities already underway across the system. As an ICS, we will be better able to share best practice and learning. We will work with regulators, such as CQC and Ofsted, where appropriate to drive improvement through the system.

KM-SHARe is a collection of local and national partners who are coming together, hosted by the ICS, to overcome traditional boundaries to focus on sustainability and environmental initiatives in support of our Green Plan.



## COVID-19 driving innovation

Throughout the pandemic, additional research activities were undertaken by social care, public health and primary care teams in order to respond to issues directly affecting local populations. Maintaining this momentum and capitalising on reduced barriers to work between organisations can be facilitated by the joined up approaches of working as an integrated system.

We will build a partnership between the University of Kent and key partners such as the Kent and Medway Medical School to build a centre of excellence in delivering research that creates evidence and solutions for local health and care providers and commissioners.

We will ensure a focus on key system enablers, with strategic attention to digital, including shared data and analytics.

### Data and Information Sharing

Easy access to information when and where it is required through **the Kent and Medway Care Records Programme** will help guide our decision making, allowing for informed decisions on real-world, local knowledge.

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Allowing this data to be more routinely shared throughout our system will be enabled through better legislation at both a national level and through local arrangements.

Through the **“My Care Record”** programme we will provide the residents of Kent and Medway with access to their own medical record.

Our long-term ambition is to build a **Trusted Research Environment**, based on national guidance that will allow for a safe, secure space for linked data across our local region.

A shared information governance model across local government and NHS will be developed to enable data sharing and integration for 'secondary uses' such as population health.



### Digital Transformation

The ICS Digital Charter describes how we want to work together on both a data and digital standpoint. Our collective aim is to **reduce complexity, communicate digital plans** and **deliver healthcare transformation** through a series of digital and data programmes.

Some of the ways to do this include empowering digital champions to lead transformation, building confidence within our workforce around digital and data and developing a sustainable service that does away with waste and consolidates in areas where there is duplication.

We are investing in the development of single clinical systems across the ICS. Examples include a single pathology information system, a single maternity system and a single cancer information system which will provide richer data and further develop record sharing with people.

## Chapter 9

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### **We will provide system leadership and make the most of our collective resources**

We will achieve this through:

- Championing our values;
- Monitoring quality and providing governance;
- Guiding resource allocation;
- Interfacing with national bodies;
- Building resilience and preparing for emergencies, and;
- Working with our Places and Neighbourhoods to align priorities and develop implementation plans.

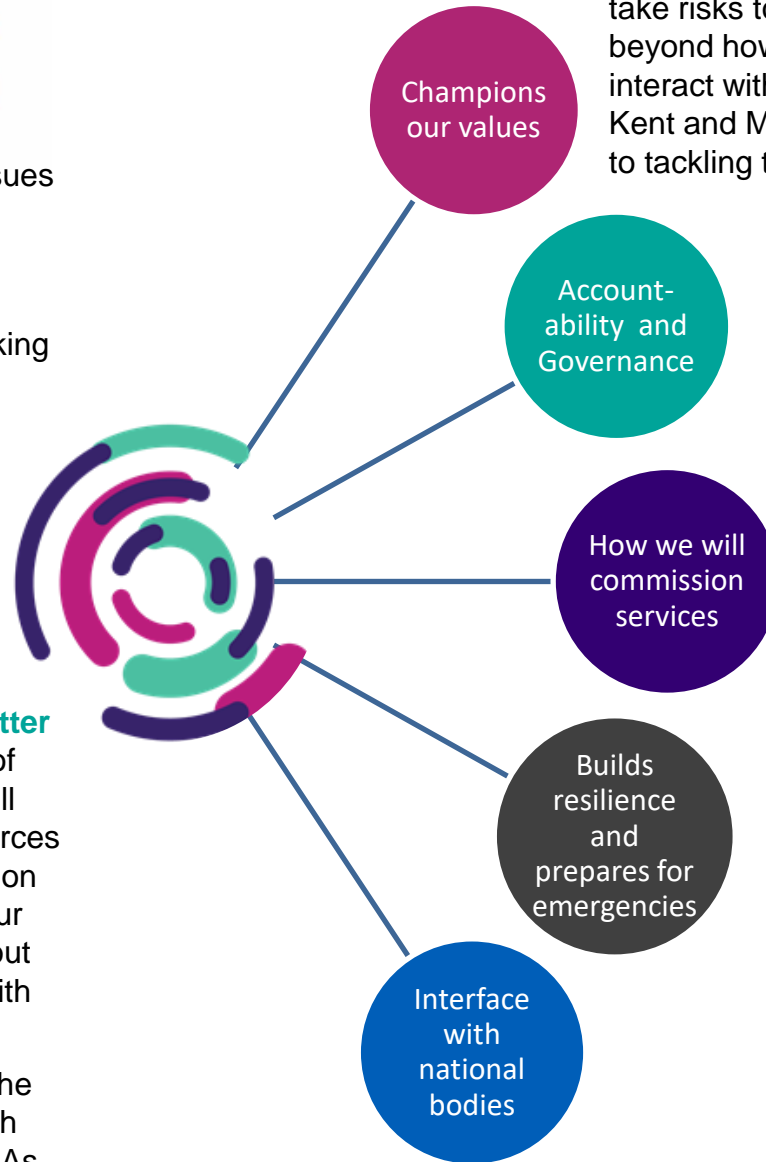
At **system level** we must focus on the complex issues that can only be dealt with by acting together.

We are facing a period of significant financial challenge. We recognise the tangible patient and population benefits that can come from closer working with partners in delivery and commissioning of services.

We will work with our **Health Care Partnerships at Place level** to ensure that priorities and ambitions are aligned and that robust implementation plans are developed with the system holding each other to account for the delivery.

Organisations need to **understand each other better** so that we reduce duplication and make the most of our collective resources. Where appropriate, we will also use the tools at our disposal to pool our resources and overcome barriers to integration. We will position Voluntary, Community and Social Enterprises as our strategic partners in various workstreams throughout the ICS by having an established VCSE alliance with formal agreements on how we will work together.

This strategy reflects insights from the public and the output of a Symposium held in October 2022, which had over 100 participants from across the system. As leaders, we must find ways to create space to continue to build a **culture of collaboration and trust**.



Our values act as the foundations for the way we conduct our work. We will build a culture of organisational trust and transparency and be prepared to take risks to achieve the right outcomes for our population. This extends beyond how we work together as a system but also sets out how we should interact with private businesses, voluntary organisations and the people of Kent and Medway. We will continue to build partner leadership and commit to tackling the wider determinants of health.

We must monitor progress of activity and our impact and hold each other to account for delivery on commitments. For the first time, targets will encompass combined metrics for both health and social care. We will work to develop core outcomes that will enable us to show tangible improvement. Governance will enable coordinated prioritisation and planning of activities and sharing of best practice between partners.

We will continue to listen to the voice of those with lived experience of our services, including those unable to access what they perceive they need. We are committed to increasing the resources that we can allocate and share between partners, that are jointly commissioned across health and social care. The ICB is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services. This could support new and emerging provider collaboratives, and remove obstacles to operational teams working together.

We have legal duties to be prepared to respond and coordinate services in emergencies. System-wide resilience and emergency preparedness requires robust leadership and accountability. We have a robust system-level response plan and test these plans locally, regionally and nationally. Our ongoing, coordinated response to Covid-19 is led at an ICS level.

As changes take place across health and social care on a national level, the ICS will act as the voice of the people of Kent and Medway on the national stage. We will advocate on behalf of our community and influence wider policy to benefit our population.

Section 75 agreements allow us to pool budgets between local health and social care organisations and authorities.

We have agreed a new Section 75 agreement for Learning Disability and Autism (LDA) services earlier this year, with Kent County Council, Medway Council and NHS Kent and Medway as partners in this single Section 75 arrangement, a move from the two separate ones.

### Co-design and joined up commissioning

The formation of our ICS will transform how we commission services. Supported by legislation, we will deploy services and pathways that are tailored to specific needs and localities.

We will involve service users throughout design and seek regular feedback to respond to new demands and improve experiences. We will involve VCSE and Healthwatch as additional important voices in the development of our services.

These services will be able to transcend health and social care for joined up, single access provision with an emphasis on staying well and prevention.

The Better Care Fund allows spending for joined up services that span health and social care, bringing them closer together in a more streamlined way. Work has also commenced to review all Better Care Fund spend in Kent and Medway. We will look for opportunities for further joint working and re-working the Better Care Fund to make it fit for purpose and a transformational vehicle. The first stages of this work will be completed before 2023.

For example in Medway, a joint commissioning management group, made up of system senior officers oversees all spends from the BCF. The partnership commissioning function ensures that health and social care are both embedded in new contracts.

### Our Green Plan

Kent and Medway ICS is taking the impact of climate change on health and inequalities very seriously. Partners across the system are now working together to create a coordinated plan of activity to maximise the effect of our collective action in tackling climate change. The more we do to reduce carbon emissions, improve air quality and promote biodiverse green spaces, the bigger the positive impact on our population's health and wellbeing. Our vision is bold: It is to embed sustainability at the heart of everything we do, providing first-class patient care in the most sustainable way. Not just by choosing greener but by using less, repurposing what we use, and avoiding waste.

It is imperative that we work at pace and at scale as partners to deliver a combined approach not only to reducing our carbon footprint, but also promoting biodiversity and adapting to the changes in our climate that are already happening. We are confident that we can unite with our partners and our communities to achieve the ambitions of our Green Plan, and beyond.

We have responded to the NHS commitment to be the first healthcare service in the world to reach net zero on carbon emissions by 2040 by producing a 5-year Green Plan which we will deliver in partnership with staff, patients and suppliers.

As system partners, we are working to understand the impacts associated with significant housing developments, including the likely health needs and the future provision of health services. Through this process and as part of the wider healthcare infrastructure strategy, we will continue to identify infrastructure development requirements, including through developer contributions, that support the provision of additional healthcare services and healthcare facilities (including plans associated with existing facilities) for local populations.

## Playing our part as ‘anchor institutions’

Our reach extends beyond how we work together as a system. The term ‘anchor institutions’ is used to describe large organisations, connected to their local area, that use their assets and resources to benefit the communities around them.

We have many large organisations across the ICS and all have a vital role to play in the health and wellbeing of our communities. As public sector anchor institutions in Kent and Medway, we will explore how we can make a difference directly to influence health and wellbeing in a positive way, including tackling health inequalities. For example, through:

- how we procure goods and service, using the power of our supply chains to broaden our reach;
- looking after our workforce and offering training, employment, and professional development opportunities;
- looking at how we use our buildings and land, e.g. ensuring that all green spaces across the ICS footprint are utilised fully for the benefits of biodiversity, the welfare of our staff and the people of Kent and Medway;
- reducing our environmental impact and being leaders in achieving Net Zero;
- working in partnership with other anchors;
- retaining wealth in the region and driving inclusive, sustainable economic growth.



## Chapter 10

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### **What's next? Engaging our communities on the issues that matter**

We will actively engage our communities on this strategy and our joint forward plan.

We will achieve this through:

- Involving people from all walks of life to have their voice heard;
- Utilising multiple channels to ensure accessibility, and;
- Refreshing our strategy and developing supporting documents.

### Next steps

In this document, we have laid out our Interim Strategy on how we will work together to improve the lives of people in Kent and Medway. We plan to publish an updated strategy in the autumn of 2023 to reflect the insights gathered from a wide range of engagement activities.

Our immediate next step is to create a plan to transform these initial ambitions into reality. This will be a Five-Year Joint Forward Plan.

Medway Council is refreshing its Joint Local Health and Wellbeing Strategy to be published in late 2023 and Kent County Council is developing an action plan based on the priorities set out in this Strategy.

We will work to develop core outcomes that will enable us to measure success and show tangible improvement. We will then compile an annual report that will reflect on our performance and track our progress against targets.

Before the start of each financial year, we will publish a refreshed five-year plan, setting out our activities across health and social care that will work towards achieving our strategic goals. We will update our plan to celebrate our successes, refocus our efforts and respond to new challenges.

### A new approach to engagement

We will not succeed unless we actively engage with and listen to the communities we serve, and people working throughout the system.

We want to:

- raise awareness of the work to improve health and care in Kent and Medway and the wider determinants of health and wellbeing;
- give people the opportunity to influence decisions;
- ensure insights gathered are considered in future plans and strategies.

Engagement activities will support us to identify priorities and improve the way we deliver services for local people. Formal public consultation and engagement activities will take place for Medway Council and Kent County Council and system partners to further develop and refine their strategies throughout 2023.

Collectively, we will use multiple channels to reach our audiences. We will ensure that, where possible, any engagement or involvement opportunities are accessible, locally available, allow for reasonable adjustments, and, where appropriate, provide resources and training to build capability and capacity to enable effective participation.

At times, engagement will be carried out on a system basis (for instance a programme of roadshows, surveys and online engagement platforms). At other times, Health and Care Partnerships - which bring together partners at a place-based level - will lead more localised engagement, including through local district and borough councils and primary care networks, which will engage through their patient participation groups. Individual partners may also deliver localised engagement activities. Partners will share the insights gathered through all engagement activities.

We will support, complement and champion this place-based and neighbourhood engagement and make sure there are mechanisms in place for local insights to be considered and inform strategies and plans.





## Have your say

We need everyone to help us do things differently; it's time to make positive, long-term change to the way we plan and deliver services so that we can make meaningful changes to the health and wellbeing of Kent residents.

We want to prevent ill-health wherever possible. This strategy outlines some of the work we are planning – we want to know what you think and your ideas.

There are lots of ways for you to have your say to help us plan for the future.

Your views will be listened to and will help shape our plans and strategies for the future.

You can share your thoughts on our strategy or on wider issues relating to health and wellbeing by registering for our online platform:

[Have Your Say in Kent and Medway](#)

<https://www.haveyoursayinkentandmedway.co.uk/>

Here you will also find out more about some of the exciting projects underway and examples of how we are demonstrating our new future.

- Alternatively, you can write to us at:

[Kmicb.engage@nhs.net](mailto:Kmicb.engage@nhs.net) or

The Engagement Team

Kent and Medway ICS

Kent House

81 Station Road

Ashford

TN23 1PP



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From: Rory Love, Cabinet Member for Education and Skills  
Sue Chandler, Cabinet Member for Integrated Children's Services  
Sarah Hammond, Corporate Director Children, Young people and Education.

To: County Council - 15 December 2022

Subject: Special Educational Needs and Disabilities Transformation.

**Classification:** Unrestricted

**Past Pathway of report:** Cabinet – 1 December 2022

**Future Pathway of report:** N/A

**Electoral Division:** All

**Summary:** The Kent local area inspection by Ofsted and the CQC for children with special educational needs and disabilities took place in January 2019. This inspection found 9 significant areas of weakness across the Local Area which resulted in a Written Statement of Action being issued.

During the week of the 26th of September 2022, the Local Area was revisited by His Majesty's Inspectors from both Ofsted and the CQC, who found that the area had not made sufficient progress in addressing any of the significant weaknesses. The Local Authority, the Integrated Care Board and leaders representing schools and settings are deeply sorry for the impact which this has had on children, young people and their families.

This report is a summary of the inspection findings and the work being undertaken to improve both the outcomes for children and young people with SEND, which predates the Ofsted/CQC revisit, and to deliver the systemic changes required of the Local Area to meet the requirements of the DfE regarding the Safety Valve agreement. These two previously distinct but now interlinked work programmes have been brought together under the SEND Transformation Programme.

The Kent SEND Transformation Programme encompasses a number of different projects and workstreams which align themselves within the overall Kent SEND strategy and Government SEND Review: Right support, right place, right time.

This report sets out the key project themes, examples of individual projects within each operational group, current progress to date and the recognition that they are at various stages of development. There is recognition that it will take 2 years to see significant change as a result of delivering our overarching plan and commitment to educate children in their local school and for only a small minority of children this might be a specialist provision.

**Recommendation(s):** County Council is asked to NOTE the content of the report and the actions already underway in addressing the areas of weakness identified in the SEND revisit and to prepare to meet the challenge of addressing the High Needs Funding deficit.

## **1. The Ofsted/CQC SEND revisit**

1.1 The Kent local area inspection by Ofsted and the CQC, for children with special educational needs and disabilities took place in January 2019. This inspection found 9 significant areas of weakness across the Local Area which resulted in a Written Statement of Action being issued.

1.2 Putting the past three years into context, schools and many services for children, including for vulnerable children, were very limited or non-existent because of the required response to Covid-19. The most vulnerable children including those with SEND have been very significantly affected, and there is evidence of an escalation of need as a result which has also contributed to the very poor outcomes identified in this report.

1.3 During the week of the 26<sup>th</sup> of September 2022, the Local Area was revisited by His Majesty's Inspectors from Ofsted and the CQC, who found that the area had not made sufficient progress in addressing any of the significant areas of weakness identified in the 2019 SEND Inspection. The Local Authority, the Integrated Care Board and leaders representing schools and settings are deeply sorry for the impact which this has had on children, young people, and their families.

1.4 The 9 areas of weakness identified cover the full range of services for children and young people with SEND, and it is of great regret and sadness that more progress has not been made for them and their families. This is despite much work having taken place over the past 3 years across the Local Area. It is clear that the experience of parents in their communications with the local authority in particular has not been good enough. Children and young people's voices have not been heard in a meaningful way and taken into account. Outcomes for children and young people have not improved sufficiently, despite greater numbers than ever being identified as having SEND needs, and record levels of funding being made available. The need for more urgent and meaningful change is fully recognised and the transformation of SEND services is a high priority for the Council and the Local Area. A summary of the outcome letter is attached as appendix 1.

1.5 Much of what is required to change and to address the weaknesses identified by Ofsted/CQC, mirrors the work required to meet the challenge of addressing the High Needs Funding deficit. These two drivers have been brought together under one set of Governance structures which reflect both the internal KCC programme of work, and the partnership work required of the whole Area to improve outcomes for children and to deliver a sustainable and effective SEND system in Kent.

1.6 An extensive report along with slide deck was presented and discussed at the CYPE Cabinet Committee on the 29<sup>th</sup> of November 2022. The Committee was attended by and heard from representatives of Kent PACT who contributed to the discussions, and alongside Members challenged the Lead Members and the

Corporate Director to improve services and outcomes for Kent's children with SEND with urgency and purpose.

1.7 Consideration was given to the extent to which the current data set provided to support Member oversight of SEND should be improved, including staffing numbers and experience and this was agreed. Co-production of meaningful and transparent performance information will be undertaken with Members and Parents early in the new year.

1.8 Committee members were passionate in their requirement for parents and young people to be fully involved in the design and delivery of the SEND Transformation programme and PACT were able to confirm the extent to which they had been previously involved with the WSoA. PACT will continue to be a very valued partner of the Local Area, particularly as their membership grows, but the greatest range of parental voice and experience will also be sought from representative groups. Advice will be sought from PACT as to the best way of achieving this.

## **2 Immediate response to the Ofsted/CQC revisit.**

2.1 The role of Ofsted and the CQC has now concluded in this round of inspections and the matter has reverted to the DfE and NHSE for consideration of the next steps.

2.2 Several options are now available to the DfE/NHSE to oversee the required improvements across the Local Area for SEND services in Kent. An Accelerated Progress Plan (APP) will be required to be formalised by the Local Area against which Outcome and Impact based Key Performance Indicators will be scrutinised and addressed.

2.3 Government may conclude that the Local Area require a formal Improvement or Statutory Intervention Plan and may appoint a commissioner to oversee the progress of that plan. An initial meeting between the KCC CEO and CD of CYPE and the CEO and Chief Nurse of the ICB with senior DfE and NHSE advisers has taken place. Further information has been requested and provided to the DfE/NHSE and the Local Area awaits the outcome decision of the relevant Government Minister.

2.4 In any event, a new SEND Partnership Assurance Board will be established to replace the SEND Improvement Board early in the New Year. The Board Membership will include representation from the Local Authority, including Members and cross directorate colleagues, Health, Learning and Teaching settings, representatives of parents and carers and where appropriate young people.

2.5 The SEND Green Paper proposes the creation of new local SEND partnership boards, bringing together education, health and care partners with local government to produce a local inclusion plan setting out how each area will meet the national standards. Kent will be well positioned to move forward with this proposal following the establishment of the SEND Assurance Board in 2023.

2.6 Local Authority Staff engagement meetings are currently under development, along with engagement events with parents and carers. The need to expand the reach of parental consultation and engagement is urgent, and a dedicated

engagement resource has been made available in the Local Authority to work with PACT and services on this.

2.7 The Corporate Director has begun a series of meetings and engagement events with school and FE leaders, and a system wide conference co-chaired by the CD and the CEO of the East Kent College group will take place in early January 2023 to address transitions for 16+ young people.

2.8 As an interim measure, the responsibility for the oversight of SEND has reverted to the Corporate Director supported by both the Director for Education and the two Directors for Integrated Children's Services. The Disabled Children and Young People social care services have moved to join the wider group of Integrated Children's Services. A paper will be brought to Personnel Committee in the New Year with permanent proposals for the responsibility of services across CYPE.

2.9 The political responsibility for SEND has moved to the portfolio of the Cabinet Member for Education and Skills.

2.10 Individual workstreams have been set up, each group headed by a CYPE Director and co-chaired by colleagues from across other Local Authority Directorates to oversee the internal improvement work. These workstream groups report into the KCC SEND monthly Transformation Board.

2.11 Following extensive national consultation, the Government will be implementing a new SEND inspection framework for England from 2023 onwards. In addition, a separate SEND section of the Annual Conversation with Local Authorities will also be implemented by Ofsted from 2023 onwards. For Kent, the Annual Conversation covering both Children's Services (am) and SEND (pm) will take place on Monday the 24<sup>th</sup> of April 2023. We anticipate this being the first benchmark review from Ofsted as to the progress on the weaknesses they found during the re-visit.

### **3. Overview of the SEND Transformation work.**

3.1 Since 2019, there has been considerable work undertaken, designed to address the areas of weakness identified by inspectors and this was recognised at the recent revisit. However, it became increasingly clear, as preparation work began for Kent's submission earlier in the year to Government for assistance in addressing the funding gap, that the work had mostly been taking place in isolation and would still take some time to be delivered effectively and improve outcomes for children and young people.

3.2 The work has enabled a greater, whole council understanding of the system change required and the financial risks associated with not reforming services. The SEND Transformation Programme has also been recognised as a priority for the local authority, and this programme has formed a part of the work within the Strategic Reset Programme Board since May 2022.

3.3 There are three SEND Transformation Operational Groups which between them are responsible for over 60 active projects that aim to ensure children with SEND have equitable access and successful outcomes in line with the Children and Young People Outcomes Framework within the budget available.

3.4 Considerable progress has been made within the initial three months of the SEND Transformation Programme becoming formalised. However, to make a significant and measurable change and impact to SEND services for children and young people the totality of the transformation work required is likely to take two years. If granted, the Safety Valve delivery work is a 5-year programme in recognition of the size of the current High Needs Funding Deficit and the challenges which Kent face.

3.5 A Programme Manager was appointed in late August and a small programme team has been created from within KCC's Innovation and Strategic Reset Programme teams to support this work.

3.6 Governance and reporting mechanisms are now established, and operational and strategic groups are underway. It is currently proposed that the work of the KCC SEND Transformation Board will report through the lead members to the CYPE Cabinet Committee, the Cabinet and Corporate Board. Consideration will also be given to a full cross-party membership of the SEND Partnership Assurance Board, where all partners from across the area will be represented including parents, and where the Local Area will be held to account on the progress of the APP. Without a full understanding and oversight of the interdependencies between each partner agency to deliver on the improvement required, Members could be at a disadvantage in their ability to have oversight and challenge of progress.

#### **4. Governance**

4.1 The SEND Transformation Operational Groups individual projects have a project lead who is responsible for the monthly reporting and continued progress of the project and a project sponsor who is accountable for the success of the project. Ensuring both operational and strategic oversight is effectively managed with an overall specific shared outcome.

4.2 The three Operational Groups are headed by a CYPE Director and co-chaired by colleagues from across other Local Authority Directorates meeting fortnightly to oversee the internal improvement work. This aims to streamline the governance process and to provide clear oversight at an operational level of the broad range of activity underway.

4.3 The Operational Groups report directly into the SEND Transformation Strategic Board which meets monthly and is chaired by the Corporate Director Children, Young People and Education.

4.4 The previous SEN Improvement Board has been stepped down to be replaced by SEND Partnership Assurance Board with key strategic partners, including parents, to give a broader overview of how this work can be best aligned with wider stakeholders own priorities. This will also offer parents and carers who will be represented on this board the confidence that KCC is working in an open and transparent way to fully collaborate with multiagency stakeholders to deliver this SEND Transformation Programme. This should include cross-party Member representation and challenge to be at its most effective.

4.5 The SEND Transformation Strategic Board and the SEND Partnership Assurance Board reports monthly into the Strategic Reset Programme Board and

KCC standard governance process beyond this are then followed. Substantial service or policy changes will be subject to the relevant Executive decision-making processes as appropriate.

## **5. Monitoring and reporting.**

5.1 A Teams site has been set up with project tracker and files to give transparency and overview to all KCC officers involved directly in projects.

5.2 Each project lead has completed a data capture form for each piece of work they are responsible for which then updates the project tracker initially. New projects coming online will also capture this initial data in the same format which identifies purpose, key milestones, risk and resource needs.

5.3 Monthly reports are requested and received via automated email from each individual project lead to highlight progress against milestones, any RAG rating changes, changes to resource needs or anticipated additional support.

5.4 November reporting returned over 20% of updates within the first day and over 50% within 2 days, well within the week target set for returns. Evidencing this is a successful and intuitive way to capture information needed.

5.5 The three operational group chairs each delivered a verbal report to the SEND Strategic Board from their initial two meetings. From December the operational group chairs will provide written reports to ensure all members of the board are in full sight of projects making expected progress and also any slippage of individual projects.

5.6 The programme manager returns a monthly report to SRP on overall programme progress and risk alongside attending regular update meetings with wider SRP officers.

## **6. Operational Group 1**

6.1 This group of projects includes those broadly under the areas of Health, MI Systems, Post 16 & Alternative Provisions.

6.2 An example of a long-term project is the Balanced System which aims to offer a seamless universal, targeted and specialist offer for speech, language and communication (SLC) that is informed by needs and tailored to deliver equity of outcome geographically. The aim is that schools and settings are confident in developing SLC skills, supporting SLCN, that families and young people are confident in SCLN support available. Progress is on track with 2022 cohort initial mentor meetings with schools having been completed (9 EY settings, 11 Primaries, 2 Secondaries) by the end of October.

6.3 An example of a shorter-term, better-known project is the County Approaches to Inclusive Education (CATIE) dashboard which is a district level data dashboard to share with schools to enable them to compare themselves to key information that links to the inclusion agenda. In addition, there will be a school level dashboard that can be used to further support and inform commissioning decisions. The data from the dashboard can be used to measure impact of the inclusion programmes which



schools have been involved with over the past year. Although the school dashboard work is in its primary stages, progress is already underway, and the next steps are to agree scope and design a detailed specification alongside our school partners.

## **7. Operational Group 2**

7.1 This group of projects includes those broadly under the areas of Inclusion early years & mainstream; sufficiency plan, locality-based resources and predictive modelling.

7.2 An example of a large-scale project is the Review of the CATIE which includes a number of smaller projects. The CATIE document is being re written to reflect the changes we have already made and will be ready for re-publication in January 2023. In the long term, this document is intended to shape how inclusive education is delivered across the county within the letter and the spirit of the law.

7.3 To date 74% of schools have engaged in at least one of the commissioned services which have been laid out in the CATIE. The Inclusion Leadership programme is designed to develop senior leaders in schools who can be deployed across several schools to improve their inclusive practice. We are in cohort two and recruiting for cohort three. The Special Resource Provision work being undertaken as part of the sufficiency plan was mentioned above, as was the establishment of the District Placement meetings. They are short term projects which feed into a longer-term plan.

7.4 The Social Emotional and Mental Health deep dive is a short-term project which has been completed and which has highlighted the considerable difficulties and challenges schools are facing with the extent of SEMH needs in their settings. The next steps are to look at specific provision and to provide training alongside a strategy for this type of need across the county. This is a longer-term piece of work, but the deep dive gives us the evidence to take it forward.

7.5 An example of another longer-term project is the Autistic Education Trust autism training and strategy which is a training programme using AET licenced materials and resources to promote the greater inclusion in early years, mainstream and post-16 settings of autistic children and young people. The aim of this programme is to raise awareness of autism across various stakeholder groups. This includes more targeted and specialist training options developed for teaching staff to improve their skills and knowledge to provide the right support for CYP with ASD needs so that they are supported and better understood and can thrive by being successfully educated in mainstream schools. An implementation plan is in place and the training roll out is planned from January 2023.

## **8. Operational Group 3**

8.1 This group of projects includes those broadly under the areas of Parental engagement related activities, SEN process & structure and communication strategy.

8.2 An example of a shorter-term project is the prioritisation of the annual review backlog, using a focused task force to reduce the current backlog of annual reviews and ensure children and young people's EHCP needs are reviewed in a timely manner. Prioritisation is being undertaken to ensure CYP approaching phase transfer

and those with long delays are reviewed quickly. Despite some delays in this project starting, due to low levels of staff and the need to further recruit to these vacancies within the team, progress is underway, and it is expected to accelerate during the next 2 months.

8.3 An example of a newer project is the review of 16- 19 placements to ensure CYP are placed in the most appropriate environment to support their transition to adulthood and the development of their independence. The work of the project has already identified the need to prioritise the effective and earlier transition of YP approaching the phase transfer period (16+) bringing it forward in the academic year than happens currently. This will increase numbers of young people being supported locally at phase transfer and decrease the number of young people having to resort to less appropriate placements which may be some distance from home and not allow them to benefit from the support of their local community and friendship groups.

8.4 Work on the Information Hub is underway, with the exploration of the digital and staffing requirements needed to create a seamless, responsive navigation tool for parents and professionals to access. This will be co-produced by parents, carers and other stakeholders.

## **9. In summary**

9.1 The DfE and NHSE will determine the level and intensity of any reporting and monitoring mechanism to Government regarding the SEND revisit outcomes. The Local Area is awaiting the Ministerial decision as to extent of external scrutiny and oversight.

9.2 The progress of the SEND Local Area response will be monitored and challenged by the SEND Partnership Assurance Board. The Accelerated Progress Plan (APP) will form the core Action Plan by which the Local Area will hold itself and others to account in achieving the required outcomes for children and young people.

9.3 The work of the KCC SEND Transformation Board and the SEND Partnership Assurance Board will report through the Lead Members to the CYPE Cabinet Committee, the Cabinet and Corporate Board. Oversight may also include a sub-committee of the Scrutiny Committee, however the specific arrangements remain subject to further decision-making.

9.4 In conclusion, the transformation of Kent's SEND services is a whole system approach which brings partners together across the Area to meet the needs of children and young people at the right time, in the right way to prevent an escalation of need. The work set out in this report will ensure that for most children with SEND, parental concerns and children's needs are addressed early on, through a range of appropriate support and interventions located in mainstream settings and schools. Those children with the most complex Education, Health and Care needs will require an ECHP to bring together those aspects of their lives and to ensure that their needs are met appropriately. Parental confidence and satisfaction will grow and children and young people will achieve better outcomes and their opportunities for an independent adult life will be enhanced.

**Recommendation(s):** The County Council is asked to NOTE the content of the report and the actions already underway in addressing the areas of weakness identified in the SEND revisit and to prepare to meet the requirements of the Safety Valve programme.

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## Appendix 1

### **OFSTED & CQC REVISIT OF THE LOCAL AREA SERVICES FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES.**

#### **Summary of the Outcome letter from the revisit**

*A widely held concern of parents that the local area is not able, or in some cases not willing, to meet their children's needs.*

2.1 Insufficient progress has been made in this area, and there is unanimous agreement across the area that the experience of parents, particularly in regard to communication has simply not been good enough, and at times has been woefully inadequate.

2.2 It is acknowledged and accepted that in too many examples, attempts on the part of parents and schools and settings to engage with the local authority have gone unanswered. Staff have become overwhelmed with the volume and speed at which enquiries, queries and complaints have arrived and the systems in place to manage this volume have been inadequate.

2.3 There is welcome acknowledgement that inclusion in some Kent schools has improved and more children with SEND are welcome. However, not all schools and settings are in the same place and there is still more work to do to raise parental confidence that their children's needs can and should be met in their local mainstream school and community.

*A variable quality of provision and commitment to inclusion in schools, and the lack of willingness of some schools to accommodate children and young people with SEND.*

2.4 Inspectors recognised the excellent work of some schools to include children and young people with SEND, and to offer them an opportunity to be educated alongside their peers, friends and community members. However, the lack of willingness of some schools to accommodate children with SEND has continued and remains a challenge for the Local Area if significant progress is to be made.

2.5 The Local Authority has a key role to play in establishing the most collaborative and supportive relationships possible with schools and learning settings including the FE sector if progress is to be made in this area of weakness. It is recognised that these relationships have deteriorated over the past three years and is now a renewed focus of the local authority.

2.6 Although work has been taking place with school and setting leaders, and around 75% of all Kent schools have taken part in some form of LA led training and development around Inclusion, this is yet to bring about the major systemic change needed across of all Kent's schools.

*That parents and carers have a limited role in reviewing and designing services for children and young people with SEND.*

2.7 In 2019, the Local Area had no recognisable Parent- Carer forum, with previous local groups having been dissolved or disbanded from lack of support or disagreement amongst the members.

2.8 The establishment of PACT as the County wide parent carer forum has taken place since the 2019 inspection and the organisation has participated in a wide range of co-production activities over the past three years. There is however recognition that the reach and size of the membership of PACT has not been significant enough to make the difference required for large numbers of parents. Too many parents remain unaware of PACT and the important role that they play in the design and review of services. The role of PACT as a fully independent organisation requires the Local Area to own its work, its decisions, and its communications. Co-production does not mean that PACT should carry the responsibility of being the sole channel through which messages are relayed to parents.

2.9 Opportunities for working with other organisations and the third sector where parent/carers representation is strong have been missed. In addition, ensuring that key messages are owned by the Local Area and appropriately communicated by them to the widest range of parents will be key to building trust in and therefore a greater membership of PACT.

*An inability of current joint commissioning arrangements to address known gaps and eliminate longstanding weaknesses in the services for children and young people with SEND.*

2.10 Ofsted/CQC recognised a closer and more collaborative working relationship between the local authority and health regarding the joint commissioning of services. However, the impact of this improvement remains limited, with children and young people continuing to fall between the net of children's care and health services if their needs do not meet certain eligibility criteria for the highest or acute levels of need those services would normally address.

2.11 Although only 4 young people were found to be in acute hospital settings at the time of the revisit compared to 20 in 2019, around 20 young people with the very highest levels of need including SEND are now in unregulated social care funded provision when there were none in 2019.

*Poor standards achieved, and progress made, by too many children and young people with SEND.*

2.12 Despite record levels of funding, and more Kent children and young people with SEND than ever in specialist provision, poor standards and insufficient progress continues to be a feature of their educational experience.

2.13 As is recognised in the SEND and Alternative Provision Green paper, in the case of most children with SEND, this should not be the case and the system must do much better to ensure that the right support is provided at the right time.

*The inconsistent quality of the EHC process; a lack of up-to-date assessments and limited contributions from health and care professionals; and poor processes to check and review the quality of EHC plans.*

2.14 The number of children and young people with an EHCP in Kent has risen from c11,000 in 2019 to c20,000 in 2022. This is an increase of 82% over the space of three years and has significantly contributed the ongoing lack of progress in this area. Children in Kent are 20% more likely to be issued with an EHCP than children across England and with our statistical neighbours. Understanding this difference and addressing it with urgency must now be a priority for the Local Area.

2.15 Inspectors found some improvement in the quality of plans but not in such numbers as to make material difference to large enough numbers of children. Whilst health and social care elements are more regularly being included in EHCPs this is still not making sufficient difference in the outcomes for children.

2.16 The focus on timeliness of issuing EHC plans identified in 2019 is one example of task focussed activity which resulted in an adverse outcome in another part of the system. Too few plans have been reviewed, leading to additional need not being quickly enough addressed and where needs have reduced or where progress has not been made despite large packages of support being provided this has not been addressed either.

*Weak governance of SEND arrangements across the EHC system at strategic and operational level and an absence of robust action plans to address known weaknesses.*

2.17 It is fully recognised and acknowledged that the Local Area's Improvement Board did not function in a way which facilitated action plans to be addressed and outcomes challenged when necessary.

2.18 The Covid-19 pandemic very severely impacted the ability of Health colleagues to attend on a regular basis and be effective in the oversight of progress.

2.19 Indicators of success and progress which were being monitored were not sufficiently outcome and impact focussed and did little to drive the overall improvement required.

2.20 Within the Local Authority, substantial efforts were made to address the issues across a variety of forums following the 2019 inspection. However, the complexity of system change required and the outcome from the revisit indicates that this next stage requires more of a full Council response. Too much reliance was vested in the feedback from the monitoring visits undertaken by the DfE and NHSE. The Local Area should have been able to rely on the outcome of these visits to "test the temperature" of the progress being made but this turned out not to be the case. This has been raised with both Ofsted and the DfE.

*Unacceptable waiting times for children and young people to be seen by some health services, particularly CAMHS, tier two services, SALT, the wheelchair service, and ASD and ADHD assessment and review.*

2.21 Health colleagues fully recognise the unacceptably long waiting lists for services which they are responsible for and have apologised for this being the case.

2.22 The impact of Covid-19 on health services for children and young people remains very significant along with an increased level of need, particularly for mental health and wellbeing services.

2.23 Workforce issues remain across health services leading to significant barriers to improving this in the immediate future. Colleagues in health are addressing this with urgency and a review of the Neurodevelopmental assessment pathway is a priority. In much the same way as Kent's EHCP rate is an outlier, so is the number of children and young people being assessed as having ASD. Health colleagues are looking at this anomaly alongside the work they are doing to address waiting lists.

2.24 The establishment of the Integrated Care Board and new leadership across all children's health services in Kent and Medway have already started to make some difference. The past multiple changes of leadership across different parts of the Kent and Medway Health system have also contributed to the lack of progress, but this has now been addressed.

*A lack of effective systems to review and improve outcomes for those children and young people whose progress to date has been limited by weaknesses in provision.*

2.25 Accurate, intuitive, and reliable systems to review and improve outcomes for children and young people's progress remain limited. The CATIE dashboard has now been developed which will provide inclusion visibility for schools and will facilitate better, more local solutions being agreed to meet the needs of local children across the sector.

2.26 There remains too little accurate use of the data systems across the area to make a meaningful difference for children and young people.

### **3 Immediate response to the Ofsted/CQC revisit.**

3.1 The role of Ofsted and the CQC has now concluded in this round of inspections and the matter has reverted to the DfE and NHSE for consideration of the next steps.

3.2 Several options are now available to the DfE/NHSE to oversee the required improvements across the Local Area for SEND services in Kent. An Accelerated Progress Plan (APP) will be required to be formalised by the Local Area against which Outcome and Impact based Key Performance Indicators will be scrutinised and addressed.

3.3 Government may conclude that the Local Area required a formal Improvement or Statutory Intervention Plan and may appoint a commissioner to oversee the progress of that plan. An initial meeting between the KCC CEO and CD of CYPE and the CEO and Chief Nurse of the ICB with senior DfE and NHSE advisers has taken place. The Local area awaits the outcome decisions of that meeting

3.4 In any event, a new SEND Partnership Assurance Board will be established to replace the SEND Improvement Board early in the New Year. The Board Membership will include representation from the Local Authority, including Members and cross directorate colleagues, Health, Learning and Teaching settings, representatives of parents and carers and where appropriate young people.



3.5 The SEND Green Paper proposes the creation of new local SEND partnership boards, bringing together education, health and care partners with local government to produce a local inclusion plan setting out how each area will meet the national standards. Kent will be well positioned to move forward with this proposal following the establishment of the SEND Assurance Board in 2023.

3.6 Local Authority Staff engagement meetings are currently under development, along with engagement events with parents and carers. The need to expand the reach of parental consultation and engagement is urgent, and a dedicated engagement resource has been made available in the Local Authority to work with PACT and services on this.

3.7 The Corporate Director has begun a series of meetings and engagement events with school and FE leaders, and a system wide conference co-chaired by the CD and the CEO of the East Kent College group will take place in early January 2023 to address transitions for 16+ young people.

3.8 As an interim measure, the responsibility for the oversight of SEND has reverted to the Corporate Director supported by both the Director for Education and the two Directors for Integrated Children's Services. The Disabled Children and Young People social care services has moved to join the wider group of Integrated Children's Services. A paper will be brought to Personnel Committee in the New Year with permanent proposals for the responsibility of services across CYPE.

3.9 The political responsibility for SEND has moved to the portfolio of the lead member for Education and Skills.

3.10 Individual workstreams have been set up, each group headed by a CYPE Director and co-chaired by colleagues from across other Local Authority Directorates to oversee the internal improvement work. These workstream groups report into the KCC SEND monthly Transformation Board which has now met on two occasions.

3.11 During 2022 a deeper whole Council understanding of the SEND Transformation Programme has been recognised as a priority for the local authority, and this programme has formed a part of the Strategic Reset Programme Board since May 2022.

3.12 Following extensive national consultation, the Government will be implementing a new SEND inspection framework for England from 2023 onwards. In addition, a separate SEND section of the Annual Conversation with Local Authorities will also be implemented by Ofsted from 2023 onwards. For Kent the Annual conversation covering both Children's Services (am) and SEND (pm) will take place on Monday the 24<sup>th</sup> of April 2023. We anticipate this being the first benchmark review from Ofsted as to the progress on the weaknesses they found during the re-visit.

#### **4. The Safety Valve**

4.1 The Special Educational Needs and/or Disabilities (SEND) and Alternative Provision (AP) green paper identifies three key symptoms of a system under pressure: poor outcomes for children and young people with SEND and in AP, low

parental and provider confidence, and financial unsustainability. The Government has rolled out a programme of additional funding known as the “Safety Valve” to assist some Local Authorities in bringing their High Needs Funding blocks back to a sustainable footing.

4.2 Like several Local Authorities, Kent’s allocated High Needs Budget is in very significant deficit, a position which has been growing for many years. In May 2022, the Local Authority were invited to take part in a range of discussions with the DfE under the Safety Valve programme. The purpose of the Safety Valve programme is to receive monies to address some of the deficit by Government in return for major reform to the delivery, effectiveness, and value for money of SEND services in the local area.

4.3 These discussions have now concluded, and the Local Authority awaits the Ministerial decision as to whether the suggested funding with the proposed action plan will be agreed and allocated. This is anticipated to be before the end of 2022, but until official confirmation has been received, details of the agreement are not in the public domain.

4.4 However, much of the plan to improve on the current arrangements and delivery for SEND services in Kent following the Ofsted/CQC revisit align with those of the Safety Valve. The proposal is that a Local Authority SEND Transformation board, chaired by the Corporate Director for CYPE will amalgamate both the oversight of the Safety Valve delivery work and the internal improvement work being undertaken in the SEND services. The urgency of this work is fully recognised and to that end the SEND Transformation Board has met twice already and will continue to do so whilst awaiting the outcome of the Safety Valve deliberations.

## **5. Proposed Future Reporting and Monitoring Mechanisms.**

5.1 The DfE and NHSE will determine the level and intensity of any reporting and monitoring mechanism to Government regarding the SEND revisit outcomes. This may include the appointment by the DfE of a Commissioner to chair the SEND Partnership Assurance Board. In the absence of such a Commissioner, The SEND Partnership Assurance Board will be co-chaired by the Chief Nurse for Kent and Medway and the Corporate Director for CYPE. The Chair of the Kent Association of Head teachers will take up the vice chair role.

5.2 If successful, the Safety Valve programme will require quarterly reporting through to the DfE within an agreed format for such a financial commitment. The progress of the Safety Valve programme will be reviewed and addressed by the KCC SEND transformation Board, and then into the Strategic Reset Programme Board.

5.3 The progress of the SEND Local Area response will be monitored and challenged by the SEND Partnership Assurance Board. The Accelerated Progress Plan (APP) will form the core Action Plan by which the Local Area will hold itself and others to account in achieving the required outcomes for children and young people.

5.4 The work of the KCC SEND Transformation Board and the SEND Partnership Assurance Board will report through the lead members to the CYPE Cabinet Committee, the Cabinet and Corporate Board.

**Recommendation(s):** County Council is asked to NOTE the content of the report and the actions already underway, and to make recommendations to the Cabinet Members for Education and Skills, and Integrated Children's Services on any further actions that may contribute to improving outcomes for children and young people with SEND, bringing the scope of the SEND support in the Kent area into line with that of the England average and our statistical neighbours, and restoring the SEND arrangements in the Kent area to a sustainable position.

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