

By: Marilyn Hodges – Director of Strategy, Policy & Performance

To: Children Families and Education Policy Overview Committee -
19 September 2008

Subject: JAR Action Plan

Summary: The paper presents the findings of the JAR inspection and the Jar Action Plan for improvement.

Introduction

1. (1) The JAR inspection was a combined inspection that provided a comprehensive report on the outcomes for children and young people in Kent. The JAR inspection process focuses its investigations on how local services ensure children and young people:

- at risk are effectively cared for
- who are looked after achieve the best possible outcomes
- with learning difficulties and or disabilities achieve the best possible outcomes

(2) In addition the following investigations were also carried out:

- the impact of the partners' strategy on reducing variability across the county in participation and attainment by the age of 19 years
- the impact of partners' strategy in reducing the teenage pregnancy rate in targeted areas

(3) The findings of these investigations are summarised into 5 key judgements on the following areas:

- Safeguarding
- Looked after children
- Learning difficulties and or disabilities (LDD)
- Service management
- Capacity to improve

(4) The fieldwork for the inspection in Kent took place in January/February 2008 and involved a 10-strong multi-disciplinary team of inspectors, led by Steve Hart from Ofsted. It involved interviews with key staff from KCC and other partner agencies, focus groups and interviews with users and their carers, visits to key projects and services, and a review of the multi-agency files of 10 children randomly selected from 100 that were provided.

Key Findings of the Inspection

2. (1) The overall findings of the JAR inspection were very positive, and were among the highest scores achieved by two-tier authorities nationally:

Area of service activity	Kent service score overall	JAR Assessment
Safeguarding	3	Good
Looked after children	3	Good
Learning difficulties and/or disabilities	3	Good
Service management	4	Outstanding
Capacity to improve	4	Outstanding

(2) The main findings of the inspection were summarised by the inspectors as:

- 1) Multi-agency child protection work is good with well managed and in some cases innovative services.
- 2) Effective action has resulted in the majority of looked after children living successfully in stable and excellent quality family placements
- 3) Strategic direction for services to support children and young people with learning difficulties and or disabilities is good
- 4) Services to reduce teenage pregnancy and improve the sexual health of children and young people are adequate overall
- 5) Partners have successfully focused attention on underachieving and vulnerable groups and have narrowed the participation and attainment gaps at aged 16 and 19.
- 6) Service management is outstanding overall with strong leadership across the partnership, clear political direction and a transformation agenda that is well understood across the partnership and drives the work of an enthusiastic and skilled multi-disciplinary workforce
- 7) The capacity to improve is also outstanding. A clear vision is supported by appropriate priorities for the future and there has been an impressive track record of effectively dealing with problems while maintaining good or better value for money. There is clear evidence of being able to deliver a range of well managed and quality assured service improvements.

Building on Success - JAR recommendations for further action

3. (1) The recommendations identified as a result of the inspection (published on the 3rd of June 2008) have been the focus for the JAR action plan that the council and its partners are required to produce following the inspection.

(2) The key recommendations were divided into immediate actions and actions to be taken over the next 6 months. The implementation of these actions will be monitored as part of the performance monitoring of the new children and young people's plan. The recommendations from inspectors were:

Immediate action

The local partnership should:

- Disseminate the report findings to children and young people in the area
- Ensure that all eligible young people have a Pathway plan that is regularly reviewed

Health partners should:

- Improve IT infrastructure and data collection to enable continuous assessment of performance and early recognition of variations in teenage conception rates and sexual health data so that services can be more effectively targeted.
- Avoid young people in need of in-patient mental health services being admitted to adult psychiatric wards

Action over the next 6 months

Health partners should:

- Commence work to ensure there is sufficient and accessible specialist CAMHS provision for children and young people with learning difficulties and or disabilities

The action plan also includes actions on any other important weaknesses mentioned in the JAR report, including additional actions on the following areas:

1. Increasing the numbers of looked after children receiving annual health checks
2. Extending the provision of lead professionals to support LDD children and their families
3. Improving the time taken to secure adaptations to meet the needs of families with LDD children
4. Improve the accommodation and resources available in alternative education centres

(3) Each of these recommendations and important weaknesses is addressed in detail in the attached JAR Action Plan (see Appendix 1) and the draft action plan was agreed by the KCT at its board meeting on 17th July 2008.

(4) To maintain excellent performance in children and young people's services the CFE senior management team and partners have agreed to incorporate all the areas outlined in the JAR action plan into the revised CYPP. This will ensure the actions have a high profile with all partner agencies. The implementation of the actions in the JAR Action Plan will be monitored through the Trust's CYPP performance monitoring arrangements.

Recommendations

4. Members are asked:-

- (i) to NOTE the Jar Action Plan before it is submitted to central government.

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Background Documents: None
Other useful information: None

APPENDIX 1
Kent County Council - Joint Area Review ACTION PLAN
For submission to Ofsted and Secretary of State
9th September 2008

1 DISSEMINATE THE FINDINGS OF THE JAR TO CHILDREN & YOUNG PEOPLE

Action: COM01 - Ensure the successful dissemination of the JAR report findings to children and young people in the area, through appropriate means

Priority: Recommendation

Lead Agency: Kent County Council

Lead Manager: Shelley Whittaker

Multi Agency Group: na

Action Summary	Partners/Officers Involved	Resources	Timescales
a) Summarise report findings for children and young people; develop and implement appropriate formats for children and young people and means to access findings (including posters, web) b) Align with reports back to children and young people about EYI and YOS inspection findings. c) Disseminate in a variety of formats and venues accessible to children and young people	KCC Corporate Communications KCC Communities Directorate KCC CFE	Existing staff in Communities Directorate and Corporate Communications Within existing budgets for SPP division	September 2008 Sept/08 release

2	REGULARLY REVIEW PATHWAY PLANS FOR ELIGIBLE YOUNG PEOPLE
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Action: LAC 01 - To ensure that young people eligible for services and support under the Children (leaving care) Act 2000 have an up to date Pathway/Transition plan

Priority: Recommendation / Important Weakness

Lead Agency: KCC - CFE

Lead Manager: Paul Brightwell

Multi Agency Group: LAC Strategy

Action Summary	Partners/Officers Involved	Resources	Timescales
<p>Performance with respect to pathway planning is mixed. With respect to eligible children, performance within 16plus is above national and comparator averages – although performance with respect to relevant and former relevant children is below national average. Performance in SUASC is of particular concern and is in need of urgent improvement for eligible, relevant and former relevant children</p> <ol style="list-style-type: none"> 1. Undertake a practice audit on pathway planning (quality and quantity) during 2008/09 within SUASC, 16plus and children’s disability teams. The action plan that will result from this audit will be used to improve performance 2. Pathway planning performance is being monitored by the Data and Performance LAC Issues Group 3. The issue of quality pathway plans reviewed on time for all LAC and Care Leavers is to be incorporated into the revised 16plus service contract 	<p>CFHE Children’s Social Services (SUASC) and Children’s Disability Teams – Karen Goodman & Liz Totman</p> <p>Rainer 16plus service – Mick McCarthy</p> <p>Adult Social Services</p>	<p>No additional resources required – audit included in regular CSS audit plan for 2008/09</p> <p>No additional resources required</p> <p>No additional resources required</p>	<p>During annual auditing cycle for 2008/09</p> <p>July 2008 onwards</p> <p>September 2008</p>

3 IMPROVE ICT & DATA COLLECTION TO SUPPORT THE MONITORING AND TARGETING OF ACTIVITY TO REDUCE TEENAGE PREGNANCY

Action: TP 01 – Improve IT infrastructure and data collection to enable continuous assessment of performance and early recognition of variations in teenage conception rates and sexual health data so that services can be more closely monitored

Priority: Recommendation / Important Weakness

Lead Agency: EKC PCT

Lead Manager: Richard Murrells

Multi Agency Group: T P Strategy Group

Action Summary	Partners/Officers Involved	Resources	Timescales
<p>a) The five Kent maternity units have been requested to send data to public health data analysts on a three-monthly visit. Data relating to 2006 and 2007 is being forwarded</p> <p>Termination data already sits with this team. Whilst provision of this data is being made through goodwill, efforts are being made to get PCT maternity contracts amended to ensure this is sustainable</p>	TP Strategy Coordinator	People in maternity units and public health data informatics team	September 2008
<p>b) Sexual health data is collected currently and provision of this is not an issue if requested with notice</p> <p>Information leads have been identified</p>	TP Strategy Coordinator	None	September 2008

Action: TP 02 - IT infrastructure in (a) GUM and (b) outreach settings is underdeveloped

Priority: Important Weakness

Lead Agency: EKC PCT

Lead Manager: Richard Murrells

Multi Agency Group: T P Strategy Group

Action Summary	Partners/Officers Involved	Resources	Timescales
(IT infrastructure in GUM is already sophisticated) IT infrastructure for contraceptive/outreach services is being updated – new computers are being installed in East Kent West Kent is improving paper process collation until finances allow expansion of computer programmes	TP Strategy Coordinator	None	Dec 2008

Action: TP 03 - Continued high rates of teenage conception in some areas with significant variability across the county

Priority: Important Weakness

Lead Agency: EKC PCT

Lead Manager: Richard Murrells

Multi Agency Group: T P Strategy Group

Action Summary	Partners/Officers Involved	Resources	Timescales
The successful Shepway model is currently being implemented in all districts across the county	TP Strategy Coordinator	Funding for more school nurse time to implement a high standard of SRE/ services	Oct 2008
	Child Health Commissioner Public Health West Kent PCT	Funding to ensure sustainability for development of West Kent clinics, presently will be delivered from Teenage Pregnancy Strategy monies, PCT may not core fund 2008-09	Oct 2008

Indicators to monitor improvement – Teenage Pregnancy

- Regular review of data submission
- Children and Young People of Kent survey to review SRE
- Number of schools assessed as delivering a high standard of SRE
- Number of clinical sessions available to young people in West Kent
- Outreach sessions where IT resources are available
- Monitor data entry in clinics and outreach sessions and currency of data available to KCC
- Number of new fathers projects in operation

4 AVOID PLACING YOUNG PEOPLE IN ADULT PSYCHIATRIC WARDS

Action: SG01 - Avoid young people in need of in-patient mental health services from being admitted to adult psychiatric wards

Priority: Recommendation / Important Weakness

Lead Agency: EKC PCT

Lead Manager: Trish Dabrowski

Multi Agency Group: CAMHS Strategy

Action Summary	Partners/Officers Involved	Resources	Timescales
a) Review 2007-08 u18s admitted to adult wards and number of serious untoward incidents produced	Child Health Commissioning Trish Dabrowski / Duncan Ambrose	Data from health providers Commitment and protected time from health commissioners and health providers	September 2008
b) Change KMPT contract to remove u18 activity from adult mental health contract (July)	Child Health Commissioning Trish Dabrowski / Duncan Ambrose	Commitment and protected time from health commissioners and health providers	June/July 08
Letter to introduce CAMHS performance measures into the KMPT and EKHT contracts (immediate)		Input from contracting teams and financial teams	August 08
Letter to provider to ensure admission of an u18 to an adult ward triggers a serious untoward incident report which is reported to commissioners (immediate)			June/July 08
Letter to ensure serious untoward incident reporting by providers to commissioners			June/July 08

Action Summary	Partners/Officers Involved	Resources	Timescales
c) Performance management of CAMHS activity to monitor placement of u18s and serious untoward incident monitoring	Duncan Ambrose	Contractual arrangements for specialist CAMHS providers from financial year 2008-09 Information Technology support for collation of data and analysis of information (July) CAMHS commissioner protected time (quarterly)	September 2008
d) Appointment of placement officer to monitor all in-patient admissions Introduction of regular Tier 4 reviews by an experienced Tier 4 clinician	Trish Dabrowski	Appropriate candidates Investment by host PCT and/or SHA	September 2008

Indicators to monitor improvement – Safeguarding – CAMHS under-18

- Formal report on u18s on adult wards 2007-08 produced
- Number of u18s admitted to adult wards reduced
- Number of serious untoward incidents regarding u18s admitted to adult wards reduced

5 IMPROVE THE SUPPLY OF SPECIALIST CAMHS FOR CHILDREN WITH LDD

Action: LDD 01 - Commence work to ensure that there is sufficient and accessible specialist CAMHS provision for children and young people with learning difficulties and/or disabilities

Priority: Recommendation / Important Weakness

Lead Agency: EKC PCT

Lead Manager: Trish Dabrowski

Multi Agency Group: CAMHS Strategy

Action Summary	Partners/Officers Involved	Resources	Timescales
<p>a) A multi agency project group will be tasked with looking at improving access to CAMHS for learning disabled children (May to September 2008). This will build on the Joint Strategic Needs Assessment and will help to align the range of provision which currently exists across the county</p> <p>A user reference panel system will be established to support service development</p> <p>This activity has been supported by investment in Eastern & Coastal Kent Teaching PCT and West Kent PCT to increase the provision on non-verbal therapies within mainstream specialist CAMHS</p> <p>6 month project of service development, followed by building business cases for multi-agency investment in the following commissioning cycle</p>	<p>Child Health Commissioning</p> <p>Trish Dabrowski / Duncan Ambrose</p>	<p>Commitment and protected time from health commissioners, health providers, children’s social services and education</p> <p>Approximately £170,000 of additional health funding will be available from April to September 2008, which is part of the £250,000 recurrent health investment in 2008-09</p> <p>Review of multi-agency spend on LDD CAMHS services</p>	<p>From September 2008</p>
<p>b) Performance management of CAMHS activity to monitor uptake of services by children with learning disabilities</p>	<p>Duncan Ambrose</p>	<p>Contractual arrangements for specialist CAMHS providers from financial year 2008-09</p> <p>Information Technology support for collation of data and analysis of information</p>	<p>September 2008</p>

Action Summary	Partners/Officers Involved	Resources	Timescales
		Additional resources for voluntary organisation providers may be required on a case by case basis CAMHS commissioner protected time	

Indicators to monitor improvement – LDD CAMHS

- CAMHS mapping proxy measures for LDD CAMHS
- Needs assessment conducted for children with learning disabilities and mental health needs
- Number of children with learning disabilities referred to Tier 3 CAMHS
- Number of children with learning disabilities accepted by Tier 3 CAMHS
- Change of referral criteria for Tier 3 CAMHS to accept children who would be unable to use a verbal therapy
- Number of children with learning disabilities admitted appropriately to Tier 4 services

6 IMPROVE THE NUMBER OF LAC RECEIVING ANNUAL HEALTH CHECKS

Action: LAC 02 – Improve performance on the number of looked after children (KCC LAC) receiving annual (review) health assessments

Priority: Important Weakness

Lead Agency: KCC - CFE

Lead Manager: Paul Brightwell

Multi Agency Group: LAC Strategy

Action Summary	Partners/Officers Involved	Resources	Timescales
<p>There has already been a marked improvement in performance since March 2007 – resulting in a Band increase. It is expected that further increases in performance as a result of the actions being implemented will be forthcoming during 2008</p> <ol style="list-style-type: none"> 1. A detailed action plan has been produced to address performance under PAFC19 – health of LAC, which focuses on both annual health assessments and dental checks. The action plan has already been approved by CFHE Senior Management Team and Cabinet Scrutiny Committee and is subject to regular review 2. A detailed analysis of annual health assessments and dental checks by the Data and Performance LAC issues group – to include an analysis of performance by district to establish any district variations in performance and reasons for this 3. Request (via Richard Murrells) for the extension of Eastern and Coastal Kent PCT’s dental screening at the initial health assessment to West Kent PCT area 4. To establish a baseline and develop an Action Plan where it applies to disabled LAC (LDD) 	<p>CFHE Children’s Social Services – Paul Brightwell</p> <p>CSS area managers (LDD)</p> <p>Trish Dabrowski</p>	<p>None – action plan already in place/actioned</p> <p>None</p> <p>None – action plan in place</p>	<p>December 2008</p> <p>July 2008</p> <p>Completed – April 2008</p> <p>December 2008</p>

7	EXTEND THE PROVISION OF LEAD PROFESSIONALS / WORKERS AVAILABLE TO SUPPORT LDD CHILDREN AND THEIR FAMILIES
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Action: LDD 02 – A lack for some families of a ‘lead worker/professional’ to support them in securing a coherent package of support spanning more than one service

Priority: Important Weakness

Lead Agency: KCC - CFE

Lead Manager: Joanna Wainwright

Multi Agency Group: Integrated Processes

Action Summary	Partners/Officers Involved	Resources	Timescales
<p>a) The Pathfinder Delivery Plan, for 2008-2010 to transform short break services, has recently been approved by DCSF. Key tasks include engaging with parents and disabled children and young people to design the service. For further detail see draft Planning Tool</p> <p>The Partnership with Parents (PwP) service will provide improved information and support for parents and carers and disabled children and young people with dedicated Disabled Children and Families Independent Supporters and Participation workers. PwP will work with other sources of support such as the Parents Consortium and SMAP. This improvement will be delivered through the Aiming High programme and the further development of the Kent Resource Directory for Children’s Services as part of the implementation of the ECM agenda through Local Childrens Service Partnerships</p> <p>Expand the use of the Children’s Disability Register to inform a wider range of parents</p> <p>The Short Breaks Pathfinder Programme will ease the pressure on referrals and access to support by</p>	<p>Education/ Disability Children’s Service</p> <p>Liz Totman</p> <p>Joanna Wainwright</p> <p>CSS</p> <p>DCS</p> <p>SDU</p> <p>Health/Lead Locality Commissioner</p>	<p>Resources identified in the Pathfinder Delivery Plan.</p>	<p>2008-2010</p>

Action Summary	Partners/Officers Involved	Resources	Timescales
<p>reviewing the eligibility criteria and developing a self assessment tool for parents/carers to have direct access to support services</p> <p>The early support model is to be expanded to primary aged children to ensure Lead Professional/Key Worker support</p>			
b) Continued roll out of CAF/Lead Professional training	<p>Education</p> <p>Mary Burwell</p>	Currently resourced via the CAF budget. Future resource needs have been included as part of the MTP submission. Awaiting outcome	Detailed in CAF delivery plan on-going
<p>c) To ensure staff feel mandated to implement Lead Professional/key worker role</p> <p>Rob Semens to advise regarding a blanket variation to job descriptions</p>	<p>Education</p> <p>Mary Burwell</p>	Currently resourced via the CAF budget. Future resource needs have been included as part of the MTP submission. Awaiting outcome.	Detailed in CAF delivery plan on-going

Indicators to monitor improvement – to address lack of lead worker / professional to offer support

- Please see Pathfinder Delivery Plan
- The LCSP will provide quarterly statistical reports including the breakdown of the agency and professional of those undertaking the Lead Professional functions
- An evaluation questionnaire is being sent to Practitioners, Parents/Carers, Children and Young People to support the evaluation of the impact of CAF and Lead Professional in these Pilots
- Critical performance indicators on integrated processes have been agreed – these will be monitored through the monthly highlight reports for the CAF/Lead Professional/Contact Point Project Board
- The LCSPs will also provide reports on Action Plans that the Lead Professional agrees with the Parents/Carers and the other professionals in the team around the child

8 IMPROVE THE TIME TAKEN TO SECURE HOUSING ADAPTATIONS FOR LDD CHILDREN

Action: LDD 03 – The time taken to secure housing adaptations to meet the needs of families with children with learning difficulties and /or disabilities and limited publicity for their entitlements in such respects

Priority: Important Weakness

Lead Agency: District Councils

Lead Manager: Chair of JPPB for Housing

Multi Agency Group: JPPB

Action Summary	Partners/Officers Involved	Resources	Timescales
<p>Scoping exercise with district councils to identify each of the council policies on disabled children (because they are all different). Then to identify best practice and agree a policy that is the same across all districts – with the aim of introducing a fast track approach</p> <p>Through the 2010 County Transition Group improve engagement and planning with District Councils, Housing Associations and other partners to secure appropriately adapted independent living accommodation on a planned basis for young adults going through transition</p> <p>To establish a baseline to understand the reasons for delay. District Councils have to agree DFG before CSS funds any necessary top-up. District Council waiting lists for funding vary across the county. To improve the referral to assessment time, two additional OTs will be recruited</p>	<p>Liz Totman</p> <p>Children’s Trust</p> <p>CSS Area Managers</p> <p>District Councils</p> <p>Occupational Therapy in Adult Social Services</p>	<p>To be agreed by chair of JPPB</p>	<p>To be agreed by chair of JPPB</p>

9 IMPROVE THE ACCOMMODATION AND RESOURCES AVAILABLE IN ALTERNATIVE EDUCATION CENTRES

Action: PAN 01 – The quality of accommodation and resources in alternative education centres

Priority: Important Weakness

Lead Agency: KCC CFE

Lead Manager: Sally Williamson

Multi Agency Group: 14+ Strategic Partnership

Action Summary	Partners/Officers Involved	Resources	Timescales
a) Service Level Agreements from September 2008 for Alternative Curriculum will contain minimum requirements for accommodation	Commissioning Attendance and Behaviour Service Sally Williamson Simon Fox	Allocation secured for Capital Funding as behaviour PRUs Further resources will be secured as part of Medium Term Planning process	The new model SLA will be available for Partnership use by September
b) Future funding allocations in respect of alternative curriculum buildings will be determined by Members	Joanna Wainwright SMT	This has been included as part of the MTP submission. Awaiting outcome.	Review complete before September
c) Training to be delivered to Cluster Staff and PRU leaders regarding effective tendering and commissioning of alternative provision	Commissioning Attendance and Behaviour Service Sally Williamson	This will be funded from the Attendance and Behaviour budget.	September
d) BSF and the Primary Capital Programme will incorporate, wherever possible, the co-location of alternative provision and existing PRUs	Commissioning Attendance and Behaviour Service SW AEO and LEOs in the relevant areas	BSF resources	From December 2008

Indicators to monitor improvement – to address quality of accommodation and resources in alternative education centres

- SLAs in place specifying minimum requirements for accommodation
- Alternative Curriculum Monitoring Team reporting improved standards of provision