

By: Graham Gibbens, Cabinet Member for Adult Social Care & Public Health  
Jenny Whittle, Cabinet Member for Specialist Children's Services  
Andrew Ireland, Corporate Director for Families and Social Care

To: Social Care and Public Health Cabinet Committee

Date: 5 December 2013

Subject: **Families and Social Care Performance and Mid-Year Business Plan Monitoring**

Classification: Unrestricted

---

**Summary:** The Families & Social Care performance dashboards provide members with progress against targets set for key performance and activity indicators for:

- Adult Social Care
- Specialist Children's Services

The mid-year Business Plan monitoring provides highlights of achievements to date for the divisions within the Families and Social Care Directorate.

**Recommendation:** Members are asked to note the Families & Social Care performance dashboards and the mid-year business plan monitoring report.

---

## 1. Introduction

1.1 Appendix 2 Part 4 of the Kent County Council Constitution states that:

“Cabinet Committees shall review the performance of the functions of the Council that fall within the remit of the Cabinet Committee in relation to its policy objectives, performance targets and the customer experience.”

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

## 2. Adults' Performance Report

2.1 The main element of the Performance Report can be found at **Appendix A**, which is the Adults Social Care dashboard which includes latest available results for the key performance and activity indicators

2.2 The Adult Social Care dashboard is a subset of the detailed monthly performance report that is used at team, DivMT and DMT level. The indicators included are based on key priorities for the Directorate, as outlined in the business plans, and include operational data that is regularly used within Directorate. The dashboard will evolve for Adults Social Care as the transformation programme is shaped.

2.3 Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes, and this will be a key element for reviewing the dashboard

### 3. Children’s Performance Report

- 3.1 The dashboard for Specialist Children’s Services (SCS) is attached as **Appendix B**.
- 3.2 The SCS performance dashboard includes latest available results, and year out-turn for 2013/14 for the key performance and activity indicators.
- 3.3 The indicators included are based on key priorities for Specialist Children’s Services, as outlined in the business plans, and includes operational data that is regularly used within Directorate. Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes.
- 3.4 Where frequent data is available for indicators the results in the dashboard are shown either with the latest available month and a year to date figure, or where appropriate as a rolling 12 month figure.
- 3.5 Members are asked to note that the SCS dashboard is used within the FSC Directorate to support the Improvement Plan.

### 4. Performance dashboard

- 4.1 With both the Adults’ and the Children’s reports, a subset of these indicators are used within the quarterly performance report, which is submitted to Cabinet.
- 4.2 As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.
- 4.3 Performance results are assigned an alert on the following basis:


**Green:** Current target achieved or exceeded

**Red:** Performance is below a pre-defined minimum standard





**Amber:** Performance is below current target but above minimum standard.

### 5. Mid-Year Business Plan Monitoring

- 5.1 The Directorate completed a mid-year Business Plan monitoring exercise, with the aim of identifying key achievements and areas where actions were not completed.
- 5.2 The report provides highlights of the mid-year Business Plan 2012/13 monitoring for Families and Social Care and is presented by Division.
- 5.3 Directorate Mid-Year Monitoring – Business Plan Dashboard

Division	Total Priorities	Total Actions	Total Actions completed	Total Actions on Course	Total Actions delayed or cancelled	Overall RAG Division		
SCS	5	18	1	17	0	AMBER		

Key: **Green** = Completed    **Amber** = Partially Complete/on course    **Red** = Stopped or will not be delivered

OPPD	6	20	2	18	0	AMBER	
LDMH	6	19	11	8	0	AMBER	
SC	14	48	11	37	0	AMBER	
Directorate Totals	Total Priorities	Total Actions	Total Actions completed	Total Actions on Course	Total Actions delayed or cancelled	Overall RAG Directorate	
	31	105	25	80	0	AMBER	

## 6 Specialist Children's Services Division

### Priority 1: Safeguarding and Protection – Deliver high quality rigorous and consistent frontline practice to safeguard children and young people

- 6.1 **Make sure that children and young people are safe and stay safe in every setting -**  
The Business Plan is intrinsically linked to Phase 3 of the Kent Safeguarding and Looked after Children Improvement Plan 2012/13. The Division presented a report to the Specialist Children's Service (SCS) Programme Board in July 2013, detailing which actions should be closed (as they have been embedded into 'business as usual' (BAU) practice) and which actions should be carried forward. Any outstanding actions from Phase 3 of the Improvement Plan have been incorporated into the Social Work Contract Implementation Plan to ensure robust oversight of progress, risks and issues. As a result, in August 2013, the Division was able to report that Phase 3 of the Improvement Plan was complete.
- 6.2 Furthermore, the Division completed actions from the post- Ofsted Inspection Action Plan. The Safeguarding and Looked After Children Improvement Board (Improvement Board) received a report in July 2013 detailing how the actions had been completed and a summary of the key outcomes achieved.
- 6.3 **Increase the awareness and understanding that keeping all children and young people safe is the responsibility of everyone in the community -**  
The Division completed a review of the Central Referral Unit to ensure clear decision making processes are in place implementing any recommendations. The Ofsted Inspection of Safeguarding in November- December 2012, found the 'front door' arrangements to be much stronger, and more efficient than in previous years.
- 6.4 A key recommendation from the Ofsted action plan was to ensure that children in need referrals requiring assessment are promptly transferred from the County Duty Team (CDT) to the Family Support Teams as soon as there is sufficient information to determine that an assessment is required. The action was implemented within the required timeframe of 6 months, and as a result of the new workflow process within CDT the timeliness of decision making has steadily improved. Cases requiring assessment by district teams are progressed as a priority, with an average of over 80% of these now being received by the Teams within 24 hours of CDT receiving the contact. All Child protection referrals are reviewed and progressed the same day, involving both the district teams, referrer, police and health partners in the initial Strategy discussion where this course of action is deemed

appropriate. (Progress reported in the Ofsted action plan, Safeguarding and Looked After Children Improvement Board meeting 29th July 2013).

- 6.5 The Kent Safeguarding Children's Board (KSCB) implemented an improvement plan in January 2013, and over the last 9 months there has been consistent and sustained improvement of all aspects of KSCB's governance, accountability and overall scrutiny, across the partnership. KSCB still has work to do, however it is aware of the areas in need of address.
- 6.6 **Promote understanding across all partners of thresholds for accessing statutory Specialist Children's Services –**  
Kent participated in the Local Authority Research Consortium (LARC) Round 5; research investigated: 'How do we effectively support families with different levels of need across the early intervention spectrum to engage with services within an overall framework of neglect?' The executive summary of the LARC 5 national report highlighted that '*Practitioners valued the Kent threshold document and used it to challenge complacency about signs of neglect*'.
- 6.7 Changes to Key or Significant Decisions since the publication of the Business Plan  
The report notes a change to Key Milestone A: To increase the number of Children's Centres judged good or outstanding. Since the publication of the Business Plan, the Kent Safeguarding and Looked After Children Improvement Plan has concluded. SCS is now working towards a 'two pronged' Transformation Plan, combining the work of the Efficiency Programme and the Social Work Contract Implementation work.
- 6.8 Discussions are currently underway between the Department for Education and the Leader, Paul Carter as to the future of the Improvement Notice currently in force upon Kent's Children's Services.

**Priority 2: Early Help, Intervention and Prevention – Provide a streamlined continuum of early help, intervention and prevention services to empower and enable children and families**

- 6.9 **Improving care planning and outcomes for Children in Need –**  
An audit of Child in Need (ChIN) assessments and plans has been completed in approximately 4,000 cases. There is an encouraging picture with regard to Child in Need planning and a focus on outcomes. There is still some work to do to ensure that the Child in Need planning tool is being used consistently across the County and some further learning for staff regarding activity and outcomes achieved. The Practice Development Programme will continue the focus on outcomes in all planning with children and their families.
- 6.10 97% of all Child Protection Plans ended with the construction of ChIN plans and the audit of these plans showed examples of SMART thinking, measurable timescales and a focus on continuing need.
- 6.11 The Practice Development Programme (PDP) has been designed to improve the sharing of best practice across the County with a focus on improving the quality of social work practice and management. This is part of our commitment to becoming a learning organisation in line with the recommendations made by Professor Munro. The programme is delivered by workshops, surgeries, 1:1 coaching and mentoring. Each District Surgery is designed around the needs of individual teams and district, and thus is reflective of the challenges faced in different places across the county. These sessions are led by Performance Officers, Principal Practitioners and expert consultants.
- 6.12 **Improve engagement of partners' front line staff in the Common Assessment Framework process –**

Early intervention and prevention services provided to families and children aged from 0-11 are currently provided separately across the Council. To support the development of strategy to bring those services into a single integrated service with a cohesive service offer to families in Kent, the Division hosted a 0-11 Integrated Services Workshop with multi-agency partners in September 2013. Feedback from partners will be used to inform the Programme as it moves forward. The results of the workshop were presented to the Kent Integrated Services Board in October. A newsletter of key programme developments will be issued in November 2013.

- 6.13 During the last six months Specialist Children's Services has engaged GP Common Assessment Framework (CAF) Champions, representatives of the Health Trust, and providers on the CAF Task and Finish Group in the development of various models to support GPs in the completion of CAFs. This work is progressing to ensure timely targeted interventions to reduce risks of safeguarding and higher level interventions being required.

**Priority 3: Ensure we respond to the needs of children and young people with complex needs and disabilities – Develop high quality child and family centred services which promote personalisation and respond to the needs of children and young people with complex needs and disabilities**

- 6.14 **Further develop the Disabled Children's Service –**  
Specialist Children's Services has improved the assessment and planning processes within Disabled Children's Services. Measured against the SCS Performance Scorecard-Disability Area (EK, WK and Sensory) September 2013, the Division has exceeded its target with over 19% of referrals with a previous referral within 12 months against a target of 22% which demonstrates robust application of thresholds and assessments. For children and young people with complex needs and disabilities, the percentage of children leaving care who were adopted 2013-14 is 25%, above the target of 13%. Children are consistently seen at Initial Assessment (96.1%) and Core Assessment (99.1%).
- 6.15 **Ensure service and providers are delivering to improve outcomes for children with complex needs and disabilities –**  
Work is continuing on the Special Educational Needs Pathfinder exploring opportunities of the Kent Card to deliver personal budgets. The Kent Card is now operational and is currently in the implementation stage across the County.
- 6.16 **Engage Health and Wellbeing Board to ensure health reforms respond effectively to the needs of children with complex needs and disabilities –**  
Local Children's Trust Boards, which are planned to function under the Clinical Commissioning Group level local Health and Wellbeing Boards, are currently developing local delivery plans to improve outcomes and meet needs for children, young people and families, including those with complex needs and disabilities within the district. These plans will support partnership work in localities and contribute towards addressing the seven areas of need. The locality plans are currently being developed alongside detailed action plans. The Disabled Children's Service is engaging with the development of plans to ensure the needs of the service remains a high priority.

**Priority 4: Effective Support to Children in Care. – Deliver effective support to Children in Care and improve their outcomes**

- 6.17 **Improve the quality of practice –**  
The Independent Reviewing Officer Service (IRO) has strengthened its focus around the quality assurance of care plans and on reducing drift in care, and from November 2013 all Children in Care plans will be quality assured by the service at least twice a year. The Independent Reviewing Officer Management Report April 2012-March 2013 reported 90

children/young people, out of 102 interviewed (88%) said they felt they could talk to their IRO about things that were worrying or bothering them.

**6.18 Implement the participation plan –**

Ofsted carried out an inspection of Kent's Children In Care (CIC) Services in July 2013. The final Inspection Report was received in August, where Ofsted judged Kent to be 'Adequate' with a 'Good' capacity to improve. The work of Virtual School Kent (VSK) and the educational attainments of our CIC were recognised by Ofsted as particular achievements. A CIC Action Plan is in place to address Ofsted recommendations.

6.19 VSK continues to progress plans to ensure a wider range of children in care are routinely made aware of how they can contribute to the development of the service or make complaints. The service has recruited Participation Apprentices to engage and encourage young people to participate at every level including chairing their own review and contributing to the development of the service with Our Children and Young People's Council (OCYPC),

6.20 The Children in Care scorecard measures performance with respect to participation of children in care at their review meetings. This has been consistently above 95%, although further work is taking place by the IRO Service on the quality of participation including the proportion of children that attend their review meetings and/or chair all or part of their reviews.

**Priority 5: Better use of resources – Ensure we use our resources in the most appropriate way, and develop where needed to deliver effective and efficient services for children and young people**

**6.21 Transformational planning –**

Work is in progress to develop and implement the Specialist Children's Services Transformational Plan. The work is being lead by the Children's Commissioning Unit and will incorporate the SCS Efficiency Programme and robust responses to a diagnostic run on the service by our service transformation consultants iMPower.

**6.22 Workforce Development –**

The Division is reviewing and enhancing the Learning and Development offer to staff. Of particular note, we are:

- a) Developing a much more substantial support package to Newly Qualified Social Workers (NQSW) through their **Assessed and Supported Year in Employment (AYSE)** with the offer of individualised personal educators to work alongside team managers and supervisors.
- b) Developing working relationships with both the University of Kent and Canterbury Christ Church University to develop closer partnerships between our higher educational institutes and front line staff, with a particular emphasis on developing some innovative input into the East Kent area (as a key part of our recruitment drive).
- c) The Practice Development Programme workshops and district surgeries offer front line staff a chance to share best practice with peers, and reflect on practice and challenges (and in turn increase confidence with the use of professional judgment).
- d) Hosting a series of Masterclasses given by Professors David Shemmings, Marian Brandon, Sue White, Eileen Munro and Isabelle Trowler Chief Social Worker for Children.

6.23 The Division completed a review of supervision activity this year as part of a plan to improve the quality of supervision and management oversight and direction in casework. A supervision survey was commissioned in early 2013 in order to seek the supervisee's experiences of supervision within Specialist Children's Services. This survey was conducted in February and March 2013. The survey highlighted that:

- 93% of staff received supervision on a 6 weekly basis, which is in line with the Council's supervision policy.
- 94% of the respondents stated that supervision was outcome focussed with clear remit and focus on the child/ young person.
- 94% of the respondents stated that supervision assisted them in focusing on the child's/ clients plan and provided guidance on what they needed to do to implement the plan effectively.
- 88% reported that supervision provided them with guidance and assisted with the work load management of individual cases.

6.24 A second supervision survey will be disseminated to staff in 2014 ahead of a new training programme. In-Trac, a training and consultancy service for local government has been commissioned to deliver two new programmes of supervision training to first line managers from January 2014.

6.25 **Staff recruitment and retention, sharing best practice and culture –**

As part of the strategy to improve recruitment and retention activity the Division has developed a new recruitment website which promotes 'Our Vision' and 'Kent as a great place to live', and careers in children's social care.

## 7 Older People and Physical Disability Division

### Priority 1: Prevention - Maintaining and Promoting Independence for service users by improving access to services, equipment and information, advice and guidance

7.1 **Improve public information to give people more information about independence, choice and control –**

Work is continuing on the preparation of an advice and guidance booklet for the public seeking to ensure that people have more information about independence, choice and control; a draft version will be available in December 2013.

7.2 **Promote enablement and target interventions so that fewer people become dependent on long term care and support services. Build community capacity and develop more inclusive access and participation –**

Progress has been made to increase use of enablement to prevent the need for long term care (domiciliary and residential) and provide out of hours access to enablement and intermediate care. Enablement capacity has increased by 39 FTE. Work is in progress to extend service operating hours, as part of the Boundaries Realignment Programme, which will increase access to enablement and intermediate care. Our Transformation Partner, Newton Europe, is tracking numbers of clients receiving enablement services and outcomes to help us improve services and ensure fewer people become dependent on long term care and support services. In addition, Newton Europe has developed care pathway and optimisation programmes, which are currently progressing in South West Kent, Dover and Thanet aiming to roll out to all areas by March 2014. Joint working with Kent Community Health NHS Trust (KCHT) is on-going to eliminate any duplication between KCC's enablement service, Intermediate Care Service (KCC and Health joint funded) and Rapid Response service (provided by Health).

7.3 **Service specific Developments: - Dementia, Autistic Spectrum Condition and End of Life Care –**

Progress has been made towards the implementation of the Integrated Dementia Commissioning Plan and the Dementia Select Committee recommendations. A key achievement to date has been the successful development and promotion within all teams of the adult placement service – Shared Lives utilising funding secured from Dementia Challenge. Dementia continues to be a priority area for Joint working with Kent and Medway Commissioning Support Unit and Clinical Commissioning Groups (CCGs) and services are in development to support early identification, diagnosis and support.

Progress has been made on the implementation of the Prime Minister's Challenge bids in relation to Dementia friendly communities and increasing inter-generational community cross over and involvement. A rolling programme designed to support development of at least 12 dementia friendly communities across Kent is in place.

7.4 The Autistic Spectrum Conditions (ASC) team has been fully implemented and a business case has been jointly developed with Kent and Medway NHS and Social Care Partnership Trust (KMPT) for CCGs to commission capacity of the NHS Diagnostic elements of these services where there is a significant waiting-list building. Our target to increase the provision of voluntary sector based support services for people with ASC has been achieved; Advocacy for All, a third sector organisation, has established peer support groups running successfully across the county. Family support groups for people with ASC are currently being developed. Development of an integrated framework for End of Life care in Kent is in progress.

7.5 **Improve access to services for carers –**  
Kent is taking part in a national pathfinder project to use pharmacies as a means of reaching carers. Carers First, an independent charity, has entered into a formal partnership with Boots the Chemist to support and help carers in South West Kent as part of the pilot. Carers First literature is provided in prescription bags and joint working is on-going to pilot drugs administration training for Carers. We are close to achieving our target to ensure that 70% of contacts with Local Referral Management Systems receive information, guidance, and sign-posting to appropriate voluntary sector support.

7.6 **Further promote the use of assistive technology and other equipment to enable people to live independently –**  
New Telecare champions have been created in each Area to encourage take up of tele-technology equipment to support people in community settings; the number of users of tele-technology has continued to increase. Work is continuing with Newton Europe as part of the improvement cycle to increase telecare uptake which will enable more people to live independently.

**Priority 2: Prevention - Transformation of service provision incorporating service review and redesign to increase efficiency, remove duplication and achieve value for money**

7.7 **Continue to develop and implement the Transformation Programme to identify new ways of working –**  
The successful delivery of Phases 1 and 2 of the Boundaries Realignment Programme has supported the continued development and implementation of the Transformation Programme to identify new ways of working. Further development of the Locality Referral Management Services, will encourage increased and faster take up of enablement services and ensure enablement and/or enabling support is at the heart of our service offering. New clients are now assessed for enablement services at first point of contact, encouraging more self-care and independence, rather than domiciliary or residential placement unless this is required by assessment.

7.8 Work has continued on the development of alternative models of care (specifically technological solutions); new items of assistive technology are currently being trialled with sensory impaired service users and people with autistic spectrum conditions. Successful implementation of Model Office in Dover and Thanet to optimise qualified professional time for service user contact, and support services for business processes will be rolled out to all other localities by June 2014.

7.9 **Review services to identify more efficient processes e.g. assessment and enablement and co-ordination –**  
The Boundaries Realignment Programme is developing and implementing more efficient team structures to ensure more efficient services for our clients.



- 7.10 **Identify opportunities for joint work with partner agencies to reduce any duplication**– The Division has expanded assessment and review clinics and fast track services, working with partners such as Gateway, District Councils, independent and voluntary sector providers. Deaf Services clinics are now established in Gateway across the county providing easy and timely access to information, advice, guidance and assessment. The Division will expand the use of Integrated Care Centres for more complex case assessment and review clinics and continue work with KCHT to utilise community hospital facilities. Work has progressed in developing one Assessment and single Anticipatory Care Plan with health providers. Anticipatory Care Plan is currently being trialled in Dartford, Gravesham and Swanley.

**Priority 3: Partnership - Building partnerships and improved relationships with a wide range of private, independent and health partners to ensure services are outcome focused and achieved**

- 7.11 **Work with the new Clinical Commissioning Groups (CCGs) to ensure coherent processes and systems across health and social care and to identify opportunities for integrated commissioning and working –**  
Clear governance structures have been implemented including integrated commissioning groups and joint area Health and Social Care Integration Steering Groups with CCGs, KCHT, KMPT and voluntary and community sector organisations. To support the establishment of coherent processes and systems across health and social care and to identify opportunities for integrated commissioning and working the Boundaries Realignment Programme has aligned senior and middle management structures with CCG boundaries. The alignment has supported the development of single points of access and move towards extended hours working 8am to 8pm over 7 days per week. Multi-Disciplinary Team Meetings take place in the majority of areas linked to risk stratification and Anticipatory Care Plans are being piloted across Kent. Supporting tools for people with Long Term Conditions have been developed including 'Patient Knows Best' in Swale and South Kent Coast.
- 7.12 Joint health and social care integrated teams are being developed with co-location of social care teams and KCHT teams at Joynes House, Gravesend and in other Areas the alignment to GP practices and KCHT Neighbourhood Care Team structures. Further work will progress in line with the Boundaries Realignment Programme. Integrated referral management systems have been created for GPs in North Kent, Thanet and West Kent and plans are in place for South Kent Coast, Ashford and Canterbury. This work includes the pilot of Health and Social Care Coordinators in West Kent, Canterbury and Swale. Locality Referral Management Systems are working closely with Kent Community Health Trust Local Referral Units as they are introduced across Kent.
- 7.13 A new discharge model has been developed – 'Own bed, best bed' in Maidstone and Tunbridge Wells Hospitals in partnership with East Kent Hospitals Foundation Trust. A Self-Management Steering Group has been established with an action plan in place to deliver a coordinated approach to self-care/self-management across all partners to implement a new methodology.
- 7.14 A Local Professional Network has now been established facilitating integrated health and social care commissioning for eye health and related rehabilitation and support services. Peer support programmes for visually impaired people have been developed and a pilot self-management programme for deaf people in partnership with Hearing Link is currently being trialled.
- 7.15 **Work with housing providers to increase housing choices for older and disabled people –**

Progress has been made on the Farrow Court Dementia and vulnerable adults' friendly community development in Ashford working in partnership with Ashford Borough Council.

- 7.16 **Changes to Key or Significant Decisions since the publication of the Business Plan**  
The Division has been successful in its submission to become a Department of Health Integration Pioneer and is now one of 14 Pioneers to deliver integration at pace and scale. Kent's bid outlines key deliverables for whole system integration across commissioning and provision. To help facilitate this work an Integration Pioneer Steering Group has been developed, this will identify key aims and priorities for delivery and coordinate the implementation of the Integration Transformation Fund, reporting to Kent Health and Wellbeing Board.

**Priority 4: Procurement - Managing the market and commissioning intelligently to gain best value, flexibility and choice**

- 7.17 **Manage the market to ensure value for money and to provide choice including for people on direct payments –**  
On 1 November 2013 carers short break services came into operation including a high degree of flexibility for carers and those they care for especially for crisis response.
- 7.18 **Kent Card –**  
A review of the contract for Kent Card has been carried out and a re-tender is in progress with the contract due to be awarded in January 2014. Once completed, the new Kent Card will become the default option for delivering Direct Payments.
- 7.19 **Personal Health Budgets –**  
Development of an Integrated Personal Budget Programme with South Kent Coast CCG and KCC to test integrated budgets to inform wider roll out across the country has progressed with a total of 20 users currently on the Integrated Budgets Programme. Work with the NHS on the delivery of personal health budgets for Continuing Health Care is ongoing seeking to deliver a seamless service for clients who transition from social care funding into health funding.

**Priority 5: People - Promote personalisation for users to ensure increased choice and control with services offered being accessible and driven by customer demand**

- 7.20 **Further promote personalisation giving people genuine choice and control over their lives –**  
The existing Kent Card offer has been further developed for use by people who opt for Direct Payments and for use in Personal Health Budgets for people who are in receipt of Continuing Health Care Funding.
- 7.21 **Ensure services are customer-centric with clear information, access, complaints processes and quality assurance –**  
A review of Customer Care Teams in FSC was completed and it was decided to keep Adults and Children Customer care teams separate to ensure best service delivery.
- 7.22 The Division continues use of Co-Production for the development of dementia and Adult Social Care services. The Social Innovation Lab Kent (SILK) is an integral partner in our Dementia Friendly Communities Programme and all community development work is based on model of community asset mapping and co-production.
- 7.23 **Continue to review safeguarding arrangements to ensure the protection of vulnerable people –**

Work continues with partners, including the NHS, police and criminal justice system to safeguard vulnerable people and, if they are victims of crime, ensure they have access to justice and support. A countywide 'Team' approach for Safeguarding Coordinators and Senior Practitioners (Safeguarding) has been developed and will be managed by a new countywide Safeguarding Manager reporting to an Assistant Director. Interviews for this new role take place in November 2013.

7.24 Continued close working with the care sector has improved dignity and quality in care. Quality issues and areas of practice are a regular item of Provider Forum discussion and the Division participates in CCG led Care Home Quality initiatives.

7.25 **Workforce development –**

The Organisational Development Plan for the division is in place and Learning and Development sessions commissioned including modular based development programmes for case management staff. Work continues on the development of the approach to Assessed and Supported Year of Employment.

**Priority 6: Financial, Quality and Policy Challenges - Future planning of service and budgets within the division to meet legislative requirements on time with the minimum of disruption to end users**

7.26 **To monitor progress of the Care and Support Bill to prepare for any changes and assess the impact it will have on services in Kent (e.g. changes to legislation, charging) –**

The Division has initiated a Policy Sub group to review the Care and Support Bill and initial workshop and engagement sessions took place in October 2013 to prepare for changes and impact on services.

7.27 **Prepare for legislation that is likely to reform SEN and disability services –**

The division is working with the Learning Disability division to explore policy changes under discussion for Physical Disability, Autistic Spectrum Disorder and Sensory Services once the Children and Families Bill is ready to receive royal ascent, expected in April 2014. Central Government is currently consulting on draft regulations likely to reform SEN and disability services and briefing information and feedback from pathfinder projects in Kent is currently being produced.

7.28 **Quality and Policy compliance –**

Panel and Risk Management meetings have been established in the areas to ensure that service users access the right service at the right time at the right cost. Ongoing quality audits are taking place in order to monitor and improve the quality of practice and safeguarding. The divisional management team is meeting on a regular basis with colleagues from Strategic Commissioning and Chief Nurses from the CCGs to monitor the quality in care provision.

7.29 **Implement the Transformation programme –**

Social Care Teams are engaging with the Transformation Partner to implement changes identified within the diagnostic evaluation. A review of the model of care at Gravesham Place, Westview and Westbrook House Integrated Care Centres is contributing to greater clarity about how the resources and related services can be used to best effect to meet the challenge of the Transformation.

## **8. Learning Disability and Mental Health Division**

**Priority 1: Prevention - Promote enablement, the use of assistive technology and community based interventions so that fewer people become dependent on long term care and are supported to plan for the future**

- 8.1 **Promote enablement and target interventions so that fewer people become dependent on long term care services -**  
The Learning Disability Supporting Independence pathfinder project has commenced in Dover and Thanet with plans to schedule a second project in Dartford, Gravesend and Swanley by March 2014. The delivery of the Mental Health Short Term Recovery Model has progressed with the model being implemented within all Mental Health teams in April 2013. A new Short Term Recovery (STR) establishment has been put in place. Guidance on STR has been developed to support the service and a robust performance framework is currently being developed in order to enable reporting against the new service model.
- 8.2 **Build community capacity and develop more inclusive access and participation -**  
Learning Disability (LD) services has improved access for services to careers through primary care and community locations; every GP has a named LD nurse and nursing group sessions are provided, and LD has a high-street presence in a number of Gateways across the county. The same model has been applied within Mental Health (MH) services, with primary care nurses working alongside each GP practice. The service has established a Primary Care Steering Group which is developing a referral pathway.
- 8.3 The Division completed a restructure of the LD in-house day care team this year. A further review is planned to establish whether changes have been successful. LD has put out to tender the outsourcing of Independent LD Day Services for four services with an employment and training focus. The project is on schedule and the new contracts are expected to commence in April 2014.
- 8.4 **Improve access to services for carers -**  
All known eligible careers are now signposted to contracted providers for Careers Assessments and Support. The number of LD carers receiving a Carers Assessment has increased by 3% for the period March to September 2013. In order to highlight the importance of carers as expert partners in care, the LD and MH teams have identified Carer's Leads within each team to support the carer's agenda.
- 8.5 **Further promote the use of assistive technology and other equipment to enable people to live independently -**  
A six month pathfinder project to trial new telecare and assistive technology equipment with 20 LD clients in Canterbury and Swale commenced in October 2013. The aim of the trial is to increase the uptake of people in receipt of and effectively using assistive technology to reduce staff support, and will monitor the savings and outcomes for individuals.
- 8.6 **Improve public information to give people more information about independence, choice and control -**  
LD completed an internal audit on the use of Personal Budgets to assess staff awareness and understanding of personal budgets and associated payment methods. A new action plan was implemented and the Direct Payment process has been updated, with a programme of training and communication in place to embed staff awareness across the service. The process around the monitoring arrangements for MH Personal Budgets is being reviewed alongside the MH service workforce reviews.
- 8.7 In order to ensure the Council is delivering easy read information for individuals with learning disabilities, an Easy Read Specialist has been funded until December 2013 to develop easy ready publications, including easy read presentations for the Winterbourne Programme, Joint Self Assessment Framework and the LD Annual review.

**Priority 2: Productivity - Review services and processes to support the delivery of lean efficient services with minimal duplication**

- 8.8 **Continue to develop and implement the Transformation Programme to identify new ways of working -**  
An overarching care management strategy for adults with learning disabilities has been clearly defined and fully implemented countywide. An LD establishment has been developed and East Kent LD teams are being realigned to ensure an equitable service across the County; Ashford and Shepway is currently in the planning phase due for completion by March 2014. The review of the Approved Mental Health Practitioner Service has been completed and implementation of the findings is planned for October 2013.
- 8.9 Work is progressing to ensure enablement and/or enabling support is centre to our service offer in relation to assessment, support planning, personalisation and service delivery. An enablement pilot is currently in progress and due to be completed by April 2014. Should it be successful, the service will be rolled out across all localities by April/May 2014.
- 8.10 The Division achieved a key objective in July by reducing the number of clients placed in residential care to 1260. The current number of people in residential care is 1255.
- 8.11 **Review services to identify more efficient processes -**  
The review of Personalisation Coordinators and the way the Directorate delivers personalisation has concluded and recommendations were implemented. A new staff and management structure has been established and a specific support function for the Division is now in place delivering on all Supporting Independence Services (SIS) and residential packages.
- 8.12 A review of the Swift system to ensure data is of a good quality, purposeful and up to date is currently underway, expected to conclude in March 2014.
- 8.13 **Identify opportunities for joint work with partner agencies to reduce any duplication-**  
The LD Service Level Agreement has been reviewed with agreement from KCC and KCHT that the partnership is working effectively. The MH partnership strategy has also been reviewed and an agreement reached to commit to the partnership agreement with KMPT.
- 8.14 To support the review of current transition arrangements in adult social care a Transition Steering Group has been established to ensure smooth transition and that the right support is available to assist people to lead independent lives. A Transition Project brief is currently being developed to review the current transition arrangements with a report due to the Transition Steering Group in December 2013. The Transition Steering Group is also linking with the SEN agenda and looking at the implications of facing the challenge.

The report notes that the review of the ILS service, planned for completion in September 2013, ready for formal consultation on future service models is currently on hold pending the outcomes of the enablement pilot.

**Priority 3: Partnership - To work with key partners to improve outcomes for service users and promote personalisation**

- 8.15 **Work with the new Clinical Commissioning Groups (CCGs) to ensure coherent processes and systems across health and social care and to identify opportunities for integrated commissioning and working -**  
Work is in progress to raise awareness of the integrated LD teams and to improve joint working practices. An annual review will be completed in November the findings of which will be circulated to the CCGs to raise awareness of the integrated LD teams and the services they offer. Progress has been made to increase access for people with learning disabilities to prevention, screening and health promotions. All LD clients are offered an annual health check and health screening services. Continuing work with CCGs has built on and improved joint working practices for adults with Mental Health needs. Mental Health

commissioners are currently working with CCGs to develop a pathway for primary care MH services.

**8.16 Work with housing providers to increase housing choices for disabled people -**

The Division continues to work in partnership with Strategic Commissioning to ensure that there is suitable LD accommodation to support all assessed needs and that as many eligible users as possible are in stable accommodation.

**8.17 Work with the Kent Learning Disability Partnership Board to improve delivery on key areas for people with a disability -**

District Partnership Groups and Partnership workstreams have been supported to deliver and report against their respective annual plans. At an LD Partnership Board held in July 2013 each District Partnership Group delivered a presentation on how they had delivered against their district plans. The presentations were published on the Kent Learning Disability Partnership Board website. The LD Partnership Structure is to be reviewed as part of the action plan.

**8.18 Work with KMPT to improve outcomes for service users and promote personalisation**

Progress has been made to improve the professional supervision and support for social care staff, including training and communication through the development of a supervision structure chart and supervision training commissioned for all managers at KR11. The outcomes of a supervision audit were reported to the Division in May 2013 and as a result an action plan has been produced to include development of a workload management tool.

**Priority 4: Procurement - To work alongside procurement and strategic commissioning to ensure that the market is able to provide services at the best price and quality to meet individual outcomes**

**8.19 Develop the access to resources arrangements to purchase services at the best price and quality -**

A review of the Adults Access to Resources Team Unit has been completed and the new structure has been implemented. The Division is progressing work with Strategic Commissioning to develop a procurement strategy to ensure effective purchasing mechanisms are in place, and placements are value for money for the individual and Council.

**8.20 Develop commissioning plans for specific service areas -**

The review of the Adult Placement Service has been completed and the Shared Lives Programme is in the process of implementation.

8.21 An informal consultation on LD respite services was completed earlier this year. The strategic options for a new short break/respite service are being considered with our Transformation Partner, Newton Europe, as part of the Transformation Partnership Programme.

8.22 The Division completed a review of the transport arrangements for Adult Social Care service users. A new transport policy was produced, and the new transport arrangements have been implemented. LD will further review the in-house transport system for service users who receive Council funded transport in order to access services.

8.23 Work is in progress to develop community hubs in Shepway, Tonbridge, Tunbridge Wells, Dartford, Canterbury and Dover by March 2014. Community hubs in Thanet and Gravesham are still in the planning phase.

**PRIORITY 5: People - To ensure that service users are kept safe and enabled to achieve genuine choice and control. To ensure staff are supported to promote personalisation and deliver the core business**

- 8.24 **Further promote personalisation giving people genuine choice and control over their lives -**  
 MH services are in the process of developing a personalisation action plan to drive up the number of personal budgets. The number of direct payments continues to increase and is currently at 580. LD services currently have 1094 clients in receipt of a direct payment and 87% have a personal budget both of which show an upward trend.
- 8.25 A coordinated approach in delivering supported employment has been developed to ensure as many eligible users as possible are in supported employment. The Kent Supported Employment contract has been reviewed with LD services reporting 4% of clients in supported employment compared to MH services with 13%.
- 8.26 **Continue to review safeguarding arrangements to ensure the protection of vulnerable people -**  
 The Division continues to work with partners, including the police and criminal justice system to safeguard vulnerable people and, if they are victims of crime, ensure they have access to justice and support. A review of LD Safeguarding is due to report in October 2013.
- 8.27 **Ensure services are customer centric with clear information, access, complaints processes and quality assurance -**  
 Workforce development – A number of service areas across the Division have been reviewed and restructured including;
- LD In-house Day Care
  - MH staff at grade KR11
  - MD administration and clerical staff
  - MH Care Management Assistants
- 8.28 Each service change has identified training needs which have been fed into the Directorate Organisational Development Plan and will inform an overarching workforce plan for adults with learning disabilities and mental health needs to ensure we have the right people, in the right place, with the right skills to meet business need.

**PRIORITY 6: Financial & Policy Changes - To monitor and prepare for any legislation that may impact on financial projections and/or policy**

- 8.29 **Continue to ensure value for money and check that every penny counts -**  
 To ensure value for money, the Adult Access to Resources team has utilised the cost setting guidance in order to allocate funding according to individual assessed needs within Learning disability and Mental Health.

**9. Strategic Commissioning Division**

**PRIORITY 1: Continue to develop and implement the Transformation Programme to identify new ways of working – The transformation programme will deliver FSC's contribution to Bold Steps.**

- 9.1 The Transformation Partnership Programme (led by Newton Europe) is now moving from the design phase to the implementation phase. The key activities are already included within the business plan, but a particular programme is the home care tender.

**PRIORITY 2: Ensure we provide the most robust and effective public protection arrangements - Improving quality of practice for adult safeguarding**

9.2 Key Achievements:

- Completion of OPPD deep dive audit – feedback has been provided to CMM, Cabinet Member for Adult Social Care and Public Health, DMT, DivMT and practitioners.
- Completion of LD deep dive audit – the final report is currently being produced and feedback will be provided to CMM, Cabinet Member for Adult Social Care and Public Health, DMT, DivMT and practitioners.
- Refresh and restate workshops delivered May/June 2013 – these were very positively received by all who attended.
- An internal Mental Capacity Act (MCA) Audit programme has been established.
- MCA practice workshops delivered following OPPD deep dive audit recommendations.
- BIA training has been commissioned and will be delivered in February 2014.
- Additional places on safeguarding training courses have been provided.
- Quality Surveillance Group monthly report produced for Corporate Director FSC.
- Serious Case Review Action Plans have been updated for Mr J and Mrs G.
- Completion of CRU case file audit.
- Engagement with ‘Making Personal Safeguarding’ - Practice initiatives are in place across the County, to encourage and support people to be at the centre of safeguarding practice.
- Neglect Policy has been revised.
- New structure of Kent and Medway Safeguarding Adults Board has been implemented
- Recruitment to Safeguarding Co-ordinator post within the Adult Safeguarding Unit.
- Implementation of governance review of the Kent and Medway Safeguarding Adults Board.

9.3 Key Issues for Priority 2

- 1.1, 1.2, 1.3 2.3 Implementation of CMM action plan following the OPPD deep dive audit.

**PRIORITY 3: Embed New Commissioning structure and improve how we procure and commission services – Continue to improve processes, develop the market to allow maximum choice, support the local economy and deliver VFM in line with ‘Bold Steps’, ‘The Kent Compact’ and ‘Spending the Council’s Money’**

9.4 Key Achievements:

- The Accommodation Strategy is on target for completion
- Home Care Tender Wave 1 has commenced on target for contract let March 31<sup>st</sup> 2014
- Voluntary Sector conference to co-produce prevention strategy and share effective new ways of working was very successful

**PRIORITY 4: Ensure there is a range of vibrant community based services to divert people away from health and social care systems – To deliver a range of health and well-being services designed to promote independence and continue older people’s active involvement in their community regardless of age or condition**

9.5 Key Achievements:

- Befriending Grants let, in order to combat social isolation and inform thinking regarding ways of promoting social inclusion and reducing loneliness
- Carers Shortbreak Contract let – service goes live in November 2013
- Carers Assessment and Support Contract delivering well against agreed KPIs and exceeding target for identifying new carers



- The Kent.gov.uk/carer web pages have been reviewed and updated with the latest information on services and support.
- Dementia Friendly Communities Programme and Team in place – working with communities across Kent to improve understanding and awareness of Dementia
- Dementia Diaries launched – innovative book designed to help children understand dementia
- Dementia Shared Lives Case Manager in post recruiting host families and working with teams to identify people to use support

9.6 Key Issues for Priority 4:

- 1.3 Additional investment in more Care Navigators on hold whilst work on care pathways and optimisation continues to ensure return on investment
- 2.3 Community Chest on hold funding required to ensure balanced budget
- Milestone: Making It Real Launch event – has not happened, DMT decided not to proceed earlier in year and wanted more work to be done. Proposal to be pre-presented to DMT in November

**PRIORITY 5 : Sustain within the community people who require help and support to meet their health and care needs – Working towards integrated services that seek to maintain a person within the community and out of residential care or hospital**

9.7 Key Achievements:

- Integrated Commissioning Groups established with all CCGs, good networks and relationships developing
- Flex Home Care Contracts in place in Dover and Thanet, service slowly expanding will require evaluation to determine decision about roll out in other areas
- Falls pathway agreed with all CCGs and presented at Kent Health and wellbeing board
- Grant agreements in place for Postural Stability Classes in West Kent

**PRIORITY 6: Take people with identified risk factors who have suffered a critical incident – Targeted interventions that aim to restore a person back to a preceding state of health and well-being**

9.8 Key Achievements:

- An integrated urgent care dashboard is now in place for the area covering EK CCGs and reported monthly to East Kent UC/LTC Board

9.9 Key Issues for Priority 6:

- Action 1.1 unable to progress the Neuro Rehab Strategy as the NHS have not resourced taking this forward at the moment

**PRIORITY 7: Ensure there is a Strategic Framework for Commissioning for Children and Young People- An overview of the strategic priorities for Children's Commissioning**

9.10 Key Achievements:

- Parents of disabled children fully represented on JCB sub group and Short Breaks Steering Group
- Disabled Young people involved in evaluation of tender for family advice service
- Joint working groups x3 set up with Health & ELS re children with SLCN/ Challenging behaviours/ Physical Disabilities
- Provider forum for disabled children's providers set up
- Staff (3 from Disabled children) undertaking accredited qualification in Commissioning

**PRIORITY 8: Early Intervention and prevention (Children)- We will ensure there is investment in early help, intervention, and prevention services**

9.11 Key Achievements:

- Finalisation of suite of commissioned services as agreed
- Review and implement new performance monitoring system which has enabled greater understanding of progress against targets for both providers and commissioning
- Evidence of outcomes beginning to be shown but also evidence developing for where changes need to be made.
- Work starting on joint outcomes framework for in house and commissioned services
- Performance management framework completed

9.12 Key Issues for Priority 8:

- 2.1 On the whole, services are meeting their outcomes, although we now recognise that outcomes specified do not meet the current expectations in order to make savings. The services are being reviewed in this light.
- Milestone: EIP strategy review not appropriate right now, as we are moving into Transformation potential shift in service ownership may introduce different parameters of thinking. Probably should be delayed until next year after 0-11s is completed
- Child level outcomes proving difficult to measure due to the limitations of CAF. We are currently pulling together names of cases closed in the last six months and will do a data matching exercise with CAF but this is a manual exercise. Need child level progress post intervention to give some indication of cost effectiveness and value for money. In progress

**PRIORITY 9: Disabled Children – Ensure KCC responds effectively to the needs of children and young people with SEN and disability in Kent**

9.13 Key Achievements:

- Pilot for utilising same Direct Payment Support service for 18 to 25 year olds as for children underway to inform joint specification with Adults Social Care
- SEND Pathfinder Local Offer for Social Care key questions drafted with parents and content of response under development

9.14 Key Issues for Priority 9:

- 1.2 Challenges in involving CCG in confirming financial contributions regarding overnight short breaks as a result of closure of Preston Skreens
- 2.3 Work on implementing use of the Kent Card for direct payments for children to support personalisation work is delayed to next year because of a change of provider of Kent Card and concerns from KCC Finance.
- 3.1 Children involved in individual services evaluation but no strategic input. Awaiting guidance from full JCB on setting up of CYP forum

**PRIORITY 10: Children's Centres – Review and reform of children's centre provision as part of KCC's Future Service Options programme**

9.15 Key Achievements:

- Full public consultation on 'Shaping the Future of Children's Centres in Kent' completed with over 6000 responses

9.16 Key Issues for Priority 10:

- Kent's Children's Centres have been the subject of a public consultation 'Shaping the Future of Children's Centres in Kent' to consider the future shape of the programme in

terms of numbers of Centres, changes to operating hours and management .The consultation ended on the 4th October 2013 with over 6000 responses .A decision is to be made by the Cabinet Member for Specialist Children's Services in December 2013

**PRIORITY 11: Health and wellbeing (Children) – Delivery of services that promote good health and wellbeing for young people in Kent to ensure positive outcomes for these children**

9.17 Key Achievements:

- Robust performance management framework in place for Catch22 contract
- Successful review of current leaving care service, development of future service options and implementation of preferred options

9.18 Key Issues for Priority 11:

- 1.2 - CCG funding has been secured, however specification has been recently amended and further agreement required for new service to start April 2014
- 2.1 - SCS Operational colleagues have become less convinced of the need for a therapy framework and lack of consistent information on current spend has stalled further development. Priority has been given to joint - commissioning of post abuse and sexually harmful behaviours service.
- 3.1 - CiC model has been developed, service provider level of vacancies have delayed embedding of model. This is being managed through monthly performance meetings led by West Kent CCG as lead commissioner. Contingency planning is underway.

**PRIORITY 12: Children Living Away From Home – Review and manage contracts for services for children living away from home to ensure these young people are getting the best service possible, for good value**

9.19 Key Achievements:

- Establishment of ART, policies, procedures, referral forms etc. Successful in-house fostering pilot for North and West, leading to a proposal to extend the pilot across the rest of Kent. Successfully taking over the management of invoicing for fostering and residential placements.
- IFP Framework implemented June 2013, and leading to cost savings of £130,000 (June to Oct 2013)
- The future service options for unaccompanied asylum seeking children is now incorporated into priority 11 4.2
- £132k savings forecasted. Target is £51k.
- All procurement carried out in line with public procurement regulations. Contracts Board to be established in November to ensure more robust planning is in place for the future procurement of services.

9.20 Key Issues for Priority 12:

- 1.1 - The removal of delegated authority from KMCS staff that attend JRAP may impact on securing health contributions to residential placements
- 1.4 - The future service options for children's homes is still in the understanding phase. Product description identifying future service options to be written by the end of November 2013.

**PRIORITY 14: Support the delivery of FSC key business objectives with timely, relevant, effective information management. ADULTS – The Performance and Information Management team will develop and provide services that support delivery of key business**

## **objectives- to support transformation programme and ensure adequate recording and scrutiny of safeguarding data across the Directorate**

### 9.21 Key Achievements:

- Monthly reporting to DMT and DivMT for key performance indicators
- Monthly reporting of activity lines and production of forecasts with teams to support budget monitoring
- Development of operational reports to enable operational teams to manage their own performance
- Improved data quality
- Delivery of end of year statutory returns
- Consultation and production of the Local account, with additional monthly bulletins, with users, carers and agencies to update on performance priorities and areas of development.
- Reporting to CC
- Working in partnership with Newton Europe to develop projects and savings.
- Linking national developments for performance management with Directorate reporting, including starting the Zero based review project, linked with oracle recoding project and boundary realignment project
- Support to Strategic commissioning colleagues relating to provider analysis and mapping.

## **10. Risk and Business Continuity Management**

### 10.1 Directorate Risk Register

The Directorate Risk Register is reported to the Directorate Management Team (DMT) on a quarterly basis. New or emerging risks are reported and DMT maintains oversight as levels of risk fluctuate.

10.2 Each Division maintains a Risk Register. A register is maintained for the Children's Improvement Plan (which is being replaced by the Social Work Contract Programme). Risk Registers are also maintained for other key programmes of work such as the Transformation Programme.

10.3 The 2013/14 Business Plan highlighted key risks from the Risk Register applicable to each Division. Since the publication of the Business Plan all Risk Registers have been reviewed and updated to reflect new or emerging risk; where existing risks have become more significant this is reflected in the Risk Register.

10.4 New risk(s) have been identified associated with realigning the structure of OPPD following the creation of Clinical Commissioning Groups. Risks arising from preparation for the legislative changes with the Care Bill have become more significant since the publication of the Business Plan. Other risks associated with the implementation of the Health and Care Act 2012, and responding to areas of developing need have decreased.

### 10.5 Business Continuity Management

Since the publication of the Business Plan the Corporate Business Continuity Management (BCM) arrangements were reviewed and approved by the Corporate Management Team on 25th June 2013.

10.6 The Directorate completed significant work in 2012-13 to develop and implement Business Continuity Plans for each service. Where these plans have been implemented they are still valid and continue to be used.

- 10.7 The Directorate has an established Programme Plan which ensures that Business Impact Assessments, Risk Assessment and Business Continuity Plans are reviewed and updated at least every 12 months. Updated Business Continuity Plan in line with the revised KCC framework will be implemented in line with the Programme.

## **11. Recommendation**

- 11.1 Members are asked to note the Families & Social Care performance dashboards and the mid-year business plan monitoring report

## **12. Background Documents**

- 12.1 None

## **13. Contact details**

### **Report Authors**

Steph Abbott  
Head of Performance for Adult Social Care  
01622 221796  
[steph.abbott@kent.gov.uk](mailto:steph.abbott@kent.gov.uk)

Maureen Robinson  
Management Information Service Manager for Children's Services  
01622 696328  
[maureen.robinson@kent.gov.uk](mailto:maureen.robinson@kent.gov.uk)

Alan FitzGerald  
Business Manager – FSC  
Telephone: 7015 5520  
[alan.fitzgerald@kent.gov.uk](mailto:alan.fitzgerald@kent.gov.uk)