

From: Rory Love, Cabinet Member for Education and Skills

Sarah Hammond, Corporate Director of Children, Young People and Education

To: CYPE Cabinet Committee – 6 March 2024

Subject: Local Government Social Care Ombudsman – Case 22 017 780 Public Report Actions

Classification: Unrestricted

Future Pathway of report: None

Summary:

This report outlines the actions the Council has taken and proposes to take in response to the Report by the Local Government and Social Care Ombudsman (LGSCO) Investigation into a complaint about Kent County Council (reference number: 22 017 780) published on 17th October 2023

Recommendation(s):

The Committee is asked to note.

1. Introduction

1.1 The Local Government and Social Care Ombudsman provided the Council with the following actions to be completed within 3 months of the decision letter dated 17th October 2023:

- (i) The Council should develop an action plan to show how it intends to address the ongoing lack of Occupational Therapy availability in its area. This should be reported to the relevant committee for democratic scrutiny and an update should be provided to the Ombudsman to set out the actions agreed to improve this area of provision.
- (ii) The Council should provide us with evidence it has complied with the above

2. Current Provision

2.1 There are 3 NHS service provider organisations working to different geographical localities across Kent County Council localities.

- East Kent Hospitals University Foundation Trust (EKHUFT) Ashford, Dover Deal, Folkestone and Hythe)
- Kent Community Health NHS Foundation Trust (KCHFT) Thanet, Canterbury, Maidstone, Tunbridge Wells, Tonbridge and Malling, Swanley Sevenoaks, Dartford and Gravesham.
- Medway NHS Foundation Trust – Swale

2.2 The access for families to the largest total available resource in the local area i.e. NHS OT specialists is determined by the NHS and is postcode and criteria dependent. The children's specialist therapies offer for local OT provisions of all

types, for children with or without EHCPs or indicated health provision needs is variable.

- 2.3 The demand for Occupational Therapy services has been recognised at a local area level to have increased, leading to persistent localised commissioning gaps over time. Historically this is well known by NHS commissioners and local authority services.
- 2.4 The situation with gaps in commissioned services remains and there continues to be issues with timely access to specialist and targeted occupational therapy from our local NHS providers. This means that there are children who are on waiting lists for assessment and for therapy interventions. Their families remained concerned with the significant delays with timely access to these therapy assessments and recommended therapy interventions.
- 2.5 Some families make the choice to seek independent occupational therapy assessments to identify their child's needs and for advice on a therapeutic plan for these. When these reports are included in an Educational Health and Care Assessment these are considered for Section F (provision) in an issued EHC Plan.
- 2.6 Often these recommendations are outside the capacity of local NHS providers to fulfil and the frequency and intensity of the recommendations for OT therapy are not typical of their pathways for children's occupational therapy needs.

3. Action on the recommendations – SEN Section F Therapies Review

Initial exploration

- 3.1 The CYPE Commissioning team have been working with the SEND service to review the current therapies contracts/provision, to inform the commissioning of a new Joint Integrated Therapy Service for September 2025
- 3.2 A Deep Dive into therapies spot purchasing budget was undertaken with Analysis of SEND Personal Budget Spend, Stakeholder Interviews, parental survey and interviews with 18/25 of the Kent Maintained Special Schools,
- 3.3 Primary conclusions are that historic commissioning arrangements have created a 'postcode lottery' – there is a lack of understanding about what is commissioned and by who. Many people identified joint commissioning as a way forward to establish clearer pathways and prevent duplications and gaps.

4 Next steps

- 4.1 From the finding outlined above the authority will investigate the impact of a tiered approach, pooling resources, and best use of budget to ensure all 'joint' commissioning is outcome focussed. As part of this new model a parent co-production group will be established. As part of this process further consideration is needed to understand schools commissioning arrangements to quantify support. Along with analysis of contract data from KCC and NHS. Once this work has been completed and agreed as per the Council's decision making process KCC will be able to articulate what a tiered model means for Occupational and physical therapy – including what this means for assessment

and provision

5 Financial Implications

5.1 Other than the payments to the individual involved in this case, there are potential further financial implications from those complaints that have not yet been resolved. At this time, it is not possible to quantify what those may be. All complainants have been informed of their right to take complaints that have been heard by KCC to the Ombudsman for independent review.

6 Legal implications

6.1 The Council has fulfilled the majority of obligations to the Ombudsman's public report. Should the Council comply with the Ombudsman's recommendations and improve the service in line with the APP, there should be no further public reports on this case. However the review of the service will need to be conducted as per the Councils operating standards and changes to process will need to be made within these and wider governance arrangements.

6.2 However, there may be other public reports the Ombudsman may wish to issue, should it find further evidence of systemic issues in the course of their investigations that is not covered by this report or where they feel we have not made sufficient progress in rectifying the issues raised in this public report.

7 Governance

Following the committee's discussion, we will be supplying the agenda and minutes to the Ombudsman.

8 Recommendation(s)

Recommendation(s):

The Committee is asked to note the contents of the report.

9. Background Documents

Local Government Social Care Ombudsman – Case 22 017 780

10. Contact details

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