SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

Friday, 14th September, 2012

9.15 am *

Darent Room, Sessions House, County Hall, Maidstone

**** PLEASE NOTE EARLIER START TIME***

AGENDA

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

Friday, 14 September 2012, at 9.15 am
Darent Room, Sessions House, County Hall, Maidstone

Ask for: **Theresa Grayell**
Telephone: **01622 694277**

Tea/Coffee will be available 15 minutes before the start of the meeting

Membership (13)

Conservative (11): Mr C P Smith (Chairman), Mrs A D Allen (Vice-Chairman), Mr R E Brookbank, Mr N J D Chard, Mrs V J Dagger, Mr K A Ferrin, MBE, Mr C Hibberd, Mr M J Jarvis, Mr J D Kirby, Mr P W A Lake and Mr A T Willicombe

Liberal Democrat (1): Mr S J G Koowaree

Labour (1) Mr L Christie

Webcasting Notice

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UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

The Chairman will assume that all Members will read the reports before attending the meeting. Officers are asked to assume the same when introducing reports.

A. COMMITTEE BUSINESS

A1 Introduction/Webcast Announcement

A2 Substitutes

A3 Declarations of Members' Interest in items on today's Agenda

A4 Minutes of the Meeting held on 12 July 2012 (Pages 1 - 14)

A5 Chairman's Announcements

B. ITEMS RELATING TO ADULT SOCIAL CARE

B1 Oral Updates by Cabinet Member and Director

B2 Care and Support White Paper and Draft Bill (Pages 15 - 44)

Key or Significant Cabinet or Cabinet Member Decision/s for Recommendation or Endorsement

B3 Outcome of Formal Consultation to Change the Service Model and Staff Structure of the Mental Health Community Support Services - Decision No 11/01746 (Pages 45 - 64)

B4 Outcome of Formal Consultation on Outsourcing, Five Learning Disability Group Based Day Activity Services to another Organisation - Decision No 12/01880. (Pages 65 - 154)

C. ITEMS RELATING TO SPECIALIST CHILDREN'S SERVICES

C1 Oral Updates by Cabinet Member and Director

C2 Children's Services - Presentation

Key or Significant Cabinet or Cabinet Member Decision/s for Recommendation or Endorsement

D. ITEMS RELATING TO PUBLIC HEALTH

D1 Oral Updates by Cabinet Member and Director

Key or Significant Cabinet or Cabinet Member Decision/s for Recommendation or Endorsement

D2 12/01958 - Changing contract arrangements for Chlamydia screening testing in the laboratories for Kent and Medway (Decision to be taken by the Cabinet Member for Adult Social Care and Public Health) (Pages 155 - 170)

E. PERFORMANCE MONITORING ITEMS

E1 Financial Monitoring Report - TO FOLLOW

E2 Adult and Children's Social Care Annual Complaints Report (2011-2012) (Pages 171 - 194)

E3 Families & Social Care Performance Dashboards - July 2012 (Pages 195 - 216)

E4 Health Improvement Programmes Performance Report (Pages 217 - 220)

E5 Kent Safeguarding Children Board - 2011/12 Annual Report (Pages 221 - 262)

F. OTHER ITEMS FOR COMMENT OR RECOMMENDATION TO THE LEADER,

CABINET, CABINET MEMBER/S OR OFFICERS

F1 Update - Adult Social Care Transformation Programme (Pages 263 - 264)

F2 Health and Social Care Integration Programme - integrating adult community health and social care provision: an update (Pages 265 - 270)

F3 Peer Review of Kent County Council's Adult Safeguarding Services report by Essex County Council, and action plan (Pages 271 - 300)

F4 Update on Kent Health Commission - TO FOLLOW

F5 Budget Consultation 2013/2014 (Pages 301 - 304)

F6 2012 Fostering Inspection by Ofsted (Pages 305 - 324)

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Peter Sass
Head of Democratic Services
(01622) 694002

Thursday, 6 September 2012

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

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KENT COUNTY COUNCIL

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Social Care and Public Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Thursday, 12 July 2012.

PRESENT: Mrs A D Allen (Vice-Chairman, in the Chair), Mr R E Brookbank, Mr N J D Chard, Mr L Christie, Mr K A Ferrin, MBE, Mr M J Jarvis, Mr S J G Koowaree, Mr P W A Lake and Mr A T Willicombe

ALSO PRESENT: Mr P B Carter, Mr G K Gibbens and Mrs J Whittle

IN ATTENDANCE: Mr A Ireland (Corporate Director, Families and Social Care), Mrs M MacNeil (Director, Specialist Children's Services), Ms M Peachey (Kent Director Of Public Health), Mr A Scott-Clark (Deputy Director of Public Health, NHS E & C Kent), Ms P Southern (Director of Learning Disability and Mental Health), Mrs A Tidmarsh (Director of Older People and Physical Disability) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

11. Minutes of the Meeting held on 10 May 2012

(Item A4)

RESOLVED that the minutes of the meeting held on 10 May 2012 are correctly recorded and they be signed by the Vice-Chairman. There were no matters arising.

12. Dates of Meetings in 2013

(Item A5)

1. RESOLVED that the dates reserved for meetings of the Committee be noted, as follows:-

   Friday, 11 January 2013
   Wednesday, 24 April 2013
   Wednesday, 12 June 2013
   Friday, 13 September 2013
   Friday, 8 November 2013

2. Concern was raised over the date of the April meeting as it is very close to the May elections. The Democratic Services Officer undertook to look into the timing of this meeting and the possibility of moving it.

13. Announcements

(Item A6)

The Vice-Chairman welcomed Mrs Mairead MacNeil, the new Director of Specialist Children's Services, to her first meeting of the Cabinet Committee.

14. Oral Updates by Cabinet Member and Director - Adult Social Care
(Item B1)

1. Mr Gibbens gave an oral update on the following issues:-

- ***Launched Dementia Awareness Week Event – 'Remember the Person' on 21 May***
- ***Launched Central Referral Unit on 29 May with Jenny Whittle***
- ***Attended and Spoke at Kent MPs' Briefing - briefed them on Social Care issues from a local authority perspective on 19 June***
- ***Attended Maidstone Carers Project as Part of Carers Week on 20 June***
- ***Attended and Spoke at Kent Social Care Conference/Health & Social Care Expo on 21 June***
- ***Attended Hadlow College Full Time Presentation on 6 July –*** young people with learning disabilities were recognized for their achievements.
- ***Announcement of the White Paper on 11 July*** – the KCC's response to the White Paper will be drawn up and *an update report on this will be considered at this Committee's September meeting.*
- ***Social Care Funding reform*** - funding allocations for the South East are disappointing, and KCC will need to look carefully at the implications of the shortfall in funding.

2. Mr Ireland then gave an oral update on the following issues:-

- ***Update on Adult Social Care White Paper*** – there is much detail still to be worked through, and many issues for future reports to this Committee.
- ***Peer review by Essex County Council on Adult Safeguarding*** – *the full report from the Peer Review will be considered at this Committee's September meeting.*
- ***Feedback from the Kent Social Care Conference***
- ***Update on the Transformation Programme***

3. Mr Gibbens and Mr Ireland responded to comments and questions from Members, and the following points were highlighted:-

a) the White Paper proposals include common eligibility criteria, which means in effect that a client's assessment will be portable and can go with them if they move from one part of the country to another; and

b) large savings are anticipated as a result of the transformation programme, although the figure of £66million shown in the report is an aspiration at this stage.

4. The oral updates were noted, with thanks.

15. Oral Updates by Cabinet Member and Director - Specialist Children's Services
(Item C1)

1. Mrs Whittle gave an oral update on the following issues:-

- ***Central Referral Unit at Kroner House, Ashford*** – the benefits of co-locating partner agencies will include information sharing and better mutual understanding of thresholds. This clearer understanding is expected to lead to a 33% reduction in the number of referrals.
- ***Virtual School assessment*** – the Virtual School Kent team was congratulated on the good comments received in this informal inspection. The school experience of looked after children has improved much over the last 18 months.
- ***Launch of Kent adoption and fostering website at Kent Show on 13 July***
- ***First meeting of Adoption Sub-Group of the Improvement Board***
- ***Department of Education meeting on delivering the Improvement Notice targets*** – this meeting had been positive, with the Department of Education acknowledging the progress made. Future targets for further improvement are an ongoing increase in social worker recruitment, improved communications between leadership and front line staff and establishing better multi-agency links between GPs and Children's Centres.
- ***LAC placed in Kent by other local authorities*** - a very useful meeting on 12 June with the Children's Minister, Tim Laughton, was followed by a press release 13 June setting out Kent's demands:- legislation backed by Statute to enforce the 20 mile maximum limit for placements, aiming for a reduction to a 15 mile maximum after two years, to maintain links with friends and school and minimise the danger of absconding; all local authorities to make an annual statement to their Children's Safeguarding Boards to say how many LAC have been placed out of their area, and what safeguarding is in place for these LAC. The Minister will interview those local authorities who place out the most LAC, to call them to account, and the Mayor of London, Boris Johnson, will arrange a summit to address the issue with the 32 London Boroughs who place their LAC furthest away.

2. She responded to comments and questions from Members, and the following points were highlighted:-

a) the impact of placing LAC far from their home area should not be underestimated. Kent has been trying to address this problem for years, and it might be necessary to name and shame any authorities which do not improve their placing policy; and

b) it is good to hear that the Kent Freedom Pass is to be extended free to young carers up to the age of 18, but publicity and information around this is difficult to find online. *Mrs Whittle undertook to look into this. Following the meeting, she confirmed to the questioner that schools, Children's Centres and carers' organisations are aware of the issue, but the message can always benefit from repetition. KCC Contact Centre staff will be properly briefed to respond to queries, and the relevant section on the website will be given greater prominence.*

3. Mr Ireland then gave an oral update on the following issues:-

- ***Feedback on Ofsted's thematic inspection of Virtual Schools***

- ***Fostering inspection*** *– a further report on this will be considered at a future meeting of this Committee (Autumn 2012)*
- ***Review of the Improvement Notice***
- ***Update on the restructure of Specialist Children's Services*** *– a further report on this issue will be considered at this Committee's November meeting.*

4. The oral updates were noted, with thanks.

16. Oral Updates by Cabinet Member and Director - Public Health
(Item D1)

During this item, Mr S J G Koowaree declared an interest the grandparent of a child who is looked after by the County Council.

1. Mr Gibbens gave an oral update on the following issues:-

- ***Attended Healthwatch Event on 11 May with Roger Gough and met potential providers***
- ***SECASC Meeting on 25 May where discussed lobbying local MPs about Fairer Public Health Funding Allocations***
- ***Attended Shadow Health and Wellbeing Board on 30 May with new workshop and discussion format - Discussed Dementia and KCC Adult Social Care Transformation Plan***
- ***Held a Plain Packaging Press Call with Young People on 22 June*** – this is aimed at making cigarettes less attractive to young people, to dissuade them from starting to smoke.
- ***Attended 'Better Together - Achieving Integration of Adult Health and Social Care' on 27 June at University of Kent***
- ***Attended and Spoke at Sevenoaks HOUSE Opening on 4 July*** – this project is run by young people for young people, to share information and ideas. Projects in Dover and Ashford are running successfully and it is hoped to spread the idea further.
- ***Attended Member briefing on Public Health on 11 July*** – this set out the implications for the KCC becoming a Public Health Authority in April 2013, and what is involved in preparing for the change. A further briefing will be held on November 2012. *Copies of the papers used at the July briefing have been sent to Members.*

2. Ms Peachey then gave an oral update on the following issues:-

- ***Informal consultation with Public Health staff on restructure***
- ***PCT Revised finance return on Public Health spend*** – some detail of this appears in the report for item F4 on this agenda.
- ***Attended Department of Health Advisory Forum on Public Health*** – this discussed progress on immunisation and screening. KCC has a leadership and monitoring role to ensure that plans for these issues are in place and progress is measured. KCC has been given no resources for the transition to a Public Health authority but is lobbying to address this.
- ***New Young People phone APP (which includes information on sexually transmitted infections, sexual health advice access details and an option***

to give confidential feedback on services) has been shortlisted for an award

- ***Plain Packaging campaign launch***

3. Mr Gibbens and Ms Peachey responded to comments and questions from Members, and the following points were highlighted:-

a) when the KCC and Clinical Commissioning Groups take over the role of the current PCTs, a patient wishing to make a complaint about their GP would first need to raise it with the GP. If this fails to resolve the issue, it can then be referred to the National Commissioning Board. This process is currently overseen by a team from Kent and Medway PCT, and from April 2013 this role will pass to Local Area Teams, but not the KCC. HealthWatch does not manage complaints but has an advocacy role and supports individuals through the complaints process; and

b) the Choose and Book system still exists, but the affect upon this of the TACTICS company of GPs is unclear. *Ms Peachey undertook to look into this and advise the questioner.*

4. The oral updates were noted, with thanks.

17. 12/01917 - NHS Health Checks (Decision to be taken by the Cabinet Member for Adult Social Care and Public Health)
(Item D2)

1. Mr Scott-Clark introduced the report and explained the background to and purpose of the Health Checks programme as a future area of KCC commissioning. He highlighted the following:-

- Health Checks is a five-year rolling programme which will invite people for a health check as they reach 40, 45, 50, etc, up to 70 years of age, so everyone is invited every five years.
- to cover the whole Kent population in every five year cycle, it will be necessary to undertake approximately 90,000 checks per year, and KCC will need to commission sufficient providers to cover this.
- there are currently two different ways in which services can be contracted, so this will need to be rationalised.
- to make the programme work, it is essential that GPs are on board.
- there are three delivery options, set out in the report, and Option 2 is preferred and recommended by officers.

2. Mr Scott-Clark and Ms Peachey then responded to comments and questions from Members, and the following points were highlighted:-

a) regular health checks are not a new idea; some GPs have run similar programmes for years. *Good GPs will do this anyway, but coverage is patchy. The new programme seeks to formalise the system and standardise checks;*

b) could KCC contract direct with Clinical Commissioning Groups (CCGs)? Could this be a new delivery Option 4? *Ms Peachey explained that there is not currently a mechanism which would allow this to work as*

CCGs would be commissioning themselves, or the KCC would hold 200 contracts;

c) how many GPs are on board? *In East Kent there is almost 100% uptake, but in West Kent the level is lower. KCC will work with local GPs' consortia (CCGs) to ensure that as many GPs as possible take it up. The Government funding which KCC will pass on via commissioning will pay for someone in each surgery to run the Health Checks programme;*

d) what if some GPs start the programme but find that they can't manage the extra workload? Are community resources available to take up the slack? *Where GPs do not run the programme, Community Health Trusts could do it; there is more than one way to deliver it;*

e) people will be invited to attend, but can attendance be made compulsory? People who are the least motivated to take up an invitation are the ones who most need testing! *Compulsion would be difficult to enforce; it has to be a choice. However, evidence shows that the most deprived communities are often the least likely to take advantage of preventative health checking. How to stimulate take-up is a challenge, and the hard-to-reach are the biggest area of risk;*

f) in my local area, I know that local health checking can be very effective. Anyone who fails a test for hardening of the arteries is referred promptly to hospital for surgery. As a result, there have been no deaths from this cause since the current scheme started; and

g) each Member who spoke in debate expressed support for Option 2 – 'Unify Commissioning across Kent'.

3. The Cabinet Member, Mr Gibbens, thanked Members for their comments, which he had noted, and said he was pleased to hear the apparent support for and endorsement of Option 2.

4. RESOLVED that the comments made be noted, and the decision to be taken by the Cabinet Member for Adult Social Care and Public Health, to select Option 2 for procuring a Kent NHS Health Check programme in 2013, be endorsed.

18. Families and Social Care Directorate Financial Monitoring 2012 - 13
(Item E1)

Ms C Head, Head of Financial Management, was in attendance for this item.

1. Ms Head introduced the report and, with Mr Ireland and Mrs Tidmarsh, responded to comments and questions from Members. The following points were highlighted:-

a) concern was expressed that the overspend shown for one service matched exactly the underspend shown for another, and the two figures

cancelled each other out, leaving a break-even situation. The reliability of the figures could be questioned;

b) some areas of spend are surprising; it is very unusual for learning disability services, for example, to show an underspend. Officers explained that the figures shown are estimates, made very early in the year. Spend patterns must always be dictated by demand;

c) areas of service use traditionally associated with older people are showing underspends. Reduced demand in these areas is unexpected, considering the generally ageing population, and no explanation is offered of why this should be;

d) preventative services are included in the costs of Older People's services, and an increase in their use leads to a decrease in the take-up of others, such as residential services;

e) the Children's Services budget has a number of headings variously showing small under and overspends. For example, an underspend on short breaks for children with disabilities is balancing an overspend on the Multi-Agency Specialist Hub (MASH); and

f) concern was expressed that services showing underspends this year might have their funding reduced next year.

2. Mr Gibbens explained that the figures shown represent only a one-month period, and he questioned the value of presenting figures for such a short period of time.

3. The Vice-Chairman advised Members that, in common with other Cabinet Committees, this Committee would need to establish an Informal Member Group to discuss the draft budget, as has been customary in previous years. The Democratic Services Officer will contact Members to identify membership and canvass dates for the first meeting, which is expected to be in September.

4. Mrs Whittle responded to a question about the costs to the KCC of supporting unaccompanied asylum seeking young people who have exhausted their rights to stay in the UK and are awaiting deportation. KCC has been lobbying for change for some time, and has tried to persuade the UK Border Agency to send these young people back more promptly so the costs to the county will be lighter. There are several pieces of legislation which impact upon the issue, and a debate over which of these should take precedence. Meetings on this issue are continuing.

5. RESOLVED that:-

a) the information set out in the report and given in response to comments and questions be noted, with thanks; and

b) an Informal Member Group be convened to allow Cabinet Committee Members to look at and comment on the draft budget in detail, as in previous years, commencing in September.

19. Public Health Performance
(Item E2)

1. Mr Scott-Clark introduced the report and responded to comments and questions from Members. The following points were highlighted:-

a) the target for breastfeeding is very low, and the number of mothers who are able to breastfeed for any length of time is limited by many having to return to work earlier due to the economic climate;

b) the performance indicator measures the number of invitations to attend a health check which are issued, not the number of checks actually completed; and

c) a view was expressed that having a performance target for the number of people encouraged to give up smoking conflicts with the fact that some KCC staff pension funds are invested in tobacco companies.

2. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks.

20. Families and Social Care Performance Dashboards 2012/13 (draft) and Business Plan Outturn Report 2011/12
(Item E3)

Mrs S Abbott, Head of Performance and Information Management, Mrs M Robinson, Management Information Service Manager, and Mr A Mort, Policy Manager, were in attendance for this item.

1. Mrs Abbott introduced the summary outturn and the new dashboard design, which is a new model for reporting a wider range of performance information than previously. Future dashboards will include results from users' surveys, and the monitoring of adult services will reflect the transformation process.

2. Mrs Abbott, Mrs Robinson, Mrs Tidmarsh and Mr Ireland responded to comments and questions from Members, and the following points were highlighted:-

a) the target for the number of people being provided with an enablement service has been increased, and as a result the number of cases will appear as a lower percentage of the new target. The demand for enablement has actually dropped in the last year as more people take up short-term beds in residential homes and increase their use of step-down services. The change in enablement patterns reflects changing patterns in other service areas and will be affected by the way in which other services are commissioned;

b) the 'current position' shown in Appendix B of the report is early in the financial year, and the number of people taking up a personal budget and/or a direct payment is on track to meet the target for the end of the current financial year. Personal budgets were introduced for new clients first, and focus will then move to transferring existing clients to

personal budgets, so a large rise is expected before the end of the current financial year;

c) Members reiterated a concern, expressed before when talking about personal budgets and direct payments, that clients should never be pressured into taking up something against their will;

d) the percentage of child safeguarding referrals going on to initial assessment is high but expected not to increase further, as more will be resolved at an earlier stage, and some proceed directly to a child protection investigation;

e) the percentage of child safeguarding case file audits judged adequate or better is lower than desired but will improve as the measures put in place in the Improvement Plan become embedded;

f) the percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time, or being the subject of a Plan for 2 years or more, will be more accurate when the picture for a whole year is available. The figures shown are for a two-month period only;

g) the three indicators referred to in d), e) and f) above are key areas of concern, which will be closely monitored. The new Central Referral Unit will contribute to improving performance in these areas. The number of children subject to a Child Protection Plan one year ago was very high, and as the Improvement Plan measures are worked through and become embedded, progress will be shown in an improvement of these figures;

h) take-up of short breaks for older people and their carers has been good since the award of the new contract and is expected to increase as the range of options for arranging them broadens; and

(i) Members commented on the presentation of the figures and asked for future dashboard pages to be presented in colour to make the Red/Amber/Green columns clearer and easier to use. It would also be useful to know more than just the last 'previously reported results' so a longer-term pattern can be seen. *It was agreed after the meeting that the Democratic Services Officer would contact Members to seek views on points of presentation for future reports.*

3. Mrs Whittle responded to a question about the recruitment of agency staff and the drive to reduce the number of LAC by giving an assurance that the £2.7m of funding allocated will have a significant impact, both on the number of LAC and the length of time they stay in care. She reassured Members that Kent's LAC population, although a concern, and still larger than desired, is now close to the national average. *A report on various aspects of Children's Services, including this issue and early intervention and prevention, will be considered at this Committee's September meeting.*

4. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and a report on this and other

aspects of Children's Services be considered at this Committee's September meeting.

21. Update on the Kent Health Commission
(Item F1)

Mr P Carter, Leader of the County Council, was present for this item, and Ms C Davis, Policy and Strategic Relationships Policy Manager, was in attendance.

1. Mr Carter introduced the report and explained that the pilot Kent Health Commission (KHC), launched in Dover in June, offers an opportunity to see what practical changes will flow from the Government's health reforms. He outlined the aims and key features of the KHC and highlighted the following points:-

- He gave an example of the Whitstable Medical Centre, which operates in a polyclinic model. This model demonstrates a better way to deliver preventative primary health care and make optimum use of budgets by minimising A&E attendances, for which GPs are charged. Examples such as a polyclinic scheme currently running in Merseyside have shown good outcomes.
- the KHC is in line with Adult Social Care transformation, in trying to reduce residential care admissions and get best value from available finance. It should be possible shortly to calculate what future savings might come from KHC.
- the Dover pilot of KHC can be used to inspire GPs and Clinical Commissioning Groups in other areas.

2. In debate, Members made the following comments:-

a) relatively small changes, for example, extending GP surgeries' opening hours, can make them more accessible to working parents and others who might otherwise struggle to attend;

b) the changes described in the report are very welcome and have been desired for many years. With the NHS Health Check programme (described in item D2 on this agenda), KHC will have a big impact on GPs, and they must be confident of having the resources to deliver them;

c) being able to access treatments at a local GP's surgery is good news, and makes such treatments accessible for those who would have trouble travelling to attend an appointment at a hospital. However, this must not lead to the closure of hospitals in the county, leaving fewer centres which will require patients and their families to travel long distances to access them. Another implication is to the quality of care available, as GPs are not specialists. A patient will want to be able to access the most specialist services available;

d) it is important to establish correct and good links between services, so patients are not directed to and fro between centres to access the services they need. The Choose and Book system no longer exists in all areas, and the TACTIC private company of GPs does not offer a patient any choice of which GP they see;

e) concern was expressed that the KHC had been developed as far as a pilot launch without being reported to and considered by this Committee. The report does not make clear who has overseen its development and what involvement KCC has had in it, and where and how decisions have been made; and

f) concern was expressed that, although the individual proposals are very sensible, their cumulative effect may be damaging, for example, in narrowing the range of services available in hospitals. If services are taken away from hospitals, they will lose the associated budget. The realities of health funding mean that hospitals use the budget associated with a particularly lucrative area of work to subsidise other areas.

3. Mr Carter responded by adding that, as Kent gets a lower allocation of government funding than other areas, he had been championing the issue of health funding allocations for some time. KHC is a way of optimising the use of available resources. Some 75% of health spending is in hospitals, and too many people spend too much time in hospital for things which could be dealt with in community health services. GPs are charged for the costs of these hospital stays. KCC has a role to play in influencing change in the health service, re-shaping spend and improving patient care and outcomes.

4. The Cabinet Member, Mr Gibbens, commented that the KHC, along with the Shadow Health and Wellbeing Board, relates to Roger Gough's portfolio. Work is ongoing and a future report to this Committee will give more detail. He said he personally welcomed the development of the KHC and was aware that the Secretary of State also welcomed it.

5. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and an update report be made to this Committee's September meeting.

22. Kent County Council/Kent and Medway NHS and Social Care Partnership Trust (KMPT) Partnership for Delivery of Social Care to Adults of Working Age with Mental Health Needs
(Item F2)

Mrs A McNab, Chief Executive of the Kent and Medway NHS and Social Care Partnership Trust (KMPT), was in attendance for this item at the invitation of the Committee.

Mr S J G Koowaree declared an interest as a former employee and occasional casual employee of the Kent and Medway NHS and Social Care Partnership Trust.

1. Ms Southern introduced the report and updated the Committee on developments since last reporting to the former Adult Social Care and Public Health POSC in February 2011, as well as planned activity for the next year. Although there is much work still to be done, the KCC/KMPT partnership is in a good position to meet future changes.

2. Mrs McNab added that the Trust had been strengthened by its partnership with KCC. The integration of Health and Social Care is high on its agenda and will meet its statutory requirement to work towards integration. The Trust's progress towards achieving Foundation Trust status is on track within the original timescale. Performance targets develop constantly, and meeting them is a constant challenge, but focus on quality of service to patients is always of paramount importance. The Trust is ahead in developing the payment by results system, which is in shadow form this year.

3. Ms Southern and Mrs McNab responded to comments and questions from Members, and the following points were highlighted:-

a) disappointment was expressed that the report did not give more information about the quality of services delivered to patients. A meeting of the Kent and Medway Joint Overview and Scrutiny Committee on 3 July had emphasised the importance of focussing on the patient and had been sceptical of the KCC/KMPT partnership's proposals. Seeking change is good, but it should always be for the better, and in the best interests of the patient. Ms Southern responded that the quality of the patient experience is essential and is the main aim of the partnership working. *A report on the patient experience will be made to this Committee's November meeting;*

b) an audit of children's mental health care services had been due in June and was completed on time. A draft report and findings were published on 11 July and will be closely studied. Any further work required will then be identified;

c) there is still some social stigma around mental illness, and few people are in properly-planned care pathways. More work is needed to address this. Mrs McNab explained that stigma had been reduced via a campaign, but there is more work to do and stigma is still attached to mental health issues. It can be difficult to recognise mental health issues and move people into care pathways, although the picture is improving. Training is improving the awareness of mental health issues among A&E staff, and the establishment of the Psychiatric Liaison Service will help this; and

d) it is good to see the progress which has been made in mental health services, as it was previously very difficult to get a social worker to attend a case meeting with mental health colleagues. More GPs are now trained to identify mental health issues, which gives a good first point of contact. Community Psychiatric Nurses being co-located in GPs' surgeries also helps, but they must be properly trained and retained in this role for this to continue working.

4. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and a further update report on the quality of the patient experience be considered at this Committee's November meeting.

23. Update on the Re-Commissioning of Emotional Wellbeing and Child and Adolescent Mental Health Services (CAMHS)
(Item F3)

Ms H Jones, Head of Commissioning, Mr I Darbyshire, Senior Commissioner, CAMHS, NHS Kent and Medway, and Ms A Merritt, Commissioning Officer, were in attendance for this item.

1. Ms Jones introduced the report and explained that new arrangements for CAMHS and Emotional Wellbeing services had been put in place following an Ofsted inspection. The main aim was to improve early delivery of services closer to where they are needed, including in settings such as schools. Since writing the report, the successful bidder for Community CAMHS services has been confirmed as the Sussex NHS Foundation Trust. The Emotional Wellbeing service will be delivered by a consortium led by Kent Children's Fund Network. Both contracts will commence on 1 September 2012.

2. Ms Jones, Mr Darbyshire and Ms Merritt responded to comments and questions from Members, and the following points were highlighted:-

a) waiting times for the CAMHS service have, historically, been persistently too long, but the successful contractor has a good performance record and will be set a challenging target of ensuring that all young people referred to the service are assessed within four weeks of referral and start treatment in four to six weeks of referral. The contract contains clear monitoring mechanisms and levers to ensure that this requirement is complied with;

b) monitoring will take the form of monthly reports of assessment rates and service delivery, and if performance falls short, remedial action will be prompt. In the past, KCC and NHS Kent & Medway have not been as effective as they could have been at using the contract levers at their disposal. Better service delivery has already reduced the number of young people whose problems escalate to the point where they need higher-level services;

c) previously, schools were involved in CAMHS and Emotional Wellbeing services in a number of ways, and have always been a key link into services, but now their involvement has been formalised. School staff will receive training to make sure they are equipped to identify early indications of mental health problems, and there will be a consultation and advice line for schools and complementary support to back up Emotional Wellbeing services;

d) the new contractor will deliver all tiers of CAMHS services, but when young people come to transition into adult services, they might find that they are not eligible for equivalent adult mental health services. KCC will act as an interface to help the providers to link into adult services; and

e) the new contracts will start on 1 September 2012, but there will be a transition period as the new contractors deal with some backlog

remaining from the previous system. The new and previous providers will be required to liaise to arrange a handover of work. This handover period will be closely monitored to ensure that transition is as smooth as possible, with no loss of service.

3. Mrs Whittle thanked Ms Jones, Mr Darbyshire and Ms Lorraine Goodsell for all their work in preparing the specification for the service and arranging the tendering process. She added that good monitoring of the new contracts will be vital, as the new contractors will inevitably inherit a backlog of cases. A further report can be made to this Committee in January, at which time it will be possible to see the first indications of the new contractors' performance.

4. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and a further update report be considered at this Committee's January meeting.

24. Public Health Transition
(Item F4)

Mr D Oxlade, Programme Transition Manager, was in attendance for this item.

1. Mr Oxlade introduced the report and explained that the Committee was being asked to consider and endorse an outline response to be made by the Cabinet Member, Mr Gibbens, to the Department of Health's consultation paper 'Healthy Lives, Healthy People: Update on Public Health Funding'.

2. The report sets out the points which are proposed to be covered in the response. One of these was 'the belief that 2011 Census population details, when available, should be used, and not the Office of National Statistics 2011 estimates'. The point was made that the accuracy of census data had been called into doubt in the past. It is vital that those using any data to shape future health funding ensure that they are confident of its accuracy first.

3. RESOLVED that the Cabinet Member's intention to formally respond to the consultation by Government on the future of Public Health Funding be endorsed.

By:	Graham Gibbens, Cabinet Member, Social Care and Public Health Andrew Ireland, Corporate Director - Families and Social Care
To:	Social Care and Public Health Cabinet Committee – 14 September 2012
Subject:	**CARE AND SUPPORT WHITE PAPER AND DRAFT BILL**
Classification:	Unrestricted

Summary: This paper provides Cabinet Committee with an overview of the key proposals set out in the White Paper 'Caring for our future: reforming care and support' and draft Care and Support Bill, both published in July 2012. The paper highlights the proposals that are of particular importance for KCC. Government is inviting comments on the draft Bill by 19 October, and a draft response from KCC is attached. Cabinet Committee is asked to comment on and approve the draft response.

1. Introduction

1.1 In July 2012, Government released a series of documents on the future of adult social care. These are:

- The White Paper ***Caring for our future: reforming care and support*** - an overarching vision for adult social care
- A draft ***Care and Support Bill*** which legislates for measures in the vision, particularly responding to the Law Commission's call for streamlining social care legislation
- ***Caring for our future: progress report on funding reform*** which sets out how the government intends to respond to the Dilnot Commission's recommendations
- A consultation on a new ***adult safeguarding power***

1.2 Government are inviting consultation responses on the draft Bill by 19 October 2012.

2. Policy Context

2.1 The White Paper and draft Bill have responded to the recommendations of the Law Commission review (2011) on social care legislation and has responded to some of the Dilnot Commission's review (2011) of funding of long-term care.

2.2 The Law Commission recommended a single, clear, modern statute that would pave the way for a coherent social care system. The Commission recommended:

- Putting an individual's wellbeing at the heart of decisions, using statutory principles
- Giving carers new legal rights to services
- Placing duties on councils and the NHS to work together
- Building a single, streamlined assessment and eligibility framework
- Giving adult safeguarding boards a statutory footing

All of these recommendations have been adopted in the draft Bill.

2.3 The Dilnot Commission's recommendations included:

- A cap on social care costs, suggested at £35,000, for an individual's lifetime contribution towards their social care costs, after which they would be eligible for full state support
- An increase in the means tested threshold, above which people should pay full care costs, from £23,250 to £100,000
- Introduction of national eligibility criteria
- Portable assessments
- Younger adults to be entitled for free care and support without being means tested

In the separate document *Caring for our future: progress report on funding reform*, Government acknowledges that the recommendations of the Dilnott review are a sound basis for future social care funding arrangements, and the draft Bill introduces a national eligibility criteria and portable assessments. Government have also recently announced their intention to introduce the suggested cap on social care costs. However, funding decisions on implementing the Dilnot recommendations and providing sustainable funding for a reformed care system are postponed until the next Comprehensive Spending Review, and are unlikely to be enacted for at least five years.

2.4 KCC previously responded to Government's consultation *Caring for our future: Shared ambitions for care and support* in 2011, setting out our position on key issues and what we wanted to see from the White Paper and Bill, giving a good reference point for the consultation response.

2.5 The reforms proposed in the White Paper are broadly in line with the FSC Adults Transformation Programme, which are centred around prevention, personalisation and choice.

3. Key Issues

3.1 Key proposals of the White Paper and draft Bill

Appendix 1 shows a timeline of key actions proposed in the White Paper and enacted in the draft Bill from the current financial year through to 2015-2016.

Some of the key proposals that are likely to have most importance for KCC include:

Role of Local Authorities and new duties around prevention
The White Paper articulates a changing role for Local Authorities focused on **leadership** of care and support in the local area - identifying needs and empowering people to take control of their own care using a range of care and support options. The draft Bill is written around a single unifying purpose for care and support to promote the individual's **wellbeing**. It introduces a **statutory duty** to provide services that contribute towards **preventing, reducing or delaying** the development of needs for care and support. Commentators have expressed concerns about the capacity of Local Authorities to make this a reality given funding constraints.

Health and social care integration
The draft Bill introduces a **duty** on Local Authorities to carry out their care and support functions with the aim of integrating services with those provided by the NHS or other health-related services (e.g. Housing.) There is also a clause about general **co-operation** with partners including Districts, Police, Prisons and Probation, but there are no new duties. The White Paper references a framework to be published later this year to support the removal of barriers to integration - including the development of integration measures and incentives, although there will still be separate Outcomes Frameworks for the NHS and public health and adult social care.

Power for Local Authorities to delegate functions
The draft Bill proposes a **power** for Local Authorities to **delegate** their care and support functions, including assessment and care planning, to a third party, unless specifically excluded. Exclusions are duties and powers related to co-operation, promoting integration with health services, imposing charges, making direct payments and safeguarding adults at risk of abuse or neglect. This is one of the most significant changes that the draft Bill proposes and would open up new commissioning possibilities, but further clarification is needed on the situations in which Authorities can delegate functions and where responsibilities lie.

Minimum eligibility threshold
The draft bill paves the way for a **national minimum eligibility threshold** which Government suggest would be equivalent to the FACS 'Substantial' band. It is proposed that Local Authorities have flexibility to implement a lower eligibility threshold if they wish. This could be seen to undermine the focus on prevention.

Carers
The draft Bill introduces a **statutory duty** to meet carer's needs for support where they meet the eligibility criteria. It places carers on an equal footing as service users for the first time. This recognition of carers is a welcome move, but is likely to have significant financial implications that will require careful analysis. This is one of the implications of the White Paper and draft Bill that will be discussed at Budget Programme Board to get a full understanding of the financial impact on KCC and how this could be managed.

New short/medium-term funding commitments
New short/medium-term funding announced in the White Paper is explained in the Financial Implications section below. It includes an additional **NHS transfer** of £300 million between 2013 and 2015 and new funding to support the development of **specialist housing** for older and disable people.

Delay to decision on long-term funding reform
Significantly, there is a disappointing **delay of decision on funding reform.** Although Government have acknowledged that the Dilnot recommendations of a cap on lifetime care costs and a rise in means testing is a sound basis for future funding schemes, no decision will be made until the Spending Review in 2013. The Progress Report on Funding Reform raises various issues that Government are still considering, including the level of cap and how it should change over time, the issue of paying living costs in residential care and whether to introduce financial protection through voluntary opt-in or opt-out schemes. KCC has expressed its views on these issues in various responses to Government, including our response to *Caring for our Future* and has expressed a desire to work with Government on this. As well as the increased demand for all Local Authorities in assessing and providing care that the proposals would bring, there are particular issues for Kent due to the higher costs of care and number of current self-funders.

Deferred payments
The draft Bill appears to permit deferred payments to **cover costs for all types of care** (not just residential care as at present,) and to charge interest on the deferred sum. This would come into force in 2015. The LGA has reported on an ADASS survey which found that councils have already made deferred payments to around 8,500 people to a value of £197 million. It is not clear how Councils will afford to cover the care costs upfront when more people begin to use this option.

Personal Budgets and Direct Payments
The Bill introduces the **right** for all those eligible for care to have a **Personal Budget**, preferably delivered as a Direct Payment. The White Paper also commits to making it 'straight forward' for people to combine personal budgets for social care with personal health budgets, and to continue to learn from pilots where benefits have also been integrated in personal budgets. This could present opportunities for use of the Kent Card.

The White Paper also announces Government's intention to launch a pilot of the use of **Direct Payments in residential care**. FSC is considering whether it is appropriate for KCC to take part in the pilot. KCC will be keen to ensure that the pilots address concerns that KCC has raised in the past, including residents being charged at private rates. Other routes to personalising residential care could also be explored.

Information and support
As well as national information about care and support being developed through a single online portal for health and social care and directory of care providers, the draft

Bill places a **duty** on Local Authorities to provide a comprehensive information and advice service about **care options** in the local area. Start-up funding is being provided to support this.

Developing the market
The draft Bill introduces a **Statutory Duty** to develop a **diverse local market** of providers of social care. This is in line with Bold Steps for Kent commitments and the Transformation Programme. The White Paper does not make any new provisions to support the Voluntary and Community Sector.

Adult safeguarding
The draft Bill introduces a statutory requirement for Local Authorities to establish a **Safeguarding Adults Board** including as a minimum, the Local Authority, clinical commissioning groups and the Chief Officer of Police. It also places a duty on Authorities to make **enquiries** where they reasonably suspect that an adult with care needs is at risk of abuse or neglect. A separate consultation has been launched on whether a new power should be created to allow Authorities access to a person where we would not otherwise be able to carry out a safeguarding enquiry.

3.2 Implications for the FSC Transformation Programme

The fundamental principles and policy direction of the White Paper and draft Bill are broadly in-line with the Transformation Programme. However there are a number of specific proposals that are likely to impact on the Programme, and which FSC will consider in more detail and aim to influence the development of. These include:

- Arranging care for self funders
- New responsibilities for carers
- Local Authority delegated functions
- National assessment framework
- National eligibility criteria
- Deferred payments

3.3 Financial Implications

Government has stated that it expects the additional transfer of NHS funding in 2013-14 and 2014-15 to cover the costs of the reforms outlined in the White Paper. Finance is undertaking a detailed analysis of the financial implications of the new proposals and the findings will inform part of KCC's consultation response. Particular attention will be given to the assumptions and cost estimates made in Government's Impact Assessments of the likely costs and benefits of the reforms, which may not be reflective of Kent's position.

A summary of the financial announcements made in the White Paper is provided below:

- £100 million in 2013-14 and £200 million in 2014-15 to be **transferred** from NHS to councils under section 256 with similar conditions to previous transfer. Kent's share is likely to be approximately **£2.5 million** and **£5 million** respectively. The funding will be transferred to Local Authorities and overseen by the NHS Commissioning Board, clinical commissioning groups, Health and

Wellbeing Board and Councils. This funding is expected to cover the reforms set out in the White Paper.

- £200 million capital spread over 5 years for **specialist housing schemes** - KCC's share may be about **£5 million** over 5 years.
- Start up funding of £32.5 million from 2014-15 to develop local online information services
- Investment by NHS in end of life care pilots to be doubled from £1.8 million to £3.6 million.

3.4 Development of KCC consultation response

KCC will submit a response to the consultation on the draft Care and Support Bill by the deadline of 19 October. The draft response is attached as Appendix 2. A separate letter from Graham Gibbens will comment on any significant issues in the White Paper that we wish to raise with Government. The draft response has been discussed by FSC DMT and Divisional Management Teams. Advice on the legal implications has been sought from Legal Services and included in the response. Detailed analysis of the financial impacts is being provided by Finance and will be included in the final draft.

Social Care and Public Health Cabinet Committee are asked to comment on the draft response. It has been agreed that the final draft will be approved by the Corporate Director and Cabinet Member before being submitted to Government.

3.5 Joint working with other authorities

The consultation on the draft Bill represents an opportunity for Local Authorities to influence the proposed reforms to social care and support. By co-ordinating responses and submitting joint responses with other South East Authorities, we can emphasise key issues and concerns and highlight any specific implications for the South East. Hampshire County Council are keen to work with us to align our consultation responses. We are due to take a draft response to the meeting of South East Adult Social Care (SECASC) on 28 September. KCC will also contribute to joint responses from South East England Councils (SEEC), South East Strategic Leaders (SESL) and SECASC The KCC response that we are drafting will be the basis for our contribution to the other responses.

As well as coordinating our response to the consultation, Kent will also support and influence the development of new frameworks and initiatives brought in through the White Paper reforms, working with the LGA/ADASS local authority family, and with Government. We may particularly wish to influence the development of:

- National eligibility criteria
- National assessment framework
- Provider Quality Profile
- Code of Conduct
- National Information Website
- Funding system for palliative care

4. Recommendations

4.1 Social Care and Public Health Cabinet Committee are asked:

a) To NOTE the key proposals of the White Paper and draft Bill

b) To NOTE that more detailed analysis of the implications of the reforms for the FSC Adults Transformation programme will be undertaken

c) To COMMENT on the draft consultation response to the draft Care and Support Bill (Appendix 2)

Lead Officer/Contact:

Michael Thomas-Sam
Tel No: 01622 696116
e-mail: Michael.thomas-sam@kent.gov.uk

Jenny Dixon-Sherreard
Tel No: 01622 694122
e-mail:jenny.dixon-sherreard@kent.gov.uk

Appendices:

Appendix 1 - Care and Support White Paper - at a glance high level key actions 2012/13 - 2015/16

Appendix 2 - Kent County Council's response to the pre-legislative scrutiny consultation on the draft Care and Support Bill (working draft)

Background Documents:

Draft Care and Support Bill, DH July 2012
Caring for our future: reforming care and support White Paper, DH, July 2012

Appendix 1 - Care and Support White Paper - at a glance high level key actions 2012/13 - 2015/16

2012 - 2013

- Volunteering fund bid (Jun)
- Provider quality profile (basic) on NHS and social care published (July)
- Consultation on new safeguarding power (ends 12 Oct)
- Draft Care and Support Bill (ends 19 Oct)
- Issue invitation for EOI to pilot DP in residential care
- NHS plans for short break agreed and published (30 Sept)
- Exclusion of Armed forces QIP from social care charging (Oct)
- Appointment of Chief Social Worker (autumn)
- Publish process for social impact bond trailblazer (autumn)
- Incentivise support for Telecare
- Ban age discrimination in health, care and support (Oct)
- Publish quality framework (Dec)
- Publish code of conduct and minimum training standards
- Publish social care leadership framework
- Details of £200m capital sch.
- Consultation on oversight of market
- Publication of integration plan

2013 - 2014

- NHS transfer to social care £100m
- National care and support library (NICE)
- National website about health, care and support (Apr)
- NHSCB & CCG responsibility to identify carers (Apr)
- Pilot new care audit on delivery dementia care
- LGO to publish data on complaints by LA
- Local Health Watch established (Apr)
- Publish Sector Compact on training development
- Provider quality profile (full details) independent quality ratings
- Launch new leadership forum on transformation
- Care and Support Bill in Parliament
- Direct Payment in residential care pilot
- National vol. fund bid
- Social impact bond trailblazer
- Establish working group on assessment and eligibility criteria frameworks

2014 - 2015

- NHS transfer to social care £200m
- Local authority online information start-up funding £32.5m

2015 - 2016

- Universal Deferred Payment
- National minimum eligibility criteria
- New assessment framework developed
- New carers' legal entitlement to support
- New funding system for palliative care

Appendix 2 - WORKING DRAFT V.02
KENT COUNTY COUNCIL'S RESPONSE TO THE PRE-LEGISLATIVE SCRUTINY CONSULTATON ON THE DRAFT CARE AND SUPPORT BILL

1. Introduction

Kent County Council (KCC) welcomes the opportunity to comment on the draft Care and Support Bill. We endorse the view that the current system of social care is not fit for purpose and is in need of reform. We recognise this as a once in a generation opportunity to introduce a new legislative basis for adult care and support, to make the much needed reform a reality. KCC's approach to adult social care is built around the principles of integration, prevention and early intervention, and we are pleased to see that these principles are at the heart of the draft Bill.

KCC is the largest Council with Adult Social Services Responsibilities (CASSR) in England. In contains some of the most deprived areas in the South East and includes large coastal areas, which contributes to it having above average residential home capacity. This, combined with our proximity to London, leads to many individuals being placed in Kent from out of the area making Kent a 'net importer' of care and support. KCC can end up becoming responsible for funding of individuals placed here under Ordinary Residence rules.

Despite high demand for care and support in the county, KCC continues to support individuals down to the 'Moderate' Fair Access to Care Services (FACS) eligibility criteria. This decision has local cross-party support, and we believe it results in better outcomes for the individual and better value for money in the long-term.

KCC has a strong track-record in pioneering the transformation of adult social care and has a national reputation for innovation. To ensure that we continue to respond to the needs of those who use our services and their carers in a challenging financial context, we have launched a three-year programme of transformation of adult social care. To support the transformation, we have developed a new Vision Statement for adult social care in Kent, as shown in Figure 1.

Our transformation will have a determined focus on prevention and targeted intervention, ensuring that services respond rapidly and are more effective. We will encourage and empower individuals to do more for themselves and ensure greater support is available to carers. We will also develop a new deal with both voluntary and independent providers; one that is based upon trust and incentivisation. Clearly this is consistent with the reforms set out in the White Paper and underpinned by the draft Bill, and KCC welcomes many of Government's proposals which will help support our own commitments.

Vision Statement
People are at the heart of all adult social care activities, receiving integrated services that are easy to access, of good quality and that maximise their ability to live independently and safely in their community.

We will achieve this by:
- Empowering citizens to build a support network of trusted people, places and services tailored to their needs and minimising their dependence on formal services
- Working with communities to ensure people can develop or retain a choice of social links and networks to maintain health and prevent social isolation
- Making every penny count in achieving service user outcomes and value for money services
- Providing the right assessment at the right time to support people to achieve or regain their ability to manage their lives
- Commissioning housing options that support people to thrive in their community
- Developing a vibrant market of services from which people can find the right support
- Agreeing clear and consistent standards across the county, but recognising distinctive local solutions for delivery
- Encouraging a positive culture that enables our workforce to develop and deliver a quality service

Figure 1: KCC Adult Social Care Vision Statement

Along with our colleagues in the sector, KCC is disappointed that the draft Bill has not been accompanied by more definitive proposals for the reform of long-term funding for care and support. KCC fully supports the recommendations of the Dilnot review and would welcome the opportunity to work with Government on the development of a long-term funding system that delivers these principles. We recognise and support Government's commitment to take forward some of the recommendations including the £35,000 lifetime cap. However we urge Government to deliver quicker agreement and implementation of the new funding arrangements, as the current five year timescale leaves a significant period of time during which Local Authorities, providers, people with care needs and their carers will continue to struggle with the current system which is no longer fit for purpose.

We are pleased to note the additional NHS funding transfer that Government has promised to promote integration with the NHS and cover the costs of the reforms. However, we believe that in order to truly promote integration and provide sustainable funding for care and support needs, this must go further, and secure the transfer of NHS money for adult social care for the longer term, if not on a permanent footing.

KCC recognises that the current system is not sustainable given the demographic pressures and their financial implications. In line with demographic changes across the country, Kent's population over 65 is set to increase year on year, increasing 55% by 2030, with incidence of long-term conditions expected to rise at a similar rate. There is little doubt that this leaves a significant funding gap for social care, and that cuts in government spending create an even tougher challenge for Local Authorities to deliver

services in a sustainable way. The LGA have estimated that if the current trend continues, 70% of Council expenditure in 2019/20 will be on adult social care[1].

In the South East we are faced with particular funding challenges. South East England Councils' recent report 'Fixing a Broken System[2]' highlighted the historical inequity in funding for the South East, with the region receiving significantly less per head than London and metropolitan areas, across both Local Government and Health funding. In his introduction to the report, former SEEC Chairman and KCC Leader Paul Carter said "We welcome Government's commitment to updating public finances but we would like to move faster and further to change the current inequitable and unsustainable system." KCC would call for the new long-term adult social care funding approach to respond to the findings of the report and ensure that the South East is fairly funded to meet demand.

KCC is pleased to offer this detailed response to the draft Bill. We have structured our response by working through the sections of the Bill and for each section have made comments in the following categories:
(a) where we feel that an issue is missing;
(b) where we feel there is a lack of clarity;
(c) where we feel there is contradiction, and
(d) comments on regulatory provisions.

In preparing our response, we have identified three areas of the draft Bill that we would most like to encourage Government to revise in subsequent drafts. These are:

1. *(to be included in brief - reference further detail in full response below)*
2.
3.

Top three (or more?) areas to be agreed for final draft.

KCC would like to reiterate our offer to work with colleagues on national working groups or directly with Government to share our ideas and contribute to the development and testing of proposals set out in the White Paper and underpinned by the draft Bill. We would particularly welcome the opportunity to influence the development of:

- Long-term funding solutions for adult care and support
- National eligibility criteria
- National assessment framework
- Provider Quality Profiles
- Code of Conduct
- National information website
- Funding system for palliative care

[1] LGA, 'Funding Outlook for Councils from 2010/11 to 2019/20: Preliminary modelling', June 2012
[2] South East England Councils, 'Fixing a Broken System', June 2012

2. General responsibilities of local authorities

Wellbeing duty
KCC welcomes the consolidation of adult care and support legislation around the single defining purpose of promoting individual wellbeing.

(b) We are concerned however that the definition of 'wellbeing' is not precisely defined and is therefore open to interpretation, and the list of examples seems to give it a very wide scope. The term 'promote' is also open to interpretation. This could leave Local Authorities open to challenge, including Judicial Review, on the care and support services they provide and how they provide them - as acknowledged in the detailed notes for the Bill. KCC would like to see further clarity from Government on how the wellbeing principle is to be interpreted and translated into practice.

(b) We would also encourage Government to specify how this duty to promote individual wellbeing relates to broader wellbeing provisions, for example under the Local Government Act (2000.)

(c) In the introduction to the draft Bill, the section 'What will the Bill do?' states that "the well-being of the individual is paramount." However this is not evident from the wording of the draft Bill, and in fact subsection (3) (e) requires Local Authorities to have regard to "the importance of achieving a balance between the adult's well-being and that of any friends and relatives who are involved in caring for the adult." It will be difficult for Local Authorities to interpret the duty with this contradiction, and there is a recurring need throughout the draft Bill to understand the 'hierarchy' of responsibility between the person with care needs and their carer.

Prevention
(d) This section of the Bill places a requirement on Local Authorities to provide or arrange for the provision of services that will prevent or delay the development of needs for care and support by adults in its area. As is currently the requirement, the Bill also specifies that a Local Authority must provide an assessment and subsequently any eligible services *where it appears that an adult may have needs for care and support.* There is a balance to be struck here between the Local Authority's responsibilities to those who are in need of care and support, and the wider population, the majority of whom will not have care and support needs. By stretching the scope of responsibility, Government needs to be clear about where they expect Local Authorities to focus their efforts and limited resources.

With increasing financial pressures, it is important that prevention and early intervention does not become overlooked, and further guidance and appropriate funding from Government can prevent this from happening. In Kent, prevention and early intervention are key components of our approach to adult social care, and we are working with colleagues in the health, housing and voluntary sectors on a range of early intervention and prevention initiatives. Government could greatly assist by focusing on the development of research evidence to back up the benefits in outcomes that early

intervention and prevention brings, so that Local Authorities can use this as a tool to work with partners and push this important agenda forward.

Providing information and advice
(d) KCC welcomes the proposals in the draft Bill to provide information and advice both at national level and about the choices available at local level. Strengthening and improving the advice and information we provide about care and support in Kent is one of the objectives of our transformation programme. We are pleased to see that Provider Quality Profiles will make information on providers available to the public. We would like to encourage Government to supplement this with information from service users/carers on the quality of care given, bearing in mind the need to balance this with objective evidence such as the results of Local Authority contract compliance and safeguarding reviews

(a) We believe that better information and advice is essential to encouraging people to plan for their futures. However, with the significant wait until a long-term funding position is agreed and implemented, Government is missing an opportunity to incentivise saving for later life and is making it harder for people to make informed decisions about likely costs of care in the future.

Diversity and quality of services
KCC is pleased to see the duty for Local Authorities to promote a diverse market of providers. We believe that this is the most effective way to create a social care system that delivers a choice of high quality, personalised and affordable services. A diverse social care market is central to our transformation programme, and we are currently investing time and energy in gaining a thorough understanding of our local care and support market, as well as detailed analysis of local needs and potential solutions. This will enable us to develop clear and comprehensive Commissioning Plans for our adult care services.

(a) To promote the diversity of provision, Local Authorities should be supported to make it easier for small organisations from the Voluntary and Community Sector (VCS) to join the market. For example, KCC would welcome clear guidance from Government on how to apply the rules of Part B procurement to allow more flexible procurement that is accessible to smaller VCS providers. This would help us to make the principles of the Big Society a reality.

A more diverse and responsive care market in which people increasingly contract for their own care and support requires a well-defined and easy to implement definition of ‘quality’ and we are pleased to see that Government is intending to do this.

Co-operating
(a) Government may wish to consider adding ‘other providers of health services commissioned either by the NHS Commissioning Board or by a clinical commissioning group’ to the list of partners at clause 4, sub-section (5.) Alternatively, if it is intended that the power to co-operate is retained by the commissioner, this needs to be stated.

(b) In Clause 5, if an agency decides that it will not comply with a request for co-operation for the reasons given in subsection (1,) and the Local Authority believes that the reason given is not satisfactory, how can this be resolved?

Integration with health services

KCC fully supports Government's drive for integration between health and social care, essential if the drive for increased personalisation, prevention and quality are to be achieved. However, better integration at all levels has been worked towards for several decades and progress has generally been slow. We think it is the integration of services that is most important and therefore most emphasis should be put on encouraging integrated commissioning.

(d) We think that the Government can greatly assist the integration agenda by helping to develop a system of incentives and disincentives, for example developing a framework that can be used to distribute any savings achieved through integration so that all parties can see the financial reward. We would encourage Government to act on the findings of the Social Care Institute for Excellence briefing *Factors that promote and hinder joint and integrated working between health and social care services*[3]*.* This identifies various factors that can become a barrier to integration, including information sharing, which Government could help to resolve. Also although we welcome the alignment of the Public Health and Adult Social Care Outcomes Frameworks, the NHS Outcome Framework is still separate and Government could promote integration by aligning the three Frameworks together.

(b) Does the requirement for a Local Authority to ensure the integration of care and support with health provision put an onus on Local Authorities to do this over the NHS, or are both parties equally responsible for ensuring that integration happens?

Comments to follow from Finance on the additional transfer of £300 million from 2013-2015 to promote the integration of services - is this sufficient to promote any real change, especially as it must cover costs of the reforms as well?

3. Meeting needs for care

(d) The draft Bill's central purpose is to promote independence and wellbeing. However the order of examples of how care needs can be met is not consistent with the policy intention of prevention and care closer to home. For example, residential care would be the option pursued if other options to meet the individual's care and support needs in their own home were not suitable, but residential care is first in the list of examples. We would recommend re-ordering the examples to emphasise prevention and early intervention.

[3] Social Care Institute for Excellence, 'Factors that promote and hinder joint and integrated working between health and social care services', May 2012

4. Assessing needs

Setting a national eligibility criteria

(b) KCC believes that the Local Authority is best placed to decide the level of eligible need in their area and subsequently to allocate appropriate funding, and are pleased to see some acknowledgement in the Impact Assessment that Councils will retain control for overall budget setting and size of individual care and support packages. However, assessment will always be open to subjectivity, and it is not currently clear how the new national eligibility criteria will eliminate the current inconsistency in application of FACS as Local Authorities will continue to interpret the criteria in their own way. We have concerns that the introduction of a national eligibility criteria could give a false impression to service users that the actual services they receive will be universal, when in fact they will necessarily vary between areas.

(d) Experience from the National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care[4] shows that there are still large disparities between PCTs. A new eligibility criteria will need to be properly monitored and accountability for ensuring that it is being followed will need to be clear in order for it to have the positive effect that Government intends.

Level of national eligibility criteria

(c) If prevention is to be at the heart of the social care system, KCC would expect to see the universal threshold set to at least the equivalent of 'Moderate' on the FACS scale. This would require appropriate funding and we acknowledge the statement in the Impact Assessment that Government will need to consider funding implications in setting the criteria, but would encourage an emphasis on early intervention and prevention.

Despite concerns about the level of the national eligibility criteria, KCC welcomes the freedom for Local Authorities to offer a more generous eligibility criteria. As previously stated, we believe that maintaining our eligibility rating of Moderate delivers better outcomes and value for money.

(b) KCC would like to seek assurance that the introduction of a universal eligibility threshold at the equivalent of 'Substantial' will not financially disadvantage authorities like Kent who have always maintained eligibility at moderate, and that any funding streams to support the new eligibility threshold will be distributed fairly.

Assessing adults with needs and assessing their carers

(b) and (d) The draft Bill introduces a parity of responsibility to assess and meet the eligible needs of the adult with care and support needs, and the carer. KCC fully supports the recognition of carers. However very clear and specific guidance in the regulations will be needed to explain how this should translate in practice. Current

[4] Department of Health, The national framework for NHS continuing healthcare and NHS-funded nursing care, July 2009 (revised)

Department of Health guidance expects Local Authorities to first assess and meet the needs of the adult with care and support needs, which in turn supports their carer, and then to assess and meet any additional needs of the carer. For example, the DH Carer's Grant Guidance[5] states:

11. It is recognised that the results of a carer's assessment will usually be the provision of community care services to the service user. Such community care services should be as flexible as possible and take the needs of both parties into account as far as possible.

Guidance is needed on whether this is still expected practice, as it seems to be a logical approach to assessing and meeting carer needs.

(d) As Local Authorities start to use their new power to delegate assessment, it will be important to ensure that providers understand the position with regards to parity of responsibility to assess needs of the adult and their carer.

(c) and (d) On a related point, Clause 12, subsection (1) (a) states that further regulations may require the Local Authority to have regard to the needs of the family. Is this still the case if the needs of the family are in conflict with the needs of the person with care needs? Regulations will need to give clear guidance on this.

Shared assessment
(a) and (d) The Bill does not specifically reference shared assessment between agencies, which is something that KCC would like to promote where possible to prevent duplication and cost for public agencies and inconvenience and uncertainty for service users and carers. We would like to suggest that regulations should allow and encourage this to happen where appropriate.

Care and support in prisons
(b) The White Paper states that the new assessment framework will make it clear where responsibility for support in prison lies, with responsibility for assessment of need resting with the Local Authority in the area where the prison is situated. Provision of care would rest with the Local Authority if above a threshold of need that can no longer be provided by prison officers. KCC would like to seek clarification on how this will be reflected in the funding formula.
Further analysis to follow on the financial impact to KCC of assessment and provision of care - likely impact on LD/MH services. Also issues of ordinary residence need to be clarified. Kent may be particularly affected due to number of prisoners in the area

Resource impact of the changes
Analysis from Impact Assessment to be provided by Finance - particularly around costs associated with carer assessment and subsequent support and cost of prison assessment as above.

[5] Department of Health, Carer's Grant 2008-11 Guidance, January 2008

5. Imposing charges and assessing financial resources

Power to impose charges
(d) The draft Bill gives local authorities a general *power* to impose charges. This is a departure from the existing *duty* to charge for residential accommodation and power to charge for non-residential services. The draft Bill will remove this distinction. We suggest that it would be preferable to place the ability to impose charges under a 'duty' provision rather as presently stated in the draft Bill as a power. This will help give Local Authorities greater weight in pursuing payments, which is essential in delivering economically sustainable services.

Deferred payments
(b) KCC would like to ask Government to confirm that the intention of the draft Bill is that deferred payments can be used to cover all care costs, i.e. residential and non-residential. Although we assume that this is the intention, as it is in line with the general spirit of the draft Bill to remove distinctions between care settings, the draft Bill does not specifically clarify this point.

(b) and (d) Assuming that the draft Bill *does* intent to extend the use of deferred payments beyond residential care costs, we are supportive of this broader power. However we have concerns about how the up-front costs of deferred payments will be covered. An ADASS survey has found that Councils have already entered into deferred payment arrangements with around 8,500 people to a value of £197 million. It is not clear how Government intends that Local Authorities will cover the cost when more people start to use this option to cover a wider range of care costs.

(b) KCC would like Government to clarify the point from which interest can be charged on a deferred payment. Currently interest is only charged 54 days after the person has died. Under the new arrangements, is interest to be charged from the time that the agreement is signed? We also welcome Government's intention to set the interest rate that can be charged.

6. Who can have their needs met?

Power to meet needs
(b) Clarity is needed around Clause 18 which gives Local Authorities a power to meet care needs where the *duty* to do so does not apply and subsection (2) explains that this can happen where a person is not ordinarily resident in the Local Authority area. It is not clear why a Local Authority would choose to do this when they have no duty to do so, and is more likely that this would result in an Ordinary Residence dispute. Clarity is needed on the intention and application of this clause.

Self-funders
(d) Clause 17(3) turns the power for Local Authorities to meet needs even where the individual's financial resources are over the financial limit, into a duty to do so. KCC

notes the positive impact that this will have on self-funders, particularly in helping them to avoid avoidably excessive care costs and to help individuals plan for their long-term care needs where their financial resources are likely to run out. However, although not the policy intention, practical arrangements would mean that the 'cross-subsidy' in the cost of care between people supported by public funds and those who meet the cost of care and support out of their own means will disappear. Self-funders represent a significant proportion of the marker - a Lang and Buisson study in 2011[6] found that 44.9% of places in registered care homes in England are self-funded. There are significant implications for the social care market, and associated increases in care cost will fall on the Local Authority. We would call Government to revisit the impact analysis to properly acknowledge the additional financial burden on Local Authorities and how this can be funded.

In the South East, this proposal is likely to have a greater financial impact on Local Authorities as we have a higher number of self-funders. As an illustration, if all self-funders in the South East area were to ask Government to meet their needs as required in 17(3,) it is estimated that South East Local Authorities would be supporting three times the number of people we do now, without taking into account demographic changes.
Analysis of Impact Assessment from Finance to follow

Meeting needs of adults with care and support needs, and meeting needs of their carers
(b) and (d) In line with our comments on assessment above, we welcome the recognition of carers but feel that much greater clarity is needed on the parity of responsibility to meet needs. Clause 19 (b) and (c) talks about meeting the carer's through the provision of care and support to the adult needing care, and meeting the carer's needs by provision of support to the carer. Clarity is required on whether these two provisions are on an equal footing and how Government expects Local Authorities to put this into practice.

(b) We feel that Clause 19, subsections (7) and (8) around finding ways to meet carers' needs are vague and open to interpretation, which could lead to disputes between Local Authorities and individuals.
Analysis on resource implications of supporting carers to follow from Finance.

Boundary with health
We welcome the intention to define the boundary between adult social care and health.

(b) and (d) The present draft does not sufficiently deal with boundary issues between NHS continuing healthcare and Local Authority responsibility. The current difficulties in implementing the agreed boundary have not been acknowledged in the draft Bill, and it is important that the regulations on this matter properly address this point. In particular, clear definitions of 'incidental' and 'ancillary' are needed to guide Local Authorities. It

[6] ADASS / LGA, People who pay for care: quantitative and qualitative analysis of self-funders in the social care market, January 2011

may be beneficial to specify which elements of care are the responsibility of the Local Authority and which are the responsibility of the NHS so that the need to determine whether a need is 'ancillary' or not is removed.

(b) Clause 21 (3) reflects the NAA 1948 s21 (8) and specifies that the Local Authority may not provide or arrange for the provision of health care. Clause 21 (4) further states that the Local Authority may arrange for the provision of accommodation with nursing care in certain circumstances. However the Clause does not clarify the position whereby the Local Authority is required to provide accommodation with nursing care for people from abroad with no recourse to public funds when they are assessed as having community care needs. The NAA means that many Local Authorities are caught in the position of having to provide care in a nursing home including the provision of care by a registered nurse, when NHS provisions do not actually allow them to support people with no recourse to public funds.

Boundary with education services
(a) We welcome the intention to define the boundary between adult social care and Immigration, health, and housing with reference to clauses 20, 21 and 22. We are of the view that a similar reference to the exception for the provision of education services as contained in section 46 of the Apprenticeships, Skills, Children and Learning Act 2009 is missing and should be corrected. Section 46 is merely permissive in that it allows local education authorities when securing suitable education and training provision for young people under 25 to also secure boarding accommodation where they consider this appropriate. There is no duty on the local education authority to do this as there previously was under section 13 of the learning and Skills Act 2000. The lack of a clear duty encourages conflicts between the Local Education Authority and the Local Authority with adult social services responsibility about who should fund the provision of boarding accommodation when this is necessary for the provision of education and training. The drafting of the new Care and Support Bill would seem to be an ideal opportunity to clearly delineate the duties of the respective authorities in this regard.

7. <u>What happens after assessment?</u>

(a) The draft Bill must have regard to the recent United Kingdom Supreme Court decision about considering financial resources when planning to meet needs. The assessment section of the draft Bill adequately reflects the three 'tests' set out in section 47 of the NHS and Community Care Act (1990):

i. **what are the needs** of the person;
ii. in order to meet these needs **is it necessary for the authority** to make arrangements for the provision of any services;
iii. if so, what are the **nature and extent of the services** for which it is necessary for the local authority to make arrangements?

However it does not reflect the additional 'fourth test' around reasonable cost:

iv. **what is the reasonable cost** of securing provision of the services for which it is necessary for the authority to make arrangements?

The judges ruled it is lawful for councils to consider their own financial resources when deciding how they should meet a disabled person's needs. It is essential for the regulations to provide clarity on the way in which Local Authorities should factor reasonable cost into assessment / planning of care.

Personal budgets

(d) Clause 25 (2) allows that a personal budget may also specify public money available for spending on matters relating to housing, health care or welfare. In Kent we are already working with health colleagues to bring together personal budgets for social care and for health. We feel that Regulations should provide more guidance to Local Authorities on aligning Personal Budgets and should encourage Local Authorities to work with partners to do so.

8. Who can receive direct payments?

Direct payments and Local Authority responsibility

KCC is fully supportive of the use of direct payments as an important tool to promote personalisation and choice. We have developed innovative ways of empowering people to use direct payments, including through our Kent Card (see below.)

(d) For direct payments to meet their full potential to give individuals choice and control, it is important that the process is as non-bureaucratic as possible, with a proportionate and light-touch approach to planning and overseeing how the money is spent, as suggested in the report *Improving Direct Payment Delivery*[7] by the Think Local Act Personal consortium in 2011. KCC fully endorses this view, and this would be greatly aided if regulations could clarify the extent of the Local Authority's responsibility towards service users in the use of their direct payment. Uncertainty in this area can contribute to a risk aversive approach by the workforce. It is not clear from Clause 30 (3,) (4) and (5) the extent to which Local Authorities will still be required to ensure that money given is spent on meeting assessed need.

(b) and (d) We are pleased to see in Clause 51 (2) that the provision of direct payments is exempt from the functions that Local Authorities can delegate to a third party. We believe it is important for Local Authorities to retain their responsibility to make decisions on offering direct payments. However we would welcome greater clarity on the boundary between the general power to delegate functions including assessment and care planning, and the provision of direct payments which cannot be delegated. Is the exemption purely for the award of money? Are decisions on where direct payments are suitable also exempt, or could this be delegated? This will be important to support Local Authorities to work with third parties in practice.

[7] Think Local Act Personal, 'Improving Direct Payment Delivery', 2011

(a) and (d) Although direct payments are a powerful solution for many individuals, we also believe that Government should do more to support the development of alternatives to this method of delivering a personal budget. Providing a single choice between a direct payment and a council-managed arrangement does not offer the full range of options that are available. An example of another approach is the Individual Service Fund whereby the personal budget is managed by another organisation (private or voluntary.) We feel that Regulations should acknowledge the use of other methods of delivery where appropriate.

Combining personal budgets in direct payments

(d) As mentioned in our response to the section on personal budgets, we agree with Government that there is potential to build on the advantages of direct payments by bringing together other personal budgets and welfare payments. We have pioneered the use of the Kent Card, a chip and pin VISA card which does not require a bank account and offers a secure and convenient way of receiving and spending direct payments. We believe there is potential for personal budgets from a range of agencies to be loaded onto the Kent Card, allowing individuals choice and control over the total allocation of support funding allowed to them by local and national government. As referenced above, this would require individuals to have more control over how they spend direct payments, with less responsibility for Local Authorities to oversee how it is spent.

NHS Kent and Medway and Kent County Council Personal Health Budget Pilot

Working with NHS colleagues, we have jointly delivered a Personal Health Budget pilot in the areas of Maternity, Continuing Health Care, End of Life and Mental Health pathways, with the Kent Card at the heart of the pilot. Working together we developed systems and processes to effectively offer personal health budgets to 75 people. Building upon the success of Personal Health Budgets, KCC and NHS Kent and Medway tested Integrated Budgets (bringing together health and social care funding) with people who have long term conditions. People on the pilot have reported that Personal Health Budgets/Integrated Budgets has made a positive difference, stating that they feel in control and have been at the centre of the decision making process. Those receiving continuing health care funding have said they have experienced a seamless transition, moving from social care (where they had a Kent Card employing PAs) into health, where they could maintain this level of control. This was not possible prior to the pilot.

Direct payments in residential care

(d) Government are intending to pilot the use of direct payments in residential care. Although we support this as an option, we note the following potential problems with such an approach:

- A person using a direct payment to purchase residential care may find they are charged the private rate (usually significantly higher) and are not able to access the local authority rates. This could reduce rather than enhance choice.

- Residential care is often needed at a time of crisis - individuals/carers may not have the capacity to be entering into arrangements with care homes, therefore direct payments should never be mandatory, only ever an option for individuals, and the timeliness of the offer of a direct payment must be carefully considered.

- Using a direct payment to purchase residential care could in practice result in less protection for individuals. To avoid this they must be offered the same protection as other local authority funded residents – e.g. subject to regular reviews of their needs.

(d) We also believe that direct payments should not be seen as the only way to offer greater personalisation to people in residential care. Giving residents a greater say in care regimes, activities, staff rotas etc (co-production) and involving the outside community more can also achieve this objective.

9. Establishing where a person lives

Continuity of care
We welcome the concept of 'portability' subject to the following concerns.

(b) and (d) Clarification is needed on how the 'receiving authority' can be "satisfied that the adult's intention is genuine." How are issues of capacity and duress to be considered?

(b) and (d) Clarification is also needed in regulations on the dispute resolution process.

(d) We think regulations should stipulate clearly that the 'sending authority' must be required to notify the 'receiving authority' where the sending authority makes the arrangement for an individual to be placed in accommodation provided by the independent sector in the receiving authority's area. This is stipulated in DH guidance on Ordinary Residence published in 2011[8]:

57. If a local authority places someone out of area in accommodation provided by the independent sector, **they should always inform the host authority of the placement**. This is to ensure the host authority is aware of the person in their area and to enable both authorities to agree on the suitability of the placement.

Experience shows that even though this should happen, it often does not happen and this can cause problems with continuity of care. The draft Bill should respond to this.

(a) and (d) It would also be helpful if timescales were provided within which the sending authority must notify the receiving authority. Regulations could specify this.

[8] Department of Health, 'Ordinary Residence: Guidance on the identification of the ordinary residence of people in need of community care services, England', April 2011

We would like to offer an alternative solution for continuity of care, for Government's consideration:

- The sending authority could maintain responsibility for meeting care and support needs for a set time period after the person has moved
- During this set time period, the receiving authority must carry out its assessment, or if not completed by the end of the time period, maintain the level of service provision until it has
- This would provide an incentive to the sending authority to give proper notice to the receiving authority
- It would also avoid the need for the receiving authority to attempt to reclaim its costs from the sending authority if the person actually remains ordinarily resident in the sending authority's area, as the OR dispute could be resolved within the time period when the sending authority retains responsibility for meeting the person's needs.

Ordinary residence

(b) and (d) The wording of Clause 32 appears to establish different interpretation according to the type of care and support being provided - specifically 'accommodation of a particular type.' It is not clear what this means and regulations will need to specify more clearly. This clause seems to contradict the unified approach of the draft proposals which apply irrespective of care setting or the type of care. Without the benefit of a clear and unambiguous definition in the regulations, this would potentially lead to new disputes between Local Authorities on the matter. It is not clear whether accommodation of a particular type will comprise of extra care housing, adult placement, de-registered care homes, specially adapted accommodation etc. It is extremely important that the regulations clarify this 'grey area'.

Please also see our comments on boarding accommodation for young people in Section 6.

10. Safeguarding adults at risk of abuse and neglect

KCC feels that the requirements set out in this section are positive and are in line with our current practice on Adult Safeguarding. We welcome the change to place Adult Safeguarding Boards on a statutory footing. However we have come concerns as below.

Enquiry by Local Authority

(b) Clause 34 on enquiry by Local Authority leaves significant scope for interpretation, for example it is particularly hard to establish risk of abuse or neglect, to determine whether an adult is unable to protect themselves as a result of their needs and to determine what kind of enquiry is necessary.

(b) All of the examples given in subsection (2) relate to financial abuse. Is it expected that Local Authorities will give particular attention to this area? Local Authorities are not well-placed to act as investigators into the private financial affairs of members of the

public, and the Bill provides no investigative powers to back up this duty. Clarity is required on what is expected of Local Authorities in this situation, particularly as it is possible that families could claim compensation for losses if a Local Authority does not act appropriately in relation to financial abuse.

(a) The Law Commission considered that the statute should be worded to ensure that the Local Authority's duty can be discharged through a range of pathways or different routes through safeguarding. For example the Local Authority could undertake the enquiries themselves, refer to an appropriate agency or initiate a multi-agency investigation. Quite specifically, the Law Commission stated that "*The duty to investigate could be delegated to the NHS*". The Bill states only that the Local Authority "*must make (or cause to be made)*"…..

(a) The Law Commission also recommended that the statute should include an enhanced duty to co-operate in adult protection cases. Although the general duty to co-operate is provided in Clauses 4 and 5, the enhanced duty does not seem to be included in the draft Bill. Related to this, clarification is needed on how a Local Authority is to respond if another agency fails to respond to requests to co-operate in the Local Authority's enquiries.

(d) There is no mention of further regulations in this area, which we feel are essential to provide further guidance around this important issue which has wide-ranging implications for Local Authorities.

(b) We also note the abolition of Local Authority's power to remove persons in need of care (Clause 37.) Although not widely used, does Government intend that anything will replace this power, and is such a power needed to work alongside the new safeguarding duty?

Safeguarding Adults Boards

(a) The Law Commission review recommended that statute should set out a range of functions for SABs including to keep under review the procedures and practices of public bodies which relate to safeguarding adults and to give information and advice, or make proposals, to any public body on the exercise of functions which relate to safeguarding adults. The Bill appears only to say (at subsections 2 and 3) that an SAB must seek to achieve its objective of helping and protecting adults within the safeguarding category by "*co-ordinating and ensuring the effectiveness of what each of its members does*", and it "*may do anything which appears to it to be necessary or desirable for that purpose*". We note in the impact assessment that the provision of more specific functions for SABs was considered. *DMT comments welcomed on this issue.*

(a) The Law Commission also proposed that the CQC should be given a power to nominate an appropriate representative to attend meetings, but again this seems to be missing from the draft Bill.

(b) Government is asked to clarify how the activities of SABs are to be funded. *Financial analysis of whether the impact assessment accurately reflects costs is to follow.*

We are responding separately to the consultation about an additional power of access for Local Authorities to make enquiries. *Will add any relevant highlights from the other consultation response.*

Safeguarding adults reviews
(b) The trigger for a safeguarding adults review includes "concern about how the SAB, a member of it *or some other person involved in the adult's case acted*". Should this relate specifically to concerns about how a person has acted in their professional capacity? Otherwise this could be interpreted as concerns about the actions of any person, which would be the case for nearly every safeguarding case.

11. Transition for care children to adult care and support

We welcome the clarification on young people in transition, as KCC currently experiences issues around this. However we feel much greater clarity is needed.

(b) and (d) This section raises various issues that require further clarification, which the further regulations could provide. For example, clarification is need on which worker should form the view that the child is likely to have ongoing needs at 18 and who carries out the assessment. Will specially trained transition workers be required to understand both the adult and children's social care systems?

(b) It is not clear why there is a distinction between the 'power' to assess a child and a young carer, the 'duty' to assess a child's carer.

(b) Clause 44 provides a power to meet a child's carer's needs as the LA considers appropriate. Annex B (para 68) further states: "*there may be certain services available only through adult care and support, and a child's carer should be able to request an assessment under this Part as the means of accessing any such services.*" This would suggest that the carer may be able to access adult services (rather than just assessment) before the child turns 18. This seems to be at odds with every other aspect of this part of the Bill, which provides for children's services to continue post-18, not for adult services to be available pre-18. We would like to seek clarification on the intention here.

(b) and (d) It would be helpful if regulations could include requirement for both departments to keep in mind any leaving care duties that are owed to the individual post-18. Both departments must be clear on their own duties and work towards a joined-up approach in relation to leaving care services and services provided to meet community care needs.

Financial analysis of the resource implication of carrying out multiple assessments on an individual before and after they reach 18 is to follow.

12. Enforcement of debts

Recovery of charges and deferred payments
(d) Clause 45 (2) states that a sum due to an authority is not considered as a debt due if a deferred payment could be entered into (unless the individual has refused a deferred payment.) As previously stated, KCC would like clarification from Government on how Local Authorities are expected to cover the up-front care costs (which are already debts in this case,) when a deferred payment is entered into. This will have significant financial implications for Local Authorities, and this Clause will delay the pursuit of payment of debts while a deferred payment agreement is being offered and considered. KCC would be particularly interested in Government's thinking on the funding formula will be sensitive to this issue.

Transfer of assets to avoid charges
We are pleased to see that this section addresses some of the shortcomings of current legislation. We are particularly pleased that the draft Bill does not make a distinction between residential and non-residential care, and that the six months rule no longer seems to apply to the transfer of liability for costs to the transferee.

(a) However, there is nothing in this section which states that where deprivation has clearly occurred we can treat the person as if they still had the assets. Regulation 25 (1) of the Assessment of Resources Regulations (1992) currently provides that a resident may be treated a still possessing capital that he has deprived himself of for the purpose of decreasing the amount that he may be liable to pay for his accommodation. We feel that this provision is missing in the draft Bill and may weaken Local Authorities' powers.

13. Miscellaneous

Delegation of Local Authority functions
(b) and (d) We welcome the provision in the draft Bill for Local Authorities to delegate its functions in relation to care and support. We would welcome further clarification in regulations on situations under which functions can be delegated and clarity on the retained responsibilities of a Local Authority that has delegated functions.

Further analysis and comment on this section will be included in the final draft - particularly on after-care under the Mental Health Act (section 117.)

14. General

Repeals
(a) Section 22 of the Health and Social Services and Social Security Adjudications Act 1983 has been repealed and does not appear to have been replaced. This is an extremely useful provision that enables Local Authorities to unilaterally charge land owned by care home residents as security for residential accommodation fees. It is a valuable extra-judicial security which is much used in practice and should not be lost to Local Authorities.
Further analysis on the implications of repealed legislation is to follow.

15. Concluding remarks

KCC welcomes this long-anticipated reform of the law, consolidating, updating and replacing the outdated legislation that has developed piecemeal since the 1940s. We believe that the draft Bill achieves Government's aim of introducing consolidated legislation and will be easier for practitioners to navigate and put into practice. However, we feel that there are areas where significant clarification is needed, issues are missing or more guidance will be required in regulation, as identified in our response. We would encourage Government to address the issues raised in the consultation and progress the draft Bill as soon as possible, as it underpins reform in the care and support system that is urgently needed. It will be difficult for Local Authorities to start planning to put the new duties and powers into practice without an agreed long-term funding approach, and so we would also urge Government to progress this as a matter of urgency.

Government has set a series of consultation questions that it is particularly seeking comments on. Our views are expressed throughout our response, but for clarity a summary of our response to the consultation questions is provided below:

Q1: Do the opening clauses (2-7) sufficiently reflect the LA's broader role and responsibilities towards the local community?

In these Clauses, and throughout the draft Bill, we feel that the Local Authority's broader role is made clear. We have expressed concern about how Local Authorities are expected to split their focus between meeting the specific needs of people who are in need of care and support and their carers, and the wider responsibility for prevention and provision of information to the entire population, within extremely limited budgets. However, as underpinned by our transformation programme, KCC believes that a significant part of our role is to take leadership of care and support in the local area - identifying needs and empowering people to take control of their own care using a range of care and support options. We would again encourage Government to urgently introduce long-term funding arrangements for social care and support that is fair, fit for purpose and supports a modern social care system to enable Local Authorities to fulfil their broader role.

Q2: Does the draft Bill (in clauses 17 and 19) clarify individual rights to care and support in a way that is helpful?

Generally we feel that the draft Bill does clarify individual rights to care and support more clearly than existing legislation. As a result, it will be far easier for individuals to understand their rights and for professionals to implement the law. However we do have concerns that areas of the draft Bill that are very open to interpretation, particularly around the new well-being principle, could lead to more cases where Local Authorities are challenged by individuals, and would like to urge Government to provide as much clarity as possible to support Local Authorities.

Q3: The law for carers has always been separate to that for the people they care for. Is it helpful to include carers in all the main provisions (clauses 9-33) of the draft Bill, alongside the people they care for, rather than place them in a separate group?

We welcome the greater recognition of carers, which is a central tenant of our Transformation Programme and approach to social care. As there is by definition a close link and overlap between assessment and service provision for individuals and their carers, it would seem to be necessary to include carers in all the main provisions as set out in the draft Bill. To do otherwise would require considerable cross-referencing between different sections, which would make the provisions less accessible and harder to follow. However, we have raised concerns about the parity of responsibility to those with care and support needs and their carers, and the practical way in which needs can be met for both.

Q4: Does the new well-being principle, and the approach to needs and outcomes through care and support planning, create the right focus on the person in the law?

Yes we believe that the focus is broadly right and is in line with our enabling, person-centred approach to care and support. Again, we have expressed concerns about the interpretation of the well-being principle which we believe could cause difficulties for Local Authorities.

Q5: Do the "portability" provisions (clauses 31-33) balance correctly the intention to empower the citizen to move between areas with the processes which are necessary to make the system fair and workable?

Although we support measures to promote continuity of care, we believe that the processes require a good deal more detail, particularly around issues including timescales and dispute resolution, to make the system fair and workable. It is essential that the system avoids detrimental impact on the receiving authority (which, as a net importer of care, KCC is often likely to be) as a result of bad

practice on the part of the sending authority. We have suggested an alternative solution for Government's consideration.

We would like to reiterate our interest in working with Government and colleagues in the sector on the development of some of the new initiatives outlined in the White Paper and underpinned by the draft Bill, and would be happy to clarify or provide further information on any area of our response.

Contact:
Michael Thomas-Sam, Strategic Business Advisor - Families and Social Care
Michael.thomas-sam@kent.gov.uk
01622 696116

Jenny Dixon-Sherreard, Policy Manager
Jenny.dixon-sherreard@kent.gov.uk
01622 694122

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By	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Andrew Ireland, Corporate Director for Families and Social Care
To:	**Cabinet Committee for Social Care and Public Health**
Subject:	**Outcome of Formal Consultation to Change the Service Model and Staff Structure of the Mental Health Community Support Services – Decision No 11/01746**
Classification:	Unrestricted

Summary: This paper outlines the recommendations made regarding future provision of the Mental Health Community Support Services (MHCSS) and the outcomes of the formal consultation process to implement a new service model and staff structure. MHCSS is an integrated service delivered by KCC employees and hosted by Kent and Medway Partnership Trust (KMPT).

Recommendations:

Cabinet Member for Adult Social Care and Public health will be asked to make a decision taking forward the proposal to implement a new service model (Mental Health Support Time Recovery Service) and new staff structure.

Members of the Social Care and Public Health Cabinet Committee are asked to consider and either endorse or make recommendations on the proposed decision to be taken by Cabinet Member for Adult Social Care and Public Health.

1. Introduction

(1) The review of Mental Health Community Support Services was completed during April – July 2011. The key findings are:

- There are inconsistencies around the service model, levels of staffing, productivity, value for money and structure.
- Supporting People funding of £260k ended January 2012 due to termination of contract between Supporting People and KMPT. This

has placed an additional financial burden on KCC to retain the current service model.
- MHCSS is not a registered service with Care Quality Commission.

(2) An informal consultation was held between 26th August and 23rd September 2011 with affected staff. This included work shadowing, meetings with staff and written submissions. 12 written responses were received with a total of 24 individuals commenting.

(3) Key findings were:
- A commitment to the recovery model, short term interventions and promotion of self reliance.
- Majority of staff currently provide 6 weeks support to clients of up to three hours per week, extendable to 6 months dependent on a review at 4 weeks. They believe that this is an appropriate and effective model for future service delivery.
- That implementation of this model has resulted in falling caseloads as longer term cases are closed or transitioned to providers of longer term support and care managers fail to understand new model or make appropriate referrals.
- The service should be flexible, with short term interventions identified as part of a support plan. Goals should be clearly defined and support regularly reviewed although some individuals do need longer term support.
- That it is important to be based within integrated mental health teams and have good local knowledge.
- Respondents noted that teams should contain similar numbers of workers and be managed by a team leader / senior worker.
- Respondents noted that integrated working with other mental health professionals within KMPT was essential to the delivery of effective and coordinated treatment and that externalising the service would create a risk to service users.

(4) DMT agreed that the service would remain in KMPT and that a key decision would be requested regarding a change to the service model and structure. An entry was made onto the forward plan regarding the following proposal:
- Change to a Support Time and Recovery (STR) service model. This will be called Mental Health Support Time Recovery Service.
- There will be no in house Community Support Services (CSS).

(5) <u>Proposal for Support Time Recovery (STR) Service (see Appendix 1)</u>
- STR workers will work with people for a time limited period.
- STR workers will deliver a mental health recovery service.
- The first period of up to 6 weeks will be provided as Enablement, and will be an intensive service to help people quickly recover from or prevent a crisis.

- Should further support be needed this will be provided for up to 6 months in total, and becomes a chargeable service following the enablement period.
- STR workers will get involved in:
  - promoting independent living
  - supporting social inclusion within a recovery model
  - providing practical support with daily living
  - facilitating people to live ordinary lives
  - helping service users to gain access to resources in the community supporting service users to be in control of their treatment

(6) In the proposal, current service users will not be affected. The new model will only apply to new people entering into the service. Current service users will be reviewed according to our statutory duty and at that time, if they have ongoing needs, will be offered a direct payment or transferred to an independent agency providing ongoing community support as part of the Supporting Independence Service contract.

(7) In the proposal, Senior STR workers will have a direct link to a Provision Manager within FSC Learning Disability/Mental Health. The provision manager will quality assure and monitor the service.

2. Financial Implications

(1) The revised structure will achieve the £260k savings required to maintain the service. Estimated transitional costs of £176.4k meant that full savings will be achieved in 2013/14.

3 Bold Steps for Kent and Policy Framework

(1) Bold Steps for Kent:
- Empower social service users through increased use of personal budgets
- Improve services for the most vulnerable people in Kent

(2) National Strategy
- Recommendation of Workforce Action Team (set up by Ministers to look at workforce, education and training implication of the National Service Framework) to introduce Support Time Recovery workers in the mental health workforce (August 2001).

(3) Vision for Kent

- Improve the health and the physical and mental wellbeing of the population and reduce inequalities
- Enable people to receive the support they need to maintain their safety and independence within their local community
- Move towards preventative social care
- Enable people to take greater control of their lives and live safely and independently in their own communities, through engagement with Kent County Council and its social care partners

(4) Live It Well (KCC's Strategy for improving mental health and wellbeing)

- Reduced the occurrence and severity of common mental health problems, particularly by targeted actions to improve wellbeing for more of those people at higher risk
- Reduced the number of suicides
- Ensured that all people using services are offered a personalised service, giving them more choice and control over the shape of support they receive wherever the care setting is
- Delivered better recovery outcomes for more people using services, with care at home as the norm

4. The Report

(1) A 30 day formal consultation began on 11th July 2012 in accordance with KCC procedure.

(2) The following actions were taken:

Date	Action
9th July 2012	Meeting with Union representatives (Unison and GMB) to discuss proposal
11th July 2012	Consultation pack sent to staff including: proposal for restructure, current and proposed structure charts, job descriptions
13th July 2012	Meeting with East Kent staff to discuss proposal. Union and HR representatives present.
16th July 2012	Meeting with West Kent staff to discuss proposal. Union and HR representatives present.
17th July 2012	All details of proposal posted onto KNET and KMPT Staff Zone.
23rd July 2012	Letters sent to service users informing them of the consultation. Service users will not be affected by the proposal.
25th July 2012	Question and answer summary from consultation meetings emailed to affected staff and posted onto KNET and KMPT Staff Zone
3rd August 2012	Question and answer summary received 16 – 31st July emailed to affected staff and posted onto KNET and

	KMPT Staff Zone
17th August 2012	Question and answer summary received 1 – 11th August emailed to affected staff and posted onto KNET and KMPT Staff Zone

(3) There have been 28 responses to the consultation, of these:
- 4 include activity figures for teams
- 2 describe personal circumstances and seek clarification regarding how these will be considered
- 22 contain questions, comments and suggestions for alternate structures

(4) The majority of questions and comments concerned:
- Operational details of the proposed STR service
- Role and number of senior STR workers
- Role of provision manager
- Activity levels within the teams
- Details of the recruitment and selection process
- KCC policy meaning that existing STR workers within diminution process can not apply for Senior STR workers roles

(5) There has been overwhelming support for the proposed service model.

(6) Questions and comments were acknowledged individually throughout the consultation. In addition, three summary sheets were compiled covering questions and comments made during the meetings, 16-31 July and 1-11th August. These were distributed to staff via email and were posted on KNET and KMPT Staff Zone.

(7) Having listened to the feedback sent in during consultation, we have made revisions to the original proposal. These revisions have been shared with staff and a copy of the structure is attached to this document. (Appendix 2)

(8) There are currently 65 members of staff (48.94fte) working in the service. In the revised proposal there are a total of 6.94 FTE redundant positions. 16 expressions of interest in voluntary redundancy have been received.

(9) Due to differences in current job descriptions the following recruitment processes will occur:

Locality	**Process**
South West Kent	Recruit
Dartford Gravesham and Swanley	Recruit
Maidstone and Malling	Recruit
West Kent Early Intervention Psychosis	Recruit
Thanet and Dover	Diminution
Ashford and Shepway	Diminution

Canterbury Coastal and Swale	Slot Recruit
East Kent Early Intervention Psychosis	Recruit
East Kent Acute Services CRHT	Slot

(10) Equality Impact Assessment was completed on 2 December 2011 and updated on 13th August 2012 following completion of formal consultation. A potential impact on the protected characteristics of Disability and Pregnancy / Maternity was identified during the consultation. Actions have been identified and completed to address both of these issues. (Appendix 3)

5. Conclusions

(1) The review of Mental Health Community Support Services completed during April – July 2011found that there are inconsistencies around the current service model, levels of staffing, productivity, value for money and structure. In addition, Supporting People funding of £260k ended January 2012 due to termination of contract between Supporting People and KMPT.

(2) The informal consultation held between 26th August and 23rd September 2011 with affected staff identified the need for a new service model focused on Support Time Recovery interventions.

(3) The 30 day formal consultation began on 11th July 2012.

(4) 28 responses to the consultation where submitted and there has been overwhelming support for the proposed service model.

(5) As a result of feedback, revisions have been made to the original proposal. These revisions have been shared with staff and a copy of the structure is attached to this document.

(6) The proposed structure will achieve the savings required.

6. Recommendations

Cabinet Member for Adult Social Care and Public health will be asked to make a decision taking forward the proposal to implement a new service model (Mental Health Support Time Recovery Service) and new staff structure.

Members of the Social Care and Public Health Cabinet Committee are asked to consider and either endorse or make recommendations on the proposed decision to be taken by Cabinet Member for Adult Social Care and Public Health.

Contact details

Penny Southern – Director Learning Disability and Mental Health
Penny.Southern@kent.gov.uk / 01622 694888

Samantha Sheppard – Project Manager Efficiency Team
Samantha.Sheppard@kent.gov.uk / 01622 694705

Appendices:

Appendix 1 – Service Specification for STR service
Appendix 2 – Proposed staff structure
Appendix 3 – Equality Impact Assessment Revised

Background Documents: None

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Appendix 1 – Service Specification for STR service

STR workers in KMPT

Specification for Deployment

Scope of Specification

This specification refers to all the work previously referred to as Community Support Scheme (CSS); and Support Time and Recovery (STR); which was undertaken in-house in the Access, Recovery (including the assertive outreach service) and Early Intervention in Psychosis teams.

Background

In 2009 work was undertaken by the mental health commissioning and contracting team to identify the respective attributes of the two models (CSS and STR). CSS has been largely supplied by external providers through contracts for services; but there is also some in house provision. The STR model is exclusively in-house provision introduced from 2003 as part of the National Service Framework for Mental Health.

This work identified that the STR model was more immediate, dynamic, time limited and gave practical support at times of crisis to help people back to supporting themselves. This was seen as being in keeping with personalisation and recovery models required in a modern mental health service. The CSS model was still valuable for a smaller number of people, but did lend itself to a longer term, maintenance approach for people with continuing, long term problems with daily living skills.

KMPT undertook to continue this work and pilot an approach through the Maidstone Community Mental Health Team. The pattern in KMPT was confused because East Kent and West Kent had different models historically and in some cases the roles of CSS and STR workers had become interchangeable (although commissioned as different roles).

A working party was set up led by Bob Ditchburn and a lot of scoping work was undertaken, including understanding the implications for any differences in structure between East and West Kent and differences in pay scales between health employed and KCC employed staff. This work demonstrated that these issues were not insurmountable and that the differences in pay scales were minor.

Current position

The development of the new Supporting Independence Service (SIS) has provided a vehicle for the continuation of externally provided support in MH that follows the CSS model. This has created the opportunity to make clear distinctions between what will be provided externally; and what will remain in house. With effect from October 2012, all the external provision will be provided via SIS contracts and will include all existing external CSS, together with a staged transfer of the long term provision currently in house that is provided on the CSS model.

There will be no in house CSS (or SIS). All internally provided work will follow the STR (support time and recovery) model. This provides intensive support for up to 6 months. Therefore, all provision to the SIS model will eventually be external: and all STR provision will be internal.

There is a separate workforce exercise to determine the position of currently employed staff. However, existing internal CSS staff may be re-designated as STR workers.

Appendix 1 – Service Specification for STR service

Definition of STR work

An STR worker works with people who are experiencing a crisis with their mental health to support them, spend time with them and work with them in a practical way towards recovery. STR workers come from a wide variety of backgrounds and may have experienced mental health distress themselves as service users or carers.

STR workers will make contact with service users who come into contact with community mental health teams, answering any questions or difficulties they may have relating to treatment; ensuring they have personal belongings and money if they move accommodation and that that their property is secure. STR workers will be involved in planning meetings, accompanying the service user and helping to overcome any practical obstacles to an early resolution of a mental health crisis.

STR workers will work with people for a time limited period. The first period of up to 6 weeks will be provided as Enablement, and will usually be an intensive service to help people quickly recover from a crisis. Should further support be needed this will be provided for up to 6 months in total, and becomes a chargeable service following the enablement period.

STR workers will get involved in:

- promoting independent living;
- supporting social inclusion within a recovery model
- providing practical support with daily living
- facilitating people to live ordinary lives
- helping service users to gain access to resources in the community
- supporting service users to be in control of their treatment.

STR workers will help with:

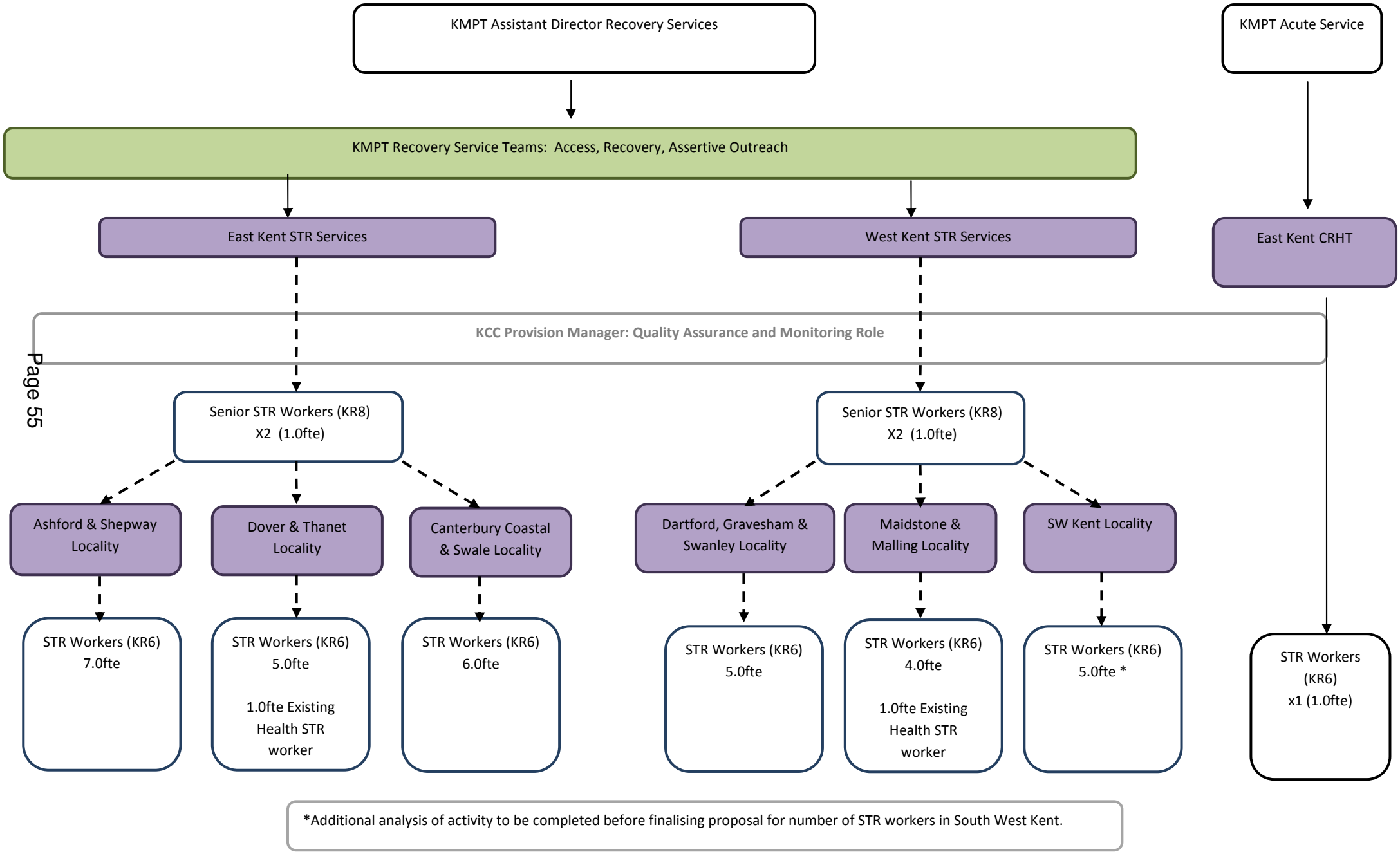
- budgeting income, benefits (and tax credits) advice;
- employment and housing issues
- internet access
- leisure activities, exercise and fitness
- social networks
- spirituality, creativity ethnic and cultural identity

STR workers enable access to:

- self-help groups
- medicines management
- health checks
- good nutrition advice
- a GP and dentist
- advocacy
- health promotion (healthy eating, weight control, smoking cessation)
- substance misuse advice

Appendix 2

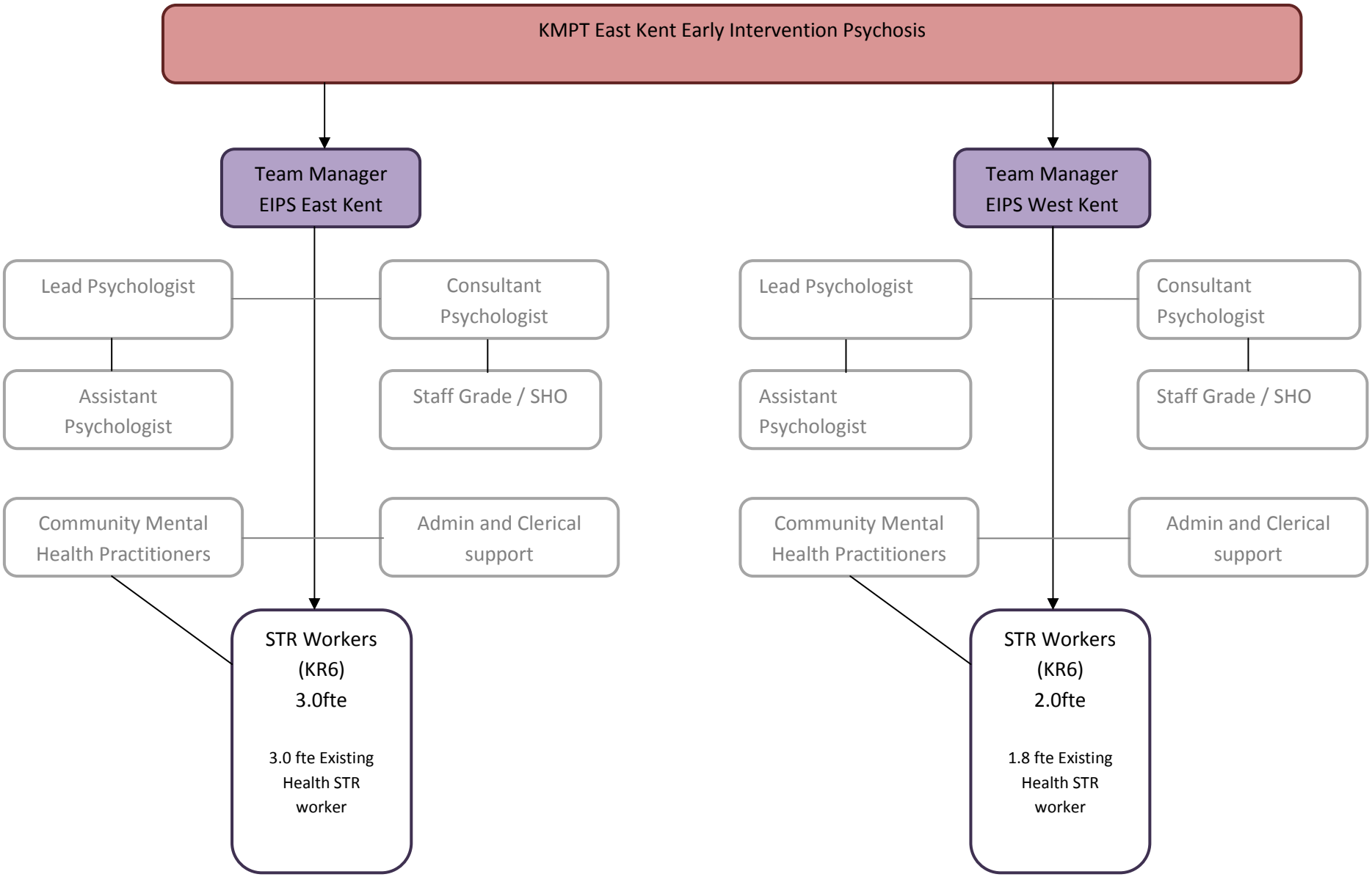
Mental Health Support Time Recovery Service Proposed Structure - Revised 16 August 2012



*Additional analysis of activity to be completed before finalising proposal for number of STR workers in South West Kent.

Appendix 2

Mental Health Support Time Recovery Service Proposed Structure - Revised 16 August 2012



Appendix 3

KENT COUNTY COUNCIL

EQUALITY IMPACT ASSESSMENT

Initial Screening

Directorate: Families and Social Care

Name of service
Mental Health Community Support Services

Type
Review of current provision and function / delivery of future services.

Responsible Owner/ Senior Officer
Penny Southern, Interim Director Learning Disability and Mental Health

Completed by: Samantha Sheppard (Efficiency Officer)

Date of Initial Screening
02.12.11

Updated 13.08.12 in response to feedback from formal consultation

Appendix 3

Screening Grid – revised 13 August 2012

Characteristic	Could this policy, procedure, project or service affect this group differently from others in Kent? YES/NO	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO	Assessment of potential impact HIGH/MEDIUM/LOW/ NONE/UNKNOWN		Provide details: a) Is internal action required? If yes, why? b) Is further assessment required? If yes, why? c) Explain how good practice can promote equal opportunities
			Positive	Negative	
Age	No	No	High	Low	a) No b) No – informal and formal consultation have not raised any issues. Service users will not be impacted by proposal c) Services will be delivered in accordance with KCC Equalities policy and standards
Disability	Yes	No	High	Low	a) No b) Yes – staff have raised issues related to disability and ability to travel to fulfil role (see Action Plan). No -Service users will not be impacted by proposal. c) Services will be delivered in accordance with KCC Equalities policy and standards
Gender	No	No	High	Low	a) No b) No – informal and formal consultation have not raised any issues. Service users will not be impacted by proposal c) Services will be delivered in accordance with KCC Equalities policy and standards
Gender identity	No	No	High	Low	a) No b) No – informal and formal consultation have not raised any issues. Service users will not be impacted by proposal c) Services will be delivered in accordance with

					KCC Equalities policy and standards
Race	No	No	High	Low	a) No b) No – informal and formal consultation have not raised any issues. Service users will not be impacted by proposal c) Services will be delivered in accordance with KCC Equalities policy and standards
Religion or belief	No	No	High	Low	a) No b) No – informal and formal consultation have not raised any issues. Service users will not be impacted by proposal c) Services will be delivered in accordance with KCC Equalities policy and standards
Sexual orientation	No	No	High	Low	a) No b) No – informal and formal consultation have not raised any issues. Service users will not be impacted by proposal c) Services will be delivered in accordance with KCC Equalities policy and standards
Pregnancy and maternity	Yes	No	Medium	Low	a) No b) Yes – staff have raised issues related to recruitment process and maternity (see Action Plan). No - service users will not be impacted by proposal c) Services will be delivered in accordance with KCC Equalities policy and standards.

Part 1: INITIAL SCREENING

Context

This initial screening has been carried out to identify any characteristics or considerations that need to be taken forward as the plans to review and modernise the service progress.

The cost of the service to KCC is supplemented by an income from Supporting People. That contract will end 31 December 2011.

Review of this service has identified that there are inconsistencies in management structure, staffing levels and activity levels across the county. In addition, the service is not considered to be value for money when compared to Community Support Services purchased through external private providers.

Aims and Objectives

The current model of service delivery is inconsistent across the county and out of date. It is not in line with KCC policy to promote independence and personalisation. The modernisation of the service will focus on moving away from traditional services which promote dependence and towards a consistent model of enablement and recovery across the entire service.

It will support KCC equality duties as an equality issues will be considered and actioned within the re-structure.

Beneficiaries

Eligible service users and their carers will benefit from a service which designed to support their needs, support them in remaining in their homes and communities, reduce social isolation and promote independence and inclusion.

Staff will benefit from a modernised service that is sustainable over the longer term. Expanding the purpose and function of the service will enable them to develop new and existing skills.

KCC can benefit by commissioning a service which encompasses the aims and objectives of the Equality Act and KCC Equality Strategy.

Consultation and data

An informal consultation has been conducted with staff and KMPT partners to gather views on the future of the service. These have been used to inform future service model development.

There are currently 252 adults with mental health issues being supported by this service (Swift report July 2012). This number has fallen since the time of the initial screening when 458 people were receiving the service. The service operates across the county and provides support that enables service users to live independent lives in their own homes and local communities.

The service operates Monday - Friday, 9am – 5pm.

The service employs 65 staff who are all seconded to Kent and Medway Partnership Trust (KMPT).

Formal consultation on a new structure began on 12th July and ended on 11th August 2012. All affected staff were sent a consultation pack and invited to attend a meeting to discuss the proposal.

All current service users received a letter informing them of the consultation and confirming that the service they receive would not change at this time as a result of the proposal.

Potential Impact

Initial screening noted that there may be some impact in relation to the characteristics of disability, specifically related to mental health issues which may be profound or long term. Regarding age, race and religion or belief, gender, gender identity and sexual orientation, there is no information available at this time to determine whether there will be any impact. Any such information is expected to arise from the formal consultation process and will be considered in any future EIA's.

Formal consultation as identified some impact to the characteristics of disability and pregnancy / maternity. Please see action plan for more details.

Adverse Impact:

The initial screening notes that there may be an adverse impact on protected characteristics and that this will be low. Any future service will be both needs led and sensitive taking into account mental health needs of eligible service users to ensure that they receive a high quality service.

Positive Impact:

By providing a short term, target focused intervention service it is likely that there will be increased integration and reduced isolation for service users as greater independence is achieved. In addition, the interventions may prevent relapse and longer term placements such as hospitalisation and residential homes.

JUDGEMENT

Option 1 – Screening Sufficient **~~YES~~/NO**

Following this initial screening our judgement is that Internal action is required (see below).

Justification:

There is insufficient information at this time to fully assess the impact of any future service model.

A further screening will be completed once the commissioning proposal has been agreed and will incorporated relevant issues raised as part of a formal consultation process.

Option 2 – Internal Action Required **YES/~~NO~~**

There is potential for adverse impact on particular groups and we have found scope to improve the proposal

Please see action plan at end of this document.

Option 3 – Full Impact Assessment **~~YES~~/NO**
Only go to full impact assessment if an adverse impact has been identified that will need to undertake further analysis, consultation and action

Appendix 3

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Disability	Social isolation Reduce independence	Consider and commission services that will promote inclusion and independence	Increased independence Reduction relapse Increased social isolation	Samantha Sheppard	January 2012	Part of role
Disability	Impaired sight impacts ability to travel across geographic location in a timely manner as outlined in job description	Clarify with all staff that ability to travel is not synonymous with ability to drive but can refer to any mode of transport which allows people to move across a geographic location in the line of their work. Consider this during recruitment and selection phase.	Minimal – staff are already working to this job description. Staff are reassured that they will not disadvantaged. .	Samantha Sheppard	July 2012	
Pregnancy / maternity	Members of staff who are pregnant	Staff have identified when	Staff understand the process and	Samantha Sheppard	September / October 2012	

	and will be on maternity leave during the recruitment / selection phase or during the implementation of the new structure.	they will be on leave. Staff to provide preferred contact details. Staff informed of process in adequate time. Appropriate accommodations pat in place so as to not disadvantage staff.	are not disadvantaged.			

By:	Andrew Ireland - Corporate Director, Families and Social Care Graham Gibbens - Cabinet Member, Adult Social Care & Public Health
To	Social Care & Public Health Cabinet Committee – 14 September 2012
Subject:	**OUTCOME OF FORMAL CONSULTATION ON OUTSOURCING, FIVE LEARNING DISABILITY GROUP BASED DAY ACTIVITIY SERVICES TO ANOTHER ORGANISATION – Decision No 12/01880.**
Classification:	Unrestricted

Summary:	Following the "What Makes a Good Day" consultation in 2008, a decision was taken to improve services for people with learning disabilities during the day, evening and weekends. The Good Day Programme (GDP) was set up to provide a countywide framework and support for local programmes of change to improve services. In March 2012 the Cabinet Member for Adult Social Care and Public Health agreed to consult on outsourcing the following Learning Disability Day Services that have the potential to develop into independent community based services, providing training and employment opportunities: 1. Freeways Catering Services, 2. The Check In Café and Nolan's Table Café 3. Wood n Ware 4. Wood and Leather Craft 5. Hadlow Pottery. This report presents the results of the consultation, considers its outcomes and the equality impact.
Recommendations:	The Cabinet Member for Adult Social Care and Public Health will be asked to make a decision to implement the outsourcing of these five group based Learning Disability Day Services to external organisations. Members of the Social Care and Public Health Cabinet Committee are asked to consider and either endorse or make recommendations to the proposed decision to be taken by the Cabinet Member for Adult Social Care and Public Health.

1. Introduction

(1) Kent County Council's (KCC) modernisation of Day Services for Adults with Learning Disabilities is an integral part of the transformation towards more personalised services reflecting the vision and strategy contained within "Valuing People Now" and KCC's "Active Lives". In 2008 following consultation of "What Makes a Good Day" - a plan to improve days for people with learning disabilities, a decision was made to refresh previous strategies with a new strategy; to improve services for people with learning disabilities during the day, evening and weekends. The Good Day Programme (GDP) was set up to implement the new strategy by providing a countywide framework and support for local programmes of change to improve services for people with learning disabilities.

(2) With the implementation of 'Bold Steps' KCC is keen to see the development of sustainable community resources in partnership with the private, voluntary sector and social enterprise; and aims to evolve fully into a commissioner of community care services rather than a facilitator or provider of them. The Good Day Programme has incorporated these aims and objectives in the planning of proposed future service models, assisting in fulfilling these desired outcomes.

(3) In March 2012 the Cabinet Member for Adult Social Care and Public Health granted approval to Learning Disability Services to consult on the outsourcing of five group based learning disability day services across Kent. These services are Freeways Catering Service, Nolans Table and The Check In Cafés, Wood n Ware, Wood and Leather craft and Hadlow Pottery. The services currently deliver group activities that offer individuals training and preparation for work through producing goods that generate income. They have been identified as ones that potentially could be outsourced to an external provider to develop into independent community based services.

(4) In line with "Valuing People Now", KCC's "Active Lives" and "Bold Steps" outsourcing these services will be based on personalisation, with everyone having choice and control over the shape of their support through the use of direct payments and personal budgets. This person centred approach will uphold the principles and standards of the Good Day Programme.

The principles for the outsourcing the services are to develop services which will:

- Get the right balance between social and business outcomes
- Offer more employment and greater training opportunities (including accredited training).
- If the services were to be run by another organisation they would be able to access a range of funding opportunities.
- Individuals would be able to use their Direct Payment
- Offer opportunities to register Expressions of Interest under the Community Right to Challenge.

(5) The proposal would agree a service specification and a procurement exercise will commence whereby external organisations and KCC staff will be able to tender to provide and develop the group activities into independent community based services. It will be a requirement of the specification that KCC staff who currently work in the group activity day services may transfer to the new provider in line with the TUPE regulations.

(6) The consultation on four of the group based learning disability day services ran in parallel with the consultation on the proposal for Restructuring Learning Disability Day Services LD & MH Division. The exception was Hadlow Pottery as this service does not operate with KCC staff, a self employed sessional worker is currently commissioned to provide these activities.

Further information on the proposal to outsource the services are detailed in the consultation documents Appendix 1

(7) The Council is required to undertake a consultation with Service Users and all other relevant stakeholders on the impact of a change or variation to a service and consider the findings of the consultation before coming to a final decision. The purpose of this report is to provide the results and outcomes of the consultation. It also considers if there is any impact on equalities.

(8) Consultation on outsourcing the five learning disability group based service was undertaken between 26th March 2012 - 25th June 2012 and 23rd May – 22nd August 2012 for Hadlow Pottery (12 weeks). The decision in relation to the outsourcing of these services was included in the Forward Plan in March 2012 covering the period 1 April 2012 to 30th September 2012.

(9) The consultation was carried out to:

(i) Inform people about the detail of the proposals to outsource Freeways Catering Service, Nolan's Table and The Check In Cafés, Wood n Ware, Wood and Leather Craft and Hadlow Pottery.

(ii) To invite the views and comments of service users, their family/carers, staff and other relevant stakeholders who have an interest in the service.

(10) Consultation has been extensive and involved service users, family/ carers, staff, trade unions, advocacy, District Partnership Groups, community partners, Parish Councillors and KCC Members in a series of consultation meetings and events.

(11) Following the formal consultation period, a provider engagement event was held to gain feedback on the proposals from external organisations. This event was held on the 1st August 2012. Delegates from a range of organisations across the South East attended the event and provided verbal and written feedback.

2. Policy Context

(1) Valuing People - March 2001 / Valuing People Now 2007

Valuing People is the government's plan for making the lives of people with learning disabilities, their families and carers better. It was written in 2001 and it was the first White Paper for people with learning disabilities for 30 years.

It is based on people having:

- their rights as citizens
- inclusion in local communities
- choice in daily life
- real chances to be independent

The modernisation of day services for people with learning disabilities is seen as a major part of the implementation of Valuing People

(2) **Think Local, Act Personal Next Steps for Transforming Adult Social Care**

This is a proposed sector wide partnership agreement moving further towards personalisation and community based support. This document sets down the thinking of policy direction in adult social care.

The priority for adult social care is to ensure efficient, effective and integrated partnerships and services that support individuals, families and the community.

It requires commissioners to reduce duplication across the system, improve outcomes, engage in targeted joint prevention interventions and provide information and advice for people using the services to make the most appropriate choices to meet their outcomes. Commissioners should draw upon voluntary and community action and facilitate an environment where various models of commissioning and purchasing can emerge to support people to make more personalised choices.

The two main principles of reform are:

- A community-based approach for everyone
- Personalisation

(3) **The Good Day Programme**

KCC's strategy for improving days for people with learning disabilities.

(4) **Bold Steps for Kent – The Medium Term Plan to 2014/15**

This sets out three clear aims for Kent County Council over the medium term:

- To help the Kent economy
- To put the citizen in control
- To tackle disadvantage

3. Overview of the current services

(1) The table below provides and overview of each service

Name of service	Location	Description Of service	Activity	Number of staff (FTE)
1. Freeways Catering Service (Freeways)	Gravesend	Freeways provides catering training and experience to adults with learning disabilities. Freeways uses the commercial kitchen and dining room within Gravesend Social Education Centre. Meals, snacks and refreshments are sold to; people with learning disabilities who attend the centre, staff, external groups using the building and members of the general public who are involved in a community allotment project within the grounds of the building.	12 places a day	2 (1.54 FTE).
2. Nolan's Table Café and The Check In Café	Maidstone	The cafés are part of Maidstone Learning Disability Day Services providing catering training and experience to adults with learning disabilities. Nolan's Table Café is based in Marsham Street community building and The Check In Café is based within Trinity Foyer, also a community building. Both cafés sell meals, snacks and refreshments to the general public.	7 places a day	2 (2FTE)
3. Wood n Ware	Ashford	Wood n Ware operates from an industrial unit and it is part of Ashford Learning Disability Day Services. Wood n Ware make wooden garden furniture and garden items. Goods are sold to the general public.	11 places a day	3 (3 FTE)
4. Wood and Leather Craft	Margate	Wood Craft is based within Thanet Day Opportunities Service in Margate. The service is provided 3 days a	12 places a day	2 (1.5 FTE)

		week and makes bespoke wood furniture to order. Leather Craft operates form the Pharmacy Gallery in Margate Town 2 days a week, making and selling a variety of small leather goods.		
5. Hadlow Pottery	Hadlow College	The pottery operates from the Hadlow College site. Currently open 3 days per week with pottery goods sold to the general public.	10 places a day	1 (0.56 FTE) (self employed, non KCC)

.

4. Consultation and Communication

(1) As detailed in 1.(8), in order to maximise stakeholder involvement the consultations were undertaken over 12 week periods, using KCC's 'Procedure for Consultation on the Modernisation/Variation or Closure of Establishments and Services provided and managed by Families and Social Care'

(2) Consultation packs were distributed to all stakeholders. The consultation pack contained:

- A document outlining the consultation proposal
- Timetable of consultation meetings and events

(3) At the stakeholder consultation meetings, people were given:

- Better Days leaflet – setting out the principles and aims of the Good Day Programme
- A copy of the full presentation explaining the proposal
- Timetable of consultation meetings and events
- Information on how and where to make comments about the proposal.

(4) The consultation pack was also published on the kent.gov.uk website.

(5) An independent advocacy service was involved throughout the consultation period for all service users attending the five services; offering a range of workshops, group meetings and individual 1:1 meetings. They supported service users to understand the proposals and to develop and express their view point.

(6) Formal staff consultation on four out of the five group based activity services is part of the consultation on the proposal for Restructuring Learning Disability Day Services LD & MH Division. Any feedback from staff affected within the group based activity services will be reported through the consultation outcomes and findings on the proposal for Restructuring Learning Disability Day Services LD & MH Division.

(7) The KCC staff and self employed staff (Hadlow Pottery) currently working in the five group based day services have been provided with information advice and guidance on the Localism Act 2011 – Community Right to Challenge. They have also been given the opportunity to meet with the appropriate KCC Officers within Policy & Strategic relationships, Business Strategy to discuss their position and any questions they have in relation to Right to Challenge.

Outcome of the consultation and issues raised.

(8) Feedback was gained from the following stakeholders groups:

Freeways = **A**
Check In Café = **B**
Nolan's Café = **C**
Wood n Ware = **D**
Wood &Leather Craft = **E**
Hadlow Pottery = **F**

	A	B & C	D	E	F	Total
Person with a learning disability through advocacy	12	6	19	19	24	**80**
Family/Carer	12	5	14	12	21	**64**
KCC Members/Local Councillors	2	1	2	1	3	**9**
Feedback from DPG	0	0	1	1	0	**2**
Other Stakeholders	0	1	0	1	0	**2**
Total	**26**	**13**	**36**	**34**	**48**	

(9) People have expressed mixed views within the consultation. A summary of the main points raised are shown below:

Service Users

- Most people felt that getting paid for the work they do is important to them and others felt that the service would be better if equipment and facilities were improved.
- Most people expressed their anxiety about the changes, however most could see that they might be able to do more things if the right company was found.
- Most people preferred to work with the same staff.
- There was a sense of concern about whether they would continue to have the same staff support, people wanted to meet new people before they started.
- People with a learning disability and their carers said that they value their friendships.

Family Carers

- Many family carers were concerned about their son/daughter/sister/brother and their ability to cope with change.
- Some carers felt strongly about the need to pay people for the work they do in the cafés.
- Some carers confirmed their support for KCC wishing to see the services grow. However they wanted to be reassured that the additional 'pastoral care' would continue.
- Some carers were concerned about transport

- Some carers were interested in the benefits of transferring to another organisation and indicated the move towards the service being run outside of KCC could bring significant benefits
- There was a general view that any change is difficult for both service users and carers and this is causing anxiety. If the decision is to outsource the service then people want the process to move quickly.

KCC Members and Local Councillor Feedback

- A local Councillor said that training and development would support people to develop as well as having a supported working environment.
- A local Councillor commented that the consultation was genuine and a positive step towards supporting people with learning disabilities to gain more opportunities
- A local Councillor wanted health and safety to be considered.
- One local Councillor felt that working in partnership with a range of organisations would aid development of the services.

Full detailed responses received from Service Users and all other stakeholders throughout consultation are attached in Appendix 2 & 3.

(10) Some Family Carers and the self employed worker at Hadlow Pottery have registered an Expression of Interest to run Hadlow Pottery as an 'Independent Mutual'. They have been provided with the following information, advice and guidance on the Localism Act 2011 – Community Right to Challenge.

http://www.kent.gov.uk/community_and_living/right_to_challenge.aspx
http://www.socialenterprise.org.uk/advice-support

The group have also met with the Cabinet Member for Adult Social Care and Public Health to raise questions and express their views.

(11) In addition to the formal consultation and for KCC to ascertain the level of interest in the outsourcing of these services, a market sounding event was organised. The event was advertised on the south East Business Portal and took place on the 1st August 2012, with 55 delegates attending. Organisations were invited to give their views and comments on the proposals and asked how they could meet the right balance between, social and business outcomes; training and development opportunities; business and employment along with access to other income streams:

The event prompted many discussions and comments. Several organisations said that they could meet the outcomes required with many other organisations requesting further information.

Feedback from the provider engagement event is attached in Appendix 4

5. Financial Implications

Revenue

(1) The current annual costs of the services are detailed in the table below:

Service Name	Location	Supplies Services	Premises	Staff costs	Gross	Income	Net
Check In Cafe	Maidstone	£14,000	£4,300	£34,800	£53,100	-£19,000	£34,100
Freeways	Gravesend	£16,500	£2,500	£48,700	£67,700	-£21,400	£46,300
Nolans Table Cafe	Maidstone	£18,000	£3,750	£48,000	£69,750	-£26,400	£43,350
Wood n Ware	Ashford	£5,600	£20,000	£71,000	£96,600	-£6,500	£90,100
Wood and Leather Craft	Margate	£11,230	£13,200	£30,500	£54,930	-£700	£54,230
Hadlow Pottery	Hadlow Tonbridge	£1,900	£8,500	£22,000	£32,400	-£2,600	£29,800
Overall Total		£67,230	£52,250	£207,000.	£326,480	-£76,600	**£249,880**

(2) Premises costs include rent (where applicable) and include a projection of utilities costs (these are paid by Corporate Landlord)

(3) Supplies and Services include raw materials to make goods (it should be noted that due to procurement rules these services are restricted in where goods can be purchased).

Capital

(4) KCC will need to consider the equipment currently owned by the authority as Freeways, Nolan's Table Café and The Check in Café own a large selection of catering equipment. Wood n Ware, Wood and Leather Craft and Hadlow Pottery also own a variety of equipment, tools and stock. The value of this equipment is difficult to quantify.

6. Legal Implications

(1) The public sector equality duty created by section 1 of the Equality Act 2000 came into force on 5 April 2011. The section provides that:

"an authority to which this section applies [which includes county councils] must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage"

(2) Section 149 of the Act provides that:

A public authority must, in the exercise of its functions, have due regard to the need to

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

(3) Attention is drawn to the equality duties. The county council may have formed a provisional view, but it is essential that the possibility that the consultation process may affect that view is acknowledged. The decision, when it is taken, should pay due regard to the equality impact assessment, and must relate whatever decision is made to that assessment and, if it is not following it, or if it is choosing not to accept the views of those consulted, it must record the reasons for doing so. A proper assessment of alternative proposals or of actions that could be taken to mitigate the effect of the new service model must be considered.

7. Equality Impact Assessments

(1) There is a requirement on all public bodies to comply with the 'due regard' duties The council must take into account the impact of the decision to implement a change to the services and consider practical measures that might lessen the impact on existing and new service users**.** The consideration of equality issues must inform the decisions reached. The impact assessment can assist in ensuring that the decision-maker comes to a decision with reference to 'due regard' and is able to do so in a considered and informed manner.

(2) In line with equality duty and KCC's Equality Impact Assessment Policy, an assessment was carried out during the formation stage of the proposal. The impact assessment is in the process of being revised now that formal consultation has ended and following the analysis of the consultation response to address issues that arose during the formal consultation process. The Equality Impact Assessment (EIA) for Restructure of Learning Disability In House Day Service Independent Community Based Services is in addition to the overarching Good Day Programme EIA which is reviewed periodically.

(3) It is recognised within the EIA that we will need to make sure accessibility of all new venues has been assessed; new facilities developed and local policies enhanced and ensure this meets the requirements of the Disability Discrimination Act and inclusive Access.

(4) It is considered that other specific groups with protected characteristics (based on gender, ethnicity, religion or belief and sexual orientation) will not be disadvantaged by the changes, it is envisaged that the proposal is expected to improve the under representation of gender and ethnicity through re branding, marketing of the service and personalised, assessed support planning.

(5) The equality impact assessment will be included within the implementation plan with further screening taking place and the assessment updated as appropriate throughout the project.

8. Sustainability

(1) The model for future services is based on personalisation, with everyone having choice and control over the shape of their support. This person centred approach provides people with choice to meet their assessed needs. From the results of the consultation there is a strong sense of valuing the staff team and the different activities carried out in these unique group activities and therefore service users will continue to exercise their choice in supporting these services longer term.

(2) Some of the current buildings that house these services are not financially viable and not fit for purpose. An external organisation may be able to offer a more suitable and therefore sustainable environment.

(3 The current services cannot be accessed with a Direct Payment. If the services are run by other organisations, more people could use their Direct Payments and therefore have the potential to increase activity which would develop and sustain the services.

9. Alternatives and Options

(1) During the consultation period no additional alternatives or options were presented.

10. Response to the consultation

(1) Overall feedback has not been conclusive either way in relation to whether people think the services should or should not be outsourced.

(2) People have however expressed a wish for the services to develop to include more training, employment and business opportunities and for the services to be accessed through a Direct Payment and to be considered through the 'Community Right to Challenge'. KCC would not be able to deliver these outcomes if the services remain In House.

(3) Every Service User accessing the services was offered the opportunity to comment on the proposals and almost all provided some form of feedback on the proposal during the consultation period. The outcomes of the consultation have highlighted that the majority of service users value the current range of activities available and wish to sustain and increase the availability of community based training and employment opportunities for the future.

(4) The advocacy input to all Service Users has enabled KCC to be satisfied that increasing the range of community activities is something that all

Service Users have requested. However they have also made it clear that change and the need for reassurance and support is crucial when implementing any changes to services. It is therefore crucial that we listen to the concerns and ensure that changes are implemented sensitively. Any outsourcing of the services would need to be planned carefully with full involvement from service users and family carers wherever possible throughout the procurement and outsourcing process.

(5) Family Carer's and other stakeholders gave their views and comments on the proposals through attending a meeting or writing a letter/email during the consultation period. Some carers expressed anxieties about the loss of KCC providing these services. With any decision to outsource the services, thorough checks and safeguarding measures would need to be in place through a service specification and form part of the ongoing monitoring processes.

(6) Financially, staff and carers have been reassured by the fact that cost saving is not the driver behind the proposal. Although where there are opportunities we will look at value for money and efficiencies. The emphasis is to improve outcomes for the service and the people attending.

(7) Comments from people with a learning disability and their carers are that they value their friendships. Any decision will need to ensure that this is given priority within individual support plans and service specifications so that friendships are maintained.

(8) Other services (Princess Christians Farm and Yeoman's Ground Maintenance) through the Good Day Programme have been successfully outsourced and developed. During the consultation people valued the opportunity to see the success of these projects.

Recommendations

11. (1) The Cabinet Member for Adult Social Care and Public Health will be asked to make a decision taking forward the proposal to implement the outsourcing of five group based Learning Disability Day Services (Freeways Catering Service, Nolan's Table Café, The Check In Café, Wood n Ware, Wood and Leather Craft and Hadlow Pottery) to external organisations.

(2) Members of the Social Care and Public Health Cabinet Committee are asked to consider and either endorse or make recommendations to the proposed decision to be taken by the Cabinet Member for Adult Social Care and Public Health.

Appendices:

Appendix 1: Consultation documents
1.1 – Independent Community Based Services
1.2 – Hadlow Pottery
Appendix 2: Reports from Advocacy service – with responses received from Service Users throughout the consultation.
2.1 – Independent Community Based Services
2.2 – Hadlow Pottery
Appendix 3: Responses received from stakeholders throughout the Consultation.
Appendix 4: Feedback from the provider engagement event

Background Documents:

- Better Days for people with learning disabilities in Kent.

Contact details

Paula Watson
Commissioning Manager LD
Strategic Commissioning
Paula.watson@kent.gov.uk
Tel: 07850908284

Lou Reynolds
Provision Manager
Learning Disability Services Dartford, Gravesham and Swanley
Marie-louise.reynolds@kent.gov.uk
Tel: 07765075525

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Kent Families & Social Care

Changing

Learning Disability Services

Freeways

Nolan's Table cafe

Wood n Ware

The Check in Cafe

Wood and leather Craft

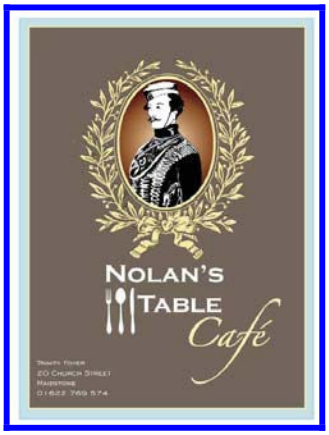
Consultation

March 2012

Consultation

1. Why are we consulting?

You currently attend services below;



We know that some people have been going to these services for a long time.

Kent County Council has already been talking to you about the activities you do now and those you may want to do in the future.

We now need to look at how these services are run.

It is important you are part of this and so we want to hear from everyone who uses these services.

This is called consultation.

Your service has been chosen because we think it could be run differently.

In order to do this well, we need to find another organisation (not KCC), who could help develop the service.

2. Why do these services need to change?

- We think that Freeways, Wood and Leather Craft, Wood n Ware and both Cafes could benefit from changes that develop further opportunities for people who go now and in the future.

- If services become independent and community based, they will be able to offer more chances to gain skills and training, as well as experience of the world of work.

3. What happens next?

The consultation will take 90 days, as we want to make sure that as many people as possible are included.
There will be a range of ways for people to get involved and tell us what they think, including:

- Workshops
- Group meetings
- Individual meetings
- Email

We want people to understand the changes. We want people to make their views and ideas known. The consultation will include support from the advocacy service, “Advocacy for All”.

Other services have already changed, and we will arrange for you to speak to people who use these services and hear what this has meant to them.

The Consultation starts on the 26 March and will last until the 25 June 2012.

Once we have got all your views and ideas. We will bring all this together in a report that you get to see.

5. Questions and Answers

Here are some questions you might ask:

How will this new service change?

- By making sure any changes made meet your needs.
- Independent community based services can find different pots of money and so are able to use a wider range of opportunities.
- If the services are run by other organisations, more people could use their Direct Payments.

Will I be able to carry on going to the service?

- Yes if you want to.

How would a new organisation be chosen?

- By listening to you, we can plan the service around your views.
- It is important that we take the time to make sure we get the right organisation, so you will play a key role in this.
- Together we will set out what we want and this will help us to pick the best one.

If you have other questions or comments you can share them by:

- Going to a meeting
- Logging on to the website **www.kent.gov.uk/learningdisability**
- Emailing: **GoodDayProgramme@kent.gov.uk**

Thank you.

Kent Families & Social Care

Changing

Learning Disability Services

Hadlow Pottery

Consultation

May 2012

Consultation

1. Why are we consulting?

Hadlow Pottery moved to the new site at Court Lane, Hadlow in 2005. It is based on part of the Hadlow College site.

We know that some people have been going to Hadlow Pottery for a long time.

We need to look at how the service is run and how we can improve it.

It is important you are part of this and so we want to hear from everyone who uses Hadlow Pottery.

This is called consultation.

The Pottery has been chosen because we think it could be run differently.

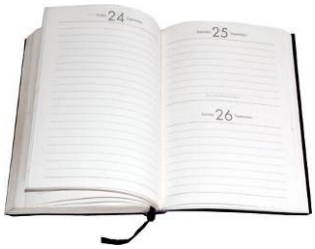
In order to do this well, we need to find another organisation (not KCC), who could help develop the service.

2. Why do these services need to change?

- We think that Hadlow Pottery could benefit from changes that develop further opportunities for people who go now and in the future.

- If services become independent and community based, they will be able to offer more chances to gain skills and training, as well as experience of the world of work.

3. What happens next?



The consultation will take 90 days, as we want to make sure that as many people as possible are included.
There will be a range of ways for people to get involved and tell us what they think, including:

- Workshops
- Group meetings
- Individual meetings
- Email

We want people to understand the changes. We want people to make their views and ideas known. The consultation will include support from the advocacy service, "Advocacy for All".

Other services have already changed, and we will arrange for you to speak to people who use these services and hear what this has meant to them.

The Consultation starts on the 23rd May and will last until the 22nd August 2012.

Once we have got all your views and ideas. We will bring all this together in a report that you get to see.

5. Questions and Answers

Here are some questions you might ask:

How will this new service change?

- By making sure any changes made meet your needs.
- Other organisations (not KCC) can find different pots of money and so are able to use a wider range of opportunities.
- If the services are run by other organisations, more people could use their Direct Payments.

Will I be able to carry on going to the service?

- Yes if you want to.

How would a new organisation be chosen?

- By listening to you, we can plan the service around your views.
- It is important that we take the time to make sure we get the right organisation, so you will play a key role in this.
- Together we will set out what we want and this will help us to pick the best one.

If you have other questions or comments you can share them by:

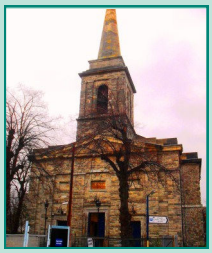
- Going to a meeting
- Logging on to the website **www.kent.gov.uk/learningdisability**
- Emailing: **GoodDayProgramme@kent.gov.uk**

Thank you.

Good Day Programme Advocacy for All

report about making services better in Kent

Freeways Catering



Nolan's Table and Check-in Café

Wood n Ware

Woodcraft and Leathercraft

Advocacy for All

Advocacy is when one person helps another person talk about their needs and wishes.

An **advocate** is someone who helps you **speak up** for yourself. They make sure other people **listen** to what you say and respect your **rights**.

Advocacy for All helps people in **Kent** when they need an **advocate**.

the Good Day Programme

The **Good Day Programme** is run by **Kent County Council**.

It works with different services in Kent to make sure they are **helping** people get **involved** in the community and have **jobs**.

The Good Day Programme is working with:

- **Freeways Catering** in Gravesend
- **Nolan's Table** and **Check-in Café** in Maidstone
- **Wood n Ware** in Ashford
- **Woodcraft** and **Leathercraft** in Thanet

Part of the **money** for these services comes from **Kent County Council** and part comes from **selling things**.

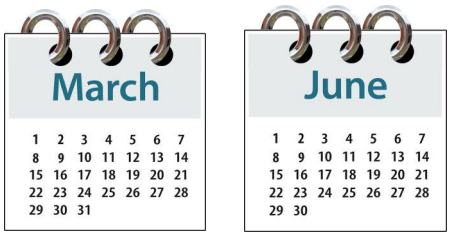
The **Good Day Programme** thinks these services might work **better** if they were **independent**.

the consultation

A consultation is when you find out what someone thinks about something.

The **Good Day Programme** wanted to find out what was **good** and **bad** about **Freeways** Catering, **Nolan's Table** and **Check-in Café**, **Wood n Ware**, and **Woodcraft** and **Leathercraft**. They wanted to **find out** what people thought about **changing** who **runs** the services.

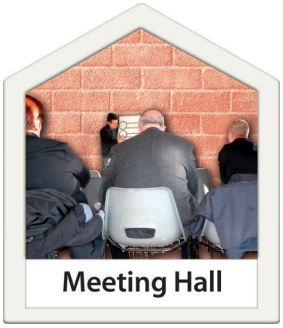
They asked **Advocacy for All** to help them find out.



The consultation **started** on **26 March** 2012.

It **ended** on **25 June** 2012.

what we did



1) We went to **meetings** to meet the **students** who use the services and find out about the **consultation**
2) We organised **workshops** for the students to talk more about **changes**. At the workshops in **Gravesend** and **Maidstone**, we used **questionnaires** to ask students what they thought
3) We went with the students to see **other services** that had changed. These were **Princess Christian Farm** and **Yeoman's Landscape Services**
4) We organised more **workshops**
5) We **met** students **on their own** to talk about how they felt about the changes

All the different services met separately.

All the meetings had different things to say.

Freeways Catering, Gravesend

- **Freeways** is at **Gravesend SEC**
- the **students** make **lunch** for people who go to the day centre
- they also run a **tuck shop**
- there are **2 staff** who help the students

Who did the work?

Chérie Reid

James Burt

Read more about the consultation in the introduction, page 2.

workshop 1

23
April

- **5 students** came to the workshop
- **Chérie** and **James** said what **advocacy** is.
  They said they can **help** people understand about the **consultation**.
  They can **listen** to what people think about it, and tell the **council**
- we looked at a **questionnaire** about **Freeways**
- we talked about what **changes** could happen to **Freeways**
- people had different **ideas** about the changes. 1 person thought the changes were a very **good idea** and 1 person thought they were a very **bad idea**
- we talked about the visit to **Princess Christian Farm**
- we talked about what is **good** about **Freeways** now and what is **not** so **good**

6

Princess Christian Farm visit

30
April

- **9 Freeways students** went with students from Nolan's Table and the Check-in Café
- Freeways students said they would like to visit the **other cafés** too
- people talked about the **cooker** not working
- people said it was good to have a **team day**

workshop 2

- **10 students** went to the workshop
- people asked when they would visit the **cafés** in **Maidstone**
- everyone at the workshop said they wanted to **carry on** working for **Freeways**
- everyone got a **pack** about **advocacy** and about the **consultation**

1 to 1 meetings

- **12 students** met **Chérie** or **James** on their own to talk about **Freeways**

what people said

about staff

- **most** people **like** the **staff**
- **some** people would be happy to have **new staff** if they get to **know** them first

introduce you to new people. Meet new people lots – not start working here straight away

staff are very helpful. We could do work more staff

about training and money

- **most people** want to be **paid**
- **some people** would like **training**, like cooking training

not very happy when they stopped paying me.
We go to work, not for fun

I don't understand why they stopped it, why we have no more money

I would like to take money from the customers. Work on the till with support.

help to get a qualification. I'll do that, yep.

what people said

about having friends

- **lots of people** talked about their **friends** at Freeways
- **some people** would like **more people** to work at **Freeways**

Good teamwork. Some are ladies, not many men. Want a nice mixture, nice ladies and men. Anyone can come in.

I like meeting with the group. I like working with the other students

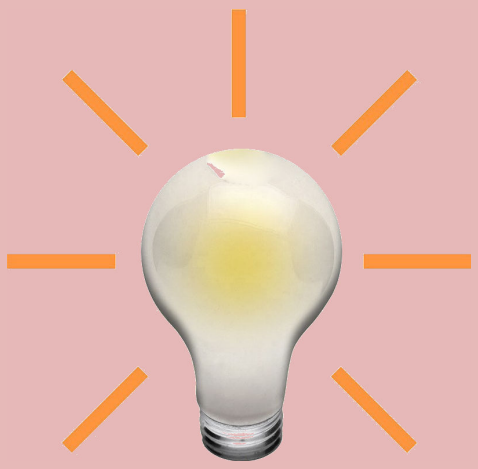
I would like this [staying with my friends]. Stay here.

more people [students]. Some of them left

about choosing who runs Freeways

- **7 students** said they want to **help** choose who runs **Freeways**
- **2 students** said they did **not know**

what people said



about changing Freeways

- people talked about getting the **cooker fixed** and getting **more space**
- people talked about having **new staff** and **students**
- some people were **worried** about any sort of **change**

not enough room. Changing rooms are a bit small. We need a bigger one

sort the oven out. We have to go down there to the other kitchen.
We are getting fed up

Stay at Freeways. I don't want changes

I would like new people to work in Freeways

Strange seeing a new people. Nervous. I don't want to move on

Nolan's Table and Check-in Café, Maidstone

- **Nolan's Table** and **Check-in Café** used to be at **Boughton Mount** Day Centre
- they were called **Table Talk**
- now the **Check-in Café** is at **Maidstone Community Centre**
- **Nolan's Table** is in **Trinity Foyer**
- they make food for the **public** and people who **use** the **centres**

Who did the work?

Chérie Reid

James Burt

Read more about the consultation in the introduction, page 2.

workshop 1

18
April

- **6 students** came to the workshop
- **Chérie** and **James** said what **advocacy** is.
  They said they can **help** people understand about the **consultation**.
  They can **listen** to what people think about it, and tell the **council**
- we looked at a **questionnaire** about **Nolan's Table** and **Check-in Café**
- we talked about when **Nolan's Table** and **Check-in Café moved** from **Boughton Mount** before
- people wanted to know what has happened to **Boughton Mount**
- we talked about other **changes** that could happen
- we talked about the visit to **Princess Christian Farm**
- We talked about what is **good** about **Nolan's Table** and **Check-in Café** now and what is **not** so **good**

Princess Christian Farm visit

30
April

- **7 Nolan's Table** and **Check-in Café students** went with students from **Freeways**
- students asked **Freeways** to visit them

workshop 2

16
May

- **3 students** went to the workshop
- people asked when **Freeways** are coming to **visit**
- the students filled in their **questionnaires** together
- everyone got a **pack** about **advocacy** and about the **consultation**

1 to 1 meetings

- **6 students** met **Chérie** or **James** on their own to talk about **Nolan's Table** and **Check-in Café**

what people said

about staff

- people talked about **good staff** and **bad staff**
- **some people** said they like **permanent staff better** than agency

We would like 1 person we can get used to and they can know our names. We want 1 person to stay

the staffs more friendly. The staffs are helpful as well

I won't want to work with staff I don't know

we like staff who know what they are doing. Sherie was useless. She kept asking Tony where things were

can't keep having agency. Too expensive

I'd rather not have new staff. No changes.

about choosing who runs the service

- **5 people** said they want to help **choose** who runs **Nolan's Table** and **Check-in Café**

what people said

about where the service is

- **lots of people** like where it is now **better** than **Boughton Mount**
- **1 person** said the **café** should be more in the **town centre**

everyone welcomed us in the Maidstone Community Centre. The people in the building

It is better here than down the road. The public are here

When at the centre and everyone went out, we were stuck in

I think it has opened up more wider opportunities for us

at the centre it used to be really noisy

[don't like] the location. For members of the public walking past. They have to come out of their way

I like the kitchens. Better than Boughton Mount

I enjoy working with people. I enjoy meeting the public

what people said

about friends

- **seeing friends** at the café was **important** to lots of people

we are best friends and we stayed together

we normally work with friends. Me and C get on well together

about training and money

- **some people** talked about **not** getting **paid** any more
- **some people** were interested in making their **skills better**
- **1 person** said it was **important** that people get **real qualifications**

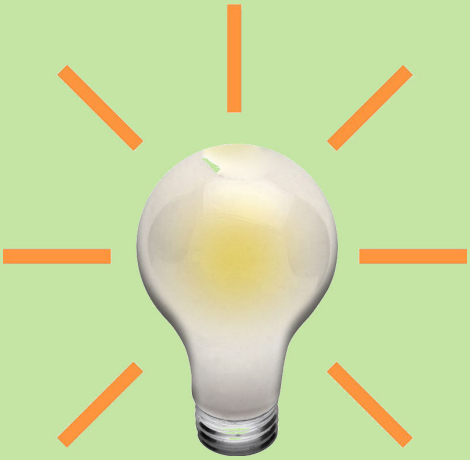
I would training to get a job. A proper certificate

I would like training now. First aid, food hygiene

being able to do more food prep

I'd like to be paid wages again. We work, other services have fun

what people said



about changing the service

- people had **different ideas** about how to **change Nolan's Table** and **Check-in Café**
- People want to be kept **up to date** about any **changes** that will happen

I'd like some days out as a team and meet other people

new uniform, name badges. As like a proper workplace as possible

I think it's a shame we've lost the police wardens who used to come in and have teas and coffees. They used to use the training office up there

Wood n Ware, Ashford

- **Wood n Ware** started out as a **woodwork** session at the **day centre**
- now it is on **Henwood Industrial Estate**
- it makes **garden products** to **sell** to the community
- students use adapted **tools** safely and independently

Who did the work?

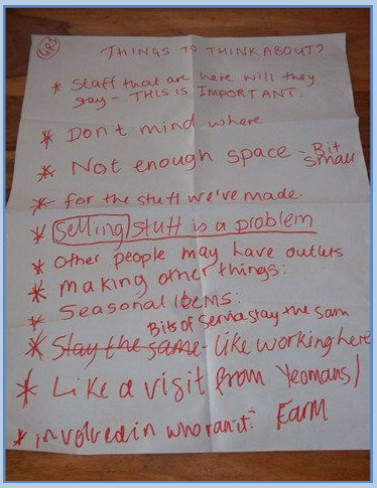
John Nairn

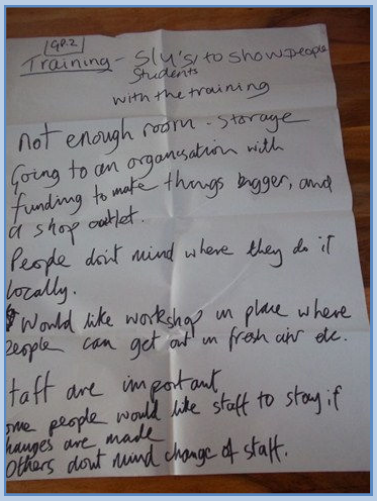
Emma Bates

Read more about the consultation in the introduction, page 2.

workshop 1

18
April





- **9 people** went to the workshop
- **John** and **Emma** said what **advocacy** is.
  They said they can **help** people understand about the **consultation**. They can **listen** to what people think about it, and tell the **council**
- students had **ideas** about how **Wood n Ware** can **change** and get **better**
- many students want to help **choose** who will **run Wood n Ware** in the future
- some students wanted to visit **Princess Christian Farm** or **Yeoman's Landscape Services** to hear about how those services **changed**

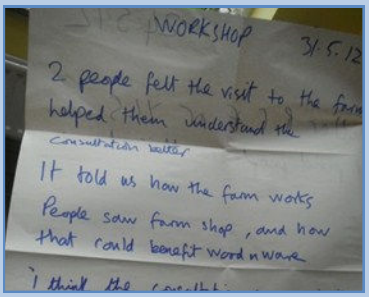
Princess Christian Farm visit

17
May

- **students** and **managers** gave guided **tours** of the **farm**
- students from **Yeoman's Landscape** services came to the farm and did a **question and answer** session after lunch
- it was **hard** for people to say how the **farm** was **like Wood n Ware**

workshop 2

31
May



- **9 people** went to the workshop
- we talked about **Wood n Ware** having a **shop**

22

1 to 1 meetings

- **19 students** met **John** or **Emma** on their own to talk about **Wood n Ware**

what people said

about staff

- **most people** talked about the **staff**
- staff **support** them **well**
- people will **carry on coming** to **Wood n Ware** even if **staff change**

the present staff are important to me. I would like them to continue working here

I might struggle at first if I don't know new staff, but I'd like there to be more staff

still want to come here if the staff changed

I would like the present staff to stay on if someone else took over

about training and money

- **some people** wanted to earn **money**
- **some people** were interested in making their **skills better**

I would feel confident to show others what to do if they let me

I would like to increase our life skills by being shown new work skills involving selling things

what people said

about where the service is

- only **1 person** said they **mind where** the service is
- **everyone** wants to be somewhere **bigger**

it would be nice to be somewhere we could go outside for a bit of fresh air

doesn't matter where I go to do it, because I'm happy doing it.

the building needs to be bigger for all the stuff

I want it to stay here. Why would they change it? It's nice here.

about having friends

- seeing **friends** at **Wood n Ware** was important to **everyone**

I like to meet people here and do different jobs

It's great I get to see my mates

what people said

about changing Wood n Ware

- people had **good ideas** about how to **change Wood n Ware**

we need to develop. More advertising, more storage, more training

we need signs advertising as no one knows what we do

get a shop in town

I would like to make different things again like we did before

about choosing who runs Wood n Ware

- **7 people** said they want to help **choose** who runs **Wood n Ware**

I would like to be involved in the process. Interviewing and visiting. What plans do they have?

Woodcraft and Leathercraft, Thanet

- **Woodcraft** makes **wooden products** to sell in different shops
- it is based in **Thanet Day Opportunities Service**
- **Leathercraft** makes products to sell to the **public**
- it is based in the **Gallery**, **Margate Old Town**

Who did the work?

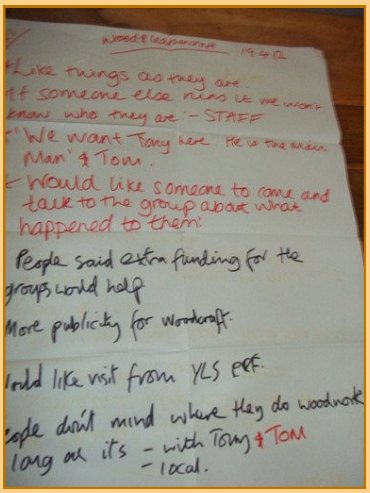
John Nairn

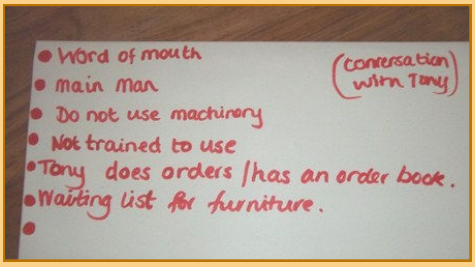
Emma Bates

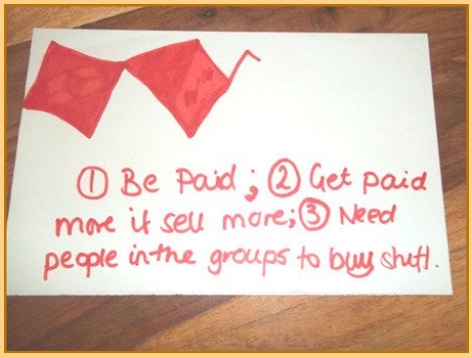
Read more about the consultation in the introduction, page 2.

workshop 1

19
April







- there were **2 workshops** at **Thanet Day Centre**
- **John** and **Emma** said what **advocacy** is.
  They said they can **help** people understand about the **consultation**.
  They can **listen** to what people think about it, and tell the **council**
- we talked about what had **changed** about the services in the **past**
- we talked about what is **good** and **bad** about **Woodcraft** and **Leathercraft** now
- **some students** were **confused** about **changes** in the future
- students want to help **choose** who will run **Woodcraft** and **Leathercraft** in the future
- some students wanted to visit **Princess Christian Farm** or **Yeoman's Landscape Services** to hear about how those services **changed**

Princess Christian Farm visit

17
May

- **students** and **managers** gave guided **tours** of the **farm**
- students from **Yeoman's Landscape services** came to the farm and did a **question and answer** session after lunch
- it was **hard** for people to say how the **farm** was like **Woodcraft** and **Leathercraft**
- **1 person** was worried that Yeoman's Landscape students did **not** get **good information** during the **changes** to their service

1 to 1 meetings

- **all** the students met **John** or **Emma** on their own to talk about **Woodcraft** and **Leathercraft**

what people said

about staff

- **most people** talked about the **staff**
- only **1 student** was **not sure** about carrying on with **Woodcraft** or **Leathercraft** if the **staff changed**

I like the staff, we are friends. I just want to carry on doing Leathercraft here at the Gallery. I don't mind if the staff change

might worry if someone I didn't know. They would have to take their time

I would still do it if the staff changes, as long as that person is trained in leathercraft and learning disability

still want the staff. If they retired someone else could do it

about having friends

- seeing **friends** at **Woodcraft** and **Leathercraft** was important to the students

I enjoy it. I have made a lot of friends

I like being here. My friend is in the next room doing art!

what people said

about where the service is

- **some students** talked about **where** the services are
- **all** the **Leathercraft** students are **happier** now it is at the **Gallery**

better here at the Gallery. The general public come in sometimes

suppose I would still go if it was not here. I've got my bus pass

if it were a bit closer to home!

much better here

about training and money

- **some students** were interested in **training** and **earning money**
- **some students** were **not interested**

I'd like to get paid for the woodwork

I'd like it to be a job and get paid for it rather than going back to the council. We only get the pride of what we make, nothing else

training sounds good. A certificate to take on further

what people said

about changing the services

- students had **very good ideas** about how to change **Woodcraft** and **Leathercraft**

would like to sell more. Oh yes!

I can use drills, but not allowed to use the electric tools. If it could be done safely I'd like to give it a go

going to the shops round here, showing them. Might be able to make a profit

it could change. The sessions are all the same

about choosing who runs Woodcraft and Leathercraft

- **some** of the students said they want to help **choose** who runs **Woodcraft** and **Leathercraft**

I would like to be involved in getting tender people and working it out

I would like to be involved if it changes. I understand and can stop them cutting back

about this report

Everyone had a chance to say what they think at **workshops** and **private meetings**.

Students said it was **good** to **talk** about the **services** where they work.

This **report** shows their **views** and **ideas** about the services **now** and in the **future**.

This **easy read report** was put together by **Bromley Sparks Easy Read Group**.

The **Bromley Sparks Easy Read Group** are a group of people with a **learning difficulty** who make sure things are **easy** to **understand**.

Good Day Programme Advocacy for All

report about making services better in Kent

Hadlow Pottery

Advocacy for All

Advocacy is when one person helps another person talk about their needs and wishes.

An **advocate** is someone who helps you **speak up** for yourself. They make sure other people **listen** to what you say and respect your **rights**.

Advocacy for All helps people in **Kent** when they need an **advocate**.

the Good Day Programme

The **Good Day Programme** is run by **Kent County Council**.

It works with different services in Kent to make sure they are **helping** people get **involved** in the community and have **jobs**.

The **Good Day Programme** is working with **Hadlow Pottery.**

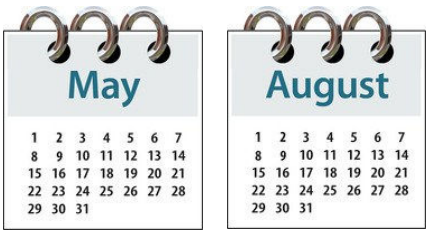
Hadlow Pottery already makes **money** from **selling** things. The **Good Day Programme** thinks **Hadlow Pottery** might work **better** if it was **run** by someone else and **not** by the **council**.

the consultation

A consultation is when you find out what someone thinks about something.

The **Good Day Programme** wanted to find out what was **good** and **bad** about **Hadlow Pottery**.
They wanted to **find out** what people thought about **changing** who **runs** the service.

They asked **Advocacy for All** to help them find out.



The consultation **started** on **23 May** 2012.

It **ended** on **22 August** 2012.

what we did

1) we went to **meetings** to meet the **students** who use the services and their parents and find out about the **consultation**
2) we **met** students **on their own** to talk about how they felt about the changes
3) we helped the students have a **meeting** with students from **Yeoman's Landscape Services** to hear how their **service changed**
4) we **met** students **on their own** again to talk more about how they felt about the changes

The students also did some work with **Maggie**, a member of **staff** at **Hadlow Pottery**. This was **before** we started working with the students. They talked about things they want to **change**.

Hadlow Pottery

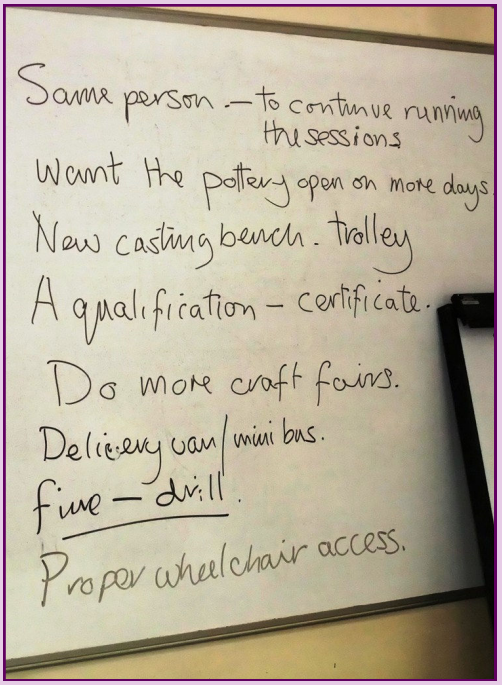
- **Hadlow Pottery** is based at **Court Lane** in Hadlow
- it used to be at the Bean Day Centre in **Rusthall**, then at the **Pagoda** in Tunbridge Wells
- it is open **3 days** a week and **24 students** work there
- the students make **pottery** items from **start** to **finish**
- the students go to **craft fairs** to **sell** the pottery

Who did the work?

Chérie Reid

Read more about the consultation in the introduction, page 2.

group work with Maggie



- the **students** who go to the Pottery on a **Thursday** did some work with **Maggie**
- they talked about things they want to **change**
- they said they want the **same person** to carry on **running** the **sessions**
- they want:
  - the Pottery **open** on **more days**
  - new **equipment**
  - **qualifications** and **certificates**
  - more **craft fairs**
  - a **delivery van** or minibus
  - a **fire drill**
  - proper access for **wheelchairs**

group meeting

- **14 students** went to the first **meeting** about the consultation
- **Chérie** went to the meeting to introduce herself. She asked the students if they wanted to have a **workshop** or meet her **on their own**.
  They all wanted **1 to 1 meetings**
- at the group meeting, the **students** were very **worried** about the **changes**
- **some students** thought **Hadlow Pottery** was **closing**. **Chérie** explained that it was **not closing**
- students said they **liked working** at the **Pottery**. They talked about how it has **changed**, and how it could change in the **future**

visit from Yeoman's Landscape Services

7
June

- **3 students** came from **Yeoman's Landscape Services** to talk about what happened when their **service changed**
- **10 students** from **Hadlow Pottery** were at the meeting
- **Yeoman's students** said they were **worried** too before their service changed
- **Yeoman's students** talked about helping to **choose** who **runs** their service now

1 to 1 meetings

- **23 students** had **1 to 1 meetings** with **Chérie** in May, June and July. **19 students** met Chérie **2 times**.
- **Chérie** helped them fill in a **form** about the **Pottery** and their **views** about the **changes**

8

what people said

about the work

- students **like different parts** of the **work** and **selling** the products
- **lots** of the **students** like **painting** the pots and **some** like **tidying up**
- **1 student** said it is **boring** painting cups every day

I love painting and I do like fettling and making things look nice

I like pouring, cutting things, making it

I like my jobs and work

painting, sharpening all the pencils, mopping the floor

about training

- **some students** said they would like to get **certificates** in **pottery**

it teaches me how to do it. I can learn new skills

I would like a qualification to help me to be confident

I wouldn't mind doing NVQs in pottery

what people said

about staff

- **most students** want to **keep working** with **Maggie**
- **2 students** talked about how **Maggie** deals with **stress**
- **some students** want **more staff** to help Maggie

I like Maggie. Maggie knows my ability very well and that is why we want Maggie to stay

I think there should be 2 staff here

will Maggie still be working here?

she's got time to work with us all. She makes everybody clear what she says. Everyone can understand and that

when I'm upset, Maggie will take me to a quiet place and talk to me. When other people are stressed, sometimes Maggie makes it worse, and the people get more stressed. She doesn't mean to. I think it only happened once

Maggie keeps getting worried – getting all stressed over it [the changes]. It upsets people

what people said

about having friends

- **most** people talked about other students as their **friends**
- **lots of students** come to the Pottery to **see** their **friends**

mixing with other people

I like being a team and having our own organisation

I like coming here all the time to see my friends

we get on very well together

about having a paid job

- **12 students** want to have a **job**, now or in the future
- **lots** of the **students** want to work at **Hadlow Pottery**
- students talked about **training** and **work experience**

I wouldn't mind doing that here

I used to get paid at Rusthall

I would like to work in a sweet shop

what people said

about where the service is

- students said **Court Lane** is much **better** than **Rusthall** or the **Pagoda**
- **6 students** would like the Pottery to be **bigger**
- **2 students** like **travelling** to the Pottery **on their own**
- **some students** said the **toilets** need to be **better** for **wheelchairs**

we like it how it is, with more room and that

more people and bigger

people who got wheelchairs can't get through the disabled toilet door

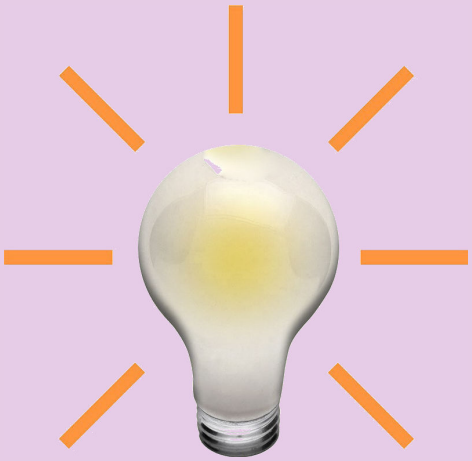
it's extremely autism-friendly

I come on the bus on my own. I like that

I like walking up here

just try and find a way of making the toilet better because it's useless

what people said



about changing Hadlow Pottery

- **12 students** were **worried** about **changes** to the Pottery
- people were **worried** about **different things**
- **11 students** said they would be **less worried** if **Maggie stayed**
- students had **ideas** about how the **Pottery** could be **different**

I thought at first the pottery was going to shut down

I feel worried about vulnerable people… who not understand

if we don't know who it is, we are not going to feel very comfortable

yes to a new company. A good idea

more craft fairs

make sure that Maggie keeps the job

better equipment, new casting bench

new kettles, new tables, new chairs

what people said

about choosing who runs Hadlow Pottery

- **3 students** said they want to help **choose** who runs **Hadlow Pottery**
- **14 students** said they want to be **involved** in any **changes**
- **4 students** were **not sure**

I want to help choose a new company – making sure they are nice and sociable

if I am going to be involved in it, where is that going to be – the meeting?

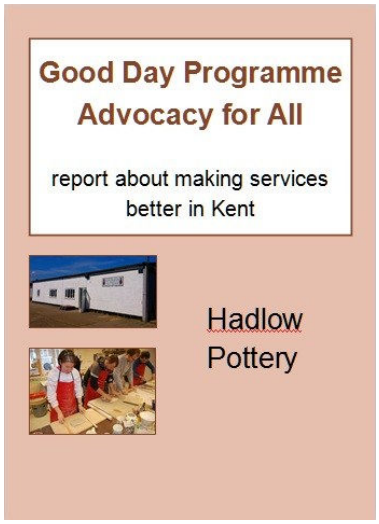
I'd like to go on the interview panel

I would like to see the new company, but I'm not sure I would be able to answer the questions that they would ask me

about this report

Everyone had a chance to say what they think at **group meetings** and in **private meetings**.

Students said it was **good** to **talk** about the **service** where they work.



This **report** shows their **views** and **ideas** about the services **now** and in the **future**.

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Appendix 3 - Detailed responses from Other Stakeholders

Freeways Catering Service
Family Carers
Some carers were concerned about Freeways moving out of the Gravesend Social Education Centre building
Some carers felt concerned about direct payments
Some carers felt that Freeways was a safe place and they felt uneasy about any changes.
Some carers felt that the current facilities and equipment at Freeways was old and tired.
Many carers were concerned about their son/daughter/sister/brother and their ability to cope with change.
Some carers felt it was important to develop better training to support people
Most carers felt it would be better to advertise, develop a website and improve income and get more customers.
Some people felt any new organisation should be a not for profit organisation.
Most carers were concerned about whether people would be safeguarded against abuse.
Members/Councillor
1 Councillor felt strongly that people with learning disabilities should be more visible in the community
A Councillor felt that marketing and increasing income was key to keeping the services going but increasing awareness too.

A Councillor felt strongly that training and development would support people to develop as well as having a supported working environment.

Nolan's Table and The Check In Cafés

Family Carers

Some carers wanted to make sure that people attending the service were listened to through the process.

Some carers were concerned about staffing changes

Some carers felt strongly about the need to pay people for the work they do in the cafés

Some carers were concerned about their son/daughter/sister/brother and their ability to cope with change.

Members/Councillor

1 Councillor felt that working in partnership with a range of organisations would aid development of the services.

The Councillor felt that communication between Kent County Council and Maidstone Borough Council should be strengthened.

The Councillor also advised that further consultation would be necessary with potential future employers.

Comments from Other Stakeholders

The landlord of the premises where Nolan's café is situated felt that the café was important and was needed by the 25 community groups that are based within the building.

Employment opportunities were considered to be essential for people working in the café.

Training was listed to being important

Wood 'n' Ware

Family Carers

Some carers were interested in the benefits of transferring to another organisation and indicated the move towards the service being run outside of KCC could bring significant benefits

2 parent carers had significant reservations towards the changes

1 carer was concerned that their would be a reduction in service for his son

1 carer felt it was important to develop better training to support people

Some carers said the consultation meeting was beneficial to some in attendance.

Members/Councillor

2 Councillors asked extensive questions regarding the concept of a social enterprises and the procedures for moving forward towards a social enterprise

1 Councillor gave insight regarding social enterprises and competition regulations

2 Councillors thought Wood n Ward could benefit from moving towards being a social enterprise.

1 Councillor said the consultation was genuine and a positive step towards supporting people with learning disabilities to gain more opportunities

Wood and Leather Craft

Family Carers

Some carers were concerned that the service would be located in a different place and that it would stop running.

Some carers were concerned about the current equipment

Some carers wanted assurance of the support that would be available to people using the service from Advocacy For All.

Some carers were concerned about transport

Knowing if another organisation would achieve expected benefits was a concern.

Members/Councillor

1 Councillor felt that working in partnership with the community would aid development of the services.

A Councillor said it was important to avoid cuts to frontline services

- that money from sales should be reinvested.
- health and safety to be considered.
- enquired whether another organisation would benefit from taking over the service.

District Partnership Group

The group were concerned that the services would move out of the local area of Thanet

The group wanted people that currently use the service to be able to continue The group gave some suggestions on how to find a good organisation to take over the services

Hadlow Pottery
Family Carers
NB: The following responses are from a core group (the group) of 15 family carers who attended the initial carers meetings and requested a further two meetings, one including Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
The group were clear that they wanted Maggie (the current Potter) to remain running the pottery and extend it to 5 days a week.
The group confirmed their support for KCC wishing to see the pottery grow. However one of the pottery's main strengths is pastoral care. The carers want to be reassured that this will be enshrined in the tender documents.
The group were concerned that the decision was a financial one, with a view to KCC making savings.
Members of the group questioned whether the pottery needed to go out to tender from a legal and procurement perspective, as it was already meeting the criteria required.
If the decision is made to outsource the pottery, members of the group have expressed a wish to be involved in all stages of the tender process.
The group want to ensure that any new organisation provides what is required and so want to make sure the correct amount of funding is put in to the pottery to ensure its success.
In the groups opinion the pottery needed more money to run properly, a 2nd member of staff was needed, maybe a vehicle for deliveries and marketing events, cover for weekend fetes, etc

The group were concerned that Hadlow College might decide they don't want the pottery on their site in the future.
Members of the group were worried that if any new organisation failed what would happen to the service users who attended and to the pottery itself.
Members of the group said that Maggie expects high standards & hard work and this leaves the service users feeling proud of their achievements.
There was a general view that any change is difficult for both service users and carers and this is causing anxiety. If this has to happen then people want the process to move quickly.
Some of the group questioned why service users were being spoken to by advocacy, as they didn't believe some of them had the mental capacity and level of understanding to give informed answers.
A core group of parents & carers have sent a letter to KCC to register an Expression of Interest in line with the Right To Challenge, to run Hadlow Pottery as an Independent Mutual.
Members/Councillors
All 3 Councillors who attended the initial briefing gave feedback that they were very impressed with how the pottery worked, the quality of the pots being produced and could see how the service could be developed further if taken on by another organisation, outside KCC.

Appendix 4 - Detailed feedback from the provider engagement event

We asked Providers 2 questions**:**

Do you think you could meet the balance between business and social outcomes, if so how?	What are the challenges?

These were the responses**:**

Effective marketing is required for many of the services to increase sales targets. Continue providing employment opportunities and meaningful occupations for people with a LD as well as ensuring the business is viable.	Having a skilled workforce as many of the services are specialist (Woodwork, Pottery). Marketing is required and knowledge of how to do this.
Not sure where revenue comes from. I think the question 'what are the challenges' will need to be answered clearly prior to consideration of putting this out to tender.	Transport/staffing to and from locations? Expertise in making the products - how is this retained. Are skills being taught transferable so that employment outcomes are realistic? Premises costs - moving e.g. end of lease unsuitable location, close of day centre. Need to know rents.

Within the Home Improvement Agencies there may be possibilities to work in partnership within the Ashford Wood N Ware enterprise.	TUPE implications Leases on current provisions - rent overheads etc.
It would be easier to balance these outcomes if these services were part of a bigger tender, either for the whole of day services, or as part of a wider supported employment service. We have run successful cafes but they tend to work because we can swap staff around various parts of a larger service + integrate them. Also a bigger service could offer more choice to people using the service - if they want to explore employment outside of catering or crafts.	There are a lot of unknowns that would need to be clarified before we would consider tendering - TUPE costs, lease costs, potential market to expand these services. On the surface, the services look very unviable as they stand, so the tender would need to incentivise bidders in some way. Perhaps by allowing them to offer a more flexible service (i.e. it is not being set in stone that those services continue). Business Plans would be useful.
Does not seem financially viable.	Increasing income Would there be a limit? In terms of charging DP. Who would be responsible for providing equipment and maintenance of equipment on a regular basis? Would recommendations to service users be made from KCC?
Very difficult to see the business potential with the figures and so little information. How can individual tendering for example only comply with the European Procurement cost £110.	To prove outcomes of merit? TUPE cost will be huge and expensive as will as difficult to take on existing staff with no real knowledge of our working practices.

Yes - by training a two-fold approach to service delivery + outcome measurement. By introducing a LU Framework based on the outcomes, staff measures, learning outcomes + SROi overlaid over business and service objectives. Key to the success will be throughput - i.e. accredited learning leading to sustainable engagement + learning outcomes leading to employment. Would need to ensure step off service to ensure people do not just remain in the system. Look at models elsewhere in Macintyre + wider learning and development opportunities for learners overall. Worked place learning leading to employment through experience Tree - SU's links with community.	TUPE - although levels of TUPE staff manageable particularly with wider business. Sustainability - i.e. pipeline of referrals to take up throughput when are DS are still in house + maybe proffered options. Introductions PB/DP for current client group - new concept may decide to purchase elsewhere. Building risks + capital required amend any maintenance specialist equipment.
As an organisation that specialises in Autism, our expertise is not within the marketing areas, I would also be concerned with income + revenue as currently costs are 'in-house' with KCC and not clear, also assuming that individuals being charged would be met by KCC is not a guarantee that it would happen.	- Skilled workforce - Meeting outcomes highlighted - 'finding real jobs' - Saturation of the products - i.e. is this sustainable? - Location of current development e.g.: cafe in KCC building gives a target market - moving this on and relocating would lose this.

These particular services would not fit within our current strategy or work. Though with wider consultation on provision of support, we could be keen to explore how our time limited care in crisis / support could fit into a wider framework. The event, though not so useful in the provisions discussed, actually provided a feel for where the commissioning of services is leading potentially and offered and insight in what to expect for future development within LD environment + wider KCC.	For most fairly long standing Services, TUPE and flexibility of provision to be transferred could be a key concern. Any change is difficult and particularly with this beneficial group care must be taken to address the 'hearts and minds' of users and family/carers in the process. Hopefully, the process will provide innovative and cost effective means of doing and potentially develop these services in the future. I look forward to seeing how these evolve over the coming years ahead.
Yes we think good social outcomes / business outcomes could work. Many of us already have significant local contacts + working relationships with public + mainstream services. We believe we can work in particular to diversity the choices for people + add value via external funding services. We work with individuals, families, and business - corporate social responsibility.	TUPE would make the contacts unworkable. Will this be helpful for the business planning? Will the Big Society Funding from KCC be open to pump Prime business planning + re-modelling?
Yes, however would require input from commercial sector. Would seek Directors from Business Sector. Consortia to run all would be best - marketing, branding could lead to new 'branches' in Kent.	TUPE Need for Viability study of each

We already run work based training which provide income streams to offset cost without losing/ compromising social outcomes.	Consistency of referral. Connection between supported employments to clearer vocational placements.
More details are required on service users and demographics of each area. This will likely determine a need for a more specialist provider to cater for a need and know whether there is sustainability in service user is coming through. More details will be required about whether one provider will manage ALL places as they are geographically so far apart.	LINKS AND COSTS FOR ACCREDITATIONS Set-up costs and sustainability. Current service users being moved across to direct payments - timescales matching with provider taking over. Level of direct payments that SU's are assessed matching costs calculated to min a sustainable business and provide enough support.
Yes. Using Personal Budgets (PB) to buy placement with specific outcomes. Marketing strategy. Would KCC accept SU placements from other borough? More information on SU needs.	KCC ready for using Personal budget. Budget meeting existing cost of services - like for like. Potential for 'more on' - developing local business to support SU to more on from service. SDS Services available to support users to make choices about using their PB or DP. TUPE.
The budget must allow for extra staff to expand.	The budget is not realistic in some of the services as they rely a lot on voluntary time given by staff. National providers will price out small quality bidders.
On the face of it challenge seems too great.	Making services viable.
Please be clearer about the facts.	KCC's Transparency!

Really depends on how the transfer is funded. Is the only income for the new organisation going to be from commercial sales or will some of KCC's current budget be used to fund the undertakings.	TUPE (and clear figures needed on whole time equivalents of staff - as opposed to 'number of staff employed). Lease + License arrangements. Potential to increase 'sales' and earnings from direct payments.
You need to more clearly articulate the aims and outcomes!. There would have to be relative funding for a range of outcomes - work placements, further training.	No one will like this challenge without some help on TUPE - either financial extended funding over 5 yrs or redundancy and re-employment - major cost items. The aim needs clearer focus in it.
	Developing contacts in a new community to enable service development. Clarity needed over nature of contact with KCC - weighing risk of loss - making against possible gains (how would actual incomes be split? Ownership of assets (equipment/leases). Too vague at the moment, precise specification required - number of potential service workers, requirements, demographics. Timescales for re-assessing..... - Time required to explain to the service users that they will now be paying for the service.
Yes - If the income generated is not solely based on sales and the income gained from supporting service users enables you to ensure the services are not driven by sales profits. This will allow for staff/ volunteers to ensure service users are supported to learn / develop.	Ensuring income. A large part of the income will come from people paying to be supported in the service. How can this income continue be sustained medium / long term? Can you determine the outcomes (social) if people accessing it are on personal budgets - is it not up to the individual service users? TUPE is a concern / challenge.

Yes - we would be interested in Hadlow Pottery with our current business environment / model. Currently has good links with Hadlow. Could have a dual benefit in supporting our current service sustainability plus the longer term viability of Hadlow Pottery.	Very difficult to comment until further information is available.
We have a track record of doing this across our existing social enterprises across the South East. Each of the businesses should run with trading account alongside its social budget to ascertain the business viability. Equally to the social outcomes should encompass employment outcomes.	Change is not easy - it needs to be conducted through consultation but also with showcasing ….. TUPE is an issue - getting staff to change their practices is a bigger challenge. Having the right business model is imperative to the successes. Personalisation has enabled this success within our existing social enterprise models.
Possibly but we need more detailed information for us to bid grants especially revenue grants to run the business. We have another company who successfully resuming a CSC contract and KASS and SIS plus contracts during recent tendering. We have the understanding + drive to promote better services including employment for people with learning disabilities. We are in the process of opening a community hub in Aylesford with a built in cafe. We are working in partnership with the faith community.	TUPE - service users' direct payment may not cover or expenses but high expectation from KCC legislation change. Honest + open discussion with KCC. We need realistic help. Big National providers to take on all services + small quality providers will be priced out of the market.

Information on demographics per locality would be useful to identify need / throughput. Information on how long the SU group has been using the services and on outcomes of consultation with SU/Carers will inform feasibility also. Would KCC restrict placements in these businesses to solely KCC service users?? (What about self funders, or neighbouring L.A. areas.	There is a challenge in gaining throughput to mainstream employment, in preparing local businesses and employers to take people who move through the 'supported employment businesses'. This cost will need to be facilitated in to D.P. / Personal budget so people can pay for their service.
Not clear on advantages of this our starting from scratch as independent providers. Much of cost depends on service users levels of need. Will be contracting employment law if not time limited training outcomes.	Throughputs: Need for Kent CC to work with providers on referral and on move on - joint work with supported employment. Need ball park figures for relevant element of Direct Payment. Need TUPE information.
Social outcomes: develop move thorough plans to keep these schemes dynamic. Working in partnership e.g. Kent supported employment to create real employment opportunities. Social outcome performance indicators - critical. Linking in with job centre + linking with local colleagues for training qualifications for service users. Business outcomes: Explore grant funding / loans initially to underpin + support business development. Could consider linking the opportunities - e.g. the 2 catering opportunities in Maidstone.	TUPE would present a challenge given the current income figures. Business challenges - none of the schemes (using the current figures) are anywhere new being viable. The challenge would be building these into financially viable business whilst meeting the social outcomes. With this in mind KCC may want to consider a process over 5 or 3yrs where some grant funding is put in initially to assist in the transition - this would be a redundancy grant year as the business developed

Proper use of personal budgets: sell is all not just the people that use already.	TUPE - staff cost / pensions. Equipment - gifted to us or not. What is the percentage of customers waiting for this service? What is the next step if customer waiting. Rent - how much? What does a day actually cost? Are all the services going to be tendered or all separate?
	Start up costs. TUPE. Equipment costs. To change the methods of the move therapeutic based schemes i.e. Potters to produce items that will sell. Charging SU directly or block contract or outcome based. Need more information. At which point do we need to pay SU a wage.
Not necessarily with the projects on offer - to be viable business. Direct Payments? High/low payment bracket? Staffing at levels for 'low need client' groups only. What about sensory + high level need or dual purpose diagnosis need? What happens to them? ('Red figure and minuses' was misleading to be understood)	Equality for all. Diversity of client groups? Mix of staff/client need too low. How referral process to work. Supported employment to pick up. Throughput + outcomes onto employment?

With appropriate and transparent partnership working it could be achievable, however greater detail is required.	Understanding and securing a clear referral process that enables the vision for throughput and outcomes. Looking at viability without transparent figures e.g. current direct payment threshold, (upper and lower), break down of current costs e.g. overhead. Further forum activity following this initial one to establish more detail. TUPE expectations. How are the needs of complex needs going to be met? E.g. wheelchair users, dual diagnosis - will they still be able to have access?
1. SU would need adequate/sufficient funding towards attending activities - visualising.....would money be paid directly to SU or organisation. Maintenance - improve facilities - who would be responsible for confirmed maintenance of property would give continuous support towards this.	Guarantee - KCC will increase DP to attend? Will KCC fund towards building maintenance and accessibility? Would mostly benefit how to moderate needs.
We could offer a wider range of work experience as well as the café including office work, reception etc also accreditation to vol orgs. We would like to extend the café to welcome members of the public and open longer hours.	Funding service users paid employment. The trainees in the café are still mostly the same as those who started the service. For us - financial viability - little expertise in supporting people with LD.

Clear aims and objectives/planning and evaluation. Use of outcome and person centred support principles. By applying the concept of social enterprise both the local community and those involved can benefit this win win scenario. Key to the latter is creatively indentifying a local need / gap in the market place and matching that to the skin set available within those seeking paid work and meaningful occupation. (It would be a transition/ process towards people being either employed or users of a service).	Joint working and celebrating who is good at what! Sustainability and positive mind set need innovation right people! Convincing the market place that individual with LD can be excellent contributors and employees. Working with families effectively. Ensuring we match individual to tasks in a person centred way. Competency of support and overcoming old fashioned attitudes. Accessing funding streams. Getting round TUPE? N.B. Interested in the cafe in Maidstone and wood n ware in Ashford if the figures stack up.
The current projects identified are not valid as they are. They would benefit from being absorbed into existing projects whose business plan appreciates and minimum level financial balanced budget. Any catering establishment needs excellent growth opportunities: location, outcomes (training) diversity of business opportunity and identified role responsible partners.	Identify viability (income - expenditure) - location, business opportunities. Opportunities (links to local businesses, training provision, partnership roles / responsibilities) Multi-functional objectives/ outcomes. Use each others strengths / influence. Very happy for you to look at our projects and visit us at the trust to look at our model of project development.
Yes - A well planned business model, balanced between dependence on fees + generalised income. Identifying markets for savings etc. Creative ways to address paid employment.	How dependent are these services or key personnel in their delivery? TUPE. Fees vs. paid employment. Upkeep of equipment/cost. Proving/evidencing outcomes? What is the long term vision?

Personally I know this proposal will not currently fit with our business model, however I am sure someone will have an ideal 'business fit'. Without a full proposal to offer, I am of the opinion that this morning was a two way useful 'Think Tank'.	TUPE. Funding unknowns. If funding is to continue at what level? Other than social outcomes is this a high bidder race. Organisational + assets commitments. Geographic restrictions + building adoptions for change of locations. Business longevity.
The balance can be met. Positive outcomes: sustainable employment that is skills based opportunity to progress and grow within an organisation greater access to the community by expanding service provided. Develop individual responsibility through reward schemes. The model only works with a business that is scalable into other services.	The fixed inherited cost base would need to be fully understood, e.g. staff costs, premises costs etc. Regulatory requirements need to be fully understood. E.g. adherence to care plans, daily reports etc. The ability of the service users is a major issue to be understood.
Yes - Provide sustainable employment which is skills based. Provide opportunities to learn and acquire life skills. Integrating Su's into the community. Giving people with LD real life responsibilities.	Meeting costs such as rent and wages (TUPE). Increasing the scale of the project would there be a framework that allows this. Regulatory requirements need to be fully understood.

By: Graham Gibbens, Cabinet Member Adult Social Care & Public Health

Meradin Peachey, Director of Public Health

To: Social Care and Public Health Cabinet Committee – 14 September 2012

Subject: **Changing contract arrangements for Chlamydia Screening testing in the laboratories for Kent and Medway**

Classification: Unrestricted

Summary

This is a service that will be the responsibility of the County Council from April 2013. The PCT cluster will consult the council on any changes proposed to services that will become the responsibility of the council.

Part of the chlamydia screening programme is paying for the costs of the tests in Laboratories that meet national standards. Chlamydia screening testing is commissioned from the four hospitals in Kent and Medway with prices ranging from £7.50 to £16.40. Cost savings could be made by streamlining the cost, tendering the service and reducing the number of laboratories who provide the service.

Introduction

The purpose of this paper is to set out the reasons and rationale for the re-tendering of the chlamydia screening testing service.

Report contents

1. Background

The National Chlamydia Screening Programme (NCSP) is a control and prevention programme targeted at sexually active young people less than 25 years of age. Chlamydia is the most common bacterial sexually transmitted infection (STI) in the UK; affecting both men and women. Most people with chlamydia have no symptoms, but if left untreated, chlamydia, can lead, in women, to infertility, ectopic pregnancy and chronic pelvic pain. In men it may cause urethritis and epididymitis. In both sexes it can cause arthritis.

In the financial year 2011/12 a total of 48037 chlamydia screens were carried out as part of the Chlamydia screening programme across Kent and Medway. The total target population for this programme across Kent and Medway is 213,332 of which 35% (74,666) need to be screened to achieve the target.

Pathology is a crucial element of almost all patient pathways and is the foundation for high quality diagnosis, treatment and care. Commissioning pathology is not, in principle, different from commissioning any other service. It is driven by the same priorities and information by the same set of skills and methodologies. It is not more complicated than other services, but nor is it simpler. As with all commissioning processes, it is important to have a sound basic understanding of the nature of the service and the value that it offers.

Drivers relevant to determining the appropriate commissioning approach to community pathology services are:

- The need to ensure a high quality, safe and compliant service
- The need to improve effectiveness
- The need to improve affordability
- The need to improve value for money
- The need to evidence a quality service

Table 1 Chlamydia screening activity for 15-24 year population in 2011/12

PCT	Chlamydia screening coverage for 2011/12
West Kent	19004 (24%)
Eastern and Coastal Kent	20638 (20.7%)
Medway	8395 (24.4%)
Total tests	**48037**

2. Key issues

Chlamydia tests generated as a result of the Chlamydia screening programme are processed in 4 laboratories in Kent and Medway. These being

- Maidstone and Tunbridge Wells NHS Trust lab
- Dartford and Gravesham NHS Trust lab
- East Kent Hospitals University NHS Foundation Trust lab
- Medway NHS Foundation Trust lab

There is considerable variation in price charged per test. This variation is as following

Table 2 Tariff for Chlamydia testing according to each laboratory

NHS Trust	Tariff per test
Maidstone and Tunbridge Wells NHS Trust lab	£7.50
Dartford and Gravesham NHS Trust lab	£16.66
East Kent Hospitals NHS Trust lab	£10.96
Medway NHS Trust lab	£ 16.40

Table 3 Total expenditure per year for Chlamydia testing according to each laboratory

NHS Trust	Total cost per year
Maidstone and Tunbridge Wells NHS Trust lab	£188,500
Dartford and Gravesham NHS Trust lab	£153,000
East Kent Hospitals NHS Trust lab	£240,000
Medway NHS Trust lab	£138,000
Total cost	**£719,500.**

- The cost of processing chlamydia samples in DVH is a block contract irrespective of the activity.
- The cost of processing samples in MTW also includes the cost of all Chlamydia samples generated from GUM clinic and the transportation cost of all pathology samples other than chlamydia.

3. Implications

Chlamydia screening has been an NHS target for 3 years. The new Public Health Outcomes Framework for Local Authorities from April 2013 recommends a Chlamydia screening diagnosis indicator i.e. at least 2,400 Chlamydia diagnosis per 100,000 15-24 year olds per annum including Genito Urinary Medicine (GUM). This translates to 35% coverage of the eligible population. If all three PCTs (West Kent, East Kent and Medway) were to achieve the target of 35% at the current tariff it will inflate the cost of testing in the labs even further.

4. Risk analysis

Table 4 Risk Analysis of Tendering Chlamydia Testing Services across Kent and Medway

What could go wrong (1)	Cause (why) (2)	Consequences (3)	Mitigation (4)
Samples are not collected within the right timeframe.	1.The lab does not have any arrangements in place for a drop off point. 2. The lab does not have arrangements in place for transportation of samples.	All the samples need to be destroyed as they can't be processed.	Tender award will be subject to assurances on planned collections at nominated sites and provision in place for issues arising. Score highly on tender award.
The lab does not have the capacity to process all the samples.	1.There is a drive by the screening office to increase the number of screens. 2. The NAAT platform is not large enough to process the screens. 3. The lab only processes samples at day time.	Only some of the samples can be processed at any given time resulting in loss of the non-processed samples. This will result in an inability to meet target and potentially positive patients left untreated.	Service specification 3.2.4 address capacity requirement to process up to 170 screens per day.

	4. the lab cannot cope with seasonal variation of work load.		
The quality of lab testing is poor.	1. The lab equipment is out of date and does not meet NCSP standards.	1.A large number of screens are identified as equivocal. 2.This has an impact on the positivity rate of the chlamydia screening programme.	NAAT testing (or implementation of future testing requirements) to latest platform standards to be core criteria for contract being awarded as specified in 3.2.1 of the service specification.
Results are not reported within NCSP Core Requirement timeframe (90% to programme staff in 7 working days).	1. The lab does not realise the importance of reporting within the timescale. 2.There are no agreed arrangements in place to report results from the lab to the screening office. 3.The electronic system used to report results does not work.	There is a delay in notification and treatment.	Current arrangement is that the lab reports direct to CSO. Service level agreement provides for this in the Summary of Requirements and in 4.3.
There are inadequate facilities for storage of samples	1.The processing lab is outside Kent and has no arrangements in place with labs in Kent to act as holding points for samples. Security? 2.There are designated points for storage of samples but there are no refrigeration facilities available 3. The storage facilities are not available over the weekend.	A large number of screens are lost because of inadequate storage facilities.	Service specification (5.3) states that pre-negotiated nominated sites must have a pathway in place for receiving samples and the means to refrigerate samples.
Agreed number and type of screening kits are not provided	1.The screening team has to spend time pipetting urine into the kit. 2.There are infection control implications.	Staff unable to perform test in an outreach capacity.	Service specification in the Summary of Requirements is explicit in stating that urine samples do not require pipetting. Volume of kits provided for in Service Specification at 5.5.
The data cannot be transferred electronically in a secure manner to the screening programme data base.	1. The IT system in the lab does not talk to the IT system in the screening programme office	There are breaches in information governance	Needs to be in SLA with high criteria scoring for contract award. CTAD compliance Service Specification 6.3.
Calls cannot be taken by the provider from the screening	Insufficient staffing levels to handle screening	Client not receiving results in time.	Text and phone contact in place at

office.	administration.		present. Service specification provides for Service Availability criteria at 7.2 and 7.3.
Performance monitoring reports are not provided to the chlamydia screening office.	Insufficient staffing levels to handle screening administration.	Screening office and commissioners unable to gauge progress and react accordingly.	Service specification provides for Performance and Monitoring reports at 8.1.
The cost of transporting the samples makes the service more expensive.	Increase in distance to be travelled between new lab locations and existing/new collection points.	Any costs saved on the unit costs will be absorbed in transportation costs.	Transportation costs will be capped
The cost of chlamydia screens generated from the GUM clinic becomes more expensive.	Current providers do not win tender and the overheads burden of cost for providing GUM screens remains the same.	This results in the service becoming more expensive.	Renegotiate the cost of GUM screens outside the block contract
The existing service providers decide not to process the chlamydia screens and other screens originating from GUM clinic.	Current providers and commissioners cannot agree a mutually agreeable compensating tariff for GUM screens.	There is a gap in service provision for GUM.	All GUM screens to be considered for re tender.
Confidential data is *leaked*	The lab staff don't have the required training in information governance and other confidentiality policies.	Adverse publicity. Patients lose confidence in the service and screening numbers drop significantly. Potential for fines.	Point 9.1. in Service Specification and SLA will state explicitly the requirements in terms of systems, processes and staff training expectations. Awarded tender will need to score highly on this criteria.

5. Options appraisal

Table 5 options appraisal

Options	Advantages	Disadvantages
1.Do nothing	No disruption to current service	If the target for testing were to be met the cost of the service will become more expensive
2.Offer Chlamydia testing in partnership between providers and reduce number of testing sites	There will be no need to go out to tender and the desired savings can be made by renegotiating the price of the tests	Current providers from whom chlamydia testing activity is diverted may challenge the decision in the competition commission
3.Go out to tender	A more cost effective service	The cost of the service may go up if an external bidder (outside Kent) were to be awarded the tender

6. Financial consequences

In the year 2011/12 the budget for processing Chlamydia tests in the labs was £719,500 across the cluster. If the service is tendered out to less than four providers it will lead to cost reduction and improvement in the standards of the service. It is estimated that the savings made by tendering the service could be in the range of £100,000 to 150,000.

7. Recommendations

(1) The Cabinet Member for Adult Social Care and Public Health will be asked to make a decision on Chlamydia testing service being put out to tender with the potential for savings made being reinvested in the chlamydia screening service (as set out in option 3 of this report).

(2) Members of the Social Care & Public Health Cabinet Committee are asked to consider and either endorse or make recommendations on the proposed decision to be taken by the Cabinet Member for Adult Social Care & Public Health.

8. Contact details

Dr Faiza Khan, Consultant in Public Health 01732 375234 faiza.khan@wkpct.nhs.uk

Background Documents:none

Appendix **A**

NHS Kent and Medway

Chlamydia Screening Guidance & Service Specification

CONTENTS

1. Background

The National Chlamydia Screening Programme (NCSP) is a control and prevention programme targeted at sexually active young people aged under the age of 25. In 2010/11 the Vital Sign target was to screen 35% of the 15-24 year old population.
The number of screens this translates into for each area of NHS Kent and Medway is outlined below along with what the actual activity was for the year.

Table 1 NCSP Chlamydia testing activity for 2010/11

NHS Kent and Medway	15-24 year population (2010/11 screening year)	Number of screens required to meet 35% target	Last year's NCSP activity	Deficit in numbers
West Kent	79200	27720	19004	8716
East Kent	99600	34860	20638	14222
Medway	34400	12040	8395	3645
Total	**213200**	**74620**	**48037**	**26583**

The New Chlamydia target differs from the old target in that GUM screens will be included in the overall coverage. The number of Chlamydia screens that were performed in the GUM clinics is as shown in table 2.This number has been deducted from the total number of screens required to meet each of the percentage coverage. The screens generated from GUM will more or less remain the same irrespective of what Chlamydia screening activity is performed in the NCSP.

Table 2 Total number of Chlamydia screens performed in GUM clinics 2010/11

	Chlamydia GUM screens
NHS West Kent	4519
NHS East Kent	7323
NHS Medway	3015
Total	**14857**

Table 3 Total number of tests in Kent based on achieving a sliding scale target

	15-24 year population	**10% to 15% of population** *less GUM screens* *	**15%+1 to 20% of population** *less GUM screens*	**20%+1 to 25% of population** *less GUM screens*	**25%+1 to 30% of population** *less GUM screens*	**30%+1 to 35% of population** *less GUM screens*
NHS West Kent	77,641	7764 to 11646 (647 to 970 per month) **271 to 594**	11647 to 15528 (971 to 1294 per month) **595 to 918**	15529 to 19410 (1295 to 1617 per month) **919 to 1241**	19411 to 23292 (1618 to 1941 per month) **1242 to 1565**	23293 to 27174 (1942 to 2264 per month **1566 to 1888**
NHS East Kent	100,028	10002 to 15004 (833 to 1250 per month) **223 to 640**	15005 to 20005 (1251 to 1667 per month) **640 to 1057**	20006 to 25007 (1668 to 2083 per month) **1057 to 1473**	25008 to 30008 (2084 to 2500 per month) **1474 to 1890**	30009 to 35009 (2501 to 2917 per month) **1890 to 2307**
Total number of tests for NHS East Kent & NHS West Kent	177669	**494 to 1234**	**1235 to 1975**	**1976 to 2714**	**2716 to 3455**	**3456 to 4195**

Table 4 Total number of tests in Medway based on achieving a sliding scale target

	15-24 year population	**10% to 15% of population** *less GUM screens* *	**15%+1 to 20% of population** *less GUM screens*	**20%+1 to 25% of population** *less GUM screens*	**25%+1 to 30% of population** *less GUM screens*	**30%+1 to 35% of population** *less GUM screens*
NHS Medway	35,663	3566 to 5349 (297 to 445 per month) **46 to 194**	5350 to 7132 (446 to 594 per month) **195 to 343**	7133 to 8915 (595 to 742 per month) **344 to 491**	8916 to 10698 (743 to 891per month) **492 to 640**	10699 to 12482 (892 to 1040 per month) **641 to 789**

Table 5 Total number of tests per month (excluding GUM) for NHS West Kent, NHS East Kent and NHS Medway

	10% to 15% of population *less GUM screens*	**15%+1 to 20% of population** *less GUM screens*	**20%+1 to 25% of population** *less GUM screens*	**25%+1 to 30% of population** *less GUM screens*	**30%+1 to 35% of population** *less GUM screens*
Total number of tests per month	**540 to 1428**	**1429 to 2318**	**2319 to 3205**	**3206 to 4095**	**4096 to 4984**

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GUM screens have been deducted from the totalnumber of screens tested every month because all Chlamydia screens originating from GUM are paid through the block contract.

NHS Kent and Medway is committed to continuing to provide a Chlamydia screening programme, with the focus on core services undertaking the majority of screening. Coverage at 35% will now be expected to be reached from a combination of screens carried out under the NCSP and GUM (15-24 population).

NHS Kent and Medway currently use four different pathology services to meet the demands of the programme. NHS Kent & Medway is now inviting potential pathology providers to tender to provide Chlamydia screening pathology services for the whole of NHS Kent and Medway from April 2013

2. Summary of Requirements

NHS Kent and Medway is looking for a single pathology provider to provide a diagnostic service for the detection of Chlamydia trachomatis as part of the National Chlamydia Screening Programme (NCSP). Providers are invited to tender on a basis of no minimum number of screens being guaranteed by NHS Kent and Medway.

Any potential provider must fulfil the NCSP Core Requirementsstandards (see Appendix A) including the quality standard of at least 90% of results reported by the laboratory to the programme staff within 7 working days.

Any successful provider must also meet the appropriate service and quality standards as defined within the Kent and Medway Pathology Service Specification for Pathology/Laboratory Medicine 2012/2013.

We require the provider to offer screening by the testing of male urines, female urines and self-taken vaginal swabs. It is a condition of the tender that urine samples must **NOT** require pipetting into a UPT at the screening/testing site. We do **NOT** require dual testing of Chlamydia and Gonorrhoea.

3. Service Specification

3.1.1 Aim of service

To provide a full end to end laboratory service for the transportation, receipt, testing and reporting for the Chlamydia Screening Programme for under 25 year olds in NHS Kent and Medway. This shall include the provision of all screening kits, the delivery and collection of both kits and samples, sample and reporting data entry and the reporting of the result by electronic transfer of data.

3.2 Pathology service

3.2.1 To provide a full diagnostic service for the detection of Chlamydia trachomatis in appropriate specimens submitted for testing using NAATS (Nucleic Acid Amplification Test), or any future nationally agreed testing methodology for its detection.

3.2.2 To provide screening, by means of testing of male urines, female urines, and self-taken vaginal swabs.

3.2.3 To test and report on all appropriate samples that are submitted. It is the responsibility of the screen taker to ensure Fraser competence is assessed and to respond to any safeguarding concerns.

3.2.4 To have sufficient capacity to process up to 170.samples per day with systems to cope with variable demand throughout the year with significant seasonal peaks. However, it is important to note that this specification is based on no minimum number of screens being guaranteed by the commissioner.

3.2.5 To store samples for a specified period of time (within manufacturer's recommendations) to allow complaints/queries/request for further testing to be acted upon. This applies in particular to untested samples and samples that result in positive / equivocal results rather than samples that give a negative result.

3.2.6 To provide a full Chlamydia end to end testing service including the pre-analytical, analytical, post-analytical phases plus the interpretation and reporting of results as well as clinical advice on further investigation and treatment of patients.

4. Accreditation and standards

4.1 To ensure the service is compliant with all relevant legislation and codes of practice.

4.2 To maintain full or conditional accreditation by Clinical Pathology Accreditation UK Ltd (CPA) (or any replacement body), meet the regulatory requirements of MHRA, and HTA for the provision of microbiological services and demonstrate adherence to quality management systems.

4.3 To meet the National Chlamydia Screening Programme Core Requirements as detailed in NCSP Core Requirements – Fifth Edition.

4.4 To meet all other appropriate service and quality standards of the Kent and Medway Pathology Network Service Specification forPathology/LaboratoryMedicine 2012/13.

4.5 To undertake regular audits to ensure quality standards are being achieved. Audit results are to be shared with the service commissioners and the provider is to ensure any changes and improvements in service delivery identified as part of the audit areimplemented.Screening kits – supply, distribution and collection.

5. Screening kits – supply, distribution and collection

5.1 To supply to Chlamydia Screening Office (CSO) sites across NHS Kent and Medway, as part of the overall cost, screening kits for use for urine samples and self-taken swabs.

5.2 To supply, as part of the overall cost, Home Testing Kits to CSO sites across Kent and Medway.

5.3 Timely planned collection of kits from a minimum number of nominated sites across West Kent, East Kent and Medway, to be agreed upon by commissioner and provider and to be arranged and coordinated by provider. Nominated sites must have means to refrigerate samples and agree for samples to be received from screening personnel at out-of-hours, and/or at weekends.

5.4 In the event of a leaked or damaged sample, the laboratory will inform the relevant CSO office who will request a repeat sample.

5.5 An agreed minimum number of screening kits to be made available directly to the Chlamydia screening teams on a monthly basis.

6. Data inputting and transfer

6.1 To input a minimum dataset to a database for each sample received, with option to input full dataset.

6.3 Meet national CTAD requirements.

6.4 To transfer data (including results) in a secure, electronic manner to NHS Kent and Medway and/ or Local Authority Chlamydia Screening Programme database.

7. Service availability

7.1 To be able to receive samples between 8am and 5pm Monday – Friday, excluding Public Holidays.

7.2 To deal with day-to-day telephone or email enquiries from the central screening team for each of the three geographical areas within NHS Kent and Medway (East Kent, West Kent and Medway) with regards to screening queries within one working day. A telephone number and email contact address is to be provided to each screening office for use in these situations. The laboratory is to nominate a dedicated person to deal with these queries and to advise the screening offices of holiday/sickness cover arrangements for this person. The laboratory will not be expected to deal with queries from the public or from individual screening sites.

7.3 To provide the screening offices with a full list of all key laboratory staff to assist with the smooth delivery of service.

8. Performance monitoring reports

8.1 To provide monthly performance reports to each of the three NHS Kent and Medway Chlamydia screening offices, providing information on number of samples received, number of positives, number of negatives, number equivocal, number not processed and performance against delivery times/

8.2 To meet with the NHS Kent and Medway Chlamydia commissioners on a quarterly basis to review service delivery and performance.

9. Confidentiality, Data Protection and Information Governance

9.1 To ensure there are systems and processes in place, including staff training, to ensure patient confidentiality is maintained as detailed in the NCSP Core Requirements document.

10. Geographic coverage

10.1 To provide screening for clients within NHS Kent and Medway

11. Contract start date

11.1 To provide a full service from April 2013

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By:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Jenny Whittle, Cabinet Member for Specialist Children's Services. Andrew Ireland, Corporate Director – Families and Social Care
To:	Social Care and Public Health Cabinet Committee – 14 September 2012
Subject:	**ADULT AND CHILDREN'S SOCIAL CARE ANNUAL COMPLAINTS REPORT (2011-2012)**
Classification:	Unrestricted

Summary:	This report provides Members with information about the operation of the Families and Social Care complaints and representations procedure between 1 April 2011 and 31 March 2012.

Introduction – Adults and Children's Social Care

1 (1) Local Authorities have a statutory duty to have in place a complaints and representations procedure for Adult and Children's services. Furthermore, each local authority that has a responsibility to provide social services is required to publish an annual report relating to the operation of its complaints and representations procedure.

(2) The report is presented to Members on an annual basis and gives details of complaints' and representations' activity across the Families and Social Care Directorate.

(3) This report provides an overview of the operation of the complaints procedure for children and adult social care services. It includes summary data on complaints and enquiries received during the year. It also provides Members with examples of the lessons learned from complaints which are used to inform and improve future service delivery.

Policy Context and Procedures.

2 (1) The NHS and Community Care Act 1990 and the Children Act 1989 placed statutory requirements on local authority social service departments to have a complaints procedure in place. The legislation and associated statutory guidance was prescriptive about how the procedures should operate in practice. The procedures for children and adults were broadly similar but subsequent Regulations led to changes.

The Local Authority Social Services and NHS Complaints (England) Regulations 2009 introduced a single approach to dealing with complaints for both the NHS and Adult Social Care. Also for children's services, the Children Act 1989 Representations Procedure (England) Regulations 2006 introduced changes to the children's complaints procedure. Whilst there are some important differences in the operation of the complaints procedure to meet statutory requirements, the overarching approach and ethos is consistent across the Directorate.

(2) Local authorities are required to appoint a complaints manager, for both Adult's and Children's social care who is responsible for the operation of the complaints procedure. This includes all aspects of activity.

(3) For the children's social care complaints there are three stages to the procedure:

- Stage One – Local Resolution.
- Stage Two – Investigation
- Stage Three – Complaints Review Panel.

(4) Where a complaint is not resolved at Stage One, or a Stage One is unreasonably lengthy, the complainant has the right for the complaint to be considered at Stage Two (Investigation Stage). This involves a thorough investigation into the issues and consideration of the complaint by an off line Investigating Officer and an Independent Person. Complainants have the right for the complaints to progress to a Complaints Review Panel if they remain dissatisfied and the main issues are not upheld at Stage Two.

(5) Complainants may contact the Local Government Ombudsman at any time but the Ombudsman will usually refer them back to the Local Authority as premature if it has not had the opportunity to consider the complaints under its own procedure. Sometimes the Local Government Ombudsman will decide to investigate a complaint prematurely on the grounds of urgency or because of the serious nature of the complaint.

(6) For adult social care there was a significant change to the complaints procedure in 2009 with the introduction of Regulations with the objective of delivering a consistent approach to complaints handling for both health and social care.

(7) The key principles of the procedure are **Listening** – establishing the facts and the required outcome; **Responding** – investigate and make a reasoned decision based on the facts/information and **Improving** – using complaints data to improve services and influence/inform the commissioning and business planning process.

(8) Wherever possible complaints that involve health and social care are dealt with via a single co-ordinated response. To facilitate this, a joint protocol was developed by the Complaints Managers in Kent and Medway and is working well.

(9) For adult social care the complaint response needs to be proportionate to the issues raised. The only timescale in the process relates to the acknowledgment of the complaint which is within 3 days from receipt. Thereafter the response time is agreed with the complainant and reflects the circumstances and complexity of the complaint. When appropriate an independent investigator will complete an investigation into the complaint.

(10) A consequence of the changes to the adult social care procedure is that with the fewer stages within the Local Authority then more complainants are likely to contact the Local Government Ombudsman if dissatisfied on receiving a response.

(11) All complaints received, along with enquiries and compliments, are recorded on a complaints database. The database provides a formal record, enables monitoring of workflow, and is used to produce data on the numbers and types of complaints received.

Total Representations received by the Council – Adults and Children's Social Care.

3 (1) The total volume of complaints and enquiries received are summarised below. Although there has been a rise in complaints received over the past four years, for Adult's social care of 33% and for Children's social care of 42%, the level of activity for the year 2011-12, compared to the previous year, in Adults has decreased by 1.2%, and Children's has increased by 12%.

Type of Record	**2007/08**		**2008/9**		**2009/10**		**2010/11**		**2011/12**	
	Adults	**Childrens**	**Adults**	**Childrens**	**Adults**	**Childrens**	**Adults**	**Childrens**	**Adults**	**Children**
Statutory complaints	285	178	298	193	342	200	459	267	425	305
Enquiry	257	94	196	98	213	126	266	166	295	151
Non-statutory complaints / Self Funders	47	89	63	73	95	98	68	139	5*	198
Safeguarding**	-	-	-	-	36	-	64	-	35	-
Informal resolution	-	-	-	-	37	-	34	-	42	-
Compliment	455	36	464	71	503	66	598	54	575	59
TOTALS	**1044**	**397**	**1021**	**435**	**1226**	**490**	**1489**	**626**	**1372**	**713**

* The reduction in Non Statutory complaints within Adult social care is the result of a categorisation change. All complaints from people who affected by the actions of the Council are now categorised as Statutory complaints. The Council is required to log complaints from those people that are funding their own care which are classed as "Self Funders".

** This is the number of complaints received by the Customer Care teams that are then diverted to the safeguarding route, not the total number of safeguarding alerts received for the County.

Learning the Lessons

4. (1) Receiving a complaint provides an opportunity to resolve an issue where the service might not have been to the standard required or expected. In addition complaints, along with other customer feedback provides valuable insights that can be used to improve service performance.

(2) The customer care function including complaints handling is part of the quality function within the FSC Operational Support Unit. This enables the review of practice against service standards and the sharing of information to ensure wider lessons are learned.

(3) In adult social care services, quarterly meetings take place with operational staff to discuss lessons identified and these are then taken back to be shared at team meetings to ensure wider organisational learning. There are also themed Divisional Management Team Meetings to consider complaint management as part of the wider quality agenda.

(4) Similarly in children's services complaints monitoring information is provided to the Divisional Management Team and to Heads of Service and District Managers in Specialist Children's Services.

(5) The practice of using investigating Officers provides a useful way of sharing practice and lessons learned across the county. Investigators take back learning points to their own areas of service and, following investigations, there are adjudication meetings where actions are agreed and outcomes and lessons are shared more widely as appropriate.

(6) The outcomes from complaints can also lead to training. Two training sessions were delivered in 2011/12 to assist staff with techniques in the delivery of difficult messages to families.

Complaints Training

5 (1) During 2011-12 training was provided by the Local Government Ombudsman on investigating complaints. Training was also provided on writing letters of response to complainants and customer care staff provided training for teams on the operation of the complaints procedures. Further training is planned for 2012-13.

Publicising the Complaints Process

6 (1) The regulations require the complaints procedures to be publicised and the leaflet, "Comments, Complaints and Compliments", is readily available in hard copy at public access points and on the website. It is also available in alternative formats upon request.

(2) All Looked After Children in Kent are advised how to complain. Information is also provided in leaflets, cards, on the website and via partner organisations, so that

all children in receipt of services, and the adults in their lives, are encouraged to exercise their right to complain.

Reporting Requirements

7 (1) There are different complaints reporting requirements placed on adult social care and children's social care services. This reflects the different statutory reporting requirements but also reflects the type of information requested by Members in previous annual reports.

(2) The following section of this report includes information about the operation of the adult social care complaints procedure in 2011/12 and this will be followed by information on the operation of the children's complaints procedure.

Operation of the Adult Social Care Complaints Procedure

Statistical Data on the Adult Social Care Complaints

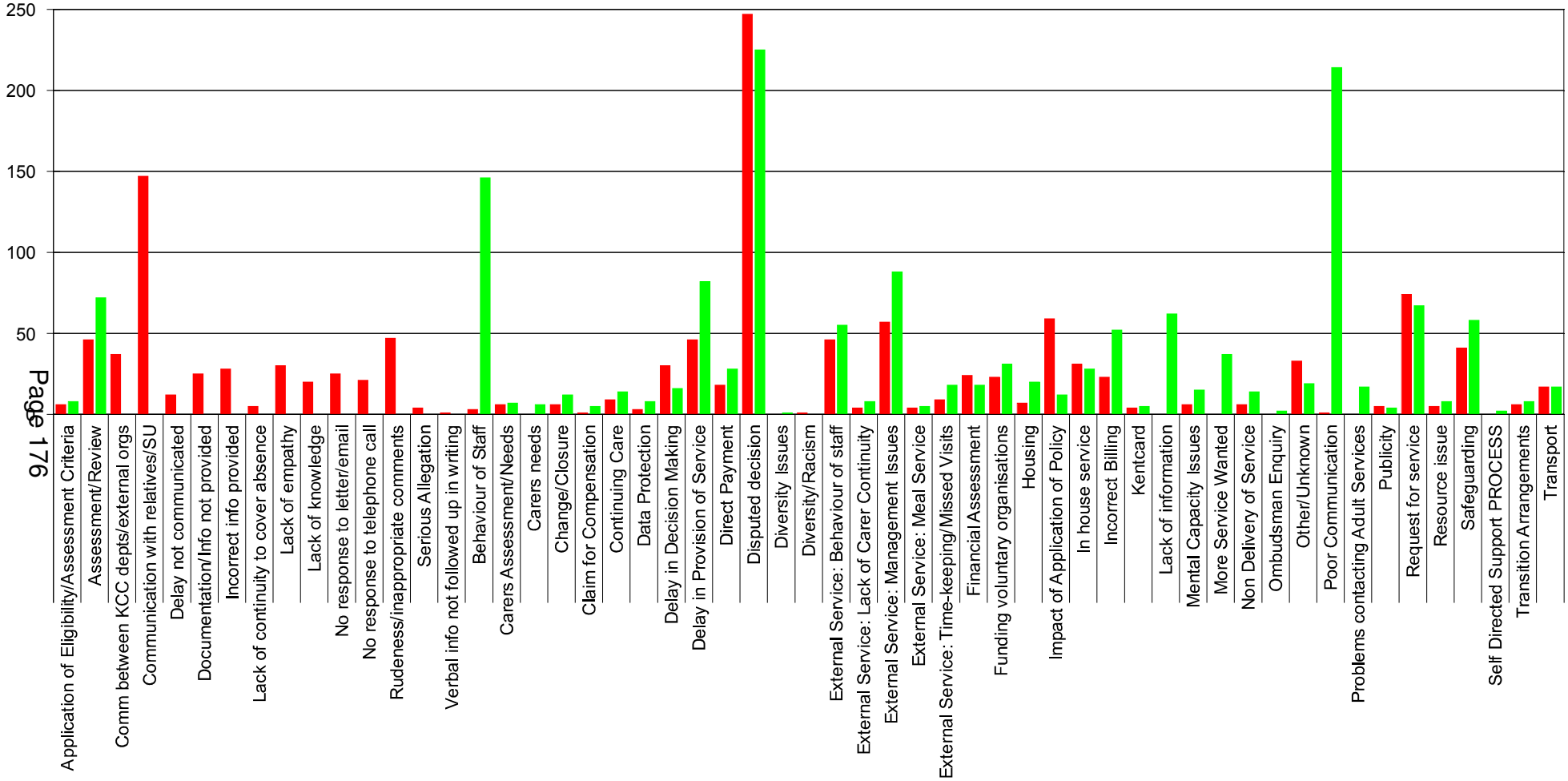
8 (1) In 2011-12, 425 statutory complaints and 295 enquiries were received about Adult Social Care Services. The total number of representations received for 2011-12 therefore is 720 which is five less than the figure reported for 2010/11, 725. 59% of the enquiries received were from MPs raising concerns on behalf of their constituents.

(2) Since 2007/08 complaints for Adult Social Care have risen by 33% when 285 complaints were received.

(3) During 2011-12 the number of people who were referred to Adult Social Care Services was 32,045 and there were 25,432 people in receipt of services as at 31 of March 2012. This compares with 2010/11 where 32,007 referrals were made and 25,883 people received a service as at the 31 March 2011. The complaints received for this period represent less than 2% of those people who have contact with our services; this is consistent with the figure reported for the previous year.

(4) Further details of the number of complaints and representations are shown in the following paragraphs, with relevant analysis.

Complaint, enquiry and informal resolution analysis



The categories of “Behaviour of staff” and “Poor communication” which were used in 2010-2011 year were no longer used as they were broken down in 2011-2012 year to provide better analysis. Please see further details in the analysis section of this report.

Please note that the number of compliments (thank you letters) received during these periods are:
575 in 2010-2011 compared with 598 in 2010-2011. These are not represented in the above graph due to the high numbers which would skew the presentation of the data.

(5) Analysis of statutory complaints for 2011-12 shows the following breakdown by main service:

SERVICE	2009/10	2010/11	2011/12
Older People	223	290	253 (60%)
Learning Disability	52	78	75 (18%)
Physical Disability	33	55	53 (12%)
Finance	32	30	25 (5.6%)
Mental Health	1	2	1 (0.2%
Other	1	4	18 (4.2%)
Total	**342**	**459**	**425**

(6) Many of the total number of issues raised in complaints were about behaviour and communication these are further broken down as:-

37% Poor communication with relatives or clients
12% Rudeness / inappropriate comments
9% Poor communication between KCC departments or with external organisations
7% Incorrect information provided
7% Lack of empathy
6% Documentation or information not provided
6% No response to letter / email
5% Lack of knowledge
5% No response to telephone call
3% Delay not communicated
1% Lack of continuity to cover staff absence
1% Serious Allegation (a Safeguarding concern about a member of staff)
1% Verbal information not followed up in writing

(7) In respect of the main subject of each statutory complaint, 49% (208) of complaints were about a disputed decision, 22% (95) were about communication with a further 15% (65) about behaviour of staff and the final 14% (57) were regarding concerns about external agencies. A further analysis of complaints by service and subject is shown in the following tables:

SUBJECT	2009/10	2010/11	2011/12	% of total 11/12
Disputed Decision	156	164	208	49%
Poor Communication	97	114	95	22%
Staff Behaviour	39	65	65	15%
External Agency	48	116	57	14%
TOTAL	**340**	**459**	**425**	

Main subject by service	Disputed Decision			Poor Communication			External Agency			Staff Behaviour		
Year	**09/10**	**10/11**	**11/12**	**09/10**	**10/11**	**11/12**	**09/10**	**10/11**	**11/12**	**09/10**	**10/11**	**11/12**
Older People	101	103	110	60	48	59	41	100	38	21	39	46
Learning Disability	25	35	44	17	25	13	3	9	11	7	9	7
Physical Disability	12	16	34	8	20	11	4	6	2	9	13	6
Finance	18	8	17	12	20	6	-	-	-	2	2	2
Mental Health	1	2	1	-	-	-	-	-	-	-	-	-
Other	1	-	2	-	1	6	-	1	6	-	2	4
Total	**158**	**164**	**208**	**97**	**114**	**95**	**48**	**116**	**57**	**39**	**65**	**65**

(8) The percentage of statutory complaints that were found to be partially or completely upheld was 61% across the County, this an 11% reduction on the previous year, but still accounts for more than half of the complaints received being justified. Further analysis of this is shown below:

	Disputed Decision or Policy	Poor Communication	Service Delivery (Ext Org)	Staff	Total
Partially Upheld	56	28	28	30	**142**
Upheld	54	35	15	13	**117**

Upheld / Partially upheld statutory complaints by Main Service area:

	Finance	Learning Disability	Mental Health	Older People	Physical Disability	Prov & Modernisation	Strat Com Unit	Total
Partially Upheld	9	26	-	82	13	7	5	**142**
Upheld	9	22	-	72	12	0	2	**117**

(9) 31 joint complaints and enquiries were processed with health colleagues, three with mental health colleagues and two with district councils over the reporting period.

Performance against timeframes

9 (1) The average response time for statutory complaints set with a complaint plan timeframe of 20 working days is 17 working days. Complex cases that require either an off-line/external investigation or a joint response with health colleagues are identified at the beginning of the complaint and a longer timeframe is negotiated. When these complex lengthy cases are included in the performance figure, it rises to an average of 21 days across the County. Within Adult Social Care there is no statutory response timeframe to be measured against as the legislation allows for the response timescales to be agreed with the complainant.

(2) 67% of complaints were responded to within the timescale agreed with the complainant which is 6% less than the previous year when the Council achieved 73%. 86% of these complaints were acknowledged within the statutory timescale of three working days.

Themes identified arising from complaints.

10 (1) **Behaviour and Poor Communication -** 37% of the complaints received during the period were attributed to poor communication or behaviour of staff. This is a consistent pattern each year with a slight increase on the previous year when 25% of complaints were recorded. See above for a further breakdown.

(2) In addition to the training on the communication of difficult messages, a detailed breakdown of these issues is provided to service managers to allow the issue of communication to be addressed via team meetings and supervision sessions.

(3) **Disputed Decision -** 48% of the complaints received was attributed to a disagreement about a decision**.** Set against the backdrop of wider economic challenges and organisational change, it is understandable that there are a high number of complaints citing the issue of “disputed decision”. Often these are around funding decisions or the level of support plans.

(4) The complaints received reflect the diversity of services provided and specific complaints will lead to specific responses for the individual case but where possible the lessons from the complaints are still shared. Examples include:

- Ensuring service users are provided with information about charges.
- Providing information in alternative formats where required
- Ensuring application of the choice directive in relation to residential care.
- Providing the option of Direct Payments where appropriate.
- Completing up to date assessments prior to a service user's admission to residential or respite care.
- Ensuring plans are in place to cover cases if a member of staff is off sick.

Off-line and external investigations

11. (1) There were nine off-line/external investigations carried out during the year. Four were commissioned externally and the direct financial cost of these was £9,936.90. One of these cases was a transition complaint and was handled jointly with children's services. An external investigator is usually appointed, when the complaint issues are particularly complex, where communication has broken down or confidence in the organisation has been lost. In these cases, the complainant has felt their complaints have been taken seriously and an independent view has been offered.

(2) The remaining five complaints were investigated by internal staff with no line management responsibility for the service being complained about.

Financial

12. (1) A total of £56,647.45 has been paid out to complainants, this is a 43% increase on the amounts paid out in 2010-2011. £24,212.49 of this was as part of the local resolution process and £32,434.96 was offered once the Local Government Ombudsman became involved in the complaint. This figure does not include adjustment to charges made as a result of errors in the billing process.

Complaints via the Local Government Ombudsman (LGO)

13. (1) There were a total of 38 new referrals made to the LGO during the year. Additional cases were carried forward from the previous year and settled during the reporting year (these are not included in the figures). This is an increase on the previous year when 35 new referrals were made.

(2) Of those complaints, where a final decision was received the outcome was:-

- 26 discontinued investigation
- 2 upheld
- 1 partially upheld
- 3 not upheld
- 3 premature

(3) In most case the investigation was discontinued. This can be for a number of reasons for example if the LGO investigator was satisfied by the action taken to either put the error right or acknowledge fault and provide an appropriate remedy, including financial or in some cases the investigator felt there was not sufficient grounds to pursue the complaint.

(4) Members will be aware that the LGO has recently published two reports against the Council which relate to Learning Disabilities and Older People's services. Although these reports are published in July 2012, the complaint cases that they relate to were in 2010-2011 and 2011-2012. The LGO has noted in both cases that the Council has agreed to provide financial remedy for the complainants (which will be reported in 2012-2013 year) and make the necessary practice changes to ensure that the same issues are not repeated for other clients.

(5) The LGO service is planning to launch an open publication scheme, which will ensure that all final decision statements are published on their website for all complaints considered by the service. The aim of this publication scheme is to increase openness, transparency and enhance accountability. It will also inform the public about local services and create a new source of information which could lead to an increase in complaints received by encouraging others to raise similar complaints.

(6) The latest Annual Review letter received from the LGO reflects a good working relationship between the Council and the LGO's office.

Organisational Issues

14. (1) The organisation needs to consider the following issues:-

a) It is proposed to establish a single point of access for complaints received into KCC, this should make it clearer for the public who to contact in the first instance if they have a complaint. However, within the new arrangement there will need to be robust processes and systems to ensure the complaints are communicated efficiently to the appropriate customer care/quality team.
b) The FSC complaints arrangements will need to be responsive to and inform the Transformation agenda, this is particularly so with the move towards greater integration of health and social care services.

c) With the inception of the Families and Social Care Directorate, the customer care teams are working more closely to ensure best use of resources and where possible adopt consistent practices. This will be enhanced as the teams are located in the wider Quality Team to ensure information on complaint trends and issues continues to inform service improvements.
d) Complex complaint cases require significant involvement from the Customer Care Managers to support the operational staff in responding and managing the complaints. It is important to ensure that the quality of complaint and enquiry responses remains high and continues to improve. This is key in bringing about local resolution to the complaints and reducing the need for people to go to the next stage (Local Government Ombudsman).

Operation of the Children's Social Care Complaints Procedure

The reporting requirements for children's services are different to adult social care services. The Children Act Representation Procedure (England) Regulations 2006 requires local authorities to compile an annual report on the operation of the children's complaints procedures. This is covered in the following section of the report

Contact method of representations made to the authority

15 (1) The contact methods used were similar to the previous year. Most complainants still preferred to write a letter or speak to someone in 2011-12. Complainants are often distressed when making contact. As in previous years, it remains highly unusual for complainants to use the website to make a complaint.

Type of Record	Card/ Gift	Email	Fax	Letter	Other	Telephone	Visit	Website	Total
Children Act	0	72	1	130	2	99	0	1	305
Non-statutory Complaint	0	56	2	90	1	47	1	1	198
Enquiry	0	23	0	126	1	1	0	0	151
Compliment	10	23	0	18	1	5	0	1	59

(2) Representations via elected representatives: Issues raised via MPs and County Councillors are usually registered and responded to as enquiries but if the constituent is eligible the elected representative is also advised of their right to make a statutory complaint.

(3) Non-statutory complaints are generally the complaints received from people who are not service-users or they may be about services such as child protection investigations or court action where there are other routes for challenging the Local Authority which would make a separate independent complaints investigation inappropriate.

(4) In addition to the above, the customer care team received 267 representations. Many of these were directed along alternative routes including child protection referrals, insurance claims, fostering panels, legal action and conference appeals. In a number of cases advice was given about the complaints procedure and a record of the issues made but the complainant decided to take it no further or decided to try to resolve the issue informally with the social worker or team leader rather than make a formal complaint.

Compliments

16 (1) Unsolicited representations made to the local authority from external sources and which provide positive feedback about services, are registered as compliments.

(2) The majority of the compliments recorded in 2011-12, and all the compliments from families, were about preventative services or services to Children In Need (35). Eight were in connection with services to disabled children. Five compliments were about Looked After Children services and three about adoption. One compliment was about the quality of support to foster carers and two about child protection work.

(3) The compliments were made by the following groups

Carer	1
Central Government Department	1
Client (Child/Young Person)	1
Close Relative	4
Foster Carer	6
Headteacher/Governor	4
Health Representative	2
Legal professionals	4
Other Local Authority	1
Parent	25
Prospective Adopter	1
School staff member	2
Service Provider	4
Special Guardian	2
Voluntary Organisation	1
Total	***59***

Statutory complaints

17 (1) It is a legal requirement to handle complaints from clients and closely associated people complaining about services for Looked After Children and Children in Need according to the procedure. This requirement applies irrespective of where in the Local Authority the complaint is received. Clients and certain other people have the right to access the procedure and the Local Authority would be at risk of legal challenge if complaints are not handled according to the requirements. The requirements are detailed and prescriptive in terms of the eligibility of complainants and which complaints must be handled under the procedure, as well as the process and timescales.

The number of statutory complaints at each stage and those considered by the Local Government Ombudsman:

	2008/9	2009/10	2010/11	2011/12
Stage One – Local Resolution	187	198	267	305
Stage Two – Formal Investigation	30	25	26	26
Stage Three – Complaints Review Panel	5	0	2	1
Local Government Ombudsman referral *	16	20	11	18

*includes non-statutory complaints

(2) Despite the increase in the number of complaints, efforts to resolve complaints early have continued and this is reflected in the data which shows a continuation in the trend of a reduction in the proportion of complaints escalating beyond the first stage. The number of Stage Two investigations carried out in 2010/11 represents 8.5% of the total number of statutory complaints received (cf 24% in 2007/8).

(3) The emphasis in the legislation and guidance is on early resolution at a local level. Kent's policy is that local managers should usually meet, or at least speak with, complainants, unless there is a good reason not to, to attempt to resolve issues before writing. This approach is reinforced in guidance and support provided by the Customer Care Team.

(4) Staff are encouraged to continue to seek to resolve complaints at a local level when they escalate to Stage Two or beyond.

(5) KCC has a contract with Action for Children to fulfil the statutory requirement for an Independent Person to be involved in Stage Two investigations. As local staff succeed in resolving complaints at an early stage, those that do escalate tend to be complaints which are more complex and difficult to resolve quickly.

(6) Stage 2 completions 2011-12

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2	4	2	1	1	4	1	3	1	2	4	1

(7) Of the investigations completed in 2011-12, seven complaints were fully upheld, six were partially upheld and one was not upheld. Six complaints were withdrawn after the process began.

(8) Stage Two investigations involve valuable, in-depth examination of cases which frequently influences practice at a county-wide level.

(9) One complaint went on to be considered by a Complaints Review Panel at Stage Three.

Outcome of complaints considered by the Local Government Ombudsman

18 (1) Complainants may contact the Local Government Ombudsman at any time but the Ombudsman will usually refer them back to the Local Authority as premature if it has not had the opportunity to consider the complaints under its own procedures. Sometimes the Local Government Ombudsman will decide to investigate a complaint prematurely on the grounds of urgency or because of the serious nature of the complaint. Some people complain to the Ombudsman if they are refused access to the statutory complaints procedure on the grounds of ineligibility. The outcomes were as follows.

Maladministration causing injustice	none
Local settlement	One complaint from a landlord of an asylum seeking young person. An additional month's rent was paid in lieu of notice owed.
No maladministration	3
Discretion not to pursue	3
Premature	1
Decision pending	4
Outside Jurisdiction	2
Investigation discontinued	5

Non-statutory complaints

19 (1) 198 complaints were received which fell outside the legislation. These complainants receive a response but in most cases it is inappropriate to carry out an independent investigation. Complainants wishing to take their complaints further have the right to contact the Local Government Ombudsman. The largest group of non-statutory complaints were from relatives who were not directly affected by the service and with whom information could not be shared. Non-statutory complaints from parents were about processes such as child protection investigations or were disputing decisions taken by, or the role of the Local Authority in, a court of law.

Which Customer Groups made the complaints:-

20 (1) Statutory complaints

Originator	**2008/9**	**2009/10**	**2010/11**	**2011/12**
Child or young person	29	26	36	29
Parent	116	149	191	230
Close relative	31	8	17	20
Carer	5	5	3	8
Foster carer	5	4	10	11
Other	0	1	3	0
Legal representative	4	4	4	6
Prospective adopter	2	1	0	0
Special Guardian	1	0	3	0
Total	*193*	*200*	*267*	*305*

(2) The number of complaints received from children or young persons has decreased as a proportion of total complaints received which is disappointing.

The types of complaints made

21 (1) This section sets out the issues raised by complainants: what the complaints were about. Most complaints were not upheld but nevertheless provide insight into how people directly affected by services experience them.

Assessment	3
Attitude of staff	32
Behaviour of staff	80
Breach of confidentiality	8
Contact with staff	12
Delay	8
Direct payments	2
Disputed decision	84
Financial assessment	1
Foster carers	9
Housing/accommodation	4
Incorrect information / advice given	2
Incorrect personal information held	4
Lack of information	11
Lack of provision	3
Lack of support	29
Needs not met	4
Other	3
Resource issue	1
Respite care for disabled children	1
Total	*305*

Attitude and behaviour of staff

(2) These complaints include allegations that social workers have shouted, threatened, lied, fabricated evidence, displayed aggression or were biased towards another family member. All complaints are taken seriously and complainants have a right to an independent investigation under the statutory requirements however none was upheld in 2011-12.

(3) It is common for complainants to personalise their disagreement with decisions made or to focus their distress about the situation they find themselves in onto the worker with whom they have most contact. A large number of these complainants requested a change of social worker as the outcome. The complaints reflect a public perception that decisions are taken by individual social workers in isolation and that a change of social worker could result in a different decision. Many of the complaints are in connection with cases in care proceedings or child protection and most linked to decisions to open or close a case, to supervise contact or visit the children.

Delay

(4) The number of complaints about delays remains low for the second year running and shows an improvement over previous years.

Breach of confidentiality

(5) This was a serious cause for concern in 2010/11 however the number of complaints in 2011-12 reduced by more than half. The mistakes made in 2011-12 that gave rise to the complaints did not carry such serious consequences as the breaches identified in the previous year. The complaints received did indicate some failure to carry out thorough checks before sending out sensitive documents. Examples are of information sent to the wrong address, a letter to a parent containing information about another family and information wrongly sent to a parent's ex-partner.

Disputed decision

(6) Once again this is the most common subject of complaints from children and young people. As in previous years, more than half of the complaints from children and young people were about proposed placement moves. In a number of cases the young person felt that the proposed move was being made for financial reasons rather than to meet their needs.

(7) Three complaints were from homeless or former homeless young people. This is a reduction from the previous year when we were receiving complaints about young people who were made homeless before revised Government Guidance was issued in 2010. Two of the complaints in 2011-12 were resolved at stage one of the complaints procedure. The third is under investigation by the Local Government Ombudsman.

(8) Three complaints from asylum seeking young people were about the standard or location of their accommodation and one was about the standard of care provided by former foster carers. Others were about insufficient support, particularly financial support.

(9) Only one complaint was received from a child embarrassed by being interviewed at school. This is an improvement on previous years when insensitive venues for meetings with children have been a cause of a number of complaints.

(10) Most disputed decisions were from parents.

(11) The majority of complaints from parents were about issues relating to children in care and reflect their unhappiness with the situation. Others did not want social work involvement with the family and were disputing the need for intervention. The increase reported last year in complaints from fathers disputing the need to consider the risk to their children once the police have dropped charges or a jury has found them not guilty, continued into 2011-12.

(12) A number of fathers complained that concerns they were trying to raise about their children were not taken seriously and disputed the decision to close the case. A number of estranged parents complained that the social worker was biased in favour of their ex-partners.

Lack of support

(13) Parents, particularly fathers, often complained about a failure to keep them informed and reported feeling ignored. Most complaints about contact with the social worker were also from fathers.

(14) Most of the complaints about lack of support were from parents of disabled children. However there was a reduction in the number complaining that their child did not meet the criteria for a service. There was a marked reduction in the complaints about Occupational Therapy services for disabled children.

The outcome of complaints

22 (1) Some complaints have more than one outcome. For example an upheld complaint will receive an apology and may also lead to practice and policy issues being addressed. It should be noted that "Apology" is recorded only when fault has been identified. Explanation remains the most common outcome of a complaint. "Issue resolved" is recorded when the complainant has agreed resolution, usually in a meeting, before the written reply is sent.

Overall Outcome statutory complaints	**Number**	**%**
Advice	4	1.3%
Apology	56	17.8%
Complaint withdrawn	6	1.9%
Court	3	1.0%
Decision Changed	3	1.0%
Explanation	206	65.4%
Financial Settlement	2	0.6%
Issue Resolved	6	1.9%
Meeting Offered	11	3.5%
No Reply Sent	5	1.6%
Other	1	0.3%
Other Agency Issue	3	1.0%
Other SSD procedural Issue	2	0.6%
Policy Issue Raised	1	0.3%
Practice Issues	6	1.9%
Total	***315***	***100.0%***

(2) The two financial settlements were agreed at a local level. Neither was a complaint referred to the Local Government Ombudsman. Although most complaints resulted in an explanation and were not upheld, most were resolved at stage one of the complaints procedure. 26 were the subject of a stage two investigation.

Details about advocacy services provided under these arrangements

23 (1) It is a requirement for the Local Authority to offer an advocate to a child or young person wishing to make a complaint. In 2011-12 advocacy for Looked After Children was provided by Upfront. Kent has changed the provider in 2012; advocacy for Looked After Children is now provided by Voice. Advocacy for other children wishing to make complaints was provided by Action for Children. Action for Children also operates an independent help-line for children and associated adults to use when they want help in resolving issues at an early stage.

(2) Complaints were received from 31 children and young people. 26 children and young people had the help of an advocate. 21 used the Upfront service, one Shelter, one the National Youth Advocacy Service, one Voice and two used Action for Children. Four children and young people were offered an advocacy service but declined and one complaint was resolved before the letter was sent to the young person.

Compliance with timescales, and complaints resolved within extended timescale

Statutory timescales

24 (1) The Local Authority must consider and try to resolve Stage One complaints within 10 working days of the start date. This can be extended by a further 10 working days where the complaint is considered to be complex.

(2) Timescales have been extended for particularly difficult or complex cases, for example when more than one agency or service is involved or when cases are involved in other processes such as court proceedings and safeguarding procedures. Performance against timescales deteriorated very slightly since the previous year when 80% of statutory complaints were completed within 20 working days.

- 71% of stage 1 acknowledgements were sent out within three working days.
- 44% of stage 1 responses met the 10 day timescale.
- 53% of stage 1 responses met the 20 day (extended) timescale.
- Overall 65% of stage 1 complaints were completed within 20 working days.

(3) The Local Authority should consider Stage Two complaints within 25 working days of the start date (the date upon which a written record of the complaints to be investigated has been agreed) but this can be extended to 65 working days where this is not possible. The complexity of the complaints made a 25 day target unachievable, all were extended and only one Stage Two process was fully completed within 65 working days.

Non-statutory timescales

- 67% of non-statutory complaints were acknowledged within three working days
- 49% of non-statutory complaints met the 20 day timescale.
- 86% of enquiries were acknowledged within three working days.
- 49% of enquiries were completed within 20 working days.

(4) The Local Government Ombudsman has written to say that she has no concerns about Kent's response times to her written enquiries.

Issues Arising from Complaints and Learning the Lessons from Complaints

25 (1) It is frequently the case that a complaint leads to specific actions on a particular case. The lessons summarised in this section are those which should be shared more widely to improve the service to children and their families. They are mainly taken from complaints which were upheld in full or partially, and resulted in an apology, change of decision, change of policy or some other action taken as the direct consequence of a complaint. Some lessons learned came out of stage two investigations and were not always the main issues that complainants themselves had raised.

(2) Most lessons learned were practice issues. The main issues arising were as follows.

- Case recording continues to be a problem and a contributory factor in complaints that are upheld. Some complaints have been upheld because of a lack of evidence on the child's file. Concerns have been raised in a number of cases about the failure to be able to explain a child's story to them should they wish to see their files in future in order to understand, for example, how they came into care or why a placement broke down. The lack of clarity in recording was highlighted as a problem in some stage 2 investigations for example statements made in assessments which were ambiguous or included without sufficient explanation or analysis. Stage 2 investigators often cited ICS as a contributory factor.

- The quality of written work in general appears to be an issue and there were some complaints about wrong standard letters being used.

- Communication also continues to be an issue arising from complaints. While not always the issue raised by the complainant, the failure to explain clearly or to use appropriate words often led to misunderstandings which gave rise to complaints. The number of complaints which are resolved with an explanation suggests that clearer information for families at an earlier stage would be helpful.

- A number of complaints included problems caused by reports and minutes not shared appropriately with sufficient explanation and in a timely manner.

- A few complaints raised the issue about adequate planning for interviews and in one complaint the need for training for social workers in interviewing very young children was highlighted.

Review of the effectiveness of the complaints procedure

27 (1) Kent continues to operate a robust service for people making complaints about children's social services with a strong focus on resolution. The continuing reduction in the proportion of complaints escalating to Stage Two is a positive indication that the emphasis on resolution continued throughout 2011-12. However, the level of training provided for front-line staff and monitoring reports for the management team reduced in the year because of increased demands on the service.

(2) The Customer Care Team monitors complaints by service unit and district. Specific problems were brought to the attention of local managers. Complaints highlighting issues with policies, widespread practice across the county, or serious failings were brought to the attention of the Divisional Management Team.

(3) The practice of using in-house Investigating Officers at Stage Two provides a useful way of sharing practice and lessons learned across the county. However it can be difficult to identify staff able to carry out investigations because of the pressures on staff associated with organisational change. Increasingly qualified staff away from the front line or employed on a sessional basis are acting as Investigating Officers.

(4) Actions needed and practice issues to be disseminated are discussed and agreed at each adjudication meeting held to decide the outcome of a stage 2 investigation. Adjudication meetings were chaired by Head of Service and outcomes shared more widely as appropriate.

(5) The Customer Care Team responded to a number of team/unit requests for information about complaints relating to their services in 2011-12. Information was also made available for the inspection of the Fostering service and for the annual report on the Adoption Service.

(6) A review of the timeliness of written responses to complaints and enquires was carried out in early 2012 and has resulted in improvements in acknowledgment rates. It also identified some areas for improvement, particularly in the route for sign-off and accountability, which are being addressed in the new structure.

Report Conclusion - ADULTS AND CHILDRENS SOCIAL CARE

28 (1) During the reporting period, the Directorate has continued to operate a robust and effective complaints procedure to meet its obligations under the statutory regulations.

(2) The data from complaints is one mechanism available to influence, inform and improve services. People who lodge a complaint should feel assured that the Directorate uses this feedback to implement service developments, as necessary, to benefit both current and future service users.

(3) As changes occur within the Directorate, for example with the significant transformation agenda and with the work on health and social care integration, the complaints monitoring will need to adapt accordingly to ensure customer feedback and insights are used to inform developments.

(4) The Families and social Care Directorate is working with other directorates on a proposal for a single point of access to our customers and their representatives and to have a single complaints process for the Council. This will make it easier and clearer for people to raise concerns with the Council. Within this process it is proposed to retain a specialist FSC quality management team to ensure that complaints about all social care issues are appropriately handled by staff with relevant skills and experience. This will also ensure complaints management continues to be part of the Directorate business and that complaints continue to inform service standards, performance monitoring and service developments.

Recommendations

29. (1) Members are asked to NOTE and COMMENT on the contents of this report.

Ann Kitto, Debra Davidson and Kirstie Willerton, Customer Care Managers
Tel No: 01233 652144 / 0300 333 5928/ 0300 333 5155

Background documents: None

By:	Jenny Whittle, Cabinet Member, Specialist Children's Services
	Graham Gibbens, Cabinet Member, Adult Social Care and Public Health
	Andrew Ireland, Corporate Director, Families and Social Care
To:	**Social Care and Public Health Cabinet Committee 14 September 2012**
Subject:	**Families & Social Care Performance Dashboards – July 2012**
Classification:	Unrestricted

Summary: The Families & Social Care performance reports provide members with progress against targets set for key performance and activity indicators for 2012-13.

Recommendations: Members are asked to COMMENT on the Families & Social Care performance dashboards.

1. Introduction

(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."

To this end, each Cabinet Committee is receiving a performance report.

2. Performance Report

(1) This Report covers performance reporting for FSC and includes the Adult Social Care Dashboard (attached as Appendix A) and the Children's Social Care Scorecard (attached as Appendix B). These include the latest available results for the key performance and activity indicators.

(2) Both the dashboard for Adults Social Care, and the Scorecard for Children's Social Care are currently in use within the Directorate.

(3) 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 Adults Social Care dashboard may evolve as the Transformation Programme takes shape. 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.

(4) Where frequent data is available for indicators the results in the dashboard are shown either with the latest available month (in most cases July 2012) and a year to date figure, or where appropriate as a rolling 12 month figure.

(5) 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 above minimum standard but below target.

(6) It should be noted that for some indicators where improvement is expected to be delivered steadily over the course of the year, this has been reflected in phased targets. Year End Targets are shown in the dashboards but full details of the phasing of targets can be found in the Cabinet approved business plans.

(7) A subset of the indicators in these performance reports is used within the KCC Quarterly Performance Report. The first quarter report for 2012/13 will be presented to Cabinet on the 17th September 2012.

3 Additional Commentary on Children's scorecard

(1) Following comments at the previous Social Care and Public Health Cabinet Committee meeting the following changes have been made to the Children's Social Care Scorecard.

- The performance measures have been numbered for easy reference.
- The previous RAG rating is now shown for all previously reported figures.
- Information relating to performance of Statistical Neighbours has been added.

The Children's scorecard, which has been developed to cover the Children's Services Improvement needs, covers the 45 measures but does not provide commentary. Consequently additional commentary on the scorecard's five broad areas is given below.

(2) **How much are we dealing with?**
The introduction of the Central Duty Team has resulted in a decrease in the number of formal referrals to Children's Social Care and these referrals are currently below the expected level. Kent's activity has been

benchmarked against that of high performing authorities and this has shown that a higher proportion of enquires are being dealt with at the initial contact stage.

The other performance measure currently in 'Red' and moving away from the Target is the number of Children with a Child Protection Plan per 10,000 of the child population. The reductions in the numbers of children with a Child Protection Plan have been greater than expected. The number subject to a Plan in July was 753 which is below the anticipated target of 953. The RAG status is showing as Red as a cautionary measure and further review work is continuing across the Service to ensure that decision making is robust and consistent across the County.

(3) **How long is it taking us?**

Performance is generally good and direction of travel shows continuous improvement for all but two of the measures. For those two that show a decrease in performance levels this is slight: Initial Assessments in progress and outside of timescales increased from 13 in June to 18 in July (but well below the Improvement Notice of 100); and Child Protection Cases which were reviewed in timescale dropped slightly from 99.8% in June, to 99.2% in July. Both these performance measures retain their 'Green' RAG rating.

(4) **How well are we doing it?**

Although performance continues to improve against most of the performance measures, concerns remains about the percentage of case files judged as adequate and the percentage of children not seen as part of initial assessments. Staff and mangers are being challenged on this performance. Additionally, improvements to the Integrated Children's System (ICS) now allows accurate recording of those cases where there is a valid reason for not having seen a child at initial assessment, such as where case complexity warrants moving straight to a core assessment. It is anticipated that both of these actions will result in an improvement in performance.

(5) **Are we achieving good outcomes?**

Of the 12 measures in this Section, 9 are amber (above minimum standards but below targets based on best performing authorities) with the trend broadly showing improvement. Of the remaining 3 measures, 2 are Green and 1 is Red – which is the Percentage of Children becoming subject to a Child Protection Plan for the second or subsequent time. This performance measure includes any child/young person that has been the subject of a CP plan for a second or subsequent time, regardless of the time between those plans. From 2013/14 this measure will change to include only those that have been subject to a previous twelve months. Performance for July 2012 based on the new definition would be 2.7% (8 out of 288 have had a second or subsequent Child Protection Plan with 12 months).

(6) **Are we Supporting our Staff?**
Performance is broadly good and trend is marginal although usage of agency staff remains above target.

The Specialist Children's Service is currently restructuring and, following a robust recruitment process, a number of the new managerial and senior frontline roles have not been filled by staff in the existing structure. This will lead to a further temporary increase in the use of agency staff but in the longer term will ensure a firmer foundation for building a quality service. These vacancies are currently being advertised and a new external campaign aimed at experienced social workers and frontline managers is due to start on 12 September.

4. Recommendations

(1) Members are asked to COMMENT on the Families & Social Care performance dashboards.

5. Contact details

Steph Abbott, Head of Performance for Adult Social Care
01622 221796
steph.abbott@kent.gov.uk

Maureen Robinson, Management Information Service Manager for Children's Services
01622 696328
Maureen.robinson@kent.gov.uk

Background documents: None

Adult Social Care Dashboard

July 2012

Key to RAG (Red/Amber/Green) ratings applied to KPIs

GREEN	Target has been achieved or exceeded
AMBER	Performance is behind target but within acceptable limits
RED	Performance is significantly behind target and is below an acceptable pre-defined minimum *
⇧	Performance has improved relative to targets set
⇩	Performance has worsened relative to targets set

* In future, when annual business plan targets are set, we will also publish the minimum acceptable level of performance for each indicator which will cause the KPI to be assessed as Red when performance falls below this threshold.

Adult Social Care Indicators
The key Adult Social Care indicators are listed in summary form below, with more detail in the following pages. A subset of these indicators feed into the Quarterly Monitoring Report, for Cabinet, and a subset of these indicators feed into the Bold Steps Monitoring. This is clearly labelled on the summary and in the detail.

Some indicators are monthly indicators, some are annual, and this is clearly stated.

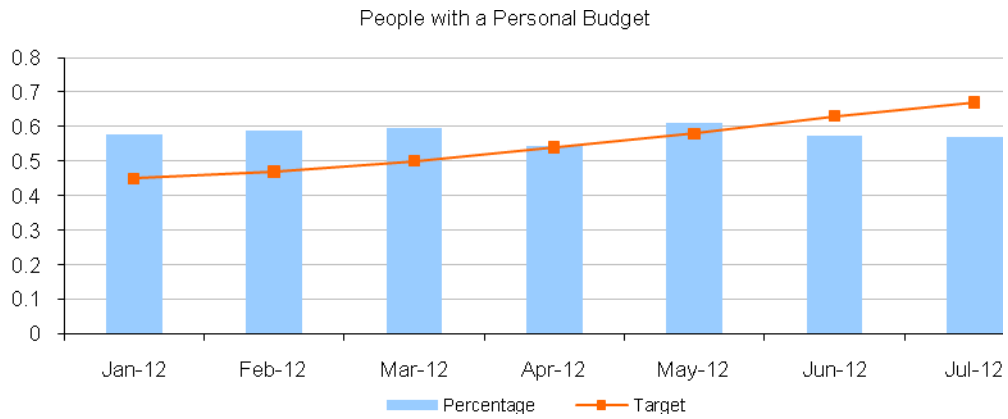
All information is as at may 2012 where possible, with a few indicators still requiring some update, with new targets and indicators being chosen.

Following months will provide all information.

Summary of Performance for our KPIs

Indicator Description	Bold Steps	QPR	2011-12 Out-turn	2012-13 Target	Current Position	Data Period	RAG	Direction of Travel
1. Percentage of adult social care clients with community based services who receive a personal budget and/or a direct payment	Y	Y	59%	100%	**57.17%**	12M	Red	↓
2. Proportion of personal budgets given as a direct payment	Y		24.13%	25%	**26.22%**	12M	Green	↓
3. Number of adult social care clients receiving a telecare service	Y	Y	1032	1100	**1102**	Cumulative	Green	↑
4. Number of adult social care clients provided with an enablement service	Y	Y	612	633	**579**	Month	Amber	↑
5. Percentage of adult social care assessments completed within six weeks		Y	76.68%	75%	**77.5%**	12M	Green	↑
6. Percentage of clients satisfied that desired outcomes have been achieved at their first review		Y	73.6%	75%	**74.71%**	Month	Amber	↓
7. Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services			85.9%	85%	**77%**	Month	Amber	↓
8. Delayed Transfers of Care	Y		5.04	5.40	**5.26**	12M	Green	↓
9. Admissions to Permanent Residential Care for Older People			164	145	**149**	12M	Amber	↑
10. People with Learning Disabilities in residential care	Y		1288	1260	**1279**	Month	Amber	↓
11. Proportion of adults in contact with secondary Mental Health in settled accommodation	Y		62.0%	75%	**83.1%**	Quarterly	Amber	↓

1. Percentage of adult social care clients with community based services who receive a personal budget and/or a direct payment			RED ⇩
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability



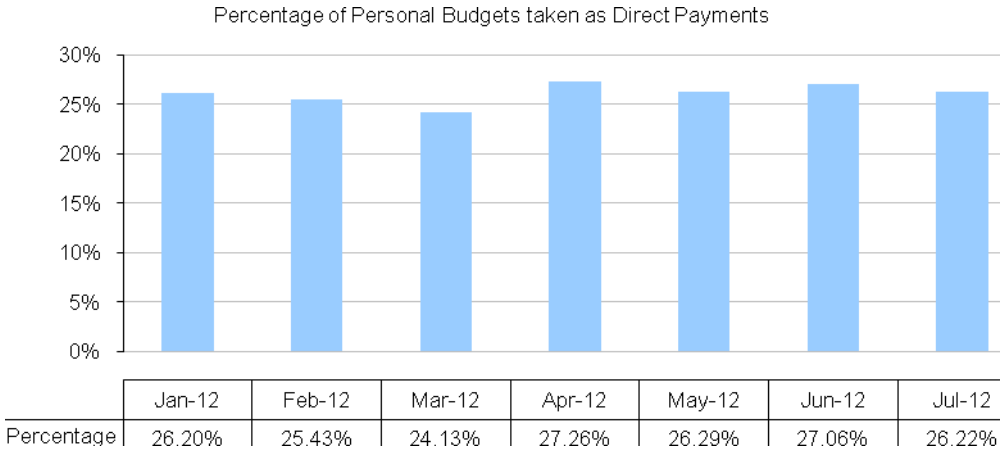
Data Notes.
Units of Measure: Percentage of people with an open service who have a Personal Budget or Direct Payment
Data Source: Adult Social Care Swift client System – Personal Budgets Report

Data is reported as the snapshot position of current clients at the quarter end.

Quarterly Performance Report Indicator Bold Step Indicator

Trend Data	Jan 11	Feb 12	Mar 12	Apr 12	May 12	Jun 12	Jul 12
Percentage	57.9%	59.0%	59.7%	54.3%	60.9%	57.50%	57.17%
Target	**45%**	**47%**	**50%**	**54%**	**58%**	**63%**	**67%**
Client Numbers	10518	10772	11416	10132	10549	10253	10453
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	RED

2. Proportion of Personal Budgets taken as Direct Payments



	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12
Percentage	26.20%	25.43%	24.13%	27.26%	26.29%	27.06%	26.22%

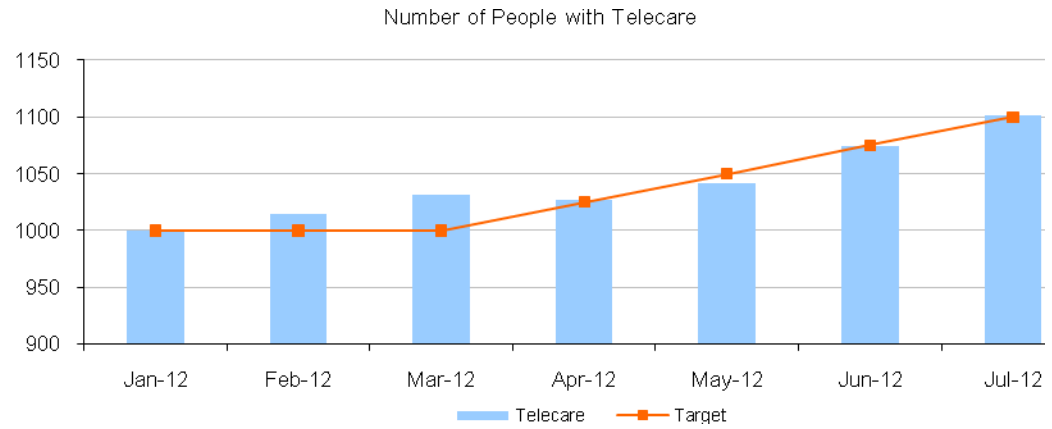
Data Notes.
Units of Measure: Percentage of Personal Budgets taken as a Direct Payment
Data Source: Adult Social Care Swift client System – Personal Budgets & Direct Payments Reports

Bold Steps indicator

Commentary

In line with other Councils and the personalisation agenda, performance continues to improve significantly for personal budgets, with a target for all eligible people to have a personal budget for April 2013. The proportion of people who choose to take these as direct payment fluctuates over time and currently stands at just over 26%

3. Number of adult social care clients receiving a telecare service			GREEN⇧
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability



Data Notes.
Units of Measure: Snapshot of people with Telecare as at the end of each month
Data Source: Adult Social Care Swift client System

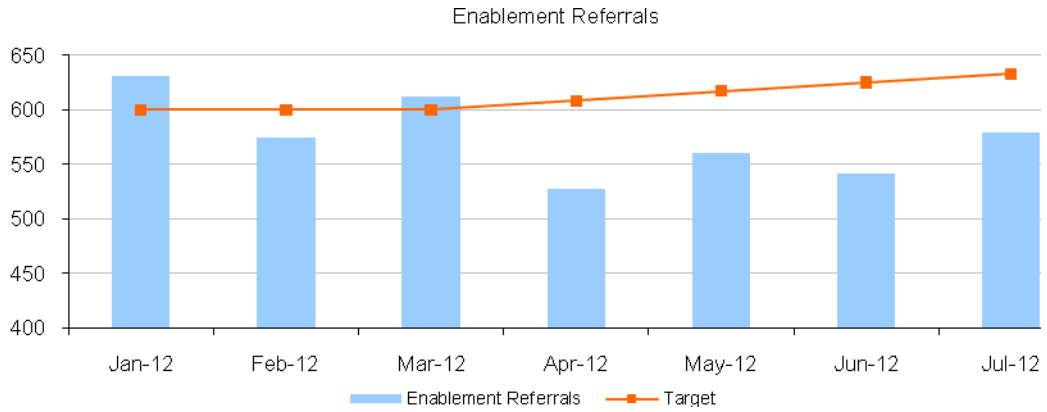
Quarterly Performance Report Indicator
Bold Step Indicator

Trend Data	Jan 12	Feb 12	Mar 12	Apr 12	May 12	Jun 12	Jul 12
Telecare	1000	1014	1032	1027	1042	1074	1102
Target	**1000**	**1000**	**1000**	**1025**	**1050**	**1075**	**1100**
RAG Rating	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN

Commentary

Telecare is now a mainstream service and should be offered to all eligible people at assessment and at review as a means for maintaining independence.

4. Number of adult social care clients provided with an enablement service			AMBER ⇧
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability



Data Notes.
Units of Measure: Number of people who had a referral that led to an Enablement service
Data Source: Adult Social Care Swift client System – Enablement Services Report

Quarterly Performance Report indicator
Bold Steps Indicator

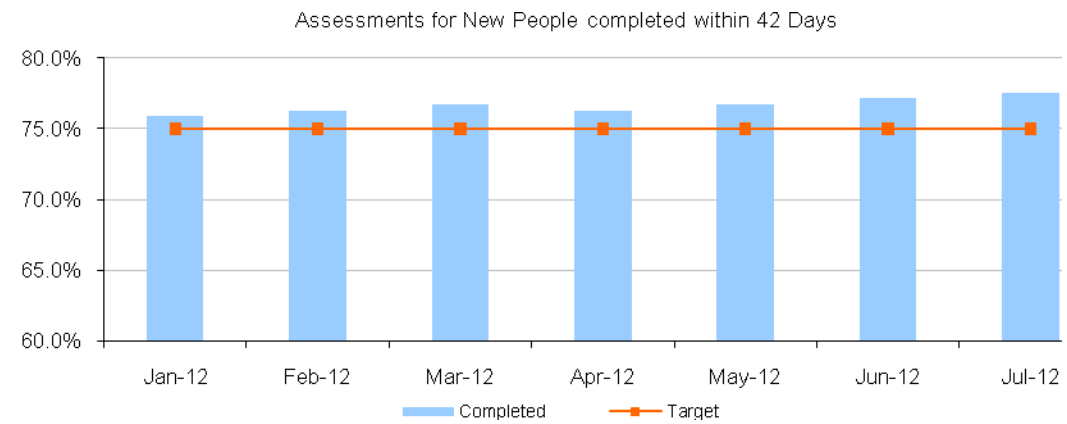
Trend Data	Jan 12	Feb 12	Mar 12	Apr 12	May 12	Jun 12	Jul 12
Enablement Referrals	631	575	612	527	560	542	579
Target	**600**	**600**	**600**	**608**	**617**	**625**	**633**
RAG Rating	GREEN	RED	GREEN	RED	RED	RED	AMBER
% of new Referrals	41.68%	46.78%	45.59%	45.92%	48.21%	36.35%	39.21%

Commentary

Enablement has been in place for over a year to support new client referrals to Adult Social Care. Past performance has shown the expected increase in enablement during its early development phase, with continued increases. The last quarter shows increasing numbers of referrals. All the assessment and enablement teams now have enablement services available for their locality.

The target for 2012/13 is for 700 people per month to received enablement.

5. Percentage of adult social care assessments completed within six weeks			Green ⇧
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability



Data Notes.
Units of Measure: Percentage of assessments completed within 42 Days
Data Source: Adult Social Care Swift client System – Open Referrals without Support Plan Report

Quarterly Performance Report Indicator

Trend Data	Jan 12	Feb 12	Mar 12	Apr 12	May 12	Jun 12	Jul 12
Completed	75.85%	76.22%	76.68%	76.30%	76.75%	77.19%	77.50%
Target	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

The target for 2012/13 remains 75%, this represents an acceptable balance between timely completion of assessments and the provision of enablement to new people.

Commentary

This indicator looks at the timeliness of assessments. The aim of the indicator is not to ensure that assessments are completed more and more quickly – this would be detrimental to the individual if the enablement service was ended too soon.

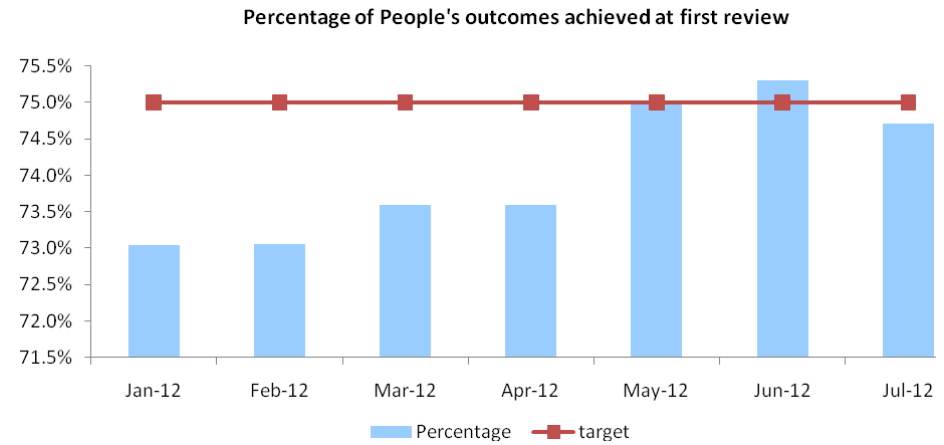
This indicator serves to ensure that we have the right balance between ensuring enablement is delivered effectively and ensuring the whole assessment process is timely. To this end we have reviewed the target and would expect 75% of assessments to be

5. Percentage of adult social care assessments completed within six weeks	Green ⇧

within 6 weeks, and would challenge teams who would be either allowing people to spend too much time in an enablement service, or who were pushing people through the assessment process too quickly.

Factors affecting this indicator are linked to waiting lists for assessments, assessments not being carried out on allocation and some long standing delays in Occupational Therapy assessments. There are also appropriate delays due to people going through enablement as this process takes up to six weeks and the assessment can not be completed until the enablement process is completed

6. Percentage of social care clients who are satisfied that desired outcomes have been achieved at their first review			AMBER ⇩
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability



Data Notes.
Tolerance: Higher values are better
Unit of measure: Percentage
Data Source: Adult Social Care Swift client system

Data is reported as percentage for each quarter.

No comparative data is currently available for this indicator.

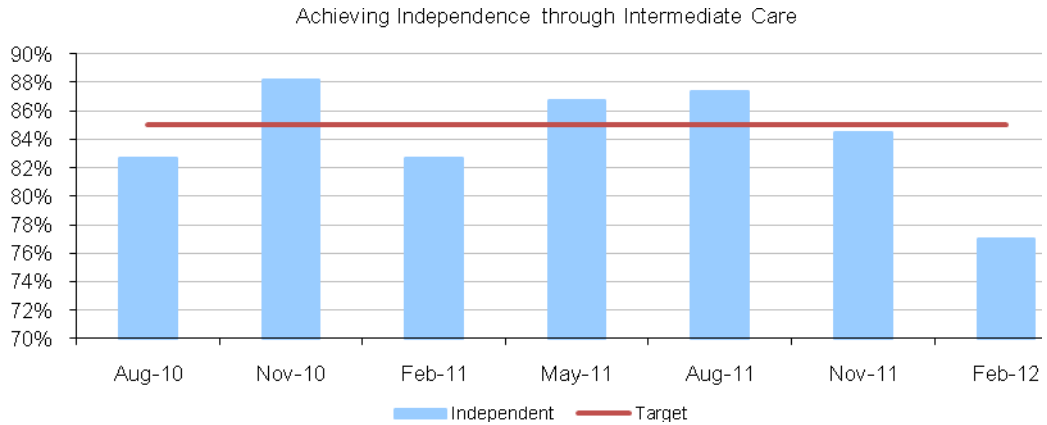
Quarterly Performance Report Indicator

Trend Data	Jan 12	Feb 12	Mar 12	Apr 12	May 12	Jun 12	Jul 12
Achieved	73.0%	73.0%	73.6%	73.6%	75.0%	75.28%	74.71%
Target	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**
RAG Rating	RED	RED	RED	RED	GREEN	GREEN	AMBER

Commentary

The percentage of outcomes achieved has increased from 66% in March 2011 to 74.7% in July 2012. People's needs and outcomes are identified at assessment and then updated at review, in terms of achievement and satisfaction.

7. Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services			AMBER ⇩
Bold Steps Priority/Core Service Area	Support the transformation of health and social care in Kent	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability



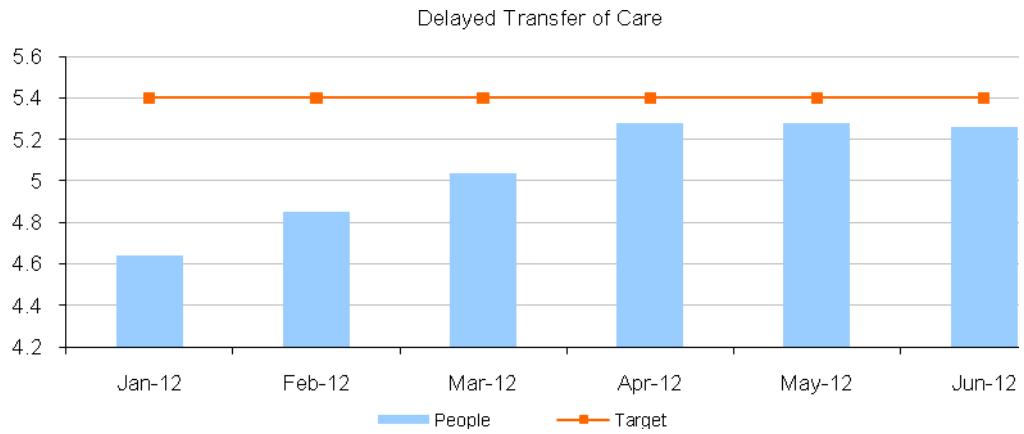
Data Notes.
Units of Measure: Percentage of older people achieving Independence and back home after receiving Intermediate Care following discharge from hospital
Data Source: Manual Data Collection

Trend Data	Aug 10	Nov 10	Feb 11	May 11	Aug 11	Nov 11	Feb 12
Percentage	82.7%	88.1%	82.6%	86.7%	87.4%	84.5%	77%
Target	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**
RAG Rating	RED	GREEN	RED	GREEN	GREEN	AMBER	AMBER

Commentary

This indicator identifies where patients are three months after receiving intermediate care and relies on health and social care data being compared. There are about 400 referrals a month which are supported from hospital and into intermediate care. February data continues to be just below the target position.

8. Delayed Transfers of Care			GREEN ⇧
Bold Steps Priority/Core Service Area	Support the transformation of health and social care in Kent	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability



Data Notes.
This indicator is displayed as the number of delays per month as a rate per 100,000 population.

Bold Step Indicator

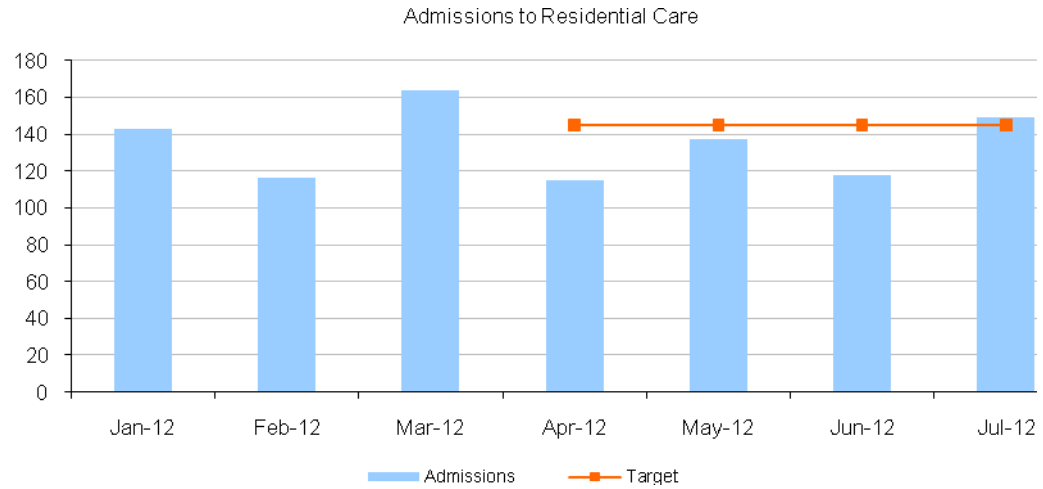
Trend Data	Jan 12	Feb 12	Mar 12	Apr 12	May 12	Jun 12
People	4.64	4.85	5.04	5.28	5.28	5.26
Target	**5.40**	**5.40**	**5.40**	**5.40**	**5.40**	**5.40**
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Number of Delayed Discharges

Commentary

Delay transfers can be affected by many factors, mainly client choice and health based reasons. Whilst there are ongoing pressures to find social care placements, these have been eased with support such as intermediate care, and step down beds.

9. Admissions to Permanent Residential Care for Older people			AMBER⇧
Bold Steps Priority/Core Service Area	Support the transformation of health and social care in Kent	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability



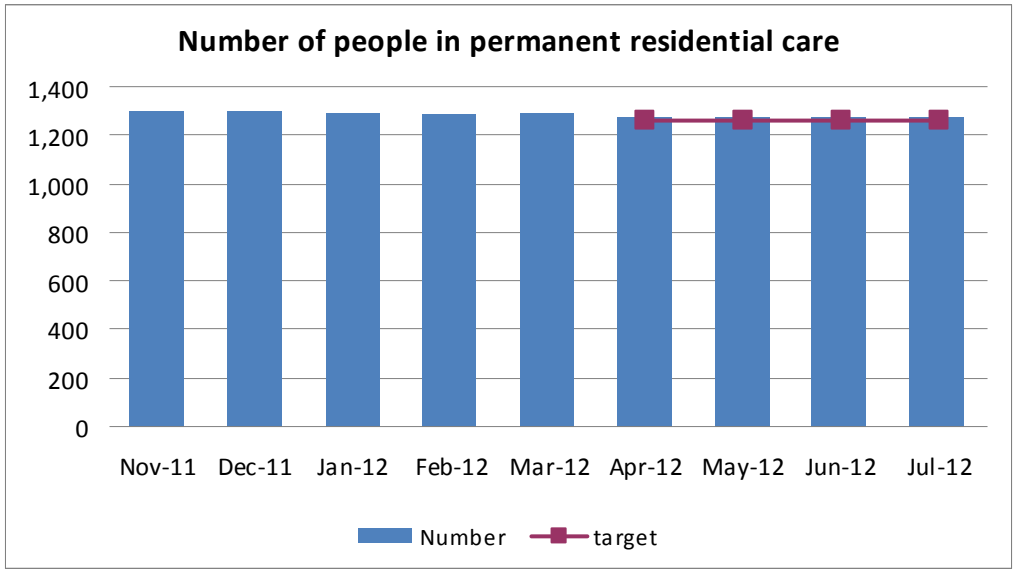
Data Notes.
Units of Measure: Older People placed into Permanent Residential Care per month.
Data Source: Adult Social Care Swift client System – Residential Monitoring Report

Trend Data	Jan 12	Feb 12	Mar 12	Apr 12	May 12	Jun 12	Jul 12
Admissions	143	116	164	115	137	118	149
Target				**145**	**145**	**145**	**145**
RAG Rating				GREEN	GREEN	GREEN	AMBER

Commentary

It is clearly an objective to admit fewer people to permanent care, and with the ongoing use of residential panels across the county, it is the intention to keep permanent admissions lower than 145 per month. This also supports the objectives of the transformation programme.

10. People with Learning Disabilities in residential care			AMBER⇩
Bold Steps Priority/Core Service Area	Improve services for the most vulnerable people in Kent	**Bold Steps Ambition**	To tackle disadvantage
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	Learning disability



Data Notes.
Units of Measure: Number of people with a learning disability in permanent residential care as at month end.
Data Source: Monthly activity and budget monitoring.

Bold Steps Indicator

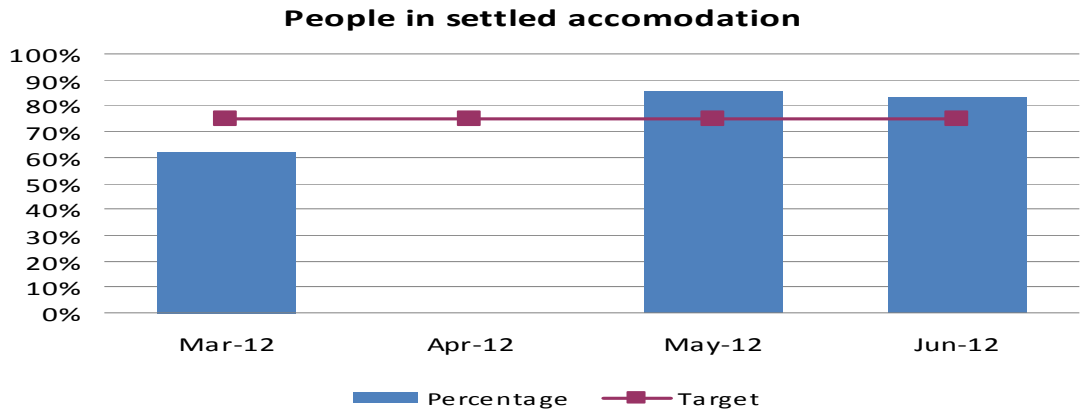
Trend Data	Jan 11	Feb 12	Mar 12	Apr 12	May 12	Jun 12	Jul 12
Admissions	**1,297**	**1,285**	**1,289**	**1,278**	**1275**	**1278**	**1279**
Target				**1260**	**1260**	**1260**	**1260**
RAG Rating				AMBER	AMBER	AMBER	AMBER

Commentary

As part of ensuring that as few people as possible are supported via permanent residential care, more choice is available for people to be supported through supported accommodation, adult placements and other innovative support packages which enable people to maintain their independence. This will continue to be developed as the transformation programme is embedded.

11. Proportion of adults in contact with secondary Mental Health services living	

independently, with or without support			
Bold Steps Priority/Core Service Area	Improve services for the most vulnerable people in Kent	**Bold Steps Ambition**	To tackle disadvantage
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	People with Mental Health needs



Data Notes.
Units of Measure: Proportion of all people who are in settled accommodation
Data Source: KPMT – quarterly

Bold Step Indicator

Trend Data	Jan 11	Feb 12	Mar 12	Apr 12	May 12	Jun 12	Jul 12
Percentage			62%		85.9%	83.1%	
Target				**75%**	**75%**	**75%**	**75%**
RAG Rating					GREEN	GREEN	

Commentary

This has been included for the first time, including data from KPMT and will be updated on a quarterly basis. Settled accommodation "Refers to accommodation arrangements where the occupier has security of tenure or appropriate stability of residence in their *usual* accommodation in the medium- to long-term, or is part of a household whose head holds such security of tenure/residence."
It provides an indication of the proportion of people with mental health needs who are in a stable environment, on a permanent basis.

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Scorecard - Kent, inc UASC

Jul 2012

ID	Indicators	Polarity	Data Period	Current					Previously reported result	Target for 12/13	Comparative Data		
				Latest Result and RAG Status		Num	Denom	Direction of Travel (DoT)			Kent Published Outturn	National Average	Statistical Neighbour Average
											2010-11	2010-11	2010-11
	HOW MUCH ARE WE DEALING WITH ?												
A1	Number of CAFs completed per 10,000 population under 18	H	Rolling 12 Months	62.0	R	1937	312597	↓	64.4	77.2			
A2	Number of Referrals per 10,000 population under 18	T	Rolling 12 Months	397.4	R	12422	312597	↓	430.4	543.7	722.8	556.8	584.1
A3	NI 68 - Percentage of Referrals going on to Initial Assessment	T	YTD	95.6%	R	3164	3308	↑	95.9%	69.5%	57.0%	72.0%	67.2%
A4	Number of Initial Assessments per 10,000 population under 18	T	Rolling 12 Months	378.4	A	11830	312597	↓	403.2	426.1	411.7	399.1	379.4
A5	Number of New & Updated Core Assessments per 10,000 population under 18	T	Rolling 12 Months	368.7	R	11524	312597	↑	383.8	236.0	216.9	167.3	139.5
A6	Number of S47 Investigations per 10,000 population under 18	T	Rolling 12 Months	152.9	R	4780	312597	↑	170.0	106.4	185.0	101.0	94.5
A7	Percentage of S47 Investigations proceeding to Initial CP Conference	T	YTD	30.8%	R	316	1027	↑	30.1%	44.5%			
A8	Number of Initial CP Conferences per 10,000 population under 18	T	Rolling 12 Months	41.2	G	1288	312597	↑	43.7	42.3	55.4	48.0	42.6
A9	Number of CIN per 10,000 population under 18 (includes CP and LAC)	T	Snapshot	277.6	G	8679	312597	↓	280.8	280.0	387.6	346.2	324.8
A10	Numbers of Children with a CP Plan per 10,000 population under 18	T	Snapshot	24.1	R	753	312597	↓	25.3	30.5	51.6	38.3	34.5
A11	Children looked after per 10,000 population aged under 18 (Excludes Asylum)	T	Snapshot	51.3	G	1605	312597	↑	52.0	47.5	54.0	59.0	50.7
A12	Number of Looked After Children with a CP plan.	L	Snapshot	28	G			↓	24	30			
A13	Numbers of Unallocated Cases for over 28 days (Business)	L	Snapshot	0	G			↑	2	0			
	HOW LONG IS IT TAKING US ?												
B1	NI 59 - Percentage of IA's that were carried out within 7 working days of referral	H	YTD	87.4%	G	2766	3164	↑	85.9%	78.8%	54.0%	64.3%	57.4%
B2	Initial Assessments in progress outside of timescale	L	Snapshot	18	G			↓	13	100			
B3	(NI 60) - Percentage of Core Assessments that were carried out within timescale	H	YTD	83.9%	G	2882	3436	↑	82.9%	83.2%	72.2%	75.1%	68.6%
B4	Core Assessments in progress outside of timescale	L	Snapshot	43	G			↑	44	100			
B5	NI 67 - Child protection cases which were reviewed within required timescales	H	YTD	99.2%	G	528	532	↓	99.8%	98.0%	96.3%	97.1%	98.8%
B6	NI 66 - Looked after children cases which were reviewed within required timescales	H	YTD	97.9%	A	1670	1706	↑	97.9%	98.0%			
	HOW WELL ARE WE DOING IT ?												
C1	Percentage of Case File Audits judged adequate or better	H	YTD	71.4%	R	257	360	↓	72.6%	85%			
C2	Percentage of open cases with Ethnicity recorded (excludes unborn)	H	Snapshot	99.2%	G	8462	8530	↑	98.9%	98%	92.3%	94.4%	91.6%
C3	Percentage of Children seen at Initial Assessment (excludes unborn/progress to strat)	H	YTD	86.8%	A	2196	2530	↓	87.2%	95%			
C4	Percentage of Children seen at Core Assessment (excludes unborn)	H	YTD	98.0%	G	3196	3260	↑	97.8%	95%			
C5	Percentage of Children seen at Section 47 enquiry (excludes unborn)	H	YTD	95.7%	G	930	972	↑	95.2%	95%			
C6	Percentage of CP Visits held within timescale (Current CP only)	H	Snapshot	82.5%	A	5527	6700	↑	81.0%	90%			
C7	Percentage of Looked After Children aged 5 to 16 with a Personal Education Plan (PEP)	H	Snapshot	91.1%	A	988	1084	↑	90.2%	95%			
C8	Participation at Looked After Children Reviews	H	YTD	94.6%	A	1285	1358	↓	95.3%	95%			
C9	Children subject to a CP Plan not allocated to a Qualified Social Worker	L	Snapshot	0	G			→	0	0			

Scorecard - Kent, inc UASC

Jul 2012

ID	Indicators	Polarity	Data Period	Current					Previously reported result	Target for 12/13	Comparative Data		
				Latest Result and RAG Status		Num	Denom	Direction of Travel (DoT)			Kent Published Outturn	National Average	Statistical Neighbour Average
											2010-11	2010-11	2010-11
C10	Looked After Children not allocated to a Qualified Social Worker	L	Snapshot	0	G			↑	3	0			
	ARE WE ACHIEVING GOOD OUTCOMES ?												
D1	Percentage of referrals with a previous referral within 12 months	L	YTD	24.7%	G	818	3308	↑	25.0%	25.8%		25.6%	24.4%
D2	NI 65 - Percentage of children becoming the subject of a CP Plan for a second or subsequent time	T	YTD	26.5%	R	76	287	↓	25.8%	13.4%	14.5%	13.3%	13.4%
D3	NI 64 - Child Protection Plans lasting 2 years or more at the point of de-registration	L	YTD	8.3%	A	40	484	↑	10.1%	6.0%	11.3%	6.0%	5.8%
D4	Percentage of Current CP Plans lasting 18 months or more	L	Snapshot	12.9%	A	97	753	↑	13.3%	10.0%			
D5	NI 62 - LAC Placement Stability: 3 or more placements in the last 12 months	L	Snapshot	10.3%	A	186	1811	↑	10.6%	8.1%	8.0%	10.7%	10.4%
D6	NI 63 - LAC Placement Stability: Same placement for last 2 years	H	Snapshot	72.2%	A	311	431	↑	71.9%	75.7%	71.5%	68.6%	67.1%
D7	Percentage of Looked After Children in Foster Care currently placed within 10 miles from home	H	Snapshot	62.2%	A	729	1172	↑	61.3%	65%			
D8	LAC Dental Checks held within required timescale	H	Snapshot	87.5%	A	1397	1596	↑	87.0%	90.0%	62.7%	83.3%	76.3%
D9	LAC Health assessments held within required timescale	H	Snapshot	90.6%	G	1446	1596	↑	89.1%	90.0%	62.7%	83.3%	76.3%
D10	Percentage of Looked After Children placed for adoption within 12 months of agency decision	H	YTD	78.8%	A	26	33	↓	79.3%	85.0%			
D11	Percentage of Children leaving care who were adopted	H	YTD	11.5%	A	31	270	↓	11.9%	13%	8%	11%	11.2%
D12	Percentage of Children leaving care who were made subject to a SGO	H	YTD	4.8%	A	13	270	↑	4.5%	6.3%			
	ARE WE SUPPORTING OUR STAFF ?												
E1	Percentage of caseholding posts unfilled (100% - QSW inc Agency Posts)	L	Snapshot	2.2%	G			↑	-0.3%	10%			
E2	Percentage of caseholding posts filled by agency staff (Agency Staff ÷ Establishment)	L	Snapshot	14.9%	A	64.4	431.7	↓	14.7%	10%			
E3	Percentage of caseholding posts filled by Qualified Social Workers (QSW posts exc Agency ÷ Establishr	H	Snapshot	82.9%	A	358.0	431.7	↓	85.6%	90%			
E4	Average Caseloads of social workers in fieldwork teams	L	Snapshot	19.9	G	422.4	8420	↓	19.8	20			

PERFORMANCE SUMMARY

As at 31/07/2012, Kent, inc UASC has 19 indicators rated as Green, 17 indicators rated as Amber and 9 indicators rated as Red. When comparing performance from last month to this month, 27 indicators have shown an improvement, 1 indicator has remained the same and 17 indicators have shown a reduction.

By: Graham Gibbens, Cabinet Member Adult Social Care and Public Health

Meradin Peachey, Director of Public Health

To: Social Care and Public Health Cabinet Committee – 14 September 2012

Subject: **Health Improvement Programmes Performance Report**

Classification: Unrestricted

Summary: **This performance report provides an update of Public Health performance, particularly on the two programmes highlighted specifically in the NHS Operating framework (Health Checks and Stop smoking Services) and also the services that are mandated.**

1. Introduction

Part of the NHS reforms is the move of Public Health to the local upper tier Local Authority, and the move to the Local Authority of a ring fenced budget for health improvement.

This report shows performance to date on the majority of Public Health: Health Improvement programmes which will move to Kent County Council from 1st April 2013

The report is presented in a dashboard style, with the individual performance targets RAG (red, amber, or green rated)

3 Exception Reports

1. Smoking Quits

Data presented is for progress to date for Quarter One of the new financial year.

Work continues with the provider Kent Community Health NHS Trust (KCHT) to ensure the problems referred to at the July Committee meeting are addressedand the service meets its target.

A verbal update will be given as Q1 submission is due on the 8th September 2012.

2. Health Checks

The target set for the service with the SHA continues to be challenging for 2012/13 with quarterly projections highest in the first two quarters of the new financial year (these are based on evidence of uptake in longer

running programmes). The east of the county are now achieving both the number of invites target and the number of health checks received target, the west continue to work to get the number of practices involved and started

Health Checks is a five year rolling programme with the expectation that 20% of the total cohort eligible for a health check will have been offered a health check annually. Thus it will take five years for us to reach the 100% mark

Full investment by both NHS Eastern and Coastal Kent and NHS West Kent for 2012/13 means that we should reach the target agreed with the SHA.

Again, we are working closely with providers, especially GPs to ensure we reach the 2012/13 target.

3. Breast Feeding Initiation

There has been a drop in both coverage and rates in quarter one of this financial year. This is due to a data reporting issue in the east of the county. We are working with the provider to resolve and expect Q2 data to be better.

4. Recommendations

Members are asked to note the report.

Contact details – Andrew Scott-Clark
Director of Health Improvement (KCC)
Andrew.scott-clark@eastcoastkent.nhs.uk

Background information Nil

Kent Public Health Department

Public Health Performance Report Dashboard

	Programme	Target	Achieved	RAG
1	**Smoking Quits**			
	Nos of people successfully quitting: Annual Target			
	Nos of people successfully quitting: Progress (24Aug12) against Q1 Target	2,007	1,578	A
	Service delivered by Kent Community Healthcare NHS Trust, target agreed with Public Health and relates to people who have set a quit date and suceesfully quit at the four week follow up			
	Service runs across the financial year, data runs 10 weeks in arrears			
2	**Health Checks**			
	Number of Invites for Health Checks	26,838	15,281	R
	Number of Health Checks completed	7,515	6,864	A
	Service delivered by numerous providers, with GP practices being the fundamental building block of the programme. The programme is a five year rolling programme for 40 to 74 year old people who are invited for a vascular health check once every five years, except if they are already on a vascular disease register	Q1 Submission		
	Service runs across the financial year, data runs six weeks in arrears			
3	**Sexual Health**			
	GUM Access	95%	98%	G
	Chlamydia Screening Uptake rate	35%	6.13%	R
	Chlamydia Screening Positivity	7%	6.40%	A
	Access to Genito-Urinary Medicine is an important element in reducing the rise in the incidence and prevalence of sexually transmitted disease; the target is 95% of patients offered an appointment to be seen within 48 hours. Chlamydia screening is an opportunistic screening programme targeting sexually active people aged between 15 and 24 years. Emphasis of the programme has been on Uptake rate with a national target of 35% of the eligible population. Emphasis in future years is to be based on positivity ensuring individuals at risk are screened.	progress for Q1 2012/2013		
	Service runs across the financial year, data runs 8 weeks in arrears			
4	**National Childhood Measurement Programme**			
	Measurement Reception Year	85%	94%	G
	Measurement Year 6	85%	95%	G
	The National Child Measurement Programme (NCMP) is an annual programme to measure the height and weight of all children in Reception and Year 6. The aim of the programme is to provide the national statistics on obesity within the two cohorts with a target of measuring at least 85% of eligible children, and to provide direct feedback to parents on their children's healthy weight	2011 to 2012 outturn		
	The service runs over the acdemic year, with the service uploading to a national data repository			
5	**Healthy Schools***			
	Achievement of Healthy School Status	98%	97%	A
	Engagement in the enhancement model	40%	48%	G
	Healthy Schools is undergoing review with the service currently to look at a future model of delivery which supports reduction in teenage conceptions, reduces young people's smoking and susbstance misuse prevalence, reduction of unhealthy weight together with emotional health and wellbeing*	2011 to 2012		
	The service runs over the acdemic year.			
6	**Breast Feeding Initiation**			
	coverage rates (the percentage of ascertainments of breast feeding status)	95%	89%	A
	6-8 week breastfeeding rates (prevalence)	46%	38%	A
	Breastfeeding newborn babies is evidenced to improve long term outcomes, for both mother and baby; this target measures both the ascertainment of breastfeeding status and the prevelance of initiation and maintainence of breastfeeding for 6-8 weeks. The 6-8 week target is relatively new and has required detailed work with midwives, health visitors and GP practices to ensure robust reporting	Q1 2012-2013		
	The service runs over the financial year, data runs two months in arrears			
7	**Health Trainers**			
	Number of new contacts	350	684	G
	The Health Trainers Programme is commissioned to help people in our most deprived communities to develop healthier behaviour and lifestyles. HTs offer practical support to change individual's behaviour to achieve their own choices and goals. This involve encouraging people to: stop smoking, participate in increased physical activity eat more healthily, drink sensibly and/or practice safe sex. The service not only seeks new clients, but ensures existing clients have personalised written care plans and, where appropraite, are signposted to other services.	Q1 2012-2013		
	Service runs across the financial year, data runs 6 weeks in arrears			

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By: Jenny Whittle, Cabinet Member for Specialist Children's Services
Andrew Ireland, Corporate Director, Families and Social Care
Maggie Blyth, Independent Chair of Kent Safeguarding Children Board

To: **Social Care & Public Health Cabinet Committee, 14 Sept 12.**

Subject: **Kent Safeguarding Children Board – 2011/12 Annual Report**

Classification: **Unrestricted**

Summary: The attached annual report from Kent Safeguarding Children Board describes the progress made in improving the safeguarding services provided to Kent's children and young people over 2011/12, and outlines the challenges ahead over the next year.

Recommendations: Cabinet Committee is asked to COMMENT on the progress made and NOTE the 2011/12 Annual Report attached

1. Introduction

(1) The 2011/12 Annual Report has been produced and agreed by Kent Safeguarding Children Board. Current Government guidance captured in Working Together to Safeguard Children (2010) sets out the requirement introduced through The Apprenticeship, Skills, Children and Learning Act 2006 for Local Safeguarding Children Boards to produce and publish an annual report. This report should provide an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of children, set against a comprehensive analysis of the local area safeguarding context.

(2) The annual report should also demonstrate the extent to which the functions of the Local Safeguarding Children Board are being effectively discharged, including an assessment of policies and procedures to keep children safe.

(3) In the proposed revisions to Working Together recently issued by the Department for Education for consultation (June 2012) it is recommended that once the report is published it should be submitted to the Chief Executive and Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

(4) The annual report was discussed by County Council on the 19 July and the Council noted the report with thanks. Subsequently at the agenda setting for this meeting, there was a request for the annual report to also come to the Social Care & Public Health Cabinet Committee so that could be a more detailed discussion by members.

2. The 2011/12 Annual Report

(1) The report details good progress with key performance indicators in relation to caseloads, inappropriate referrals and the number of children with child protection plans all reducing. They are now below average compared to Kent's statistical neighbours. This is very different to eighteen months ago.

(2) As the report indicates although there is improvement in the quality of information being shared by practitioners across different sectors such as social work, policing, schools and health care, there is still some way to go in ensuring that all children get the right help at the right time and there is a common understanding of thresholds across the child protection partnership.

(3) There has been significant progress over the last 12 months in consolidating the safeguarding partnership, through three key areas – clarifying governance arrangements; ensuring all professionals working with children have clear information on thresholds, eligibility and assessment processes for child protection support; and the development of a new quality assurance framework. This means Kent Safeguarding Children Board is better placed to know what works well in protecting children in the County and the areas that still need improving.

(4) Specific challenges are highlighted around action taken to learn lessons from cases when things go wrong and where children are the subject of neglect, harm or abuse from their carers or other adults around them. Kent agencies are committed to transparency and openness in publically sharing the recommendations arising from Serious Case Reviews and the progress against actions taken. KSCB will require assurance from all Kent agencies that actions following SCRs are properly monitored and progress evidenced.

(5) Additionally, the work of supporting Kent's 1,804 looked after children (including 186 unaccompanied asylum seeking children), as well as the 1,248 looked after children placed by other local authorities in the county, is placing massive pressures on public agencies responsible for supporting vulnerable children in Kent, including children's social services, schools, police, and health services. KSCB will require evidence that Kent agencies are adequately able to care for all children placed in certain areas such as Thanet.

3 Conclusions

(1) The national Munro Review completed in 2011 provides a new focus on child protection. Professor Munro has provided her own analysis of how swiftly improvements are happening. Kent agencies have worked hard over the past year to address key failings in protecting children across the County.

(2) However, when drilling down into the detail, it is clear that Kent Safeguarding Children Board must continue to improve its own quality assurance of Kent agencies and be confident to provide challenge, when action is not taken swiftly to protect children. Further improvement is needed to really know how good Kent is in protecting the most vulnerable children across the entire county.

4. Recommendations

(1) Cabinet Committee is asked to:

(a) COMMENT on the progress and improvements made during 2011/12, as detailed in the Annual Report from Kent Safeguarding Children Board

(b) NOTE the 2011/12 Annual Report attached

Contact details

Julie Gethin
Interim Programme Manager
Kent Safeguarding Children Board, Families and Social Care
01622 694852
julie.gethin@kent.gov.uk

Background Documents: None

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Kent Safeguarding Children Board

Annual Report 2011 -2012

KSCB

SAFEGUARDING THE CHILDREN OF KENT

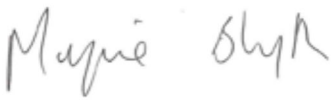
2

March out-turn figures were provisional at the time this report was compiled, pending submission of the statutory returns for Specialist Children's Services

Foreword by the Independent Chair

I am pleased to introduce the annual report for Kent Safeguarding Children Board 2011/12. I took up post as Independent Chair of the partnership that has oversight of child protection arrangements in Kent during this year and have been impressed by the determination and enthusiasm of all key partners to improve services for the most vulnerable children and young people in Kent. As this report indicates although there is improvement in the quality of information being shared by practitioners across different sectors such as social work, policing, schools and health care, we still have some way to go in ensuring that all children get the right help at the right time.

Furthermore, we must persevere in efforts to learn lessons from cases when things do go wrong and where children are the subject of neglect, harm or abuse from their carers or other adults around them. I am pleased that Kent agencies are committed to transparency and openness in publically sharing the recommendations arising from Serious Case Reviews and the progress against actions taken. I hope we can demonstrate over the following years continuing improvement and clarity over the complex challenges that will remain in ensuring we properly safeguard our children in Kent.



Maggie Blyth,
Independent Chair, KSCB

Foreword by the Leader of Kent County Council, Paul Carter

I very much welcome the format of the new KSCB annual report and the open, direct and frank way that the document addresses the difficult and challenging issues that children's safeguarding entails.

Clearly we are making very good progress, and it is enormously pleasing to see the primary indicators going in the right direction - caseloads are continuing to reduce, inappropriate referrals are coming sharply down and the number of children with a child protection plan is now below average to our statistical neighbours(very different to eighteen months ago). Transforming Children's Services remains our top priority and we have delivered on our promise that the necessary financial investment will be made to turn the services around, with some £23m of additional resources put into the service last year.

Our cabinet member, Jenny Whittle is right in highlighting the need to focus on getting all agencies that have a role in safeguarding to work together as a collective. Our ambition in future months is to deliver much greater coherence in the plethora of support services working with vulnerable families, bringing practitioners to work together in teams around the family and likewise integrated support teams for vulnerable adolescents.

This will be a major focus for the agencies involved, particularly so with health providers using the opportunities the health reform agenda will bring - with the aim to deliver a whole new range of community health and preventative services. The prospect of the national health service commissioning board investing in a whole new army of health visitors alongside community based Children's Centres brings new valuable opportunities. Kent having been chosen by national government as one of the 16 pilot authorities in the Troubled Families initiative will bring urgency and the need for innovation to the fore. This new integrated,

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coherent, preventative agenda will play an increasingly vital part in being able to manage back down the number of children into care.

As we move forward, we must have renewed focus on the quality of services provided to looked after children. Our qualitative measures of performance will be centred on engaging with and listening to the children and young people and their carers, who are at the heart of what we do. Elected members have a key role to play as corporate parents and KCC's increasing shift to a localist approach will bring significant new opportunities.

Paul Carter,
Leader of Kent County Council

Introduction

In May 2011 an independent review was completed into the child protection system across the whole of the country. In response, the government has stated that Local Safeguarding Children Boards have a "unique, system-wide, role to play in protecting children and young people".

In Kent we have worked hard over the past year to improve the ability of all of Kent's statutory agencies and local communities to protect and promote the wellbeing of children in the county.

Local Safeguarding Children Boards have a "unique, system-wide, role to play in protecting children and young people"

Kent's 2010 Ofsted inspection report of safeguarding and looked after children raised concerns about the effectiveness of the statutory partnership to protect children in Kent. It was critical of KSCB for not holding agencies to account.

There has been significant progress over the last 12 months in consolidating the safeguarding partnership, through three key areas – clarifying the KSCB's governance arrangements; ensuring that all professionals working with children understand what are known as thresholds, eligibility and assessment processes for child protection support; and the development of a new quality assurance framework. We are now much better placed to know what works well in protecting children in Kent and the areas that still need improving.

"The KCSB has improved immeasurably in bringing partners around the table and having focused agendas. Going forward there needs to be a tighter focus on holding partners to account"

Councillor Jenny Whittle

There has been substantial activity to establish a robust partnership framework for child protection in Kent to ensure overall scrutiny of performance during 2011/12.

However over the year we have realised that further challenge is required if all agencies working with children are able to evidence how they protect all children all of the time.

On a positive note work because of improved multi-agency work across the partnership, Kent has reduced its previous high numbers of children with a child protection plan to a level below the average of our statistical neighbours. However, we also know from audits we have undertaken looking at referrals into Specialist Children's Services that different professionals working with children have different expectations about what constitutes a child at risk. As a result of our analysis of different approaches in Kent we think that sometimes agencies are slow to share information about children at risk. This means it is not always possible to consider what would be the best support for a child, young person and their family/carers at any given time. This is an area which KSCB will be retaining a focus on over the coming months.

March out-turn figures were provisional at the time this report was compiled, pending submission of the statutory returns for Specialist Children's Services

Chapter 1
How safe are our children and young people in Kent?

There are just over 310,000 children and young people living in Kent, making up 22% of the population.

It is impossible to offer a complete picture of the children whose safety is at risk in Kent because some abuse or neglect may be hidden, despite the best efforts of local services to identify, step in and support children who are being harmed. In Kent, trafficked children who arrive in British ports to be transported throughout the country are vulnerable because their traffickers work hard to keep them 'invisible'. In other cases, families themselves mask abuse or neglect and neighbours may turn a blind eye to a child's need for protection.

That is why the Department for Education 'Working Together' guidance (2010) emphasises the shared responsibility we all have in keeping children safe:

"All organisations need to listen and be responsive to the diverse needs of children, young people and their families and to recognise that safeguarding children and young people from harm must be everyone's business."

It might be helpful to start by looking at the categories of children and young people in Kent who have been identified by the Local Authority and other agencies as in need of protection:

Children with a Child Protection Plan (CPP)

Children who have a child protection plan are considered to be in need of protection from physical abuse, sexual abuse, emotional abuse and neglect. The CPP details the main areas of concern, what action will be taken to reduce those concerns, how the child will be kept safe, and how we will know when progress is being made.

Approximately 86% (as at 31/03/12) of all child protection plans in Kent are categorised as emotional abuse or neglect. Evidence nationally shows that children who grow up in families where there is domestic violence, mental illness and/or parental substance misuse are most likely to be at risk of serious harm. There continue to be low levels of children with plans relating to sexual abuse both nationally and in Kent.

Graph showing the rate of young people in Kent with a child protection plan

Data provided by Management Information, SCS Monthly Report, subject to change following DfE publication in October 2012

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The previous graph shows a steady reduction in the past twelve months of the number of children in Kent with a child protection plan, a continuing decline from the year before. As at end of March 2012, there are 30.6 per 10,000 of the population under 18 in Kent on a child protection plan, meaning Kent have now achieved and exceeded the target of 40.1, the average for Kent's comparable statistical neighbours in 2010-11.

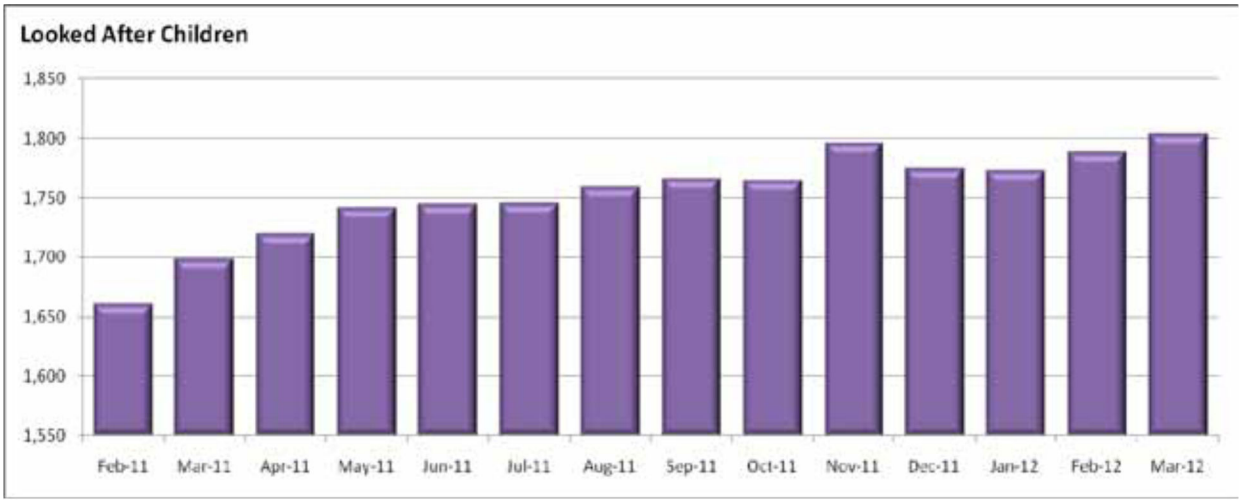
The reduction has largely been achieved during the course of this year because of a sustained focus on ensuring that the right children have plans at the right time. One of the factors that assisted the reduction was de-planning children who were in the care of the local authority where a child protection plan was no longer needed. These children are known as 'Looked After Children' (LAC). Meanwhile, greater scrutiny of existing plans to ensure that only those children who really need to be are referred to specialist children's services has also contributed to the reduction.

Children who are 'Looked After'

To also understand how safe children are in Kent we can look at the number of LAC children. There are currently 1,804 LAC children in Kent, (included in this figure are 186 UASC – Unaccompanied Asylum Seeker Children). Kent also has 1,248* LAC from other local authorities placed within its boundaries. (data true as at 31 March 2012)

Only after exploring every possibility of protecting a child at home will the local authority seek a court decision to move a child away from his or her family. Such decisions, while incredibly difficult, are made when it is the best possible option to ensure the child's safety and wellbeing. Such a move can be the best way to support the family.

Graph showing the number of Looked After young people in Kent



Data provided by Management Information, SCS Quarterly report

The above graph shows that the number of LAC continues to be a challenge in Kent, with a gradual increase over the course of the year (although the numbers do appear to have stabilised overall). This is partly because many of the plans and strategies that aim to reduce these numbers are only just beginning. KSCB will monitor this action during the coming year.

Kent has a high number of children placed in the county by other local authority areas in England. During 2011/12 there were 1,248* children looked after in Kent who are not normally resident in the County. In addition, during 2011/12 there were 136 unaccompanied asylum seeking children who arrived at Kent ports and for whom agencies in Kent provided a service.

* This information has a Confidence Rating of 60-65%. The data behind these figures is completely reliant on Other Local Authorities keeping KCC informed of which children are placed within Kent. The Management Information Unit (MIU) regularly contact these OLAs for up to date information, but replies are sometimes not forthcoming. The above rating is based upon the percentage of children in this current cohort where the OLA have satisfactorily responded to recent MIU requests.If further information is required with regard to the accuracy of specific figures.

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Children who are 'Looked After' by Other Local Authorities

For many years Kent County Council has been calling on councils to place children in care closer to home to minimise the disruption following what is probably the most traumatic thing that can happen to a child. As of the end of April 2012, there were over 1260 children placed in Kent by other local authorities, with two thirds of them placed by London councils. The high number of other local authority looked after children placed in Kent has been consistent for many years – despite various measures introduced to try to reduce this (e.g. the sufficiency duty under Volume 2 of the Children Act 1989). Not all of these children are notified to Kent by their local authority and the Management Information Unit (MIU) in Kent (who are responsible for the collation of this data) reported in April 2012 that they have received notifications from other local authorities on 943 children only – only around 75% of the actual number of other local authority looked after children the County Council has identified as having been placed in Kent.

The Leader of Kent County Council, Paul Carter has written to the Mayor of London, Boris Johnson, to arrange a summit of London councils and representatives from Kent. The aim is to discuss how the 32 councils can work together to find foster carers and residential children's home placements in the capital.

He has also written to Children's Commissioner Maggie Atkinson, to highlight the need for all councils to place children closer to home, unless by exception. Placements can include family-and-friend foster carers, adoptive placements, and specialist residential accommodation to meet complex needs.

The work of supporting Kent's 1,804 looked after children (including 186 unaccompanied asylum seeking children), as well as the 1,248 looked after children placed by other local authorities in the county, is placing massive pressures on public agencies responsible for supporting vulnerable children in Kent, including children's social services, schools, police, and health services.

There are 63 privately registered children's homes and 32 independent fostering providers in the county, catering for 803 children placed by London councils and other authorities as far away as Manchester. While a small independent sector is welcome, to support local authorities in providing the right mix of placements, the size of this sector in Kent reflects the high number of children placed in the county by other councils.

Paul Carter, Jenny Whittle, KCC Cabinet Member for Specialist Children's Services and Maggie Blyth, Chair of Kent's Safeguarding Children Board met with the Children's Minister Tim Loughton in June 2012 calling on the government to introduce legislation that would:

- place a statutory obligation for local authorities to place children no more than 15 miles away from their home or school unless by exception
- require all councils to provide an annual statement to their Local Safeguarding Children Board detailing how many children are placed outside their local authority boundary and more than 15 miles away, and what safeguards have been put in place to protect these children from harm.
- require all 32 London councils to jointly commission fostering placements and residential children home placements in London. This would allow vulnerable children and young people to remain in their schools, with their friends, and reduce the extraordinary pressures on Kent's public agencies supporting 1,248 children from other local authorities

There are very good reasons why authorities place some children far away from home – with prospective adopters, with relatives, in specialist residential provision, catering for acute need or disability, which is not available closer. However, there are far too many vulnerable children and young people placed in Childrens homes and with non-related foster carers miles away from home. It is extremely difficult to be an effective 'corporate parent'

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and look after children placed so far away from home.

Following the conviction of nine members of a sex-grooming network in Rochdale, all councils must make sure they can properly safeguard teenagers placed in residential children's homes, particularly those placed many miles from home, which increases their sense of vulnerability. These are young people at particular risk of being exploited by sex-grooming networks and it is extremely difficult for London boroughs, as the corporate parents, to properly safeguard these young people when they are placed so many miles away. KSCB will want assurance from local agencies that Kent children placed in some areas of the county are appropriately safeguarded.

Trafficked children and asylum seekers

Some of the most vulnerable children in Kent arrive in Dover each year seeking entry into the UK. Most turn up seeking asylum whilst others have been trafficked for exploitation. Where the UK Border Agency identifies unaccompanied children, they pass responsibility for these children to Kent County Council.

There are significant child protection implications in how the local Immigration Team in Kent organizes the processing arrangement for these children, and also for the police and the local authority in how they deal with or receive these highly vulnerable children.

Support for these young people is delivered by the Unaccompanied Asylum Seeking Children (UASC) Service, but in a complex operational environment. The issue of asylum seekers receives high profile media and political attention prompting frequent legislative changes that affect Kent's protection arrangements for these children.

Moreover, there is an ongoing issue of some children and young people going missing. Some have run away for short periods of time and are found or return by themselves, others go missing and are never found.

Between 1 April 2011 and 31 March 2012, 17 UASC (under 18 yr olds) went missing and have not returned - a slight increase from 2010-2011. This is a serious concern as these children are especially vulnerable to exploitation. It is an area that KSCB must monitor closely. In October 2011, KSCB established its first Child Trafficking and Sexual Exploitation Sub Group to monitor progress across agencies in tackling this problem. This key priority will continue into 2012/13.

Disengaged and troubled teenagers

Kent Youth Offending Service was involved in the supervision of 130 LAC at 5th April 2012, 42.3% of whom had been placed in Kent by other Local Authorities. Out of a caseload of 551 during 2011/12; 12% of cases had "Child in Need" status, 3.8% were subject to a CP Plan, 6.9% of the LAC currently supervised by Kent YOS are serving a custodial sentence, Kent LAC account for 19.6% of the total number of young people in this cohort who are in custody.

Those in custody / leaving custody can frequently have profound safeguarding needs which may have been unmet.

The YOS data reflects a consistent picture with almost a quarter of the overall youth justice caseload in the county having a known vulnerability, also the importance of the youth offending teams – particularly in East Kent – being able to work in close co-operation with other local authorities.

The downturn in the economy has had a marked effect on young school leavers looking for work, leading to an increase in the numbers of young people not in education, employment or training (NEET) in Kent.

We have seen a rise in young people 16–18 NEET during the key counting points (Nov, Dec and Jan) this year rising up to 6.83% in November, the highest the figures have been throughout the contracting period 2011/12. During this period, the average NEET figure for Kent was 6.6%, compared to the South East which was 5.5%. At the same time "not knowns" have significantly reduced from

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2.51% in December to 1.76% in January. This reduction is impressive when compared with the South East average of 9.1%.

In Kent, the typical NEET young person who needs our support now is; 18 years old, looking for training; has qualifications at Level 2 or lower but has no English or Maths; wishes to progress to level 3 but cannot due to having no English and Maths and cannot undertake another level 2 qualification as there is insufficient funding or a level 2 Apprenticeship as they have already achieved to this level. The challenge now is to meet the needs of older NEETs whilst maintaining our provision and support for 16 year olds.

Children with disabilities

During 2011/12 KSCB introduced new guidance for professionals working with children with disabilities. Following concerns that this group of children were not having their safeguarding needs met, in particular special schools in Kent, KSCB has commissioned The Children's Society to organise a training event in the September 2012 to share knowledge and experience of good practice in safeguarding disabled children and young people.

Children who are privately fostered

Last year KSCB identified that the low notification of private fostering arrangements for children under 10 years was a concern. Over 2011/12 a cross-partner analysis was undertaken to get a better picture of what is happening in Kent. The analysis demonstrated the need for further action and information to raise awareness amongst health and education staff.

Children exposed to domestic abuse

Evidence from analyses of serious case reviews nationally in 2011[1] revealed that domestic violence was present in almost three-quarters of families whose children died or sustained serious injury due to maltreatment. Children are likely to suffer damaging effects on their health and development if they live in households where there is domestic violence.

[1] Biennial analysis SCRs, DfE 2011

Who is responsible for protecting Kent's children and young people?

Everybody has a part to play in protecting children. Local communities can help by identifying what is happening in their areas. Safeguarding is everybody's business.

But ultimately when there remain serious concerns about harm to a child a referral is made to Specialist Children's Services. Most contacts and referrals into Specialist Children's Services come from all sorts of other professionals such as police officers, teachers, health visitors, midwives, nurses, GPs, mental health professionals or other specialist services. Specialist Children's Services, to make their decisions, need lots of information from the person making the referral. All professionals have a responsibility to ensure that accurate information is provided swiftly and shared promptly.

A part of this is developing a common understanding of the levels of need in Kent – or what is sometimes known as agreement over "thresholds". Occasionally professionals have a different understanding of the criteria that should be met before making a referral to Specialist Children's Services.

During 2011/12 KSCB launched new guidance for all professionals working in Kent on 'thresholds' and provided training to all staff in establishing a common understanding of levels of need in Kent.

In November 2011 an audit was undertaken to check professional's understanding of thresholds following this training. We discovered that problems still remain.

- 46% of cases in the East of Kent were re-referrals.
- 25% of cases were considered to be inappropriate referrals.

This suggests that much more inter agency collaboration could have taken place before the referral was made to satisfy the referrer of the best course of action to take before a specialist intervention from Specialist Children's Services was considered essential.

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It is also likely that agencies remain unconfident about the response they receive when having made a referral to social care, and therefore continue to re-refer. KSCB has highlighted this to statutory agencies in Kent to help inform a more effective prevention strategy to offer 'early help' to families, where this may be necessary.

In January 2012 Kent Specialist Children's Services, Kent Police and different health professionals in Kent opened Kent's first Central Referral Unit, where front line professionals are now working together to improve communication over how best to respond to children in need in the County.

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Chapter 2
What is the Kent Safeguarding Children Board?

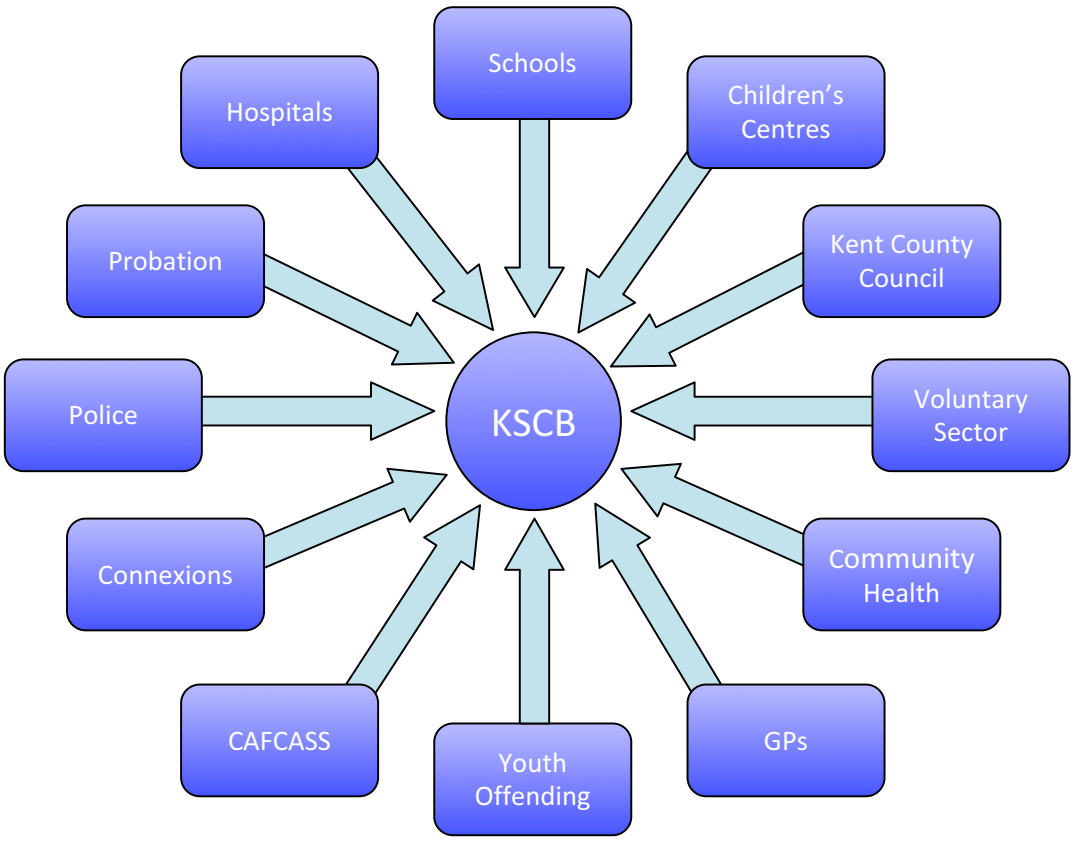
The Kent Safeguarding Children Board (KSCB) is the partnership body responsible for coordinating and ensuring the effectiveness of Kent services to protect and promote the welfare of children and young people. The Board is made up of senior representatives from all the main agencies and organisations in Kent concerned with child welfare.

What is the purpose of the KSCB?

The Kent Safeguarding Children Board was created on 1st April 2006 in line with the Children Act of 2004, which introduced Local Safeguarding Children Boards (LSCBs) for England and Wales.

LSCBs were set up to strengthen the ability of local authorities to effectively protect children and young people by promoting shared accountability, generating learning from practice, and monitoring the effectiveness of work with children and their families (DFES, 2007; DFE, 2011).

The Kent Safeguarding Children Board provides a vital link in the chain between various organisational efforts, both statutory and voluntary, to protect children and young people in Kent. Our aim is to ensure that all these efforts work effectively in coordination so that children and their families experience a harmonious and 'joined up' service.



The diagram to the left shows the range of organisations that participate and are represented within the KSCB.

March out-turn figures were provisional at the time this report was compiled, pending submission of the statutory returns for Specialist Children's Services

A major undertaking of the KCSB is that it expects all statutory agencies, from the police to schools and hospitals, to be on the same page when it comes to looking after the safety and wellbeing of children in Kent. This is what we mean when we say the KSCB promotes a 'multi-agency' approach.

At the same time, the KSCB is responsible for scrutinizing the work of its partners to make certain that the services provided for children and young people in Kent are effective and actually make a difference. The effectiveness of KSCB relies upon its ability to champion the safeguarding agenda through exercising an independent voice.

KSCB is also responsible for raising awareness of child protection issues in Kent so that everybody in the community can play a role in making our county a safer place for children and young people to grow up. Our message is that protecting children from harm really is everyone's business.

"Kent police remain committed to working closely with our partner agencies to ensure that children are effectively safeguarded. We have established a multi-agency Central Referral Unit, based in Ashford, to promote the welfare of children and a "think family" approach. Each referral to the unit is considered from a joint perspective with action taken and support provided according to a tight timescale. The unit will continue to develop its effectiveness by the inclusion of additional partners so that a holistic approach to the safeguarding of children is assured."

Public Protection Unit, Kent Police

The objectives of a LSCB as set out in the Children Act 2004 are:
a) To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the authority by which it is established; and
b) To ensure the effectiveness of what is done by each person or body for these purposes.

(Children Act 2004 s14)

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What are the main roles for the Kent Safeguarding Children Board?

The roles for the KSCB are set out in its constitution, which was revised in June 2011 and include the following:

- Developing policies, standards, and procedures for safeguarding and promoting the welfare of children;
- Monitoring and evaluating the effectiveness of what is done by KCC, Kent Police, Kent NHS, Kent Probation Trust and Kent schools both collectively and individually;
- Recommending areas and priorities for the commissioning of children's services;
- Raising awareness of, and communicating, child protection issues to individuals and organisations;
- Establishing and carrying out a review in cases where a child has died or has been seriously harmed in order to advise on lessons that can be learned (known as Serious Case Reviews);
- Ensuring the provision of single agency and multi-agency training on safeguarding to correspond with local needs.

See Chapter 3 for more information on KSCB's work in each of these areas.

A changing landscape: What the Munro Review means for KSCB

The Munro Review was an independent examination of national safeguarding arrangements that took place in early 2011. The government response to the review in July 2011 made it clear that reformed LSCBs will still hold a unique position within local child protection structures. They will retain discretion over how they carry out their functions, so that priorities can be decided in light of local circumstances.

KSCB is still expected to monitor how professionals and services are working together, and to identify any problems that emerge.

KSCB is still expected to help front line practitioners learn from practice, respond to shortfalls and improve services.

Most importantly, KSCB must now assess the effectiveness of the work being done to protect children and support families in Kent. This will require a shift towards asking whether the right services are being commissioned and children are getting the right support at the right time.

An emphasis on impact is part of the move towards an outcome-focused approach for safeguarding boards.

Membership and structure of KSCB

Having explained the main priorities for safeguarding children in Kent, this section contains information about who is involved on the board and how it is organised.

KSCB has three tiers of activity:

1. Main Board

This is made up of representatives of the member agencies, as outlined in statutory government guidance. Board members must be sufficiently senior so as to ensure they are able to speak confidently and sign up to agreements on behalf of their agency and make sure that their agency abides by the policies, procedures and recommendations of KSCB.

A full list of KSCB's membership for 2011-12 is available in Appendix A.

2. The Executive Board

The Executive body is made up of senior representatives from the key member agencies. The Executive has strategic oversight of all Board activity and takes the lead on developing and driving the implementation of the Board's main activities and 'Business Plan'. It is also the body responsible for holding to account the work of sub-groups and their chairs.

3. Subgroups

The purpose of KSCB subgroups is to tackle the various areas of concern to the KSCB on a more targeted and thematic basis. The subgroups report to the executive board and are ultimately accountable to the main Kent Safeguarding Children Board.

A diagram of the structure of KSCB – including information on the 8 subgroups - is available in Appendix B.

Key roles

Independent Chair

All LSCBs appoint an Independent Chair who can bring expertise and a clear guiding hand to the Board, to make sure that the LSCB fulfils its roles effectively. The Independent Chair also frees up the board members to participate on an equal footing, without any single agency having the added influence of chairing the Board.

Maggie Blyth was recruited to this position in April 2011 and she is employed by KSCB for 3 days a month. The Chair is subject to an annual appraisal, to ensure the role is undertaken competently and that the post holder retains the confidence of the KSCB members.

Director of Children's Services

The Families and Social Care Corporate Director in Kent is required to sit on the main Board of KSCB as this is a pivotal role in the provision of education and children's social care within the Local Authority. This post is held by Andrew Ireland and he has a responsibility to make sure that the KSCB functions effectively and liaises closely with the Independent Chair who keeps him updated on progress.

Leader of Kent County Council

The ultimate responsibility for the effectiveness of the KSCB rests with the leader of Kent County Council, Paul Carter. The Families and Social Care Corporate Director is answerable to the leader, who forms the final link in this chain of accountability.

Lead Members

The Lead Member for Specialist Children's Services is the name given to the councillor elected locally with responsibility for making sure that the local authority fulfils its legal responsibilities to safeguard children and young people.

March out-turn figures were provisional at the time this report was compiled, pending submission of the statutory returns for Specialist Children's Services

In Kent, Cabinet Member Jenny Whittle holds this position. Councillor Whittle contributes to the KSCB as a 'participating observer'. This means that she takes part in the discussion, asks questions and seeks clarity, but is not part of the decision-making process.

Lay Members

During 2011/12 KSCB appointed two lay members – that is local residents – to get the perspective of the community heard when it comes to child protection issues. In Kent, Roger Sykes and Mike Stevens play this role and have been active contributors to the board's discussions, keeping the wider community in focus and supporting stronger public engagement in local child safety issues.

Members' views

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Interview with Lead Member [Jenny Whittle]

"Safeguarding children underpins nearly everything I do as Lead Member. I have overseen delivery of the Improvement Plan following the issuing of the Improvement Notice in January 2011. This includes making sure there are appropriate resources and that these resources are allocated to ensure that children are properly safeguarded.

This has centred on allocating a social worker to all referred children in good time and undertaking initial and core assessments in a timely manner. However, whilst we have got on top of the timeliness, we must now focus on delivering a high quality system of care for our most vulnerable children, preventing drift in care planning and instilling a sense of urgency in all professionals working to support these children. Safeguarding children also requires a fully staffed social workforce which is now in place, although we need to increase the percentage of permanently qualified staff and rely less on agency workers. We also need to do more to gain children's feedback and use this information to improve service delivery to safeguard all vulnerable children and young people.

The greatest challenges to KSCB in the year ahead is to bring agencies responsible for safeguarding to work in partnership and be prepared to be scrutinised for their role in safeguarding. The greatest challenge is the potential for agencies to pull up the drawbridge on the pretext of dwindling resources. Alongside this, is the take-up of CAF and delivering qualitative improvements.

Young people on the Children in Care Council have complained about the turnover of social workers and have mixed experiences in foster care. Whilst children feel "safe", the quality of support offered ranges hugely and we must focus on improving the quality of services that all agencies provide for children in care."

Interview with Lay Member [Roger Sykes]

"I wanted to become a Lay Member because the role offers a unique opportunity for outside scrutiny of the work done by various agencies involving the safeguarding of children and to offer them critical support. I also believed that I would be able to be an effective member of the board in that role.

There is a real commitment among the various agencies represented on the board to work together effectively to safeguard children. The challenges presented by the issues of trafficked and sexually exploited children are now being addressed and this subgroup has been very busy.

As every local safeguarding board has to deal with broadly similar issues, there should be scope for formulating commonality of practice and procedures and identifying and implementing good practice and I am interested in exploring the possibility of establishing a regional grouping of lay members in the South East.

It is important for the board to set up a young people's subgroup to form links between the board and the communities in Kent and work is underway to identify how this might best be organised. There are lots of current issues affecting young people such as internet bullying and the board has to listen to their views and to hear what they expect from the professionals who work for the agencies responsible for safeguarding."

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Key relationships

Children and Young People's Joint Commissioning Board (formerly Kent's Children's Trust)

New arrangements commenced in Kent during 2011 for commissioning services for Kent's children. The KSCB reports annually to this body on the matters facing children and young people at risk in Kent and we hold them to account to ensure they commission the services that are needed based on the recommendations we make.

A focus for multi-agency working at district level to identify support for vulnerable children has been provided by District Child Protection Partnerships.

The Health and Wellbeing Board

The Health and Wellbeing Board is a new structure, which will come into being in April 2012, subject to the formal approval of new legislation by Government. This Board will be concerned with services for both adults and children and will be responsible for co-ordinating the efforts of the local authority and the NHS for the whole population.

At this stage the relationship between the KSCB and the new Health and Wellbeing Board (HWB) is still emerging, and it is certain that there will need to be a clear and well-defined relationship.

As the HWB will be interested in the services to the whole population including adults and the elderly, KSCB must ensure that the needs of vulnerable children are kept in focus.

The Director of Specialist Children's Services and the Lead Member for Specialist Children's Services are members of this Board

Member agencies' management boards

KSCB Board members are senior officers within their own agencies providing a direct link between KSCB and the various agencies' management boards.

During 2011/12 Kent agencies have been subject to major public sector reform – particularly the NHS – and communication lines sometimes change. It's essential that the management Boards of each statutory agency in Kent cement a close connection with the Safeguarding Children Board and invest in its work.

Clinical Commissioning Groups (CCGs)

During 2011/12 the arrangements in Kent for new GP commissioning were developed. KSCB was involved in talking directly to groups of GPs from Ashford and has provided wider training to GPs to ensure that the needs of children are taken into account as the new CCGs emerge across the County.

CCGs will be important contributors to the KSCB in the coming year as the landscape of health services changes under the direction of central government. The KSCB will hold partners to account in engaging with the CCGs.

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Financial arrangements

During 2011/12 contributions from partners remained steady at £305,827. The variable income available to the Board this year was £592,363 which included residual funds of £457,173 brought forward from 2010/11. With a total income of £898,190 and expenditure of £444,253 this ensured the overall costs of running KSCB were met as they could not have been covered solely by the contributing partners.

KSCB has continued developing its support and sub group arrangements over the last year by bringing in external expertise to develop local capacity and specifically to respond to the Safeguarding and Looked After Children improvement notice issued by the Department for Education following the inadequate Ofsted Inspection in 2010.

Some of the costs associated with immersive learning which the Board is keen to introduce will be offset by the grant awarded to LSCBs from the Children's Workforce Development Council (CWDC) as part of the government's response to the Munro Review.

As a result of the changes to KSCB responsibilities during 2011/12 a financial review was instigated to look at partnership funding contributions and to make sure that the KSCB support functions are based on sound programme management. As KSCB has not been reviewed since its inception in 2006 any new plans are timely and will ensure that KSCB provides better value for money in the future.

A copy of KSCB's budget for the financial year 2011-12 is available in Appendix C

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Chapter 3
Progress in key strategic areas 2011/2012

Focus on Child Protection

What did we do? How well did we do it?

During 2011/12 KSCB identified inconsistent understanding among member agencies about what constitutes the appropriate 'thresholds' for a child to be referred into specialist children's services.

There was a clear need to reinforce common thresholds so that children across Kent receive a consistent service. KSCB recognises that children and their families can be harmed rather than helped if they are subjected unnecessarily to formal child protection processes.

Mitigating undue harm is also about ensuring families, children and families have a common understanding about the referral process.

In 2011-2012, KSCB has taken steps to clarify understanding of thresholds across the partnership and in the community. Key achievements included:

- Revised and agreed clear thresholds for universal, targeted and specialist services introduced in May 2011 to make sure children at risk of harm receive appropriate care.
- Delivery of over 30 multi-agency localised workshops between May and July 2011 to make sure agencies understand the new thresholds and assessment processes.
- Playing a key role in supporting a new Central Referral Unit for Duty and Initial Assessment Teams which went live in January 2011, a multi-agency hub for processing all referrals into Specialist Children's Services leading to a steady reduction in the number of inappropriate referrals.
- Improved child protection processes so that families, children and professionals leave the conference clear about what happens next and what their part is in the change process.
- Requiring agencies to develop an Early Intervention and Prevention Strategy to ensure that all vulnerable children are provided with an 'early offer' of help
- Shared learning from 4 case reviews
- Completing 2 audits looking at multi-agency practice in relation to the use of thresholds and the child protection conference process.

All data included in this report is correct at the time of going to print. The data is subject to frequent updates as professionals log changes in their case files.

After production of this report the DfE will publish final data in October 2012 that will include further changes to some data items that will not be reflected in this document

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Progress made in improving child protection arrangements… in numbers

- The number of referrals to Specialist Children's Services has sharply decreased to 16,824 compared to March 2011, when it was 23,091. The work in reducing referrals occurred as a result of practice changes in Specialist Children's Services, which included work on thresholds, setting up the central duty team and putting qualified social workers in the team to make thresholds decisions and manage referrals.
- The % of re-referrals within 12 months has not seen such a significant improvement. It is currently at 30.4% against a target of 23%. This suggests there may still be inconsistency in understanding across partnerships on what constitutes a child at risk.
- 76.2% of ***initial assessments*** were completed within 7 working days indicating that better performance management practices are now the norm. Clearly, this still does not reflect any quality of assessments.
- Overall, 69% of ***core assessments*** are completed within 35 days, against a target of 80.4%. Across the Districts some are performing better than others. During planned Deep Dive sessions (in-depth analysis within Specialist Children's Services), it was found that this is because the volume of Core Assessments being undertaken generally in Kent is still too high.
- At the beginning of April 2011 there were 562 cases which had not been allocated to a qualified social worker for more than 28 days. By the end of May 2011 this had reduced to 71, and from August reduced to single figures. At the end of March 2012 there were 8 cases that were not allocated to a qualified social worker for more than 28 days. These were all Children in Need cases, none were LAC or Child Protection cases. These reductions demonstrate the focus given to ensuring cases are appropriately allocated, and the introduction of exception reporting ensures that Senior Managers are kept informed on a weekly basis.
- Total ***caseloads*** have continued to reduce as more cases continue to be closed than the number of new cases being opened. The average caseload of social workers in fieldwork teams was 20.6 per person as at 25 March 2012, compared to 25.1 per person as at 27 March 2011.
- The number of children with a ***Child Protection Plan*** has fallen from 1,621 in March 2011 to 959 in March 2012, this can be attributed to ongoing work in the districts to appropriately close plans that no longer need that level of intervention.
- Kent's end of year figure for % of children and young people with a Child Protection Plan for a second or subsequent time in 2011/12 of 16.4% is above our target set of 13.7% Comparison will need to be made both nationally and against our statistical neighbours following the national publication of 2011/12's figures to ascertain if the rise in performance is a national trend. The statistical neighbour average for 2010/11 was 13.4% with a national average of 13.3%. By analysing the re-registrations for 2011/12, it is apparent that a large number of sibling groups accounts for a proportion of this co-hort.
- There are 1,804 ***children looked after*** in Kent, of this figure 186 are UASC. This figure continues to rise proving to be an ongoing challenge for Kent.
- Kent has an additional 1,248* children placed in Kent by other authority areas. (* See Page 7)
- Against a target of 58.9 ***Common Assessment Frameworks*** being completed per 10,000 of the population in 2011/12, Kent had achieved 68.5 by the end of March 2012. This exceeds the target set and provides a good base for future improvements.

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The challenges ahead

Despite the progress made over the past 12 months, as mentioned in Chapter 1, Kent continues to have comparatively high numbers of children with a child protection plan, including children with a plan lasting two years or more. This is inconsistent with the volumes experienced by Kent's statistical neighbours and nationally.

It is vital that we build on the progress made to improve the protection arrangements for children and young people. Ensuring member agencies understand and implement KSCB's recommended policies and procedures around thresholds, the Common Assessment Framework and early intervention remains our biggest challenge and is reflected in KSCB's three strategic priorities for 2012-13.

Increasing scrutiny, quality and effectiveness

What did we do? How well did we do it?

During 2011/12 the Quality and Effectiveness subgroup has been responsible for leading KSCB's work in this area, with the aim to drive the quality of service improvement and delivery of outcomes vigilantly, transparently and consistently across the partnership.

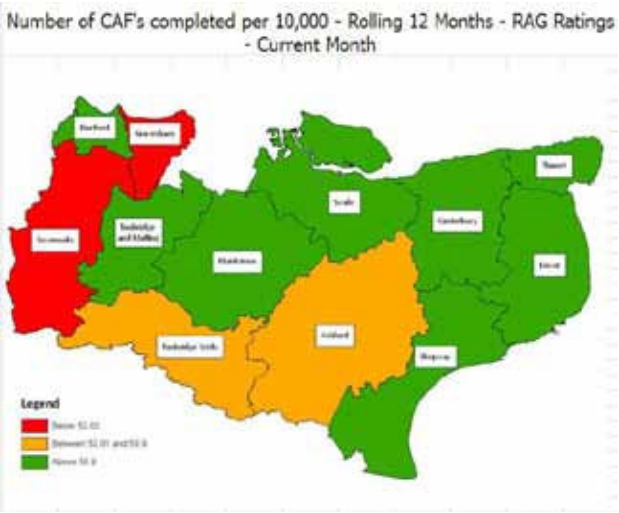
In October 2011, KSCB launched an extensive and comprehensive Quality and Effectiveness Framework to ensure clear analysis is reported by each agency to provide detailed and headline messages about individual safeguarding concerns in Kent. Key achievements included:

- The Quality and Effectiveness Framework has been accompanied by training for all agencies supported by C4EO in using the new dataset.
- A dedicated performance analyst post commenced employment in January 2012.

The challenges ahead

Continuing the work to improve KSCB's approach to performance management and quality assurance in a way that strengthens the scrutiny and challenge role of the Board is our main priority. Our success should be reflected in the outcomes for young people. The charts below show a snapshot of the key reporting areas on KSCB activity during 2011/12.

A quarterly report is produced for KSCB and the charts below are extracts from Quarter 4 – March 2011/12.



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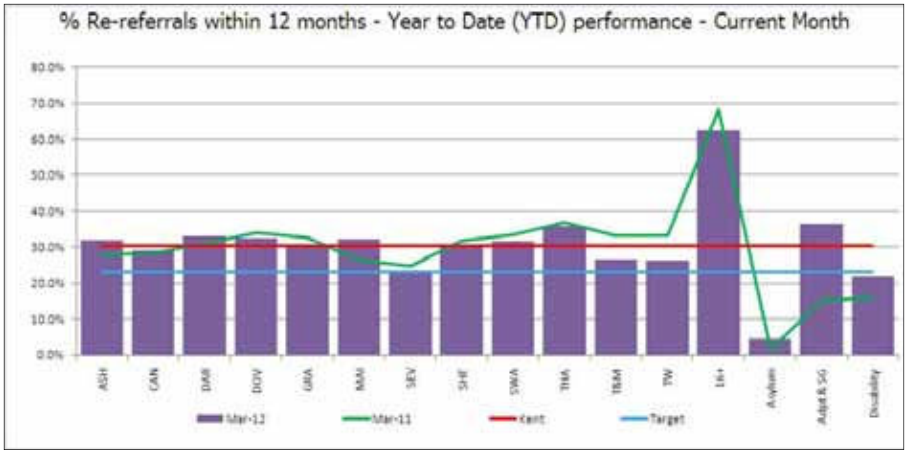
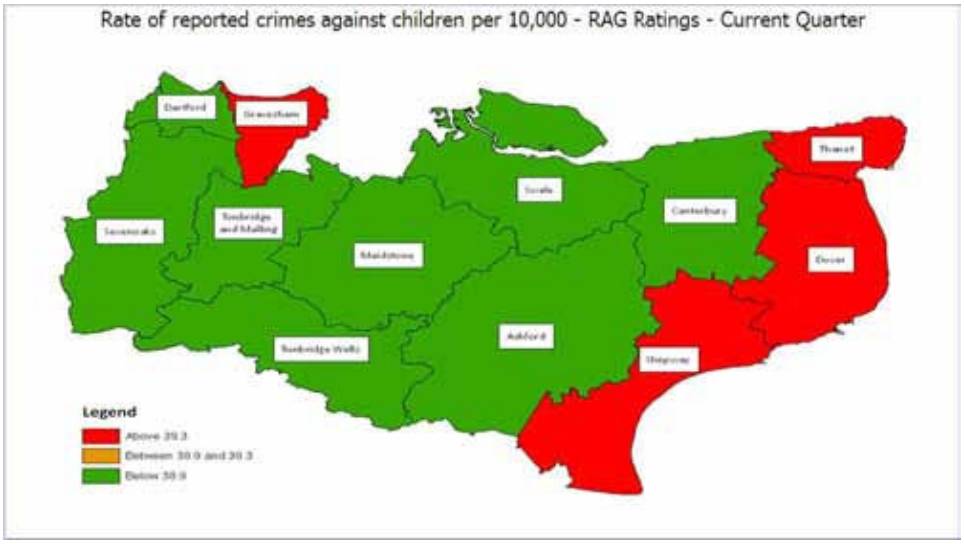
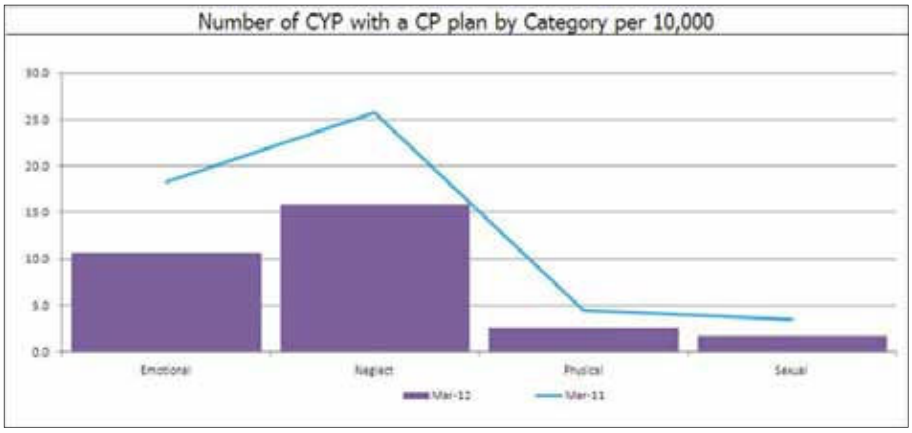
Performance by Kent Districts in March 2012 – % of re-referrals within twelve months. The Asylum and Disability teams, along with Sevenoaks District, are all achieving the target set. All other areas are performing below this target.





Performance by Districts in Kent for reported crimes against children in Quarter 4 of 2011/12

Comparison showing the rate of children and young people per 10,000 population subject to a child protection plan by category of abuse - March 2011 compared to March 2012



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Improved governance and accountability arrangements

What did we do? How well did we do it?

KSCB has examined its constitution over the past year and put in place new governance arrangements following an independent review. This is part of its swift reply to the new expectations arising from Professor Munro's expectations and as a response to the Kent Improvement Plan.

Moreover, it has been necessary to take account of the changes that are currently taking place within the public sector more broadly. KSCB has monitored reforms to the health economy and criminal justice agencies to ensure safeguarding arrangements are not put at risk. Key achievements included:

- Appointment of strategic leads to act as Sub Group chairs with responsibility for implementing the high level priorities of KSCB through their sub group work plan.
- Establishment of a Child Trafficking and Sexual Exploitation Sub Group in November 2011 following discussion between the Children's Commissioner and KSCB Independent Chair.
- Clarification of statutory representation from the health and education sectors.
- The appointment of a voluntary sector representative.

The challenges ahead

During 2012/13 new Clinical Commissioning Groups will become the structures for ensuring that children are adequately safeguarded in Kent. How we liaise with these is not yet known. In addition a new Police and Crime Commissioner should be appointed later in 2012, a key role in deciding which public protection concerns should be prioritised. We are waiting to find out what impact this may have in safeguarding children.

Strengthen engagement of KSCB with Voluntary Sector and Schools

What did we do? How well did we do it?

Key achievements included:

- Representation on the Board of the voluntary sector through Kent Children's Fund Network.
- Setting up an Education Advisory Group to ensure there is a good line of communication between KSCB and the education sector
- Representation of KSCB on the Children's and Young People's Joint Commissioning Board to ensure that agencies are working in partnership to jointly commission services for vulnerable children and families

The challenges ahead

While our new board member representing the voluntary sector is a step, KSCB still has a long way to go towards ensuring engagement across all community organisations so that these voices are better represented in the KSCB.

KSCB is mindful of the impact locally of the national education reforms and recognises the increasing challenge of sustaining and improving the engagement of all organisations in this sector.

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Update on Multi-agency Training

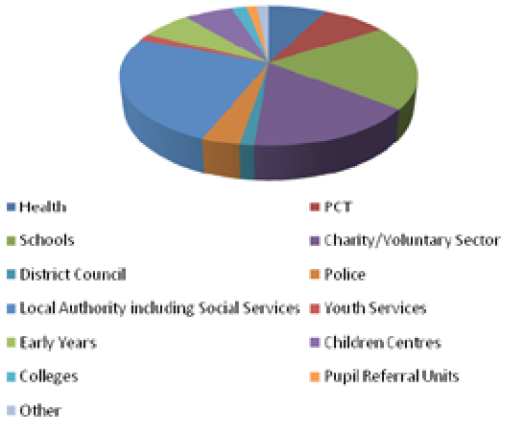
The KSCB has a statutory responsibility to ensure that appropriate child protection training is provided in Kent in order to meet local needs. This covers both the training provided by single agencies to their own staff and multi-agency training where staff from different agencies train together. The delivery of multi-agency basic awareness training by practitioners from all agencies through the KSCB College of Trainers has proved to be an effective model of collaborative working in Kent with 1558 staff receiving the basic awareness training.

During 2011-12, the Learning and Development sub group has been responsible for leading KSCB's work in this area, with the aim to strengthen the competency and confidence of Kent's workforce in child protection matters. The training programme delivered this year was developed based on emerging themes identified through recommendations from Serious Case Reviews, high profile local cases and from operational practitioners and managers. A total of 176 courses were delivered this year with 4887 staff attending.

Following the recommendations and action plan from the KCC Ofsted Report 2010, the Learning and Development sub group has developed and taken on additional safeguarding training throughout the year that was not planned or foreseen when the yearly training programme was originally published, e.g. the Eligibility and Threshold Criteria Workshops that were produced and delivered in May, June and July 2011. This accounted for 33 sessions attended by 1610 multi-agency staff. The 'before and after' evaluation undertaken as part of this training indicated that, almost without exception, staff felt more knowledgeable and confident around the thresholds and their practical application.

This year has also seen a greater involvement with the Voluntary Sector, in particular with Voluntary Action within Kent and the Kent Children Fund Network. These relationships have resulted in more members of the voluntary sector receiving child protection training than ever before, (67 courses with 1001 attendees).

The multi-agency breakdown of attendees on the KSCB programme (not including E-Learning) is outlined here:



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In association with Kent and Medway NHS Trust, a Safeguarding Children conference was delivered to GP's in March 2011 from the County's General Practices with over 240 practices being represented. This is the first time such a County event has been held.

Following a multi-agency re-launch, the 13 safeguarding E-learning courses this year had 889 participants. This included a significant number of General Practice Health staff who previously had not received safeguarding training.

As mentioned above, the Learning and Development sub group has established a College of Trainers from across the agencies. Currently, the number of Trainers is 17. They have received specific training (provided by the NSPCC or Canterbury Christchurch University) to qualify them to deliver this training and there is a trainer support programme in place to ensure consistent quality and continued professional development. Additional trainers have been commissioned to assist in the delivery of the more specialist elements of the programme. This approach to multi-agency training is planned to continue.

Ongoing development of the training programme is being undertaken in response to recent Government reports (e.g. Munro 2011). The sub group is looking at more detailed evaluation of training and exploring the use of immersive learning. The aim of this is to ensure staff engage in more critical thinking and risk assessment and management, and ultimately become more reflective in their practice.

"It has enabled me to think differently about how I make assessments of children's needs and to listen to the information that families share"

Health Professional

"I really enjoyed the different perspectives and views from the other professionals attending the training day"

Police Officer

"The whole session was extremely useful and well delivered. Each topic was very useful so I gained a greater understanding in all areas"

Voluntary Sector Worker

Update on the KSCB Improvement Plan

Kent's 2010 OFSTED inspection report revealed concerns about the adequacy of the Kent Safeguarding Children Board and its partner agencies. It was identified that Kent had not been effective in challenging and improving child protection practice and affecting change across the partnership to improve outcomes for the County's most vulnerable children. This was in spite of previous audits and inspections identifying areas that needed to be improved and KSCB agreeing to take key recommendations forward.

Throughout 2011, Kent child protection arrangements have been under improvement notice from Central Government with a monthly improvement board composed of DFE officials and representatives from all the agencies across Kent to monitor and improve child protection arrangements.

The Improvement Plan endorsed by the Kent Improvement Board in April 2011 sets out the overall context, governance arrangements, and planned actions by partners in Kent to improve services to children and support looked after children.

There has been substantial progress made across all ten of the initial core tasks identified in the Plan during the first half of 2011, with focus on a further six areas in the second half of the year.

The response from the Children's Minister to Kent agencies in February 2012 stated that he would take a personal interest in how the Central Referral Unit developed and how front line staff share information on the children most at risk in Kent.

KSCB will continue to monitor the areas it has identified as weak in Kent, outlined in the next chapter particularly concerning a common understanding of thresholds across different professionals.

It will also undertake detailed examination of all actions arising from Serious Case Reviews since 2009 to ensure that appropriate challenge is provided to all agencies working with children to improve policy and practice in Kent.

Strategic Priorities for 2012/13

The Kent Safeguarding Children Board has three priorities for the coming year, as agreed in its business plan endorsed by members in April 2012.

1) A focus on common understanding of thresholds across the partnership including a reduction in the number of case re-referrals to children's specialist services.

KSCB will continue work in 2012-13 to reduce the number of 'inappropriate' contacts and referrals to Specialist Children's Services. Guidance and policies have been issued to partner agencies and members across the KSCB, offering greater clarity on how to make use of the Common Assessment Framework.

We will know we have made a difference when thresholds for access to services for children in need are understood across all agencies and cases of 'inappropriate' contact and referrals, including re-referrals, are reduced. We will monitor this through a series of audits and through regular reporting of the Quality Assurance Framework.

2) Ensuring the right children are subject to child protection plans.

Over the next 12 months, KSCB will work hard to ensure child protection plans are only in place when there is a clear need for them. Particular scrutiny will be applied in cases where children are subject to a child protection plan for a second or subsequent year. The objective must be more effective and robust service support throughout Kent for children and families so that children do not remain with a child protection plan year on year. This will involve reinforcing the child protection planning and processes (including through a multi-agency training programme), effective multi-agency case conferences, strategy meetings and core groups and by strengthening the multi agency screening hub.

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We will know we have made a difference when our audits shows that assessments are robust, responsive and facilitate multi-agency working. We will expect to see a reduction in the number of children in Kent with a child protection plan when compared to high performing areas and in the rate of re-referrals.

3) Increasing the number and quality of Common Assessments in the context of scrutiny of Kent's early intervention strategy.

Enhancing the competence and confidence of professionals across the whole system of safeguarding children to accept responsibility for, and work with partners to manage risk is the single biggest challenge we face. The Common Assessment Framework (CAF) is designed to ensure professionals across the sector – be they teachers, GPs, police or health visitors – carry out precise and detailed assessments of risk in every child's case and work together with other agencies to help build as complete as possible a picture of a child's needs.

Part of this is working to ensure children's needs are met at the earliest opportunity and families get the support they need quickly. In the next year, KSCB will focus on improving the quality and consistency of CAFs so that they are used across the partnership to inform early intervention.

KSCB will work with partner agencies to increase their commitment to use the CAF, and the new Family CAF, and ensure this is reflected in all agencies' priorities and budgets. CAF assessment forms will be reviewed to be more user friendly and family focused and CAF targets will be agreed for partner agencies like health providers and education.

We will know we have made a difference when strategic plans and priorities of partner agencies reflect targets relating to CAF and when children and families are receiving the support they need in the community when they are closed to Specialist Children's Services.

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Chapter 4
What happens when a child dies or is seriously harmed in Kent?

There are two processes for responding to a child death in Kent, depending on whether abuse or neglect is known or suspected to be a factor in the death.

The first is called a Child Death Review Process. Since 2008, Child Death Reviews have been a statutory requirement for Local Safeguarding Children Boards who are expected to review the circumstances of all children's deaths (up to the age of 18).

In Kent the Child Death Overview Panel has oversight of the processes, ensuring that:

- reviews occur in a timely fashion;
- the information, support and investigation of each death is appropriate and compassionate;
- there is appropriate investigation or referral of any deaths where there are safeguarding or criminal issues;
- where issues or lessons emerge that have broader relevance, or public health implications, they are effectively disseminated;
- information is appropriately collated and reported to the Department for Education.

The second is known as a Serious Case Review. LSCBs are required to consider holding a Serious Case Review (SCR) when abuse or neglect is known or suspected to be a factor in a child's death and there are concerns about how professionals may have worked together.

The purpose of a SCR is to:

- establish whether there are lessons to be learnt from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children;
- identify clearly what those lessons are, how they will be acted upon and what is expected to change as a result; and
- as a consequence, improve multi-agency working when it comes to protecting children.

KSCB takes seriously its responsibilities to ensure that lessions learned when children die or are seriously harmed are swiftly embedded and messages are used to support improvement across agencies.

We are committed to publishing our Serious Case Reviews as part of our accountability to the wider community in Kent

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Child Deaths Reviews in Kent 11/12

The Child Death Overview Panel has a statutory responsibility to review the death of all children who are resident within KSCB's geographical area from birth up to the age of 18 years.

In 2011/12 there have been 94 deaths, 40 of which were unexpected. This number has remained fairly constant over the 4 years that CDOP has been in operation.

This year the Panel, supported by its Expert Advisory Group, completed the review of 106 cases. This comprised of 48 deaths (13 unexpected) from 2011/12 and 58 deaths (19 unexpected) from 2010/11. In 2010/11 the Panel reviewed 51 cases. Due to improvements in efficiencies and better data collection the Panel were able to review more cases in the current year. These improvements have continued with an independent review of the CDOP procedures in order to further streamline the service that is offered.

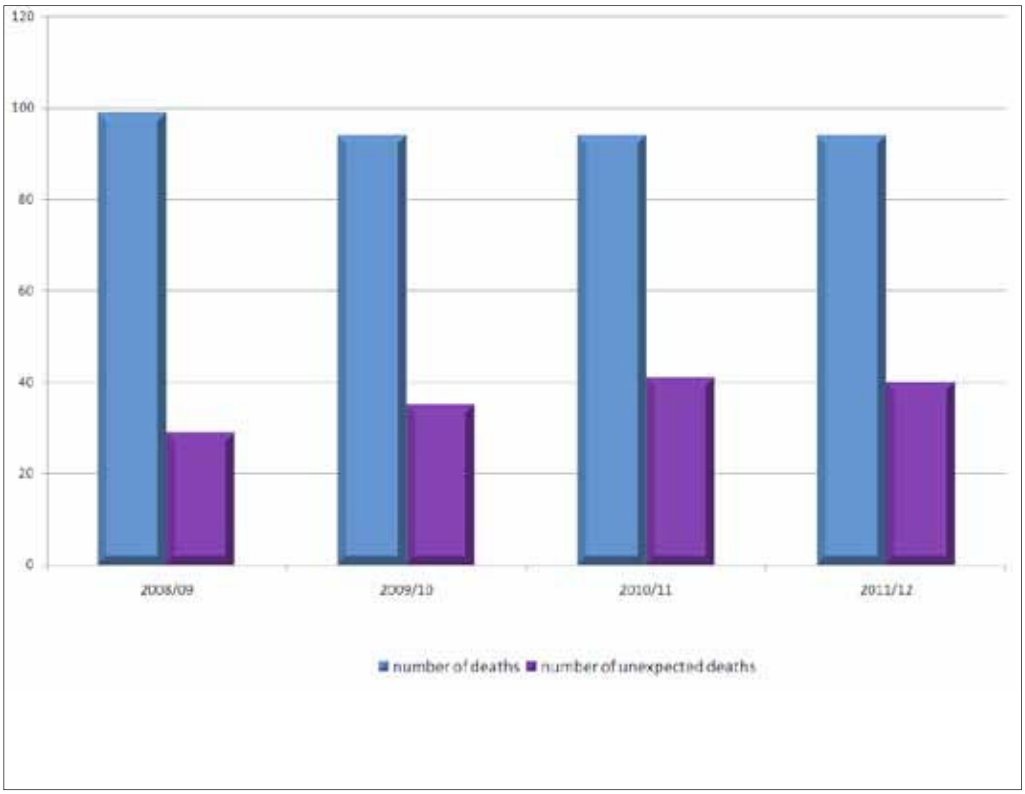
The CDOP procedures also looks at whether there were any modifiable factors which may help prevent similar deaths in the future, and seek to identify any lessons to be learnt from the death, or patterns of similar deaths in the area.

Of the 106 cases reviewed there were 14 where factors were identified which may have made a difference to the outcome. From the cases that the Panel has reviewed over the last four years, a key theme which affects child death relates to safe sleeping.

These issues include:

- Maternal smoking in pregnancy
- Parental smoking and alcohol use
- Co-sleeping (sharing a sleeping surface with an infant under 6 months)
- Environment being too hot or damp.

Graph showing number of child deaths including unexpected deaths



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In response to this, a Safe Sleeping campaign was carried out, including additional advice around alcohol and smoking in the run up to Christmas. The feedback from this campaign has been positive from both parents and professionals, and this campaign will be developed over the coming months.

The Panel is required to categorise each death, and identify whether there were any modifiable factors in the circumstances around the death. This information is used to formulate any training or future campaigns to promote safeguarding practices. The deaths reviewed during the period have been identified as being in the following categories:

Table showing the categories of child death

Category of Death

	2010/11	2011/12
Deliberately inflicted injury, abuse or neglect	0	0
Suicide or deliberate self-inflicted harm	<5	<5
Trauma and other external factors	<5	5
Malignancy	<5	9
Acute medical or surgical condition	0	0
Chronic medical condition	0	<5
Chromosomal, genetic and congenital anomalies	5	7
Perinatal/neonatal event	34	20
Infection	<5	<5
Sudden unexpected, unexplained death	11	<5

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Serious Case Reviews in Kent 11/12

KSCB commissioned two Serious Case Reviews (SCRs), one Root Cause Analysis (RCA) and one independent review during 2011/12.

Ashley's Story

Ashley was just 4 months old when he was taken to hospital. He had been shaken badly and he died. His mother had mental health problems and his father was known to be violent and drink heavily. Agencies did not share all the information they knew about the family.

Key recommendations from this case were to engage with and observe children as part of any child assessment process and to maintain an inquisitive nature about the impact of adult's behaviour on children around them. This will ensure there is ongoing evaluation of any risks to children from adults around them.

Antonio's Story

Antonio was taken to hospital, with multiple injuries. He was just a few weeks old. Neither Antonio nor his parents were known to any statutory agencies in Kent. Antonio recovered from his injuries and was placed with foster parents. The review of this case recognised the impressive speed and thoroughness of all the response from all agencies after the discovery of Antonio's injuries. They worked together to manage a distressing and difficult situation.

Rebecca's Story

Rebecca was found unconscious at home. She was 16 months old. When she arrived at hospital she was found to be badly injured. The family was well known to Kent Social Services, different health professionals and Kent Police. Rebecca and her brother had previously been the subject of a Child Protection Plan.

Concerns included domestic violence, lack of stimulation and neglect. The family did not want to work with any statutory agencies and tried to mislead professionals. They were hostile to support.

Key recommendations from this case were for all agencies to ensure they are aware of the implications of new partners joining the family and the importance of always sharing information with each other. There is also the challenge of not accepting everything at face value when working with families who on the surface seem to be very co-operative.

The challenges ahead

Actions from serious case reviews must be fully evidenced, with agencies routinely providing information to update action plans in a timely manner. KSCB remains concerned that actions arising from SCRs are not effectively monitored with sufficiently robust challenge given to any agency failing to evidence improvement.

March out-turn figures were provisional at the time this report was compiled, pending submission of the statutory returns for Specialist Children's Services

Conclusion
Where next for child protection in Kent?

The national Munro Review completed in 2011 provides us all with a new focus on child protection. As we publish this annual report Professor Munro has provided her own analysis of how swiftly improvements are happening. Kent agencies have worked hard over the past year, in KSCB's view, to address key failings in protecting children across the County. However, when drilling down into the detail, it is clear that KSCB must continue to improve its own quality assurance of Kent agencies and be confident to provide challenge, when action is not taken swiftly to protect children. We need to get better at really knowing how good Kent is in protecting the most vulnerable children across the entire county.

Unless Kent Safeguarding Children Board is an effective partnership body that provides scrutiny of the 'front door' we won't be able to see what has really changed in Kent.

We hope this annual report has given you some flavour of what has improved in Kent during 2011/12 and what remains to be tackled.. We are confident that the priorities we have chosen for the coming year are clearly based on what we know are the safeguarding challenges for 2012/13.

KSCB takes its responsibility to safeguarding children and young people in Kent seriously and will report annually to the Leader of Kent County Council, the new Police and Crime Commissioner and the developing Clinical Commissioning Groups in Kent to inform them of how safe children are in the county. We will also publish information at least once a year so all those people living in Kent are informed of what's happening and what has changed to improve the services offered to the county's most vulnerable children and their families.

Finally and most importantly, the judgement for how well KSCB is doing will lie in its contribution to the outcomes for and experience of those children in the child protection system.

"I believe that Social Services are fair and clear"
Young Person, Child Protection Case Conference Audit

"I don't think I was let to get my point across even if most of the report that was given was incorrect"
Parent, Child Protection Case Conference Audit

"I think the meeting was handled very well, everyone got a fair say and all issues were aired"
Parent, Child Protection Case Conference Audit

"Listen don't speak over as if they aren't needed to be listened to"
Young Person, Child Protection Case Conference Audit

March out-turn figures were provisional at the time this report was compiled, pending submission of the statutory returns for Specialist Children's Services

Messages for local politicians

- You can be the eyes and ears of vulnerable children and families in your Ward. Councillor Jenny Whittle, the Lead Member, is your route to making sure their voices are heard by KSCB.
- We are in the midst of recession. It's very likely that the services for children, young people and families in your Ward will be feeling the effects of this. This may have a knock on effect on the well being of the most vulnerable children and young people in your Ward too.
- When you scrutinise any plans for Kent, keep the protection of children at the front of your mind. Ask questions about how any plans will affect children and young people.

Messages for non-executive directors

- Non-executive directors (NEDs) in the health service have a key role in scrutinising the governance and planning across a range of organisations.
- NEDs are therefore well placed to examine each organisation's consideration of children and young people in their planning, ensuring this receives appropriate priority.

Messages for Chief Executives and Directors

- Ensure your workforce is able to contribute to the provision of KSCB safeguarding training and to attend training courses and learning events .
- Your agency's contribution to the work of KSCB must be categorised as of the highest priority .
- The KSCB needs to understand the impact of any organisational restructures on your capacity to safeguard children and young people in Kent.

Messages for children's workforce

- Ensure you are booked onto, and attend, all safeguarding courses and learning events required by KSCB for your role .
- Be familiar with, and use when necessary, KSCB's Escalation Policy to ensure an appropriate response to children and families .
- Use your representative on KSCB to make sure the voices of children and young people and front line practitioners are heard.

Messages for the community

- You are in the best place to look out for children and young people and to raise the alarm if something is going wrong for them .
- We all share responsibility for protecting children. If you are worried about a child, follow the steps on the KSCB website www.kscb.org.uk

Messages for the local media

- Communicating the message that safeguarding is everyone's responsibility is crucial to the KSCB and you are ideally positioned to help do this .
- The work of KSCB will be of great interest to your readers and listeners .
- Your contribution to safeguarding children and young people in Kent, through public awareness raising campaigns, is potentially very significant .

Appendix A

Membership of KSCB as at June 2011

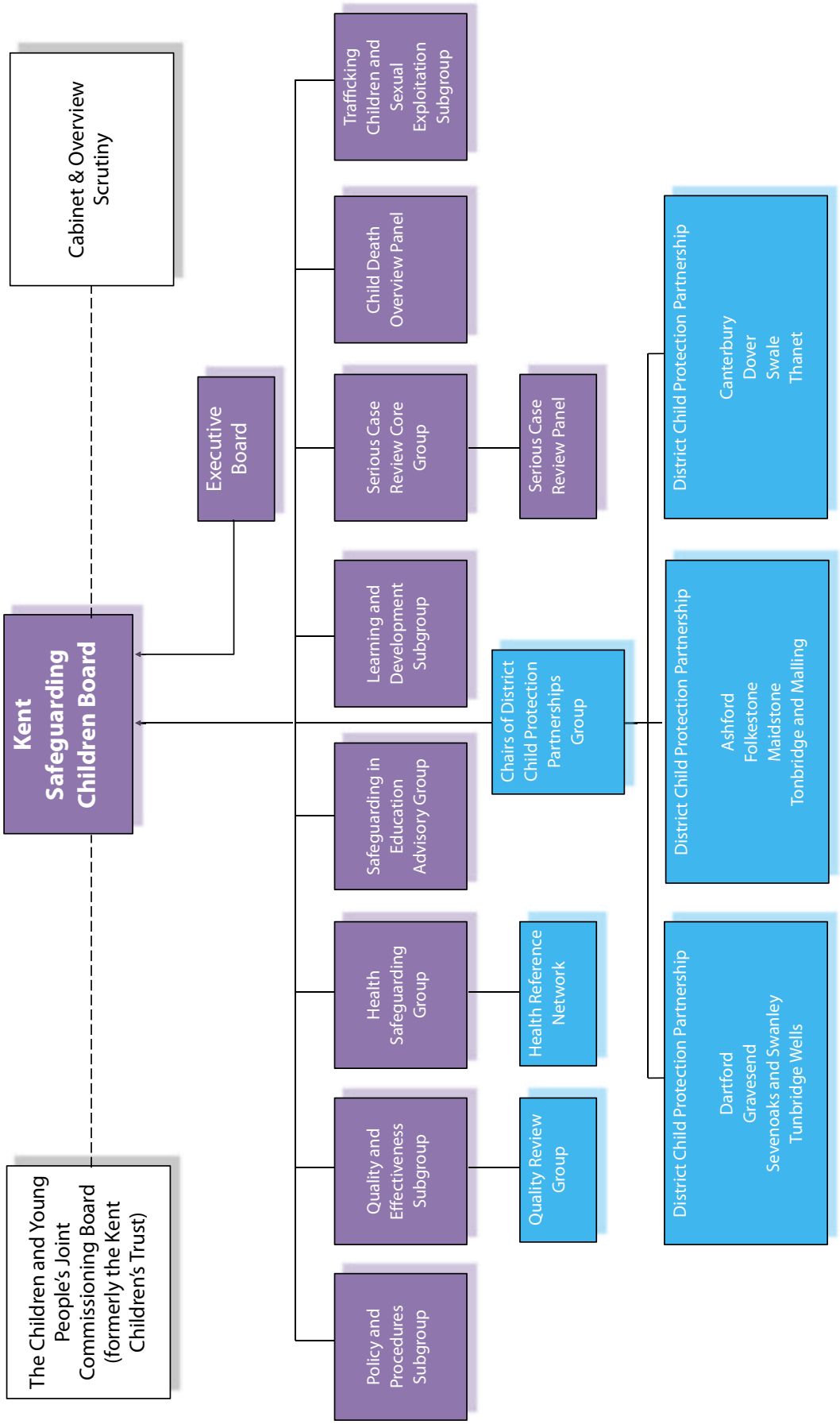
Name	Role
Maggie Blyth	Independent Chair
Alan Dowie	Director Kent Probation Trust
Andrew Ireland	Corporate Director Family and Social Care
Angela Slaven	Director of Service Improvement
David Hughes	District Councils representative - Chief Executive
Donna Marriot	Head of Safeguarding Children's Services
Jean Imray	Interim Director Children's Specialist Services
Lorraine Goodsell	Commissioner Representative Health - Director
Maria Shepherd	Superintendent Kent Police
Mark Shepperd	Provider Representative: Director Community Health
Meradin Peachey	Director of Public Health
Mike Stevens	Lay Member
Nick Sherlock	Head of Safeguarding Adult Services
Patrick Leeson	Corporate Director Education
Roger Sykes	Lay Member
Rowena Linn	Head Teacher (Primary)
Sarah Andrews	Director of Nursing and Quality, NHS Kent and Medway
Sean Kearns	Chief Executive Connexions
Steve Dabrowski	Voluntary Sector Representative
Steve Hunt	Head of Service CAFCASS
TBA	Early Years Manager
TBA	Head Teacher (Secondary or primary)

PARTICIPANT OBSERVER

Jenny Whittle	Lead Member for Specialist Children's Services

March out-turn figures were provisional at the time this report was compiled, pending submission of the statutory returns for Specialist Children's Services

Appendix B



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Appendix C

Budget Statement 2011/12

Expenditure	Projected
Salaries	£284,167
Mobile working	£1,098
Travel	£2,283
ICT consumables, hardware and software and equipment	£10,877
Direct business unit staffing costs	**£298,435**
Printing and publications	£1,814
Room hire & refreshments (including training events)	£26,997
Stationery	£3,598
Grants to 12 District Child Protection Partnerships	£6,000
Independent Chair	£36,204
Total Board and sub group support	**£74,613**
Serious case reviews	£26,178
Implementing Munro and immersive learning	£21,918
E-learning, external trainers and annual conference	£23,119
Total Learning and Development	**£45,037**
Total Expenditure	**£444,253**

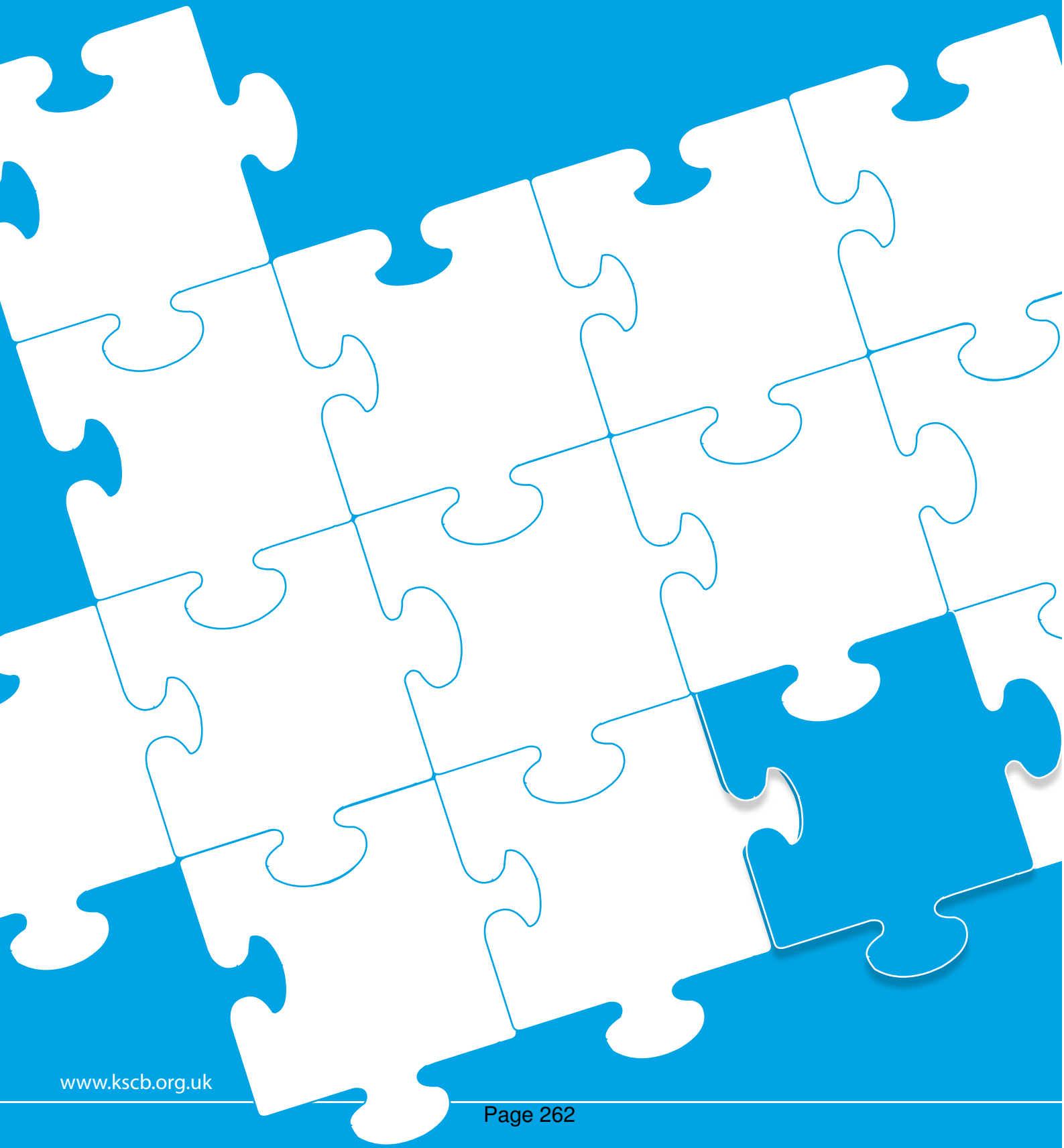
Income	Projected
CAFCASS	£550
Connexions	£10,000
Eastern and Coastal Kent PCT	£39,664
Kent County Council – Education Safeguarding	£40,167
Kent County Council – Specialist Children's Services	£101,000
Kent Police	£50,000
Kent Probation	£6,276
West Kent PCT	£50,170
Youth Offending Service	£8,000
Total from contributing partners	**£305,827**
Child Death Grant	£96,741
Income from training	£38,449
Residual funds brought forward from 2010/11	£457,173
Total variable income	**£592,363**
Total Income	**£898,190**
Balance available to carry forward into 2012/13	**£453,937**

March out-turn figures were provisional at the time this report was compiled, pending submission of the statutory returns for Specialist Children's Services

Kent Safeguarding Children Board
Sessions House
Maidstone
Kent

01622 694659
www.kscb.org.uk

Written by Penny Davies, Kent Safeguarding Children Board Manager



By: Graham Gibbens, Cabinet Member for Adult Social Care & Public Health
Andrew Ireland, Corporate Director Families and Social Care

To: Social Care and Public Health Cabinet Committee – 14 September 2012

Subject: **UPDATE - ADULT SOCIAL CARE TRANSFORMATION PROGRAMME**

Classification: Unrestricted

Summary: This report updates Members on progress for the adult social care transformation programme.

Recommendations: Members of the Adult Social Care and Public Health Policy Overview Scrutiny Committee are asked to NOTE the contents of the report.

Introduction

1. (1) The Adult Social Care Transformation Programme Blueprint and Preparation Plan was endorsed by County Council on 17th May 2012. This paper provides an update on progress.

Understand Phase

2. (1) During April, May and June 2012, 20 reviews were completed to better understand areas of our business and analyse how cost effective and efficient these services or business functions are. All reviews were completed internally, with the exception of one review, carried out by the Institute of Public Care. The Institute of Public Care report identified potential areas for savings and offered assurance that there is scope to deliver a significant level of savings – whilst recognising the size of the challenge to successfully achieve this.

Planning Phase

3. (1) As a result of the business intelligence gained during the understand phase, the directorate management team have been able to consider the strengths, weaknesses, opportunities and threats of/to specific areas of the business. DMT has considered short term and medium term strategies for the transformation of adult social care and is now identifying exactly how a reduction in adult social care spend can be achieved.

(2) A high level programme plan has been developed which sets out what will be delivered in the planning phase and begins to give an idea of the 'shape' of the Transformation Programme.

Next steps

4. (1) Work will continue to define and agree programme content, priorities, resourcing and timescales. This will be used to help forecast the amount of savings which can be realised through transformation and when financial benefits may be realised.

(2) FSC has commissioned a consultancy to carry out further diagnostic work. This will take place in October and will be an extensive and detailed analysis of the business. This diagnostic exercise will identify of a number of opportunities for efficiency, which FSC can then decide whether to implement. It will also help forecast directorate savings in more detail.

(3) FSC has just commissioned a number of option and investment appraisals which will assess options for transforming/investment. This will initially focus on:

- information, advice and guidance;
- falls prevention;
- continence;
- social isolation;
- carers' support;
- telecare, technology and equipment;
- extra care sheltered housing;
- outcome focussed homecare model;
- enablement.

(4) More detailed proposals for transformation will be presented to the Budget Programme Board (28th September, 18th October and 26th October); Cabinet Committee (9th November).

Recommendations

5. Members of the Adult Social Care and Public Health Policy Overview Scrutiny Committee are asked to NOTE the contents of the report.

Mark Lobban
Director Strategic Commissioning
01622 694934
mark.lobban@kent.gov.uk

Juliet Doswell
Project Manager
01622 221844
juliet.doswell@kent.gov.uk

Background documents:

Adult Social Care Transformation Blueprint and Preparation Plan, May 2012

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Ireland, Corporate Director of Families and Social Care

To: Social Care and Public Health Cabinet Committee, 14th September 2012

Subject: Health and Social Care Integration Programme – integrating adult community health and social care provision: an update

Classification: Unrestricted

Recommendations

1. (1) Members are asked to note the positive developments and progress being made toward integrating community health and social care services that have been made over the past 6 months.

Introduction

2. (1) The last update on this programme was given to the Adult Social Services and Public Health Policy and Overview Scrutiny Committee in March 2012. A six month progress update was requested following this.

(2) This Kent-wide programme of work will create new integrated community health and social care teams for adults, based around clusters of GP practices. We will ensure that health and social care staff are working closely together around the needs of the individual.

This will deliver the following benefits to Kent citizens:

- Deliver better co-ordination of care, particularly for disabled and older people with complex health and social care needs
- Provide better experiences and improved outcomes for individuals and their families
- Deliver efficiencies for KCC and the NHS by improving productivity and managing costs

(3) KCC and the Kent Community Health NHS Trust (KCHT) staff and managers are working hard together to create new integrated teams, which will replace the health and social care teams that currently exist in our organisational silos. The Kent and Medway NHS and Social Care Partnership Trust (KMPT) are also working alongside us on this programme, particularly in relation to older people's mental health.

(4) A change programme of this scale should not be underestimated in terms of its complexity and it will take some time for new relationships to be formed and for new arrangements to be put in place across the county. Our starting point is the practical measures we can take to make improvements by bringing our teams and systems together today, where possible co-locating staff in shared accommodation.

Relevant priority outcomes

3. (1) This is an important programme because it will create the capacity and capability across the NHS and social care to improve health and social care outcomes for individuals. We will expect to see:

- A reduction in hospital admissions
- A reduction in residential care admissions
- More people with long term conditions managing their own care, relying less on health and social care services and experiencing improved health
- Efficiency savings for the NHS and KCC through reduction in duplication and making better use of the professional resources available to health and social care organisations

(2) The integration of adult social care with community health services will support the ambition in "Bold Steps for Kent", which explicitly states that "We will work to join up and integrate health and social care service provision to reduce costs and demand that could be avoided.".

(3) This also directly supports the Bold Steps Delivery Framework priorities "Support the transformation of health and social care in Kent" and "Improve services for the most vulnerable people in Kent."

(4) The integration of health and social care provision is an integral component of the FSC – Adults Transformation Programme 2012–15. The Health and Social Care Integration programme (HASCIP) will provide the capability which will deliver the transformation programme themes and has the potential to achieve efficiencies through working more closely with the NHS.

Implications

4. (1) Financial, legal, staffing, consultation and communication, risk and business continuity management, sustainability implications were covered in detail in the paper which was presented to the Adult Social Services and Public Health Policy and Overview Scrutiny Committee on 30th March 2012. No new significant issues or risks have arisen since then.

Background

5. (1) The development of integrated health and social care teams will contribute to the sustainability of health and social care services in Kent which

are faced with significant demographic pressures of an ageing population, many of whom have one or more long term conditions. It is now widely acknowledged that integrated health and social care teams are an important approach to providing interventions for people with long term conditions. A long term condition (LTC) may be defined as a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies (DH, 2012).

Making a difference to people's lives

6. (1) We anticipate seeing improved outcomes for individuals who get support from integrated health and social care teams who deliver targeted interventions focussed on improving the person's ability to self-care. The sorts of results already seen elsewhere in the country includes:

- increased number of people who report improvements to their mobility
- fewer people reporting problems getting washed and dressed
- increased number of people who report improvements to carrying out usual activities (e.g. work, study, housework, family or leisure activities)
- a greater proportion of people having no pain or discomfort
- fewer people feeling less anxious / depressed
- An overall perceived improvement in health

Example 1 – reducing the risk of hospital admission

A pilot of "Pro-Active Care" in the Shepway area has started.

Multidisciplinary teams are working with GPs to identify people who are at risk of hospital admission. The team work with an individual for up to 12 weeks to enable them to understand and manage their own long term condition better, to improve quality of life and reduce the chances of hospital admission or to become dependent on social care services.

As at the end of July 2012, 17 people have been targeted for this new approach to working with them, with a further 17-20 identified. Early outcomes already identified have included reducing the need for medication and preventing hospital admissions. A fuller evaluation will be completed by Canterbury Christ Church University.

Progress in the last 6 months – developing the capability for change

7. (1) Whilst there are not yet any new teams in place, managers across the NHS and social care are working with their own staff and with other support staff to prepare for the new teams to be implemented. This means working out how staff need to work differently with each other, developing new relationships, developing integrated care pathways as well as looking at some of the practical aspects like enabling access each other's buildings and IT

networks for co-location opportunities and ensuring that the right information governance (personal information and data sharing) arrangements are in place.

(2) At a strategic level an agreement has been developed between KCC, KCHT and KMPT, which describes how we expect our managers and staff to work together. An extract is below. There is also a commitment to re-align geographical boundaries between KCHT and KCC social care so that they are co-terminus and based around the new Clinical Commissioning Group boundaries.

Integration: Our Starting Point Expectations and Outcomes

Together we will:

- Hold multi-disciplinary team meetings, with GPs and primary care staff, to assess and discuss cases
- Use the same assessment process and documentation, and develop integrated care plans
- Share the detail of our caseloads, so that we do not duplicate efforts and instead offer integrated care packages
- Enable easier and faster access to resources, for example setting up rapid packages of care, by pooling our resources and budgets, and sharing the authority to approve packages
- Use risk stratification tools to ensure we have considered all the key sources of information so that we can make full and rounded assessments
- Put in place an integrated single point of access into our services
- Co-locate teams, where it makes sense, while recognising that our practitioners spend the majority of their time out with the people who use our services, in their homes and community settings and we need to support them to work in mobile and virtual ways.
- Agree and work to joint standards on response times
- Develop joint channels of communication with GPs, acute hospitals and other agencies
- Combine our expertise to best support the people who use our services, and their carers, to be in better control of their conditions through self care and 'personalisation'
- Work together to offer integrated personal budgets
- Agree joint key performance indicators (KPIs) and dashboards for integrated working – these will be reflective of and incorporate the existing KPIs within our individual organisations so that we deliver these must do's and then add value through our combined efforts in improving quality, innovation, productivity and performance
- Jointly review the performance of our integrated teams
- Capture and respond to feedback and surveys from the people who use our services and their carers.
- Offer joint induction, training and development and opportunities to share good practice and innovate.

(3) Whilst it is still early days in developing integrated teams, some positive steps have already been taken. Some examples follow.

Example 2 – Co-location Opportunities: sharing accommodation

- Practical steps are being taken in the Dartford, Gravesham and Swanley area to house health and social care staff in the same office accommodation. Kent Community Health NHS Trust staff will soon be moving into the KCC Joynes House office to sit alongside adult social care staff in readiness for the new integrated team working arrangements.
- Internet access has been put in place at Thistley Hill, Dover, so that Kent Community Health NHS staff can work from this building and access their own IT systems.

Example 3 – Integrated personal budgets

In the Dover and Thanet areas, 3 people have participated in a pilot to have an integrated personal budget. Staff have participated in joint training about integrated support planning and integrated personal budgets.

One person particularly wanted to be part of the pilot as she had experienced for many years duplication when using health and social care services and thought that an integrated budget would enable her to have more control over the services she used.

The integrated personal budget allowed for employment of Personal Assistants to help with day to day activities (social care funded) and to provide access to physiotherapy (NHS funded) to help maintain the muscle integrity in her arms, hands, legs and feet. It was hoped that the physiotherapist could do home visits and train the Personal Assistants so that they could continue to do daily exercises with her. For the direct payment monitoring it was agreed that the KCC Families and Social Care Employment Support Worker would take the lead to reduce duplication and the number of people involved with the case.

Example 4 – The benefits of an integrated management post

A joint post was created in February 2012 to pilot the management of both community NHS (nursing, community matrons and intermediate care) and social care staff under one senior manager. The Integrated Community Services Director / Head of Service post is a partnership role between KCC and the Kent Community Health NHS Trust, currently hosted by KCC.

She has formed an integrated management team, developing leadership competencies and providing opportunities for local managers to gain a better understanding of respective health and social care services. This has created the capability for staff to begin to begin to work across organisational silos, to ensure that the right care is provided at the right time by the right service.

Example *5 – Creating capacity through new cross-organisational roles*

We have designed new "Health and Social Care Co-ordinator" roles, which will work across health and social care boundaries and support the co-ordination of care in partnership with GPs. These new roles will be tested out shortly in the Canterbury and Swale areas. These staff will be key members of the multidisciplinary teams through their ability to gather information from a range of health and social care systems and are expected to be a key point of contact for GPs.

Conclusion

8. (1) There is some very good work going on to develop integrated health and social care teams, strongly driven by KCC and the Clinical Commissioning Groups, with full sign up and co-operation from community health providers. It is anticipated that integrated community health and social care teams for adults will be up and running across all areas of Kent over the course of the next year. Further examples of outcomes for individuals will start to become available as the new teams and ways of working become established.

Recommendations

9. (1) Members are asked to note the positive developments and progress being made toward integrating community health and social care services that have been made over the past 6 months.

Background Documents

10. (1) "Health and Social Care Integration Programme – integrating adult community health and social care provision" presented to the Adult Social Services and Public Health Policy and Overview Scrutiny Committee on 30th March 2012.

(2) Bold Steps for Kent, KCC, 2010

(3) Implementing the LTC Model of Care across Kent and Medway, June 2012.

(4) Long Term Conditions Compendium of Information: Third Edition, Department of Health, May 2012

Lead Officer:
James Lampert
Efficiency Team Manager, FSC
James.Lampert@kent.gov.uk or 07725 759541

From:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Andrew Ireland, Corporate Director – Families and Social Care
To:	Social Care and Public Health Cabinet Committee – 14 September 2012
Subject:	Peer Review of Kent County Council's Adult Safeguarding Services report by Essex County Council and Action Plan
Classification:	Unrestricted

Summary: This report presents the Peer Review of Kent County Council's Adult Safeguarding Services report by Essex County Council and the resulting action plan.

Recommendations: Cabinet Members are asked to:
1) note the Peer Review of Kent County Council's Adult Safeguarding Services report by Essex County Council and the resulting action plan
2) discuss ways in which Members can have increased involvement in safeguarding, as outlined in paragraph 4 (8) below.

1. Introduction

(1) In June 2012, Adult Safeguarding in Kent was subject to a Peer Review, conducted by Essex County Council. The Care Quality Commission (CQC) no longer inspect Councils in relation to adult safeguarding. Councils are expected to monitor their own performance and engage in Peer Reviews with other Local Authorities.

(2) Andrew Ireland, Corporate Director, Families and Social Care, requested that a Peer Review be undertaken by another Local Authority in regards to adult safeguarding in Kent. Essex County Council was approached at the beginning of the year, as there are similarities in the make up of our respective Local Authorities. In the last CQC inspection, Essex County Council was awarded 'Excellent' with regards to adult safeguarding.

2. Financial Implications

(1) There are no direct financial implications stemming from the report.

3. Bold Steps for Kent and Policy Framework

(2) The Peer Review of Adult Safeguarding and resulting action plan are part of the work in place to support Priority 14 of Bold Steps:

"Ensure we provide the most robust and effective public protection arrangements".

4. The Peer Review

(1) The Peer Review of Adult Safeguarding took place in June 2012 and focused on four key themes, which are as follows:

1. Outcomes for and the experiences of people who use services
2. Leadership, strategy and commissioning
3. Service delivery, performance and resource management
4. Working together

(2) The review team consisted of a Council Member, who is the Chair of the Safeguarding Scrutiny Board, Operational Service Manager for Safeguarding Essex, Manager of the Support Team for the Essex Safeguarding Adults Board and a Safeguarding Consultant Practitioner.

(3) During the Peer Review, members of the review team led focus groups with a wide range of staff and key stakeholders, including: senior managers, members of the Kent and Medway Safeguarding Vulnerable Adults Executive Board, providers, advocacy organisations and frontline staff. Members of the review team met with the Cabinet Member for Adult Social Care and Public Health; visited local offices where they met with a range of staff from different teams; reviewed a selection of case files and policies and attended a Safeguarding Awareness Week event.

(4) From the Peer Review, the review team have produced the report, which is available at Appendix 1. The overall conclusion of the review is that, *'the vulnerable people of Kent are well served by Kent County Council and its safeguarding services'*.

(5) The review team identified a number of examples of excellence during the Peer Review, which included: the safeguarding service; staff awareness across all of Kent County Council around safeguarding; the Mental Capacity/ Deprivation of Liberty Safeguards (MCA/ DOLS) service and partnership working with Medway and Health.

(6) The review team also identified a number of areas for development and from these, an action plan has been developed, in line with the key themes which the review focused on, as detailed above. The action plan has eleven recommendations and is available at Appendix 2.

(7) The action plan was presented to the FSC Strategic Safeguarding Adults Board on 2 August 2012 and FSC DMT on 8 August 2012, where it was amended and agreed.

(8) One of the recommendations within the action plan is as follows:

'Investigate the possibility of increased elected Member involvement in the safeguarding process'.

This is an area we would particularly like Members to discuss. Suggestions for increased involvement have included Members attending Locality team meetings and Locality briefings and involvement in the Kent and Medway Safeguarding Vulnerable Adults Executive Board.

5. Conclusions

(1) Since the Peer Review of Adult Safeguarding in Kent took place in June 2012, the action plan has been developed from the report provided by the review team from Essex County Council. This action plan has been agreed by FSC DMT and work has commenced on the actions identified within the plan.

(2) The review team agreed to give a presentation on the findings to those that participated in the review. This is arranged for 13 September 2012 and will provide an opportunity to hear feedback, ask questions and discuss the action plan.

6. Recommendations

Members are requested to:
1) NOTE the Peer Review of Kent County Council's Adult Safeguarding Services report by Essex County Council and action plan, and
2) COMMENT on ways in which Members could have an increased involvement in safeguarding.

Contact details

Nick Sherlock
Head of Adult Safeguarding
01622 696175 (7000 6175)
nick.sherlock@kent.gov.uk

Appendices:

Appendix 1: Peer Review of Kent County Council's Adult Safeguarding Services report by Essex County Council
Appendix 2: Peer Review Action Plan

Background Documents: None

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APPENDIX 1

PEER REVIEW OF KENT COUNTY COUNCIL'S ADULT SAFEGUARDING SERVICES

by

ESSEX COUNTY COUNCIL

11th – 14th JUNE 2012

Author: Stephen Bunford, June 2012

Contents

Acknowledgments

The peer review group wishes to take this opportunity to thank Kent County Council for inviting us to undertake this piece of work on their behalf. We appreciated the openness and honesty of everyone we met. However, the task could not have been undertaken and completed without the help and support given to us by Nick Sherlock and his team, particularly Clare Kennedy, Elaine Ayriss and Louisa Raffa-Sparkes.

Introduction

Kent County Council invited Essex County Council to undertake a peer review of their adult safeguarding service. Essex was pleased to be able to accept the invitation and the peer review occurred the week of the 11th June 2012. The approach that was taken was more of a "critical friend" review and was, by no means, an inspection.

The peer review group consisted of:

Cllr Bill Dick – elected to Essex County Council in 1997. Chair of the Community and Older People Policy and Scrutiny Committee; vice-chair of the Development and Regulation Committee and Safeguarding champion.

Paul Bedwell – the manager of the Essex Safeguarding Adults Board support team.

Kim Spain – a qualified social worker who is currently working in Safeguarding Essex as a Safeguarding Consultant Practitioner.

Moira Rowland – a qualified social worker who is currently the Director of Independent Living Advocacy, an independent organisation that actively promotes the empowerment of disabled people. Moira is also active on the Essex Safeguarding Adults Board and the Safeguarding Adults Management Committee.

Stephen Bunford – a qualified social worker and operational service manager for Safeguarding Essex, the adult safeguarding service for Essex County Council.

The peer review looked at four themes (set out below) relating to adult safeguarding in Kent and the conclusion was that the vulnerable people of Kent are well served by a robust safeguarding service, and there is a safeguarding ethos that pervades all parts of Kent County Council. The peer review group found a few issues which Kent may want to consider and which are set out in this report.

We hope that this review will help continue and develop the relationship between Kent and Essex and we look forward to inviting representatives from Kent to Essex in the near future to be a "critical friend" to us.

Executive summary and conclusion

The overall conclusion of this peer review is that the vulnerable people of Kent are well served by Kent County Council and its safeguarding services.

Everybody we met knows, and understands, that safeguarding is everybody's responsibility; and it was apparent to us that safeguarding is a golden thread that runs throughout all parts of Kent County Council. There is a lot of good practice being undertaken in Kent, and there is an obvious passion amongst the workforce to deliver a quality service.

We looked at four themes:

- Outcomes for and the experiences of people who use services
- Leadership, strategy and commissioning
- Service delivery, effective practice, performance and resource management
- Working together

From the themes we have the following observations:

Examples of excellence:

- The Central Referral Unit
- The development of the safeguarding co-ordinators
- The safeguarding service
- The approach of the Kent and Medway Partnership Trust to risk management.
- The inclusion in Learning Disability services of the service user in the safeguarding process.
- The development of the SG1 form.
- Staff awareness across all of Kent County Council around safeguarding.
- The high profile and involvement of Cllr. Gibbens.
- The MCA/DoLS service.
- Partnership working with Medway and Health.
- The inclusion of safeguarding in the commissioning process.
- A robust performance reporting mechanism
- The internal and external auditing of files

There are some areas which Kent County Council may wish to consider:

1. The “golden thread” of safeguarding runs throughout all of Kent County Council but how does it link up? How are ideas and projects in different services shared and not duplicated? Where is the opportunity for safeguarding leads in each service to meet up and develop a joint approach (such as in training)?
2. Could elected Members have more involvement in safeguarding (e.g. attend the safeguarding training along with front line staff)?
3. How could the excellent work of KCC staff be more formally recognised by their organisation?
4. The safeguarding board appears to have lost direction and needs a more robust membership. It needs a clear business plan and a governance role. Could the Board, for instance, “own” the safeguarding guidelines, the SG1 form and the training and thus make safeguarding more inclusive of all partner agencies rather than belonging to Kent County Council.
5. Could there be a single children and adult’s executive safeguarding board with an independent chair, supported by a number of specialist sub-groups? This may make attending meetings easier for partner agencies such as the Police.
6. We saw very little evidence of active service user involvement in the safeguarding process (except in KMPT and Learning Disability services). We did not get the impression (except in KMPT and Learning Disability services) that safeguarding in Kent is person centred. At times safeguarding does seem to be process led.
7. Advocacy services say they feel under-valued by KCC and not treated as equal professionals by practitioners.
8. Providers felt that the approach to suspensions was unequal and at times unfair. They felt that KCC did not follow their own policy and procedures, so at times they did not know why there was suspension or if a safeguarding investigation had been completed.
9. The impression that both advocacy services and the providers gave was that they felt there was an unequal balance between them and KCC and there has developed, perhaps, a blame culture in regards to safeguarding.
10. Adult practitioners undertake safeguarding training about children but there was no evidence that children’s practitioners undertake adult safeguarding training?
11. There was not a sense that there was any joined up approach to safeguarding by children and adult services and therefore not a “think family” approach to safeguarding (for example if a children’s worker went into a situation and thought there was a vulnerable adult at risk would they know what to do?)
12. The SG1 and the AP1 are two separate forms and need to be merged. There does not seem to a public facing safeguarding referral form or visibility of publicity about safeguarding (for instance on only one occasion did we see a leaflet in any of the venues that we visited that promoted safeguarding).

Methodology

Prior to the visit the peer review group had access to a number of documents to help give an overview of the work being undertaken in Kent. These documents included:

- the Kent and Medway Adult Protection Policy
- the Positive Risk Management Policy
- Guidance for Completing the SG1 form
- the Adult Social Care Transformation Programme Blueprint and Preparation Plan
- the Adult Protection Performance Report
- Active Lives Now and Active Lives 2007-2016 the ten year vision for Kent's Adult Social Services
- KASS Good Practice Guidance for Staff Carrying Out Community Care Assessments
- Adult Safeguarding in Institutional Settings,
- plus a number of other documents.

The peer review group were also given a presentation by Andrew Ireland setting the context for Kent at the time of the visit.

During the visit the peer review group met with various focus groups, including representatives from other directorates within Kent County Council, senior managers, Cllr. Gibbens, the Safeguarding Board, Contracts and Commissioners, the Performance team, advocacy groups, social workers and Occupational Therapists, the Kent and Medway Partnership Trust, providers, and those involved with the Mental Capacity Act and Deprivation of Liberty Safeguards.

The peer review group also visited the Central Review Unit and the Safeguarding Awareness Week Learning Disability event, as well as the Learning Disability team at Kings Hill and Older People and Physical Disability Teams at Swale and Dover.

The reviewers had four themes which they considered throughout the visit. These being:

- Outcomes for and the experiences of people who use services
- Leadership, strategy and commissioning

- Service delivery, effective practice, performance and resource management
- Working together

The research, presentation, focus groups and various visits helped inform our view of safeguarding in Kent. However, we do acknowledge that during our visit we were only able to see a small amount of the work that is going on in Kent and some of our observations may be comments on things that are already known or being addressed.

APPENDIX 1

Review outcomes

Theme 1: Outcomes for and the experiences of people who use services[1]

Headline comments	Areas to consider	General suggestions
• KMPT and learning disability services have good service user representation in the safeguarding process. • Advocacy in the learning disability service is embedded in practice. • The MCA/DoLS in KCC is well developed, proactive and innovative.	• Advocacy groups, except learning disability ones, felt they were only used in safeguarding in order that a box could be ticked by KCC. They did not feel that they were considered to be professional and some felt patronised by practitioners, especially the safeguarding co-ordinators. • One mental health advocate stated their belief that 9 out of 10 people with a mental health issue did not raise a safeguarding concern when they had been abused because they felt they would be further stigmatised by KCC. This statement was supported by several other non-mental health advocates. However, our experience in looking at KMPT did not bear this statement out,	1.1 It became apparent that the advocacy groups are divided about their involvement with KCC and that some groups may have taken the opportunity to raise their individual grievances. However, the comment about 9 out of 10 service users with a mental health issue not raising safeguarding alerts does need to be explored. 1.2 The suggestion by the advocacy groups to have a review of advocacy in Kent with a view to developing a robust working together plan seems a good approach and one which could have benefits for all parties. It could also raise the profile of advocacy with practitioners. 1.3 Some advocacy groups said they did not know how to raise a safeguarding alert so perhaps some

[1] We acknowledge that we did not have an opportunity to talk to people who use services so the majority of our comments are based on views of advocates?

	but we do have to acknowledge the perception of the person who made the statement and the support that it received from others. • Advocates felt that the language used in safeguarding was too harsh – they would like, for instance, to talk about people at risk rather than vulnerable people. • Advocates said they believed that the service user felt excluded from safeguarding process and that the safeguarding process is done to them. • Advocates felt that there is a lot of work being commissioned by KCC which is duplicating that which already exists and there is no joined up working together plan – if there was they felt KCC could make efficiency savings without having a significant impact on service delivery. • Advocates felt that equality and diversity by KCC always focused on the same BME groups and would like KCC to consider other groups such as	work needs to be done on raising the profile of safeguarding in Kent and some focussed work on safeguarding training for advocacy organisations. 1.4 The work on people's safety developed by KMPT could be a way of developing the good work that already exists in Kent around risk assessment and management. 1.5 It is apparent that there is a lack of active service user involvement in some services in relation to the safeguarding process and service development. How does KCC know what the public, especially vulnerable adults, want from a safeguarding service? However, there needs to be caution that KCC does not develop a "professional" service user who ends up representing no-one but themselves. 1.6 We were unclear if there are regular meetings with the providers to discuss safeguarding issues and their training needs. If there isn't then this may help develop a more preventative approach to safeguarding.

	the Lesbian, Gay, Bisexual and Transgender community, the deaf/blind community and minority eastern European groups. • Outcomes of risk assessments are not defined or owned by the individual. The risks are those perceived by the professional. However, KMPT focuses on people's safety rather than risk and then a person's safety is defined by them and not the professional. • The prevention agenda was mentioned but people seem to focus on the process. Practitioners stated they felt they were loosing local links as the current safeguarding process appears to apportion blame which then causes them difficulties with the local providers. People want to move away from a blame culture in safeguarding. • Practitioners seem wary, except in KMPT and learning disability services, of actively engaging service users in the safeguarding process. In older	1.7 Carer's needs weren't obvious from the files we looked at, and was something that the advocates also mentioned. Could some work be done with carer's groups to gauge their views?

	people's services service user involvement does not seem to be considered as a matter of course. • Carer's needs were not obvious in the files we looked at or the discussions that we had. It is not obvious on how those needs are being assessed or considered in the safeguarding process. • Files were not as personalised as anticipated, except in learning disability services. • We did not see or hear anything that implied a noticeable approach to hate crime, forced marriage, honour based violence or that it was on the practitioner's agenda – although we acknowledge that some work is being done. • Service users are not copied into the notes of meetings held about them, and there was no explanation on the files as to why not or why no representative of the service user was present. • It was unclear how the public	

	knows about safeguarding Kent or the Safeguarding Board. • Advocates felt they were deliberately excluded from the Safeguarding Board.	

Theme 2: Leadership, strategy and commissioning

Headline comments	Areas to consider	General suggestions
• Cllr Gibbens has a high profile within the workforce and is known for his views on safeguarding. He is seen as very supportive. • Andrew Ireland is seen as supportive, innovative and has a vision for Kent that people appear signed up to. • Safeguarding is recognised by everyone as being everyone's responsibility, and there is evidence that it is the "golden thread" that runs throughout the organisation as a whole. This was confirmed by other services such as libraries and public health. • Staff appeared passionate about their work and there is a genuine desire to develop the	• The front-line staff have a lot of ideas but seem unsure how to progress them. • Staff feel unvalued for their efforts and mentioned that a previous rewards scheme had been discontinued. Staff do not necessarily want financial recognition. • There appears to be a gap between senior managers and front-line staff in discussions on developing the safeguarding service. • Whilst staff were aware of Cllr Gibbens there seemed little knowledge about the activities of other Members. • Members have safeguarding briefings but consideration could be given to combining this	2.1 Could an acknowledgment scheme be introduced which recognises effort? 2.2 Could backbench Members undertake more visits to providers and locality teams? 2.3 Could Members undertake safeguarding training along with practitioners? 2.4 Could a "universal" (e-learning?) safeguarding training package be developed which could then be rolled out across all directorates. 2.5 Could a more robust risk management forum be introduced where high profile cases are shared and discussed more widely? 2.6 Could each directorate have a

services. From the discussions it was obvious that staff had lots of ideas and wanted to share them. • All services were aware of Nick Sherlock and the work of his team. • There was evidence to show that there is accountability as well as responsibility attached to safeguarding. • It is evident that in terms of commissioning safeguarding is well considered.	activity with training for other staff groups • Locality teams are keeping separate local safeguarding databases which are not supported by IT. Practitioners and managers suggested that their spreadsheet was more reliable than SWIFT and when busy it was their spreadsheet which was completed before SWIFT entries made. This could lead to the loss of information and intelligence, particularly with regard to institutional cases. Is Kent confident that they know everything everyone is doing in regards to individual safeguarding cases? • Different directorates are all aware of safeguarding but there does not seem to be any joined up thinking or sharing of ideas or projects. • Different directorates appear to have developed separate safeguarding training. How can Kent be assured of a consistent message if this is the case? • People talk about risk but what	safeguarding champion and there be a corporate safeguards group that meets to share ideas, projects, concerns etc.? This could enhance the "golden thread" of safeguarding that runs throughout the organisation? 2.7 Could providers be more engaged with safeguarding through, perhaps a provider's sub-group of the safeguarding board?

	happens with high risk cases which could be a risk to the organisation? How is learning from the situation shared across the whole organisation? Risk issues appear to be kept local and within the specialisms. • The providers that we met expressed concern about their perception of poor communication between them and KCC. For instance when there is a safeguarding investigation which includes them they are not consistently told the outcome. • Providers mentioned that they feel the approach to suspensions of new placements is not always in line with the policy and at times is used too readily without ascertaining the full facts. Providers felt that at times they did not know why a suspension was being placed and did not receive appropriate communications from KCC, such as a formal letter either placing or lifting a suspension. • Providers said that they felt there were, at times, not treated	

	as equal partners in safeguarding investigations. • Providers said they would welcome more dialogue with KCC about how they can work together on safeguarding matters, especially in relation to preventing issues arising.	

Theme 3: Service delivery, performance and resource management

Headline comments	Areas to consider	General suggestions
• The development of the Central Referral Unit (CRU) is innovative and impressive. • The Performance Team produces good quality, user friendly reports which respond to the needs of the localities. • There are good safeguarding training opportunities across all the directorates. • The safeguarding co-ordinators are a good and valued resource and are well respected by their peers. • There is a robust approach to file audits using both internal and external reviewers. • Introduction of the SG1 form	• The safeguarding policy and guidelines seem to be considered as too long, difficult to read and out of date (although we saw evidence that they are regularly updated people did not seem to realise they had been updated). • The Dover team has developed a simplified practitioner's guide. It was unclear if this is replicated across the county. • There seems to be several routes for the public to make contact so how does Kent know what's where? There did not seem to be any central banking of data and different teams keep	3.1 Could the Dover initiative of developing a shortened practitioner's guide to the process be developed by practitioners for use across the whole county and all specialisms? 3.2 Is it possible for the Performance Reports to contain qualitative as well as quantitative data? 3.3 Could the SG1 form become an intrinsic part of the safeguarding guidelines, which in turn are "owned" by the Safeguarding Board and then adopted across Kent and Medway, thus making it easier for agencies that work across both areas? 3.4 Can the SG1 be more streamlined?

welcomed by everyone. • Good multi-agency approach to the challenges of MCA/DoLS • The victims of abuse who are involved in the safeguarding process get good support. • Training outcomes are evidenced in practice.	different types of spreadsheet. However, the CRU may address this. • Not all practitioners are aware of the Performance Reports or their purpose or potential use as development tools. Some practitioners see the reports as a chasing mechanism solely related to statistics and suggested that more qualitative data could be included, such as the number of complaints and compliments. • Practitioners and managers seem unclear on how Performance Reports are used for analysing service delivery. • Practitioners wanted the SG1 and AP1 merged into one document (we are aware that this is already being undertaken). • The SG1 is a complex form and appears to be trying to be too much in one form. Practitioners feel there is too much repetition on the form. • Some practitioners are concerned that the safeguarding	Does it meet the needs of the practitioner or the service? 3.5 There is no public facing part of the SG1. Could part of it be developed to enable the public to make referrals directly via email, internet etc.? How are service users being empowered to raise safeguarding concerns directly? 3.6 Could practitioners and safeguarding co-ordinators work more closely together and where the practitioner takes the lead – the safeguarding co-ordinator taking more of a mentoring role. This may help with succession planning if a co-ordinator leaves there are experienced staff to take on the role. 3.7 Could a risk matrix be developed that ensures that risks highlighted on the SG1 form are consistently assessed and which then reduces the individual subjectivity? 3.8 How do the safeguarding co-ordinators maintain and develop their safeguarding knowledge base if they are the experts? Do they have a peer group support network? Are they

	co-ordinators get the “best” cases (i.e. the more complex and challenging ones), which means that others do not get the experience for their own professional development. • The risk assessment on the SG1 has outcomes which appear subjective and inconsistent. It was unclear how the risk questions are assessed to formulate a decision on the level of risk and then what is to be done with that risk. • Most people felt that there are too many people involved in the sign-off process for the SG1. Questions were asked about if it was a good use of the Head of Service to sign of all SG1s and waiting for the final sign-off can lead to delays of several weeks which reflect badly in the statistics. Managers said they felt that the sign-off process made them feel not trusted and de-skilled. • Practitioner’s feel that Children’s Services are the “favoured” service but want closer working links with them to develop	actively engaged in any safeguarding research which promotes the good work being done in Kent?

	services, especially around transitions.	

Theme 4: Working together

Headline comments	Areas to consider	General suggestions
• The joint Safeguarding Board with Kent and Medway evidences a joined up approach to safeguarding. • The Safeguarding Board is multi-agency (e.g. Police, Health, KCC etc.) • The CRU is a good example of working together (Police, Children's, Adults and Health). • Practitioners feel there is good engagement across the different agencies. • There appears to be a strong safeguarding ethos across all agencies and a willingness to work together. • Providers appear happy with the safeguarding training that they can access. • Providers are included in the MCA/DoLS work and training.	• Practitioners did not seem to know there was a Safeguarding Board, and those that did know about it did not know what its role and function is. The Board seems "invisible" to outside organisations. • Representation on the Board needs to be more inclusive of providers, service users, voluntary groups, and district and borough councils. • The Safeguarding Board needs a robust public business plan. It also needs strategic aims as at the moment seems to lack direction. • The Board is currently seen as an extension of KCC and not independent. If this continues then there is a risk that Medway may not want to continue being a part of it. • The Board has no governance	4.1 Kent has a unique opportunity to review the Safeguarding Board and perhaps consider a single executive safeguarding board that covers both children and adults with an independent chair. 4.2 The Safeguarding Board should "own" the safeguarding guidelines and SG1 form and hold all partner agencies to account for safeguarding. It could develop a formal governance function. Also the Board would not be seen as an extension of KCC, which in turn may encourage others to be more actively engaged in its work. 4.3 The Board needs a business plan by which it can be held to account by partner agencies and the public. 4.4 The Board should consider how it can assure itself safeguarding systems in Kent are effective. A S11 type self assessment audit tool could be

	role. • There does not seem to be enough public facing information or a communication strategy that informs the public about safeguarding, what it is or how they are being safeguarded. • The Board needs to know what is happening and how well safeguarding is being delivered across Kent and Medway. It needs to highlight areas to be developed or addressed (such as Honour Based Violence, domestic abuse etc.) • Practitioners feel there is a lack of public information about safeguarding in Kent. • The safeguarding process in Kent appears not to have active service user involvement (except in mental health and learning disability services). • It was unclear how service user feedback on their safeguarding experience informs service development or delivery. • Provider's felt excluded from safeguarding.	considered. 4.5 The Board needs to possibly look at ways of raising the profile of safeguarding in Kent and Medway and look at how it informs the public about services before they actually need them. This would extend the ethos of safeguarding being everyone's responsibility and not just the remit of KCC. 4.6 The work of the mental health and learning disability service on service user involvement and engagement in safeguarding should be looked at by other services, especially older people's services. 4.7 Could there be a provider's sub-group of the safeguarding board? 4.8 How are housing organisations engaged in safeguarding and the Safeguarding Board?

APPENDIX 1

Appendix A

During the visit a number of mutual topics came up which people may want to discuss further. Below are some names and contact details of people in Essex who may be able to useful to contact to discuss these topics further:

Contacts:

- Adult safeguarding (including Risks & Issues reporting, the Corporate Safeguards Leads Group, adult Local Authority Designated Officer (LADO) pilot and the Notifiable Offences pilot) – Stephen Bunford (email: Stephen.bunford@essex.gov.uk)

- Adult Safeguarding Board – Paul Bedwell (email: paul.bedwell@essex.gov.uk)

- Advocacy and service user involvement in safeguarding – Moira Rowland (email: mrowland@ilaessex.co.uk)

- AskSal telephone helpline – Wesley Jarvis (email: Wesley.jarvis@essex.gov.uk)

- The Essex Prison Project – Kim Spain (email: kim.spain@essex.gov.uk)

- The MCA/DoLS Service – Ania Smith and/or Stephen Bunford (email: ania.smith@essex.gov.uk)

- Practitioners Safeguarding and Risk Bulletin – Wesley Jarvis (email: Wesley.jarvis@essex.gov.uk)

- The Essex Complexity Forum (for Children and Adults) – Sean Lowe (email: sean.lowe@essex.gov.uk)

Service user feedback – Elaine Archer (email: Elaine.archer@essex.gov.uk)

APPENDIX 1

APPENDIX 2

Version 3: August 2012

Peer Review Action Plan

Recommendation		Desired Outcome	Action	Timescale	Measurable Indicator	Lead	Progress
Theme 1: Outcomes for and the experiences of people who use services							
1.	Investigate ways of increasing the level of service user and carer involvement in safeguarding as a service	• It can be evidenced that service users are at the centre of safeguarding investigations	1. Involvement of service users to be promoted during training courses 2. Review safeguarding process to ensure service users are fully involved, i.e. in meetings and review how we feed back to them 3. Develop mechanisms for post abuse feedback, including the feedback form for service users 4. Develop a model of best practice and disseminate to staff 5. Develop practice workshops for practitioners, focusing on how we involve service users 6. Develop a safeguarding reference group with key stakeholders, i.e. Healthwatch 7. Review information provided to people who are the subject of safeguarding alerts	Ongoing from October 2012 October 2012 February 2013 February 2013 February 2013 February 2013 February 2013	• Feedback from service users and carers • Programme of audits demonstrates increased levels of service user involvement in the safeguarding process • Workshops for practitioners are delivered	Head of Adult Safeguarding Heads of Service	
2.	Review advocacy arrangements to improve engagement with Advocacy groups in the safeguarding process	• Improved relationship with Advocacy groups and greater levels of engagement • Increased profile of advocacy amongst practitioners	1. Develop a safeguarding reference group with key stakeholders, i.e. Healthwatch 2. Develop a 'working together' plan/ Advocacy strategy	To be agreed with the Strategic Commissioning Unit	• Increased level of engagement with Advocacy groups can be evidenced	Head of Community Support	
Theme 2: Leadership, strategy and commissioning							
1.	Investigate the possibility of increased elected Member involvement in the safeguarding process	• Members are more fully involved in the safeguarding process	1. Discuss with Members at Cabinet Committee on 14th September how involvement can be increased – see Cabinet Committee report	September 2012	• Discussion with Members takes place	Head of Adult Safeguarding	
2.	Develop a universal safeguarding training package for use across	• All Directorates receive the same Adult Protection	1. E-learning safeguarding training is advertised KCC wide 2. Monitor uptake of this training	August 2012 December 2012	• Uptake of e-learning training is monitored	Head of Adult Safeguarding Training Manager	

APPENDIX 2

Version 3: August 2012

Recommendation		Desired Outcome	Action	Timescale	Measurable Indicator	Lead	Progress
	all Directorates	training	3. Analyse feedback to establish if this meets training needs 4. Investigate the possibility of developing a universal training course	December 2012 February 2013	• Feedback on the e-learning course is analysed		
3.	Develop Risk Management Forums to discuss high profile cases	• Risk Management Forums are an effective arena to discuss high profile cases and share good practice	1. Review current mechanisms to ensure they are effective and establish how they can be better used 2. Develop Risk Management Forums to ensure they are fit for purpose	October 2012 December 2012	• Risk Management Forums can be evidenced as being effective arenas for discussing high profile cases	Head of Adult Safeguarding	
4.	Improve cross-Directorate working in relation to safeguarding	• Improved cross-Directorate working in relation to safeguarding	1. Investigate the possibility of establishing a Corporate Safeguarding Group to share ideas and issues 2. Re-establish links with Community Safety 3. Investigate the possibility of Safeguarding Champions for each Directorate	December 2012 August 2012 December 2012	• The possibility of developing of a Corporate Safeguarding Group is investigated • The possibility of each Directorate having a Safeguarding Champion is investigated	Head of Adult Safeguarding	2. It has been agreed that the Head of Adult Safeguarding or the Safeguarding Adults Policy and Standards Manager will attend Community Safety Team Meetings every six weeks
5.	Develop a needs assessment for safeguarding	• Needs assessment for safeguarding is developed	1. Benchmark safeguarding performance in relation to Kent demographics 2. Benchmark safeguarding activity against other Local Authorities 3. JSNA for safeguarding is developed and delivered	December 2012	• Needs assessment for safeguarding is delivered	Head of Adult Safeguarding	
Theme 3: Service delivery, performance and resource management							
1.	Review the SG1	• A more streamlined SG1 form is developed	1. Streamline the SG1 2. Investigate the possibility of merging the SG1 and AP1 3. Investigate the possibility of developing a public facing element	December 2012	• The SG1 is streamlined	Head of Adult Safeguarding Safeguarding Adults Policy and Standards Manager	
2.	Develop the mentoring role of the Safeguarding Vulnerable Adults Co-ordinators for practitioners and ensure Safeguarding Vulnerable Adults Co-ordinators have	• Practitioners gain further experience of complex investigations through co-working • Safeguarding Vulnerable Adults Co-ordinators maintain	1. Consult Safeguarding Vulnerable Adults Co-ordinators regarding options to develop their mentoring role 2. Implement chosen option 3. Safeguarding Vulnerable Adults Co-ordinators provide details of specific areas for training 4. Method to deliver training is identified	November 2012 January 2013 November 2012 December 2012	• Options to develop mentoring role are discussed and preferred method is implemented • Areas for	Head of Adult Safeguarding Heads of Service Training Manager	

APPENDIX 2

Version 3: August 2012

Recommendation		Desired Outcome	Action	Timescale	Measurable Indicator	Lead	Progress
	opportunities for training and development as experts in their field	knowledge and have opportunities to share good practice	5. Bespoke training is delivered	January 2013	training are identified • Method to deliver training is established • Bespoke training is delivered		
Theme 4: Working together							
1.	The Kent and Medway Safeguarding Vulnerable Adults Executive Board should investigate ways of increasing its profile with partner agencies and members of the public	• The Kent and Medway Safeguarding Vulnerable Adults Executive Board has an increased profile with partner agencies and members of the public	1. Decision by the Kent and Medway Safeguarding Vulnerable Adults Executive Board	November 2012	• Decision taken by the Kent and Medway Safeguarding Vulnerable Adults Executive Board	Kent and Medway Safeguarding Vulnerable Adults Executive Board Manager	1. This recommendation is being considered as part of the governance review currently underway
2.	The membership of the Kent and Medway Safeguarding Vulnerable Adults Executive Board should be reviewed	• The Kent and Medway Safeguarding Vulnerable Adults Executive Board has a wider membership	1. Decision by the Kent and Medway Safeguarding Vulnerable Adults Executive Board	November 2012	• Decision taken by the Kent and Medway Safeguarding Vulnerable Adults Executive Board	Kent and Medway Safeguarding Vulnerable Adults Executive Board Manager	1. This recommendation is being considered as part of the governance review currently underway

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To: **Social Care & Public Health Cabinet Committee – 14th September 2012**

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 & Social Care

Subject: **BUDGET CONSULTATION 2013/14**

Classification: Unrestricted

Summary: To update the Committee on the 2013/14 budget consultation launched on 6th September.

Recommendation: Members are asked to note the launch of consultation and that feedback will be provided in the November round of meetings

FOR INFORMATION

1. Introduction

1.1 Consultation on the draft budget proposals for 2013/14 was launched on 6th September. The consultation will run for 8 weeks up to 1st November 2012. The consultation has been launched much earlier than in previous years. This allows more time for consideration of the options and more time for Cabinet and Cabinet Committees to consider consultation responses.

1.2 The consultation is accompanied by a brief paper which outlines the challenge the council faces in addressing additional spending demands while at the same time Government grants are reducing and a proposal to freeze Council Tax for the third successive year. This combination means £60m of savings need to be found next year.

1.3 The consultation focuses on £42m of savings which are the key new proposals. This includes proposals to address the £28m of savings that were not identified at the time the current Medium Term Financial Plan (MTFP) was agreed, as well some items which were included in the current plan but not in detail as there was no impact in 2012/13.

2. Current Medium Term Financial Plan

2.1 The starting point for the budget proposals is the current MTFP. We have updated all the estimates in the original plan, including estimates for

forecast inflation and demographic pressures as well as the latest on timing for delivery of savings. Launching consultation early inevitably means these estimates are less robust than they would be later in the year. In particular we have had to estimate the amounts we are likely to get in Government grant as we do not even have provisional grant figures to work from. We have had to estimate the likely number of domestic households for Council Tax purposes as districts will not make the formal assessment until later in the year.

2.2 At this stage for consultation purposes we have not produced individual portfolio plans. Instead we have produced an overall summary for the whole council showing how the net expenditure (gross expenditure less service income) is proposed to reduce from £1.78bn in 2012/13 to £1.71bn for 2013/14. Cabinet Members feel it important to consult about the broad principles and direction of travel at this stage and consultation on detailed implementation can follow at a later date once the overall strategy has been agreed. The key issues for both the Adult Social Care and Public Health and Specialist Children's Services portfolios will be considered at the meeting.

2.3 For simplicity Cabinet Members agreed that we should consult about net expenditure i.e. before Government grant income, rather than net spend after specific grants (as previously quoted in budget plans). Cabinet Members felt that distinguishing between specific and un-ring-fenced grants was unnecessarily complex and distracted from the main message of additional spending demands + reduced grants + freeze Council Tax = need for significant savings.

3. Engagement with Cabinet Committees

3.1 Cabinet Committees have already been asked to establish an Informal Member Group (IMG) to consider the specific budget issues for each portfolio. The IMG for this committee is chaired by Mr C Smith, and includes Mr R Brookbank, Mr L Christie and Mr S.J.G Koowaree. The IMG has already set a schedule of meetings throughout the autumn. There are no specific terms of reference for the IMG and each group will agree their own working arrangements and which officers should be invited to provide evidence.

3.2 It is intended that the IMG will report its findings to the November meeting together with any specific issues for the Adult Social Care and Public Health and Specialist Children's Services portfolios arising from the consultation. This should provide the Cabinet Committee with sufficient information and evidence to make recommendations to the Cabinet Member. These recommendations can then be considered by Cabinet in December prior to issuing any changes to the final draft budget. This will provide Cabinet Committees the opportunity to scrutinise the response to consultation prior to the final budget being presented to County Council in February.

3.3 In light of this process Cabinet Committee's need to decide whether they want to debate about the proposals in the consultation paper at this meeting, or whether this should be deferred until November after the IMG has undertaken detailed examination.

4. Recommendation

4.1 Members are asked to

(i) note the consultation launched on 6th September
(ii) note the proposed engagement with Cabinet Committees
iii) decide at which meeting(s) they wish to debate the consultation

Contact officer:

Michelle Goldsmith
Finance Business Partner – FSC
01622 221770

Background documents: None

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By	Jenny Whittle, Cabinet Member for Specialist Children's Services
	Andrew Ireland, Corporate Director for Families and Social Care
To:	**Cabinet Committee for Social Care and Public Health, 14 September 2012**
Subject:	**2012 FOSTERING INSPECTION BY OFSTED**
Classification:	Unrestricted

Summary: This report outlines the legal framework, process and outcome of the Ofsted inspection, including the key messages, of KCC's Looked After Children and Fostering Service. The inspection took place on the 12th, 13th and 14th June 2012 under the new Ofsted Inspection Framework which was introduced in April 2012.

Recommendations: That members note the report and the resultant action plan, welcome the positive comments in the Inspection report about the fostering service, outcomes for Looked After Children and the improvement journey.

1. Introduction

(1) The legal framework for the inspection of Fostering Services is contained in the Children Act 1989; Children Act Guidance Volume 4– Fostering Services 2011; Fostering Service The Care Planning, Placement and Case Review (England) Regulations (2010) – National Minimum Standards and the Care Standards Act 2000

(2) In April 2012 Ofsted introduced a new framework for the inspection of Fostering Services. The previous inspection framework focussed on services meeting National Minimum Standards (NMS) with in the region of 80% of Services nationally being judged as Good or Outstanding and yet outcomes for Looked After Children were poor. Inspections were conducted on an 'announced' basis with services getting approximately 6 weeks notice

(3) Hence the new Framework looked to shift the balance from 'processes' to how a whole service achieved good outcomes for Looked After Children Compliance with NMS's are an expectation and the basic requirement for achieving an adequate judgement. Inspection now focuses on the child's 'journey' and thus the inspection has broadened it's remit to Children Looked After in in-house fostering placements rather than just how the fostering service complies with and meets NMS.

(4) Services can be judged overall as Outstanding (a service of exceptional quality that significantly exceeds minimum requirements), Good (a service of high quality that exceeds minimum requirements), Adequate (a service which meets minimum requirements) or Inadequate (a service which does not meet minimum requirements with individual judgements being made on:-

- Outcomes for children and young people
- The quality of service provision
- Safeguarding children and young people
- Leadership and management

(5) Equality and diversity issues are judged on the basis that they are addressed throughout the service and across the standards

(6) Comprehensive Grade Descriptors were published by Ofsted which made clear what was expected and how services would be evaluated under each heading with an incremental build up of evidence to support the judgement i.e the requirement to achieve a higher grade is dependent on meeting and exceeding all the requirements and expectations of the grade below plus those of the higher grade This is a much more challenging regime and Ofsted indicated that they anticipated fewer services would be judged as good or outstanding and it was likely that nationally most services would drop a grade. There are no 'limiting judgements' but it is unlikely that a service would be deemed Outstanding if for example safeguarding was judged as Inadequate

(7) The following types of Inspections may be carried out by Ofsted:-

- An inspection – which is carried out once in each 3 year cycle
- A monitoring inspection – which may be carried out if there is an incident
- A Survey inspection – on a themed basis

(8) Ofsted indicated that they would focus on safeguarding and matters which made a difference to children's life chances and experience of being looked after' such as, stability of placements, placement of siblings together, evidence that children's views are sought and responded to with regards to their own care plan but also in the development of the service, and the response to children who go missing.

(9) Inspections would focus on 'what difference' the service made to outcomes for children and how this could be robustly evidenced, for example ,it would not be enough to say that there was a comprehensive training programme for foster cares but a need to evidence how this had made a difference to carers ability to meet children's needs and achieve good outcomes.

(10) Kent's Inspection was carried out by three inspectors over three days and included:-

- Adherence to and compliance with NMS and legal requirements
- Focus groups with a range of professionals, children and foster carers

- Scrutiny of policies and procedures
- Scrutiny of 10 children's' cases
- Compliance with the recommendations from previous inspections
- Feedback questionnaires
- Service data and performance information on national indicators
- Scrutiny of complaints and how allegations against carers are handled
- Partnership working

(11) Services are given 10 days notice of the inspection. The draft report should be made available to the service 10 days following the completion of the inspection so that any inaccuracies can be rectified and the final report within 20 days

(12) In future Ofsted will conduct a combined inspection of all services relating to Looked After Children rather than separate inspections of Fostering, Adoption and District social Work Services as is currently the case and hence will examine how a the Local Authority meets the needs of their Looked After Children wherever they live. This new inspection regime will be introduced in April 2013 and hence this is the final year of separate inspections

2. Financial Implications

(1) There are no financial implications directly arising from this report

3 Bold Steps for Kent and Policy Framework

(1)There is a clear mandate that Children in Care in Kent should be, where ever possible looked after within a family. There is a challenging target to recruit 140 new carers in 2012/13.

4. Ofsted Inspection of Kent County Council's Looked After Children and Fostering Service

(1) KCC Fostering service was inspected in May 2008 and judged to be Good.

(2) On the 28th May 2012 the County Fostering Manager received notification from Ofsted advising that the service would be inspected on the 12th, 13th and 14th June thus giving 9 working days notice and subsequently the inspection took place on those days. The draft report was received on the 16th July. 22 working days after the completion of the inspection. Factual corrections were made and the report was returned to Ofsted on 18th July 2012

(3) Following receipt of the inspection report an action plan has been produced which is attached as Appendix 1. The inspection report is attached as Appendix 2.

(4) The overall judgement of the inspection was **Adequate**, with the following detailed judgements:-

- Outcome for Children and Young people – **Good**
- Quality of Service – **Adequate**
- Safeguarding children and Young People – **Adequate**
- Leadership and management – **Good**

(5) There are many very positive comments in the report which include:-

- The entire service is working tirelessly to support the progress made, with the well-being of Kent's children as its driving force.
- The fostering service is committed to valuing every child and improving their outcomes
- Foster carers are passionate about providing the best possible care and they advocate tirelessly for children
- Great emphasis is placed upon keeping young people safe
- The service benefits from strong leadership and management
- The vast majority (of children) are very happy with their foster carers. feeling valued and cared for
- The energy and drive committed to the virtual school over the last two years is paying real dividends
- The views of children and young people are overwhelmingly positive, particularly about the quality of direct care and support they receive from their foster carers.
- Excellent systems reliably inform the ongoing foster carer recruitment campaign
- Placing social workers value foster cares as professional colleagues
- Foster Carers are excellent role models; many use their own continued training and development to demonstrate the value of learning to those in their care
- Children and young people enjoy good health
- Children and young people enjoy appropriate and meaningful contact with their family members and important others
- Young people say they receive a good service to prepare them for leaving care
- Newer foster carers say they are happy with their own initial assessment processes
- Children with disabilities receive the care and support they need from well trained carers
- The percentage of those (carers) having completed the Children's Workforce Development Council's induction training is higher than the national average
- The wide variety of placements offered by the service increases the likelihood of placing children successfully and appropriately
- The Fostering Panel provides a robust quality assurance role and function in terms of assessments, reviews, allegations and complaints
- Approval checks conducted on prospective carers and members of their households are robust and thorough
- The majority of foster carers say they a have been well supported following a complaint or allegation

- Significant energy is having the desired effect upon driving down the occurrences of young people being missing from care. Protocols with the police are clear and effective. Foster carers understand their role.
- The Service is effectively managed and staffed by people who possess the skills, experience and qualifications required.
- A clear sense of purpose and direction dedicated to improving outcomes for children and young people is demonstrated by staff across all disciplines
- Multidisciplinary working is now an integral feature of planning and monitoring the support provided for children and young people
- The percentage of children and young people who are placed with foster carers is higher than the national average
- Good retention and an active recruitment campaign see the number of approved fostering households across the county increased year on year.
- Staff say they receive good, often excellent levels of support from their line managers

(6) There are 8 recommendations contained in the report which include, the need to:-

- further develop consultation to ensure that children can communicate their views on all aspect of their care and support in order to inform service development
- review and update policy and procedural guidance for foster carers with particular regard to physical restraint and to ensure that foster carers receive training on positive care and control of children
- maintain and further drive down the number of children who go missing from care to minimise the risk that they will go missing and reduce the risk of harm should they go missing
- ensure that foster carers practice safe care policies including fire risks and e-safety by ensuring that carers are trained and have guidelines on their health and safety responsibilities
- ensure that all foster homes are inspected annually without appointment
- update fostering panels' terms of reference and seeking its views on additional service matters to include the panel giving advice on other matters referred to it
- address the variable quality of carers supervision records and service policies and procedures and that the manager regularly reviews and updates these to ensure they comply with policy, identify concerns about specific incidents, and identify patterns and trends

(7) The report recognises that, following the inadequate rating from its Safeguarding and Looked After Children inspection in 2010, that Kent is on a journey which has resulted in a structured and targeted approach which is driving and achieving improved safeguarding practices throughout the authority , good examples of which include partnership working with the police and extensive dialogue with schools.

(8) The report highlights that the service is aware of its strengths and weaknesses and has a clear plan to deal with any short comings. It notes that there are some areas for development across Social Services which include :-

- That consultation mechanisms to capture the views of young people are underdeveloped and not universally known but are being actively improved and steps taken to advertise the new developments in the advocacy service and the revitalised Children in Care Council including the setting up of a junior Council for younger children.
- That the there are a number of unplanned endings to placements although these are declining due to better matching processes
- There are insufficient carers from minority ethnic groups to ensure children are racially or culturally matched with carers. This is being addressed through the Recruitment Strategy currently being updated and developed
- The use of exemptions (where the manager of the service agrees that carers can take more than 3 unrelated children) is high compared to other Local Authorities. This is often done to keep sibling groups together. The report acknowledges that exemptions are robustly monitored by the manager

5. Conclusions

(1) This is a very positive report in the context of the new Ofsted Inspection Framework with many areas of good practice being acknowledged by the inspectors. Particularly heartening is that children feel safe, happy, valued and positive about their foster carers and that they are making such good progress.

(2) Foster Carers, managers and staff from KCC, and partner agencies are clearly very committed to ensuring that Looked After Children's life chances are enhanced by being in care.

6. Recommendations

(1) Members are asked to:
a) NOTE the Inspection Report
b) COMMENT on the action plan arising from the recommendations.

Contact details

Teresa Vickers – County Fostering Manger
01233 652109
teresa.vickers@kent.gov.uk

Appendices:

Appendix 1 – Fostering Inspection Action Plan
Appendix 2 – Ofsted Inspection Report, July 2012

	Recommendation	Action	Who	When	Performance Measure
1	**Ensure that children and young people communicate their views on all aspects of their care and support. This recommendation is made within the context of further developing consultation forums to enable their views to inform service development (NMS 1.3)**	Looked after Childrens teams to include in their area plans how they will hear the Voice of the children in ther districts addressing NMS 1.3 as a priority (regs 3.31 - 3.42.	Service and Team Managers along with Fostering Support Managers.	First management meeting following restructure	All Looked after Children know how they can contribute their views to the service
		Fostering support Managers to set up tracking system to ensure requested feedback forms at the end of placements and at Annual reviews are returned by area social workers.	Fostering Support Manager with CiC manager	30th Sept 2012	100% of end of placement and Carer Reviews are returned.
		Child in Care Council has improved attendance by CiC.	VSK Fostering and Children in Care teams	Within one month of restructuring	Increased representation by Young people on The Children In Care Council
		Young people involved in assessing and recruiting foster carers, youn gpeople involved in recruitment of staff, C&F, Adolescent Resource,	Centralised Managers, Recruiting managers	Ongoing	Young people activley involved in foster carer and staff recruitment
2	**Ensure all foster carers receive training in positive care and control of children. This recommendation is made within the context of the need to review and update guidance for foster carers, with particular regard to the physical restraint policy and procedure (NMS 3.8)**	Review the Positive Behaviour Management Policy & Procedure	Working group led by Mandy Lowe/ Lisa Fitzpatrick to include range of people - foster carers, team teach trainer, young person, Child in Care	Meet 3 times - Sept, Oct, and November and present to SCS Div Mgt no later than December.	Up to date policy which has been rolled out to carers within 2012/13
		Review current training delivery	Fostering Training Group with Mandy Lowe fostering service, disabled children.	Launch event to carers in New Year within the new areas.	Increased availability of training and training delivery at different levels (low & high) overall by 25%. Reduced numbers of allegation/complaints about inappropriate restraint by 10%.
3	**Ensure the care and support provided to children minimises the risk that they will go missing and reduces the risk of harm should the child go missing. This recommendation is made within the context of the service continuing to drive down the number of episodes of children going missing (NMS 5.1)**	Continue with the risk management meetings.	District/Area teams.	Ongoing.	Reduction in numbers of children who go missing
		Supervising fostering social workers to discuss at supervision session following missing episode to discuss the Foster Carers strategy for dealing with missing child and ensure risk assessments are update.	Fostering social worker (support).	Ongoing.	
		Include in Children/Young persons guides re keeping themselves safe.	Mandy Lowe Policy & Performance	By Jan 2013	
4	**Ensure foster carers are trained in health and safety issues and have guidelines on their health and safety responsibilities. Avoidable hazards are removed as is consistent with a family home. This recommendation is made within the context of ensuring foster carers' own safe care policies are in line with the services own guidance, including fire risks and e-safety (NM 10.3)**	Training manager to review current Health & Safety training and ensure health and safety issues are Incorporated into safecare plan.	Fostering Training Group all Supervising SW's	By October 2012 for current courses and for future courses	All activity completed and rolling system in place to ensure consistent action ongoing
		Amend terms and conditions of foster carers to include requirement for carer to request 'Fire safety house check' from fire brigade and to formlate a fire safety plan. All registered carers to have fire safety addressed at review.	County Manager & Area Fostering Teams	01/09/2012 Ongoing	
		Fire safety plan to be addressed in family's safe care plan.Home fire plan to be amended specific to each new placement and discussed with the child	Support Fostering Teams	ongoing	
		Safe care plan form to be reviewed to have additional item covering fire plan/safety.	County Manager	September	
		All current carers will have fire safety addressed at Annual review All new carers have had visit from fire safety officers within 3 months of approval.	Support teams Assessment and Support Teams	Annually and Ongoing within 3 months of approval and ongoing	

5	**Ensure the foster home is inspected annually, without appointment, by the fostering service to make sure that it continues to meet the needs of foster children (NMS 10.5)**	12 monthly unannounced visits undertaken and health & safety inspection undertaken/reviewed at that time.	Fostering social workers.	Ongoing	100% of carers to receive an unannounced visit in 12 month period
		Tracking system to show each carers unannounced visits/dates.	Admin/team leader	Immediate and ongoing	
6	**Maintain an effective strategy to ensure sufficient foster carers are responsive to current and predicted future demands on the service. This recommendations is made within the context of recruiting a sufficient number of foster carers who can accommodate sibling groups, so as to reduce the need for exemptions (NMS 13.1)**	Update/review the recruitement strategy	County Manager Team Managers, Recruitment Co-ordinator (recruitment and support & assessment teams) District LAC team.	Annual review of strategy	Target of 140 new carers in12/13 reached, Increased recruitment in "Hotspots". Increase by 10% number of children placed in house as sibling groups. Decrease by 10% number of exemptions.
		New assessment teams/focussed recruitment	County Manager Team Managers, Recruitment Co-ordinator (recruitment and support & assessment teams) District Children in Care team	Oct-12	
		Focussed recruitment on sibling groups/permanence, BME, P&CH - working with the support teams/hot spots	County Manager Team Managers, Recruitment Co-ordinator (recruitment and support & assessment teams) District Children in Care team.		
7	**Ensure the fostering panel shall give advice and make recommendations on such other matters or cases as the fostering provider may refer to it. This recommendation is made within the context of updating the panel's terms of reference and seeking its views on additional service maters (NMS14)**	Update the panels terms of reference.	County Manager Assesment Team	Oct-12	Panel reports improved. Assessment Timescales met.
		County Manager to devise feedback form from Panel chairs to Team Managers.	County Manager Panel chair,	Ongoing	
		Annual panel chair report.	Panel chairs	Annual	
		Continue seeking advice from panel re matters of concern.	All Teams	Ongoing	
8	**Ensure the manager regularly monitors all records kept by the service to ensure compliance with the service's policies, to identify any concerns about specific incidents and to identify patterns and trends. This recommendation is made within the context of addressing the variable quality of carer supervision records and ensuring that all service policies and procedures are regularly reviewed and updated (NMS 25.2)**	All significant incidents of concern, complaint or allegation in a foster home to be logged and kept centrally by area team.	Fostering Support Manager	Ongoing	Agreed System is in place giving early identification of patterns
		Supervisor of fostering social work staff to examine quality of individuals supervision records.and case files. Ensure new ICS system takes account of fostering recording requirements.	Information reviewed quarterly by area Children in Care teams and fostering support management. M.V & NA	01/09/2012 and ongoing	Continue to have fostering representation on all ICS groups

Kent County Council Fostering

Inspection report for local authority fostering agency

Unique reference number	SC062007
Inspection date	12/06/2012
Inspector	Sophie Wood / Muhammed Harunur Rashid
Type of inspection	Full

Setting address	Kent County Council, Kroner House, The Eurogate Business Park, ASHFORD, Kent, TN24 8XU
Telephone number	01233 652 172
Email	teresa.vickers@kent.gov.uk
Registered person	Kent County Council
Registered manager	Teresa Vickers
Responsible individual	Jean Imray
Date of last inspection	11/07/2008

Service information

Brief description of the service

Kent County Council's fostering service comprises four main offices. The county manager is based at the Ashford office and team managers are responsible for the local management of North, South, East and West teams. The service provides children and young people with placements including: emergency; time limited; continuing care; long term; permanent; family and friends; respite care; parent and child; intensive fostering; and treatment care. At the time of this inspection, the fostering service had 1383 individual approved foster carers, supporting 1901 children and young people.

The inspection judgements and what they mean

Outstanding: a service of exceptional quality that significantly exceeds minimum requirements
Good: a service of high quality that exceeds minimum requirements
Adequate: a service that only meets minimum requirements
Inadequate: a service that does not meet minimum requirements

Overall effectiveness

The overall effectiveness is judged to be **adequate**.

The fostering service is effective. Children and young people are benefiting from holistic care packages which are derived from a multidisciplinary approach. Improved communication between professionals has resulted in changing needs being recognised at an earlier stage. Children and young people are enjoying good outcomes. They are making good progress with regards to their health, educational and social needs. The vast majority are very happy with their foster carers. Feeling happy, valued and cared for are key factors which enable them to look forward with ambition and enthusiasm.

The fostering service is committed to valuing every child and improving their outcomes. Foster carers are passionate about providing the best possible care and they advocate tirelessly for children. Great emphasis is placed upon keeping young people safe alongside providing them with opportunities for personal growth and development. Consultation forums for young people and foster carers are improving in an effort to ensure such voices are heard and influence service provision.

The service benefits from strong leadership and management. Strategic monitoring and planning recognises the strengths and weaknesses of the service. Necessary changes are being implemented in a timely manner. A number of changes remain in

their infancy, with the full impact yet to be fully realised. Areas including training, consultation processes, foster carer recruitment and monitoring mechanisms are recognised by the service as needing to improve further in order to fully meet all of the national minimum standards. The entire service is working tirelessly to support the progress made, with the well-being of Kent's children as its driving force.

Areas for improvement

Recommendations

To improve the quality and standards of care further the registered person should take account of the following recommendation(s):

- ensure that children and young people communicate their views on all aspects of their care and support. This recommendation is made within the context of further developing consultation forums to enable their views to inform service development (NMS 1.3)
- ensure all foster carers receive training in positive care and control of children. This recommendation is made within the context of the need to review and update guidance for foster carers, with particular regard to the physical restraint policy and procedure (NMS 3.8)
- ensure the care and support provided to children minimises the risk that they will go missing and reduces the risk of harm should the child go missing. This recommendation is made within the context of the service continuing to drive down the number of episodes of children going missing (NMS 5.1)
- ensure foster carers are trained in health and safety issues and have guidelines on their health and safety responsibilities. Avoidable hazards are removed as is consistent with a family home. This recommendation is made within the context of ensuring foster carers' own safe care policies are in line with the service's own guidance, including fire risks and e-safety (NMS 10.3)
- ensure the foster home is inspected annually, without appointment, by the fostering service to make sure that it continues to meet the needs of foster children (NMS 10.5)
- maintain an effective strategy to ensure sufficient foster carers are responsive to current and predicted future demands on the service. This recommendation is made within the context of recruiting a sufficient number of foster carers who can accommodate sibling groups, so as to reduce the need for exemptions (NMS 13.1)
- ensure the fostering panel shall give advice and make recommendations on such other matters or cases as the fostering provider may refer to it. This recommendation is made within the context of updating the panel's terms of reference and seeking its views on additional service matters (NMS 14)
- ensure the manager regularly monitors all records kept by the service to ensure compliance with the service's policies, to identify any concerns about specific incidents and to identify patterns and trends. This recommendation is made

within the context of addressing the variable quality of carer supervision records and ensuring that all service policies and procedures are regularly reviewed and updated. (NMS 25.2)

Outcomes for children and young people

Outcomes for children and young people are **good**.

Young people benefit from good outcomes. They attribute this to the positive relationships they enjoy with their foster carers. They speak of feeling loved, valued and cared for. Comments include, 'I'm treated as a member of the family', 'this is my home', and, 'my carer calls me her daughter'. Younger children are very happy with their lifestyles and talk of fun activities, hobbies and seeing their friends. Fostering households are good at providing children with individualised care which recognises their unique personalities.

Older children are particularly positive about the stability of their placements. Comments include, 'I am very settled', 'I'm staying here even when I leave for University', and, 'I've grown up with my foster family'. Foster carers demonstrate an enthusiastic commitment to keeping young people with them. They say they receive the support they need from the service and this helps them to see difficult behaviours through. Training includes the use of physical restraint techniques; however, the policy for this has not been updated for some time. Older teenagers benefit from permanence and longevity. One quote fully captures this, 'I would just like to apologise to my carer for all that I've put her through and I would also like to say thank you.'

Children and young people are highly valued by their foster carers. Good quality training and guidance are put into practice. This includes valuing diversity, completing life story work and helping children to make sense of their histories. Children and young people are proud of who they are and they develop emotional resilience. They feel that they are listened to. They refer specifically to their carers who support them to make key decisions and to take appropriate control of their lives. The service offers a wide range of consultation mechanisms in order to capture the views and opinions of the young people. Some are better known than others, and the service is actively advertising these forums to improve upon seeking the views of young people to influence and shape service provision.

Children and young people receive the help and support they need to attend school and reach their full potential. The energy and drive committed to the virtual school over the last two years is paying real dividends. Attendance and attainment figures are rising. Exclusions are on the decline; a 40% reduction is noted this year and the inclusion strategy is seeing more children in mainstream schools. Foster carers are excellent role models; many use their own continued training and development to demonstrate the value of learning to those in their care. A high percentage of children and young people say they enjoy learning because they get the help they need. Individual needs are very clearly captured within personal education plans.

Attending the most appropriate school and remaining settled in a current school is heavily featured when placing a child in a new foster home.

Children and young people enjoy good health. Foster carers assist them to keep and maintain their own health passports. Hence, they become increasingly self-aware and responsible for making informed choices about their own well-being. Foster carers provide healthy meals and access to a wide range of physical activities. They remain sensitive to individual needs arising from a child's religious beliefs, disability and other relevant factors which need to be considered to maintain healthy lifestyles. Additional health care services are well coordinated. Children and young people receive the specific and where necessary, therapeutic interventions, as dictated by their individual needs. Improved monitoring systems effectively track children's developmental milestones, immunisations and ongoing health and medical conditions. Necessary interventions are promptly delivered, thus promoting positive outcomes.

Children and young people enjoy appropriate and meaningful contact with their family members and important others. Older children really value time spent with their friends and are given the appropriate freedom to do this. Individual contact arrangements are specific and clear. Where concerns arise, foster carers and social work staff advocate strongly in support of the children and young people. Practical arrangements are tailored to meet individual needs. Contact sessions are held in a variety of settings ranging from carers' homes to supervised contact centres.

Young people say they receive a good service to prepare them for leaving care. Further education, careers and housing advice is carefully explained in a variety of ways. Young people make informed decisions. Children and young people of all ages give good examples of how their carers assist them to develop independence skills. This aspect is equally driven by foster carers who look after children with disabilities; independence and empowerment is the mantra within this group. Young people also place high value upon enjoying the security of remaining in their foster placement beyond leaving care age.

Quality of service

The quality of the service is **adequate**.

The majority of those involved with the fostering provision express satisfaction with the service they receive. The views of children and young people are overwhelmingly positive, particularly about the quality of the direct care and support they receive from their foster carers. Senior managers are aware of areas of dissatisfaction expressed by some foster carers and staff; a planned and systematic drive towards continued improvement remains ongoing. Foster carers say that matching processes are one key area of recent improvement. Although a number of unplanned endings still occur, these are on the decline and foster carers attribute much of this to better matching processes and the clarity of initial information over the last year. This is endorsed by placing social workers who say they have more time to devote to placement planning due to recent restructuring within their own department.

Excellent systems reliably inform the ongoing foster carer recruitment campaign. The service knows where the gaps are and delivers a targeted approach based upon its own high quality data. Children and young people from minority ethnic groups are currently under represented by the number of fostering households available. This aspect is being keenly pursued, as well as households able to accommodate parent and child placements and sibling groups. Children and young people are being effectively supported by foster carers who possess skills, experience and growing expertise. Such aspects are further complemented by increasingly joined-up working. Placing social workers value foster carers as professional colleagues. Comments include, 'the quality of the reports she produced for court was excellent', and, 'they are an exceptional family to work with'.

Newer foster carers say they are happy with their own initial assessment processes. A backlog of historic delays led to dissatisfaction. This has been addressed. Current foster carers now speak of realistic timescales being met which gives them the introduction and preparation they need. Representatives from all aspects of the fostering service, including the wide variety of the placements offered, give prospective foster carers plenty of good quality information to consider. Comments include, 'I really valued the information about caring for a child with special needs and knew early on that I wanted to do this', and, 'the preparation for being a carer in the treatment fostering team was second to none.'

The wide variety of placements offered by the service increases the likelihood of placing young people successfully and appropriately. Children with disabilities receive the care and support they need from well-trained carers. Families value the respite provision of the short breaks team. They are assured their child receives appropriate and stimulating care from consistent carers who get to know individual families well. Specialist provision, including treatment foster care and therapeutic re-parenting have again successfully received certification from the multidimensional treatment foster care programme. Children and young people receive intensive interventions which successfully reintegrate them with their own families, independent living, or stable long-term placements. Placing social workers commend recent changes, including a busy period for the commissioning team which enables them to place within the private sector if this is deemed the most suitable placement. Comments include, 'I am able to really focus upon finding the best possible placement', and, 'our focus is upon the quality of the care provided, not the cost.'

Foster carers say their training opportunities continue to improve. The percentage of those having completed the Children's Workforce Development Council's induction training is higher than the national average. Beyond this, current carers confirm their ongoing training opportunities are routinely negotiated and monitored through regular supervision meetings with their supervising social workers. The service is within its second tranche of delivering 'Keep' training which carers say, 'has really enhanced my skills' and 'not only benefits me but the children I look after as well.' Foster carers understand the service's requirement for them to attend a specific amount of training each year. Experienced carers have spoken about issues concerning repetitive courses. Others mention childcare difficulties and the need for

training specific to disability issues. A foster carer training steering group is tackling such concerns. Creative approaches are now providing better opportunities and include Diploma courses, one-off specific sessions to meet individual needs and e-learning facilities. Comments from foster carers include, 'the education training gave me the confidence to challenge the school', and, 'the attachment stuff is excellent, it really makes you think from the child's point of view.'

The fostering panel provides a robust quality assurance role and function in terms of assessments, reviews, allegations and complaints. However, it is not being fully utilised in terms of seeking the panel's view on additional fostering matters and good practice queries. Owing to the size of the county, four panels operate from a central list which includes members from a wide range of professional and lay backgrounds. Members are experienced as well as new. Independent status is well represented. Detailed minutes of panel meetings demonstrate active and robust debates which lead to solid recommendations. Some panel members have received more direction and training than others. However, this is recognised within the context of ongoing organisational restructure. A new decision maker, for each area panel is about to commence and the service views this as a timely opportunity to review the panel's overall role and function.

The use of exemptions is relatively high compared against other local authorities. Not all sibling groups have been placed together, despite recommendations to do this. Fostering households exceeding the approved number of children are doing so to keep siblings together, whereby they are placed within households already looking after other unrelated fostered children. Such situations are being robustly monitored and carer recruitment campaigns actively seek to address this situation.

Safeguarding children and young people

The service is **adequate** at keeping children and young people safe and feeling safe.

The arrangements for safeguarding children and young people are adequate. The authority received an inadequate rating for safeguarding from its Safeguarding and Looked After Children inspection in November 2010. This has resulted in a structured and targeted approach which is driving and achieving improved safeguarding practices throughout the authority. Good links are established with the Local Safeguarding Children Board and much interagency working is becoming embedded. Good examples include partnership working with the police, and extensive dialogue with schools. The ongoing safety and protection of looked after children is high on everyone's agenda.

Children and young people are protected from potentially unsafe adults. Approval checks conducted on prospective carers and members of their households are robust and thorough. The same stringent checking systems are also conducted on staff members, who cannot commence their employment until such checks are satisfactorily completed. Foster carers say they are suitably equipped with the training and guidance they need to keep young people safe from harm. Guidance and training is provided in dealing with difficult and challenging behaviours but the

policy guidance on the use of physical restraint interventions has not been reviewed for some time.

Children and young people say they feel safe with their foster carers. Comments include, 'I can talk to them about anything', 'they look after me really well', and, 'nothing bad has happened since living with them.' Foster carers refer to informative training, guidance and support which equips them to deal with concerns. They fully understand their roles and responsibilities. Good quality record keeping is a key aspect of training, as is recognising signs and symptoms of potential abuse. Foster carers pass on concerns without delay; this includes accidents and illnesses. Hospital accident admissions are robustly monitored through links between safeguarding liaison and looked after children nurses. Concerns requiring follow-up investigations are swiftly communicated.

Children and young people say they are effectively protected against bullying. One child states, 'my carers went straight to my school after I told them and it was sorted out really quickly.' Foster carers receive training and guidance which highlights the potential within the home, school and increasing sources such as the internet and social networking sites. Children and young people live in safe homes which are appropriately secure. Foster carers implement their own safe care policies which reflect the safety needs of the entire household. Some lack the necessary detail in terms of fire risks and e-safety, and not all households have received an unannounced visit from their supervising social worker within the last year.

The majority of foster carers say they have been well supported following a complaint or allegation. Peer mentoring schemes and access to independent support during such times is a relatively new venture which is receiving positive feedback. All allegations against foster carers are monitored by the panel and carers are invited to attend to reflect on how their own experience was managed. One referral was made in the last year to the Independent Review Mechanism and no recommendation was made for the service.

Children and young people are making more formal complaints this year. Consultation forums for children and young people have been keenly advertised and driven over the last two years, whereby young people are actively encouraged and supported to express their views and opinions. Foster carers say, 'I want him to say this isn't good enough if that's the case', and, 'she has the right to challenge and demand more.' Such developments are encouraging; however, a good number of foster carers remain unaware of the developments of advocacy services and the children in care council. A number of children are at risk of going unheard as a result. Furthermore, although foster carers maintain good quality diary records which capture children's low level concerns, this information is not being fully captured from their supervision visits. This is a missed opportunity for such issues to impact upon improving the service provision before more formal processes become necessary.

Significant energy is having the desired effect upon driving down the occurrences of young people being missing from care. Although current figures for the authority are

still higher than the national average, they continue to reduce every year. Additional factors, which impact upon the data provided, include a high number of unaccompanied asylum-seeking young people who elect to leave their assessment centres and fostering placements early on. Such young people remain on the authority's system until they reach the age of 18 with emphasis placed upon finding them. Recording mechanisms have significantly improved and the majority of instances reflect young people are missing for no longer than one night. Protocols with the police are clear and effective. Foster carers understand their role. They quickly notify the fostering service and police, conduct local searches and maintain ongoing contact wherever possible. This is often through text messaging, often the young person's preferred method of communication. One young person says, 'my carer texted me every day for weeks, it was the first time I felt really cared for, so I came home.' Risk assessments and individual protocols are improving in terms of quality and effectiveness. Children and young people are actively encouraged to cope with their difficulties and issues in safer ways.

Leadership and management

The leadership and management of the local authority fostering agency are **good**.

The service is effectively managed and staffed by people who possess the skills, experience and qualifications required. Recent developments to secure permanent senior management posts are already achieving a positive impact. A clear sense of purpose and direction dedicated to improving outcomes for children and young people is demonstrated by staff across all disciplines. Children and young people value the service they receive and have a very high regard for their foster carers. Comments include, 'I give mine 10 out of 10', and, 'I wouldn't want to live anywhere else.' An informative website, Statement of Purpose and young people's guides provide clear information about the services young people can expect to receive. The establishment of consultation forums, including those for foster carers' own children, although in their infancy, are also proving effective.

Multidisciplinary working is now an integral feature of planning and monitoring the support provided for children and young people. A mutual respect is demonstrated across all service personnel, and foster carers are increasingly confident and competent in the decisions they can make for those in their care. Children and young people are particularly positive about this aspect. They say it is more akin to living in an ordinary family where you do not have to ask a social worker for permission to do things. Integrated teams which bring together health, education and social services are speeding up interventions and enabling focus to be placed upon proactive planning for children and young people.

The percentage of children and young people who are placed with foster carers is higher than the national average. Good retention and an active recruitment campaign see the number of approved fostering households across the county increase year on year. The service is acutely aware of the challenges faced by more children entering the care system each year. To this end, emphasis is also being

placed upon securing clear contractual arrangements with private sector providers. Successful current arrangements include specialist provision for unaccompanied asylum seekers. Robust monitoring ensures that the vast majority of children placed outside of the service's own provision are in services judged by Ofsted to be good or outstanding.

The majority of carers and staff feel well supported by the service. Foster carers are generally satisfied with the content and frequency of their supervision visits. Records of these are variable in terms of quality and this is being monitored by line managers. Carers value support groups and a wider range of training provision than they had historically. Topics including payments and respite provision receive variable satisfaction levels; these are being explored through supervision and focus groups. Staff say they receive good, often excellent levels of support from their line managers. Caseloads have become more manageable and this has been heavily influenced through the introduction of social work assistants. Their input is also well received by foster carers, although not all households currently benefit from this helpful role.

Further strategic plans are still to be implemented. Staff and carers are kept abreast of all such proposals. The decision to implement changes gradually and methodically demonstrates the service's desire to allow key changes to embed rather than overwhelm the service by introducing a range of changes at once. Good use of pilot schemes across regional offices is proving to be an effective tool. New data analysis systems are ready for implementation; senior managers are driving improvements with regards to learning from reliable sources of information. The service is focused upon making improvements. Senior managers understand the service's strengths and weaknesses. A clear action plan is entering its secondary phase because initial work has been completed. The five recommendations regarding recruitment, health and safety checks, staffing levels, health needs, pocket money and carers' diaries made from the last fostering inspection of July 2008 have been implemented.

About this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service and to consider how well it complies with the relevant regulations and meets the national minimum standards.

The report details the main strengths, any areas for improvement, including any breaches of regulation, and any failure to meet national minimum standards. The judgements included in the report are made against the inspection framework and the evaluation schedule for local authority fostering agencies.