CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Wednesday, 9th July, 2014

10.00 am

Darent Room, Sessions House, County Hall, Maidstone

AGENDA

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Wednesday, 9 July 2014 at 10.00 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 (8): Mrs A D Allen, MBE (Chairman), Mrs M E Crabtree (Vice-Chairman), Mr R E Brookbank, Mrs P T Cole, Mrs V J Dagger, Mr G Lymer, Mr C P Smith and Mrs J Whittle

UKIP (2) Mrs M Elenor, Mr B Neaves and Mrs Z Wiltshire

Labour (2) Ms C J Cribbon and Mrs S Howes

Liberal Democrat (1): Mr M J Vye

Webcasting Notice

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

A - Committee Business

A1 Introduction/Webcast announcement

A2 Membership - to note that Mrs Whittle has replaced Mr Oakford as a Member of the Committee

A3 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present

A4 Declarations of Interest by Members in items on the Agenda

To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which it refers and the nature of the interest being declared

A5 Minutes of the meeting held on 22 April 2014 (Pages 7 - 16)

To consider and approve the minutes as a correct record

A6 Minutes of the meeting of the Corporate Parenting Panel held on 10 April 2014 (Pages 17 - 24)

To note the minutes of the meeting

A7 Verbal updates (Pages 25 - 26)

To receive a verbal update from the Cabinet Members for Specialist Children's Services and Adult Social Care and Public Health, the Corporate Director for Social Care, Health and Wellbeing and the Acting Director of Public Health

B - Key or Significant Cabinet/Cabinet Member Decision(s) for Recommendation or Endorsement

B1 Tendering for a Community Infant Feeding Service (Pages 27 - 34)

To receive the report from the Cabinet Member for Adult Social Care and Public Health and the Acting Director of Public Health and to consider and endorse or make recommendations to the Cabinet Member

B2 A New Model for School Public Health (Pages 35 - 44)

To receive the report from the Cabinet Member for Adult Social Care and Public Health and the Acting Director of Public Health and to comment on the proposed new service model

B3 Independent Adoption and Special Guardianship Order (SGO) Support Service - Contract Award (Pages 45 - 52)

To receive the report from the Cabinet Member for Specialist Children's Services and the Corporate Director for Social Care, Health and Wellbeing and to endorse the Cabinet Member's proposed decision to award the contract for delivery of services

B4 Procurement of Post Sexual Abuse, Harmful Sexual Behaviour and Risk Assessment Services (Pages 53 - 56)

To receive the report from the Cabinet Member for Specialist Children's Services and the Corporate Director for Social Care, Health and Wellbeing and to consider and endorse or make recommendations to the Cabinet Member

B5 Future of Millbank Reception and Assessment Centre (Pages 57 - 64)

To receive the report from the Cabinet Member for Specialist Children's Services and the Corporate Director for Social Care, Health and Wellbeing to consider and endorse or make recommendations to the Cabinet Member

C - Other items for comment/recommendation to the Leader/Cabinet Member/Cabinet or officers

C1 Kent County Council Sufficiency Strategy (Pages 65 - 84)

To receive the report from the Cabinet Member for Specialist Children's Services and the Corporate Director for Social Care, Health and Wellbeing and to note the work undertaken.

C2 Kent Health and Wellbeing Strategy (Pages 85 - 124)

To receive a report from the Cabinet Member for Education and Health Reform and to consider and comment on the revised Joint Health and Wellbeing Strategy

C3 Update on progress implementing an integrated Children in Care and Leaving Care Service, with specific regard to supported lodging accommodation arrangements (Pages 125 - 130)

To receive the report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director for Social Care, Health and Wellbeing and to note progress since December 2013 and consider issues that will inform the Cabinet Member's decision.

D - Monitoring of Performance

D1 Specialist Children's Services Performance Dashboard (Pages 131 - 142)

To receive and note the report from the Cabinet Member for Specialist Children's Services and the Corporate Director for Social Care, Health and Wellbeing on performance for May 2014

D2 Public Health Performance - Children and Young People (Pages 143 - 150)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Acting Director for Public Health that provides an overview of performance indicators and asks the Cabinet Committee to note the current performance and to agree to the inclusion health visitor information.

D3 Ofsted Inspection Action Plans (Pages 151 - 188)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director for Social Care, Health and Wellbeing and to note progress in delivering the Ofsted Action Plans

D4 Risk Management - Strategic Risk Register (Pages 189 - 246)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director for Social Care, Health and Wellbeing and to consider and comment on the strategic and corporate risks outlined.

D5 Work Programme 2014/15 (Pages 247 - 252)

To receive a report from the Head of Democratic Services on the Cabinet Committee's proposed work programme for 2014/15

Motion to Exclude the Press and Public for Exempt Items of Business

That, under Section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act.

E. Key or significant Cabinet Member Decision(s) for recommendation or endorsement

E1 Tendering for Community Infant Feeding Service - Exempt Appendix relating to item B1 (Pages 253 - 254)

To receive and note the exempt information relating to agenda item B1

E2 Independent Adoption and Special Guardianship Order (SGO) Support Services Contract Award - Exempt Appendix relating to B3 (Pages 255 - 260)

To receive and note the exempt information relating to agenda item B3

Peter Sass
Head of Democratic Services
(01622) 694002

Tuesday, 1 July 2014

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.

KENT COUNTY COUNCIL

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Children's Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 22 April 2014.

PRESENT: Mrs A D Allen, Mr R E Brookbank, Mrs P T Cole, Mrs M E Crabtree, Mr D S Daley (Substitute for Mr M J Vye), Mrs M Elenor, Ms A Harrison (Substitute for Ms C J Cribbon), Mrs S Howes, Mr G Lymer, Mr B Neaves, Mr P J Oakford, Mr C P Smith and Mrs Z Wiltshire

ALSO PRESENT: Mrs J Whittle

IN ATTENDANCE: Mr A Ireland (Corporate Director, Social Care, Health & Wellbeing), Ms S Hammond (Assistant Director of Specialist Children's Services, West Kent), Mr A Scott-Clark (Acting Director of Public Health) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

1. Membership

The Democratic Services Officer reported that, since the agenda had been published, Mr B Neaves had joined the Committee. This was because the United Kingdom Independence Party (UKIP) had decided to transfer the third seat it had previously been allocated on the former Communities Cabinet Committee to this Committee. She asked the Committee to note its Membership.

2. Apologies and Substitutes
(Item 2)

1. Apologies had been received from Ms C J Cribbon, Mr M J Vye and Mr G Gibbens.
2. Ms A Harrison was present as a substitute for Ms C J Cribbon and Mr D S Daley was present as a substitute for Mr M J Vye.

3. Election of Chairman
(Item 3)

Mr C P Smith proposed and Mrs Z Wiltshire seconded that Mrs A D Allen be elected Chairman of the Committee. There were no other nominations and it was AGREED that Mrs Allen be elected.

Mrs A D Allen thereupon took the Chair

4. Election of Vice-Chairman
(Item 4)

Mrs A D Allen proposed and Mrs P Cole seconded that Mrs M Crabtree be elected Vice-Chairman of the Committee. There were no other nominations and it was AGREED that Mrs Crabtree be elected.

5. Declarations of Interest by Members in items on the Agenda
(Item 5)

There were no declarations of interest.

6. Minutes of the final meeting of the former Social Care and Public Health Cabinet Committee, held on 16 January 2014
(Item 6)

RESOLVED that these be noted.

7. Minutes of the meetings of the Corporate Parenting Panel held on 13 December 2013 and 14 February 2014, for information
(Item 7)

RESOLVED that these be noted.

8. Meeting dates for the remainder of 2014
(Item 8)

1. RESOLVED that the meeting dates reserved for this Committee for the remainder of 2014 be noted, as follows:-

Wednesday 9 July
Tuesday 23 September
Wednesday 3 December

All meetings would commence at 10.00 am at County Hall, Maidstone.

2. Ms Harrison asked that future meeting dates for all Cabinet Committees be arranged to fit around the quarterly Financial Monitoring timetable so Cabinet Committees could see up-to-date information and be able to monitor this effectively. The Democratic Services Officer undertook to look into this.

9. Verbal Updates by Cabinet Members and Directors
(Item 9)

1. Mrs J Whittle gave an oral update on the following issues:-
Parliamentary Education Select Committee Report – Mrs Whittle had given evidence to the Select Committee about children placed more than 20 miles from their home. It was known that some placing authorities did not undertaken the risk assessment that they were required to do before placing a child. Some sanctions would be needed to make sure that placing authorities complied with the new Government regulation that no placement over 20 miles' distance from a child's home should be made unless there was a very good reason for doing so. Mrs Whittle said she would await a response to the Select Committee's report before lobbying the Children's Minister about sanctions, and *would send Committee Members a copy of her letter to the Minister.*

Adoption Outcomes – placements and adoptions had both increased substantially. Siblings and children with disabilities were harder to place, and adopters were being sought who could take on these harder-to-place children. Another adoption day would be arranged shortly, at which prospective adopters could meet children awaiting adoption. The previous adoption day in July 2013 had been a great success.
CAMHS – this had been the subject of a constructive debate at a recent meeting of the Health Overview and Scrutiny Committee (HOSC), and work to reduce the waiting time between referral and treatment was continuing. Although services for Tiers 1 to 4 were provided by different agencies, the service should appear seamless to service users. Improvement to the service had been achieved but much work was stilled needed, as the current provider had inherited a service with major shortcomings.
Family Justice/Family Courts – this issue had been the subject of very recent media coverage, as care proceedings were now required to be concluded within 26 weeks. Some delays had been caused by the need to engage expert witnesses, but the involvement of these witnesses at as early a stage as possible would help proceedings. Good progress had been made in the County Council's relationship with the judiciary. A Family Rights Group had expressed a fear that a child's birth family might be excluded from legally taking on care of the child.

2. Mrs Whittle, Mr Ireland and Ms Hammond then responded to comments and questions from Members, as follows:-

a) it was difficult to generalise about the weight that a birth mother's wishes would be given as every case was unique and would be judged on its individual circumstances. There was much which needed to be taken into account, including the relationships between parents, grandparents and other family members and the way in which conflict of emotional interests might be dealt with in the family; and

b) robust sanctions would be needed to address the placement problems experienced in Thanet. Ofsted's inspection framework for children's homes was being tightened up, and Mrs Whittle undertook to look into a speaker's specific concerns outside the meeting.

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

Appointment of Assistant Director of Safeguarding and Quality Assurance – Patricia Denney had taken up this post.
Implementation of Liberi – the installation of the computer client management system was now complete and had gone well. The new system had been commissioned to address issues highlighted by the 2010 inspection. Staff had been trained to use the new system and had reported that it was a great improvement.
The Preventative Services function had moved to the Education and Young People's Services Directorate as part of the Transformation exercise. Staff from Specialist Children's Services had transferred.
Staff Briefings had shown that morale was high and staff felt positive and engaged.

4. Mr Scott-Clark gave an oral update on the following issues:-
Local Authority commissioning of Health Visitors – the date on which the County Council would take over the commissioning of the health visitor service had been delayed from April 2015 to October 2015 due to an ongoing programme of work.

However, the County Council would be able to influence the commissioning of the service before that time by working with NHS England. *Mr Scott-Clark undertook to keep the Cabinet Committee updated on issues relating to the transfer of the service.* ***Update on School Nursing*** – the school nursing service was working closely with and becoming integrated with the Youth Offending Service. This joint working was welcomed and its success would be monitored.

5. Mr Scott-Clark then responded to comments and questions from Members, as follows:-

a) the close working of the school nursing and youth offending services would allow improved access to families to undertake preventative work, whether or not these services were to be co-located with the health visitor service. All school nursing services were commissioned by the Kent Community Health Trust, using a commissioning grant from the Government; and

b) it was unclear as yet whether the County Council would take over the commissioning of the health visitor service as it was or make changes to it in the future. Recruitment of health visitors in Kent was currently on course, with a good training package being offered to help encourage new applicants. The service was currently limited to children aged between 0 and 5, however, so the service did not have as broad a scope as the County Council would wish it to have.

6. The verbal updates were noted, with thanks.

10. Tendering for Kent Community Infant Feeding Service
(Item 1)

Mr M Gilbert, Commissioning and Performance Manager, was in attendance for this item.

1. Mr Gilbert introduced the report and explained that the proposal to tender for a community infant feeding service had come partly from a review which had shown that the prevalence of breastfeeding in Kent was below the national average. Tendering for the service would commence shortly and a further report made to this Committee in July, at which time the Committee would be able to comment and either endorse or make a recommendations to the Cabinet Member on the award of a contract. During discussion, Members made the following comments:-

a) it would be easier to monitor progress on breastfeeding if clear statistics were available on current patterns and target rates. Increasing breastfeeding activity would rely on sufficient staffing and resourcing to promote and support initiatives;

b) breastfeeding was difficult for some mothers to achieve, and to persevere through the first few days often took intensive support from hospital nurses. Without this early support, many mothers would give up;

c) advice and guidance given to mothers, eg about how and when to wean a child, was often confusing. Mothers were previously advised to breastfeed for one year;

d) attitudes to breastfeeding in public needed to be addressed, and acceptance and even 'championing' of breastfeeding at leisure venues promoted. If premises were to display a sticker in their window, parents could be confident that they would be able to breastfeed there, and others using the premises would know they would not have grounds to complain; and

e) mothers who found they could not breastfeed successfully, and those who did not wish to breastfeed, should not be overlooked and should be supported.

2. Mr Scott-Clark explained that data would be gathered from GPs and would measure two phases; firstly, how many mothers started to breastfeed, and secondly, how many were still doing so 6 to 8 weeks later. He agreed that support for new nursing mothers needed to be consistent, and the right people needed to be targeted at the right time. He confirmed that a budget to support the initiative had been identified.

3. The Cabinet Member, Mrs Whittle, supported the comment made about the need for sufficient support and clear targets to allow progress to be measured. Most new mothers now stayed in hospital for a very short period of time, if at all, so were not able to have the 7 to 10 days of nursing support that had helped previous generations of mothers. She said that health visitors were geared up to supporting mothers at home, and suggested that a scheme of peer mentors could also support new mothers to breastfeed successfully. A campaign to raise public awareness and acceptance could make use of social media, and premises could be encouraged to advertise themselves as being 'breastfeeding friendly'. She undertook to take forward this initiative. Mr Scott-Clark added that some premises had won an award for their facilities for young parents, and the media publicity that such an award would attract would boost custom and increase takings.

4. RESOLVED that:-

a) the proposed new service model and commissioning arrangements for infant feeding services in Kent be endorsed;

b) a further report be made to the Committee's July meeting, at which time the Committee would be able to comment and either endorse or make a recommendation to the Cabinet Member on the award of contract; and

c) figures for breastfeeding, in two phases – initiation and at 6 – 8 weeks - as set out by Mr Scott-Clark in paragraph 2 above, be reported to future meetings of the Committee as part of the regular public health performance dashboard report.

11. Financial Monitoring 2013/14
(Item 1)

Miss M Goldsmith, Finance Business Partner, was in attendance for this item.

1. Miss Goldsmith introduced the report and responded to comments and questions from Members.

2. The Chairman referred to the comment made by Ms Harrison earlier in the meeting about the unsatisfactory delay in Cabinet Committees receiving financial monitoring information, eg being asked to comment on the third quarter's figures after the end of the financial year. Ms Harrison had asked that future meeting dates for all Cabinet Committees be arranged to fit around the quarterly Financial Monitoring timetable so Committees could see up-to-date information and be able to monitor this effectively. The Democratic Services Officer undertook to look into this and Miss Goldsmith undertook to report this view back to the Corporate Director for Finance and Procurement.

3. In addition, Members made the following comments:-

a) the current timing of monitoring and reporting to Committee meant that Members were asked to comment on the outturn retrospectively, which they felt was irrelevant and a waste of their time;

b) one Member had been unable to open the link to the report to Cabinet, which contained the detailed figures, and had been included in the report to this Committee; and

c) Members asked that their dissatisfaction at the mismatched timing of monitoring reports and Committee meeting dates and at being asked to comment on outturn figures retrospectively be noted, and the meeting dates be brought into line with the financial monitoring timetable as soon as possible.

4. RESOLVED that:-

a) the revenue and capital forecast variances from budget for 2013 – 14, within the remit of this Cabinet Committee, based on the third quarter's full monitoring to Cabinet, be noted; and

b) the Committee's request that due notice be taken of its comments, and that the meeting dates be brought into line with the financial monitoring timetable as soon as possible, be noted.

12. Draft 2014-15 Social Care, Health and Wellbeing Directorate Business Plan (Strategic Priority Statement)
(Item 2)

Mr M Thomas-Sam, Strategic Business Advisor, Policy and Strategic Relationships, was in attendance for this item.

1. Mr Thomas-Sam introduced the report and explained that the business plans of the four new Directorates had a changed status and were no longer the vehicle for the key decision process. Each Cabinet Committee was being asked to comment on

the business plans for the Directorates to which it related, and the final version of each would then be approved by the relevant Cabinet Member and Director/s.

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

a) the proposed A5 format of the final plan would mean the type would be very small and could be difficult for some users to read comfortably; and

b) similarly, the lighter coloured type in which some of the text was presented could be difficult for some users to see clearly.

3. Mr Thomas-Sam undertook to look into what could be done to improve the readability of the document.

4. RESOLVED that the draft Directorate business plan (Strategic Priority Statement) for the Social Care, Health and Wellbeing Directorate be noted, prior to the final version being approved by the relevant Cabinet Members and Corporate Director.

13. Specialist Children's Services Performance Dashboard
(Item 3)

Mrs M Robinson, Management Information Service Manager for Children's Services, was in attendance for this item.

1. Mrs Robinson introduced the report and tabled the quarter 4 information referred to in the report. Mr Ireland explained that it had not been possible to produce the data earlier due to delays in extracting data from the new Liberi system, and added that he had thought it helpful to table the information to show Members that it was now available.

2. Members were asked to review and comment on the quarter 3 (December) figures, which had been included in the published report. Mr Ireland was asked where the ultimate responsibility rested if areas of performance with a low rating were not to improve, and he confirmed that this responsibility rested with him and the Cabinet Member. He said that areas in which performance was currently low-rated were ones which he and senior managers were already aware of as long-standing challenges, eg the percentage of posts filled by agency staff. Recruitment of qualified, permanent social work staff was a national problem.

3. Mrs Whittle added that social worker recruitment was something for which there was no easy solution. Many local authorities would take on agency staff as the quickest way of reacting to a crisis situation, a poor inspection or the issue of an improvement notice. She said she would like to see a national cap placed on the percentage of agency workers any local authority could employ at any one time, and possibly also on rates of pay for agency staff. *She undertook to report back to this Committee on this issue*.

4. Mr Ireland pointed out that the relevant indicator was focussed on the number of qualified social workers holding caseloads. Although the County Council had recruited some 90 new qualified social workers in the last year, some of these may not yet have shown up in December's statistics if the newer of them were not yet

holding caseloads. Ms Hammond added that each of the four areas of the county held a monthly recruitment board to address recruitment issues. The pool of qualified social workers was limited, and Kent had to compete with neighbouring authorities for them. It was also important to achieve appropriate and realistic caseloads, especially for newly-qualified social workers.

5. RESOLVED that the Specialist Children's Services performance dashboard be noted and a further report be made to a future meeting of this Committee on the recruitment and retention of qualified, permanent social workers.

14. Public Health Performance - Children and Young People
(Item 4)

Mr M Gilbert, Commissioning and Performance Manager, was in attendance for this item.

1. Mr Gilbert introduced the report and explained that, although the indicators which it was proposed to add were measured annually, he would be able to provide the Committee with local detail more frequently. In response to a question about why Kent's rate of breastfeeding was lower than the national average, Mr Scott-Clark explained that an audit of data supplied by GPs' surgeries would aim to verify the accuracy of that data. When looking at breastfeeding rates, it was important to bear in mind the number of women who needed to return to work and hence could not breastfeed, and differing attitudes to breastfeeding prevalent amongst a culturally-diverse county.

2. RESOLVED that:-

a) the information set out in the report be noted;

b) the addition to future reporting of the public health indicators, for the percentage of pregnant women smoking at the time of delivery and conceptions per 1,000 of under 18s (both to be reported annually), be agreed;

c) the National Child Measurement Programme (NCMP) section of the dashboard be amended to include both overweight and obese children, to bring Kent's reporting into line with national guidelines; and

d) an indicator of performance of the school nursing service be added to future reporting, once the re-commissioning of this service had been completed.

15. Post-Improvement Member Involvement
(Item 5)

1. Mrs Whittle introduced the report and directed Members to the three options for keeping them informed and assured of future progress in Specialist Children's Services which were set out in the report, namely:

- to continue with current arrangements;
- to continue with the Children's Services Improvement Panel (CSIP), maintaining an informal discussion forum, but aligning the meeting to the

children's transformation agenda, potentially re-naming it the Children's Services Transformation Panel (CSTP); or

- to dissolve the Children's Services Improvement Panel (CSIP).

She emphasised that much work had been put into addressing the issues highlighted by the 2010 improvement notice.

2. RESOLVED that the first option, to continue with the current arrangements, be selected as the preferred option.

16. Revision of Rates Payable and Charges Levied for Children's Services in 2014 to 2015
(Item 1)

Details of a decision taken since the final meeting of the former Social Care and Public Health Cabinet Committee, on 16 January 2014, were noted.

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KENT COUNTY COUNCIL

CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Darent Room, Sessions House, County Hall, Maidstone on Thursday, 10 April 2014.

PRESENT: Mrs A D Allen (Chairman), Mr R E Brookbank, Mrs T Carpenter, Mrs P T Cole, Mr S Griffiths, Mr G Lymer, Mrs C Moody, Mr B Neaves, Mr R Truelove, Mr M J Vye and Mrs Z Wiltshire

ALSO PRESENT: Mr P J Oakford and Mrs J Whittle

IN ATTENDANCE: Ms M MacNeil (Director, Specialist Children's Services), Mr P Brightwell (Head of Quality Assurance, Children's Safeguarding Team), Ms S Hammond (Assistant Director of Specialist Children's Services, West Kent), Ms S King (Assistant Director East Kent, Children in Care), Ms T Vickers (County Fostering Manager) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

10. Membership
(Item A2)

The Chairman reported that Mr Oakford had not in fact left the Panel, but that he would leave later in the year when he took over the Cabinet Member role to cover Mrs Whittle's maternity leave. The Democratic Services Officer confirmed that she would amend the records accordingly.

11. Minutes of the meeting held on 14 February 2014
(Item A3)

1. RESOLVED that these are a correct record and they be signed by the Chairman.

2. In response to a question from Mr Vye about the importance of exit interviews with social workers leaving the County Council, Ms MacNeil explained that the exit interview process would be reviewed to ensure that all social workers leaving would have a face-to-face meeting with an appropriate person and that feedback arising from these interviews would be carefully recorded and used to improve future service.

12. Minutes of the meeting of Kent Corporate Parenting Group (KCPG) held on 27 February 2014
(Item A4)

1. The inclusion of these on the Panel's agenda was welcomed, and their clarity praised.

2. Mr Vye, a Member of the KCPG, reported that young people had asked to attend meetings of the KCPG. If such meetings were also to include Members of the

Corporate Parenting Panel, the number of people involved would be so large as to be impractical. The Chairman added that the evening meetings which the Panel used to arrange with young people in care had been very valuable and should be resurrected. It was generally agreed that engagement with young people needed careful thought and planning to make it as inclusive and productive as possible.

3. In response to a question from Mr Vye about LILAC (Leading Improvement for looked After Children). Mr Brightwell explained that LILAC had been discussed by the Our Children and Young People's Council (OCYPC) on 9 April. Two pieces of research were currently underway, one by LILAC and one by the Young Lives Foundation, and these would be combined to give a good overview of participation with young people in care and how this engagement could be improved. *The Panel would keep a watching brief on the development of this research and would review it at a future meeting.*

4. RESOLVED that the minutes be noted.

13. Oral Update from Our Children and Young People's Council (OCYPC)
(Item A6)

1. The Chairman reported that Sophia Dunstan was taking part in the participation days which the VSK apprentices arranged for children and young people in care so had given apologies to the Panel meeting.

2. A written update would be circulated after the meeting to all Panel Members.

14. Cabinet Member's Oral Update
(Item A7)

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

Attended meeting of OCYPC on 9 April – this meeting had included a good discussion about increasing awareness of the Kent County Council's Pledge to Children and Young People in Care. A short film had been made of a rap about the Pledge. The meeting had been well chaired by Sophia Dunstan.

Ofsted view on placement at a distance from a child's home – some 8,000 children in care were currently placed more than 20 miles from their family homes, friends and social support networks. There was an urgent need to develop provision to allow these young people to be placed nearer their homes. Mrs Whittle said she had been 'disappointed' by the Local Government Association's response to the new regulations. Related to this was the problem of London Boroughs trying to recruit foster carers from Kent, rather than within their own areas. If they were to recruit more locally, they would be able to accommodate more of their own care population and would not need to make distant placements in neighbouring authorities. A report by the Department for Education was expected shortly and would be considered by the Education and Young People's Services Cabinet Committee. Mrs Whittle had recently been interviewed about the issue and would be lobbying the Children's Minister further to impose sanctions on those authorities which breach the new regulations, *and would report back to the Panel on the outcome of this lobbying.* She reassured the Panel that Kent County Council placed very few of its children in care

outside the county, and these more distant placements were made only when there was a good reason to do so.

Adoption Breakdowns – recent research had shown up patterns in the breakdown of adoption placements. Mrs Whittle undertook to circulate the research to Panel members, and it was subsequently agreed that *the Panel would receive a report on the research to a future meeting.* A recent television series had highlighted the work of adoption services in the UK and the challenges they faced. Campaigns were currently in place to target those children who were hard to place.

2. Mrs Whittle responded to comments and questions from Panel members, as follows:-

a) East London Boroughs continued to be the main source of placements in Kent, with Suffolk and Essex County Councils also placing large numbers;

b) Panel members referred to the known contribution of domestic abuse to family breakdown and children entering care, and members acknowledged the long term effects that such experiences could have on a child's later years;

c) Mrs Whittle referred to research undertaken by Martin Narey which had highlighted the percentage of the adult prison population which had previously been in care;

d) at a recent conference organised by Coram, a speaker had highlighted the mental health issues often present in children when they entered care. A check of mental health issues would be undertaken during initial health checks, but a view was expressed that such checks should be prioritised and undertaken as soon a child entered care. Members acknowledged the long-standing problem of delayed or uneven access to children's mental health services and the work going on the address this. Mrs Whittle said she would emphasise the importance of Children and Adolescent Mental Health Services (CAMHS) funding to MPs; and

e) a view was expressed that, in addition to the CAMHS service, therapeutic counselling was also needed. Ms MacNeil explained that emotional health and wellbeing services could meet this need, as this was not necessarily covered by CAMHS.

3. The oral updates were noted, with thanks.

15. The Views of Children and Young People in Care
(Item B1)

1. Mr Brightwell introduced the report and highlighted key areas of progress since drafting the report, which included a DVD made by young people in care to update the 'Care to Listen' DVD produced in 2010. The aim of this was to follow the experiences of young people in care over time, in a similar way to the 'Seven Up' series of television programmes, which visited each of a research group of children every seven years. The Democratic Services Officer added that the Leader had

proposed that the DVD be shown to the full Council on 15 May, to accompany a presentation on the new Care Leaver's Charter.

2. Mr Brightwell and Mrs Whittle responded to comments and questions from Members, as follows:-

a) disappointment was expressed that almost three-quarters of young people in care had said they were unaware of the Care Leaver's Charter. Mrs Whittle agreed that some may not have heard about the actual Charter document but added that most young people were well aware of what they were entitled to;

b) Members commented that, in future feedback, it would help to know what type of accommodation respondents were in at the time they gave their views;

c) respondents could also be asked about their plans for future education and employment and what the 16+ service could do to help them achieve them. Mr Brightwell explained that, from May 2014, an online quality assurance audit would include a section for care leavers over 18;

d) Mr Brightwell added that he was aware that some senior officers viewed the corporate parenting role as being limited to a small number of people, which suggested that more work was needed to extend awareness of the corporate parenting responsibility and what the County Council as a whole could do to support and help children in care and care leavers;

e) one very practical way in which help could be given would be to support apprenticeships for care leavers, so they could add this to their *curriculum vitae* and compete with other care leavers. Members asked if a target could be established – for example, that each Directorate offer so many apprenticeship places for 16+ care leavers, with the aim of getting them into full apprenticeships at 18. The establishment the new Directorate structure offered a good opportunity to promote a new initiative such as this. The Chairman undertook to discuss this initially with the Cabinet Members for Commercial and Traded Services and Corporate and Democratic Services;

f) Mr Brightwell confirmed that the surveys had been carried out independently of the 'exit interviews' undertaken with young people leaving care. Although the content of these interviews would be used to shape future service, young people's views were sought regularly at other times. Some 20% of young people leaving care would usually respond to an exit interview, and it was hoped that this participation rate could be improved; and

g) the importance of meetings between Panel members and young people in care was emphasised, and the wish expressed that these effective meetings should be resurrected.

3. RESOLVED that:-

a) the views of the young people detailed in this report be noted;

b) analysis of the findings of the independent survey currently in progress, with the other sources of information available, which contain information about the views of children and young people in care and care leavers, be supported; and

c) a subsequent report be presented to the Panel which contains the analysis of the above, with recommended actions and a timeline for regular reporting.

16. Ofsted Inspection Action Plans - update
(Item B2)

1. Mr Brightwell introduced the report and summarised the next key steps in the Council's progress from an 'adequate' to a 'good' rating:-

- concentrating on care planning:- plans should be robust and of good quality;

- child-focussed practice, vital to achieve a good rating:- the child should be at the centre of all areas of work at all times; simply asking them their views was not enough;

- staff supervision and oversight, including deep analysis of statistics:- good practice management would be reflected in good quality care plans;

- stability of social work allocation and good quality handover:- internal audit should look at how many changes of social worker there had been in any one year for each child. This could be identified in monthly quality assurance reports, to assess how a change in social worker could impact on practice. The OCYPC had been asked to measure the number of changes of social worker and the impact of these changes. *A report on the outcomes of this research would be considered by a future meeting of the Panel;*

2. Mr Brightwell and Ms MacNeil responded to comments and questions from Members and explained the following:-

a) Ofsted was not subject to any formal audit process, and variance in the quality of some inspectors and inspection standards had caused the County Council concern in the past. The majority of Ofsted practice, however, was good;

b) it was not possible to say when the next Ofsted inspection might come but the County Council had to be prepared for such an inspection at any time. Mr Brightwell emphasised that the County Council's social work practice was driven not by Ofsted but by its need to support and make a difference to the lives of children and young people in its care;

c) at a recent meeting of the KCPG, it had been stated that approximately one-third of the young people in the youth justice system had had more

than three care placements. This statistic was a useful indicator of the importance of making good placements;

d) the Safeguarding Board had taken on the oversight of practice from the Children's Services Improvement Panel (CSIP), and Mr Brightwell undertook to clarify to Corporate Parenting Panel members the role of the Safeguarding Board in monitoring the four action plans;

e) Independent Reviewing Officers' quarterly reports were based on more than 5,000 case audits a year. Good core practice accounted for a very high percentage of a 'good' assessment, and the way in which a local authority responded to being given an 'inadequate' rating was also a telling indicator of the quality of its practice;

f) Panel members asked that the Panel be given a report of the number and causes of placement breakdown over a 6-month period, including the potential contribution of changes of social worker to the number of breakdowns, and the role that the IRO service could play in supporting children and their foster families through breakdown; and

g) Panel members expressed a commitment that an 'inadequate' rating should not be allowed to happen again.

3. RESOLVED that:-

a) the progress made be noted;

b) a report on the outcomes of this research be considered by a future meeting of the Panel; and

c) the Panel be given a report of the number and causes of placement breakdown over a 6-month period, including the potential contribution of changes of social worker to the number of breakdowns, and the role that the IRO service could play in supporting children and their foster families through breakdown.

17. Trafficking Issues in Kent County Council Specialist Children's Services
(Item B3)

1. Ms Hammond introduced the report and highlighted key issues and challenges in working with unaccompanied asylum seeking children (UASC) and other children at risk of being trafficked (ie moved around for purposes which were not in their best interest). She highlighted to the Panel some patterns of behaviour and areas of practice, as follows:-

- young people entering the country could not be searched but border staff would always remove their mobile phones so they could not make arrangements with anyone who was waiting to meet them;
- most young people who intended to abscond would do so within their first 24 hours in the country;
- the largest group which tended to abscond was young men at the end of their asylum seeking process, who chose to go missing rather than be repatriated;

- most UASC did not tend to abscond; the percentage of this group which went missing was very small, and there was evidence that those who did were not trafficked but made their own decision to abscond; a very small proportion of the UASC with whom the County Council worked had been trafficked; and
- some UASC would abscond sporadically and then return; identifying and working with these patterns was an important part of the team's work.

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

   a) all children with whom the team worked were unaccompanied and most were over 16, and very few had relatives in the UK with whom they could be reunited. The Home Office would verify the identity of relatives very carefully before sending a child to them. Young people with genuine relatives tended to arrive with good information about them and were easier to reunite with confidence; those arriving with vague details about 'relatives' were generally less likely to be genuine;

   b) the Home Office was very vigilant in identifying and challenging young people who might have been told to attach themselves to a family travelling together so they did not appear to be unaccompanied, and the Home Office would not hesitate to query genuine-looking families if they were suspicious that this may have happened;

   c) any young person under the age of 18 might have adult status and responsibility in their home country but would always be treated as a minor in the UK, and this would be clearly explained to them upon arrival;

   d) the County Council had a duty of care to any young person under 18 arriving in the country unaccompanied, and, until their claim could be assessed by the Home Office and their immigration status confirmed, they would be assumed to come under the care of the County Council;

   e) mobile phones removed from new arrivals would be passed to the Police, who could then use them to track their movements and contacts. Young people not wishing to be traced or found would usually discard their phone so they could not be tracked in this way; and

   f) patterns of UASC immigration from any country tended to relate to civil unrest in that country; numbers would increase during unrest and decrease once the conflict had ended. Immigration tended also to rise in the summer months, when travel was generally easier.

3. RESOLVED that the information set out in the report be noted, with thanks.

18. Position Statement: Fostering
(Item B4)

1. Ms King and Mrs Vickers introduced the report and highlighted key areas of progress, including the establishment of new teams and a continuing drive to recruit more foster carers. For the latter, and for foster placements, challenging targets had been set. The County Council's fostering service had to compete with independent

fostering agencies (IFAs), and to help with this it had made its fostering website more dynamic. Ms King and Mrs Vickers responded to comments and questions from the Panel, as follows:-

a) Kent had to compete with IFAs in both London and Kent, and with London Boroughs to recruit foster carers. This had been a challenge for many years;

b) one Panel member expressed concern at the level of payment made to private foster carers in a neighbouring authority, and said this could attract people who may take up the role primarily for the income. Mrs Vickers said she believed the package that Kent offered to its foster carers was very competitive;

c) Ms King advised the Panel that feedback from foster carers who had attended training events had been very positive; and

d) the availability of respite care was also a long-standing challenge, although Mrs Vickers pointed out that many foster carers did not use it. Good respite care was often difficult to arrange as many children would not want to leave their foster family to stay for a week or two weeks with someone whom they did not know.

2. RESOLVED that the information set out in the report be noted, with thanks, and the Fostering team be congratulated on the progress they have made in improving the service.

By: Mr P J Oakford, Cabinet Member for Specialist Children's Services

Mr G K Gibbens, Cabinet Member for Adult Social Care and Public Health

Mr A Ireland, Corporate Director for Social Care, Health and Wellbeing

Mr A Scott-Clark, Acting Director for Public Health

To: Children's Social Care and Health Cabinet Committee – 9 July 2014

Subject: **Verbal update by the Cabinet Members and Corporate Directors**

Classification: Unrestricted

The Committee is invited to note verbal updates on the following issues:-

Cabinet Member for Specialist Children's Services - Mr P J Oakford

1. Comprehensive set of meetings with senior officers and others, both within SCS and the wider organisation.
2. Started to work with officers on the Children's transformation and will continue to work towards ensuring that necessary reforms are implemented within budget.
3. Ofsted is on the horizon
4. Attended Bishop of Dover's reception to discuss adult and children's safeguarding
5. Visited the CRU and spent time with the various groups including time on the phones with a SSW.
6. Spent time with Newton Europe to gain a good understanding of the work they are doing with SCS and the challenges we face.
7. Interviewed and appointed a Staff Office
8. Attended the Coram Seminar in London
9. Attended the Adoption Summit in County Hall
10. Led a working group of senior officers and cabinet members to discuss the issue of social worker recruitment and retention

Corporate Director for Social Care, Health and Wellbeing - Mr A Ireland

1. Operation Lakeland
2. Children's Transformation
3. 0-25 Portfolio
4. Care Leavers

Cabinet Member for Adult Social Care and Public Health - Mr G K Gibbens

1. 04 June attended Public Health Champions celebration event in Maidstone
2. 17 June attended West Kent Healthy Business Launch in Brands Hatch
3. 17 June attended Healthy Living Programme event in Wrotham

4. 9 July will attend Children and Young People's Emotional Wellbeing summit in Gravesend

Acting Director of Public Health – Mr A Scott-Clark

1. Update on transfer of Health Visiting Service
2. Teenage Pregnancy strategy development
3. Undertaking health needs assessment for Children in Care
4. Swale infant feeding task and finish group

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

Andrew Scott-Clark, Acting Director of Public Health

To: Children's Social Care and Health Cabinet Committee

Date: 9 July 2014

Subject: Tendering for a Community Infant Feeding Service

Classification: Unrestricted

Summary

Public Health have undertaken a competitive tendering process for a three year contract to deliver a Community Infant Feeding Service in Kent. The service will aim to drive up rates of breastfeeding across Kent to help ensure that all children in the county have the best start in life. The service is due to begin operating on 1st October 2014 following a mobilisation period and will provide specialist advice and peer support to new mothers and other family members. Details of the winning tender are provided in a separate restricted report to the committee.

The Children's Social Care and Health Cabinet Committee is asked to consider and either endorse or make recommendations on the proposed decision to be taken by the Cabinet Member for Adult Social Care and Public Health, to:

1. Identify the preferred bidder/s, from amongst those listed in the accompanying exempt report;
2. Agree the award of the contract/s to the bidder/s, to deliver a Community Infant Feeding Service in Kent

1. Introduction

1.1. The purpose of this paper is to provide an update on the procurement process for the Kent Community Infant Feeding Service and outline the process for contract award.

1.2. The new service will improve public health by increasing the proportion of new mothers who choose to breastfeed their babies. The service will operate within Children's Centres and provide specialist staff and peer supporters across the county.

2. Background

2.1. The paper presented to the Committee on 22nd April outlined the proposed service model and commissioning approach. The Committee endorsed the proposal and agreed to undertake a competitive tendering process to establish the new countywide service.

2.2. Public Health worked with KCC Procurement to issue an invitation to tender in May following the committee's approval to proceed with the procurement. The objectives for the service are listed at Appendix A.

3. Procurement process

3.1. The tender submission deadline closed on 4th June 2014 and the tender evaluation process begun on 6th June with a panel including:

- Public Health Specialist lead on breastfeeding
- Commissioning officers from Public Health and Strategic Commissioning
- Maternity Services Commissioners
- Early Help and Preventative Services operational managers.

3.2. A group of service users also completed their own evaluation and their scoring was fed into the overall mark.

3.3. The contract award for the service will be a key decision for the cabinet member and is due to be taken in July 2014.

4. Financial Implications

4.1. The indicative budget for the service is £475,000 per year (£1.425m for the full 3 year contract). The actual spend will vary according to activity and the prices submitted as part of the tendering process and according to the number of peer supporters that are successfully engaged by the service to support new mothers and families.

4.2. The contract will include targets for sustained improvement in:

- the proportion of mothers that are offered help within the critical first days after birth and
- the overall proportion of mothers who breastfeed at 6-8 weeks after birth

5. Conclusion

5.1. Public Health have now completed the tender evaluation process for a new countywide Community Infant Feeding Service. The contract award will be a key decision due to be taken in July 2014.

5.2. The details of the winning tender are still commercially sensitive and cannot be published, and are therefore provided in a separate restricted report for the committee.

6. Recommendations

The Children's Social Care and Health Cabinet Committee is asked to consider and either endorse or make recommendations on the proposed decision to be taken by the Cabinet Member for Adult Social Care and Public Health, to:

1. Identify the preferred bidder/s, from amongst those listed in the accompanying exempt report;
2. Agree the award of the contract/s to the bidder/s, to deliver Community Sexual Health services

Background documents
None

Report Prepared by
Mark Gilbert, Commissioning and Performance Manager, Public Health
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Appendix A – Kent Community Infant Feeding Service

List of Service Objectives

- To provide specialist lactation advice and support
- To provide and enhance knowledge on breastfeeding through facilitation, training and supervision of community, primary care and acute professionals, voluntary organisations and lay volunteers
- To provide an integrated and flexible service which promotes continuity of care for women and their babies across Kent
- To provide public education and raise awareness of the benefits of breastfeeding in a wide range of settings
- Services will be designed to meet the needs of mothers and their babies
- Information will be made available to a range of professionals, service users and public
- Develop progressive programmes to address the needs of women in the most deprived areas
- Ensure liaison with other bodies to address the requirements of achieving baby friendly initiative accreditation in hospital and community settings in Kent
- Provide appropriate clinic and drop-in facilities and make appropriate onward referrals to meet the needs of mothers and babies
- Provide an integrated service to promote breastfeeding, working with colleagues across Kent
- Contribute to public health assessments and interventions
- To provide an effective value for money service
- Cater for the needs of non-breastfeeding mothers in a way that promotes the Marmot objective of achieving a healthier start to life

Tender evaluation criteria

Criteria	Weighting
Selection Criteria	
Section 1 – Company Information	PASS/FAIL
Section 1 - Track Record and Monitoring	PASS/FAIL
Financial / Insurances	PASS/FAIL
Award Criteria	
Section 2- Quality Proposal (sub-criteria listed below)	60% Pass Rate
Section 3 – Pricing Schedule	Lowest Price

Evaluation sub-criteria

Question	Weighting
1. Describe your proposed service model and provide evidence of your ability and preparedness to commence delivery of this service on 1st October 2014. Describe operational details of the service. Plan for mobilisation and handover arrangements (see mobilisation and transition phase specification) and business continuity.	20%
2. Explain how your proposed service model will operate in the NHS Breastfeeding pathway and work to achieve a seamless service. Explain how the service will work closely with partners to achieve outcomes and meet joint targets.	10%
3. Describe how you will adhere to the service standards laid out within the service speciation.	10%
4. Please describe the infrastructure you will put in place to support the delivery of this contract. Include details of key staff (including sub-contractors) and how they will be managed.	10%
5. Explain in detail how peer supporters will be used in this contract.	10%
6. Please describe any community, social value and sustainability benefits that would be delivered by your business activities as outlined in your proposal	5%
7. How will you promote the service to partners and target populations? How will you ensure there is a strong and consistent communication presence in Kent? Provide details of the different communication channels and you might use including use of new technology to reach target groups.	5%
8. Describe the potential challenges for the delivery of this service and how you intend to manage them	5%
9. How will you ensure you meet the requirements set out in the specification that relate to 'Baby Friendly Initiative' standards?	5%
10. How will you manage performance to drive up breastfeeding prevalence rates across Kent?	5%
11. How will you engage with individuals who may not traditionally access services. How will encourage them to do so? Demonstrate understanding of behaviour change models and specify which you will apply them to this service.	5%
12. Outline any targeted services that are you might provide or details of innovative approaches. Please give an overview of your proposal and describe how you will involve service users in developing and shaping the service	10%

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care & Public Health	14/00077

For publication

Subject: Contract Awards for Kent Community Infant Feeding Service

Decision:

As Cabinet Member for Adult Social Care and Public Health, I agree to the Kent County Council entering into a contract with the organisations, as named in the exempt report, to deliver the Kent Community Infant Feeding Service for the administrative area of Kent County Council.

Reason(s) for decision:
Exceeds financial limit.

The service will increase rates of infant feeding, and help to deliver Outcome 1 of the Health and Wellbeing Strategy - Every Child Has the Best Start in Life.

Cabinet Committee recommendations and other consultation:

The Children's Social Care and Health Cabinet Committee agreed to support the tendering exercise at their meeting of 22nd April 2014.

Other consultation planned or undertaken:
A service review and stakeholder consultation and market engagement exercise was undertaken in 2014. The tender exercise included evaluation by service user representatives.

Any alternatives considered:
A competitive tendering exercise is underway

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

....
Signed

....
date

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From: Graham Gibbens, Cabinet Member, Adult Social Care and Health

Andrew Scott Clark, Acting Director of Public Health

To: Children's Social Care and Public Health Cabinet Committee

Date: 9th July 2014

Subject: A New Model for School Public Health

Classification: Unrestricted

Summary:

This paper presents a new model for the delivery of School Public Health (SPH). It takes into account national guidance about School Public Health Nursing and Kent County Council (KCC) transformation agenda for 0-25 years old implemented through the Kent Integrated Family Support service (KIFSS) and Kent Integrated Adolescent Support service (KIASS). It incorporates the requirements laid out in the Children and Families Bill 2014.

The model is informed by a review of the Kent school nursing service in Kent, which included the views of children, parents and carers, school heads and wider stakeholders.

The model will be subject to an equality impact assessment and further stakeholder and public consultation.

Recommendation:

Children's Social Care and Public Health Cabinet Committee is asked to comment on the proposed new service model.

1. Introduction

1.1. The purpose of this paper is to outline the Public Health proposals for a new SPH service across Kent.

2. Background

2.1. SPH nursing and Healthy Schools are currently two universal and progressive services commissioned across Kent. They lead and deliver key elements of the Healthy Child Programme 5-19 including the mandated National Childhood Measurement Programme (NCMP)[1].

[1] DH (2014) 'Maximising the school nursing contribution to the public health of school aged children: guidance to support the commissioning of public health provision for school aged children'

2.2. SPH nursing includes a vaccination programme, which is commissioned separately by NHS England and School Nursing provision to special schools and children in care that is commissioned by Clinical Commissioning Groups (CCGs)[2].

2.3. Kent Community Health Trust (KCHT) delivers the SPH service across Kent with the exception of Swale, where it is delivered by Medway NHS Foundation Trust.

2.4. SPH nursing and Healthy Schools work at the interface between health and education. They have an important role in addressing health inequalities by aiming to address public health outcomes such as road safety, teenage pregnancies, obesity, sexual health, mental health and wellbeing, immunisations and health determinants (alcohol, drug misuse, smoking, physical activity and diet).

2.5. SPH nursing uses individual assessments and interventions approach. Healthy Schools takes a whole school approach, supporting schools to plan and implement whole school interventions.

2.6. School nurses make a significant contribution to safeguarding process.

3. Local policy 'Facing the Challenge: Towards a Strategic Commissioning Authority'

3.1. The proposed SPH model requires that their users (children, parents and carers) are actively involved in the development and implementation of the service, as well as supporting children and parents to build their resilience and capacity to improve their health and wellbeing.

3.2. Kent Health and Wellbeing Strategy has prioritised 'giving children the best start in life' through delivering person centred, integrated and jointly commissioned services.

4. Review of School Nursing

4.1. A review of School Nursing in Kent took place in April 2013. It identified a range of issues including the following:

- A lack of a standardised service across Kent
- An absence of key parts of the Healthy Child Programme; in particular health assessments at Year 6

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www.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf

[2] These do not form part of this proposal.

- Groups of children that did not have full access to School Health service (including children in pupil referral units (PRUs) and young offenders

- Information sharing between health and education professionals, parents and carers required improvement

- The School Health service was not visible to its users (parents and carers, children and young people) and in some cases to school heads.

4.2. The school nurse review steering group agreed a set of principles for the redesign of School Nursing (see new model for school nursing in Kent)

5. Financial Implications

5.1. The School Nursing and Healthy Schools services in Kent are funded through the Public Health Grant.

Service	Funding 2014-2015
Healthy Schools	£ 547,000
SPH nursing	£ 4,500,000

6. A new model for School Health in Kent

6.1. The School Nursing and Healthy Schools services will be brought together in one School Public Health service, maximising the resources available to improve school health.

6.2. It will improve outcomes for children and young people in Kent by:

- Placing SPH nurses in a leadership and coordination role for the Healthy Child Programme 5-19 to ensure a consistent and standardised service

- Improving links with school leadership teams and school governors

- Being located in multi-agency hubs – e.g. KIASS Hubs and KIFSS Children Centres, to improve integration with the children and young people's workforce including where provision is needed in alternative education settings.

- Improving communication between health and education professionals, parents, carers, children and young people

- Operating all year round

- Allocating resources according to need, with particular regard to vulnerable groups, e.g. young offenders, NEETs (not in education, employment or training), young carers, children in care and with disabilities

- Providing tiered support (depending on need) using individual and whole school approaches

- Improving visibility to parents and carers and the wider children and young people's workforce

- Actively involving children and young people in the design and delivery of the service through the implementation of the 'You're Welcome' principles[3]

- Developing district school public health plans

- Employing IT technology to increase effectiveness and generate intelligence

- Prioritising the school nurse involvement in safeguarding proceedings where their contribution is effective

6.3. More detail is provided in Appendix 1.

7. Interdependencies

7.1. Interdependencies and whole system review of community nursing

SPH nursing is part of the child health nursing system. A whole system review has been identified as a priority by local CCGs. As the commissioning priorities for children are agreed by CCGs, the SPH model may need to be modified to conform to the outcomes of the review (e.g. pathway development for children with health conditions such as diabetes, epilepsy, asthma and allergies)[4].

7.2. Children and Families Bill 2014

The Children and Families Bill 2014 will require additional statutory responsibilities for children with complex health needs, long term conditions and special educational needs and disabilities, including the development and review of a Health, Education and Social Care Plan. This applies to children and young people aged 0-25 years old. The SPH nursing will continue to ensure that information is shared between school, children and families and the specialist and community nurses who will be involved with these children. Guidance is pending and the model for the SPH service will take this into account.

7.3. Safeguarding

[3] You're welcome - Quality criteria for young people friendly health services
www.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf
[4] DH (2014) 'Statutory guidance on supporting pupils at school with medical needs'
www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

There is a need for further work to fully understand the role that school nurses play in Safeguarding and that capacity to deliver appropriate safeguarding work is enhanced through the new model.

7.4. Health Visiting Service.

KCC will inherit the commissioning of the Health Visiting service in October 2015. The current provider of both services is Kent Community Health Trust (KCHT) and the workforce management structure is aligned. Work will take place with KCHT to fully assess the workforce implications of the tendering process and the necessary management actions.

The Childrens Health and Wellbeing Board has recently agreed a task and finish group to review Early Intervention pathways for children and young people commissioned across all children's service agencies, and within the framework of the Healthy Child Programme. This is an important piece of work which will provide significant information to explore the interdependencies outlined above and ensure a fully integrated PH school nursing service.

8. Conclusion

8.1. This paper lays out the new model for the SPH service, which will be subject to further consultation with a range of stakeholders and reviewed through the Childrens Health and Wellbeing Board to ensure a fully integrated model.

Recommendation(s)

Children's Social Care and Public Health Cabinet Committee is asked to comment on the proposed new service model.

9. Background Papers - none

10. Contact details

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- Public Health Specialist - Child Health
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- Dr Alexis Macherianakis
- Consultant in Public Health Medicine
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Relevant Director:
Andrew Scott-Clark: Acting Director of Public Health
- 0300 333 5176
- Andrew.scott-clark@kent.gov.uk

Appendix 1

Service Model

1. Leadership, Management and Integration

The proposed SPH service will place SPH nurses in a leadership and coordination role for the Healthy Child Programme 5-19. They will manage and supervise teams of registered nurses, paediatric nurses and school health practitioners.

The SPH service will not deliver all the elements of the Healthy Child Programme and therefore it is important to take a partnership and integrative approach.

SPH nurses will link with KIASS and KIFSS teams at district level and improve links with school leadership teams and their school governors.

2. Scope

The SPH service will meet the needs of all children and young people of aged 5-19, who are educated in Kent. It will be available to children and young people and their parents and carers in wherever they receive their education and training, e.g. state maintained schools and academies, home schooled. The SPH service will liaise with independent schools. However, it is anticipated that independent schools will employ their own nurses to meet the needs of their pupils.

The School Nursing provision for children in special schools is the responsibility of CCGs.

The SPH service will identify whether immunisations are up to date, as part of their assessment process and identify and refer children at increased risk, including children at increased risk of tuberculosis for BCG vaccination. They will also contribute to emergency planning response in school settings including outbreaks of communicable diseases.

The SPH service will operate all year round (e.g. progressive work and safeguarding work being undertaken with families during school holidays as well).

3. Setting

SPH service will operate in school, family and community settings. The service will aim to be located in multi-agency hubs – e.g. KIASS Hubs and KIFSS Children Centres, to improve integration with the wider children and young people's workforce.

4. Equitable Delivery

The SPH service will provide a universal and progressive offer aiming to be equitable across Kent. This will mean using resource allocation tools and allocating resources accordingly.

In order to achieve equity, the SPH will prioritise the identification and service provision to vulnerable groups such as young offenders, young carers, NEETs and children in care and with disabilities.

5. Model of Delivery

The SPH service will operate within the framework published by DH[5], which outlines a four tiered service (universal, universal plus, partnership plus and community) and in line with the requirements of the Children and Families Bill 2014. These levels are described in detail below:

Universal: 'working in partnership with children, young people and their families to lead and deliver the healthy child programme (5-19), working with health visitors to deliver a seamless transition upon school entry'.
SPH service will deliver public health interventions for school aged children including whole school health improvement and individualised health interventions at Tier 1 and Tier 2. This includes:

- Identifying health needs of individual children and whole school populations
- Advising educational teams on the resources, policies and procedures that they should be in place to meet these health needs
- Leading on the delivery of the NCMP and ensuing interventions and referrals
- Assessing health needs at year R/1, year 6/7 & reviewing them at the age of 15
- Supporting education teams to deliver whole school health improvement including PHSE (personal, social, health and economic) education and the adoption of standards such as smoke free schools.

Universal Plus/Early Help: 'to identify vulnerable children, young people and families, provide and coordinate tailored packages of support, including emotional health and wellbeing, safeguarding, children and young people at risk with poor outcomes and with additional or complex needs'

This includes:

- Contributing to individual health care plans for children with asthma, diabetes, epilepsy and anaphylaxis
- Initiating health, education and social care plans for children with SEND (special educational needs and disabilities) and complex health needs
- Training school staff to meet the needs of children as recorded in their health plans

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[5] DH (2012) Getting it right for children, young people and families Maximising the contribution of the school nursing team: Vision and Call to Action
www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.pdf

- Delivering early help assessments and contributing to the 'Team around the Family' as required
- Making and supporting referrals to other agencies and monitoring the engagement and outcome of those referrals

Universal Partnership Plus: 'to work in partnership with agencies in the provision of intensive and multi-agency targeted packages of support where additional needs are identified'

This includes:

- Delivering early help assessments and contributing to the 'Team around the Family' as required
- Initiating health, education and social care plans for children with SEND and complex health needs

Community Offer: 'to provide advice to all school aged children and their families with the local community, through maximising family support and the development of community resources with the involvement of community and voluntary teams'

6. Quality Services for Young People

The service will work towards 'You're Welcome' standards, which will be underpinned by the action participation of children and young people in designing, delivering and reviewing the service. This will be incorporated in the performance framework for the service.

7. Materials, tools and equipment

The SPH service will work with commissioners to agree the resources and tools that will be used to deliver individual and whole school health improvement, e.g. smoke free schools and quality standards for the delivery of PHSE education.

SPH service will implement smart and mobile technology for recording interventions and outcomes.

8. Training for Schools

The SPH service will provide training for schools to ensure that they meet the health needs of their pupils.

9. Communication

The SPH service will establish contacts with every educational setting and every GP practice and ensure a School Nurse is allocated to each school and each GP practice. One School Nurse may be responsible for more than one school and more than one GP practice.

Children and their families will be provided with information and contact details for SPH service using media such SMS text services, websites and social media but also more traditional posters and leaflets.

10. Intelligence Led

SPH service provision will be guided by district level data, which will be provided (where possible) at school level. This will enable the development of district school health plans, which will be agreed with school heads, local partners (KIFSS and KIASS district leads).

The universal reach of the SPH service and the systematic assessment of health needs at years R and 6 means that there are significant opportunities to generate intelligence for population health needs assessment and for health commissioning.

11. Information Sharing

The SPH service will work to improve information sharing between health and education professionals, as this has been identified as an issue that could affect children and their families.

12. Safeguarding

The SPH service will comply with the Kent Safeguarding Children Board policies and procedures and with the national safeguarding guidance[6]

[6] HMG (2013) Working Together to Safeguard Children www.gov.uk/government/uploads/system/uploads/attachment_data/file/281368/Working_together_to_safeguard_children.pdf

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From:	**Peter Oakford, Cabinet Member for Specialist Children's Services** **Andrew Ireland, Corporate Director, Social Care, Health and Wellbeing**
To:	**Children's Social Care & Health Cabinet Committee** **9th July 2014**
Decision No:	14/00074
Subject:	**Independent Adoption & Special Guardianship Order (SGO) Support Services – Contract Award**
Classification:	**Unrestricted**
Past Pathway:	**Procurement Board – October 2013** **DMT – April 2014**

Summary: Following an open and competitive tender process, we are now at a stage where a decision can be taken to award the contract for the delivery of Independent Adoption & Special Guardianship Order Support Services.

Recommendations: Members of the Children's Social Care & Health Committee are asked to endorse the proposed decision to be taken by the Cabinet Member for Specialist Children's Services.

The Cabinet Member for Children's Specialist Services will be asked to:

Agree that the contract for the delivery of Independent Adoption & SGO Support services across Kent (excluding Medway) be awarded on the terms and for the duration set out below and in the accompanying recommendation report and exempt appendix.

The Head of Strategic Commissioning - Children's, will on behalf of the Corporate Director of Social Care, Health and Wellbeing, take all such steps as are necessary to implement the decision.

1. Introduction

1.1 KCC's Independent Adoption & SGO Support services have been outsourced to an external provider for a number of years. The contract with the existing provider expires on 31st July 2014.

1.2 FSC DMT on 16th October 2013 gave authorisation to proceed with procuring a new contract.

1.3 The contract will be awarded for a term of 2 years with the option to extend for up to a further 2 years if required. The contract start date is 1st August 2014.

1.4 The recommendation is based on the results of the tender evaluation exercise carried out by Strategic Commissioning (Children's) during the period 31st March 2014 to 8th April 2014. The process sought to identify the organisation that has offered the Most Economically Advantageous Tender.

1.5 SCHWB DMT and the Corporate Director for Social Care, Health and Wellbeing have been consulted and confirm that the decision to award the contract based on recommendations in the Award Report (exempt Appendix 1) should be taken.

2. Procurement process

2.1 Analysis of the market demonstrated that there were a small number of suitable suppliers who are able to provide all the elements of the service. In addition, the procurement route allows for consortium bids and for small and medium sized organisations to tender.

2.2 Following the recommendation to Procurement Board in October 2013, it was agreed that a single supplier contract would be the most appropriate outcome. Further it was agreed that this would be delivered by carrying out a competitive procurement process with the open market, thus giving further opportunities to seek savings.

2.3 The Children's Commissioning Unit ran the procurement process with Strategic Procurement operating a quality assurance function.

2.4 The details of the outcome of the procurement process are given in the exempt Appendix 1.

3. Overview of service model

3.1 The Independent Adoption & SGO Support Services are available across the whole of the geographical area covered by Kent County Council. All local authorities are expected to offer these services and they are delivered according to a comprehensive legislative framework. The individual elements of the service are:-

3.2 **An independent support service to birth parents**

To provide a support and counselling service to birth parents prior to an adoption taking place, where a child is (or children are) looked after by Kent County Council and for whom adoption has been identified as the plan.

3.3 **A service that provides access to birth records and intermediary services adult adoptees**

To assist adopted persons either adopted through Kent County Council or who are resident in Kent, and who are aged 18 and over, to obtain information in relation to their adoption and to facilitate contact between such persons and their adult birth relatives

3.4 **Intermediary service for birth relatives and access to information**

To provide advice and support to birth relatives aged 18 and over, who require intermediary and counselling services and access to non-identifying information regarding their adoption

3.5 **Contact services (direct contact and letterbox contact)**

To provide a direct and indirect contact service for children under the age of 18 who have been adopted or who are the subject of a Special Guardianship Order and who have agreed contact with their birth relatives

4. Service Transition and Mobilisation

4.1 Service transition and mobilisation planning will be completed prior to the service commencing on 1st August 2014. This will be overseen by the Head of the Adoption Service but will be informed by representatives from the existing service provider and the prospective new provider. However, due to the available dates of the Children's Health and Social Care Cabinet Committee, and to ensure we give all Members the opportunity to be consulted, Strategic Commissioning are currently in negotiations with the existing service provider to extend the current contract until mid-September 2014.

5. Consultation and Communication

5.1 Representatives from a range of stakeholders including the current service provider, childcare teams, Adoption Service, IRO Service and Quality Assurance teams were approached to seek their views on the existing service model and to identify any improvements required, gaps in the existing provision and better ways of working between the Council and any external provider. All results were used to shape the new service.

6. Financial Implications

6.1 The current annual contract value for the Independent Adoption & SGO Support Services was £425,000 per annum. However, a 10% reduction was applied before going out to tender.

7. Equality Impact Assessments

7.1 Following an initial Equality Impact Assessment no negative impacts have been identified.

8. Sustainability Implication

8.1 There are no significant sustainability implications.

9. Conclusion

9.1 Strategic Commissioning has undertaken a robust commissioning and procurement process on behalf of Specialist Children's Services for an Independent Adoption & SGO Support Service. This will offer a range of statutory services for all those living in Kent (excluding Medway), who meet the requirements under the relevant legislation. These services are statutory, and all local authorities are expected to offer these services for birth parents and relatives involved in adoption, adult adoptees and adopted children.

10. Recommendations

10.1 Members of the Children's Social Care & Health Committee are asked to endorse the proposed decision to be taken by the Cabinet Member for Specialist Children's Services.

10.2 The Cabinet Member for Children's Specialist Services will be asked to:

10.3 Agree that the contract for the delivery of Independent Adoption & SGO Support services across Kent (excluding Medway) be awarded on the terms and for the duration set out below and in the accompanying recommendation report and exempt appendix.

10.4 The Head of Strategic Commissioning - Children's, will on behalf of the Corporate Director of Social Care, Health and Wellbeing, take all such steps as are necessary to implement the decision.

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Background Documents:
Appendix 1: Exempt Tender Award & Process Report
Appendix 2: Proposed Record of Decision

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY: Peter Oakford Cabinet Member for Specialist Children's Services	DECISION NO: 14/00074

For publication

Key decision*
Expenditure or savings of > £1m – *decision is for contract value of £376,275 pa from August 1st 2014. This will give an overall contract value of £752,550 up to the end of Year 2, and the 4 Year contract value would be £1,505,100.*

Subject: Contract Award for Independent Adoption & Special Guardianship Order (SGO) Support Services (Award length 2 years plus 2 optional).

Decision:

As Cabinet Member for Specialist Children's Services, I agree that the contract for the delivery of Independent Adoption & SGO Support Services be awarded to *the preferred bidder named in the exempt appendix* on the terms and for the duration set out below and in the accompanying recommendation report and exempt appendix.

The Head of Strategic Commissioning - Children's, will on behalf of the Corporate Director of Social Care, Health and Wellbeing, take all such steps as are necessary to implement the decision.

Reason(s) for decision:
In October 2013, DMT and Procurement Board gave authorisation to procure a new contract for Independent Adoption & SGO Support Services as the contract with the existing provider was coming to an end. The procurement process was carried out between March 2014 and April 2014. By following an open and competitive tender process savings have been achieved, with a new contract value of £376,275 pa. The preferred bidder is *named in the exempt appendix*, with a scheduled contract start date of 1st August 2014. However, due to the available dates of the Children's Health and Social Care Cabinet Committee, and to ensure we give all Members the opportunity to be consulted, Strategic Commissioning are currently in negotiations with the existing service provider to extend the current contract until mid-September 2014.

A decision to approve this Award regarding these statutory services must be taken as a matter of urgency to ensure a smooth transition and mobilisation of these statutory services from the existing service provider to the incoming service provider.

Cabinet Committee recommendations and other consultation:
The Children's Social Care & Health Cabinet Committee are meeting on the 9th July 2014 to consider the recommendation report and make comments to the Cabinet Member.

SCHWB DMT and the Corporate Director for Social Care, Health and Wellbeing have been consulted and confirm the recommendations in the Award Report.

Any alternatives considered:
As part of the planning process, DMT considered various options on how these services could be delivered but it was felt that continuing to outsource these services was the most operationally effective and viable approach. In addition the contract with the existing provider was due to end and the contract terms and conditions did not enable further extensions to the contract term.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:
None

………………………………………………………………… signed

………………………………………………………… date

Cabinet Member	Peter Oakford, Cabinet Member for Specialist Children's Services
Chief Officer	Andrew Ireland, Corporate Director for Social Care, Health & Wellbeing
Decision No:	14/00079
To:	**Children's Social Care and Health Cabinet committee**
	9 July 2014
Subject:	**Procurement of post sexual abuse, harmful sexual behaviour and risk assessment services**
Classification:	**Unrestricted**

Summary: This report is to give Cabinet committee the opportunity to consider the post sexual abuse, harmful sexual behaviour and risk assessment contracts and to inform the cabinet committee of the procurement process.

Recommendations:

Cabinet committee is asked to

1. Note the contents of the report.

2. Note that the Cabinet Member for Specialist Children's Service will be asked to approve contract award to the winning bidders following the completion of the evaluation process.

1. Introduction

Kent County Council and the seven Clinical Commissioning Groups (CCGs) in Kent are working together to procure county wide services for children and young people between the age of 0 – 18 years who have been sexually abused or who exhibit harmful or inappropriate sexual behaviours. We are also procuring a risk assessment service.

2. Financial Implications

The annual contract value is £643,000.

The new contract will be jointly funded by KCC and the seven CCGs. The KCC element of the funding is within the strategic commissioning base budget.

3. Policy Framework

The procurement aligns with the direction set out in Facing the Challenge: Delivering Better Outcomes.

The procurement process

- has enabled KCC to hold a market engagement event and for new providers to bid for the contract
- has led to the new service being designed with a focus on outcomes, with the needs of the children at the heart of delivery and shaping services around people and place.

4. Procurement

The current contracted provider of the Post Sexual Service (PSA) and Harmful Sexual Behaviour (HSB) is Action for Children, who provide a service in the east of the county. This contract, which is jointly funded by KCC and the NHS, is due to end on 30th September 2014.

Services for children living in the west of Kent are spot purchased from a range of providers. Harmful or inappropriate sexual behaviour support services are spot purchased from Barnardo's Chilston Project in Tunbridge Wells, funded from Specialist Children's Services and West Kent CCG.

The current provision of services is fragmented and inconsistent. The aims of procuring these new services are;

- to address the inequality of access to services across the county,
- to promote delivery of services which are local, responsive to need and delivered in places and at times which are convenient for children families and/or carers.

The new service will also be required to work collaboratively with other providers, including the community children and young people's mental health service.

This is an integrated commissioning process with KCC leading the procurement. The CCGs are partners in the process. This has included developing the specification and being a part of the evaluation process.

We are currently in the procurement process. The services are being procured in 3 lots;
Lot 1: Post Sexual Abuse Service
Lot 2: Harmful Sexual Behaviour Service
Lot 3: Risk Assessments.

Lot 1 - Post Sexual Abuse Service (PSA)
This is a time limited crisis service to support children and young people and their families to address the impact of sexual abuse. The service is for children who have been sexually abused or where there is substantial evidence that they may have been abused. It is anticipated that the service will see at least 300 children and young people a year.

Lot 2 - Harmful or Inappropriate Sexual Behaviour Service (HSB)
This is a specialist service which will be for small numbers of children and young people where there are persistent inappropriate or transgressive behaviours. It is anticipated that the service will see between 25 and 50 children and young people a year.

Lot 3 - Risk Assessments (RA)
This is a specialist service which will be for small numbers of children and young people who may benefit from a detailed assessment of their behaviour and the risks they present and possible therapeutic intervention. It is anticipated that the service will see approximately 60 children and young people a year.

Procurement timetable

Expression of Interest released 28 April 2014
Evaluation of bids 23 – 27 June 2014
Interviews 7-8 July
Governance/ award approved 14 July – 1 August.

- **Award report to DMT 26 July 2014**
- **Key Decision taken to award the contracts 1 August 2014**

Contract standstill and mobilisation 4 August – 26 September
New contracts commence 1 October 2014.

The Key Decision has been entered on the forward plan.

5. Conclusions

The procurement process undertaken with the CCGs across Kent is a further example of our commitment to integrate commissioning services for children and young people. It follows a period of joint working to design a service that will better meet the needs of vulnerable children and young people requiring these services and will align both the east and west of the county, providing an equitable service regardless of where the child lives.

6. Recommendations

Cabinet Committee is asked to:

1. NOTE the contents of this report.

2. NOTE that the Cabinet Member for Specialist Children's Service will be asked to approve contract award to the winning bidders following the completion of the evaluation process

7. Background Documents

None

8. Contact details

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By:	Peter Oakford, Cabinet Member for Specialist Children's Services Andrew Ireland, Corporate Director for Social Care, Health & Wellbeing
To:	Children's Social Care & Health Cabinet Committee – 9 July 2014
Decision No:	14/00081
Subject:	**Future of Millbank Reception and Assessment Centre**
Classification:	Unrestricted

Summary: To seek agreement to close the current reception accommodation for male UASC 16+ in Kent and to commission alternative accommodation

Recommendation: Members of the Children's Social Care & Health Committee are asked to:

ENDORSE the proposed decision to be taken by the Cabinet Member for Specialist Children's Services.

The Cabinet Member for Children's Specialist Services will be asked to:
APPROVE the proposal to close the Reception Centre for UASC male 16+ and to commission alternative accommodation.

Introduction

1. (1) Unaccompanied Asylum Seeking Children (UASC) who arrive in Kent are accommodated by KCC as part of the Local Authority's statutory duty towards children in care. They are placed in temporary accommodation for 6 – 8 weeks during which time they undergo a series of assessments including age, social care needs, education and health. In addition, they receive a basic orientation and independence skills training programme. Girls and boys under 16 are placed in foster care for this period. Boys who are assessed on arrival as over 16 are placed at a reception centre on Millbank Road in Ashford.

(2) The Millbank Reception Centre is owned and run by an externally contracted organisation Nayland Rock Ltd with temporary support staff employed by KCC on site. This centre has been used for this purpose since September 2008. This paper sets out the proposal to close this centre for the following reasons, it is larger than required and recent changes in Home Office funding to KCC make it unaffordable. Alternative accommodation will be commissioned which meets KCC's statutory duties, meets the needs of this small group of UASC arrivals and is within the funding limits.

Policy Context

2. (1) This proposal fits within the Bold Steps For Kent priority of improving how we procure and commission services. The commissioning of the new accommodation will be needs led and based on best value principles.

(2) The proposal will achieve financial savings which will contribute to the Specialist Children's Service savings targets for 2014-15 identified within the Medium Term Financial Plan.

Key Issues

3. (1) The current reception accommodation was established in September 2008 in emergency circumstances when KCC were responding to a large and sudden increase in the numbers of UASC arrivals to Kent. The facility consists of accommodation for up to 50 service users, a staffed reception desk, office space, interview and meeting rooms and full board catering facilities. Under the terms of the existing agreement KCC pay for exclusive use of the facility which means the centre is inefficient at times of low occupancy. Furthermore Kent is the only authority continuing to provide a reception centre of this kind for UASC arrivals.

(2) Establishing the required capacity for this service is challenging as it is difficult to predict the numbers of UASC who may arrive at the port of Dover on any given day. However, based on analysis of occupancy at Millbank over the last 14 months the average occupancy at the centre was 16. The maximum occupancy was 35 and this occurred on one occasion only. Occupancy went over 20 on three occasions only, all during summer months. Analysing data over the last three years shows there is a clear trend of higher numbers of arrivals during the summer period. These figures demonstrate clearly that whilst there are some peaks in demand which can be planned for, the average bed space requirement for this group of UASC new arrivals is closer to 20 bed spaces and the current facility is too large.

(3) Prior to September 2013, KCC received a Gateway Grant from the Home Office which covered the full cost of reception accommodation for UASC. This grant has been removed and replaced with a daily rate paid for each UASC aged 16/17. The impact of this change means that KCC can no longer afford to pay for a large reception centre and a new provision with a smaller flexible capacity based on demand needs to be commissioned.

Proposal

4. (1) It is proposed that smaller units of shared housing for use as Reception Accommodation will be sourced under the existing Accommodation Services contract which was tendered in 2012. The new reception accommodation will be similar to the housing provided for UASC when they move out of foster care and Millbank into the community after their first six weeks. It will, however be staffed by the provider for 12 hours per day in the same way as the Millbank Reception Centre is managed. The client group will be accommodated in individual furnished bed spaces of the same quality and standard as those at Millbank with shared facilities, kitchen and lounge areas. Reception Accommodation in smaller units of this kind will enable KCC to increase or decrease capacity according to the number of

arrivals and will facilitate an easier and quicker transition into longer term accommodation.

(2) The UASC Service has had discussions with the existing providers of Accommodation Services about the provision of this form of supported accommodation. There has been strong interest from providers and Service is confident that there is sufficient suitable accommodation available and at an affordable price to meet the council's needs. Negotiations for this provision will be concluded if the decision is taken to close Millbank and actual closure will not take place until suitable alternatives are in place.

Financial Implications

5. (1) This proposed change in accommodation will achieve significant savings on current expenditure as the new provision will be commissioned within the limits of the funding received for this purpose from the Home Office. The annual cost of the current Reception facility is £430,323. This figure is based on 2013-14 expenditure. This is largest part of the total cost of the Reception and Assessment service provided by KCC for this group. The other KCC costs are staffing (agency support staff), interpreting, transport and service user costs. . This proposal relates to the Reception facility costs only which is externally commissioned.

(2) The proposed new accommodation model will be smaller, based as closely as possible to actual numbers of arrivals and will not include the additional meeting room and catering facilities provided at Millbank. The budget will be set as a unit cost based on the Home Office funding rate leaving sufficient funding to cover additional support. Interpreting and living costs detailed above. Based on provisional costings, this approach is expected to achieve savings of at least 35%.

Legal Implications

6. (1) Children who arrive in Kent unaccompanied and claim asylum are accommodated, as part of KCC's statutory duty under Childcare Legislation towards children in care. Under this proposal KCC will continue to deliver its statutory duty towards this group of children and will therefore have no legal implications for KCC.

Personnel and Training Implications

7. (1) The support staff based at the Millbank Centre are agency staff members employed by KCC. This proposal will require a change of location and some change to working arrangements.

Property Implications

8. (1) The Millbank Reception Centre is privately owned by Nayland Rock Ltd and there are no property implications for KCC

Equality Impact Assessment

9. (1) An initial Equality Impact Assessment has been completed which concluded the change to be of low impact.

Alternatives and Options

10. (1) This paper proposes an alternative accommodation arrangement for a portion of UASC new arrivals to Kent, those who are male 16+. It relates only to the 6-8 weeks following their arrival in the UK. The risks associated with this change have been considered and summarised in the table below

Risk	**Actions proposed**
Availability of emergency bed spaces if number of arrivals increase substantially	A minimum of 5 empty bed spaces will be available and ready at all times. Planning of capacity requirements with Providers will be ongoing to ensure that there is sufficient accommodation sourced and available
Meeting / Training / Interview rooms currently available at Millbank will not be available within the new accommodation. There is a risk of a lack of facilities for assessments, observations which contribute to the age assessment process and group training facilities	Careful planning will be undertaken in consultation with staff and other agencies using the facilities to plan alternative KCC venues and ensure that new accommodation has sufficient communal areas for this purpose
The centre at Millbank is in a central but discreet location and is managed well. There have been no community problems in the neighbourhood. The new accommodation will be in properties in the community with a potential increased risk of community problems	The new accommodation will be staffed by the provider in the same way as Millbank for 12 hours per day to identify any anti-social behaviour and prevent any problems. In addition, social workers and support staff will be visiting regularly.
Health & Safety risks. This client group are unknown when they arrive in the UK prior to assessment. They will in the new accommodation have easier access to kitchen facilities than they do at Millbank. This may present a higher Health & Safety risk	The presence of staff in the accommodation for 12 hours per day will mitigate against this risk. Emphasis will be placed on training service users in life skills and use of facilities in preparation for moving into very similar accommodation after 6 weeks

(2) SCSDIV MT was consulted on this proposal on the 24.6.14 and was supportive of the proposal**.**

(3) Informal consultation will take place with former service users, staff and stakeholders to inform the planning of the new accommodation.

Implementation Proposals

11. (1) The implementation timetable is set out below

Consultation with SCSDivMT	24.6.14
DMT agreement on proposal	By 31.6.14
Cabinet Committee	9.7.14
Lead Member decision	By 15.7.14
Notice to Millbank provider	16.7.14
Staff briefing	July 14
Planning and Consultation on alternative accommodation options	July / August 2014
Report back to SCS Div MT on progress of proposal	September 2014
Preparation of new accommodation	September 2014
Transition to new accommodation	From 1st of October 2014

Recommendations

12. Members of the Children's Social Care & Health Committee are asked to:

ENDORSE the proposed decision to be taken by the Cabinet Member for Specialist Children's Services.

The Cabinet Member for Children's Specialist Services will be asked to:

APPROVE the proposal to close the Reception Centre for UASC male 16+ and to commission alternative accommodation.

Appendix

13. Proposed Record of Decision

Background Documents - None

Contact Details

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY: Peter Oakford Cabinet Member for Specialist Children's Services	DECISION NO: 14/00081

For publication

Subject: Closure of Millbank Reception & Assessment Centre

Decision:

As Cabinet Member for Specialist Children's Services, I agree to
1) The closure of the Millbank Reception & Assessment Centre
2) The commissioning of suitable alternative accommodation
3) Delegate to the Corporate Director for Social Care, Health and Wellbeing, or other nominated officer, to implement this decision.

Reason(s) for decision:
The Millbank Reception Centre is larger than required and recent changes in Home Office funding for to Kent County Council have made it unaffordable.
Alternative suitable provision can be commissioned within the budget available.

Cabinet Committee recommendations and other consultation:
The Children's Social Care & Health Cabinet Committee is meeting on the 9th July 2014 to consider the recommendation report and make comments to the Cabinet Member.

Specialist Children's Service Divisional Management Team and the Corporate Director for Social Care, Health and Wellbeing have been consulted and confirm the recommendations in the Award Report.

Any alternatives considered:
The alternative to closure is maintaining the current service with its significant underutilisation and lack of funding.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:
None

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signed

....
date

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From: **Peter Oakford, Cabinet Member for Specialist Children's Services**

Andrew Ireland, Corporate Director for Social Care, Health & Wellbeing

To: **Children's Social Care & Health Cabinet Committee**

9 July 2014

Subject: **Kent County Council Sufficiency Strategy - Update**

Classification: **Unrestricted**

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: KCC's Sufficiency Strategy, approved by Cabinet in July 2013 was developed in response to the Governments' Sufficiency Duty which came into force in April 2011. The action plan that accompanied the strategy identified actions which KCC had to deliver in order to meet its responsibilities under the Sufficiency duty.

KCC has made good progress against these actions. We are now preparing to review the strategy, in order to ensure the authority continues to meet its statutory duties in the light of recent legislative changes, and to continue to improve quality and efficiency and deliver maximum value and the best possible outcomes for vulnerable children and young people.

Included in this report will be:

- Brief review of Sufficiency responsibilities
- Local Drivers
- National Drivers
- Progress against action plan
- Sufficiency Strategy Review

Recommendation The Cabinet Committee is asked to NOTE the work undertaken on the Sufficiency Strategy and the Action Plan.

1. Brief review of Sufficiency responsibilities

1.1. Sufficiency duty applies to all children who are defined as ‘looked after’ under the 1989 act, as well as those who are at risk of care or custody, (children and young people on the ‘edge of care’)

1.2. Section 22G of the Children Act 1989 requires Local Authorities to take steps to secure, so far as reasonably practical, sufficient accommodation within the authorities area which meets the needs of children the Local Authority is looking after, and whose circumstances are such that it would be consistent with their welfare for them to be provided with accommodation that is in the Local Authorities area (the sufficiency duty).

1.3. The Sufficiency Statutory Guidance states that Local Authority provision should enable children:

a) To live near their family home;

b) To remain in their current education or training setting;

c) Where appropriate, to be placed with siblings;

d) With a disability to have their needs met; and

e) Wherever it is safe to do so, to remain in their own Local Authority area.

1.4. Where it is at all possible, this provision should be provided within the Local Authority area and should be accompanied by a commissioning strategy that outlines the authority’s commissioning intentions and approach to meeting local need.

1.5. The new Ofsted inspection framework considers whether the authority’s response to meeting its ‘sufficiency duty’ is robust enough. The authority should be able to evidence that they are taking steps to meet the sufficiency duty as far “as reasonably practicable”. These steps will include evidence of an appropriate needs analysis and commissioning strategy to meet the needs of vulnerable children.

2. Local Drivers

2.1. KCC is committed to not only making good quality placements and meeting the needs of looked after children but coordinating activity across agencies with a clear focus on keeping families together, where it is safe to do so and minimise the number of children coming into care.

2.2. This approach is consistent with the Children's Social Care Transformation Programme Plan. The objectives outlined in this report compliment the County Council's vision and ambitions as set out in Facing the Challenge.

3. National Drivers

3.1 A number of guidance documents have been produced by Government that look at sufficiency and care planning, placement and case review. These documents set out how local authorities should carry out their responsibilities in relation to care planning, placement and review for children in care.

3.2. These changes in regulation (see appendix 1) have a number of implications in particular for safeguarding and operational staff. Processes are being developed to ensure that KCC responds to these legislative changes in an appropriate way.

3.3. In terms of sufficiency, the Staying Put agenda has significant implications both for carers (in terms of rates of payment and the potential loss of a registered bed for up to 3 years) and also for KCC, in terms of the loss of foster care beds and potential increase in costs over the existing 16 plus accommodation arrangements.

4. Progress against Action Plan

41. The Sufficiency Strategy action plan is broken down into 4 key strategic objectives, with targets within each objective R/A/G rated to indicate progress. Appendix 2 gives specific detail of progress against key performance indicators. Highlighted below are general comments on progress in each area.

4.2 **Intervene early and support children to remain safely within their family**

There are 8 specific targets within this strategic objective.

- 7 green
- 1 red

4.3 The only 'red' target, a review of the Early Intervention and Prevention strategy has been delayed whilst a permanent Director of Preventative Services is appointed and will be carried forward to the 2014-2015 action plan.

4.4 The remaining 7 targets cover a broad range of activity; progress has been made through the increased use of the Common Assessment Framework (CAF) and Team around the Family (TAF) approach by a

range of multi-agency partners. These tie in with the impact of the Family Intervention work undertaken by the Kent Troubled Families (TF) initiative. A major review of Children's Centres has been completed with a new countywide structure coming into effect from April 2014.

4.5 Commissioned early intervention services have worked with significant numbers of children and families with the impact of these services currently under review.

4.6 Kent Integrated Adolescent Support Services (KIASS) and the Kent Integrated Family Support Service (KIFSS) are working closely together as part of the transformation agenda to deliver services that reduce the number of children and families being referred to social care.

4.7 **Manage risk within the family/community**

There are 5 specific targets within this strategic objective.

- 4 are green
- 1 is amber

4.8 As the confidence and experience of commissioned early help services has grown the number of step-up's to social care has reduced and social care has been able to step-down an increased number of cases to these services. The Safer Stronger Families service has reported a low frequency of young people going into care within 3 months of their intervention.

4.9 KCC's Family Group Conferencing (FGC) has worked with a large number of families on the edge of care to increase their resilience and ability to manage issues within their family environment supported by other services, reducing the number of these families that step-up to social care. The overall rating of their target is green, although the education element is amber (see note in appendix 2)

4.10 Youth Justice and Social Care colleagues are working with the courts to reduce the number of young people remanded to Youth Detention Accommodation targets have been achieved for the last 2 years, demonstrating a downward trend in the remand population being remanded to secure accommodation.

4.11 **Provide and commission placements to meet identified needs.**

There are 6 specific targets within this strategic objective.

- 3 green
- 2 amber
- 1 part of the recruitment and retention foster carers is red

4.12 Using a range of data, including information from social care and the Access to Resources Team (ART), fostering has successfully targeted recruitment at a number of carers who are prepared to work with children KCC finds difficult to place. Work has also been undertaken with existing carers to ensure their registrations and profiles are up to date and correctly reflect the types of children they wish to work with. Recruitment of carers for challenging and 16+ placements has proven challenging and remains an area of focus for the next action plan

4.13 The IFA (Independent Fostering Agency) framework has been in place since June 2013; this has improved the search process for private sector prices and led to a decrease in the average cost of an independent fostering placement of approximately £25 per week.

4.14 A pilot, initially with North and West Kent area fostering teams and from January 2014 with the countywide in-house fostering service has led to a reduction in the use of IFA and spot (private sector placement made outside the framework) placements and maximised the usage of KCC in-house carers. The table below shows:

Fig. 1

Quarter	July to September 2013	October to December 2013	January to March 2014
IFA	70	39	23
Spot	22	7	4

4.15 KCC has recently joined the West Sussex Dynamic Purchasing System (DPS), a framework for the provision of residential education provision. These arrangements are at an early stage and data on the impact on cost of placements is not available, however the DPS has provided details of providers that KCC had not previously worked with.

4.16 **Good care planning to improve stability and reduce drift.**

There are 9 specific targets within this strategic objective:

- 4 green
- 4 amber
- 1 is no longer part of this plan

4.17 Support and training has been delivered for social care staff across the county as part of the professional development programme. The IRO service has seen an improvement in the quality of care planning with the proportion of plans deemed satisfactory or better up to 81% at the end of

March 2014 (up from 65% in September 2012). More plans are being completed within the child's timeframe (up 3.7% to 84.8%).

4.19 District surgeries have been well received by social care colleagues An analysis is underway to determine impact of these surgeries on practice. This will allow for a more targeted approach within the localities and augment identified local need. Care Planning and Pathway Plans will become a focus of surgeries from September to December 2014.

5. Sufficiency Strategy Review

5.1 There will be ongoing review and enhancement of the Sufficiency Strategy as the council continues its Transformation of Children's Services. Additionally, evidence from authorities recently inspected under the new Ofsted framework indicates that sufficiency may be an area of focus for inspectors, particularly at 16 plus. Both Essex and Derbyshire have combined their sufficiency strategy, placements plan and commissioning plan which is something for KCC to consider when the current strategy is updated. The new strategy will also reflect changes in legislation (see section 3).

5.2 The strategy will address the challenges set out in 'Facing the Challenge' contributing to KCC's journey to becoming a commissioning authority. Preparatory work has already begun on the strategy review but a number of key milestones need to be completed in order to ensure the strategy can support the most efficient and effective service delivery for vulnerable children and young people in Kent.

Action	By When
Annual report to Children's Health and Social Care cabinet committee	9 July 2014
Review of Joint Planning and Partnership board housing protocol	August 2014
16-25 Accommodation Needs Analysis	August 2014
Outcome of CAF, Early Help review	September 2014
Initial assessment of the impact of the West Sussex DPS model	September 2014
IFA Framework review	September 2014
First draft of new sufficiency strategy	September 2014

6. Summary

6.1 KCC has made good progress against the key actions from the sufficiency strategy action plan. Changes to legislation and the authorities' transformation agenda mean that the current strategy requires a detailed review with a corresponding, robust action plan to continue to ensure KCC

delivers against its statuary requirements and provides high quality, best value services for vulnerable children.

7. Recommendation

Recommendation**:**

The Children's Social Care & Health Cabinet Committee is asked to NOTE the work undertaken on the Sufficiency Strategy and the Action Plan.

8. Appendices

Appendix 1 – Sufficiency Strategy – Changes in Regulations

Appendix 2 – Action Plan – Progress so far, June 2014

9. Background Documents

None

10. Contact details

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Appendix 1

Kent County Council Sufficiency Strategy – Changes in Regulations

1. Following a formal consultation in the summer 2013, from the 27th January 2014 the Children's Homes and Looked after Children (Miscellaneous Amendments) (England) Regulations 2013 came into effect.

- A decision to place a child 'out of area' must be approved by the nominated officer and not be put into effect until it has been approved by the Director of Children's Services. The authority where the child is to be placed must be consulted and receive a copy of the child's care plan.
- Children's homes are now required to provide information about all out of authority placements that are resident in their homes, notifying host authorities when a new out of authority placement occurs or a child leaves placement.
- Regulation 16: All children's homes now have to have a 'Missing Child policy'. Homes should take into account the views of appropriate local services and have regard for relevant Local Authority policies and procedures.
- Regulation 31: Fitness of Premises. All premises should be appropriately and suitably located (subject to annual review) so that children can be effectively safeguarded.

2. Regulations that came into force on the 1st April 2014 include:

- Regulation 33: Children's homes will be visited by an independent person, subsequent regulation 33 reports will be sent to each authority with a child in the home.
- Regulation 4: A homes' statement of purpose is required to be published on an organisations' website and provide more detail around the care of a child than previously required.
- Care Standards Act 2000: The schedule has been amended to require that any applicants who wish to register a new children's home must describe the steps they have taken to ensure the home is appropriately and suitably located.

3. Children and Families Act 2014

   A wide ranging piece of legislation that covers a number of areas including:

- Staying Put: New regulations have been put in place relating to a young person's status when in care and reaching their 18th birthday. Known as '18 or older' or 'Staying Put' arrangements, they entitle a young person to remain with their carer until they are 21years old

- The new act has enshrined the 26 week time limit on care proceedings in law and also taken action to speed the process of adoption.
- Education, Health and Care plans: replacing the statement of education needs, these plans are be regularly reviewed providing better opportunity for families to be engaged in the decision making process around the care of their child
- Local Authorities must now provide a ‘Local Offer’, giving details of services available to children and young people with disabilities or special educational needs.

Appendix 2. Sufficiency Strategy 2013 Action Plan - Progress against Targets

1. Intervene early and support children to remain safely within their family

Detailed Task / Action	Targets	Progress / Actions	Progress R/A/G
Continue to roll out the use of Common Assessment Framework across all children's services, and support access to early intervention and prevention services on the framework with a specific focus on supporting vulnerable children (Tier 2) and preventing escalation of need to Tier 3. Monitor referrals and outcomes through performance and contract management To ensure commissioned services are using CAF effectively.	Contribution to the Kent Troubled Families Programme and the Kent Integrated Adolescent Support Service work being led by colleagues in Children & Young People.	Regular attendance at Troubled Families Board and currently looking at future service design and how to support teams as part of performance and contract management. A new Early Help Commissioning Group which links KIAS and 0-11 transformation now looking at future commissioning expectations	**Green** Contribution achieved with further action to be carried forward to 14-15 action plan
	Revisit and review the impact of all EIP services and make recommendations for change.	Review of EIP services completed; focus now on a phased plan and savings.	**Green** Review completed. Follow up activity savings to be carried forward to 14-15 action plan
	October 2013 review of CAF/TAFs reports improvement in quality	Continuous improvement is evidenced through quality audit programme.	**Green** Quality of CAF/TAF reports is improving and this area will remain a focus in the next action plan
	Number of CAFs completed per 10,000 population under 18 (exc. Young carers)	Significant increase of 53.5% in the number of CAFs completed 2013/14 compared to 2012/13 exceeding the target by more than 50%.	**Green** Target achieved

	Improve engagement of partners' front line staff in the Common Assessment Framework process	Partners have engaged with the CAF process and contributed to the review of Early Help services. The Early Help and Preventative Services Prospectus published in May 2014 provides the vision for Early Help including CAF	**Green** Target has been achieved, effective partnership working will remain a focus in the next action plan

Detailed Task / Action	Targets	Progress / Actions	Progress R/A/G
	Ensure Children's Centres deliver high quality support to families and prevent escalation to specialist services (as judged good or outstanding by Ofsted)	Eleven of the 23 Children's Centres originally earmarked for closure will remain open following a three-month consultation. Twelve of the county's 97 Children's Centres will shut and 20 will operate with reduced hours. The plans, which came into effect by April 2014, will see 17 networks of 85 Children's Centres remain across the County with some services being delivered from community buildings. As part of the transformation agenda Children's Centres have now moved to the Prevention 0-11 agenda	**Green** Children's Centres are now part of the Children & Young People directorate. Progress under the new structure will be monitored in line with other 0-11 preventative services
	Work with universal services and other providers to embed the Early Intervention Strategy and provide inclusive support	On-going work through local operational teams and partners e.g. GP's and schools to increase the use of CAF and embed the principals of the EiP strategy	**Green** Work has progress throughout the year and will continue to develop in the light of the transformation of the early help offer.

	Contribute to a review of the EIP strategy	The review of the EIP strategy has been delayed, it is expected that the permanent Director of Preventative Services will take this forward when they are in post	**Red** Action carried forward to the 14-15 action plan

2. Manage Risk with the family / community

Detailed Task / Action	Targets	Progress / Actions	Progress R/A/G
Commission a suite of services to manage risk within the family. Including support parenting interventions, domestic abuse, perpetrators of domestic abuse, 16-17year old living in the community, family mediation etc.	Reduce numbers of step ups through use of EIP services to increase resilience within the family.	As part of the Transformation work KIAS and 0-11 streams are looking at the principles of how to assess and make it easier for partners to engage. To include a review of CAF and the development of a new early help assessment tool.	**Green** Evidence from Early Help commissioned services (Sept 13 to March 14) shows 203 cases have been stepped down from social care. 111 cases have been stepped up to social care after initial referral to commissioned services. During this period, commissioned services have opened 3761 cases and closed 1661

Further develop the use of Family Group Conferencing (FGC) for all children at edge of care (400 families), work with children whose attendance at school is below 85 percent to improve attendance (50 families) and develop a service as part of Early Intervention strategy to prevent escalation to SCS (20 families) by re-aligning existing resources.	Develop use of FGC for all children at edge of care – 400 families Improve school attendance – 50 families Prevent escalation to SCS – 20 families.	Edge of care; over target. 612 families referred; 449 FGCs convened, plus 15 PCRs.	**Green** Achieved target
		Education: Under target; 21 families referred; 13 FGCs convened plus 1 PCR.	**Amber** Did not achieve specific target, although many families in EI cohort had attendance & behavioural issues in FGC plan.
		Early Intervention (including Tunbridge Wells project which takes referrals from FST with aim of stepping down to EI); On target; 27 families referred and 14 FGCs convened.	**Green** Achieved target
		Total - 660 Referrals, 476 FGCs 15 PCRs	**Green** Overall achieved targets

Detailed Task / Action	Targets	Progress / Actions	Progress R/A/G
Support and contract manage Safer, Stronger Families; a service for children and young people aged 11-15 being delivered countywide under a 3 year contract from November 2012.	Reduce numbers of children coming in to care by a minimum of 40 to 50 per year over 3 years to October 2015 (25% reduction on numbers of 11-15 year olds coming into care) Review the effectiveness and demand of the service for the age group and establish if increasing the age to 17 to meet need. Contract has been varied	The provider has capacity to work with 140 young people per annum and they report on follow-up of closed cases that there is a low frequency of young people going into care within 3 months of leaving the service. In year 1 – young people in 79% of closed cases were prevented from becoming CIC – this exceeds the target of 40 individual young people. The contract now gives the LA the ability to refer 16 & 17 year olds into the service, which is leading to an increase in referrals which should see the service operating at full capacity shortly.	**Green** Achieved target

Conduct a needs analysis and develop recommendations in partnership with district housing authorities and Supporting People, to ensure that suitable provision is developed for 16 to 24 year old vulnerable young people who become homeless	Multiagency task and finish group to look at each issue and agree actions.	A multi-agency Task and finish group met in October 2013. A report is being prepared, covering needs analysis, pathways to access accommodation and engagement with young people.	**Amber** This work is on-going and will be carried forward to the next action plan
Continue to work with the courts to promote the use of community based remand and alternative to custody options for young people.	Reduce the number of Remands to Youth Detention Accommodation by increasing the number of Remands to LA Accommodation Decrease number of custodial based remands by 50% - 4 per year	The target was "Remands to Youth Detention Accommodation should not exceed more than 7.5% of the total number of remand decisions, excluding Unconditional Bail". This target was met for both 2012/13 (6.3%) and 2013/14 (6.4%). This illustrates a downward annual trend in the remand population being remanded to a secure placement.	**Green** Achieved target

3. Provide and commission placements to meet identified needs

Detailed Task / Action	Targets	Progress / Actions	Progress R/A/G
Put in place and monitor a recruitment strategy for the fostering service with the aim of: • Recruiting more in-house foster carers with the right combination of skills to meet the needs of children and young people in our care, in the right locations (see detail in strategy). • Retaining more existing carers through improved training and supervision. • Ensure effective implementation of Staying Put Policy	The target for savings in 2013 -14: Recruit 224 (gross) new foster care placements. This target will result in a minimum of 149 (net) new foster care placements as on average 75 placements are 'lost' each year due to resignations and de-registrations of foster carers	At the end of March 2014: 262 potential child placements have been recruited (166 households) 82 carers have been lost through retirement , resignation and connected carers leaving the service	**Green** Target achieved. Targeted recruitment of carers to meet the needs of Kent children will remain a focus for the next action plan,

Target recruitment and retention of foster carers who can care for young people aged 16+, sibling groups, adolescents, North and West Kent and those with complexities.	Target to 20 places for young people moving on to independence	Targets for the following groups were exceeded: • Sibling groups • Solo placements Permanence • Short breaks	**Green** Target achieved
		Recruitment of carers for challenging and 16+ placements has proven challenging and remains an area of focus for the next action plan	**Red** Target not achieved, will be included in the next action plan
Support and contract manage the Independent Fostering Framework Agreement to provide specific types of placements to meet KCC's needs at an agreed cost.	The framework has not reduced average costs of placements as it was intended to achieve. The Commissioning Team and Strategic Procurement are working with the market to consider new processes that will be more efficient.	Kent's focus on reducing the number of IFA placements and the Single Placements Team pilot starting in January has led to a reduction in IFA placements and an increased use of in-house, changing the emphasis of the saving from reduction in unit cost to reduction in overall numbers of IFA placements. The framework provides a valuable resource when seeking placement needs that cannot be met in house.	**Green** Although target focus has changed, good progress has been made in contributing to the savings agenda. From January to March 2014 the authority made less than half the number of IFA placements per month than it had made June to December 2013
Build relationships with IFA providers who are part of the framework and are approved specifically for remand placements	Increase remand placements by 4 per annum	Meetings have been held with IFA Providers who expressed interest in offering remand places through the IFP Framework tendering process. One provider with experience of operating a project of this kind has agreed to be involved in further discussions to explore the potential of establishing a similar initiative in Kent and Medway. Youth Justice are working with social care to develop proposals for a joint remand strategy with a report currently being prepared for presentation to Early Help and Preventative Services.	**Amber** Work is on-going and will be carried forward to the next action plan

Establish a residential provider Framework Agreement to increase sufficiency and cost effectiveness of provision.	Dynamic Purchasing System will be in place with non-maintained independent schools which cover CIC with SEN and or Disability. Meeting held with Thom Wilson and paper to be produced on 3 step approach for Residential Children's homes framework	The opportunity arose to work in partnership with West Sussex County Council and join their DPS in relation to Independent non maintained Special Schools. However, KCC chose not to align itself with the Children's Home element of the DPS and it has been agreed that we continue to spot purchase Children's Homes placements for the foreseeable future, using a revised specification and the national residential terms and conditions, until such times as an agreed commissioning/ procurement strategy for Children's Homes is developed in 2014/15.	**Amber** KCC part of the West Sussex Dynamic Purchasing System (DPS) model
Collate information from Access to Resources Panels and JRAP and report quarterly to inform sufficiency and identify gaps in provision	Need to establish a consistent reporting framework with in-house fostering services	ART has established a wide range of data sets that support the monitoring of the IFA framework, provide timely updates to service managers and ADs and provide intelligence to support the development of a recruitment strategy for KCC in-house carers.	**Green** Target achieved

4. Good Care Planning to improve stability and reduce drift

Detailed Task / Action	Targets	Progress / Actions	Progress R/A/G
Work with legal services to manage cases in a timely way, reduce delay in court processes and make the most cost effective use of legal advice. Implement the Family Justice Review.	Reduce the length of time for care proceedings; reduce length of time in care for young children with an adoption plan The Family Justice Review is being implemented which will require court proceedings for cases at Family Justice Courts to be completed within 26 weeks. Targets are monitored at monthly legal meetings	Key measures will be included in the Scorecard for the Transformation Board which shall in addition include the number of care proceedings, average length of time and average cost.	Amber 41% of court proceedings have been completed within the 26 week target. Further progress is expected as new procedures are embedded.

Put in place training on Care Planning and Pathway Plans to support improvement in social work practice and management oversight.	All social workers to attend training and district based surgeries Thematic Audits to be carried out by IROs	Workshops for operational staff on Care Planning have been delivered as part of the PD programme. Surgeries continue to be delivered across districts. Content of surgeries to be reviewed to ensure they meet staff needs and practice improvement requirements. District surgeries to date have been driven by local need. There is currently an analysis underway to determine impact of district surgeries on practice. This will allow for a more targeted approach within the localities and augment identified local need. Care Planning and Pathway Plans will become a focus of surgeries from September to December 2014.	**Green** Target achieved, further work will be undertaken over the coming year
Support the IROs in their role of monitoring and challenging Care Plans , and monitor use of escalation processes	IRO service to report annually. Thematic Audits to be carried out by IROs	Key issues identified from IRO audits regarding care planning: 1. Need to focus on the cogency of the overall plan by pulling the core elements into a collective whole Quarterly monitoring of the quality of care planning has found that the proportion of care plans deemed satisfactory or better by IROs has risen from 65% in September 2012 to 81% by end of March 2014. Performance against the collective activity of 12 core elements that make up a good plan suggest the potential exists for 91% of plans to be satisfactory or better at this time. The IRO service is continuing to focus on improving care planning and the proportion of plans that are 'good' rather than satisfactory. This includes the introduction of a new core element of the plan that is graded by IROs (from June 2014); focussing on contingency planning. The IRO service will also be providing workshops for social workers over 2013/14 that focus on care planning. 2. Timeliness of implementing the plan within the child's timeframe The most recent Quarterly QA IRO report (quarter 4 period – January to March 2014) indicates that the	**Green** Target achieved, further work will be undertaken over the coming year

		percentage of plans which are being implemented within the child's timeframe has improved over the year; from 81% in quarter 1 (April to June 2013) to 84.8% in quarter 4 period (January to March 2014). The IRO service continues to focus on this area of performance, which will continue to be reported on in future quarterly quality assurance reports. Work is also taking place to restructure the service in order to increase the management experience of IROs so that they are better equipped to influence performance and practice of social workers in how they identify issues and balance effective challenge and support. The restructure is also looking at whether the number of IROs needs to be increased in order to reduce caseloads and enable IROs more time to see children between reviews and oversee practice. This latter issue links to a specific recommendation by Ofsted in their CIC / Care leaver inspection (July 2013); to review IRO caseload sizes.	
Monitor the contract for the newly commissioned community CAMHS service which prioritises CIC, and monitor outcomes for this target group. Eligibility criteria have been agreed for CIC to access service – in place by July 1st 2013	Over the contract period see over 30% of CIC in Kent receiving CAHMS services (an increase from 7%).	As at the end of March 2014, the service is reporting contact with approximately 28% of Kent's CIC (caseload of 520) The new Community CAMHs CIC service is in place but the provider has found it difficult to recruit appropriately trained staff. A fourth recruitment is under way and the provider hopes to be fully staffed by September 2014.	**Amber** Making progress towards delivery target.
Explore options for a mechanism for accessing therapeutic services through a Framework Contract	Options agreed by December 2013		No longer an agreed action
Implement the recruitment strategy 'Changing Futures' for adoption including sustainability and post adoption work.	107 new families recruited 122 adoption orders made pa 13% of CIC are adopted in year 2013-14	For the period 1 April 2013 to 25 February 2014: 144 Adopter households have been approved 121 children have been adopted 148 children have been placed	**Green** Target achieved

Monitor placement drift through CIC review, supervision, and performance monitoring information and Children In Care panels and team, to track progress on care plan.	Reduce the average number of days spent in care – Ensuring that all looked after children have cogent care plans that are based on sound assessments and reviewed regularly to monitor progress in achieving An emphasis on securing placement stability, good education outcomes and promoting the emotional and physical health of looked after children – all of which are important factors that delay the achievement of permanency Whenever possible, involving the child/young person and their family in decision making and maintaining an appropriate level of parental responsibility for their children.	MIU are collating data for a scorecard for the Transformation Board which will include a number of the measures identified. Placement stability, number of moves and length of time in placement are both in the monthly scorecard and are national measures; MIU will continue to include them in the monthly scorecard and the CIC scorecard. Adoption measures are included in the Adoption scorecard and the measures regarding timeliness will be included in the scorecard for the Transformation Board.	**Amber** The monthly scorecard shows good progress in terms the length of CP plans and issues relating to placement stability. There remain some challenges around the review of CP cases within timescales which remain a focus for social care teams.
Produce future service delivery options for Leaving Care Service (currently provided by Catch 22 under contract which ends in March 2014)	Agreement of option in October 2013. Procurement and future service development November 2013 to October 14 when service will be in place.	The following approach agreed: • Develop an Integrated 0-18 Children in Care Service • Develop an Integrated 18+ Care Leaver Service • Establishing an 'Other Arrangements' Accommodation and Support Service	**Green** Target achieved - to be implemented by 1st October 2014
Work with Adult Services to ensure clear pathways are in place for young people requiring services as adults (focusing on Disabled Children, Leaving Care and Mental Health).	Need to collate data on specialist residential placements for disabled children aged 14+, (profile of children, resources used and cost) to inform transition arrangements (Disabled Children). No established targets for Leaving Care or Mental Health currently.	This work has been subsumed into the SEND Transformation work stream under Penny Southern.	**Amber** Work on-going under different stream, impacted by delay in publishing of the Care Act and Children and Families Act and associated guidance

By: Roger Gough, Cabinet Member for Education and Health Reform

To: Children's Social Care and Health Cabinet Committee

Date: 9th July 2014

Subject: **Kent Health and Wellbeing Strategy**

Classification: Unrestricted

Summary

The Kent Health and Wellbeing Board is required to ensure that a Health and Wellbeing Strategy for the Kent area is produced and that it reflects the issues identified in the Joint Strategic Needs Assessment. The current Health and Wellbeing Strategy was agreed by the Shadow Kent Health and Wellbeing Board at its meeting of 30th January 2013 as a one year strategy, recognising that in a time of great change to the health and wellbeing system this would be an interim measure prior to developing a full strategy in subsequent years.

The Kent Health and Wellbeing Strategy is therefore now due for renewal and work is underway to complete a final strategy for presentation to the Kent Health and Wellbeing Board on 16th July for approval. This timescale will allow the final strategy to be endorsed in time to inform the next round of commissioning intentions for all parties that will commence in the autumn. The revised version of the strategy has taken into account feedback from stakeholders' workshop which highlighted a clearer strategic alignment across the system; the identification of priorities and their connection with outcomes; the need to be more specific about children's issues and a clear statement of the case for change.

As a result of some of the key changes, the revised strategy has clearer links with Better Care Fund providing a strategic platform for change across the system; a revision to the wording of Outcome 5 to reflect holistic support for people with dementia and the stronger connections between outcomes and priorities.

The revised proposed version also takes into account the views of Kent residents about the changes they would expect such as: timely access to support; and improvements to professional communication. Additionally, the revised proposed strategy introduces an increased emphasis on key groups of vulnerable children and young people within Outcome 1.

The initial draft of the revised strategy has been issued for public comment and is attached to this report.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to consider the revised Joint Health and Wellbeing Strategy for Kent and to comment accordingly

1. Introduction

(a) The original Health and Wellbeing Strategy was based on the Joint Strategic Needs Assessment of 2012/13. The strategy is built around 4 priorities designed to deliver 5 key outcomes through 3 main approaches:

The Priorities:

1. Tackle key health issues where Kent is performing worse than the England average
2. Tackle health inequalities
3. Tackle the gaps in provision
4. Transform services to improve outcomes, patient experience and value for money

Relevant priority outcomes:

1. Every child has the best start in life
2. Effective prevention of ill health by people taking greater responsibility for their health and wellbeing
3. The quality of life for people with long-term conditions is enhanced and they have access to good quality care and support
4. People with mental ill health issues are supported to 'live well'
5. People with dementia are assessed and treated earlier, and are supported to 'live well'.

The Approaches:

- Integrated Commissioning
- Integrated Provision
- Person Centred

(b) In revising the strategy, it has been recognised that although much progress has been made in many areas it is unlikely that these outcomes have been fully achieved, or the priorities completely addressed, during the 12 months that the strategy was in operation. Whilst the Joint Strategic Needs Assessment has been refreshed and updated, these key elements of the strategy remain relevant to the population of Kent today. For all these reasons it is proposed that the original strategy continues to articulate the priorities and outcomes that are still relevant and that they should be retained as the basis for the new document.

The revised strategy is designed to give definition to the improvements that will be necessary to ensure that health and wellbeing priorities of the residents of Kent are properly addressed and the aspirations contained within the "I statements" are made a reality.

(c) The Better Care Fund (BCF) and its associated planning has also been a significant factor in the renewal of the strategy. The BCF is intended to promote large scale system wide changes to health and social care services to deliver an integrated health and social care system at greater pace and scale than hitherto envisaged. The potential impact of the BCF on all aspects of the health

and social care system within the remit of the Health and Wellbeing Board is so great that the production of the new strategy has been purposely delayed in order that these implications can be reflected in the new document. In essence the BCF supports the main principles and aspirations of the existing strategy.

(d) The three approaches highlighted in the strategy are entirely reflected in the principles underpinning the BCF, the aims of the BCF cannot be delivered without addressing the four priorities, and the majority of the five outcomes are directly related to those of the BCF itself, (the exceptions being Every child has the best start in life and Effective prevention of ill-health by people taking greater responsibility for their health and wellbeing. These two outcomes are outside the specific scope of the BCF but are still of great importance in their own right). The renewed strategy is therefore designed to reflect the principles and aspirations of the BCF to improve public understanding of the changes that will be taking place.

(e) Beyond this, the relationship between the outcomes and priorities has been reshaped. The outcomes have also been considered and Outcome 1 – Every child has the best start in life – has been redesigned. This is to recognise that whereas the other outcomes mainly reflect different aspects of health and wellbeing for adults, all children's issues are put together in Outcome 1. The revised strategy will introduce an increased emphasis on key groups of vulnerable children and young people.

(f) The revised strategy was discussed at the Kent Health and Wellbeing Board at its meeting of the 28th May 2014. The Board agreed that the draft has been published for public comment until 27th June and responses will be incorporated into a final draft of the strategy to be presented to the Kent Health and Wellbeing Board on 16th July. Also included in the final draft will be comments from Health and Wellbeing Board discussion relating to a greater emphasis on the patient experience and quality of care. The links to the JSNA could also be made more explicit.

2. Communication and Engagement

(a) Engagement and consultation with the public and stakeholders is crucial to the acceptance of the strategy as the basis for health and social care commissioning in Kent. So far the principles and basic structure of the new strategy have been discussed in a variety of forums including local Health and Social Care Integration Programme meetings and a major workshop to which c. 120 representatives of organisations including the voluntary and private sectors attended. (For information a table summarising key points raised at the workshop is appended to this report). From all these meetings there has been general agreement to the approach for developing the new strategy, subject to a full engagement and consultation programme prior to final agreement from the Kent Health and Wellbeing Board. A communications and engagement group that includes representation from KCC, Districts, Healthwatch and the NHS has been established and a plan for communications and engagement developed. The approach recognises that the decision to delay refreshing the strategy to take account of the BCF and other developments somewhat curtails the time available and also that the new strategy is based in large part on the previous document which was also subject to consultation and wider engagement.

(b) The BCF informs the strategy but the substance of the BCF plans is not part of the public engagement for the strategy as it is contained within the CCG commissioning plans, and CCGs will have their own communication strategies. However, greater public understanding of the implications of the BCF will be critical to the successful transformation of health and social care services and engagement around the strategy needs to reflect this. Whilst the substance of the strategy remains from the previous edition, the pace and scale of change has been increased and the strategy can be a vehicle for engaging the public, patients and users of services in the debate about how these changes will be implemented. Much of this engagement will be required following the issuing of the final strategy and local health and wellbeing boards provide a useful mechanism to achieve this. it is proposed that the Kent Health and Wellbeing Board tasks the local boards to report back in November 2014 on how they are engaging local populations in the discussions concerning implementation of the strategy in their local areas. This should complement other activity such as the Public Health communications strategies, especially concerning Outcome 2.

(c) The engagement plan will include the development of key messages.

(d) The communications and engagement plan recognises that this process will continue after the strategy has been finally published to ensure that it is properly promoted and understood.

(e) To date the revised strategy has been warmly welcomed by the professional organisations that have responded. There has been limited response from local media and the general public apart from an article on the "Your Canterbury" website.

3. Links to other documents

(a) The Joint Health and Wellbeing Strategy shows a direct link to the priorities identified in the Joint Strategic Needs Assessment. It should also be clearly driving the commissioning plans of the CCGs, Public Health and Social Care including the BCF plans.

(b) While the Strategy has been based on priorities identified in the JSNA, there will inevitably be key needs for specific populations at a local level, which are not explicitly set out in the Strategy. However, the principles set out in the Strategy can be applied to the development of policies and plans across areas falling under the wider determinants of health, such as housing, or dealing with specific population groups, such as gypsies and travellers, and there is an expectation that the Strategy would be used to inform these.

4. Measurement and Metrics

(a) The existing strategy contains a number of measures that were designed to demonstrate whether progress has been made in achieving the desired outcomes. Whilst these seemed very reasonable at the time, experience has shown that there are a number of issues associated with the suite of indicators adopted. Data for some of the measures is not easily collated, there is a mixture of performance indicators and measurement of activity, and some measures are very aspirational and not easily quantifiable.

(b) These issues have been considered by a wide range of stakeholders at a recent workshop where it was agreed that a new set of indicators should be incorporated that are more clearly designed to reflect progress against the outcomes. Work has also been progressing with the Board to develop an assurance framework and the revised strategy has incorporated some of these measures to promote greater consistency.

(c) Another intention for the revised strategy is that it should be easier to relate to smaller populations within the county. Given the size and complexity of Kent, it is a challenge to make the strategy relevant at district, CCG and care economy (north, east and west) levels but if the strategy is to be more than a reference document it must be capable of translation into all of these.

5. **Local Action**

Given the size and complexity of Kent, and the scale of the health and care system, it is very difficult for any strategy to provide answers at district, Clinical Commissioning Group and health/care economy (north, east and west) levels. Therefore, local Health and Wellbeing Boards will be encouraged to develop their own action plans designed to achieve the outcomes in ways most relevant to their own populations supported by data and information aggregated to the appropriate level.

6. Review and Monitoring of Progress

(a) Ongoing monitoring of the indicators associated with the strategy will be provided through the regular assurance report to the Kent Health and Wellbeing Board.

6. KCC Committee Cycle

(a) The revised Health and Wellbeing Strategy is scheduled to be considered at a number of KCC Cabinet committees and the Health Overview and Scrutiny Committee as well as returning to the Health and Wellbeing Board for final approval. These committees meet on the following dates:

Health Overview and Scrutiny **18th July 2014**

Cabinet committees:

Children's Social Care and Health **9th July 2014**

Adult Social care and Health **11th July 2014**

Education and Young People's Services **23rd July 2014**

7. Recommendations

The Children's Social Care and Health Cabinet Committee is asked to consider the revised Joint Health and Wellbeing Strategy for Kent and to comment accordingly.

Appendices:

Strategy Development Workshop: Issues

Communications and engagement plan

Background Documents

Kent Joint Health and Wellbeing Strategy – Outcomes for Kent Report to Kent Health and Wellbeing Board 30th January 2013

Kent Joint Strategic Needs Assessment - http://www.kmpho.nhs.uk/

Kent "Mind the Gap" – Health Inequalities Action Plan http://www.kmpho.nhs.uk/

Joint Strategic Needs Assessments, Joint Health and Wellbeing Strategy and Timeline – Report to Kent Health and Wellbeing Board 17 July 2013

Better Care Fund plans – report to the Kent Health and Wellbeing Board 26 March 2014

CCG Commissioning Plans - report to the Kent Health and Wellbeing Board 26 March 2014

Kent Health and Wellbeing Strategy – report to the Kent Health and Wellbeing Board 28th May 2014.

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Appendix 1 - Strategy Development Workshop: Issues

The stakeholder conference said	We responded
The measures in the original document were not specific or robust enough to demonstrate whether we had succeeded in achieving our outcomes or not.	The metrics in the new strategy are much more closely aligned with those of the Assurance Framework being developed for the Health and Wellbeing Board and the National Outcomes Frameworks for the NHS, Adult Social Care and Public Health
The strategy needs to be more relevant at a local level of District Council, Clinical Commissioning Group, and Care Economy.	The measurements should be easier to translate into a local context so that local progress can be seen more clearly. The application of the 4 Priorities to a local level should be clearer and the emphasis on achieving outcomes rather than doing the same thing everywhere should enable more local interpretation.
Priority 4 Transform services to improve outcomes, patient experience and value for money, is not given enough prominence.	The implementation of the Better Care Fund will require these improvements to be demonstrated in all the plans and proposals concerned. All three go hand in hand to deliver the aspirations of properly integrated services that will benefit the people who need them.
What are “priorities” anyway?	We have redefined the relationship between outcomes and priorities in the new strategy. It should be much more explicit as to how the 4 Priorities will contribute to the achievement of the 5 Outcomes.
Children’s issues need to be identified more specifically. In the original document all of them are put together in Outcome 1 and all the measures concern preventative measures rather than medical issues.	The new document differentiates the issues for children and young people in Kent and the measures we need to judge progress more fully.
The case for change needs to be stated more clearly	The main reasons for the changes that will be necessary – the NHS Call to Action and The Better Care Fund - are described in the new document.

What will these changes mean for people involved? The strategy needs to be clear about what can be directly influenced by those organisations represented on the Health and Wellbeing Board and those which cannot.	The “I statements” that are driving the improvement of services and describe how things should change are included in the new strategy. The actions and targets under the four priorities have been reviewed. The strategy does take into account the wider national context and to gain a full picture of the health and wellbeing of the people of Kent, this information is useful. The strategy will also be used to inform the decision making of a wider range of organisations than are formally represented on the Health and Wellbeing Board.

Milestones	Actions	Timescale	Lead(s)
Develop draft-for-consultation version of the Strategy	Draft the strategy document.	by 14th May	P&SR
	Artwork document	14 – 19 May	Comms
	Publish draft “for consultation” document with Board papers	19 May	Democratic Services
Agree version of Health and Wellbeing Strategy to go out for consultation	Draft considered by the Health and Wellbeing Board, with feedback / amendments provided	28 May	P&SR
	Changes to document made.	28-30 May	Comms
Complete equality impact assessment	Complete initial assessment to assist with identifying potential stakeholders and methods	By 2/6/14	P&SR
Identify key stakeholders	Complete mapping exercise of stakeholders	By 2/6/14	P&SR
Public consultation starts	Press and media - press release	w/c 2/6/14	Press Office
	Press briefings with Roger Gough	w/c 2/6/14	Press Office
	Publication of draft Health and Wellbeing Strategy for Kent on kent.gov.uk	w/c 2/6/14	Comms
	Social media activity (Twitter) to inform public.		Comms
Publish survey to gather stakeholder feedback on the draft strategy	Draft survey based on key questions identified by public health.	By 2/6/14	P&AR & Consultation
	Survey to be made available on-line and hard copies available in key public areas (tbc)	From 2/6/14	Comms

	Circulate questionnaire to stakeholders: • CCG leads (will require direct targeting and personal approach) • District/Borough council • Providers • Healthwatch Kent • Voluntary & Community Sector (VCS) • KCC • Patient/service user and carer groups • Specific interest groups	From 2/6/14	To confirm
	Work with CCGs to promote through surgeries and other health settings.		P&SR and Comms
Attend public meetings to promote draft strategy and gather feedback	Raise at existing meetings, including patient and user groups across health and social care subject to timescales.	From 2/6/14	tbc
Maximise use of internal/external newsletters	Communicate via existing newsletters, including Healthwatch Kent	From 2/6/14	tbc
Closing date of consultation	Issue reminder press release a week before consultation closes.	w/c 16 June	Press Office
	Increase Twitter activity	w/c 16 June	Comms
Data analysis	Analyse responses from consultation – analyst to be identified	From 1/7/14	tbc
Consultation report	Full report completed and published, alongside final version of HWB Strategy	By 16/7/14	tbc

Kent Joint Health and Wellbeing Strategy

2014 – 2017

Outcomes for Kent

Draft

Published by Kent County Council on behalf of the Kent Health and Wellbeing Board

Kent County Council
kent.gov.uk

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This document is available in alternative formats and can be explained in other languages. Please call 03000 41 41 41

Foreword

I have been pleased with the progress that the Kent Health & Wellbeing Board has made since its launch in April 2013 – bringing together GPs, County and District Councillors, senior officers from the NHS Area Team, Clinical Commissioning Groups, Social Care and Public Health, as well as representation from the Local Healthwatch. We have collectively settled into our role, and the Board provides an effective body where commissioners, patient representatives and elected officials can come together to take an overview of the health and care system in Kent. We continue to align our work, and share our commissioning plans and good practice. This stands us in good stead to tackle the challenges of, and seize the opportunities offered by, the changes that will face us over the coming years.

Just over twelve months ago the Kent Health and Wellbeing Board agreed its first strategy, identifying the outcomes that we, as a health economy in Kent, would collectively be looking to deliver, and we identified the priorities that we felt would enable us to achieve our aims. We took the decision that in a rapidly changing health and social care landscape that it would be prudent to revisit our strategy after twelve months to assess whether it was still applicable, and whether we had started to make progress. It is fair to say that in twelve months the major challenges facing Kent haven't changed a great deal, and for that reason, the board and our colleagues across the health and care system agreed to retain the five outcomes and four priorities we agreed last year.

As you will see over the following pages, the growing pressure of demographic change, generating increased need for health and social care services, at a time of financial stringency is still with us. We have to change, and to work together more effectively, if we are to achieve better health outcomes for the people of Kent while staying within the financial resources budget. The past year has seen the advent of the 'Better Care Fund' which offers us the opportunity to increase the scale of change that we identified was needed in last year's strategy. Kent is also an Integration Pioneer, giving us opportunity to be innovative and develop joined up services faster.

During the development of the refreshed strategy it became clear that one of the key issues that we need to tackle is that of public awareness of the changes that will be taking place over the coming years, namely the move to more care being delivered in local communities and away from acute hospitals. This will inevitably mean major changes to our big hospitals, with the creation of specialist hospitals where good quality care can be provided with specialist trained staff, with general services provided in the community or at a local hospital as clinically appropriate. This may mean an increase in journey times to access specialist provision for some people, but conversely allowing people to access much more of the care they need in community settings. It is the job of the Health and Wellbeing Board, and its constituent members to begin the conversation with the public, ensuring that they understand the implications, and that they can influence the long term decision making to the same extent that they currently influence specific service developments.

The Joint Kent Health & Wellbeing Strategy will only be effective if the plans of GP-led Clinical Commissioning Groups, the County and District Councils and other partners align with the outcomes and priorities identified here, using them as a set of core values by which to design system and service development.

Signed by Roger Gough
Chair of the Shadow Kent Health and Wellbeing Board

Summary

People's need for care, and their lives, has changed radically. But the health service largely operates as it did decades ago, when the predominant need/ expectation was treating episodic disease and injury rather than providing long-term, often complex care. The health and care system needs to redesign services so that care becomes more integrated, person-centred, coordinated, community-based, and focused on supporting people's well-being and preventing crises. The 2015 Challenge Declaration – NHS Confederation

The challenge to the health system is clear. Kent, like the rest of England, has an ageing population that will put increasing demands on the system, and will require long-term complex care. This, along with unhealthy lifestyle behaviours, and the rising cost of technology means that nationally the NHS faces a £30bn funding gap by 2021, unless the system of health and social care can be transformed.

To meet this challenge in Kent, the Health and Wellbeing Board have developed this strategy to lead the system as it changes over the coming three years. The constituent members of the Health and Wellbeing Board will use this strategy to guide their plans, and will also use the strategy as a way to start a conversation with the public about the major changes that will be taking place over the coming years.

They will need to build an understanding about the changes that will happen to large hospitals when 15% of their business moves to community based settings. These changes will see some hospitals become more specialised and the journey times for some treatments may increase to provide this specialist care. Some hospital and care settings may, become smaller, with services redesigned to provide care closer to home. These changes will provide the opportunity to build person centred, integrated services and the advantages of these changes need to be communicated over the coming years.

To realise the full potential of these opportunities and to benefit the people of Kent it is paramount that all constituent agencies in the system (i.e. social care, acute hospitals, ambulance services etc.) work together and develop a common vision and complimentary strategies to address these challenges. Collaborative work between agencies will allow the people of Kent to get a complete service and not just one individual service.

Within Kent County Council, the Adult Social Care Transformation portfolio is putting a stronger emphasis on prevention, early intervention and integrated service delivery and commissioning as a way to realise the vision of a sustainable model of integrated health and social care by 2018. This will improve outcomes for people across Kent by maximising people's independence and promoting personalisation. It will involve KCC working with partner organisations across the public health, health, housing and social care economy. For instance from September 2015 the Council will also be responsible for commissioning of health visitors which will provide increased opportunities to undertake integrated commissioning.

We have tested last year's Joint Health and Wellbeing Strategy (JHWS) against the many developments over the past twelve months, namely the challenges arising from the failures in care at Mid-Staffordshire Hospital and Winterbourne View, alongside the Call to Action, the resulting Better Care Fund, and Kent's status as an Integration Pioneer. The vision, outcomes, priorities and approaches that were developed are still appropriate, and our vision is just as relevant. Therefore we have developed this strategy to achieve our vision :

To improve health outcomes, deliver better coordinated quality care, improve the public's experience of integrated health and social care services, and ensure that the individual is involved and at the heart of everything we do.

To deliver our vision the outcomes we seek, as informed by the Joint Strategic Needs Assessment (JSNA), are:

- Every child has the best start in life
- Effective prevention of ill health by people taking greater responsibility for their health and wellbeing
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
- People with mental health issues are supported to 'live well'
- People with dementia are assessed and treated earlier, and are supported to live well

Each of these outcomes is discussed in detail over the coming pages, with each one being examined through the prism of our four identified priorities which are to:

1. Tackle key health issues where Kent is performing worse than the England average
2. Tackle health inequalities
3. Tackle the gaps in provision
4. Transform services to improve outcomes, patient experience and value for money

In all of the work that takes place over the coming years, all developments should test themselves against the three approaches that we identified last year, namely that we should ensure that all services are **Person Centred,** that they are part of **Integrated**

Provision, delivered by **Integrated Commissioning.**

So that we know we are on track to delivering our strategy, we have identified existing measurements that we will monitor. These are identified in the Outcome sections, and have been adjusted from last year, so that they truly measure how we are delivering against our priorities in each outcome.

Given the size and complexity of Kent, and the scale of the health and care system, it is very difficult for any strategy to provide answers at district, Clinical Commissioning Group and health/care economy (north, east and west) levels. Therefore it is important that Local Health and Wellbeing Boards develop their own action plans, using the vision and values laid out in this strategy, to achieve the outcomes in ways most relevant to their own populations supported by data and information relevant at their local area level.

Context

Overall, it is a positive message that people are living longer, but unfortunately not all are enjoying good health and many suffer from one or more long-term conditions. Often the causes of long term conditions are related to the lifestyles we live and are largely preventable. The increasing number of long term conditions has changed the nature of the need for health and social care, which has meant that the needs of our population are often complex, requiring agencies to work in partnership to provide a desired outcomes for our population. This strategy embraces these challenges and provides strategic direction to address the issues facing our population in Kent.

Demographics

Kent has the largest population of all of the English counties, with just over 1.46 million people. Just over half of the total population of Kent is female (51.1%) and 48.9% is male. Across the population there are diverse outcomes. Life expectancy is higher than the England average for both men and women. However, life expectancy is significantly lower in deprived areas, with a man in a deprived area living on average 8.2 years less, giving him a life expectancy of 70.9 years and a woman living on average 4.5 years less, with a life expectancy of 78.2 years (based on average aggregated Kent data for people living in all the deprived areas of Kent).

Over the past 10 years Kent's population has grown faster than the national average, growing by 7.8% between 2000 and 2010, above the average both for the South East (6.7%) and for England (6.1%). Kent's population is forecast to increase by a further 10.9% between 2010 and 2026.

Overall the age profile of Kent residents is similar to that of England. However, Kent does have a greater proportion of young people aged 10-19 years and of people aged 45+ years than the England average and just under a fifth of Kent's population is of retirement age (65+). However looking ahead, Kent has an ageing population and forecasts show that the number of 65+ year olds is forecast to increase by 43.4% between 2010 and 2026, yet the population aged below 65 is only forecast to increase by 3.8%. This will mean that Kent will have a relatively smaller population aged 20-49 years and considerable pressures on health and social care services as a result of services required for an aging population.

What has changed in the past 12 months

Although the challenges we face as we transform the health and care system are not new, the past year has seen several developments which will help us bring about this change.

April 2013 marked the beginning of a new era of public health within local government. Moving responsibility for the public's health out of the National Health Service (NHS) into local government offers a greater opportunity to focus on preventing ill health, by building on the partnerships developed within the NHS and concentrating on the primary factors that can change an individual's ability to live a healthy life.

The Health and Wellbeing Board has settled into its role, and started to lay the foundations for the integration of the health and social care system. Broadly speaking there are two main work streams of the Health and Wellbeing Board which are not mutually exclusive, namely prevention of ill health and integration of the health and care system. Public health activity is embedded throughout partner plans including KCC business plans, district plans including Mind the Gap, Clinical Commissioning Group and NHS England strategic plans. Public Health activity is also a core part of both the Better Care Fund and Integration Pioneer programmes. Kent County Council is now responsible for commissioning of public health programmes and these are an integral part of whole system activity to improve the health of the population of Kent.

We have created local Health and Wellbeing Boards that mirror the boundaries of local clinical commissioning groups, bringing together partners at that level to influence local delivery. These groups are complemented by Integrated Commissioning Boards that bring together the people in those areas

who decide how the available money is spent on health services. The commissioning plans are also considered by the countywide Health and Wellbeing Board

Failures of care

Sadly there have been some very public failures of care in England, and the reports into Mid Staffordshire Hospital and Winterbourne View have led to widespread agreement that fundamental changes are required across health and social care. There is a greater focus on quality of care with the experience of the patient or service user necessarily being at the centre of everything we do. As a result of the report into Winterbourne View, a series of changes have been made to improve the quality of care for vulnerable people, specifically for people with learning disabilities or autism who also have mental health conditions or behavioural problems.

The Francis Report, examining the tragic events at Mid-Staffordshire Hospital Trust, contained 290 recommendations covering everything from organisational culture to the role of patient and public representative bodies. One of the key warnings arising from the report was the danger of prioritising finance and targets over the quality of care. A lot of work is being taken forward locally and nationally in response to these reports, including Sir Bruce Keogh being asked to conduct an investigation into hospitals with the highest mortality rates (which included one of the main hospitals serving people in Kent) and the Berwick Report into NHS patient safety. This strategy will look to ensure the lessons learnt from this work are incorporated into its delivery.

Call to Action

In July 2013, NHS England published *The NHS belongs to the people: a call to action*. This paper set out a range of challenges facing the NHS. This included the fact that more people are living longer and often have more complex conditions. This increases costs for the NHS at a time when funding remains flat but expectations as to the extent and quality of care continue to rise. As things are, a funding gap of £30 billion has been predicted between 2013/14 and 2020/21; this is on top of the £20 billion of efficiency savings the NHS is already working towards meeting.

After the report was published, specific work developing different strands within the Call to Action has been commenced with work on improving general practice, community pharmacy services, dental services and others.

The key point of the Call to Action is that the health and care system needs to do things differently and challenge the status quo. There is a need to embrace new technologies and treatments, but there is a cost attached and thought needs to be given to delivering services in a different way with less focus on buildings and more on patients and services. Kent's participation in the Integration Pioneer programme and Better Care Fund are examples of how different approaches are being developed to meet the challenge locally, and more broadly this strategy shares the same goals as the Call to Action.

Also important is Sir Bruce Keogh's review into transforming urgent and emergency services, arising out of NHS England's Everyone Counts: Planning for Patients 2013/14. The end of phase 1 report was published in November 2013. This report supported the idea that people with urgent but non-life threatening needs must be provided with effective and personalised services outside of hospital. The report also proposes two levels of hospital based emergency care – 'Emergency Centres' and 'Major Emergency Centres' with those patients with the most serious needs being seen in specialist centres. To support the substantial shift of care out of hospitals, new services will be created but some old services will no longer be required.

Parity of Esteem

In February 2011, the Government published its mental health strategy, No Health Without Mental Health. This emphasised giving equal weight to both physical and mental health, with mental health outcomes being seen as central to the three outcomes frameworks. The implementation framework of the strategy suggested local mental

health needs needed reflecting in JSNAs and JHWSs. The idea of parity of esteem between physical and mental health is not new, but was made an explicit duty on the Secretary of State through the Health and Social Care Act 2012. In March 2013, the Royal College of Psychiatrists published a report into achieving parity, writing that a "parity approach should enable NHS and local authority health and social care services to provide a holistic, 'whole person' response to each individual, whatever their needs."

Against this backdrop, the Mental Health Crisis Care Concordat was launched in February 2014 with the aim of making certain that people experiencing a mental health crisis get as good a response from an emergency service as those in need of urgent and emergency care for physical health conditions.

Integration Pioneer & Better Care Fund

Following the 'call to action', the Better Care Fund was created, supporting the full integration of services by 2018, with challenging targets to be achieved by 2016. This has accelerated the pace and scale of integration that KCC had already begun and will continue through our Pioneer work. Through the Kent Better Care Fund proposal, a pooled fund of £127 million from existing resources has been identified to support integration in the county.

The majority of current commissioning and provision of services is standalone and although efforts are made to align services to benefit service users, there is still room for improvement. Single commissioning, and service provision, creates a very complex system for users to navigate often, leaving them dissatisfied. Through the Boards' work we aim to improve the experience for our service users.Kent was chosen as a Pioneer area in the Department of Health's Integration Pioneer Programme, which aims to establish new ways of delivering coordinated care. Through the Pioneer work, over the next five years, we aim to re-design models of care to put the citizen more in control of their health and make a real difference to the way people experience health and social care in Kent. By bringing together CCGs, KCC, District Councils, acute services and the voluntary sector, the aim is to move to care provision that will promote greater independence for patients, whilst reducing hospital and care home admissions. In addition, a new workforce with the skills to deliver integrated care will be recruited and developed.

The integration of service will mean that people get the care they need at the right time and in right place and where possible closer to home. Shifting care closer to home will have an impact on the way hospitals operate, and they may not stay the same size, with more specialist work being centralised on fewer sites.

Patients will have access to 24/7 community based care, ensuring they are looked after well closer to home and do not need to go to hospital. A patient-held care record will ensure the patient is in control of the information they have to manage their condition in the best way possible. Patients will also have greater flexibility and freedom to source the services they need through a fully integrated personal budget covering health and social care services. We will use innovative approaches to identify those who are at a higher risk of hospital admission and new ways of identifying payment mechanisms such as 'Year of Care' commissioning for long-term conditions. Through better integration we can deliver comprehensive, 24/7 community health services, reducing demand on hospitals. By shifting just 10% of funding from acute to community care in Kent, we can free up £170 million a year to invest in community services.

Integrated intelligence

A key element in delivering a joined up health and social care system is ensuring that every partner is working towards common outcomes, and that they are informed by a consistent intelligence that is drawn from as wide a range of information sources as possible. We are embarking upon developing an Integrated Intelligence capability that will enable Kent stakeholders (service users, commissioners and providers) to understand user experiences and outcomes as they journey through the health, social and care system. The purpose of this capability will be to understand how to improve value (outcomes) for money and link these efforts to the priorities and focus of commissioners, providers and patients. This capability will be grounded within an enhanced approach to Integrated Commissioning that will enable multiple agencies to make well-informed, well-supported, practical decisions on how to evolve integration of services. Accordingly, the Integrated Intelligence capability will also allow us to monitor the effectiveness and efficiency of on-going improvements from the perspective of patients and their outcomes.

Specifically, this capability will allow us to:

- truly understand the impact of all health and well-being services, their interplay, and behaviours on the outcomes for individuals
- think across agencies and across agency budgets to identify the most effective ways of driving efficiency and value for money in creating the best short, medium and long term outcomes
- understand behaviour of service users and adapt the whole system to enable them to participate in their optimal outcomes

Applying and demonstrating these capabilities will be done at an aggregated/whole population level. This will generate more accurate and robust information for commissioners to design and create higher value models of care to enable whole system transformation.

It was in light of these developments that we assessed the 2013/14 strategic vision, outcomes, priorities and approaches. We feel that they still fit the challenge, and provide the common values that should be applied by all commissioners, providers and organisations that impact upon peoples' health and social care. It is important that all partners support these principles and align their plans to the Health and Wellbeing Strategy for Kent, as illustrated in Figure 1.

Figure 1

Our vision:

As outlined above our vision has not changed and we are still determined to improve health outcomes, deliver better coordinated quality care, improve the public's experience of integrated health and social care services and ensure that the individual is involved and at the heart of everything we do.

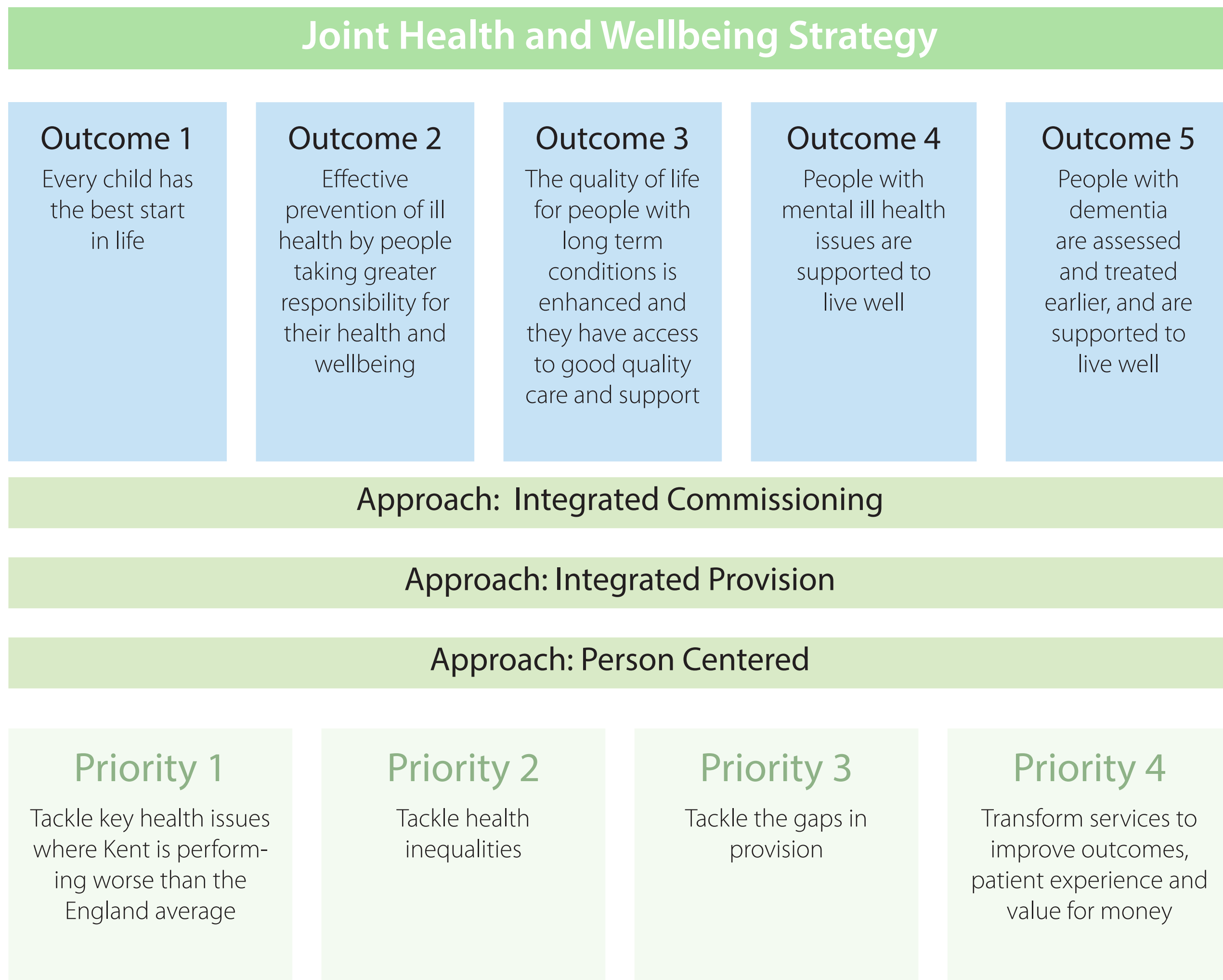
Outcomes

To achieve our vision the outcomes we seek, as informed by the Joint Strategic Needs Assessment, are:

- Every child has the best start in life
- Effective prevention of ill health by people taking greater responsibility for their health and wellbeing
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
- People with mental health issues are supported to 'live well'
- People with dementia are assessed and treated earlier, and are supported to 'live well'

Each of these outcomes is discussed in detail over the coming pages, and the diagram below shows how we will apply our approaches and priorities to each of these outcome areas.

The outcomes will be delivered by focusing on our priorities within each of the outcome areas, whilst ensuring that any intervention is informed by the three approaches, i.e. that it is centred around the person (see diagram below to understand what person centred care would look like as described by our citizens receiving care), that it is provided in a joined up way, and where appropriate it is jointly commissioned.



What should good, person centred, care feel like

We asked the people of Kent and this is what they told us

"I have the information and support I need in order to remain as independent as possible and manage my own conditions."

"I tell my story once. I have one first point of contact. They understand both me & my condition(s). I can go to them with a question at any time."

"I can decide the kind of support I need and when, where and how to receive it."

"I feel safe, I can live the life I want and I am supported to manage any risks. I know what is in my care & support plan and I know what to do if things change or go wrong."

"I have as much control of planning my care & support as I want."

"I am in control of planning my care and support. I can decide the kind of support I need & how to receive it."

"All my needs as a person are assessed & taken into account; I am listened to about what works for me, in my life."

"I am not left alone to make sense of information. I have help to make informed choices if I need and want it."

"Information is given to me at the right times. It is appropriate to my condition & circumstances. And is provided in a way that I understand."

"I have good information and advice on the range of options for choosing my support staff."

"I feel that my community is a safe place to live and local people look out for me and each other."

"I have considerate support delivered by competent people. They help me to make links in my local community."

"I have a clear line of communication, action and follow up. When something is planned, it happens."

I am supported to understand my choices & to set & achieve my goals."

"I have access to easy-to-understand information about care and support, which is consistent, accurate, and accessible, up to date. I am supported to use it to make decisions & choices about my care & support".

"I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it's my own money, direct payment, or a 'personal budget' from the council or NHS)."

SERVICES

COMMUNITIES

RELATIONSHIPS

DIGNITY

"I have care and support that is directed by me, I am as involved with discussions & decisions about my care support & treatment, and it is responsive to my needs."

"I have regular reviews of my care & treatment including comprehensive reviews of my medicines, & of my care & support plan."

"I can speak to people who know something about care and support and can make things happen. I am told about the other services that are available to someone in my circumstances, including support organisations."

"I can get access to the money quickly without having to go through over-complicated procedures."

"I have help to make informed choices if I need & want it; my family or carer is also involved in these decisions as much as I want them to be.

"I can plan ahead and have systems in place to keep control in an emergency or crisis."

"I know where to get information about what is going on in my community."

"I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers."

"I always know who is coordinating my care."

"I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this."

"My support is coordinated, co-operative and works well together. The professionals involved with my care talk to each other. We all work as a team."

"I work with my team to agree a care & support plan; my care plan is clearly entered on my record."

"My carer/family have their needs recognised & are given support to care for me."

"I feel valued for the contribution that I can make to my community."

When I use a new service, my care plan is known in advance & respected.

"I have access to a range of support that helps me to live the life I want and remain a contributing member of my community."

"I have a network of people who support me – carers, family, friends, community and if needed paid support staff."

"The professionals involved with my care talk to each other. We all work as a team; I am kept informed about what the next steps will be."

"I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities."

I can see my health & care records at any time. I can decide who to share them with. I can correct any mistakes in the information."

Outcome 1

Every child has the best start in life

The early years of a child's life are critical for ensuring they develop well and they do not fall behind in a way which means they have poorer outcomes throughout life. The focus will be on supporting families, communities and universal settings within local districts to support all children and young people to do well and to stay safe. The aim will be to provide additional local services that can be accessed easily, at the right time in the right place, to ensure more targeted early help is available to meet the needs of children and young people in a way that avoids problems becoming more serious.

Our Vision is that every child and young person, from pre-birth to age 19, who needs early help services will receive them in a timely and responsive way, so that they are safeguarded, their educational, social and emotional needs are met and outcomes are good, and they are able to contribute positively to their communities and those around them now and in the future, including their active engagement in learning and employment.

Whilst developing this refresh, one area where there was a consensus of opinion was that there is a need to recognise that just as outcomes 2-5 deal with different levels of need of the adult population, it was necessary to deal with the population of young people in a similar way. The identification of needs is based on an assessment of the child and family's circumstances. The three agreed multi-agency 'Levels of Need' are:

Level 1: Universal, where needs are met through engagement with universal services such as schools, GP services, youth clubs and where prevention is a priority.

Level 2: Targeted, where early help is available to address emerging or existing problems which, if not addressed, are likely to become more serious and need more specialist input.

Level 3: Specialist, where needs have become serious and there is a greater likelihood of significant harm, requiring the intervention and protection of statutory services.

We will work across the system to improve educational, health and emotional wellbeing outcomes for all of Kent's children and young people, whilst taking account of the additional needs of those young people who are disabled, or who have Special Educational Needs (SEN).

Over the coming years we will also see a much greater integration in services for children from pre-birth to 19. In October 2015 Health visitors will become a part of the public health responsibilities of Kent County Council, and will complement the responsibility to support breast feeding, and reduce smoking in pregnancy. KCC is in the process of developing a joined up preventative services approach for 0-19 year olds. Meanwhile, a new School Health service specification is currently being developed with the intention that a new service is in place by April 2015.

Priority 1 – Tackle Key Health Issues where Kent is performing worse than the England average

In order to tackle key health issues in this outcome we need to deliver:

- Reduction in the number of pregnant women who smoke at time of delivery
- Increasing breastfeeding Initiation rates
- Increasing breastfeeding continuance 6-8 weeks
- Decrease the proportion of 10-11 year olds with excess weight

Priority 2 – Tackle health inequalities

The UK is one of the richest OECD countries but one of the most unequal in health terms, which has a direct impact on children's wellbeing. We have seen a rapid rise in mental health problems in children, an increase in teenage pregnancies and sexually transmitted diseases and an epidemic of childhood obesity. Inequalities in health and emotional wellbeing are striking. Poorer children are more likely to be born too early and too small, and are less likely to be breastfed or immunised.

To address health inequalities for children and young people in Kent we will:

- Improve Breast feeding rates by promoting Unicef's Baby Friendly accreditation and implementing the infant feeding action plan in place. This requires partnership working through maternity units, hospitals, children centres, midwives and Health Visitors in a range of medical and community settings
- Prevalence of obesity in children is higher in more deprived areas. We will promote healthy weight for all children, particularly in areas where the need is greater; working with families to promote healthy eating and increase physical activity
- reduce smoking in pregnancy by strengthening midwifery and smoking cessation resources and provide a whole systems approach to engaging with and supporting pregnant smokers.
- ensure vulnerable and disadvantaged children access and participate in good quality childcare and education and achieve good outcomes.

Priority 3 – Tackle the gaps in service provision

The delivery of Speech and Language Therapy is critical to children and young people accessing and benefiting universal, targeted and specialist services. Speech and Language Therapy (SALT) implementation has system wide benefits. During the life of this strategy we will be working towards implementation of the SALT Framework)

The Common Assessment Framework (CAF) will continue to be a key tool for carrying out an early help assessment and planning the necessary actions to improve children's outcomes and support their additional needs. There is also support for parents experiencing physical and mental health issues.

We will continue to work towards strengthening our commissioning and provision of child and adolescent emotional health and mental health services so that we can achieve greater availability of support for emotional resilience and treatment where needed.

The Children's Health and Wellbeing Board will shortly be developing an Emotional Health and Wellbeing (EMHW) Strategy for 0-25 year olds in Kent to support this outcome

Priority 4 – Transform services to improve outcomes, patient experience and value for money

It is essential that the universal, targeted and specialist levels are seen as being parts of a continuum of support available to meet assessed need, and at any particular point in time. Children, young people and their families have different levels of need and their needs change over time depending on their circumstances. The services will be working with universal and specialist provision,

ensuring that targeted support is available to those who need it, in whichever setting, and when they need it most. The service will be helping to ensure that children and families have a well-coordinated experience throughout the pathways of care and support they receive.

The services will aim to provide families with information, advice and support to prevent their needs escalating and to enable them to be supported at the lowest level of need, and where possible to become more self-reliant.

Agencies in the health and care system will work collaboratively to implement the Kent Integrated Family Support Services (KIFSS) for pre-birth to 11 years' services and Kent Integrated Adolescent Support Services (KIASS) for 11-19 years' services. These key services include Children's Centres, Early Intervention Teams and Family Support workers, Attendance and Inclusion services, Connexions workers to provide targeted support for NEETs, Youth Offending workers, Troubled Families workers, Adolescent Social Work Assistants, Pupil Referral Units and Alternative Curriculum Provision, agencies involved in CAF and commissioned support services and health services for children and young people and Gypsy, Roma, Traveller and minority outreach workers. Schools, children's centres and early years settings are at the heart of this new way of working at district level. By establishing a 'team around the school', it is expected that children, young people and their families will be able to access services in a more timely, effective and appropriate manner so that early help activity agreed will significantly improve outcomes for the child, young person and their family.

Keeping track of our progress in delivering Outcome 1

We will measure our progress by monitoring the following indicators from the national dataset to determine whether there is:

- A reduction in the number of pregnant women who smoke at time of delivery
- An increase in breastfeeding Initiation rates
- An increase in breastfeeding continuance 6-8 weeks
- A reduction in conception rates for young women aged under 18 years old (rate per 1,000)
- An improvement in MMR vaccination uptake two doses (5 years old)
- An increase in school readiness: all children achieving a good level of development at the end of reception as a percentage of all eligible children
- A reduction in the proportion of 4-5 year olds with excess weight
- A reduction in the proportion of 10-11 year olds with excess weight
- An increase in the proportion of SEN assessments within 26 weeks
- A reduction in the number of Kent children with SEN placed in independent or out of county schools
- A reduction in CAMHS average waiting times for routine assessment from referral
- A reduction in the number waiting for a routine treatment CAMHS
- An appropriate CAMHS caseload, for patients open at any point during the month
- A reduction in unplanned hospitalisation for asthma (primary diagnosis) people aged under 19 years old (rate per 100,000)
- A reduction in unplanned hospitalisation for diabetes (primary diagnosis) people aged under 19 years old (rate per 100,000)
- A reduction in unplanned hospitalisation for epilepsy (primary diagnosis) people aged under 19 years old (rate per 100,000)

Outcome 2

Effective prevention of ill health by people taking greater responsibility for their health and wellbeing

To improve people's long term health we have to improve healthy lifestyles, encourage healthy eating in adults, and reduce levels of smoking. In addition to this, we will need to look at how we improve people's knowledge of the symptoms of various diseases such as cancer and what they can do prevent them, for example by encouraging physical activity.

A sustainable health and care system requires an integrated approach. It should consider the economic, social and environmental impacts of our decision making to ensure that the delivery of health and social care in Kent is sustainable and equitable, with outcomes benefitting residents now and into the future.

Figure 2 illustrates how we see the health and care system working in collaboration to support local communities. It is acknowledged that for a robust delivery of the strategy wider factors affecting short and long term physical and mental health need to be considered, such as access to green space, climate change resilience, air quality, housing, transport, inequality and employment . To address this, Kent partners have developed a Sustainability Needs Assessment as part of the Joint Strategic Needs Assessment (JSNA). The recommendations identified, in combination with ongoing delivery of the Kent Environment Strategy, underpin our approach to ensuring a sustainable health and care system Through a joined-up, or integrated, approach Kent County Council will make sure that the people of Kent have access to a good standard of education, a clean, safe and sustainable environment in which to live, with good employment opportunities, and will work with local businesses to ensure good workplace health.

Figure 2

The local level Health and Wellbeing Boards provide opportunities for colleagues in Primary Care, Clinical Commissioning Groups and District Councils to work collaboratively to promote prevention of ill health and reduce health inequalities. Figure 3 illustrates the role and contribution needed across the entire system, to promote prevention of ill health and how health inequalities are effectively reduced over the short, medium and long term. For instance in the short term Primary Care services have a major role to play in reducing the risk of people dying prematurely through interventions that control high blood pressure and high blood cholesterol.

To influence medium term interventions we will ensure that commissioning of public health programmes deliver a transformed and integrated approach to public health, ensuring locally appropriate services and campaigns. Services will be based on "proportionate universalism" principles to ensure that there is the right balance of

- Whole population approaches that inspire citizens to take a much more active part in their immediate and long term health and wellbeing
- Effective screening of the population to identify intervention needs at the earliest time.
- Interventions which are targeted to small populations of high risk groups, particularly in relation to unhealthy behaviours such as, smoking, drinking and being physically inactive.

To influence long term interventions we will work with our colleagues in District Councils, Education system, Local Businesses etc. to support our local communities. Communities play an important part in our health and wellbeing and are crucial to people because fundamentally we are social creatures that thrive on social interactions. The influences on people's health are diverse and through this strategy we aim for the health and care system to support individuals and communities by providing an environment to make healthier choices as easier choices. For instance Kent, the Garden of England, with miles of coastline, many country parks and green spaces, provides opportunities for improving physical activity, helping people feel connected with the environment that they live in. Public health traditionally assesses need by looking at what we lack – be it health or access to services. In Kent we want to focus on an 'asset' approach turns this on its head and which looks at all the positive and useful things available to us – from buildings, services, communities and networks that we can use along our health journey.

Priority 1 – Tackle Key Health Issues where Kent is performing worse than the England average

Within this outcome the areas we need to focus on are:

- Reducing the proportion of adults with excess weight
- Increasing take up of NHS Health Checks

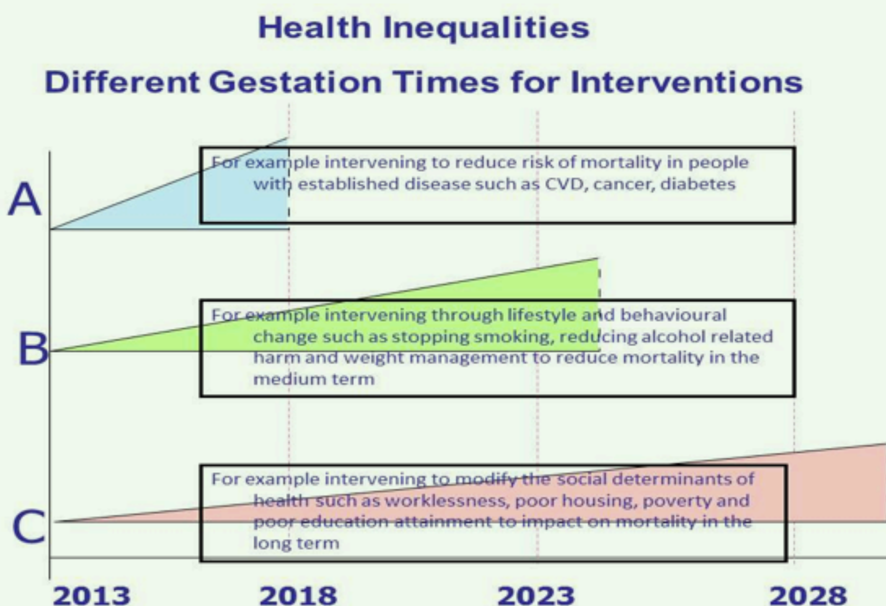


Figure 3 (adapted from C Bentley)

Priority 2 – Tackle health inequalities

The partners in the health and care system acknowledge far-reaching and expansive contribution that District Councils, community enterprises, voluntary sector and other statutory agencies make to improve healthy lifestyles and promote mental and emotional wellbeing among the Kent population, particularly in deprived communities and to the most vulnerable in society. Tackling health inequalities remains at the heart of preventative work, and we have published 'Mind the Gap', Kent's health inequalities action plan, which is driving improvements in all areas that affect people's health, including work, housing, access to health services and a healthy start for all children. It has excellent support from partners and has been complemented by a series of District level plans. . Kent has also developed a specific action plan 'Think Housing First' to address housing related health inequalities.

Local Health and Wellbeing Boards will continue to work with partners in the system to address health inequalities.

Priority 3 – Tackle the gaps in service provision

The introduction of integrated commissioning groups to support the work of each local Health and Wellbeing board has created a joint space where local plans can be discussed to ensure that they are joined together and can identify where gaps exist. The Public Health team are working to review all the services delivered by the Public Health grant to ensure that they are complimentary to other interventions, working to ensure that the patient journey is seamless.

.All partners in the local health and care system have a role to play in prevention of ill health and we will continue to work across the system to understand areas that require improvement. For instance the Area Team and CCGs are collectively responsible for commissioning services provided through general practice that can make a difference to the early deaths in the 'at risk' groups. There are short term interventions which can be influenced chiefly by primary care and assist in reducing health inequalities. Examples of the improvements needed to these services include:

- A reduction in differences across practices in Kent on how patients with high blood pressure are effectively identified on a register and managed
- A reduction in differences across practices in the number of patients that are known to have diseases compared to those who are expected to have a disease for certain conditions such as diabetes, blood pressure and respiratory diseases (Chronic Obstructive Pulmonary Disease)
- Maximising access to, and use of treatment, for managing clinical conditions such as high blood cholesterol, high blood sugar in the case of known diabetics.

Priority 4 – Transform services to improve outcomes, patient experience and value for money

We will locally translate principles recommended by Professor Chris Bentley (former national lead for the National Support Team for Health Inequalities). This would mean that we will work across the system to understand needs of our local population (CCG and district level) and industrialise evidence based cost effective interventions. For instance brief interventions for smoking and alcohol are both evidence based and cost effective and working through partners in the system we will work towards implementing 'every contact counts'

Keeping track of our progress in delivering Outcome 2

We will measure our progress by monitoring the following indicators from the national dataset to determine whether there is:

An increase in Life Expectancy at Birth

- An increase in Healthy Life Expectancy
- A reduction in the Slope Index for Health Inequalities
- A reduction in the proportion of adults with excess weight
- An increase in the number of people quitting smoking via smoking cessation services
- An increase in the proportion of people receiving NHS Health Checks of the target number to be invited
- A reduction in alcohol related admissions to hospital
- (Breast Cancer Screening) An increase in the proportion of eligible women screened adequately within the previous 3.5 or 5.5 years on 31st March
- (Cervical Cancer Screening) An increase in the proportion of eligible women screened adequately within the previous 3 years on 31st March
- A reduction in the rates of deaths attributable to smoking persons aged 35+ (rate per 100,000)
- A reduction in the under-75 mortality rate from cancer (rate per 100,000)
- A reduction in the under-75 mortality rate from respiratory disease (rate per 100,000)
- A reduction in the under-75 mortality rate from cardiovascular disease (rate per 100,000)

Outcome 3

The quality of life for people with long term conditions is enhanced and they have access to good quality care and support.

Nearly 16.5% of Kent's population live with a limiting long term illness, and in most cases they have multiple long term conditions (Figure 3), and need complex support and treatment.The numbers of those affected by multiple long term conditions are set to grow sharply. To improve outcomes for our population we need to shift our focus from treating individual illnesses to addressing the needs of the person as a whole person. This requires a rethinking of how care is commissioned and provided.

Care is often still organised according to 'physical healthcare' and 'social care', with each often delivered by separate organisations and groups of professionals. People do not recognise these distinctions, frequently have need of all … forms of support, and often end up required to do all the work as their own 'service integrator'.

The 2015 Challenge Declaration – NHS Confederation

There is widespread agreement across the health and social care system that things need to change, and that an integrated approach to care is needed if we are to meet this challenge. The journey has begun, and through the Better Care Fund, and Kent's status as an Integration Pioneer, we are in an excellent place to deliver. During the course of this strategy we will begin to see the emergence of a team around the patient with the GP taking the lead for their patient, treating the whole person, rather than each separate ailment. Delivery will generally be in community hubs, with technology increasingly playing a role in linking patients to their care providers, whilst allowing everybody involved, including the patient to see and adjust the same information.

Priority 1 – Tackle Key Health Issues where Kent is performing worse than the England average

Within this outcome, recent data highlights that in Kent we need to:

- Increase the percentage of adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family (Persons/Male/Female)
- Increase early identification of diabetes
- Reduce the number of hip fractures for people aged 65 and over (rate per 100,000)

Priority 2 – Tackle health inequalities

From *Mind the Gap, Kent Health Inequalities Action Plan* the following areas have been identified as those in which inequalities have an impact on people's health. Under this priority we will:

- Support older people to live safe, independent and fulfilled lives and support disabled people to live independently at home
- Support self-management of long term conditions
- Deliver effective local services for falls, falls prevention and fractures and reduce the incidence of hip fractures in people aged 65 and over.
- Support people with Learning Disabilities with housing, employment, access to health services and leisure activities.
- Provision of adaptations and equipment to the home to prevent accidents with associated costs, and improve quality of life of recipients and carers.

The graph below shows that the top 0.5% (Band 1) of the Kent population who have been identified as having the highest risk of re-hospitalisation are patients who have at least 3 or more long term conditions, indicating that multi morbidity is the norm, not the exception. For example, only 5% of patients with dementia had only dementia, and only 1% of patients with COPD had only COPD.

Number of conditions experienced by band 1 patients with long Term Conditions in Kent, 2010/11

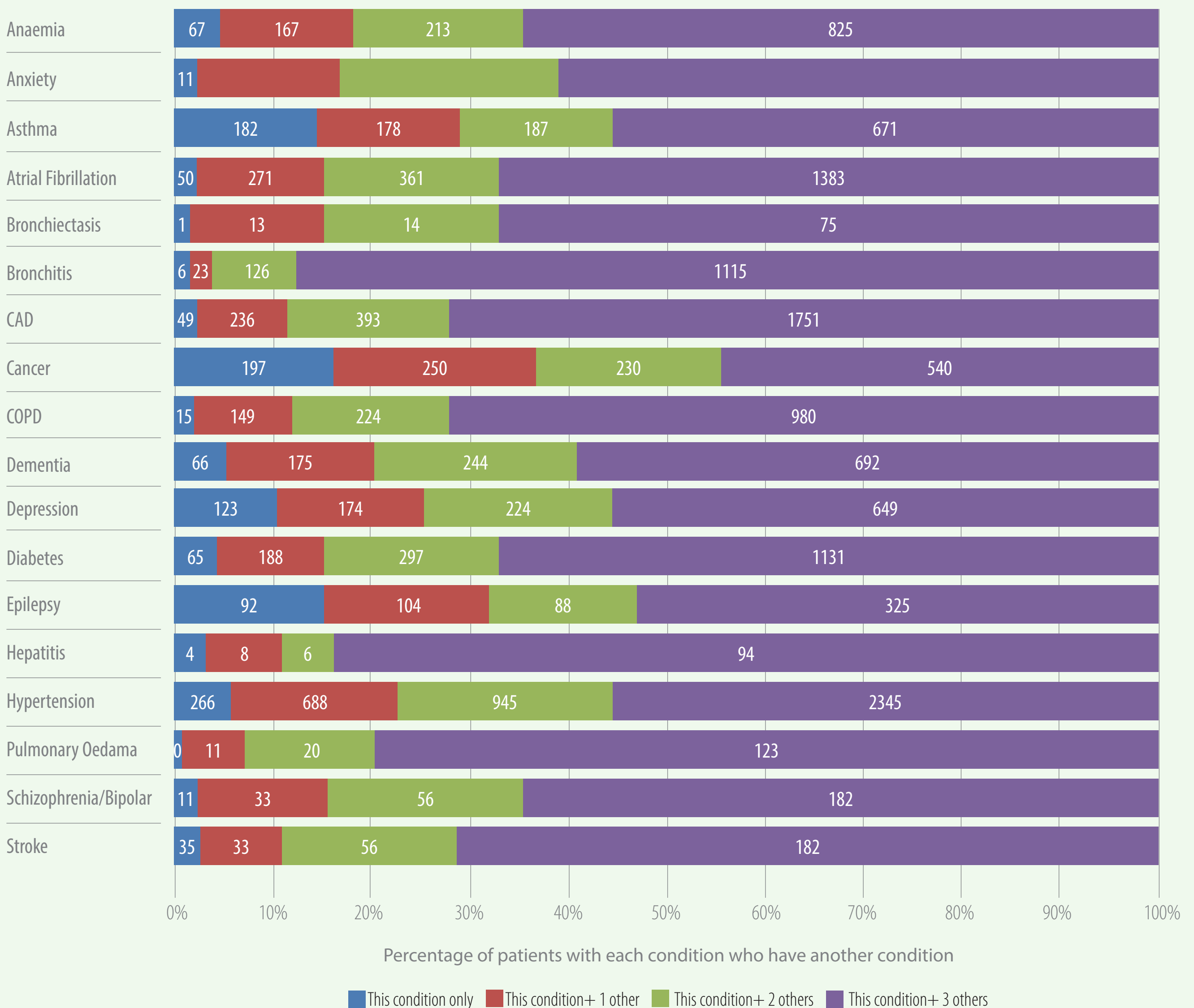


Figure 4

In this outcome the overriding delivery of Priorities 3 and 4 will be focussed around the work on the Better Care Fund

Kent will continue to be bold in developing new and different solutions to the challenges facing health and social care and as Integrated Care and Support Pioneers continue to work through partnerships that support integrated commissioning and deliver the provision of integrated services. The Kent approach has been to look at whole system integration. Rather than working in one area and then moving on to others we have developed a comprehensive programme which supports integration across the entire health and social care economy.

To reflect the complex picture of health and social care within Kent the Better Care Fund is built up from the local level, with 7 area plans, across 3 care economies – giving a complete Kent plan. We will use the Better Care Fund to continue providing us with the opportunity to go further faster and start the longer programme of transformation provided by being a Pioneer. It will drive forward our integration programme, developing more community based services alongside the re-design and commissioning of new systems-wide models of care that ensure the financial sustainability of health and social care services; a proactive, rather than a reactive model that improves outcomes for people and means the reduction of hospital and care home admissions.

Priority 3 – Tackle the gaps in service provision

Falls and fractures continue to be a significant public health issue particularly as individuals age, and it is estimated that one in three people aged 65+ will fall each year and one in two people aged 80+ will fall each year. We will continue to work with our partners to address gaps in service commissioning and provision of falls prevention and management.

Another example is that of people with learning disabilities. They have poorer health outcomes than other population groups, as they may not be accessing routine screening or health support as consistently as the mainstream population. To address low uptake of annual health checks for people with Learning Disability everyone known with Learning Disability will be offered a baseline Health Profile and a Health Action Plan will be developed.

For people with learning disability each GP surgery we will have a link LD Nurse who will support them to understand the needs of people with a learning disability and support an annual health check.

Many people with learning disability also have difficulties with communication and may need Speech and Language Therapy support to work with carers to teach them different methods of communication.

Priority 4 – Transform services to improve outcomes, patient experience and value for money

We know that our population is ageing and is living longer; we will aim to focus on not just adding years to life, but also adding life to years. We will work with health and social care providers in hospitals, primary care (General Practitioners, Community Pharmacists) and in the community to develop 24/7 access and community based health and social care services, ensuring that the good quality right services are delivered in the right place, at the right time.
We will work with our partners to create a health and care system that supports people to live as independently as possible at home and are receiving good quality end of life care as and when needed.
We want to ensure that people using services have as much choice and control as possible when building their support package and are able to access services

at the right time and place. We will work with our statutory partners and with community and voluntary sector partners to create systems to empower our citizens to be in control so that they are able to make informed choices about when, how and where to get their support. We want to ensure that services to our citizens are easily accessible, tailored to individual's needs , proactive and designed to support self-management; for instance through the use of telecare.

For people with learning disability the aim of the integrated service is to provide quality services in a personalised way so that individuals (and carers) can receive the support they need in a way that enhances their independence. The teams will continue to support people with learning disabilities to live full and active lives within their local communities. We will ensure that everyone who needs it will have a person centred support plan and help to find the best support to meet their individual needs. Everyone who has social care needs will have a personal budget and will be offered a Direct Payment.

Keeping track of our progress in delivering Outcome 3

We will measure our progress by monitoring the following indicators from the national dataset to determine whether there is:

- An increase in clients with community based services who receive a personal budget and/or direct budget
- An increase in the number of people using telecare and telehealth technology
- An increase in the proportion of older people (65 and older) mostly at risk of long term care and hospital admission, who were still at home 91 days after discharge from hospital in reablement/ rehabilitation services
- A reduction in admissions to permanent residential care for older people
- An increase in the percentage of adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family (Persons/Male/Female)
- An increase in the percentage of adults (age 18-69) who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support. (Persons/Male/Female)
- A reduction in the gap in the employment rate between those with a learning disability and the overall employment rate
- An increase in the early diagnosis of diabetes.
- A reduction in the number of hip fractures for people aged 65 and over (rate per 100,000).

Outcome 4

People with mental ill health issues are supported to 'live well'

Mental Health can be described in two parts, Common Mental Health Disorders and Severe Mental Health Disorders. Common Mental Health conditions are depression are generalised anxiety disorder. Severe mental disorders include psychosis and bi-polar disorder. People with illness related to mental health often have other conditions that can further affect their mental wellbeing. Our focus will be to prevent mental illness and promote positive mental "wellbeing".

We will achieve the outcome through:

Priority 1. Tackle areas where Kent is performing worse than the England average:

In Kent we need to deliver:

- A reduction in the number of suicides (rate per 100,000)
- An increase in the percentage of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey
- An increase in the percentage of adult carers who have as much social contact at they would like according to the Personal Social Services Carers survey
- An increase in the percentage of respondents who, according to the survey, are satisfied with their life, who are not feeling anxious, and who feel their life is worthwhile.

Priority 2. Tackle health inequalities

To tackle inequalities in mental health:

- We will improve health & wellbeing and resilience for the people of Kent by promoting the Six ways to wellbeing, particularly to the most deprived communities
- We will reduce the numbers of hospital stays for self-harm by supporting programmes that work with young people who self-harm or who are at risk of self-harm.
- We will work in partnership to improve access to psychiatric services for people with learning disabilities and for those living in deprived areas.
- We will promote the mental wellbeing impact assessment toolkit and deliver the toolkit in key locations to ensure that the mental wellbeing agenda is addressed across all major services.

Priority 3. Tackle the gaps in provision and quality

Nearly one third of GP consultations are related to mental health problems and approximately one in four people will have a common mental illness such as anxiety and depression during their lifetime and one in six people will have a mental health problem at any given time (point prevalence). One in seven people will have two or more mental health problems at any point in time. We will address this through working across the health and care system including voluntary and community sector. The wellbeing approach set out in this Joint Health and Wellbeing Strategy focusses on holistic wellbeing, and emphasises assets such as an individual's strengths and abilities (rather than deficits) and the networks and associations in communities that people draw on that can grow their mental wellbeing and prevent mental illness. There is evidence to suggest that poor mental wellbeing has impact on physical health. Conditions like heart problems, diabetes are exacerbated by mental health. Therefore in addition to preventing ill health, Primary Care Based services to address problems early will be

a focus of growth this year as we seek to reduce urgent referrals to secondary services and provide a coordinated way for those whose long term condition can be managed closer to home.

Priority 4. Transform services to improve outcomes, patient experience and gain value for money

A key pillar of our approach is the Six Ways to Wellbeing Campaign which seeks to share the knowledge of the six themes for positive action. Kent Public Health aspires to help the population to adopt behaviours that can improve and sustain their mental wellbeing; these behaviours fall into the following themes of the Six Ways to Wellbeing campaign:

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Promoting Six Ways to Wellbeing

1. Connect with the people around you
2. Be Active
3. Give
4. Keep Learning
5. Take Notice
6. Grow your World

Keeping track of our progress in delivering Outcome 4

We will measure our progress by monitoring the following indicators from the national dataset to determine whether there is:

- An increased crisis response of A&E liaison within 2 hours – urgent
- An increased crisis response of A&E liaison, all urgent referrals to be seen within 24 hours

- An increase in access to IAPT services
- An increase in the number of adults receiving treatment for alcohol misuse
- An increase in the number of adults receiving treatment for drug misuse
- A reduction in the number of people entering prison with substance dependence issues who are previously not known to community treatment
- An increase in the successful completion and non-representation of opiate drug users leaving community substance misuse treatment
- An increased employment rate among people with mental illness/those in contact with secondary mental health services
- A reduction in the number of suicides (rate per 100,000)
- An increase in the percentage of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey
- An increase in the percentage of adult carers who have as much social contact at they would like according to the Personal Social Services Carers survey
- An increase in the percentage of respondents who, according to the survey, are satisfied with their life, who are not feeling anxious, and who feel their life is worthwhile.

Outcome 5

People with dementia are assessed and treated earlier and are supported to live well.

In Kent we will support people to live well with dementia. We know that the majority of people wish to live within their own home in their community for as long as possible; that they wish to be treated with dignity and respect and value the care and support they receive from their families and carers most highly. We will work with partner agencies to recognise this and work together to ensure this is achieved.

We are entering the second year of a programme to support Kent to become more Dementia Friendly, which focuses on improving the quality of life for people living with dementia along with their family, friends, and carers. Raising awareness and understanding is a key element of the work; to this end Dementia Champions are trained to go on and deliver Dementia Friends training. We have at least 27 Dementia Champions in Kent who have delivered training and recruited over 1,000 Friends.
Another key element of our approach to develop Kent to be more Dementia Friendly has been the establishment of a Kent Dementia Action Alliance. We will continue to promote the development of Alliances across the 12 Districts in Kent. We will ensure that the local and county Health and Wellbeing Boards regularly have Dementia Friendly Communities on their agendas to consider the themes from local Action Alliance member's action plans.

Priority 1 Tackle areas where Kent is performing worse than the England average

The national diagnosis rate for expected number of dementia cases is 48% and in Kent it is around 42%. One of our key objectives is to increase this rates to 67% by 2015. The two areas with the lowest levels of diagnosis are South Kent Coast CCG at 39% and Thanet CCG at 34.5%. We will be working with partners in the health and cares system to improve our diagnostic rates.

Priority 2 Tackle Health Inequalities

We will work with GP colleagues to address health inequalities through the use of the GP dementia enhanced scheme, which prioritises the assessment of people from high risk groups:

- Patients aged 60 and over with cardiovascular disease, stroke, peripheral vascular disease or diabetes;
- Patients aged 40 and over with Down's syndrome;
- Other patients aged over 50 with learning disabilities;
- Patients with long term neurological conditions e.g. Parkinson's Disease.

Due to the high incidence among people with Down Syndrome the community learning disability teams will screen people for dementia from the age of 30.

Priority 3: Tackle the Gaps in Provision and Quality

We will

- Address gaps in service provision of community Dementia Nurses.
- Ensure that dementia crisis service is available across the county.
- Continue to work with carers' organisations to monitor and refine joint health and social services investment in carers support
- Continue to train and up skill the workforce across all sectors.
- Ensure all acute trusts have trained dementia volunteer schemes to support people in hospital with social activities.
- Ensure all acute and community trusts have improved their hospital environments to make key areas in their hospital more dementia friendly.

Priority 4: Transform services to improve outcomes, patient experience and gain value for money

We will achieve this by:

- Continuing a person-centred and integrated approach to care planning in hospital
- Improving access to diagnosis - the memory assessment pathway has been reviewed and updated and changes will be implemented during 2014-15 to bring closer working between primary and secondary care, making it easier to get a diagnosis.
- Improving Integration of Care - Kent is an Integration Pioneer and all CCGs have contracted for an integrated care pathway in 2014-15 to provide joined up and integrated care plans, including a crisis plan. Ensuring people are well supported following diagnosis and have access to appropriate support when required to avoid crisis admissions.
- Improving Urgent Care – a dementia crisis service has been introduced to help avoid unplanned admissions and help people through urgent care situation whilst maintaining people in their own homes.
- Ensuring Better Support for Carers – Kent County Council and all Kent CCGs have significantly increased funding into Carers Assessment and Support including a new rapid access to support for carers introduced across all CCGs to improve the health and wellbeing of carers, will be further developed and expanded in 2014.
- Improving discharge from hospital – support various schemes around discharge across the county using not for profit organisations including a bridging scheme provided by Alzheimer's and Dementia Support Services to support Darent Valley discharges and a Crossroads supported discharge scheme in all East Kent acute hospitals to support people to be discharged in a safe and timely manner and reduce excess bed days.

Keeping track of our progress in delivering Outcome 5

We will measure our progress by monitoring the following indicators from the national dataset to determine whether there is:

- An increase in the reported number of patients with Dementia on GP registers as a percentage of estimated prevalence
- A reduction in the rate of admissions to hospital for patients older than 64 years old with a secondary diagnosis of dementia, rate per 1000
- A reduction in the rate of admissions to hospital for patients older than 74 years old with a secondary diagnosis of dementia, rate per 1000
- A reduction in the total bed-days in hospital per population for patients older than 64 years old with a secondary diagnosis of dementia, rate per 1000
- A reduction in the total bed-days in hospital per population for patients older than 64 years old with a secondary diagnosis of dementia, rate per 1000
- An increase in the proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who
  a. have been identified as potentially having dementia
  b. who have been identified as potentially having dementia, who are appropriately assessed
  c. who have been identified as potentially having dementia, who are appropriately assessed, referred on to specialist services in England (by trust)
- A reduction in the proportion of people waiting to access Memory Services - waiting time to assessment with MAS.
- An increase in the proportion of patients diagnosed with dementia whose care has been reviewed in the previous 15 months
- A reduction in care home placements

What is the Health and Wellbeing Board?

The Kent Health and Wellbeing Board was established by the Health and Social Care Act 2012. With effect from 1 April 2013 it became a committee of Kent County Council.

The board brings together GPs, County and District Councillors, senior officers from the NHS Area Team, Clinical Commissioning Groups, Social Care and Public Health, as well as representation from the Local Healthwatch. It provides an effective body where commissioners, patient representatives and elected officials can come together to take an overview of the health system in Kent, align their work, and share commissioning plans and good practice.

The Board's statutory functions are to:

- Prepare a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy.
- Encourage integrated working between health and social care commissioners including making arrangements under Section 75 of the National Health Service Act 2006

Prior to April 2013 the Health and Wellbeing Board operated in a shadow form.

The Health and Wellbeing Board has established a series of sub-committees known as local Health and Wellbeing Boards. The local Health and Wellbeing Boards lead and advise on the development of Clinical Commissioning Group level integrated commissioning strategies and plans, ensure effective local engagement and monitor local outcomes. They focus on improving the health and wellbeing of people living in their CCG area through joined up commissioning across the NHS, social care, district councils, public health and other services to secure better health and wellbeing outcomes in their areas and better quality of care for all patients and care users.

Further information about the Health and Wellbeing Board, including its membership, can be found here: https://democracy.kent.gov.uk/mgCommitteeDetails.aspx?ID=790

Kent Joint Health and Wellbeing Strategy

Outcomes for Kent

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From	Peter Oakford, Cabinet Member for Specialist Children's Services Andrew Ireland, Corporate Director for Social Care, Health & Wellbeing
To:	**Children's Social Care and Health Cabinet Committee 9 July 2014**
Subject:	**Update on progress on implementing an integrated Children in Care and Leaving Care Service, with specific regard to supported lodging accommodation arrangements**
Classification:	**Unrestricted**

Summary: Kent County Council are undertaking transformational work to implement an integrated 0-18 Children in Care service, integrated 18+ Leaving Care service and suitable accommodation arrangements.

This report is to provide an update on progress and to provide Cabinet Committee with the opportunity to consider recommendations regarding the supported lodging accommodation arrangements.

Recommendations: Cabinet Committee are asked to:

- Note the progress since December 2013 on implementing service integration to improve service delivery and outcomes for children in care and care leavers.
- Consider the issues relating to the provision of supported lodging interim arrangements, which will inform a subsequent Cabinet Member decision.

1. Introduction

1.1 As part of the transformation agenda, Kent County Council are changing the way services for young people aged 16 plus are designed and delivered. In the future services will give Kent's vulnerable children and young people greater opportunities to move to independence successfully. In addition, through redesign, KCC will be able to improve practice and deliver more efficient and coordinated services.

1.2 This report will provide Children's Social Care and Health Cabinet Committee with an update on progress and highlights areas for additional consideration.

2. Policy Framework

2.1 Facing the Challenge, Whole Council Transformation:
There are a range of strategic developments and drivers that have informed this service change approach including:

- Whole-council transformation (specifically with regard to integration of services around client groups or functions, single-council approach to projects, programmes and review, active engagement of the market for solutions and embedding commissioning authority arrangements),
- Sufficiency Strategy 2013 and Action Plan
- The Children in Care Ofsted Inspection (2013)
- The needs analysis of Supporting People Programme
- The Children and Families Act 2013

3. Background

3.1 In December 2013, a report was submitted to Public Health and Social Care Cabinet Committee which detailed the planned changes to the Catch22 16+ and Unaccompanied Asylum Seeking Children (UASC) service (attached as embedded document). The report outlined the commitment by KCC to re-designing services to ensure the delivery of integrated and effective approaches that support our young people to successful independent living.

3.2 Accordingly, a work programme has been developed under the Children's Social Care Transformation work stream which is to deliver the following:

- A Children in Care Service which is integrated (i.e. provides a service for both indigenous and asylum seeking children aged 0 – 18 years)
- An 18+ Leaving Care Service which integrates indigenous and asylum seeking services
- Sufficient and suitable accommodation and support under Other Arrangements

4. Update on progress

4.1 *Integrated Children in Care Service (0-18*): The implementation of the new service is in the process through the alignment and integration of the current Catch22 16+ service and UASC service. Consultation is underway with affected staff on potential structures which are aligned to the existing structures within the KCC Children in Care teams. By October 2015, all staff working within the integrated children in care service will hold caseloads of children from both Kent and asylum backgrounds aged 0 to 18. Training and development plans are in place accordingly.

4.2 *Integrated Leaving Care Service (18+):* The new structures currently being consulted upon. The proposal is to have a distinct integrated 18+ Leaving Care Service which will work with all young people from Kent or asylum. Work is underway to ensure improvements in practice which include clarifying policy and entitlements in line with the Care Leavers Charter. Existing services across KCC that deliver services to this group of young people will be reviewed and recommendations made for further development of a multi-disciplinary service offer.

4.3 *"Other Arrangements" Accommodation and Support:* The accommodation element for this cohort of young people includes supported lodging, semi-independent and private accommodation. Some of these accommodation-types include varying levels of support. (To note, this does not include foster and residential care arrangements).

4.4 In February, planning for a detailed procurement exercise for an accommodation brokerage service was undertaken and a market engagement exercise held. However market engagement demonstrated that the proposed service was not aligned to provider capabilities. This, in addition to factors outlined below informed a decision to move towards a different model of provision detailed in (c) below.

5. Further detail on accommodation and support

5.1 Original Intention

The original options paper and report submitted to Cabinet Committee in December 2013, outlined the intention for KCC to procure a brokerage service to deliver supported lodgings, semi-independent and emergency accommodation across Kent.

5.2 The supported lodging arrangements are managed through the existing Catch22 contract, which is due to expire on 30th September 2014. The other accommodation types are managed through KCC contracts with providers mainly through the UASC and Supporting People services. These contracts expire in March 2015.

5.3 Reasons for change

It became apparent after the Meet the Market event in February that the model of brokerage would not be the most suitable model of service delivery at this time. SCS Divisional Management Team and Directorate Management Team reviewed options and agreed to suspend the planned procurement activity based on a range of market driven and strategic changes including:

- Facing the Challenge, Phase 2 includes proposals for Market Engagement and Service Review for Leaving Care in 2014-15 and will be driven by KCC's Transformation Board
- The Staying Put provisions in the Children & Families Act

- Supporting People – planned service commissioning in 2015 is an opportunity for joint commissioning and prioritising Kent Care Leavers within that work
- KCC Children in Care & Care Leavers Policy review (in progress) will clarify Care Leaving service support and entitlements (including accommodation)
- KCC - Care Leavers Charter (in progress) will respond to the voice of young people and be taken into account in entitlement setting
- KCC Sufficiency Strategy – the Action Plan is currently developing proposals for future children in care and care leaver accommodation needs and is due to make recommendations to SCS DMT in the near future.
- The Home Office and KCC are in negotiations about support costs for UASC and this impacts on what KCC can potentially afford for accommodation and support
- The utilisation and costs for Milbank are not seen as sustainable alternative accommodation solutions and costs need to be explored
- Recent Children in Care and Care Leaver Ofsted inspections (E.g. Essex and East Sussex) comment on the use of B&B for care leaver accommodation

5.4 Revised approach
The decision to suspend procurement of a brokerage service afforded KCC opportunities to align with planned Supporting People Vulnerable Young People's Service commissioning (2015) and align with separately held accommodation contracts held within UASC service.

5.5 The suspension of procurement activity affects 120 supported lodging providers and 193 young people who are currently managed through Catch22 until 30th September 2014. We are currently working to identify the most appropriate action to take in relation to these supported lodging arrangements:

a) Extend the existing arrangements for the recruitment and management of supported lodging provision with the current provider (Catch22) for up to 12 months either through Single Tender Action process or contract variation of the existing Supporting People contract.

b) Bring the management of the supporting lodging providers into KCC to be managed within the new Integrated Leaving Care service.

5.6 Our preferred option as an interim measure is to seek an extension to the existing supported lodgings arrangement with the external provider (Option a) above). This will minimise the level of change faced by this part of service during the autumn of 2014 as well as ensure that administrate arrangements for payments are maintained with the

supported lodging providers. This option is only viable however, if Catch22 are able to deliver the requirements within a reasonable financial envelope comparable with current arrangements.

5.8 Negotiations with Catch22 are underway. Within these discussions Officers are seeking opportunities to increase supported lodging provision by recruiting additional accommodators and to enhance levels of support available for more care leavers with more complex needs.

5.9 This programme for change has been reviewed by the council in partnership with Newton Europe as part of their assessment of children's services. This works has supported the decision to suspend procurement given the market response and other changes. The assessment supports the approach to investigate interim arrangements with Catch22 as an opportunity to appropriately consider longer-term arrangements once wider service transformation has progressed.

6. Financial & Legal Implications

6.1 The transformation of Children in Care and Leaving Care services continues to be legally and financially compliant. Early indications suggest that there are some savings to be made available through restructure; this is without reducing the number of full time equivalent staff or social work posts.

6.2 Options regarding the interim arrangements for supported lodging provision are being explored fully with both legal and finance teams. There are considerations to be made with regard to the mechanism by which temporary arrangements with Catch22 may be applied, depending on satisfactory financial and service negotiation. Any final decision to extend would be reviewed in full with KCC legal officers.

7. Conclusions

7.1 The integration of Children in Care 0-18 and Leaving Care service is progressing in line with the planned timetable. The activity is monitored through the Children's Social Care Transformation Board and is continuing well within a framework of legal and financial oversight.

7.2 The accommodation arrangements for semi-independent and independent provision will continue to operate through existing contracts until March 2015, to align with a wider procurement activity led by Supporting People.

7.3 The planned activity regarding supported lodging arrangement has been reconsidered and further proposals made, for consideration by Cabinet Committee to inform a future key decision by the Cabinet Member.

8. Recommendations

Cabinet Committee are asked to:

- Note the progress since December 2013 on implementing service integration to improve service delivery and outcomes for children in care and care leavers.
- Consider the issues relating to the provision of supported lodging interim arrangements, which will inform a subsequent Cabinet Member decision.

9. Background Documents

Update on Integrating Kent's Children in Care and Leaving Care Services - Social Care and Public Health Cabinet Committee, 5 Dec 2013

10. Contact details

Gavin Cargill – Commissioning Officer, Strategic Commissioning gavin.cargill@kent.gov.uk

Sue Mullin - Commissioning Manger, Strategic Commissioning Unit sue.mullin@kent.gov.uk

From: Peter Oakford, Cabinet Member for Specialist Children's Services
Andrew Ireland, Corporate Director for Social Care, Health & Wellbeing

To: Children's Social Care and Health Cabinet Committee

Date: 9 July 2014

Subject: **Specialist Children's Services Performance Dashboard**

Classification: Unrestricted

Summary: The Specialist Children's Services (SCS) performance dashboard provides members with progress against targets set for key performance and activity indicators.

Recommendation: Members are asked to note the SCS performance dashboard

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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."

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

Children's Specialist Services Performance Report

3. The dashboard for Specialist Children's Services (SCS) is attached as **Appendix A.**

4. The SCS performance dashboard includes latest available results which are for May 2014.

5. The indicators included are based on key priorities for Specialist Children's Services as outlined in the Strategic Priority Statement, and also includes operational data that is regularly used within the Directorate. Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes.

6. The results in the dashboard are shown as snapshot figures (taken on the last working day of the reporting period), year-to-date (April-March) or a rolling 12 months.

7. Members are asked to note that the SCS dashboard is used within the Social Care, Health & Wellbeing Directorate to support the Transformation programme.

8. A subset of these indicators is used within the KCC Quarterly Performance Report which is submitted to Cabinet.

9. As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.

10. Performance results are assigned an alert on the following basis:

    Green: Current target achieved or exceeded

    Red: Performance is below a pre-defined minimum standard

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

Recommendations

11. Members are asked to:
    NOTE the Specialist Children's Service performance dashboard.

Contact Information

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Background Documents: Appendix A – SCS Monthly Performance Report – May 2014

Social Care, Health and Wellbeing

Specialist Children's Services Performance Management Scorecard

May 2014

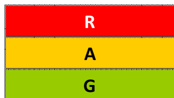
Kent County Council
kent.gov.uk

Guidance Notes

POLARITY

H	The aim of this indicator is to achieve the highest number/percentage possible.
L	The aim of this indicator is to achieve the lowest number/percentage possible.
T	The aim of this indicator is to stay close to the target that has been set.

RAG RATINGS



R	A red rating indicates that the current performance is signficantly away from the target set.
A	An amber rating indicates that the current performance is close to the target set.
G	A green rating indicates that the current performance has met the target that has been set.
No RAG Rating	RAG ratings are not applied to activity based indicators. Also, if the denominator is 0 no RAG rating has been applied

DIRECTION OF TRAVEL (DOT)

A green arrow indicates that performance has improved this month when compared to last month. Depending on the polarity of the indicator, an improvement in performance could either be a reduction or increase in numbers/percentage.

An amber arrow indicates that performance has remained the same as last month.

A red arrow indicates that performance has worsened this month when compared to last month. Depending on the polarity of the indicator, a worsening in performance could either be a reduction or increase in numbers/percentage.

KEY TO ABBREVIATIONS

YTD	Year to Date (April to March)	IA's	Initial Assessments
Num	Numerator	CA's	Core Assessments
Denom	Denominator	CIN	Child in Need
R12M	Rolling 12 Months	CP	Child Protection
CAF	Common Assessment Framework	LAC	Looked After Children
TAF	Team around Family	SGO	Special Guardianship Order
PEP	Personal Education Plan	UASC	Unaccompanied Asylum Seeking Children
QSW	Qualified Social Worker	SS	Snapshot

PERFORMANCE INDICATOR GRAPHS AND CHILD LEVEL DATA

The latest graphs and Child level data are published on the SCS Performance Management website

KEY CHANGES MADE TO THE REPORT THIS MONTH

New indicator showing percentage of agency Team Managers now included

SMALL DENOMINATORS

Caution should be applied in the overinterpretation of all RAG ratings for those performance measures which are calculated against low numbers. In order to highlight this, any denominators with a value between 1 and 9 have been highlighted in light blue.

YTD DATA

Many of the performance indicators on the scorecard are measured using a Year to Date (YTD) approach - April to the end of the current month. For the first few months, it is advisable to treat the results of these indicators with a little caution as they are often based on a small cohort of children and therefore the percentages can be easily skewed.

DISTRICT LEVEL PAGES

Please note that as a result of the move to Liberi, we are currently unable to provide accurate district level pages and therefore they have been temporarily removed. These will be re-instated as soon as possible.

MANAGEMENT INFORMATION CONTACT DETAILS

Maureen Robinson 7000 6328	Gareth Harris 7000 4886
Chris Nunn 7000 6010	Pete Stockford - 7000 4582
Paul Godden 7000 1577	

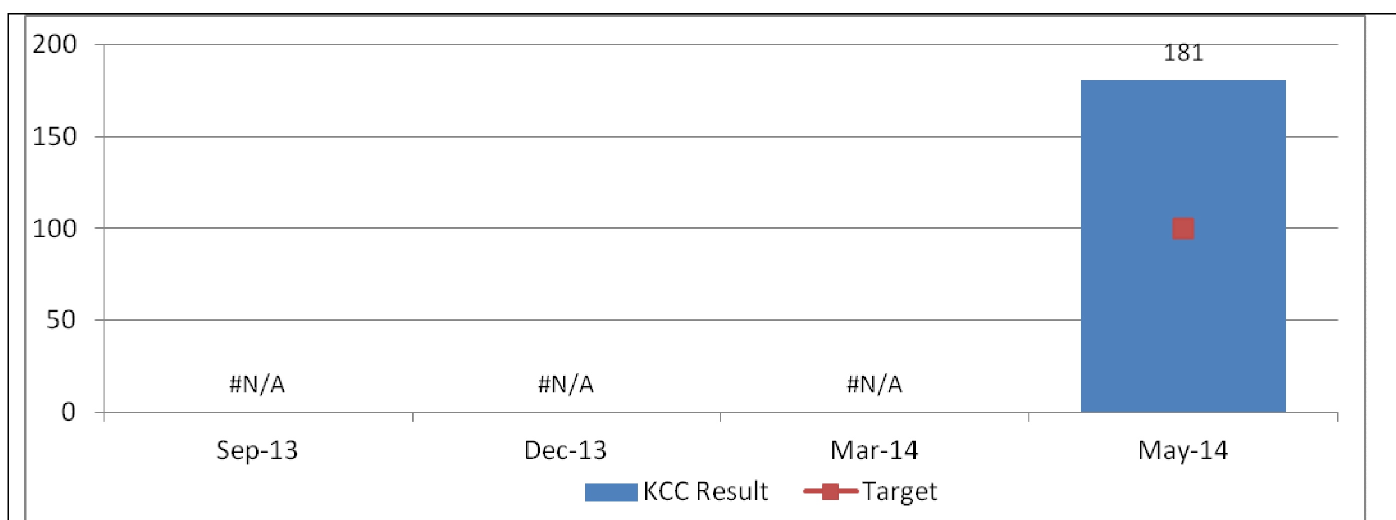
Scorecard - Kent, inc UASC

May 2014

	Indicators	Polarity	Data Period	LATEST RESULT: Latest Result and RAG Status		LATEST RESULT: Num	LATEST RESULT: Denom	Target for 14/15	PREVIOUS RESULT: Previous Reported Result	PREVIOUS RESULT: DoT from previous to latest result	OUTTURN RESULT: Outturn (March 14) Result	OUTTURN RESULT: DoT from outturn to latest result
	REFERRAL AND ASSESSMENTS											
1	Number of Referrals per 10,000 population under 18		R12M	629.3		20314	322813	522.6	623.2		611.8	
2	Percentage of referrals with a previous referral within 12 months	L	YTD	**29.4%**	A	1025	3484	25.0%	29.3%	↓	26.6%	↓
3	Percentage of C&F Assessments that were carried out within 45 working days	H	YTD	**73.8%**	A	2080	2817	85.0%	71.8%	↑	72.9%	↑
4	C&F Assessments in progress outside of timescale	L	SS	**181**	R			100	216	↑	317	↑
5	Percentage of Children seen at C&F Assessment (excludes unborn/missing)	H	YTD	**96.3%**	A	2647	2750	98.0%	96.2%	↑	97.2%	↓
	CHILDREN IN NEED											
6	Number of CIN per 10,000 population under 18 (includes CP and CIC)		SS	327.7		10580	322813	315.0	325.4		330.1	
7	Numbers of Unallocated Cases	L	SS	**29**	R			0	75	↑	0	↓
	CHILD PROTECTION											
8	Numbers of Children with a CP Plan per 10,000 population under 18		SS	38.3		1237	322813	35.7	37.5		36.5	
9	Percentage of Current CP Plans lasting 18 months or more	L	SS	**6.0%**	G	74	1237	10.0%	4.5%	↓	3.6%	↓
10	Percentage of children becoming CP for a second or subsequent time within 24 mo	T	YTD	**4.9%**	A	13	266	7.5%	3.4%	↑	8.0%	↓
11	Child protection cases which were reviewed within required timescales	H	SS	**96.9%**	A	838	865	98.0%	97.6%	↓	90.2%	↑
12	Child Protection Plans lasting 2 years or more at the point of de-registration	L	YTD	**2.4%**	G	5	208	5.0%	1.7%	↓	4.8%	↑
13	Percentage of CP Visits held within timescale (Current CP only)	H	SS	**91.2%**	G	5634	6176	90.0%	**89.0%**	↑	-	-
14	Number of S47 Investigations per 10,000 population under 18		R12M	136.1		4393	322813	100.9	131.7		130.7	
15	Percentage of S47 Investigations proceeding to Initial CP Conference	T	YTD	**33.4%**	A	293	878	45.0%	38.0%	↓	46.7%	↓
16	Percentage of Children seen at Section 47 enquiry (excludes unborn)	H	YTD	**98.3%**	G	822	836	98.0%	**96.9%**	↑	97.4%	↑
17	Number of Initial CP Conferences per 10,000 population under 18		R12M	51.8		1671	322813	47.4	52.8		51.6	
18	Percentage of ICPC's held within 15 working days of the S47 enquiry starting	H	YTD	**71.9%**	G	189	263	70.0%	**66.9%**	↑	78.8%	↓
19	Percentage of Initial CP Conferences that lead to a CP Plan	T	YTD	**92.4%**	G	266	288	88.0%	89.7%	↓	89.4%	↓

	Indicators	Polarity	Data Period	LATEST RESULT: Latest Result and RAG Status		Num	Denom	Target for 14/15	PREVIOUS RESULT: Previous Reported Result	DoT from previous to latest result	OUTTURN RESULT: Outturn (March 14) Result	DoT from outturn to latest result
	CHILDREN IN CARE											
20	Children in Care per 10,000 population aged under 18 (Excludes Asylum)		SS	49.6		1600	322813	48.0	49.9		50.3	
21	Percentage of LAC Starters who have had a previous episode of care in Kent		YTD	5.9%		8	135	-	8.2%		14.6%	
22	CIC Placement Stability: 3 or more placements in the last 12 months	L	SS	7.3%	G	132	1820	9.0%	8.2%	↑	8.9%	↑
23	CIC Placement Stability: Same placement for last 2 years	H	SS	64.9%	A	348	536	70.0%	66.0%	↓	66.6%	↓
24	Percentage of CIC in KCC Foster Care	H	SS	64.1%	G	1025	1600	60.0%	63.0%	↑	63.2%	↑
25	Percentage of CIC in Foster Care placed within 10 miles from home (Excludes Asylu	H	SS	62.4%	A	818	1310	65.0%	63.0%	↓	62.1%	↑
26	Participation at CIC Reviews	H	YTD	91.4%	A	581	636	95.0%	91.7%	↓	94.2%	↓
27	CIC cases which were reviewed within required timescales	H	SS	92.5%	A	1625	1757	98.0%	89.0%	↑	-	-
28	CIC Dental Checks held within required timescale	H	SS	97.3%	G	1659	1705	92.0%	97.5%	↓	96.6%	↑
29	CIC Health assessments held within required timescale	H	SS	85.4%	A	1456	1705	92.0%	86.5%	↓	85.6%	↓
30	Ave. no of days between bla and moving in with adoptive family (for children adop	L	YTD	567.7	A	20436	36	426	664.6	↑	650	↑
31	Ave. no of days between court authority to place a child and the decision on a mat	L	YTD	213.8	A	7696	36	121	251.9	↑	217	↑
32	% of Children who wait <14 mths between bla and moving in with adoptive family	H	YTD	38.4%		93	242	-	40.3%	↓	35.9%	↑
33	Percentage of Children leaving care who were adopted	H	YTD	24.0%	G	36	150	13.0%	17.9%	↑	16.1%	↑
	QUALITY ASSURANCE											
34	Percentage of Case File Audits judged adequate or better	H	YTD	83.8%	R	83	99	100.0%	84.5%	↓	89.5%	↓
35	Percentage of Case File Audits completed	H	YTD	72.8%	R	99	136	90.0%	84.1%	↓	64.6%	↑
	STAFFING											
36	Percentage of caseholding posts filled by agency staff	L	SS	20.8%	G	99.3	477.3	21.5%	19.9%	↓	18.8%	↓
37	Percentage of caseholding posts filled by KCC Permanent QSW	H	SS	72.6%	R	346.3	477.3	78.5%	71.3%	↑	73.8%	↓
38	Percentage of Team Manager posts filled by agency staff	L	SS	17.6%		15.6	88.6	-	-	-	-	-
39	Average Caseloads of social workers in CIC Teams (District Teams Only)	L	SS	14.9	G	1246	83.9	15.0	15.4	↑	16.9	↑
40	Average Caseloads of social workers in non CIC Teams (District Teams Only)	L	SS	23.6	A	5916	250.9	20.0	23.6	↓	22.6	↓

C&F Assessments in progress outside of timescale			Red
Cabinet Member	Peter Oakford	Director	Mairead MacNeil
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Sep 13	Dec 13	Mar 14	May 14
KCC Result	n/a	n/a	n/a	181
Target	n/a	n/a	n/a	100
RAG Rating	**n/a**	**n/a**	**n/a**	**Red**

This is a new performance measure for 2014/15 following a change in practice from the use of separate Initial and Core Assessments to the use of a single C&F Assessment. Although all Local Authorities are moving towards a single C&F Assessment this process is not yet complete, therefore no comparative data is available.

As at the end of May 2014 there were 181 C&F Assessments in progress outside of the 45 day timescale for completion (2817 C&F Assessments were completed during April-May 2014). A proportion of the assessments in progress outside timescales are due to issues following the implementation of Liberi. These continue to be worked on to improve the accuracy of data and as at 23/06/14 the number of assessments in progress and outside of timescales had reduced to 105 which is close to achieving a Green RAG rating. In addition to the data cleansing work the Expert Practitioners Group are reviewing the reasons Assessments are completed outside of the timescale and those completed near to the 45 day timescale. This work will inform any actions to be taken regarding social work practice.

Data Notes

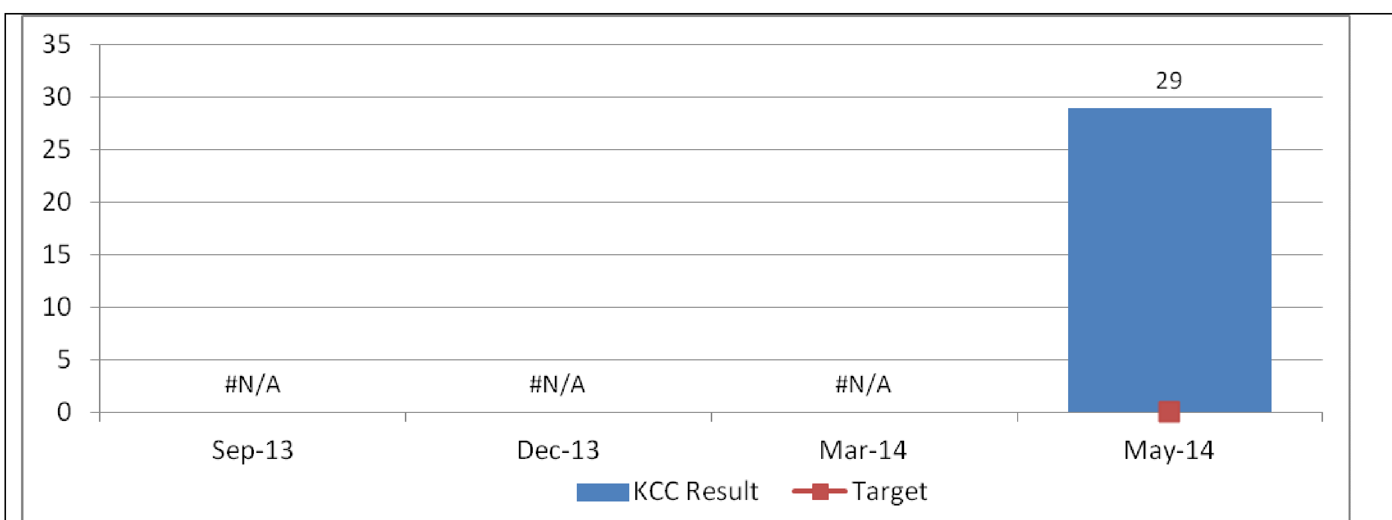
Target: 100. (RAG Status set as: Red above 150, Amber 100-150, below 100)

Tolerance: Lower values are better

Data: Figures shown are a snapshot as at the end of each month/quarter

Data Source: Liberi

Number of Unallocated Cases (for over 21 days)			Red
Cabinet Member	Peter Oakford	Director	Mairead MacNeil
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Sep 13	Dec 13	Mar 14	May 14
KCC Result	n/a	n/a	n/a	29
Target	n/a	n/a	n/a	0
RAG Rating	**n/a**	**n/a**	**n/a**	**Red**

The definition for this measure was changed for 2014/15, reducing the timescale from 28 to 21 working days.

Reporting of unallocated cases on Liberi was impacted upon by the process of not adding new Social Workers to Liberi until they had completed their Liberi Training. This process has been amended recently to allow for new Social Workers to be set up promptly, allowing the appropriate and timely allocation of cases. Until this change in May 2014 Team Managers held cases in their name whilst awaiting the appointment or training of a new Social Worker. The change in process will lead to fewer numbers of unallocated cases on Liberi in the future.

Liberi issues accounted for 12 unallocated cases. Of the remaining 17, 2 were as a result of staff having left KCC and 15 could not be allocated due to workload pressures with two teams.

As of 23/06/14 there were 9 Unallocated Cases on Liberi.

Data Notes

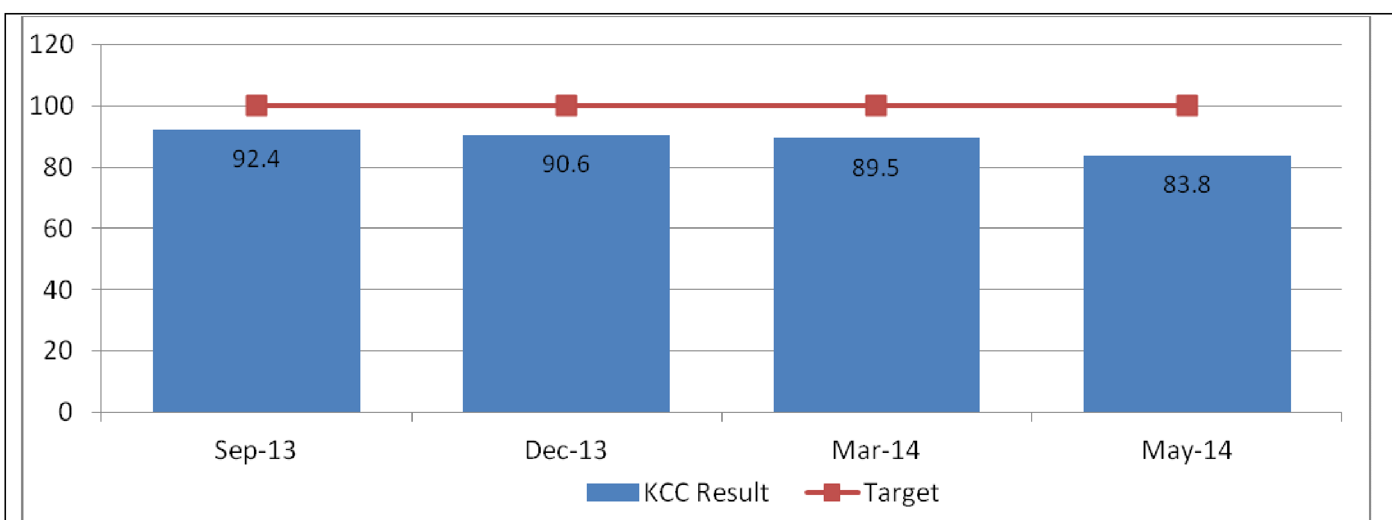
Target: 0 (RAG Status set as: Red for 1 and above, Green for 0)

Tolerance: Lower values are better

Data: Figures shown are a snapshot as at the end of each month/quarter

Data Source: Liberi.

Percentage of Case File Audits judged adequate or better			Red
Cabinet Member	Peter Oakford	Director	Mairead MacNeil
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Sep 13	Dec 13	Mar 14	May 14
KCC Result	92.4	90.6	89.5	83.8
Target	100	100	100	100
RAG Rating	**Amber**	**Amber**	**Amber**	**Red**

The drop in performance was predicted in a report presented to the Kent Integrated Children's Services Board in September 2013 on the QA online audit programme (see section 1.3 of that report). When the new Peer Review auditing system was put in place in February 2013 there was a noticeable rise in the proportion of cases graded as adequate by Team Managers. A piece of work was undertaken to match this against the findings from the separate Quality Audits which are completed by Independent Reviewing Officers (IROs) and Child Protection (CP) Chairs. Bringing together the separate auditing processes created a broader consensus of thresholds for judgements and improved consistency. This has been reinforced during a series of recent workshops. As a result audit completion rates by Team Managers and Peer Reviewers have improved significantly and current performance is now on a par with the Quality Assurance findings from IROs and CP chairs.

Performance is close to achieving the Amber rating of 85.0%.

Data Notes

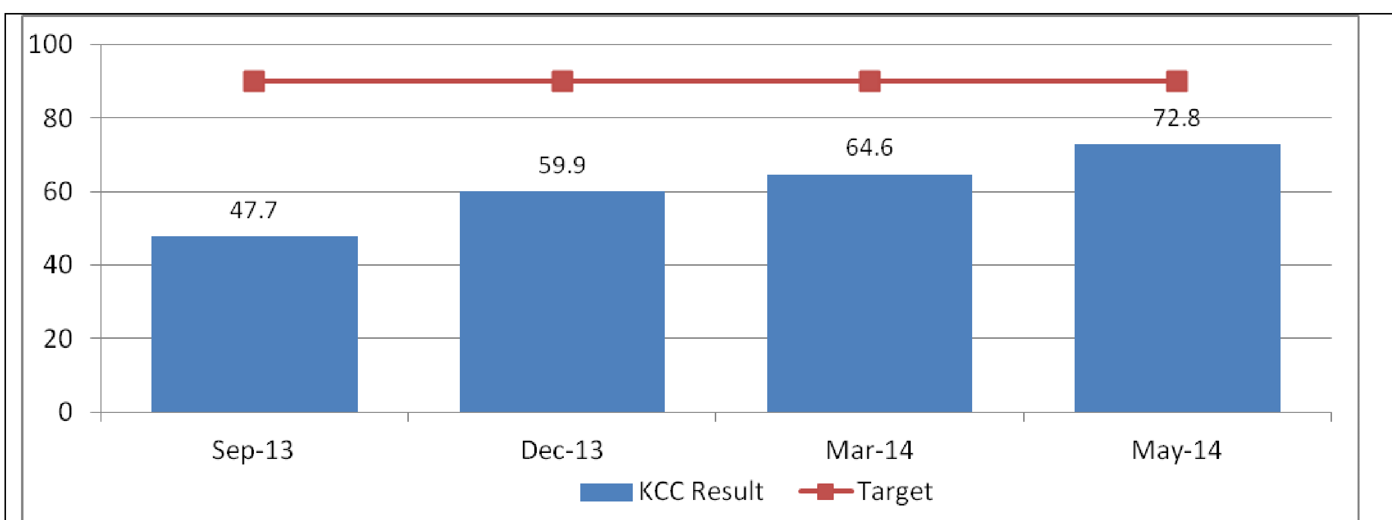
Target: 100% (RAG Status set as: Red below 85%; Amber 85-100%; Green 100%)

Tolerance: Higher values are better

Data: Figures shown are Year to Date. For example, the May 14 result is based on data from April 14 to May 14.

Data Source: Liberi

Percentage of Case File Audits completed			Red
Cabinet Member	Peter Oakford	Director	Mairead MacNeil
Portfolio	Specialist Children’s Services	Division	Specialist Children's Services



Trend Data – Month End	Sep 13	Dec 13	Mar 14	May 14
KCC Result	47.7	59.9	64.6	72.8
Target	90	90	90	90
RAG Rating	Red	Red	Red	Red

Performance for year-to-date since April 2014 shows completion rates are at 72.8%. Although still requiring improvement this performance compares well with completion rates during 2013/14 and continues to move towards the target of 90%.

Between April 2013 and March 2014, 497 audits were completed under the monthly QA on-line audit system out of a potential 769 cases selected for auditing; giving a completion rate of 64.6% for the year with Peer Reviewer completion at 80%. The initial teething problems experienced in implementing the new QA Peer Review audit between February 2013 and June 2013 (due to the Social Worker stage impeding audit completions) was a major factor in reducing completion rates; by June completions had dropped to 17.9%.

One of the steps taken to improve completion rates is the re-assignment of those cases selected for Audit where the member of staff responsible has left KCC or changed roles. These Audits are now assigned to the incoming Team Manager to complete. There is a clear expectation from senior officers that all managers and safeguarding staff will complete their audits / Peer reviews and this is raised and challenged in Area Deep Dive Meetings.

Data Notes

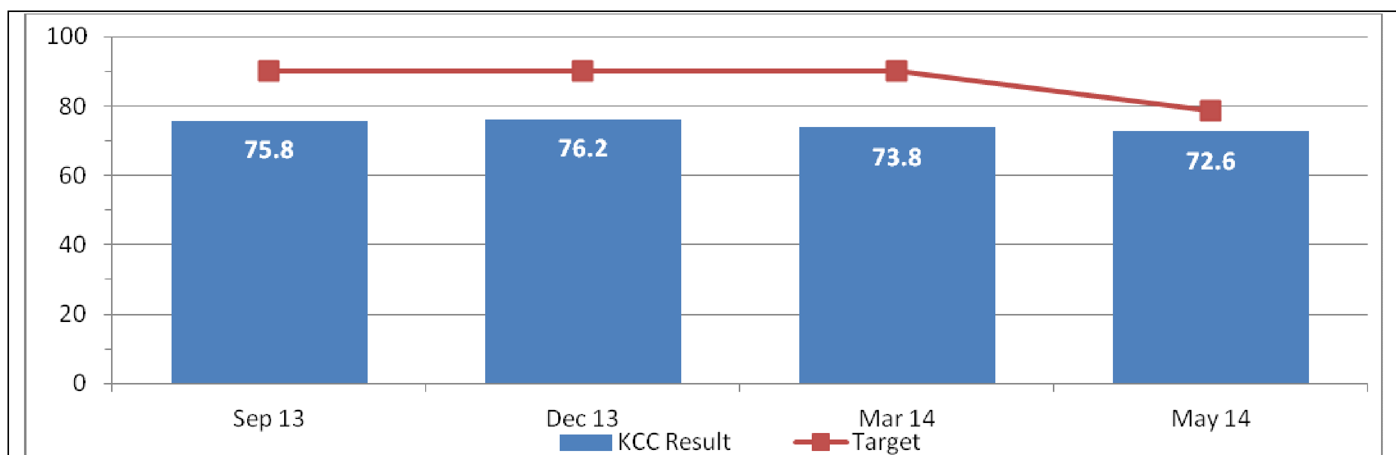
Target: 90.0% (RAG status set as: Red below 75%, Amber 75-90%, Green 90% and above)

Tolerance: Higher values are better

Data: Figures shown are Year to Date. For example, the May 14 result is based on data from April 14 to May 14.

Data Source: Liberi

Percentage of case holding posts filled by permanent Qualified Social Workers			Red
Cabinet Member	Peter Oakford	Director	Mairead MacNeil
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Sep 13	Dec 13	Mar 14	May 14
KCC Result	75.8	76.2	73.8*	72.6*
Target	90	90	90	78.5
RAG Rating	Red	Red	Red	Red

This performance measure is a calculation of qualified social workers employed in *'case holding'* posts within Specialist Children's Services. As at 31/05/14, 72.6% of the Establishment level for this group of staff were filled by KCC employees, 20.8% of the remainder were filled by Agency Staff who continue to be used to ensure that average caseloads remain at manageable levels. The Target for this measure is to achieve 86.0% by March 2015, incrementally increasing the target each quarter through 2014/15.

The current advertising campaign is generating good levels of applications. During April and May there were 16 applications for Senior Practitioners and 38 for experienced social workers, from which 10 and 16 were shortlisted respectively. During the same period 5 social workers accepted appointments and are expected to commence employment during July and August (subject to employment checks and notice periods). Five Senior Practitioners were appointed, although it should be noted that these were internal appointments which will result in social worker vacancies. In addition to this 50 NQSWs have been appointed and these staff will take up post when confirmation of their qualification has been received and they are HCPC registered (all are anticipated to be in post for Sept 2014)

Data Notes: Please Note *Change of definition and source from March 14, previous data not directly comparable.

Target: 78.5 for Quarter 1; 81.0% Quarter 2; 83.5% Quarter 3; 86.0% Quarter 4 (March 2015)

Tolerance: Higher values are better

Data: Data is provided as a snapshot as at the last working day in the Month.

Data Source: Source is HR Establishment Spreadsheets maintained on behalf of the Assistant Directors for SCS.

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From: Graham Gibbens, Cabinet Member, Adult Social Care and Public Health

Andrew Scott-Clark, Acting Director of Public Health

To: Children's Social Care and Health Cabinet Committee

Date: 9th July 2014

Subject: Public Health Performance – Children and Young People

Classification: Unrestricted

Summary: This report provides an overview of the performance indicators monitored by the Public Health division which directly relate to services delivered to children, or services which aim to improve the health and wellbeing of children and young people.

There have been no updates to the commissioned services since the previous report; the progression of the National Child measurement programme continues to be monitored regularly. Infant feeding prevalence figures continue to be under scrutiny and assistance was requested at the recent Kent Health & Wellbeing Board for members to emphasise the importance of collection and reporting with appropriate colleagues.

Recommendation(s): The Children's Social Care and Health Cabinet Committee is asked to

- note the current performance and actions taken by Public Health
- agree the inclusion of the presented Health Visitor information

1. Introduction

1.1. This report provides an overview of the key performance indicators for Kent Public Health which directly relate to services delivered to children and young people, or services which aim to improve the health and wellbeing of children and young people.

2. Performance Indicators

2.1. There are a wide range of indicators for public health including the indicators contained in the Public Health Outcomes Framework (PHOF). This report will focus on the indicators which are presented to KCC Cabinet, and which are relevant to this committee. The performance against these indicators relevant to this committee is laid out in the table below with more detail available in appendix 1.

Indicator Description	2010/11	2011/12	2012/13	2013/14	Trend
Prescribed Data Return					
National Child Measurement Programme - Participation Year R	95.0%	93.7%	92.2%	Not yet available	⇩

Indicator Description	2010/11	2011/12	2012/13	2013/14	Trend
NCMP Year R Excess Weight (overweight or obese)	22.9%	21.7%	21.7%	Not yet available	⇔
National Child Measurement Programme - Participation Year 6	93.2%	95.0%	95.4%	Not yet available	⇧
NCMP Year 6 Excess Weight (overweight or obese)	33.3%	32.7%	32.7%	Not yet available	⇔
Local Indicator	**Q1 12/13**	**Q2 12/13**	**Q3 12/13**	**Q4 12/13**	
Proportion women breast feeding (partial or total) at 6-8 weeks	40.2%	40.5%	41.9%	39.8%	⇩

2.2 Participation in the child measurement programme has continued to be good, far exceeding the 85% target. Data for 2013/14 has not yet been published but local information indicates that Year 6 is currently above 90%.

2.3 Data quality problems have meant that breastfeeding figures have still not been published for Kent although local information indicates that prevalence remains below the national average and falling. A fall in performance was anticipated during the tendering process and given the market maturity. The latest assurance framework report to the Kent Health & Wellbeing Board requested assistance from Board members to highlight the importance of accurate completion and submission of infant feeding figures, both with Practices and the Child Health Information System.

3. Annual Public Health Outcomes Framework (PHOF) Indicators

Annual PHOF Indicators	2008	2009	2010	2011	2012	Trend
Under 18s conception rate (per 1,000)	36.5	34.1	34.6	31.0	25.9	⇧
Annual PHOF Indicators			**2010/11**	**2011/12**	**2012/13**	**Movement**
Smoking status of pregnant women at time of delivery			16.8%	15.2%	*	⇧

RAG is against National performance. * Not published due to data quality concerns

3.1 Kent has continued to experience decreases on its under 18 conception rate; initially the rate was better than the national rate, moving to a similar rate from 2010 to 2012.

3.2 2013/14 data on smoking in pregnancy has not yet been published because of data quality concerns. Local data sourced by the Kent and Medway Public Health Observatory are presented here as a proxy measure, however they are subject to amendment following validation.

Local Data	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Movement	Full 13/14
Smoking status of pregnant women at time of delivery figures	**13.6%**	**12.8%**	**12.8%**	**13.1%**	⇧	**13.1%**

3.3 Public Health commission, and have in development, programmes aimed at tackling pregnant women who smoke. One recently commissioned programme is BabyClear which trains midwives to identify pregnant women who smoke and engage them in stop smoking services. They provide a 24 hour follow-up intervention. The service to date has

- Identified 243 midwifery staff as requiring training and CO monitors
- Delivered training to 87 midwives, and all should be trained by mid-June
- 26 Stop Smoking advisors have undertaken additional training to increase knowledge and skills in supporting pregnant women.

A review of provision of all smoking cessation provision is underway to conclude in July, which will inform new models to be commissioned throughout 14/15.

4. Health Visiting

4.1 In October 2015 KCC will inherit the Health Visiting Service. The (Acting) Director of Public Health and the Head of Commissioning have met with NHS England recently to discuss the Health Visiting Service and will be joining the performance monitoring meetings of the provider Kent Community Health Trust.

4.2 A key target is to increase the workforce numbers. NHS England currently commissions the Health Visiting Service in Kent, and available figures (April 2014) show that there were 248.25 FTE Health Visitors, against a target of 258. FTE1. A more detailed report is expected which will provide greater detail on geographical coverage of Health Visitors and trajectories going forward.

5. Conclusion

5.1 Overall, performance on key public health indicators relating to children has been mixed. Teenage pregnancy rates have declined and rates of childhood obesity appear stable but rates of breastfeeding remain below the national average.

5.2 Public Health are working with a range of partners and service providers to improve performance in these key areas to help ensure that all children in Kent have the best start in life.

6. Recommendation(s)

Recommendation(s): The Children's Social Care and Health Cabinet Committee are asked to: - note the current performance and actions taken by Public Health - agree the inclusion of the presented Health Visitor information

7. Background Documents

7.1 None

8. Contact details

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Relevant Director:

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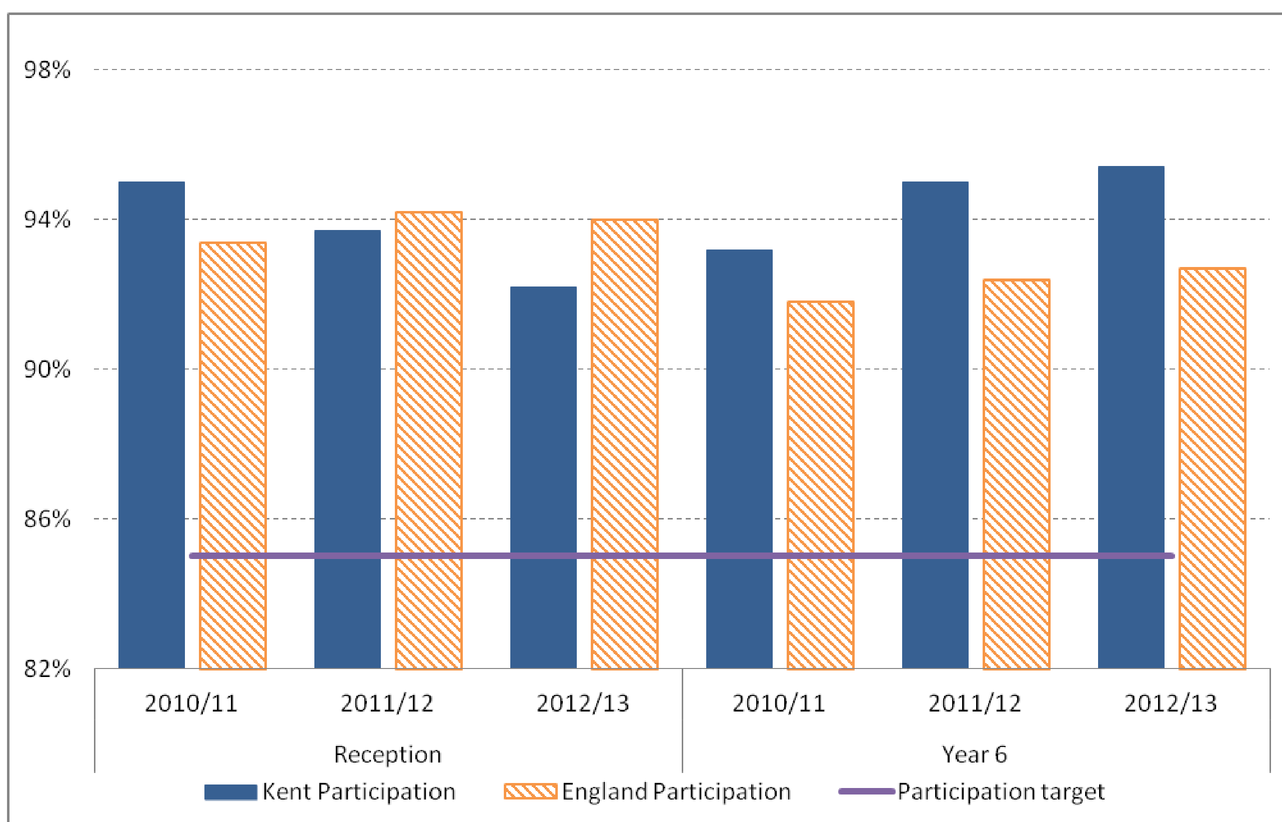
Appendix 1:

Key to KPI Ratings used:

GREEN	Target has been achieved or exceeded
AMBER	Performance at acceptable level, below Target but above Floor
RED	Performance is below a pre-defined Floor Standard
⇧	Performance has improved relative to targets set
⇩	Performance has worsened relative to targets set
⇔	Performance has remained the same relative to targets set

Data quality note: Data included in this report is provisional and subject to later change. This data is categorised as management information.

NCMP: Participation in the Annual National Child Measurement Programme | GREEN ⇔



Trend Data – Annual	2010/11		2011/12		2012/13	
	Year R	Year 6	Year R	Year 6	Year R	Year 6
Participation Kent	95.0%	93.2%	93.7%	95.0%	92.2%	95.4%
RAG Participation	Green	Green	Green	Green	Green	Green
Participation England	93.4%	91.8%	94.2%	92.4%	94.0%	92.7%
Kent % Excess Weight (Overweight or obese)	22.9%	33.3%	21.7%	32.7%	21.7%	32.7%
National % Excess Weight	22.6%	33.4%	22.6%	33.9%	22.2%	33.3%

Commentary

The programme achieves high levels of participation and has been consistently above the 85% target. For 2012/13 participation rates for Reception year were 92.2% and 95.4% for Year 6, further ensuring the statistical significance of this indicator.

The proportion of Reception year children measured with excess weight has decreased slightly from 22.9% in 2010/11, to 21.7% in both 2011/12 and 2012/13, remaining just below the national percentage of 22.2% in 2012/13.

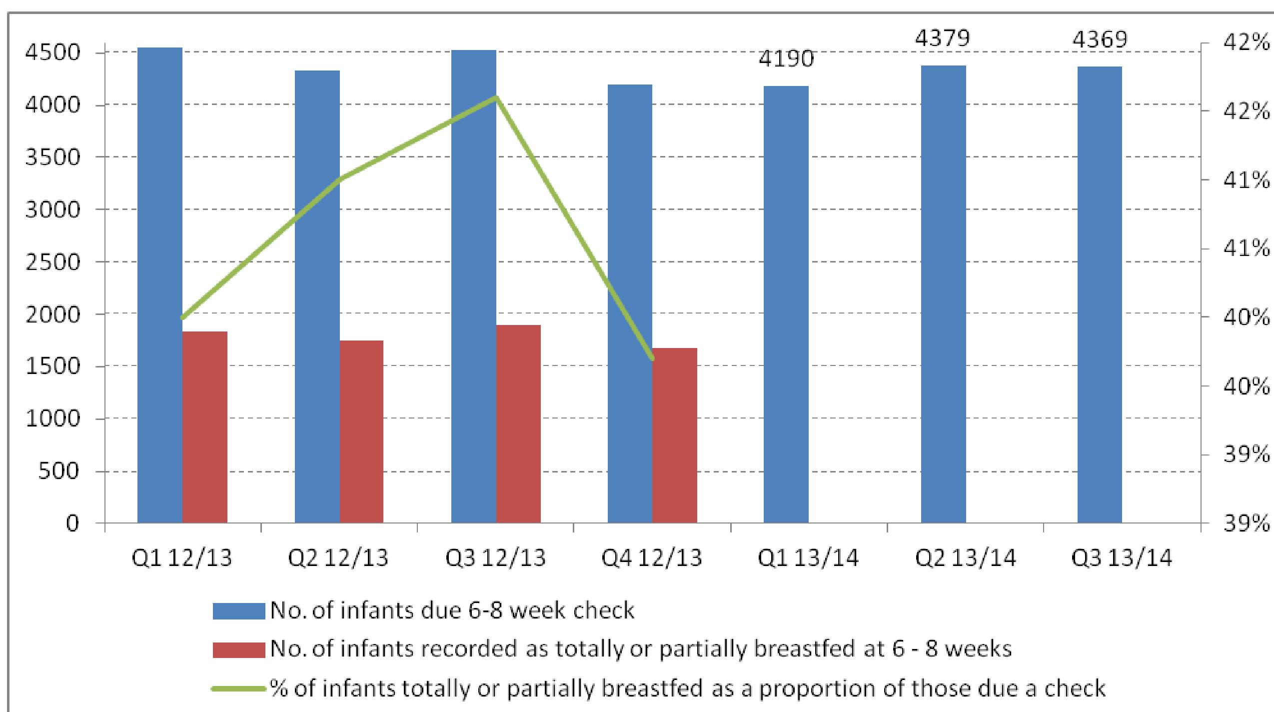
For Year 6 the percentage measured as having excess weight remained stable at 32.7% in 2012/13. Kent remains just below the national obese measurement of 33.3%.

It is critical that the programme is effectively linked to initiatives to reduce childhood obesity. Public Health is committed to prioritising action to reduce childhood obesity further. This is one of the core opportunities to work effectively across the Council as well as with other partner colleagues.

The NCMP relates to Public Health Outcome Framework Indicators 2.06i and 2.06ii (Excess Weight – obese and overweight)

Data Notes: Higher values are better for Participation. Obesity lower values are preferred. Performance assessment for this indicator is based on the participation rate. Obesity for children is defined as being above the 95th percentile on the Body Mass Index, based on the weight distributions recorded between 1963 and 1994. Data includes state maintained schools only is based on schools location, not pupil address. Data Source: HSCIC. Indicator reference: PH/CYP/01

Infant Feeding - Proportion of women breast feeding at 6-8 weeks	-



Trend data – by Quarter	2012/13				
	Q1 (Apr -Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)	**Full 2012/13**
Number of infants due 6-8 week check	4,555	4,336	4,531	4,200	**17,622**
Number of infants recorded as totally or partially breastfed at 6-8 weeks	1,833	1,754	1,897	1,671	**7,155**
% of infants totally or partially breastfed as a proportion of those due a check	40.2%	40.5%	41.9%	39.8%	**40.6%**
RAG Rating (46%)	**Amber**	**Amber**	**Amber**	**Red**	**Amber**
National (where available)	47.1%	47.5%	47.4%	46.6%	**47.2%**

Commentary

Following re-instatement of the submission process for Infant feeding, there has been one publication in 2014 where due to failing the data completion threshold, no Kent figures were published. Public Health continues to engage and work with partners to increase awareness of the importance of accurate and complete recording.

The tender process for a new service will go out in April 2014 with the aim of the new service being in place from October 2014.

Previous data have highlighted particular concerns about prevalence of breastfeeding in some localities and local work is taking place in these areas. Community services have been re-provided short-term in West Kent and Swanley to fill a gap, services in Dartford and Gravesham were re-provided earlier in the year. Breastfeeding prevalence is Public Health Outcome Framework Indicator 2.02i
Data Notes: Source: DH Integrated Performance Measure. Indicator Reference PH/AH/03

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By:	Peter Oakford, Cabinet Member for Specialist Children's Services Andrew Ireland, Corporate Director for Social Care, Health & Wellbeing
To:	Children's Social Care & Health Cabinet Committee
Date:	9 July 2014
Subject:	**Ofsted Inspection Action Plans - Update**
Classification:	Unrestricted

Summary: The report reviews progress since the previous update report to the Corporate Parenting Panel on 19 June 2014 in responding to the recommendations made by Ofsted in their inspections of Kent County Council's child protection and children in need, children in care / care leavers and fostering and adoption services.

Recommendations Cabinet Committee is asked to NOTE the progress in delivering the Ofsted Action Plans

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1. Introduction

(1) Over the past 2 years Kent County Council, Specialist Children's Services have undergone 4 Ofsted inspections:

- Children in Care / Care Leavers – published report 23rd August 2013 (adequate)
- Adoption support services – published report 18th June 2013 (adequate)
- Children in need of help and Protection – published report 15th January 2013 (adequate)
- Fostering Services – published report 31st July 2012 (adequate)

(2) The local authority's performance under each of these inspections represents a significant improvement by the local authority and its partners since Ofsted's joint-inspection of Kent's safeguarding and children in care services in November 2010, which resulted in an inadequate grading.

(3) Action plans are in place, which respond to each of the priorities for action recommended by Ofsted under each inspection. These have been reviewed and updated to reflect current progress and are presented at appendices 1 to 4. Work is taking place to consolidate these 4 action plans into one overarching plan.

2. Reporting to Members on the delivery of the Action Plans

(1) The Ofsted Action Plans have been reported regularly to the Corporate Parenting Panel, most recently on the 14 June 2014. However the Panel felt that although the plans for Adoption and for Foster are clearly with their Corporate Parenting arena the overview of the plans should be considered by the Cabinet Committee with their wider remit.

(2) The four separate Actions Plans have now been amalgamated into a single plan which is attached as Appendix 1.

3. Recommendations

(1) Cabinet Committee is asked to NOTE the progress in delivering the Ofsted Action Plans

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Background documents:

Appendix 1: Ofsted Inspection of Specialist Children's Services: Action Plan

Ofsted Inspection of Specialist Children's Services: Action Plan

Priority Area 1: Planning				
	Action	**Delivery Lead**	**When Completed:**	**Progress to date**
1.0	Decide and embed new action planning template to ensure effective monitoring and input	Patricia Denney, AD for Safeguarding and Quality Assurance	August 18th 2014	An outcome focussed template has been designed and will be completed and populated, separating SMART actions into five key themes, designed to drive consistency of practice and move Children's Services forward towards 'Good'.
1.1	Ensure all CIN cases have an up-to-date assessment and SMART Plan in place	Assistant Directors (SCS)	Monthly review	This is reviewed regularly at SCSDivMT during Performance Monitoring.
1.2	QA Peer Review Online Audit – monthly auditing to focus on CIN cases (themed audit of CIN May to July 2014)	Paul Brightwell, Head of Quality Assurance	Results to SCSDivMT August 2014	This has started; all May audits to focus on CIN cases and to continue for 3 months. (See action 5.1).
1.3	All inadequate cases identified from the QA Online Audit programme to be shadowed by an Area Performance Officer to help ensure actions necessary to bring out of inadequate are put in place	Paul Brightwell, Head of Quality Assurance	In place / continuing	This is part of established practice under the QA Peer Review online audit system since September 2012. Inadequate practice is also routinely challenged via the Deep Dive programme, and by the line manager of the individual whose case was audited.
1.4	Practice Development Programme to include routine workshops on developing effective outcome based plans	Lee-Anne Farach, Head of Practice Improvement	September 2014	Performance Officers to deliver and 1 district surgery on effective CIN plans, this is part of the Practice Improvement and Development Program led by the Practice Improvement unit.
1.5	MIU to identify all cases on Liberi that are showing as not having an up-to-date single assessment and plan in place	Maureen Robinson, MIU	Regular performance monitoring to SCSDivMT and DMT	This was first scrutinised on a divisional level by SCS ADs and Director during the monthly performance monitoring discussion at SCSDivMT 24 June 2014; this was followed by scrutiny from Corporate Director of Social Care Health and Wellbeing at the Directorate Management Team (DMT) meeting 25 June2014.
	Care Plans			
1.6	IRO Service to strengthen QA/oversight of Care Plans by introducing to the existing 12 core areas IROs look at in their	Paul Brightwell, Head of Quality	To be in place from May	The new QA feedback form has been developed. It has been discussed with IROs at their April Practice group. Further refinement

	QA work, a new (contingency planning)	Assurance	2014	of the feedback form is taking place – to include a greater focus on changes of social worker and impact on the child, in addition to contingency planning. It is expected that the new feedback form will be in place from June 2014 – with IROs ensuring that all CIC reviews include a robust oversight of contingency plans – in additions to other aspects of plan.
1.7	IRO led workshops on care planning to be provided to operational SCS teams	Tina Onuchukwu, IRO Team Leader	To be in place from July 2014	To be discussed at the County IRO meeting on 14th May 2014. An update on this work will follow
1.8	IRO QA findings of the quality of Care Planning to be provided in quarterly reports and in the IRO Annual Management Report	Paul Brightwell, Head of Quality Assurance	**Complete** – IRO annual management report released June 2014	This action is an established part of IRO QA reporting. All new QA reporting will include more detail on the proportion of cases graded good or higher.
	CP Planning			
1.9	Monthly workshops for managers on how to audit and spot good practice	Paul Brightwell, Head of Quality Assurance	Action closed, please see actions 1.12 and 2.11	See 1.12 and 2.11
1.10	CP Chairs to focus QA oversight on the implementation of CP Plans between CP conferences	Paul Brightwell, Head of Quality Assurance	For review November 2014	Work is in hand between the Head of Quality Assurance and the interim Team Leader for Child Protection (CP) Chairs during regular supervision, to ensure this action is robustly implemented. This is supported by performance data from Liberi.
	Pathway Planning			
1.11	Introduction of new section for QA Pathway Plans for Care Leavers within QA Peer Review Online Audit System	Paul Brightwell, Head of Quality Assurance	In place. May 2014	This section has been developed with Catch 22 and SUASC to help ensure robust QA of pathway plans for relevant and former relevant children
1.12	QA Peer Reviews monthly audit programme to run audits for Catch 22 and SUASC focusing on care leavers (May to July 2014)	Paul Brightwell, Head of Quality Assurance	In place	This has started, please see action 2.11 for more information.
1.13	Refine Pathway Plan template on Liberi to make more practitioner and young person friendly	Paul Brightwell, Head of Quality	July 2014	Work is taking place with MIU to look at how the template provided on Liberi can be changed. This will involve Catch 22 and SUASC

		Assurance / Maureen Robinson, Management Information Service Manager		services as well as young people
Priority Area 2: Child Focussed Practice				
2.1	QA online audit system – section of child focussed has been amended to include a focus on changes of SW and impact on child	Paul Brightwell, Head of Quality Assurance	In place – May 2014	All auditing from May onwards will include a focus on this area of practice
2.2	Strengthen role of CICC (OCYPC) and links to Corporate Parenting Boards	Tony Doran, Head Teacher of Virtual School Kent/ Sarah Skinner, Business Manager VSK	August 2014 October 2014 September 2014	A number of new measures are to be put in place: 1) Introduction of challenge cards 2) An annual meeting for members of OCYPC to meets with lead elected members and senior officers within KCC 3) CPP and KCPG to produce an annual report to OCYPC setting out what has been achieved to improve outcomes for Children in Care and Care Leavers
2.3	Development of follow-on DVD from Care to Listen and launch	Sarah Skinner, Business Manager VSK	August 2014.	The new DVD is finished. CICC (OCYPC) is considering the best way to launch the new DVD, which may involve hiring local cinemas. The DVD will be presented to the County Council meeting in July; this will be followed by a launch of the DVD with children and young people's involvement in the August school holidays.
2.4	LILAC survey – September 2014 (Ensure participation and engagement survey is up-to-date and in place)	Sarah Skinner, Business Manager VSK	September 2014	The LILAC assessment has been delayed to ensure that it does not clash with a Your Voice Matters survey that was undertaken in March; using a survey questionnaire developed by children and young people. The assessment is undertaken by children / young people and will help to identify key issues that need to be out in place to strengthen the authority's approach to encouraging and enabling participation and involvements of our children and young people. The action plan will be amended to reflect the findings from the assessment
2.5	Your Voice Matters (Young Lives Foundation) survey – report setting out findings	Sarah Skinner, Business	July 2014	The survey was completed in May 2014. A report outlining the findings from the survey is to be produced and presented to the

	(Ensure participation and engagement survey is up-to-date and in place)	Manager VSK		County Council in July 2014.
2.6	IRO Service consultation booklets and exit interviews and focus groups	Paul Brightwell, Head of Quality Assurance	October 2014	This action is currently being scoped.
2.7	Extend IRO work to informing CP practice	Paul Brightwell, Head of Quality Assurance	For review September 2014	Utilise the knowledge and experience of children in care to inform the CP process and experience for children and young people. IRO surveys and focus groups to include focus on young people's experience of the CP process so that this can be fed back to CP Chairs team
2.8	Role of children and young people in interviewing and selection of SWs, IRO's, foster carers and other key staff posts	Sarah Skinner / Sue Clifton, Teresa Gallagher	In place	Children and young people routinely assist in the interview and selection of SW, IRO and CP Chairs posts and also senior management positions within the local authority, including the new Director for Early Help and Preventative Services who will start in October 2014.
2.9	Monitor impact of changes of SW on practice	Paul Brightwell, Head of Quality Assurance	June 2014	A new question has been added to the QA Peer Review Online Audit programme (under the section 'Child Focussed Practice') that requires managers to consider the impact of any changes of SW on the delivery of services and support to the child. This is in place and is being used for all cases selected for audit under the system from May 2014. In addition the IRO service is also including a specific question on changes of SW in its QA feedback form (from June 2014) and will provided QA feedback in future reports
2.10	Performance Officers to identify districts who require training and support in child focussed practice	Lee-Anne Farach, Head of Practice Improvement	For review September 2014	• Identify districts via audits and Service Managers and • Provide Child Focussed Practice workshops in selected districts
2.11	Monthly workshops for managers on how to audit and spot good practice	Paul Brightwell, Head of Quality Assurance	January 2015.	See 1.5. Courses are running June –December 2014. A report of findings will be submitted to SCSDivMT January 2015. 4 workshops are being provided in June 2014, followed by a further 2 workshops each month until December 2014. These workshops have been designed under the QA Online Audit system to audit more effectively and identify the practice issues associated with good practice or get in the way of good practice from emerging .

Priority Area 3: Supervision/Management Oversight				
3.1	QA supervision as per supervision policy/ management oversight (through sample audits) and supervision survey to be completed. (CP Plan 8.2)	Paul Brightwell, Head of Quality Assurance	**Completed**	• See action plan in response to the Ofsted July 2013 CIC inspection (priority 1, 1.1). • A survey of social workers and managers regarding their experience of supervision was undertaken in July 2013. 93% reported receiving 6 weekly formal supervision and 68% at 4 weekly intervals. • There is to be a repeat of the supervision survey by March 2014. Repeat of supervision survey has taken place in January/February 2014. The data has now been put into a format for detailed analysis and recommendations to be undertaken. • Data from the QA Peer Review online audit for August 2013 shows that 88.1% of cases audited had adequate or better supervision. This increased to 89.4% in September 2013 and 90.9% by October 2013.
3.2	Ensure all staff receives appropriate professional supervision in accordance with KCC's Supervision Policy, and the Practice Standards for Supervisors. (CIC Plan 1.1)	SCS Service Managers and Team Managers.	Continual management monitoring remains in place	At the end of July 2013, 93% reported receiving 6 weekly supervision and 68% received 4 weekly supervision. Data obtained from the QA online audit programme for August 2013 shows that 88.1% of cases audited had adequate or better supervision. This has increased to 89.4% in September 2013 and 90.9% in October 2013. Repeat of supervision survey has taken place in January/February 2014. The data has now been put into a format for detailed analysis and recommendations to be undertaken.
3.3	Actively ensure all managers are trained in provision of professional supervision. (CIC Plan 1.2)	Lee-Anne Farach, Head of Practice Improvement	**Completed.** Regular and routine training to be provided to new managers	90 supervisors have embarked on the Improving Supervision Processes in Kent programme (provided by In-Trac), in 7 cohorts. As of August 2013, 4 cohorts have completed the initial training with a further three due for completion at the end of February. In-Trac have been commissioned to continue the training programme as required for new and additional staff, as well as refresh training, in 2014.
3.4	Introduction of a Practice Development Programme, in line	Lee-Anne	**Completed**	Practice Development Programme (PDP) District workshops and

	with the Social Work Contract. (CIC Plan 1.3)	Farach, Head of Practice Improvement	31st October 2013.	surgeries have been rolled out across the County. 1-2-1's and individual sessions and a series of coaching sessions are underway with social workers and managers. A review of the PDP will be presented to the SCS Divisional Management Team (DivMT) 29TH October.
3.5	'Deep Dives' are held quarterly within the four Areas, and attended by SCS Senior Management. (CIC Plan 1.4)	Patricia Denney, Assistant Director of Safeguarding and Paul Brightwell Head of Quality Assurance.	**Completed.** Deep Dives to continue on a quarterly basis	Quarterly 'Deep Dive' analysis of performance data now well established, combining quantitive and qualitative information with routine reports presented to senior management groups. The next report will be presented to the Children's Services Improvement Panel at the end of November for Member scrutiny and oversight
3.6	Implementation of an online Peer Review Quality Assurance audit programme with a peer review function initiated February 2013. (CIC Plan 1.5) Further reviews of the QA Peer Review Online Audit system has taken place in June 2013 and also January 2014	Paul Brightwell. Head of Quality Assurance.	Formal review **completed** June 2013, and again January 2014. In place In place	The Online Audit Programme allows managers at all levels to audit individual cases robustly as part of routine practice. The audit programme is in line with KCC's Quality Assurance Framework and enables practice in individual cases to be audited with respect to referral and response, assessment, child protection, child focused practice, planning, review, recording, supervision, management oversight and transfer case closure. The review of the audit system in June 2013 led to significant changes being made; removing the formal stage of involving SWs which led to a significant increase in the competition of audits being undertaken A further review of the audit system took place in January 2014. This led to the introduction of a new care leaver section. The previous two assessment sections (initial and core) have been removed and replaced with a single assessment section. The section on child focussed practice has also had an additional question added to focus on the impact of changes of social worker and the child in care planning section has also been updated to enable greater focus on eligible children. The addition of 'themed audit' option to allow

			September 2014	greater flexibility in how the audit system can be used. A new stage is taking place (to be completed by September 2014) in order to develop specific sections for adoption and fostering to enable these teams to audit practice based on fostering and adoption case files. This update will also focus on making the audit system more user friendly for managers and encouraging greater consistency in the grading of cases.
3.7	Training for all supervisors in reflective supervision to be provided by In Trac (KCC's provider of supervision training). (CIC Plan 1.6)	Phil Doyle, Catch 22 Lee-Anne Farach, Head of Practice Improvement	In place from November 2013 August 2013	KCC agreed with relevant AD (14/10/2013) that C22 Managers should link into in-house Supervision training being organised by KCC for 6/7.01.14 and 26/27.03.14. This will provide an invaluable opportunity for relevant staff to mix and share ideas. Commission further supervision training to ensure all Team Managers are trained 6 of 7 C22 Managers have attended training on 6/7th Jan and 26th/27th Jan. Remaining 1 manager to attend next available course.
3.8	Provide update from current supervision survey and QA online audit findings	Paul Brightwell, Head of Quality Assurance	October 2014	A new supervision survey was released in January 2014, to capture staff thoughts on the progress made with supervision. The survey was released to each member of staff who is social work qualified (including Social Work Assistants, Independent Reviewing Officers and Chairs of Child Protection Conferences and their supervisors). Responses are being collected back on a rolling programme. Initial findings are expected to be released in Autumn 2014.
3.9	Role of PDP and ongoing training for staff	Lee-Anne Farach, Head of Practice Improvement	Reviewed June 2014	A paper on the learning and development offer from the Social Work Contract will be submitted to Liz Railton as part of the Improvement Notice review in July 2014. This will be subject to a further review in winter 2014 following the next series of master-classes (PDP) which are currently being planned.
Priority Area 4: Establishing stability and meaningful relationships with Social Workers				
4.1	Impact of changes of SW is being monitored through QA online audit (from May 2014) and IRO's (July 2014)	Paul Brightwell, Head of Quality Assurance	• June 2014	• A new question has been added to the QA Peer Review Online Audit programme (under the section 'Child Focussed Practice') that requires managers to consider the impact of any changes

		Maureen Robinson, Service Manager MIU Paul Brightwell, Head of Quality Assurance	• July 2014 • August 2014	of SW on the delivery of services and support to the child. This is in place and is being used for all cases selected for audit under the system from May 2014. In addition the IRO service is also including a specific question on changes of SW in its QA feedback form (from June 2014) and will provided QA feedback in future reports • Reporting on impact of changes of SW to also be included in monthly QA online audit reports by MIU which are presented to SCSDivMT • QA data on changes of SW to be raised in quarterly Area Deep Dives
4.2	Promote and embed the Social Work Contract within the districts	Lee-Anne Farach, Head of Practice Improvement	September 2014	Performance Officers to provide update briefings on Social Work Contract via district surgeries

Children in Need

Priority Area 5: Children in Need				
5.1	Audit CIN cases to ensure that purposeful work is taking place and there are no unidentified risks. Audit all CIN cases through supervision process and through Area management oversight arrangements. Actions to ensure risks properly addressed identified and delivered (CP Plan 1.1)	All Area Managers (TM)	Completed (February 2013) A further audit of all CIN cases is to take place for 3 consecutive months commencing in May 2014.	All the Areas audited their CIN cases in February 2013, commenting on whether cases have up to date assessments and plans. Those districts where information was not sent or assessments/plans were out of date where asked to take necessary action to update them. A dip sample was completed by safeguarding unit in May 2013. Of the 51 cases audited in this dip sample, 7 (14%) were found not to have an up-to-date assessment (i.e.an assessment completed within the last year) and 5 cases (10%) were found not to have a current plan in place. Child in need planning was not consistently recorded utilising the child in need planning tool. Whilst there was some evidence of the use of outcome based planning this was not consistently applied and evidences some confusion regarding an outcome or an activity. Following the dip-sample audit each Area was contacted by the children's safeguarding unit (July 2013) to seek assurances that any

				outstanding assessments or plans were updated. In April a full check that all CIN cases have up to date assessments plan and in date reviews will be undertaken. Cases where these are not in place will be escalated to the Assistant Director. A further audit of all CIN cases is planned to take place in May 2014 for 3 consecutive months to track progress.
5.2	All CIN cases to have an up-to-date assessment and SMART Plan in place. All CIN cases to have a completed plan using the existing template (CP Plan 3.1)	SCS Assistant Directors	For review by SCSDivMT August 2014.	A dip sample was completed by safeguarding unit in May 2013. Of the 51 cases audited in this dip sample, 7 (14%) were found not to have an up to date assessment (i.e.an assessment completed within the last year). In respect of child in need plans there remained 5 cases without a current plan (10%). There was evidence across the sample that where the lack of plan was identified at initial audit that this has been addressed and a meeting arranged, there was however some evidence that meetings had taken place but minutes had not yet been added to ICS. Further there was evidence that cases had been closed subsequent to the initial audit which would indicate a positive throughput of work. Although there is an encouraging picture with regard to child in need planning this was not consistently recorded utilising the child in need planning tool. Whilst there was some evidence of the use of outcome based planning this was not consistently applied and evidences some confusion regarding an outcome or an activity. An exercise under Liberi to check that every CIN case has an up to date plan that is reviewed within timescale will take place by 31/04/14. Properly outcome focussed (as opposed to output) There remains a challenge to ensure plans are activity focussed. The new Plan format within Liberi is designed to aide practitioners in this regard. A further audit of all CIN cases is currently underway from May 2014 for 3 consecutive months to track progress.
5.3	Services to track and report back to identify themes, evaluate, QA for feedback loop and identifying learning and developments needs and to steer work of PIP2 (CP Plan 3.2)	SCS DivMT	In place (May 2014)	As above – themes emerging re being addressed within the new Practice Development Programme.

5.4	On-line Management Units to focus on CIN work (CP Plan 3.3)	All SCS team managers, Service Managers and Assistant Directors	For assessment by SCSDivMT in August 2014.	A total of 229 CIN cases have been audited between March 2013 and February 2014 under the QA online audit with an average of 80.3% having a CIN plan graded as adequate or better. Of the 196 cases audited since August 2013, 155 were found to have a CIN graded adequate or better (79.1%) Actions put in place in February 2013 to ensure completion of assessments and plans have meant all CIN cases have been reviewed, but this needs to be retested as outlined above and a robust audit of CIN cases is currently underway (due for completion in July 2014).
5.5	Conferences to construct CIN Plan at ending of CPP in accordance with CIN Policy (CP Plan 4.1)	Conference Chair (in partnership KSCB)	In place (January 2013)	108 CPP ended (Jan-Mar) and 105 resulted in CIN Plan, 1 went to TAF, 1 to care plan and 1 closed. The safeguarding unit has dip sampled 16 CP plans – overall, plans were clear and child-focussed. There is a mixed picture of CIN planning following CPCC. There were some good examples of SMART plans with measurable timescales and focus on continuing need, however this was not consistently recorded utilising the child in need planning tool. It seemed that outcome based planning was better applied in those plans that used the tool. Whilst there was some evidence of multi-agency planning this was not consistent.
5.6	CIN Procedures re-launched through KSCB with clear partner agency agreement to contribute to CIN planning and service provision supported by an inter-agency training plan and built into Quality and Effectiveness work programme to monitor impact. Referrals to be audited to ensure they are sent in a timely manner (CP Plan 10.1)	KSCB Karen Graham, AD South Kent and Stephen Fitzgerald, Service Manager CRU	Completed (July 2013)	The CIN procedures were re- launched through KSCB – signed off by the board in July 2013. Multi-agency deep dives (beginning in the Summer 2013) will consider multi-agency contribution to CIN planning and findings from this work will inform future audit activity-led by KSCB Referral/threshold audit completed by KSCB and findings being actioned.

Child Protection

Priority Area 6: Referral and Response				
6.1	Management decision making arrangements and levels of delegated authority to be reviewed and re-launched to all staff (CP Plan 6.1)	AD and CDT Managers	**Completed.** In place (February 2013)	All duty seniors in the unit now trained on chairing meetings, strategy discussions, timely defensible decision making, recording, consultations and an update on Working Together 2013. This work has enabled all current senior practitioners in the CDT to fulfil the role of Duty Senior during their working day. Cases requiring assessment by district teams are progressed as a priority, with an average of over 80% of these now being received by the Teams within 24 hours of CDT receiving the contact. All Child protection referrals are reviewed and progressed the same day. Referrals which remain in CDT, including those children who would benefit from a Common Assessment Framework Assessment and Team around the Family are also now progressed in a timelier manner. This is due to the fewer number of staff being involved in the decisions making process and a now well embedded partnership with CDT's two Family CAF coordinators.
6.2	Review and rationalise decision making processes in CDT. Ensure clarity of management accountabilities (CP Plan 9.1)	AD and CDT Managers	**Completed** (May 2013)	Over 80% of these referrals are now being received by the Teams within 24 hours of CDT receiving the contact. All Child protection referrals are reviewed and progressed the same day, involving both the district teams, referrer, police and health partners in the initial Strategy discussion where this course of action is deemed appropriate.
Assessment				
6.4	Effective implementation of single assessment – (reference to QA online audit) – to ensure that assessments are timely, proportionate to risk, informed by research and historical context and significant events for each case	Lee-Anne Farach, Head of Practice Improvement	September 2014	• Monitor via online and snap audits; performance data is presented monthly to SCSDivMT to access any assessment outside of timescale; and challenge the reasons for this. • Principal Practitioners have provided training and will continue to support for staff on the Children and Families (single) assessment

Children in Care

Priority Area 7a: Children in Care				
7.1	Development of Children in Care Strategy 2014/2017	Paul Brightwell, Head of Quality Assurance	September 2014	A summary (report) of the key issues needing to be incorporated within the 2014/17 CIC strategy was presented to Kent's Corporate Parenting Group in February 2014. Drafting of the strategy is underway, which is planned to be presented to the Corporate Parenting Boards in September 2014.
7.2	Practice Development Programme to focus on assessment and critical thinking and care planning. (CIC Plan 2.1)	CAF coordinator, TM, SM,	In place (March 2013)	Kent SPAs are attended by team managers as well as CAF coordinators to ensure appropriate detailed case discussion and multi-agency working. Some areas begun to link EIW's to lead roles in order to promote multi-agency relationships and improve the quality of multi-agency work. During the past 6 months, GP CAF Champions and representatives of the Health Trust providers on the CAF Task and Finish Group have been engaged in the development of various models to support GPs in the completion of CAFs.
7.3	IRO service to have robust oversight of Care Plans, and focus on promoting permanence, reducing delay and drift. A report by the Head of Quality Assurance will be on a quarterly basis (April- June; July to September; October to December; January to March). (CIC Plan 2.2) Quality assurance of IRO audits feedback of Care Plans to operational managers will also be undertaken by the IRO.	Paul Brightwell Head of Quality Assurance.	**Completed.** Quarterly reporting in place.	Since July 2013 IRO's have undertaken detailed quality assurance grading of care plans. Approximately 79.9% of care plans audited have been graded adequate or better in Quarter 3. Performance on the core components of the plan e.g. permanence, direct work, safety, child participation in proceedings, placements and transition are at a higher level of performance i.e. 88.5 - 91.5%. This has identified the need to strengthen practice in relation to bringing the component parts of the plan together into a coherent whole and the implementation of the plan within the child's timeframe. The IRO service has strengthened their focus on quality assuring care plans. After every child in care review, each IRO provides a completed quality assurance audit feedback grading of care plans to Operational Specialist Children's Service managers within 15 working days. The audit feedback form is used by managers during staff supervision to improve practice, allow all children in care plans

				to be quality assured regularly and a stronger focus on reducing drift in care.
7.4	Practice Development Workshops and Surgeries are held within the Areas. (CIC Plan 2.3)	Lee-Anne Farach, Head of Practice Improvement	**Completed.** 6 monthly workshops.	The Practice Development Programme has delivered two workshops in each of the four Areas; 'Assessment and Critical Thinking', 'Risk Analysis and Planning'. These workshops were promoted at two county-wide Staff Briefings. In addition, Performance Officers and Principal Practitioners support staff in District Surgeries focusing specifically on assessment and professional judgment.
7.5	Repeat of Care Planning workshops. (CIC Plan 2.4)	Lee-Anne Farach, Head of Practice Improvement	**Completed** further workshops to be delivered by March 2014	A series of area workshops on care planning took place during the summer 2013 and feedback on these was that they were helpful in highlighting the practice requirements for effective care planning. These workshops are to be repeated in the areas and also held as part of district surgeries provided by the area Performance Officers.
7.6	Re-train all relevant staff on effective assessment and planning referencing best practice. (CIC Plan 2.5)	Martin Hazelhurst (NCAS)	**Completed**	Delivered on 23/24th October at Herne Bay Office. Reflective Impact session(s) booked with Independent Consultant week of 16.12.13.
7.7	Strengthen Kent's Children in Care Council (OCYPC) to represent more fully the views of all children and young people in care and care leavers – including: • Increasing participation at OCYPC meetings / events at county and area levels. • Feedback from OCYPC of what the council is doing. • Ensure OCYPC reflects the views of disabled children and UASC. (CIC Plan 3.1)	Tony Doran, VSK Head Teacher.	VSK Progress is regularly reported to Corporate Parenting Panel for formal Member scrutiny	The series of meetings with children and young people is in place; members of the children in care council hold membership cards. Contact is being made with each Member of the OCYPC in between meetings to ensure continued interest and involvement Meetings have been altered to respond to the wishes of OCYPC Members and will include a fun activity. Feedback to be published in the Children in Care newsletter and on the Kent Cares Town Website. Young people apprentices and participation events across Kent also allow for local involvement of children and young people in the OCYPC. See also action 5.6 • Regular on-going OCYPC meetings, county venue identified and core membership agreed and recruitment underway for areas (harder to reach cohorts) that are not as yet represented.

				• Recruitment underway for District 'Participation Champions' within social care teams i.e. aiming for two social workers per district'. • Residential trip planned during the summer to develop and consolidate the OCYPC – to enable the group to grow in confidence to be the voice of other children in care, as well as themselves. • Participation activity days have continued to grow in numbers attending; reaching year on year increase. A bespoke day has been arranged to include younger age children and one is being planned for disabled children. • The voice of children in care is also being captured in surveys and through 'Care To Listen 2'DVD, which children in care have been a part of planning and delivering. A coordinated approach to seeking the voice of the child/young person had been recommended. • Care Leaver Apprentices within VSK continue to support this successful work stream. • A 'You said we did' page developed and appears on the Kent Cares Town website (see action 7.13)
7.8	IRO Service; Exit interviews – available to all children / young people who leave care aged 8 to 18 years. (CIC Plan 3.2)	Paul Brightwell Head of Quality Assurance	**Completed/**in place.	Exit interviews began in April 2013. Work took place with National Children's Bureau to develop a survey questionnaire which has also had input from children and young people via OCYPC. An update on exit interview findings to be included in Quarterly QA IRO report
7.9	Ensuring social workers ascertain the wishes and feelings of children and record these in the Care Plans, and this is evidenced in the case records. (CIC Plan 3.3)	Area Assistant Directors.	**Completed**/in place. Reported on in IRO quality assurance reports. The next report is due in November	The importance of evidencing a social worker has heard and is recording the voice of the child in case work is routinely reinforced and addressed with staff in training and District Surgeries, and supervision. Since March 2013 the QA Online audit programme routinely audits the quality of child focused practice which shows 90.3% of cases audited up to February 2014 as being adequate or better. The IRO QA work of 1991 reviews between April 2013 and September 2013 found 95% with adequate or better participation

			2013.	
7.10	Revised review participation leaflet (developed with children/young people). (CIC Plan 3.4)	Paul Brightwell, Head of Quality Assurance.	**Completed.**	Children in Care scorecard measures performance with respect to participation of children in care at their review meetings. This has been consistently above 95%, although further work is taking place by the IRO Service on the quality of participation including the proportion of children that attend their review meetings and/or Chair all or part of their reviews. These areas of performance are covered in the quarterly QA IRO reports and the annual IRO Management Report. Work took place in 2013 to revise the participation leaflet which is provided to children and young people prior to their review to assist them in preparing and thinking about the issues that they want covered. The leaflet was designed with children and young people and was distributed in July 2013.
7.11	Chairing their own reviews - Continue to promote opportunities for children / young people to chair all or part of their review meetings. (CIC Plan 3.5)	Paul Brightwell, Head of Quality Assurance.	This is covered in the quarterly QA IRO reports.	There have been ongoing improvements in the proportion of children who have chaired all or part of their review. 8 from 9 in Quarter1 of 2012/13 to 48 in quarter 2 of 2013/14 and to 83 in quarter 3 of 2013/14. Annual IRO report released June 2014.
7.12	Focus groups - IRO service to maintain regular focus groups with disabled children and UASC. (CIC Plan 3.6)	IRO Service / Paul Brightwell Head of Quality Assurance.	Completed – regular focus groups taking place throughout the year.	Since 2012, the IRO Service has provided opportunities for disabled young people, Catch 22 and UASC to contribute their views about being in care via focus groups run by IRO's. A number of focus groups took place in 2012-13 and a summary of the findings from these were presented in the IRO management report and also a report to Corporate Parenting Panel in early 2013. Further focus groups will take place in the latter part of 2013/14 and the findings will be reported in the 2013-14 Annual Management Report. A detailed summary report in quarter 1 of 2012/13 outlining the findings from all the IRO surveys including exit interviews and focus groups has been produced and was provided to the Ofsted inspectors. Another detailed summary report in Quarter 2 including findings from the children's participation/consultation leaflets has been produced and was distributed to the district operational service managers.

7.13	A coordinated approach to surveys ascertaining the views of children and young people in care and to ensure the right questions are asked and that responses can be appropriately measured (CIC Plan 3.7)	Sarah Skinner, Service Manager Virtual School Kent. Richard Hallett, Head of Business Intelligence.	For review August 2014.	The review of current survey methodology is underway and feedback will be included in the process as it becomes available. Results of the Your Voice Matter's survey suggest that children and young people do not like completing surveys and would prefer to share their views in person; a "You said- We did it!" page is available on the Kent Cares Town site to show how feedback has been listened to. http://kentcarestown.lea.kent.sch.uk/our-children-and-young-people-s-council/participation-day-reports-feedback/you-said-it-we-did-it
7.14	Commission the development of a survey questionnaire focused on issues important to children and young people (survey to be run annually as a compliment to the national in-care monitor survey). (CIC Plan 3.8)	Patricia Denney, Assistant Director of Safeguarding.	**Completed** (November 2013)	The Young Lives Foundation has been commissioned to work with children and young people to develop a survey questionnaire. This is due for completion by end of April 2014. Work will then take place to determine the best way to implement the survey on an annual basis; via VSK or IRO Service or an outside agency. It is intended that the survey will run alongside the Nation Children's in care monitor which is overseen by the Children's Commissioner and will help to provide a full picture of what it is like to be a child in Kent.
7.15	Complaints and Advocacy - Ensure all children and young people in care know how to make a complaint and access advocacy support. IROs to address this as part of every CIC review (CIC Plan 3.9)	Paul Brightwell, Head of Quality Assurance.	**Completed.** In place.	Representation from disabled children, UASC, 16+ young people and under 16's from each locality across Kent is being actively encouraged.
7.16	Explore commissioning of LILAC (Leading Improvements for Looked After Children) assessment. (CIC Plan 3.10) Commission National Voice to undertake LILAC Assessment	Paul Brightwell, Head of Quality Assurance. Sarah Skinner, Business Manager VSK Corporate Parenting Boards	July 2014 October 2014	• Results of the Your Voice Matters Survey, a DVD of young people's care experiences alongside a report written by young people will be presented to the County Council Meeting in July. • LILAC assessment has been commissioned to take place 29 September – 1st October 2014. Report on findings from the assessment will be presented to the corporate parenting boards and SCS DivMT • Corporate Parenting Boards to set out to the Children in Care Council, what actions will be put in place in response to the Your Voice Matters Survey recommendations in order to

		– KCPG and CPP		improve participation and involvement for our children and young people
7.17	Publicising the Kent Pledge and Kent Cares Town to every child in care by creating a child In Care Pack, given at the point of entry. (CIC Plan 5.1)	VSK Head teacher, Tony Doran in liaison with Thom Wilson, Head of Strategic Commissioning.	**Completed.**	VSK recording that Children & Young people are given a pack within twenty working days of entering care IRO's recording in LAC Reviews that young people have received the 'pack' and have discussed this with their carer
7.18	Maintaining a mailing list of all OCYPC Members and ensuring regular opportunities for them to meet as a group and for them to meet CPP Members and Senior Officers. (CIC Plan 5.2)	Tony Doran VSK Headteacher.	**Completed.** Monitored monthly by VSK Headteacher.	Evidencing attendance at OCYPC meetings through attendance list, and recording attendance on Liberi. Keep an up to date "You said, we did" page on the Kent Cares Town website
7.19	Continue to organise participation activity days during every school holiday (except Christmas). (CIC Plan 5.3)	Tony Doran VSK Headteacher.	In place. Each school holiday.	Record attendance and Update the Kent Cares Town website with reports, photographs and pod casts of the days The Virtual School Kent has organised 12 participation activity days from April 2013 to March 2014 run during the Easter, May, summer, October & February school holidays for Kent Children in Care. Two hundred and thirty nine children have attended at least one activity day with 69 children attending two or more activities. The activities have been organised and run by VSK's Apprentice Participation Workers, supported by other staff within VSK, and they have covered a wide range of activities including cookery, sports, outdoor pursuits, music & dance and arts & crafts. Children are consulted about what activities they would like run and where possible their requests are met. Evaluations have been completed by the children after each event and their views have been sought with regard to the type of days they would like run to be in the future. These views have been

				taken into consideration in planning future events. 98% have stated they have enjoyed the activity, and 94% have stated they would like to attend another event.
7.20	Seek the views of young people for future days to ensure all interests are catered for. (CIC Plan 5.4)	Tony Doran VSK Headteacher.	In place. Reviewed at KCPG.	Ensure feedback forms capturing satisfaction are completed to inform future delivery
7.21	Ensure Participation Apprentices/Workers meet with the Lead Member and Senior Officers on a quarterly basis to review the OCPYC and focus on improving communication with children & young people in care. (CIC Plan 5.5)	Tony Doran VSK Headteacher.	In place. Quarterly basis.	Recording attendance at Corporate Parenting Panel and other bespoke meetings
7.22	Looked after Children's teams to include in their Area Plans how they will hear the Voice of the children in their districts addressing NMS 1.3 as a priority (regs 3.31 - 3.42) (Fostering Plan 1.1)	Service and Team Managers along with Fostering Support Managers.	In place	Increase in participation of children/young people chairing CIC reviews from 9 in Quarter 1 : 48 in Quarter 2; and 83 in Quarter 3 of 2013/14.Children are attending or giving written comments to fostering panels. Participation days are being held through VSK across the county. Surveys are in place to ascertain the views of children and young people in care regarding the service and support they receive – updates on the findings from these surveys are presented in the IRO Management Report and presented to the Corporate Parenting Groups – CPP and KCPG. A commissioned survey developed by the Young Lives Foundation to ensure that children and young people have a survey that focuses on the issues they want their corporate parents to know about, is underway 11th March to 11th April 2014.. A follow-up to the DVD Care to Listen is being produced to track the young people involved in the original DVD (2008/2010) and ascertain how their experience and views of being in care have changed. This is currently being edited with the first draft to be available later in April 2014.
7.23	Child in Care Council has improved attendance by CiC. (Fostering Plan 1.3)	VSK Fostering and CiC teams	March 2014.	This is now covered in the CIC action plan. (Actions 3.1 and 5.6)
7.24	A dedicated CAMHS Children in Care Service for children in care to provide:	In partnership with West Kent	**Completed.** Since 1st July	1. West Kent CCG reported to Social Care and Public Health, 4th October 2013 that the average waiting times for assessment

	1. Mental health assessment (uni-and multi-disciplinary) and a range of evidence-based short, medium and longer term treatment. 2. Mental health consultation to the child's social worker and carer. 3. Consultation and in-reach to children in care and adoption support social care teams where there are concerns about the mental health of a child/young person who is adopted or in care. (CIC Plan 6.1)	Clinical Commissioning Group. Sue Mullin, Commissioning Manager is the KCC lead on this.	2013 – routine monitoring in place	had reduced from 19 weeks to 9 weeks (based on June figures) with a further reduction expected over the summer months to reach a target of 6-9 weeks by end of October 2013. 2. On 1st July soft launch (1st September full-launch) of dedicated Children in Care CAMHS service which includes a dedicated service for social workers needing advice and consultation on mental health issues for young people. 3. New CIC service within the CAMHS service has been redesigned and eligibility increased to service young people up to 18 years, all children in care and those adopted with a social worker. From the report paper: *The CAMHS-CIC service has been re-designed to provide a wider reach and an effective and timely service to this group of children and young people. In June 2013, the service was working with 202 Kent CIC. In addition the mainstream CAMHS teams were working with 316 CIC, some of whom would also be receiving a service from CAMHS-CIC, but others are children and young people placed in Kent by other local authorities. CAMHS teams were also working with 90 adopted children and young people.*
7.25	C22 to monitor speed of response to their referrals to CAMHS and report to Contract Performance Meetings. (CIC Plan 6.2)	Phil Doyle, Catch 22	**Completed.** October 2013	Built into revised KPI reporting presented by KCC via Contract Performance Monitoring meeting on 31.10.13. Data sourcing and monitoring in progress. Now reported as part of the performance dashboard
7.26	Reduce timescales for care proceedings. (CIC Plan 9.1)	Mairead MacNeil, Director of SCS/ Ben Watts, Head of Litigation.	Monitored monthly at SCS DivMT.	Work with in-house legal team and the judiciary is underway. Ongoing monitoring will be via the Legal Monthly Monitoring meetings and Children in Care meetings.
7.27	C22 to scope with KCC options for securing more Supported Lodgings providers (CIC Plan 9.2)	Phil Doyle, Catch 22	July 2014	• C22 lead on SL meeting with relevant providers to scope options for the future and at the same time is advertising for additional providers. To be fed into relevant KCC housing

				sufficiency meetings and contract review meetings • 10 new supported lodging providers continue to be assessed. Assessments are ongoing and the gathering of all relevant reports and information required is continuing. Papers will then be provided and presented to the fostering panel for approval. Estimated time 3months. As they are approved the PIP will be updated. • A paper detailing Supported Lodgings progress will be taken to the Children's Social Care Cabinet Committee 9th July 2014 (see actions 8.17 and 8.21).
7.28	C22 to assist KCC training of recruited Foster Carers for older YP. (CIC Plan 9.3)	Sarah Hammond, Assistant Director West Kent	October 2014	This is currently under review as part of the wider CIC/ Care leaver integration, and Children's Transformation work-streams.
7.29	Increase capacity of permanent staff within the IRO Service. (CIC Plan 12.1)	Paul Brightwell, Head of Quality Assurance.	December 2013.	Recruitment to 2 vacant IRO posts, 1 post has been appointed to, with an expected start date of January 2014. Further advertising is taking place October/ November 2014 for the remaining post. Recruitment to vacant IRO posts is continuing, further interviews took on 1st April 2014
7.30	Strengthen focus on reducing drift of children in care through robust planning. (CIC Plan 12.2)	Paul Brightwell, Head of Quality Assurance.	Monthly reviews.	Performance targets for IROs and IRO teams have been introduced and are monitored by the Management Information Unit (MIU). Performance targets to address drift in care will be in place from April 2014.
7.31	Increase flexible working capacity of IROs (in line with New Ways of Working). (CIC Plan 12.3)	Paul Brightwell, Head of Quality Assurance.	Completed.	Maintain and increase additional IROs under zero hour contracts to assist in chairing of initial reviews and cover during emergency due to vacancies / absence
7.32	Permanency – Reunification home/adoption	CYPSMs and Assistant Directors	For review by SCSDivMT August 2014	An audit is currently underway to identify children who could be reunified with additional support from the Early Help and Preventative services division.
7b: Fostering				
7.33	A range of demand and control mechanisms have been introduced as core business. (CIC Plan 10.1)	Thom Wilson, Head of Children's Commissioning	Reviewed at monthly Transformatio	Activities include increased emphasis on adoption or long term fostering as a route out of care, improved commissioning and purchase of placements by the Access to Resources Team (ART) and

			n Board meetings.	focus on care planning by the managers and IROs.
7.34	C22 to support KCC in identifying and developing a range of suitable accommodation for care leavers. (CIC Plan 10.2)	Sue Clifton, Catch 22	For review October 2014	A paper detailing progress was submitted to the Children's Social Care and Health Cabinet Committee.
7.35	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 Plan 1.2)	Fostering Support Manager with CiC manager, Mark Wheeler	In place (30th September 2012)	Forms are not being returned consistently. Tracking sheets are being developed and issues raised with team/service managers. The Children's Transformation Programme has a targeted work-stream to ensure feedback, annual review processes and placement information is more stream-lined, in partnership with ART.
7.36	Young people involved in assessing and recruiting Foster Carers, young people involved in recruitment of staff, C&F, Adolescent Resource, 16+. (Fostering 1.4)	Centralised Managers, Recruiting managers	In place	Young people are involved in the assessment process for new carers and in the recruitment of staff. Former CIC are now recruited as Fostering Panel members.
7.37	Review current training delivery (Fostering Plan 2.2)	Fostering Training Group with Lisa Fitzpatrick,, fostering service, disabled children.	In place	Team Teach; KEEP; Fostering Changes; Safer Caring; Conflict and Management courses have been held to raise awareness for new and existing carers and number of courses has increased. On-going monitoring.
7.38	Continue with the Risk Management Meetings. (Fostering Plan 3.1)	District/Area teams.	In place	
7.39	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 Plan 3.2)	Fostering social worker (support).	In place	Foster carers are aware of the procedures for missing children and who to contact. Risk management meetings are held locally and steps to minimise children going missing discussed as part of the matching process, within supervision; and the CiC review process and push and pull factors. Return interviews are completed and the foster carers role in minimising the risks are highlighted. Strategies to minimise running away episodes are included in the Safe Care Plan. Foster carers are aware of the CSE and trafficking tool kit to recognise early signs and report this.
7.40	Include in Children/Young person's guides re keeping themselves safe. (Fostering Plan 3.3)	Pritpal Sodhi, Performance Officer	In place	The Children/Young Persons Guides were updated and a further review underway and now due for sign off (end March 2014).
7.41	Training Manager to review current Health & Safety training	Fostering Training	In place	Health and Safety is addressed in the Safe Care Plan. Baby care;

	and ensure health and safety issues are Incorporated into safe care plan. (Fostering Plan 4.1)	Group all Supervising SW's	(October 2012)	sleep safe and first aid training has been held.
7.42	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. (Fostering Plan 4.3)	Fostering Support Teams	In place	Fire safety forms part of foster carers Safe Care Plan and updated to each new placement.
7.43	12 monthly unannounced visits undertaken and health & safety inspection undertaken/reviewed at that time. (Fostering Plan 5.1)	Fostering social workers.	In place	Monitored in case supervision.
7.44	Tracking system to show each carers unannounced visits/dates. (Fostering Plan 5.2)	Mark Wheeler	In place	Completed. Tracking systems are in place within each Fostering Support Team and monitored in case supervision.
7.45	Focused recruitment on sibling groups/permanence, BME, P&CH - working with the support teams/hot spots (Fostering Plan 6.3)	County Manager Team Managers, Recruitment Co-ordinator (recruitment and support & assessment teams) District CiC team.	In place	Sufficiency strategy in place. New recruitment strategy implemented in June 2013. Targeted recruitment against PID categories has been successful in most categories,(57 sib households recruited/target 48. 10 solo recruited – target 8. 30 Permanence placements achieved – target 30. 16 short breaks achieved – target 10). Stretch targets set in March 2014 of 30 placements for challenging/complex; 48 placements for sib groups of 3 or more; 8 solo placements; 20 disabled children; 12 parent & Child ; 35 Permanency; 30 16 plus; 118 standard new placements; 20 Unaccompanied Minors placements; & 10 Short breaks. . Review of recruitment strategy is taking place (March 2014) with the success of the Winterbust campaign to be built on, and website redevelopment in hand to allow a more streamlined application process. Assessment team process including block training, and reduced visits under review. There has been close work with the Communications Department to target recruitment and focused recruiting including carers for 16+. Monthly Information Evenings (and additional targeted ones) have been held alongside additional Skills to Foster courses (including weekend ones) taking place. Conversion rate from enquiry to approval is 10% and from application to approval 35%. Vacancies are monitored weekly and the Single Placement Team has covered the county since January 2014, with a reduction in new IFA placements, and

				monitoring/reporting to Senior Managers & IROs.. ISWs recruited to do specific assessments within the PID categories: permanency; 16 plus. All areas have action plans which are reviewed at the CiC meeting. Savings targets for 2014-2015 have been reviewed.
7.46	Continue seeking advice from panel re: matters of concern. (Fostering Plan 7.4)	Teresa Vickers, County Manager, Fostering	In place	This is in place
7.47	All significant incidents of concern, complaint or allegation in a foster home to be logged and kept centrally by area team. (Fostering Plan 8.1)	Teresa Vickers, County Manager, Fostering	In place	Records are logged by each team. Cases are reviewed in supervision (paper and electronic recording) and also form part of the foster carers annual review. Removals are to be tracked and reported 6 monthly to CiC meeting (from March 2014)
7.48	Supervisor of fostering social work staff to examine quality of individual's supervision records and case files. Ensure Liberi takes account of fostering recording (Fostering Plan 8.2)	Information reviewed quarterly by area CiC teams and fostering support management.	**Completed**. In place	Case supervision regularly reviews the quality of supervision records. The new computer system includes fostering recording requirements and staffs are currently receiving training.
7.49	Implementation of themed and monthly auditing of fostering case files	Paul Brightwell, Head of Quality Assurance/ Mark Wheeler, Transformation Consultant	For review September 2014	• Work is taking place to develop a bespoke section within the QA Peer Review Online Audit system to enable Fostering Teams to QA practice from Fostering case files. An initial meeting took place in May 2014 with Fostering Managers in order to identify the work needing to be undertaken for this. • A new section within the QA online audit system will be developed and put in place by August 2014. • Workshops / training to Fostering managers will be arranged in autumn 2014 to raise awareness of the online audit system and how to quality assure. • Fostering Team Managers are now being included in monthly auditing of CIN cases (May to July 2014 as part of their training / development in using the QA Online audit system.
Priority 7c: Adoption				
7.50	• Independent Reviewing Officers to maintain robust monitoring and oversight of timescales for achieving	Paul Brightwell Head of Quality	In place	The IRO's Service monthly tracking from Adoption Tracking spreadsheet is in place.

	adoption and to take appropriate action where necessary to prevent drift. • IROs to ensure at the 2nd (4 month) review that all children with a plan for adoption are referred for early family finding • IROs to utilise management information to identify and resolve issues for children who do not have a permanency plan in place at the 4 month review. • Reviewing Officers to ensure that for those children where the adoption plan has been agreed at the four month review, are referred for early family finding (Adoption Plan 1.1)	Assurance.		
7.51	Training for all relevant staff in Permanency Planning (Adoption Plan 1.2)	Lee-Anne Farach Head of Practice Improvement	**Completed.** In place	KCC Permanency procedures have been in place on Tri-X since March 2013 The Performance Development Program has already run a series of workshops across SCS on outcome based planning – including permanence planning. Further workshops to be incorporated into current program.
7.52	Ensure all staff receives appropriate professional supervision in accordance with KCC's Supervision Policy, and the Practice Standards for Supervisors. (Adoption Plan 2.1 – CIC Plan 1.1)	SCS Service and Team Managers.	Continual management monitoring remains in place	At the end of July 2013, 93% reported receiving 6 weekly supervision and 68% received 4 weekly supervision. Data obtained from the QA online audit programme for August 2013 shows that 88.1% of cases audited had adequate or better supervision. This has increased to 89.4% in September 2013 and 90.9% in October 2013. Repeat of supervision survey has taken place in January/February 2014. The data has now been put into a format for detailed analysis and recommendations to be undertaken. Supervision training will be picked up, and carried forward in the new, revised Ofsted action plan being worked on the Practice Improvement Unit.
7.53	Actively ensure all managers are trained in provision of professional supervision (Adoption Plan 2.1 – CIC Plan 1.2)	Lee-Anne Farach Head of Practice Improvement	**Completed.** Regular and routine training to be provided	90 supervisors have embarked on the Improving Supervision Processes in Kent programme (provided by In-Trac), in 7 cohorts. As of August 2013, 4 cohorts have completed the initial training with a further three due for completion at the end of February. In-Trac

			to new managers	have been commissioned to continue the training programme as required for new and additional staff, as well as refresh training, in 2014.
7.54	Appointment of manager to Adoption Panel Team, permanent Agency Advisor to adoption panel, and permanent administrative staff (Adoption Plan 2.3)	Yashi Shah, Interim Head of Adoption	Independent review of the service being conducted 2nd-16th July 2014.	• Interim Panel advisor in post March 2014 and now upgraded to Team Manager. • Further advertising for additional, permanent positions is regularly re-issued in partnership with HR. • Adoption will be subject to a Service Review as part of Phase 2 of Facing the Challenge.
7.55	Tracking of children at every stage of adoption process (Adoption Plan 3.1)	CIC Service Managers / Adoption Manager / IRO Service	**Completed.** In place	Performance Surgeries and Joint tracking meetings with Service Managers established, some challenges remain in switch over to Liberi.
7.56	Monitor percentage of children who do not have agency decision within two months of review agreeing adoption as the preferred plan (Adoption Plan 3.2)	Maureen Robinson, Head of MIU, Paul Brightwell, Head of Quality Assurance, CIC Service Managers and Adoption Manager	From December 2013; regularly reviewed moving forward.	Ofsted finding 31.66% of children sampled failed to meet timescale (March 2013). September scorecard shows improvement, down to 25% of children out of timescale. Reviewed by CPP in Children's Adoption Journey Annual Report June 2014
7.57	Training for all relevant staff in Permanency Planning (as per 10.8 above) (Adoption Plan 3.3)	Elaine Peace, Independent Consultant- to be transferred to the Head of Practice Improvement upon appointment.	**Completed.** In place	The Performance Development Program has already run a series of workshops across SCS on outcome based care planning (including permanency). Further workshops to be incorporated into current program.
7.58	Workshops on Communicating and Direct Work with	Lee-Anne Farach,	October 2014	This will be added to the Practice Improvement and Development

	Children, and Life Story Work (Adoption Plan 4.4)	Head of Practice Improvement		work-plan.
7.59	ASYE training on Life Story Work (Adoption Plan 4.5)	Tim Conroy, Learning and Development Manager	**Completed.** In place	Now part of ASWE program, and will need to be included in main training program.
7.60	Equip teams with up to date material and tools to be able to undertake direct work effectively (Adoption Plan 4.6)	Mairead MacNeil, Director of SCS	**Complete.**	The audited, Adoption Support Grant usage report was submitted to the DfE May 2014.
7.61	Use media post available in adoption for children's profiles etc., to develop resources for Life Story Work (Adoption Plan 4.7)	Yashi Shah, Interim Adoption Manager	**Completed.** March 2014	Media post now filled
7.62	Standard set so that Life Story format is clear to social work practitioners. Later Life letters demonstrate an understanding of how to communicate effectively with children & young people. (Adoption Plan 5.1)	Children in Care Service Managers	**Completed.** In place (October 2013)	Tri X currently holds procedures and guidance and example of background letters. The Deep Dives now routinely offer good examples of life-story work, demonstrating more embedded good practice.
7.63	Training for all relevant staff in Permanency Planning (Adoption 5.2)	Lee- Anne Farach, Head of Practice Improvement	First round completed by March 2014, further workshops to be delivered Autumn 2014.	The Performance Development Program has already run a series of workshops across SCS on outcome based care planning (including permanency). Further workshops to be incorporated into current program.
7.64	• Joint monthly tracking meetings set up between Children in Care Service and Team Managers, and adoption family finding to regularly monitor timescales, family finding activity and take necessary action • Monthly and 6 monthly reports provided to Adoption Improvement Board and Corporate Parenting Panel in relation to timeliness of placements • Set up a family finding champion system for those children who have not been placed within 12 months of the agency decision maker (Adoption Plan 6.1)	Maureen Robinson – MIU Maureen Robinson - MIU Yashi Shah, Interim Adoption Manager	In place In place In place	Improvements in timescales for children becoming Looked After to placement from 718 days (June 2012) to 592 days (last report August 2013) Dedicated posts (3) established in the family finding team to focus on early family finding – i.e. before the granting of the placement order – continue to monitor whether the capacity will need to increase depending on the children requiring adoptive families. The

				Media post has now been filled (March 2014)
7.65	Joint tracking meetings established with Children in Care Service Managers (Adoption Plan 6.2)	Yashi Shah, Interim Adoption Manager	In place (Autumn 2013)	Monitoring of timescales and early identification of drift has helped achieve better outcomes for children.
7.66	• Continue to implement the yearly marketing plan with the marketing and media team to deliver targeted and general recruitment activities – current examples of success include successful adoption activity day, much improved website, monthly preparation groups scheduled at different times, information events organized every ten working days. Preparation groups and information events undertaken in conjunction with adopters • Monitoring of adherence to customer service standards set including through tracking of all enquiries, and mystery shopping • Evaluation of preparation group feedback, and customer feedback from information events. • Another adoption activity day planned for June 2014 and a local adoption week to take place in May 2014 (Adoption Plan 6.4)	Andrew Bose, Communications Account Manager for Children's/ Yashi Shah, Interim Head of Adoption	For review July 31st 2014	Successful marketing campaigns have taken place throughout the year, particularly for harder to place children. A further, targeted campaign will roll-out in July 2014, utilizing radio advertising, and additional phone support for new, prospective adopters. Evaluation reports on Preparation Groups, and Information events were presented to Corporate Parenting Panel on 19th June 2014.
7.67	Priority 3.3 Children In Care Action Plan – ensure social workers ascertain the wishes and feeling of children and record these in care plans, and this is evidenced in the case records (Adoption Plan 7.1)	Assistant Directors (SCS)	In place.	• The importance of evidencing a social worker has heard and is recording the voice of the child in case work is routinely reinforced and addressed with staff in training and District Surgeries, and supervision. • Reported and scrutinised via IRO quality assurance reports. The annual IRO report was released in June 2014.
7.68	Ensure that all staff receive appropriate professional supervision in accordance with KCC's Supervision Policy, and the Practice Standards for Supervisors. (Adoption Plan 7.2)	Paul Brightwell Head of Quality Assurance.	Continual management monitoring remains in place	At the end of July 2013, 93% reported receiving 6 weekly supervision and 68% received 4 weekly supervision. Data obtained from the QA online audit program for August 2013 shows that 88.1% of cases audited had adequate or better supervision. This has increased to 89.4% in September 2013 and 90.9% in October 2013. The supervision survey undertaken in May/June 2013 was

				repeated in Jan/Feb 2014, and is currently under analysis.
7.69	Actively ensure all managers are trained in provision of professional supervision. (Adoption Plan 7.3)	Lee-Anne Farach, Head of Practice Improvement	**Completed** In place.	90 supervisors have embarked on the Improving Supervision Processes in Kent programme (provided by In-Trac), in 7 cohorts. As of August 2013, 4 cohorts have completed the initial training with a further three due for completion at the end of February. In-Trac have been commissioned to continue the training programme as required for new and additional staff, as well as refresh training, in 2014.
7.70	Ensure provider is able to access information when adoption becomes the preferred plan (Adoption Plan 8.2)	Karen Graham, Assistant Director of South Kent (SCS)	For review October 2014	The Adoption service is now fully 'live' on Liberi. There is ongoing support from MIU to ensure all staff are utilising the system to best effect. This will be reviewed in October 2014.
7.71	Tendering process underway for delivery of service. (Adoption Plan 8.3)	Thom Wilson, Head of Strategic Commissioning (Children's)	Review July 2014	Coram contract is regularly reviewed by the Commissioning Unit. A partnerships seminar and evaluation is happening 2nd July 2014.
7.72	Implementation of themed and monthly auditing of adoption case files	Paul Brightwell, Head of Quality Assurance	August 2014	• Work is taking place to develop a bespoke section within the QA Peer Review online audit system to enable Adoption Teams to QA practice from Adoption Case files. An initial meeting took place in May 2014 with Adoption Managers in order to identify the work needing to be undertaken for this. • A new section within the QA online audit system will be developed and put in place by August 2014. • Workshops / training to Adoption Managers will be arranged in June / July 2014 to raise awareness of the online audit system and how to quality assure.

Care Leavers

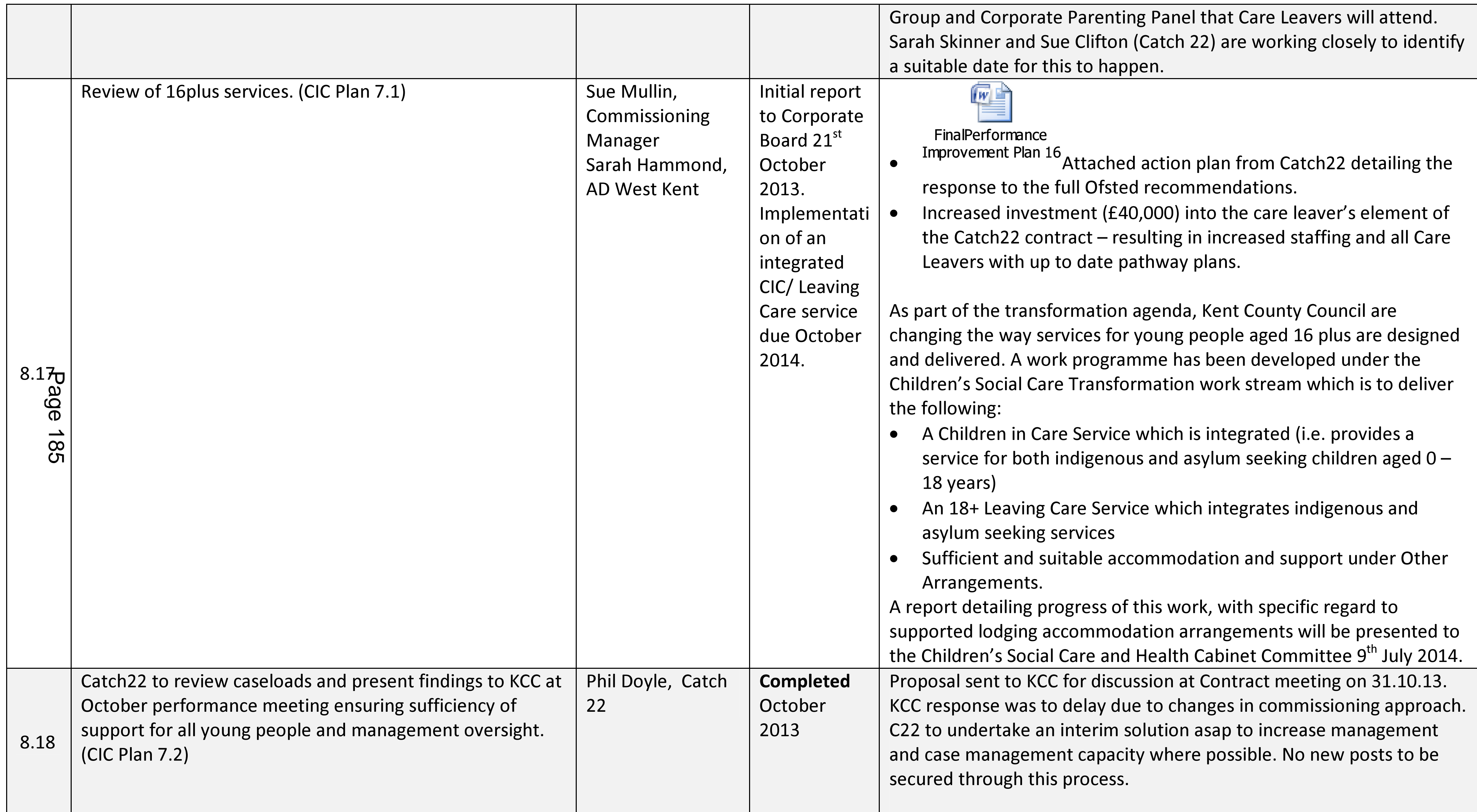
Priority Area 8: Care Leavers				
8.1	In consultation with KCC QA lead/Catch22 Leaving Care practice development group, implement Care Leavers	Sue Clifton, Catch 22	**Completed**	• C22 met with KCC SCS QA lead Paul Brightwell on 18.10.13. • There is already generic LAC KCC QA peer review audit tool and

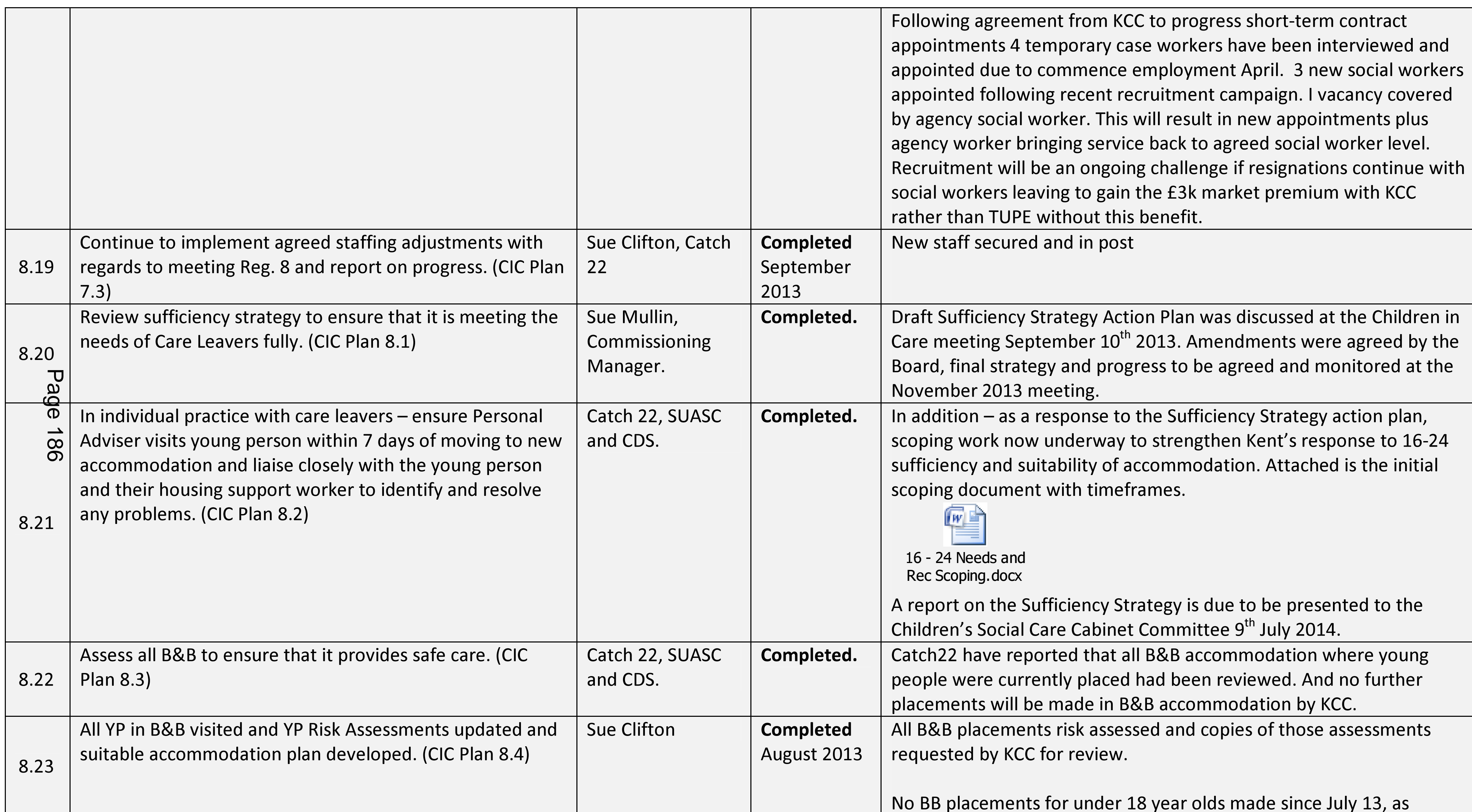
	Auditing Tool. (CIC Plan 1.7)			process that Catch22 are part of. • Agreed with PB that KCC will be implementing a new themed audit tool for Care Leavers in Jan 14, utilising aspects of C22 Audit Tool adding gradings and descriptors. See 1.3 below. • SC report back to next C22 Leaving Care Practice Group on 19.12.13 recommending the addition of grading's and descriptors for C22 Tool. • SC met with Paul Brightwell on 30th Dec and care leavers Audit tool has been drafted and forwarded to KCC MIU to be put on KCC system to be used electronically from Feb 14. Currently Liberia is not ready and we continue to use a hard copy system. • C22 audit tool has been trialed by C22 QA consultant.SC to report back to next scheduled C22 Leaving Care Practice Group on findings.
8.2	Update auditing programme to reflect engagement of senior managers and managers from other Catch22 leaving care services (CIC Plan 1.8)	Phil Doyle, Catch 22	**Completed**	• QA lead using C22 auditing tool during visits to road test tool. • C22 Auditing programme being updated to include C22 cross org audits, KCC audit and manager audits. Final additions to be made week of 11.11.13 by Patricia Denney (AD Safeguarding). • Audit programme now in place
8.3	Ensure quality of supervision and management oversight of cases is tested through regular observed supervision sessions – annual timetable to be updated. (CIC Plan 1.9)	Sue Clifton, Catch 22	**Completed** with routine monitoring in place	• Programme outlined in draft to be agreed by C22 mid-November. • QA lead undertaking observation of supervision. • QA Consultant observed 2 sessions in Nov and 3 in December. • Annual Programme updated and now in place. Post KCC supervision training observations included in the programme for February 2014.
8.4	Appoint a quality assurance practice lead to work alongside the manager and staff to support cultural change and monitor impact of training (CIC Plan 1.10)	Sally Morris, Catch 22	**Completed**	Appointed - commenced 14 to 18 Oct. Booked for: 11th to 15th November 16th to 20th December. Initial report from week one received 23.10.13 for C22 comment. Actions to be agreed during November QA visit. WORK AGREED COMPLETE – May continue once Liberi work

				embedded
8.5	Ensure sufficient management capacity through the review of caseloads in actions under 7 below (CIC Plan 1.11)	Phil Doyle, Catch 22	**Completed**	Paper submitted to C22 Performance and Monitoring meeting held on 31.10.13 but KCC have requested that this is not progressed due to their revised commissioning intentions. Catch22 intend to make short term team arrangement to respond to Ofsted recommendations in the short term but action delayed due to KCC response on 31 Oct. Short term actions TBA in November 2013. Currently two KCC team leaders and Assistant TLs in place. One Assistant due to leave in March – agency recruitment underway. Caseloads being reviewed between Service Manager and TLs at least monthly. Recruitment will be an ongoing issue if resignations continue to take place during the transition of the service.
8.6	Re-train all relevant staff on effective assessment and planning referencing best practice (CIC Plan 2.5)	Martin Hazelhurst (NCAS)	**Completed**	Delivered on 23/24th October at Herne Bay Office. Reflective Impact session(s) booked with Independent Consultant week of 16.12.13.
8.7	Convene meeting with KCC QA lead with regards to the Pathway Planning system, specifically for 18+ care leavers. (CIC Plan 2.6)	Sue Clifton, Catch 22	In progress completion by April 2014	Initial meeting on 18.10.2013 • Action: Paul B, Sue Clifton and Theresa Gallagher (UASC Service Manager) to review the C22 audit format and to merge with the KCC audit format for Care Leavers, with aim of rolling out Jan 14. • Paul B to meet with C22 managers in Dec 13 TBC, to explain themed audit process and training available. See also action 1.2 Work is taking place to add a pathway planning section into the QA Online Audit. This has been delayed due to the workload in Communications Team although this work is now being undertaken and should be completed by early April 2014 Pathway planning guidance for Practitioners, now on hold until April as advised by Paul Brightwell. On Line Care Leavers Audit tool has been developed with input from

				Catch22 via Paul Brightwell and KCC MIU. The implementation of this has been delayed by Liberi implementation and therefore hard copy audit recording continues.
8.8	Agree good practice model examples for Care Plan/PWP with KCC for managers to use in coaching staff. (CIC Plan 2.7)	Phil Doyle , Catch 22 (in consultation with Paul Brightwell/Sue Clifton/ NCAS)	**Completed** 18th October 2013	To be sourced from recent Ofsted Inspection and via C22 Independent QA lead.
8.9	Training all relevant staff re: Permanency Planning and Connected Persons Placement for all C22 Social Workers and Managers. (CIC Plan 2.8)	Lee-Anne Farach, Head of Practice Improvement; Sarah Hammond, AD West Kent	**Completed** 17TH September 2013	Incorporated into Practice Improvement Development Programme; further training for care-leaver staff will be reviewed and delivered as part of the CIC/Care leaver service integration. A six month programme of further training is planned for 2014-15.
8.10	Monitor impact of training through supervision and audit feedback. (CIC Plan 2.9)	Sue Clifton, Catch 22	**Completed** Quarterly monitoring now in place	• C22 independent QA lead addressing via further service visits during Nov and Dec 2013. • This is also being addressed through manager/C22/KCC driven audit work. • QA lead undertook pathway plan audits week of 16th Dec, which were circulated Jan 14. 6 audits were completed in February by team managers and Operations Manager resulting in 34 to date (Oct13-Feb14) • 4 managers and I social worker have been observed in supervision by Intrac. 4 other supervision observations have taken place by managers with assistant team leaders and staff.
8.11	Ensure that actions relating to Care/Pathway Planning training above incorporate the voice of the child as a key dimension. (CIC Plan 3.11)	Phil Doyle, Catch 22	**Completed**	See also actions 2.5 and 2.9
8.12	C22 to enhance recording and monitoring system of care leavers' involvement in pathway plans (PWPs) with IRO service lead. Develop a QA for care leavers in line with IRO QA for Children in Care. (CIC Plan 3.12)	Phil Doyle, Catch 22	**Completed**	• Linked to Actions/issues outlined in 1.2 above • Information collected in new KCC audit tool covers this requirement going forward from Feb 14, hard copy being used until available. • New QA tool is being developed by KCC and Catch22 16plus

				together, which will monitor care leavers involvement in their pathway plans. Plans to incorporate this into the auditing tool have been delayed due to agreement of QA standards in line with the Charter not yet being reached.
8.13	Ensure all service delivery changes are discussed directly with young people and these discussions are recorded on their case file. (CIC Plan 3.13)	Sue Clifton, Catch 22	**Completed**	Practice on this discussed and agreed with all managers at a meeting on 17th October 2013, to implement practice changes going forward i.e. all individual service changes to be discussed with YP via SW's/Case workers and file records updated accordingly. Implementation monitored via supervision and auditing programme moving forward.
8.14	Monitor the engagement and involvement of children and young people in Care Planning and service delivery through supervision of casework (CIC Plan 3.14)	Sue Clifton, Catch 22	**Completed** – routine monitoring	Monitored via supervision of casework ongoing. Team progress checked via auditing programme. Supervision monitoring and manager reviews demonstrate that YP are involved in decisions about their care plan and service delivery e.g. where YP have been involved in Monthly Action Groups it is recorded on YP case files as is other involvement.
8.15	Ensure 6 monthly questionnaires are sent to all Catch22 YP. YP's action group to monitor responses and suggest actions to management team (CIC Plan 3.15)	Phil Doyle, Catch 22	**Completed** – routine monitoring	Last questionnaire circulated Feb 13 next 6 monthly questionnaire sent out 21.10.13. Responses to be discussed at appropriate management team meetings and recorded in minutes.
8.16	Establish effective communications between the Children in Care Council, Kent Cares Town and C22 Young People's Action Group to increase YP's opportunities for participation and impact (CIC Plan 5.6)	Sue Clifton, Catch 22, Sarah Skinner, VSK Business Manager	**Completed** November 2013	http://kentcarestown.lea.kent.sch.uk/leaving-care-and-transferring-to-16 Information on leaving care and transferring to the 16+ service is available now on the Kent Cares Town website. Care Leavers are now better represented on the OCYPC (Care Council), particularly through the Participation Apprentices. OCYPC views are shared with the Kent Corporate Parenting Group (KCPG: Officer-led); and Council staff routinely join Activity Days. Two of the three VSK Participation Apprentices are care-leavers. http://kentcarestown.lea.kent.sch.uk/our-children-and-young-people-s-council It was discussed at KCPG that there should be a joint meeting of the

				Group and Corporate Parenting Panel that Care Leavers will attend. Sarah Skinner and Sue Clifton (Catch 22) are working closely to identify a suitable date for this to happen.
8.17	Review of 16plus services. (CIC Plan 7.1)	Sue Mullin, Commissioning Manager Sarah Hammond, AD West Kent	Initial report to Corporate Board 21st October 2013. Implementation of an integrated CIC/ Leaving Care service due October 2014.	 FinalPerformance Improvement Plan 16 • Attached action plan from Catch22 detailing the response to the full Ofsted recommendations. • Increased investment (£40,000) into the care leaver's element of the Catch22 contract – resulting in increased staffing and all Care Leavers with up to date pathway plans. As part of the transformation agenda, Kent County Council are changing the way services for young people aged 16 plus are designed and delivered. A work programme has been developed under the Children's Social Care Transformation work stream which is to deliver the following: • A Children in Care Service which is integrated (i.e. provides a service for both indigenous and asylum seeking children aged 0 – 18 years) • An 18+ Leaving Care Service which integrates indigenous and asylum seeking services • Sufficient and suitable accommodation and support under Other Arrangements. A report detailing progress of this work, with specific regard to supported lodging accommodation arrangements will be presented to the Children's Social Care and Health Cabinet Committee 9th July 2014.
8.18	Catch22 to review caseloads and present findings to KCC at October performance meeting ensuring sufficiency of support for all young people and management oversight. (CIC Plan 7.2)	Phil Doyle, Catch 22	**Completed** October 2013	Proposal sent to KCC for discussion at Contract meeting on 31.10.13. KCC response was to delay due to changes in commissioning approach. C22 to undertake an interim solution asap to increase management and case management capacity where possible. No new posts to be secured through this process.



				Following agreement from KCC to progress short-term contract appointments 4 temporary case workers have been interviewed and appointed due to commence employment April. 3 new social workers appointed following recent recruitment campaign. I vacancy covered by agency social worker. This will result in new appointments plus agency worker bringing service back to agreed social worker level. Recruitment will be an ongoing challenge if resignations continue with social workers leaving to gain the £3k market premium with KCC rather than TUPE without this benefit.
8.19	Continue to implement agreed staffing adjustments with regards to meeting Reg. 8 and report on progress. (CIC Plan 7.3)	Sue Clifton, Catch 22	**Completed** September 2013	New staff secured and in post
8.20	Review sufficiency strategy to ensure that it is meeting the needs of Care Leavers fully. (CIC Plan 8.1)	Sue Mullin, Commissioning Manager.	**Completed.**	Draft Sufficiency Strategy Action Plan was discussed at the Children in Care meeting September 10th 2013. Amendments were agreed by the Board, final strategy and progress to be agreed and monitored at the November 2013 meeting.
8.21	In individual practice with care leavers – ensure Personal Adviser visits young person within 7 days of moving to new accommodation and liaise closely with the young person and their housing support worker to identify and resolve any problems. (CIC Plan 8.2)	Catch 22, SUASC and CDS.	**Completed.**	In addition – as a response to the Sufficiency Strategy action plan, scoping work now underway to strengthen Kent's response to 16-24 sufficiency and suitability of accommodation. Attached is the initial scoping document with timeframes. 16 - 24 Needs and Rec Scoping.docx A report on the Sufficiency Strategy is due to be presented to the Children's Social Care Cabinet Committee 9th July 2014.
8.22	Assess all B&B to ensure that it provides safe care. (CIC Plan 8.3)	Catch 22, SUASC and CDS.	**Completed.**	Catch22 have reported that all B&B accommodation where young people were currently placed had been reviewed. And no further placements will be made in B&B accommodation by KCC.
8.23	All YP in B&B visited and YP Risk Assessments updated and suitable accommodation plan developed. (CIC Plan 8.4)	Sue Clifton	**Completed** August 2013	All B&B placements risk assessed and copies of those assessments requested by KCC for review. No BB placements for under 18 year olds made since July 13, as

				reported to Sarah Hammond in Dec. B&B post 18 years being closely monitored via Contract Management meetings and is new KPI for C22 to report on.
8.24	Establish joint protocol with KCC with regards to the circumstances under which B&B is accessed, (to include alert protocol for transfers made into 16+ where young person already in B&B). (CIC Plan 8.5)	Phil Doyle, Catch 22	**Completed** November 2013	Emergency Placements Protocol discussed at Contract meeting 31.11.13.
8.25	Identify in consultation with KCC suitable enhanced B&B that can be converted into Supported Lodgings (SL) and make transfers. (CIC Plan 8.6)	Sue Clifton, Catch 22	**Completed** November 2013	Discussions have taken place with providers - plans in place to transfer 2 enhanced B&B to supported lodgings. 1 transferred on 31.10.13. From the 2 18+ placements in B&B that Catch22 inherited, neither are suitable to be converted into Supported lodgings. 1 new private provider of supported accommodation approved and now being used.
8.26	Placements in B&B to be continued to be reported on and monitored by KCC via Contract Performance meetings. (Including length of stay.) (CIC Plan 8.7)	Phil Doyle, Catch 22	**Completed** In place	Data reporting requirements in place. Since 1.10.13 - 3 new placements of young people 18plus in bed and breakfast. All 3 placements have been made by local councils. Full details and risk assessments has been prepared and presented to KCC Commissioners for February 14 contract meeting, Verbal update also given by Operations Manager.
8.27	Scoping document - produced setting out issues and actions needed. (CIC Plan 11.1)	Sue Mullin, Commissioning Manager.	Paper to Corporate Board 21st October.	Further actions to be put in place following recommendations of the scoping report.
8.28	Increase opportunities for work experience / apprenticeships throughout the whole local Authority and partner agencies	Tony Doran	Completed In place	VSK has recruited three Participation Apprentices. They have had significant involvement There are plans in plan to recruit further apprentices.

Leadership/Management and Governance

Priority Area 9: Leadership/Management and Governance

9.1	Recruitment and retention of SWs and IROs	Karen Ray- HR Business Partner for Social Care/ Mairead MacNeil, Director of SCS	Reviewed every two months at CSIP	The Children's Services Improvement Panel receives regular updates on the progress made with recruitment and retention. A report was also submitted to the Kent Integrated Children's Services Board (KICSB)- statutory DCS role 26.06.2014
9.2	Corporate Parenting Boards	Paul Brightwell, Head of Quality Assurance and Mairead MacNeil, Director of SCS	**Completed** In place	Minutes of the KCPG have been shared with the Corporate Parenting Panel since April 2014. This has helped to ensure a shared agenda of key priorities, and create a more consistent dialogue between them multi-agency officer led Board and the Formal Member Scrutiny Panel.
9.3	Quality Assurance	Paul Brightwell, Head of Quality Assurance	Action closed, please see actions to the right:	Various actions are in place, which are detailed throughout the Action Plan. See 1.1; 1.2; 1.5; 1.7; 1.10; 1.11; 2.1; 2.10; 3.1; 3.7; 3.9; 4.1; 5.4; 6.7; 7.3; 7.49; 7.75; 8.1; 8.2; and 8.9
9.4	Practice Improvement	Lee-Anne Farach, Head of Practice Improvement	Review November 2014	A permanent Head of Practice Improvement moved into post March 2014. Two Principal Practitioners have been in post since November 2014. Both Principal Practitioners have made significant contact, and have a strong presence in the Districts via 1:2:1s, coaching and development sessions.

The effectiveness of the Local Safeguarding Children's Board

Priority Area 10: The effectiveness of the Local Safeguarding Children's Board				
10.1	Effectiveness of KSCB	Mark Janaway, Business Manager for KSCB	July 2014	KSCB have developed an action plan, and a series of strategic priorities which have in turn has shaped a Business Plan of actions for the 2014-15 year ahead. The KSCB Annual Report has been circulated for comment ("3.06.2014) and is due for formal sign off in July 2014. Work is underway to ensure a closer coherence and alignment between the strategic priorities of the KSCB and the JSNA. A multi-agency LSCB Ofsted Preparation workshop is taking place 11th July 2014.

From: **Peter Oakford, Cabinet Member for Specialist Children's Services**

Andrew Ireland, Corporate Director for Social Care, Health & Wellbeing

To: **Children's Social Care & Health Cabinet Committee**

9 July 2014

Subject: **Risk Management - Strategic Risk Register**

Classification: **Unrestricted**

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper presents the strategic risks of relevance to the Children's Social Care & Health Cabinet Committee, in addition to the risks featuring on the corporate risk register for which the Corporate Director is the designated 'risk owner'. The paper also explains the management process for review of key risks.

Recommendation(s):

The Cabinet Committee is asked to consider and comment on the strategic and corporate risks outlined in appendices 1 and 2.

1. Introduction

1.1 Directorate business plans (known as Strategic Priorities Statements) were reported to Cabinet Committees in March / April as part of the new business planning process introduced for 2014/15. The Strategic Priorities Statement included a high-level section relating to key directorate risks. These risks are set out in more detail in this paper.

1.2 Risk management is a key element of the Council's Internal Control Framework and the requirement to maintain risk registers ensures that potential risks that may prevent the Authority from achieving its objectives are identified and controlled. The process of developing the registers is therefore important in underpinning business planning, performance management and service procedures. Risks outlined in risk registers are taken into account in the development of the Internal Audit programme for the year.

1.3 Corporate Directors lead or coordinate mitigating actions in conjunction with other Directors across the organisation to manage risks featuring on the Corporate Risk Register. The Corporate Director for Social Care, Health and Wellbeing Directorate is the designated 'Risk Owners' for several corporate risks, which are presented to the Committee for comment in appendix 1.

1.4 Directorate risk registers are reported to Cabinet Committees annually, and contain strategic or cross-cutting risks that potentially affect several functions across the Social Care, Health and Wellbeing Directorate, and often have wider potential interdependencies with other services across the Council and external parties.

1.5 The risk levels take into account any controls already in place to mitigate the risk. If the current level of risk is deemed unacceptable, a 'target' risk level is set and further mitigating actions introduced with the aim of reducing the risk to a tolerable and realistic level. A matrix is used to rank the scale of risk in terms of likelihood of occurrence and impact

1.6 The numeric score in itself is less significant than its importance in enabling categorisation of risks and prioritisation of any management action. Further information on KCC risk management methodologies can be found in the risk management guide on the KNet intranet site.

2. Financial Implications

2.1 Many of the strategic risks have financial consequences, which highlight the importance of effective identification, assessment, evaluation and management of risk to ensure optimum value for money.

3. Strategic Priorities and Policy Framework

3.1 Risks highlighted in the risk registers relate to strategic priorities of the *Facing the Challenge* KCC transformation agenda, as well as the delivery of statutory responsibilities.

3.2 The presentation of risk registers to Cabinet Committees is a requirement of the County Council's Risk Management Policy.

4. Risks relating to the Social Care, Health & Wellbeing Directorate

4.1 There are currently 15 strategic risks featured on the Social Care, Health & Wellbeing risk register (appendix 2). The risks reflect the current challenges and the transformation and level of change taking place. All risks have mitigations and planned actions in place to manage them. Many of the risks highlighted on the register are discussed implicitly as part of regular items to Cabinet Committees.

4.2 It is likely that the risk profile will continue to evolve during the coming months as KCC's transformation agenda progresses.

4.3 Inclusion of risks on this register does not necessarily mean there is a problem. On the contrary, it can give reassurance that they have been properly identified and are being managed proactively.

4.4 The risk registers should be regarded as 'living' documents to reflect the dynamic nature of risk management. The Social Care, Health and Wellbeing Directorate Management Team formally reviews their risks, including progress against mitigating actions, on a quarterly basis, although individual risks can be identified and added to the register at any time. In addition to the Directorate wide risk register, risks are also monitored and reviewed at Divisional Management Meetings and as part of significant Directorate programmes and projects.

5. Recommendation

Recommendation:

The Children's Social Care & Health Cabinet Committee is asked to consider and comment on the strategic and corporate risks outlined in appendices 1 and 2.

Appendices

Appendix 1 – Corporate Risk Register – SCHW Related Risks, June 2014
Appendix 2 – SCHW Risk Register, June 2014

6. Background Documents

6.1 KCC Risk Management Policy on KNet intranet site.

7. Contact details

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KCC Corporate Risk Register

SOCIAL CARE HEALTH & WELLBEING DIRECTORATE RELATED RISKS

SOCIAL CARE HEALTH & WELLBEING Corporate Risks
Summary Risk Profile

Low = 1-6	Medium = 8-15	High =16-25

Risk No.*	Risk Title	Current Risk Rating	Target Risk Rating
CRR 2	Safeguarding	15	10
CRR 9	Better Care Fund (Health & Social Care)	12	8
CRR 10(a)	Management of Adult Social Care Demand	20	12
CRR 10(b)	Management of Demand – Specialist Children's Services	20	12
CRR 12	Welfare Reform changes	12	9
CRR 19	Implications of the Care Act 2014	15	6

*Each risk is allocated a unique code, which is retained even if a risk is transferred off the Corporate Register. Therefore there will be some 'gaps' between risk IDs.

NB: Current & Target risk ratings: The 'current' risk rating refers to the current level of risk taking into account any mitigating controls already in place. The 'target residual' rating represents what is deemed to be a realistic level of risk to be achieved once any additional actions have been put in place. On some occasions the aim will be to contain risk at current level.

Likelihood & Impact Scales					
Likelihood	Very Unlikely (1)	Unlikely (2)	Possible (3)	Likely (4)	Very Likely (5)
Impact	Minor (1)	Moderate (2)	Significant (3)	Serious (4)	Major (5)

Risk ID	CRR2	Risk Title	Safeguarding		
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
The Council must fulfil its statutory obligations to effectively safeguard vulnerable adults and children.	Insufficiently robust management grip, performance management or quality assurance. Its ability to fulfil this obligation could be affected by the adequacy of its controls, management and operational practices or if demand for its services exceeded its capacity and capability. Insufficient rigor in maintaining threshold application/inconsistency. Increase in referrals and service demand resulting in unmanageable caseloads/ workloads for social workers. Decline in performance and effective service delivery leading to critical inspection findings and reputational damage	Serious impact on vulnerable people. Serious impact on ability to recruit the quality of staff critical to service delivery. Serious operational and financial consequences. Attract possible intervention from a national regulator for failure to discharge corporate and executive responsibilities. Incident of serious harm or death of a vulnerable adult or child.	Corporate Director SCHWB **Responsible Cabinet Member(s):** Specialist Children's Services Adult Social Care & Public Health	Possible (3) **Target Residual Likelihood** Unlikely (2)	Major (5) **Target Residual Impact** Major (5)

Control Title	Control Owner
Consistent scrutiny and performance monitoring through Divisional Management Team, District 'Deep Dives' and audit activity	Corporate Director SCHWB
Independent scrutiny by Kent Safeguarding Children Board	
Manageable caseloads per social worker and robust caseload monitoring	Director Specialist Children's Services
Significant ongoing work to increase rigour and managerial grip in Duty and Initial Assessment Teams	Director Specialist Children's Services

Central Duty Service & Central Referral Unit now in place to ensure increase in consistency and threshold application.	Corporate Director SCHWB
SCHWB management team monitors social work vacancies and agrees strategies for urgent situations.	Corporate Director SCHWB
Active strategy in place to attract and recruit social workers through a variety of routes with particular emphasis on experienced social workers. Detailed programme of training.	Director Specialist Children's Services / Corporate Director Human Resources
CMT, SCHWB Directorate Management Team and the Cabinet Member for Adult Social Care & Public Health and Specialist Children's Services receive quarterly safeguarding performance reports.	Corporate Director SCHWB
Programme of internal and external audits for adult safeguarding case files with regards to SCHWB and Kent & Medway Partnership Trust (KMPT) in place. Peer reviews of safeguarding arrangements conducted by Essex County Council.	Corporate Director SCHWB
Performance management of safeguarding is part of the Improvement Plan in place between KCC (SCHWB directorate) and KMPT.	Director Learning Disability & Mental Health
SCHWB Strategic Adults Safeguarding Board provides a strategic countywide overview of adult safeguarding within SCHWB and monitors progress towards the SCHWB Strategic Adult Safeguarding action plan.	Corporate Director SCHWB
Safeguarding Vulnerable Adults (SGVA) coordinators work closely with Contracting colleagues where there are safeguarding concerns in the independent sector using 'Quality in care' framework.	Corporate Director SCHWB
Regular monitoring of SCHWB safeguarding action plan by the SCHWB Strategic Adults Safeguarding Board. Ongoing monitoring of KMPT safeguarding action plan.	Director Commissioning
SGVA Co-ordinator meetings take place on a monthly basis. These meetings are an opportunity to share best practice and raise ongoing issues. The work plan for the group continues to be monitored.	Director Commissioning
Exercise to map levels of safeguarding training completed by staff in the independent sector conducted. Providers signposted to where they can access information about safeguarding training.	Director Commissioning
Practice Development Programme in place to strengthen practice across Children and Families Team.	Director Specialist Children's Services
Long-term vision for Children's Services in KCC established.	Corporate Director SCHWB
Children's Quality Assurance Framework in place.	Director Specialist Children's Services
Ofsted action plans monitored at bi-monthly Kent Corporate Parenting Group (KCPG)/Corporate Parenting Panel (CPP) meetings	Director Specialist Children's Services

Action Title	**Action Owner**	**Planned Completion Date**
Continued work to strengthen delivery of early help, intervention and	Director Commissioning	April 2014 (review)

prevention services. Services being commissioned to phased timetable according to Commissioning and Procurement Plan Supplier Framework.		
Ongoing development of further strategies and campaigns to support recruitment so that we attract and retain high calibre social workers and managers. Use of competent agency social workers and managers on temporary basis to fill vacancies.	Corporate Director SCHWB / Corporate Director Human Resources	April 2014 (review)
A structured mechanism for feeding back lessons learnt from assessment, regulation and inspection needs to be implemented.	Director Specialist Children's Services	April 2014 (review)
Feed any outstanding work actions from the Ofsted Action Plans/ Children's (social care) Transformation programme (which combines continued improvement with efficiency) into business as usual.	Director Specialist Children's Services	September 2014
Implementation of transformation programme for children's services, including Social Work Contract Programme.	Director Specialist Children's Services	September 2014 (review)

Risk ID CRR9	Risk Title	Better Care Fund (Health & Social Care Integration)			
Source / Cause of Risk The Health & Social Care Act came into effect in April 2013 giving KCC, as an upper tier Authority, a new duty to take appropriate steps to improve and protect the health of the local population. The Government's spending review in June 2013 announced an Integration Transformation Fund (now relabeled Better Care Fund), which provides an opportunity to create a shared plan for health & social care activity and expenditure. The plan for 2015/16 needs to start in 2014 and form part of a five-year strategy for health & social care. A fully integrated service calls for a step change in current arrangements to share information, staff, money and risk. There are a number of national conditions attached to the Fund.	**Risk Event** Service delivery requirements suffer during the major integration programme. Failure to maximise opportunities presented for health & social care integration, and ensure changes achieve maximum impact. Governance arrangements for pooled budgets unclear.	**Consequence** Ineffective health and social care provision for citizens of Kent. Business Continuity issues due to delay in the development and management of essential new complex partnerships between KCC and the NHS.	**Risk Owner** Corporate Director SCHWB **Responsible Cabinet Member(s):** Education & Health Reform Adult Social Care & Public Health	**Current Likelihood** Possible (3) **Target Residual Likelihood** Unlikely (2)	**Current Impact** Serious (4) **Target Residual Impact** Serious (4)

Control Title	Control Owner
KCC has designated Cabinet Portfolio Holders for Public Health and Health Reform, who have assumed central roles at strategic level	Leader of the Council
Quality and Safety Assurance Framework drafted for Public Health	Director Public Health
Health & Wellbeing Board and CCG-level Health & Wellbeing Board sub-committees established	Cabinet Member for Education & Health Reform
Health Protection Committee established with Directors of Public Health in Kent & Medway as Chairs	Director Public Health

Joint Commissioning Board Strategy & Commissioning plans established with Clinical Commissioning Groups	Director Commissioning
Public Health Steering Group established	Director Public Health
Agreement for Communications support in the event of a public health emergency	Head of External Communications
Kent chosen as one of 14 pioneers of health & social care integration in the UK	Corporate Director SCHWB (KCC lead)
Integration Pioneer Steering Group established as an informal group of the Health & Wellbeing Board to provide strategic direction and oversee successful delivery of health & social care in Kent	Director Older People & Physical Disability (KCC lead)
Shared Clinical Commissioning Group and KC integrated health and social care commissioning plan approved	Corporate Director SCHWB

Action Title	**Action Owner**	**Planned Completion Date**
Alignment of the Adult Social Care Transformation Programme with Commissioning plans of Clinical Commissioning Groups (CCGs)	Corporate Director SCHWB Director Older People & Physical Disability	July 2014 (review)
Engage and work with the Kent CCGs on both adult and children's health services	Corporate Director SCHWB	July 2014 (review)
Clarify governance arrangements for pooled budgets with Clinical Commissioning Groups via the Health & Wellbeing Board	Corporate Director SCHWB (KCC lead)	August 2014
KCC/CCG stakeholder event to be held	Corporate Director SCHWB (KCC lead)	July 2014
Further integrated plan update to be submitted to the September Health and Wellbeing Board	Corporate Director SCHWB	September 2014

Risk ID CRR10(a)	Risk Title	Management of Adult Social Care Demand			
Source / Cause of Risk Adult social care services across the country are facing growing pressures. Overall demand for adult social care services in Kent continues to increase due to factors such as increasing numbers of young adults with long-term complex care needs and Ordinary Residence issues. This is all to be managed against a backdrop of reductions in Government funding, implications arising from the implementation of the Care Bill, a recent Supreme Court ruling that may lead to increases in Deprivation of Liberty Assessments and longer term demographic pressures.	**Risk Event** Council is unable to manage and resource to future demand and its services consequently do not meet future statutory obligations and/or customer expectations.	**Consequence** Customer dissatisfaction with service provision. Increased and unplanned pressure on resources. Decline in performance. Legal challenge resulting in adverse reputational damage to the Council. Financial pressures on other council services.	**Risk Owner** Corporate Director SCHWB **Responsible Cabinet Member(s):** Adult Social Care & Public Health	**Current Likelihood** Likely (4) **Target Residual Likelihood** Possible (3)	**Current Impact** Major (5) **Target Residual Impact** Serious (4)

Control Title	Control Owner
Analysis and refreshing of forecasts to maintain the level of understanding which feeds into the relevant areas of the MTFP and the business planning process	Corporate Director SCHWB / Director Commissioning
Implementation of Adults Transformation partnership programme underway including: Care Pathways, Commissioning & Procurement and Optimisation	Director Commissioning/Director Older People & Physical Disability/Director Learning Disability & Mental Health
Monitoring, vigilance and challenge regarding the placement of Adults into Kent by other local authorities.	Director Commissioning
Lobby the Treasury to investigate Ordinary Residence matters in more detail as a national funding issue.	Corporate Director Finance & Procurement
Legal Services are engaged where required to support KCC when challenging other Authorities to accept Ordinary Residence re: responsibilities	Director Learning Disability & Mental Health
Benefits of enablement support to existing and potential service users, their families and key partners being marketed. Work is linked into the Adult Transformation Programme and ensure there is sufficient capacity in the market to provide	Director Commissioning

Enablement Services	
Joint commissioning of services with health, in particular for people with dementia, long term conditions and for carers (links to Better Care Fund – see Risk CRR9).	Director Commissioning Director Older People & Physical Disability
Utilise opportunities to make contracting and procurement controls drive value for money further	Director Commissioning
Develop better understanding of demand profile and respond as early as possible to have the greatest impact on demand management	Director Commissioning
Continued drive to maximise the use of Telecare as part of the mainstream community care services	Director Older People & Physical Disability and Director Learning Disability and Mental Health
Maintain the use of appropriate tools to obtain value for money in relation to the commissioning of expensive specialist residential accommodation	Director Commissioning
Health & Social Care Integration Programme in place with a strategic objective of proactively tackling demand for health & social care services	Director Older People & Physical Disability
Risk stratification tools devised. Now being used by GP's	Director Older People & Physical Disability
Briefings being provided in relation to key elements of the Care Bill and their potential implications for KCC	Strategic Business Advisor, SCHWB
Care Bill Preparation Programme established as part of the Adults Transformation Change Portfolio to ensure implementation of Care Bill	Strategic Business Advisor, SCHWB
Twice-yearly Adults Transformation progress updates reported to Cabinet Committee	Director Commissioning
Continued support for investment in preventative services through voluntary sector partners	Director Commissioning
Briefings on implications of Supreme Court ruling relating to Deprivation of Liberty Assessments issued	Corporate Director SCHWB

Action Title	**Action Owner**	**Planned Completion Date**
Public Health & Social Care to ensure effective provision of information, advice and guidance to all potential and existing service users, and to promote self management to reduce dependency	Director Public Health / Director Older People and Physical Disability Services	July 2014 (review)
Tracking and monitoring impact of delivery of Adult Social Care Transformation Programme	Corporate Director SCHWB	September 2014 (review)
Detailed Care Bill Programme plan to be completed for approval by the Adults Transformation Board	Strategic Business Advisor, SCHWB	June 2014

Initial analysis being conducted to identify likely extent of demand for Deprivation of Liberty Assessments	Director Commissioning	June 2014

Risk ID CRR10(b)	Risk Title	Management of Demand – Specialist Children's Services			
Source / Cause of Risk Local Authorities continue to face increasing demand for specialist children's services due to a variety of factors, including consequences of highly publicised child protection incidents and serious case reviews, and policy/legislative changes. At a local level KCC is faced with additional demand challenges such as those associated with significant numbers of Unaccompanied Asylum Seeking Children (UASC) There are also particular 'pressure points' in several districts. These challenges need to be met as specialist children's services face increasingly difficult financial circumstances and operational challenges such as recruitment and retention of permanent qualified social workers.	**Risk Event** High volumes of work flow into specialist children's services leading to unsustainable pressure being exerted on the service.	**Consequence** Additional financial pressures placed on other parts of the Authority at a time of severely diminishing resources. Children's services performance declines as demands become unmanageable. Failure to deliver statutory obligations and duties or achieve social value. Ultimately an impact on outcomes for children, young people and their families.	**Risk Owner** Corporate Director SCHWB Corporate Director EYPS **Responsible Cabinet Member(s):** Specialist Children's Services	**Current Likelihood** Likely (4) **Target Residual Likelihood** Possible (3)	**Current Impact** Major (5) **Target Residual Impact** Serious (4)

Control Title	Control Owner
Analysis and refreshing of forecasts to maintain the level of understanding which feeds into the relevant areas of the MTFP and the business planning process	Corporate Director SCHWB / Director Commissioning
Kent Integrated Adolescent Support Service (KIASS) aims to reduce demands by enabling swift access to specific additional and early help, particularly for the most disadvantaged and vulnerable young people, to meet their needs quickly and flexibly.	Corporate Director Education and Young People Services
Plans developed to appropriately manage the number of children in care	Director Specialist Children's Services
Intensive focus on ensuring early help to reduce the need for specialist children's support services.	Corporate Director EYPS / Corporate Director SCHWB
Utilise opportunities to make contracting and procurement controls drive value for money further	Director Commissioning
Continued support for investment in preventative services through voluntary sector partners	Director Commissioning

Maintain the use of appropriate tools to obtain value for money in relation to the commissioning of expensive specialist residential and independent fostering accommodation	Director Commissioning	
Action Title	**Action Owner**	**Planned Completion Date**
Ensure the appropriate number of looked after children in care (subject to continual monitoring) including ensuring appropriate thresholds for intervention	Director Specialist Children's Services	September 2014 (review)
Ensure that children in care receive appropriate levels of support and services through effective multi-agency intervention that is responsive to their needs.	Director Specialist Children's Services	July 2014 (review)
Implement a programme of work to deliver integrated, early help and prevention service for the 0-19s and their families that is streamlined, responsive and effective in terms of reducing demand for acute services and managing need at the appropriate level/tier of support.	Corporate Directors SCHWB and EYPS	September 2014 (review)
Diagnostic work for children's services being conducted with aid of efficiency partner	Director Specialist Children's Services	August 2014 (review)

Risk ID CRR 12	Risk Title	Welfare Reform changes			
Source / Cause of Risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
The Welfare Reform Act 2012 put into law many of the proposals set out in the 2010 white paper *Universal Credit: Welfare that Works*. It aims to bring about a major overhaul of the benefits system and the transference of significant centralised responsibilities to local authorities. KCC needs to be prepared to manage the uncertain affects and outcomes that the changes may have on the people of Kent.	The impact of the reforms in regions outside of Kent could trigger the influx of significant numbers of 'Welfare' dependent peoples to Kent. Failure to plan appropriately to deal with potential consequences. The financial models and budgets and funding sources underpinning the new schemes prove to be inadequate and allocation of payments and grants has to become prioritised against more challenging criteria.	Failure to meet statutory obligations. Ineffective delivery of schemes and operations to customers compounds demand on KCC and partner services. An increase in households falling below poverty thresholds with vulnerable people becoming exposed to greater risk. New schemes and operations are undermined by a negative impact on Kent's demographic profile. Insufficient employment to meet additional demand and to fill the publics' 'funding gap' places additional challenges for adult and child safeguarding and demand for social support. Increasing deprivation leads to increase in social unrest and criminal activity.	Corporate Director SCHWB **Responsible Cabinet Member(s):** Adult Social Care & Public Health	Possible (3) **Target Residual Likelihood** Possible (3)	Serious (4) **Target Residual Impact** Significant (3)

Control Title	Control Owner
Welfare Reform sub-group of Kent Chief Execs Group in place	
Regular reporting to Corporate Board and Policy & Resources Cabinet Committee	Head of Policy & Strategic Relationships
Key work streams and outputs to prepare for changes identified and detailed in a Welfare Reform Implementation,	Head of Policy & Strategic

Response and Monitoring Plan	Relationships / Head of Business Intelligence
Ongoing analysis of impacts conducted by Policy & Strategic Relationships and Business Intelligence teams plus external partners to give an indication of scale of implications of reforms. Mechanism developed to track benefit migration into Kent.	Head of Business Intelligence / Head of Policy & Strategic Relationships
Six-monthly in-depth research updates produced to aid monitoring of potential impacts	Head of Policy & Strategic Relationships & Head of Business Intelligence
Briefings given to Managers and staff in SCHWB directorate to raise awareness of potential implications of changes	Policy Manager, Strategic & Corporate Services & Benefits Manager, Finance
Council Tax Benefit Localisation scheme in place	Head of Financial Strategy
Kent Support and Assistance Service pilot scheme operating	Cabinet Member Adult Social Care & Public Health
Contacts established with other Local Authorities and interested partners to share intelligence	Research & Evaluation Manager

Action Title	**Action Owner**	**Planned Completion Date**
Universal Credit – Local Support Service Framework (LSSF) Continue work with DWP to establish local delivery aspects in terms of face-to-face support	Head of Customer Contact	September 2014 (review)
Close monitoring of demand and performance of Kent Support and Assistance Service (localised social fund) to inform planning of future programme	Director Commissioning SCHWB	May 2014(review)

Risk ID CRR 19	Risk Title	Implications of the Care Act 2014			
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
The Care Act 2014 establishes a new legal framework for care and support services. The new law marks the biggest change to care and support law in England since 1948. The changes will have significant implications for Kent residents and Kent County Council, in terms of both opportunities and risks.	Costs of implementation may not be fully funded. The effect of the changes in law on the existing cost differential between the Local Authority and a self-funder may erode. Significant increase in people coming forward for care and financial assessments. The public may not understand the reforms. Appropriate systems enhancement may not be completed within 2016 timescales	Additional financial pressure Increase in demand for services in addition to existing demand pressures (see CRR 10a risk) Confusion and dissatisfaction of residents and potential service users	Corporate Director Social Care Health & Wellbeing **Responsible Cabinet Member(s):** Adult Social Care and Public Health	Possible (3) **Target Residual Likelihood** Unlikely (2)	Major (5) **Target Residual Impact** Significant (3)

Control Title	Control Owner
Care Act Programme established to ensure KCC is well placed to deliver its new responsibilities and that Kent residents who need social care, their carers and local providers are able to take advantage of the developments coming. Programme Board contains representatives from across KCC and efficiency partner.	Corporate Director Social Care Health & Wellbeing (SCHWB)
Adults Transformation Board to oversee the Care Act Programme, setting direction, approving decisions and ensuring successful implementation	Corporate Director SCHWB
Care Act Programme is part of the wider Adults Transformation Change Portfolio to ensure appropriate linkages with other programmes in the portfolio, ensuring that they are "Care Act proof".	Corporate Director SCHWB
Regular briefings for elected Members and other stakeholders being held	Care Act Policy Lead Manager

Action Title	Action Owner	Planned Completion Date
Outline Programme Plan in place including a number of projects:		
Costs modelling – to ensure that KCC has a full understanding of the total costs involved in implementing the Care Act	Finance Business Partner / Principal Accountant (Projects)	September 2014

Communications – to provide clear and accurate communication to inform the public, service staff and providers about forthcoming changes	Communications Account Manager, Social Care	October 2014 (review)
Workforce capacity, planning and training – ensuring the necessary capacity and that all relevant staff receive appropriate training prior to implementation	Professional Development Advisor, Social Care	January 2015
Commissioning – ensuring that duties regarding preventative services, information & advice, independent advocacy, the facilitation of independent financial advice and oversight of care markets are implemented	Head of Commissioning (Community Support) / Head of Commissioning (Accommodation solutions)	January 2015
Financial assessment and charging – to address the changes in assessment, including the residential means-test threshold, and changes to charging, including the extension of powers to charge	Assessment & Income Client Services Manager	November 2014
Safeguarding – to address safeguarding aspects of the Care Act, including making arrangements for the Adult Safeguarding Board	Head of Adult Safeguarding	November 2014
IT and information systems – to provide effective and timely changes to IT and finance systems	ICT Applications Team Manager	July 2014 (review)
Detailed programme plan to be submitted to Adults Transformation Board	Care Act Programme Manager	July 2014

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Social Care Health & Wellbeing Directorate Risk Register

JUNE 2014

Social Care Health & Wellbeing Directorate
Summary Risk Profile

Low = 1-6	Medium = 8-15	High =16-25

Risk No.*	Risk Title	Current Risk Rating	Target Risk Rating
SCHWB 01	Transformation of adult social care services	16	9
SCHWB 02	Transformation of children's services	9	6
SCHWB 03	Safeguarding – Protecting vulnerable children and adults	16	9
SCHWB 04	Austerity and pressures on public sector funding	25	16
SCHWB 05	Health and social care integration Pioneer and BCF	12	6
SCHWB 06	Health and Social Care Act 2012	12	9
SCHWB 07	Increasing demand for social care services	20	16
SCHWB 08	Managing and working within the social care market	12	9
SCHWB 09	Information technology	16	6
SCHWB 10	Information governance	9	6
SCHWB 11	Business disruption	9	9
SCHWB 12	KCC KMPT partnership agreement	9	6
SCHWB 13	Preparation for legislative change	15	6
SCHWB 14	Organisational change	12	12
SCHWB 15	MCA and Deprivation of Liberty assessments	16	8

*Each risk is allocated a unique code, which is retained even if a risk is transferred off the Corporate Register. Therefore there will be some 'gaps' between risk IDs.

NB: Current & Target risk ratings: The 'current' risk rating refers to the current level of risk taking into account any mitigating controls already in place. The 'target residual' rating represents what is deemed to be a realistic level of risk to be achieved once any additional actions have been put in place. On some occasions the aim will be to contain risk at current level.

Likelihood & Impact Scales					
Likelihood	Very Unlikely (1)	Unlikely (2)	Possible (3)	Likely (4)	Very Likely (5)

Impact	Minor (1)	Moderate (2)	Significant (3)	Serious (4)	Major (5)

Risk ID: SCHW 01 **Risk Title:** **Transformation of adult social care services**

Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact
Transformation of adult social care services.	The transformation programme is being implemented in adult social care. Adopting new ways of working and implementing a programme of significant change is not without risk. Significant savings need to be made and carrying out the transformation is a demand on resources. If the transformation programme does not meet targets then this will lead to further pressures on the service and on budgets.	If the transformation programme does not meet targets this will lead to significant pressures on the service and on the directorate and local authority budgets. How the phases of the Transformation Programme are managed and implemented is crucial as it will have a major impact on the service.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing Mark Lobban, Director Commissioning	Likely (4) **Target Residual Likelihood** Possible (3)	Serious (4) **Target Residual Impact** Significant (3)

Control Title	Control Owner
A Transformation Board is established with agreed Governance arrangements including links with DMT/Div MTs and the Corporate Facing the Challenge/Transformation Programme.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning
Oversight and monitoring by Programme Board, Budget Board and Cabinet.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning
Separate risk register and issues log	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning
Support of Efficiency partner with diagnostics and implementation.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/

	Mark Lobban, Director Commissioning
Transformation Programme in place with links and interdependencies with the KCC Transformation /Facing the Challenge Programme.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning

Action Title	**Action Owner**	**Planned Completion Date**
Ensure effective two way communication re the Transformation Programme. Need to ensure staff are informed and there is "ownership" of the message. A 6 weekly communication bulletin is produced and disseminated.	Mark Lobban, Director Commissioning	01/10/2014
Communicate the revised Transformation blueprint	Mark Lobban, Director Commissioning	01/07/2014
On-going work with an Efficiency Partner	Mark Lobban, Director Commissioning	01/10/2014
Implementation and roll-out phase of Transformation: Optimisation, Care Pathways, Commissioning. Roll out of "Sandbox" methodology.	Anne Tidmarsh, Director Older People and Disability	01/10/2014
Manage the interdependencies and relationship between transformation and other Corporate/Directorate programmes e.g. new ways of working and boundaries re-alignment	Mark Lobban, Director Commissioning	01/10/2014
Working with Newton Europe on the design of Phase 2	Mark Lobban, Director Commissioning	31/03/2015

Risk ID: SCHW 02	Risk Title: Transformation of children's services				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Transformation of children's services	SCS transformation to make continuous improvements to services for vulnerable children and young people in Kent	Failing to transform and continuously improve services adversely impact on vulnerable children and young people	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing Mairead MacNeil, Director Specialist Children's Services	Possible (3) **Target Residual Likelihood** Unlikely (2)	Significant (3) **Target Residual Impact** Significant (3)

Control Title	Control Owner
Performance framework, operational framework, quality assurance framework.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mairead MacNeil, Director Specialist Children's Services
Practice Development Programme rolled out including masterclasses/training. Programme being evaluated.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mairead MacNeil, Director Specialist Children's Services
Robust performance monitoring	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mairead MacNeil, Director Specialist Children's Services
Children's Transformation is part of the over-arching cross-directorate 0-25 Portfolio. Children's Transformation is underpinned by the Social Work Contract, and all activity is robustly monitored via SCS Div Mt and the Children's Transformation Board. The Social Work contract is being implemented via a "workforce optimisation" workstream of children's transformation.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mairead MacNeil, Director Specialist Children's Services

Action Title	Action Owner	Planned Completion Date
Rolling programme of audits of services	Mairead MacNeil, Director Specialist Children's Services	01/10/2014
Recruitment to permanent Social work and Management vacancies. New website produced, recruitment events.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	01/10/2014

Needs to be clear links between Transformation and Prevention. Support of Newton-Europe as an Efficiency Partner.	Mairead MacNeil, Director Specialist Children's Services	01/10/2014

Risk ID: SCHW 03 Risk Title: Safeguarding – Protecting vulnerable children and adults					
Source / Cause of Risk Safeguarding – Protecting vulnerable children and adults	**Risk Event** The council must fulfil its statutory obligations to effectively safeguard vulnerable children and adults.	**Consequence** Its ability to fulfil this obligation could be affected by the adequacy of its controls, management and operational practices or if demand for its services exceeds its capacity and capability.	**Risk Owner** Andrew Ireland, Corporate Director, Social Care Health & Wellbeing Mark Lobban, Director Commissioning Mairead MacNeil, Director Specialist Children's Services Anne Tidmarsh, Director Older People and Disability Penny Southern, Director Learning Disability and Mental Health	**Current Likelihood** Likely (4) **Target Residual Likelihood** Possible (3)	**Current Impact** Serious (4) **Target Residual Impact** Significant (3)

Control Title	Control Owner
Deep dives for constructive challenge by Senior Managers of front line services. More Deep dives planned.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing
Extensive Staff Training. In SCS a Capability Framework to be launched with a Safeguarding element.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning/ Mairead MacNeil, Director Specialist

	Children's Services/ Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability
Multi-agency public protection arrangements	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning/ Mairead MacNeil, Director Specialist Children's Services/ Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability
OPPD Safeguarding Improvement Plans in place	Anne Tidmarsh, Director Older People and Disability
Quarterly reporting to Directors and Cabinet Members and Annual Report for Members	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning/ Mairead MacNeil, Director Specialist Children's Services/ Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability
Safeguarding Boards in place for children's and for adult social care services, providing a strategic countywide overview across agencies.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning/ Mairead MacNeil, Director Specialist Children's Services/ Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability
Consistent scrutiny and performance monitoring through Divisional Management Teams, Deep Dives and audit activity	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban,

	Director Commissioning/ Mairead MacNeil, Director Specialist Children's Services/ Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability
Children's Transformation Plan in SCS part of the wider 0 to 25 Portfolio.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mairead MacNeil, Director Specialist Children's Services
In Kent a joint Kent Winterbourne Steering Group has been established to learn the lessons from Winterbourne. The Steering group has established its own risk register and action plan.	Penny Southern, Director Learning Disability and Mental Health

Action Title	**Action Owner**	**Planned Completion Date**
Audit feedback sessions	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	01/10/2014
Cross-County file audits	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	01/10/2014
Implement the outcomes of the internal audit report (adult services). Has been through the assurance processes and actions to be included in the Safeguarding Action Plans.	Mark Lobban, Director Commissioning	01/09/2014
Practice development programme to strengthen practice across children and families. Delivery of Phase 4 Improvement Plan Actions.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	01/10/2014
Active recruitment programme in place to attract and retain high calibre social workers and managers	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	01/10/2014
Ongoing provision of safeguarding training for the relevant staff.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	01/10/2014
Transformation in SCS to get the business processes right to assist practitioners.	Mairead MacNeil, Director Specialist Children's Services	01/10/2014

Risk ID: SCHW 04 Risk Title: Austerity and pressures on public sector funding

Source / Cause of Risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact
Austerity and pressures on public sector funding impacting on capital and revenue budgets.	Public sector finance pressures and the need to achieve significant efficiencies for foreseeable future impacting on capital and revenue budgets. Partner organisations and private sector providers also experiencing funding challenges potentially putting joint working at risk. Increased stress on some families due to financial pressures.	Major funding pressures impact on the delivery of social care services. The capital strategy putting specific projects at risk.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing Michele Goldsmith, Finance Business Partner	Very Likely (5) **Target Residual Likelihood** Likely (4)	Major (5) **Target Residual Impact** Serious (4)

Control Title	Control Owner
More efficient use of assistive technology	Mark Lobban, Director Commissioning/Penny Southern, Director Learning Disability and Mental Health/Anne Tidmarsh, Director Older People and Disability
Robust debt monitoring	Michele Goldsmith, Finance Business Partner/Andrew Ireland, Corporate Director, Social Care Health & Wellbeing
Robust financial and activity monitoring regularly reported to DMT and budget reporting within the DIv MTs	Michele Goldsmith, Finance Business Partner/Andrew Ireland, Corporate Director, Social Care Health & Wellbeing
Children's Transformation Board has been given a wider scope /TOR to include improvement of Business as usual functions. To manage budget reductions including care cost reduction and placement reconfiguration and improve business processes.	Mairead MacNeil, Director Specialist Children's Services
Strategic Priority Plans in place for 2014/15 and divisional plans to be produced.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing

Transformation programme to ensure efficiencies and the best use of available resources.		Michele Goldsmith, Finance Business Partner/Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning/Penny Southern, Director Learning Disability and Mental Health/Anne Tidmarsh, Director Older People and Disability
Action Title	**Action Owner**	**Planned Completion Date**
Building community capacity. In LD services the GDP programme moving from segregated facilities to inclusive settings with partners.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	01/10/2014
Business Plans for specific LD capital projects to demonstrate the efficiencies and value.	Penny Southern, Director Learning Disability and Mental Health	01/09/2014
Continue to work innovatively with partners, including health services, to identify any efficiencies.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	01/10/2014
Continued drive to deliver efficient and effective services through transformation and modernisation agenda.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	01/10/2014
Developing robust commissioning arrangements. Manage /shape the social care market.	Mark Lobban, Director Commissioning	01/10/2014
Development of appropriate incentives within the commissioning framework	Mark Lobban, Director Commissioning	01/10/2014
Focus on prevention, enablement and independence for vulnerable adults.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	01/10/2014
Continue to review and ensure value for money from residential and IFA placements.	Mark Lobban, Director Commissioning	01/10/2014
SCS Transformation Board to continue to manage budget reductions including care cost reduction and placement reconfiguration. Improve business processes	Mairead MacNeil, Director Specialist Children's Services	01/10/2014

Risk ID: SCHW 05	Risk Title: Health and Social Care integration Pioneer and BCF				
Source / cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Health and social care integration	Strategic developments and changing processes to develop integrated services will have a significant impact on ways of working	This is a major strategic development that will impact on ways of working and the delivery of services	Anne Tidmarsh, Director Older People and Disability	Likely (4)	Significant (3)
				Target Residual Likelihood	**Target Residual Impact**
				Possible (3)	Moderate (2)

Control Title	**Control Owner**
The Better Care Fund will help the integration programme and the development of joined up working and commissioning.	Anne Tidmarsh, Director Older People and Disability
Kent is one of the 14 Integrated Health Pioneers. This is giving renewed impetus to the integration programme in Kent. An Integration Pioneer Steering Group is in place.	Anne Tidmarsh, Director Older People and Disability
Local Better Care Fund delivery groups in place covering the CCG areas. Locality action plans in place.	Anne Tidmarsh, Director Older People and Disability
Project management arrangements in place with a Programme Plan and local action plans based on the the Programme Plan.	Anne Tidmarsh, Director Older People and Disability
Reporting and inputting to Transformation Board but also to Health and Well Being Boards, and CCG based programme boards for BCF delivery programmes.	Anne Tidmarsh, Director Older People and Disability

Action Title	**Action Owner**	**Planned Completion Date**
Developing integrated performance measures and monitoring	Anne Tidmarsh, Director Older People and Disability	01/10/2014
Local BCF delivery groups working on local action plans.	Anne Tidmarsh, Director Older People and Disability	01/10/2014
The Better Care Fund plan has been produced and agreed by the Health and Wellbeing Board and submitted to NHS England. A further update required by the Health and Wellbeing Board for September 2014.	Jo Frazer, Programme Manager	30/09/2014
Working towards greater Connectivity of information systems via a shared Care plan.	Anne Tidmarsh, Director Older People and Disability	01/10/2014
Work closely with the CCGs to focus on long term conditions to improve people's ability to self care.	Anne Tidmarsh, Director Older People and Disability	01/10/2014
Kent has Pioneer Status for Health and Social Care Integration. This will widen the	Anne Tidmarsh, Director Older	01/10/2014

integration programme to include commissioning and provision. Further work to be done to develop and take forward the integration programme and wider Pioneer work.	People and Disability

Risk ID: SCHW 06	Risk Title: Health and Social Care Act 2012				
Source / cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Health and Social Care Act 2012	New working arrangements and health architecture following the Health and Social Care Act.	Significant implications for the future delivery and provision of social care and health. Emergence of Clinical Commissioning Groups and the transfer of public health functions to Local authorities requires building new relationships and working arrangements. Could be increased diversity of practices to reflect the CCG areas. Possible implications for Section 75 agreements. Risks of potential cost shunting.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing Mark Lobban, Director Commissioning Mairead MacNeil, Director Specialist Children's Services Anne Tidmarsh, Director Older People and Disability Penny Southern, Director Learning Disability and Mental Health	Likely (4) **Target Residual Likelihood** Possible (3)	Significant (3) **Target Residual Impact** Significant (3)
Control Title				**Control Owner**	
Existing partnership working with Health which is leading to shared improvements.				Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning/ Mairead MacNeil, Director Specialist Children's Services/ Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability	

Effective joint initiatives in place with Health.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning/ Mairead MacNeil, Director Specialist Children's Services/ Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability
JSNA to support health and social care commissioning	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning/ Mairead MacNeil, Director Specialist Children's Services/ Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability
Close working at leadership level seeking to build a shared transformation plan. Health and Well Being Board in place. FSC Directors meet with the CCG Accountable Officers.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning/ Mairead MacNeil, Director Specialist Children's Services/ Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability
Maintain close links with commissioners to ensure application of continuing health care and Section 117 arrangements.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning/ Mairead MacNeil, Director Specialist Children's Services/ Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability

Ensure adherence to CHC framework. Monitor joint working arrangements.		Mark Lobban, Director Commissioning/ Mairead MacNeil, Director Specialist Children's Services/ Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability
Restructure of OPPD boundaries and restructure of teams in progress.		Anne Tidmarsh, Director Older People and Disability
Ensure Section 75 agreements are monitored in new arrangements.		Mark Lobban, Director Commissioning/ Mairead MacNeil, Director Specialist Children's Services/ Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability
Action Title	**Action Owner**	**Planned Completion Date**
Alignment of the commissioning plans for SC and Clinical Commissioning Groups. Use of the Health and Well Being Strategy.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	1.10.2014
Continued joint working with Health through the changes to the health architecture. Working with the CCGs and other health providers.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	1.10.2014
OPPD boundary realignment work taking place on phased basis to align boundaries with CCGs.	Anne Tidmarsh, Director Older People and Disability	1.10.2014
Work in progress to complete a new Section 75 agreement with the CCGs for a Section 75 Agreement to include Personal Health Budgets.	Anne Tidmarsh, Director Older People and Disability	1.10.2014
Strategic approach to the development of Kent Health Watch.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	1.10.2014

Risk ID: SCHW 07	Risk Title: Increasing demand for social care services				
Source / cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Risk that demand will outstrip available resources.	Risk that demand will outstrip available resources. Fulfilling statutory obligations and duties becomes increasingly difficult against rising expectations. Increased demand due to: - demographic changes in population i.e. more people living longer, more people with dementia and an increase in clients with complex needs. Austerity potentially leads to more stress, family breakdown and need for support from specialist children's services. More reliance on informal carers leads to strain on families and individuals.	Austerity potentially leads to more stress, family breakdown and need for support from specialist children's services. More reliance on informal carers leads to strain on families and individuals	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing Mark Lobban, Director Commissioning Anne Tidmarsh, Director Older People and Disability Penny Southern, Director Learning Disability and Mental Health	V Likely (5) **Target Residual Likelihood** Likely (4)	Serious (4) **Target Residual Impact** Serious (4)

Control Title	Control Owner
Continue to explore roles and functions	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning/ Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability
Contracting and Procurement controls	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning/ Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People

	and Disability
Core monitoring in place for Members	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning/Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability
Early intervention and Preventative services aimed at reducing demand. Promoting independence through for example: enablement, fast track minor equipment, short term care with step down and step up support.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning/ / Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability. Patrick Leeson Corporate Director EYS.
Joint planning and commissioning with partners	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability
Modernisation of older peoples and learning disability services	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning/ Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability

Continued representation to central government and other agencies regarding the disproportionate number of people in need across the age ranges (children and adults) being placed by other local authorities into Kent.		Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mairead MacNeil, Director Specialist Children's Services/ Penny Southern, Director Learning Disability and Mental Health
Robust reporting and analysis to DMT and Business Planning		Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning/ Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability
Implementation of Adults Transformation Programme underway including: Care Pathways, Commissioning and Procurement and Optimisation.		Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning/ Penny Southern, Director Learning Disability and Mental Health/ Anne Tidmarsh, Director Older People and Disability
Action Title	**Action Owner**	**Planned Completion Date**
Managing Prices: Re-tendering for Home Care and Residential Care.	Mark Lobban, Director Commissioning	1.10.2014
Review of care ensuring good outcomes linked to effective arrangements for support. monitoring of trusted assessor arrangements e.g. carers assessments.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	1.10.2014
Adult social care Transformation Programme - tracking and monitoring the impact of delivery -on going.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	1.10.2014
Continue to invest in preventative services through voluntary sector partners.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	1.10.2014
Continued use and development of Assistive Technology (Telecare). Extend scope	Andrew Ireland, Corporate Director, Social Care Health &	1.10.2014

of Telecare.	Wellbeing		
Continued modernisation of Older People Services and of Learning Disability Day Services through the Good Day Programme.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	1.10. 2014	
To monitor demand for services including new referrals and people requiring services for longer -often with complex needs.	Penny Southern, Director Learning Disability and Mental Health	1.10.2014	
Checking cases to ensure that where SCHW is approached to take cases on then the individual case does "qualify" under the Ordinary Residence guidance - on going.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	1.10.2014	
Continued working to ensure children in care are supported with a permanency plan. Early help for families. Promoting adoption and permanency where it is right for the child.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	1.10.2014	

Risk ID: SCHW 08	Risk Title: Managing and working within the Social Care Market				
Source / cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Managing and working within the Social Care Market.	SCHW adult services commissions about 90% of services from outside the Directorate. Many of them from the Private and Voluntary sector. Although this offers efficiencies and value for money it does mean the directorate needs the market to be buoyant to achieve best value and to give service users real choice and control. Develop and promote the Children's social care market to ensure the sufficient supply to meet the needs of children in need and children in care.	Lack of capacity impacts on choice to support the personalisation agenda. Impact on P&V sector if we are contracting a range of different services in the community through personal budgets/direct payments creates a level of uncertainty for the P&V sector.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing Mark Lobban, Director Commissioning	Possible (3) **Target Residual Likelihood** Possible (3)	Serious (4) **Target Residual Impact** Significant (3)

Control Title	Control Owner
A risk based approach to monitoring providers	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning
A strong Strategic Commissioning and Access to Resources function across FSC to ensure KCC gets value for money - whilst maintaining productive relationships with providers.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning
Commissioning framework for children's services	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning
Commissioning in partnership with key agencies (health)	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director

		Commissioning
Develop commissioning plans for specific service areas to determine if a tendering process is required and then implement.		Mark Lobban, Director Commissioning
Separate Project Risk register held. Working with legal services and corporate procurement. Regular briefings to staff and communication with service users.		
Every provider has signed the National Fostering Framework agreement and KCC service specification.		
Developing Market Position Statements for each commissioning area.		Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning
Procurement and contract controls		Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning
Regular market mapping and price increase pressure tracking		Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning
Regular meetings with provider and trade organisations		Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning
Reviewing relationships with voluntary organisations		Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Mark Lobban, Director Commissioning
Action Title	**Action Owner**	**Planned Completion Date**
Continue to review high cost placements in IFA and residential. Developing a commissioning framework for children's residential care.	Mark Lobban, Director Commissioning	1.10.2014
Continued on-going review of high cost placements in Learning Disability Services to ensure value for money. Efficiency Partners involved in the review.	Mark Lobban, Director Commissioning	1.10 2014
Ensuring market is able to offer choice in the new market conditions opened up by personalisation	Mark Lobban, Director Commissioning	1.10.2014
Home Care Re Tender taking place. Tendering process being managed to ensure	Mark Lobban,	1.10.2014

providers meet quality and financial standards. Communicating with staff to keep them informed. Close monitoring of data will be required to ensure there are arrangements in place for each client. Mobilisation phase commenced.	Director Commissioning	
Project to improve quality of care in independent sector. Framework to be produced.	Mark Lobban, Director Commissioning	1.10.2014
Preparations taking place for a tender for residential and nursing home care.	Mark Lobban, Director Commissioning	1.10.2014

Risk ID: SCHW 09	Risk Title: Information Technology				
Source / cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Need to ensure that information systems are fit for purpose and support business requirements.	There is a risk that the ICT systems will fail.	If information systems are not fit for purpose then it can impact on the business and the delivery of services.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing Mairead MacNeil, Director Specialist Children's Services Penny Southern, Director Learning Disability and Mental Health	Likely (4) **Target Residual Likelihood** Possible (3)	Serious (4) **Target Residual Impact** Moderate (2)

Control Title	Control Owner
An ICS board has been established to oversee the procurement and integration of the new system.	Mairead MacNeil, Director Specialist Children's Services
In specialist children's services, phase one of the new Liberi system has been implemented.	Mairead MacNeil, Director Specialist Children's Services
Upgrade to latest version of SWIFT/AIS for compelling technical reasons and the need to unsure the system meets Care Act requirements.	Penny Southern, Director Learning Disability and Mental Health
Systems group is in place with clear governance arrangements to manage demands for changes to the system and to ensure operational resilience.	Penny Southern, Director Learning Disability and Mental Health
It is recognised as a risk that the contract with the current system provider is time limited and the procurement procedures are to be implemented to prepare for a tendering process.	Penny Southern, Director Learning Disability and Mental Health

Action Title	Action Owner	Planned Completion Date
The contract with the current provider is time limited. A number of actions are now required. 1) A specification to be developed that reflects the Care	Penny Southern, Director Learning Disability and Mental	31.12.2014

Act/Transformation/SEND changes 2) A strategic decision making group to consider the direction of travel and the scope of business requirements. 3) Initiate and follow the procurement processes.	Health	
Any issues and risks regarding the new Liberi system are to be dealt with in the Programme board. Phase 2 to be implemented.	Mairead MacNeil, Director Specialist Children's Services	1.10.2014
Project management arrangements in place and working towards an upgrade of SWIFT/AIS. System user involvement to assist with the design and testing of an upgraded version of SWIFT/AIS.	Penny Southern, Director Learning Disability and Mental Health	1.10.2014

Risk ID: SCHW 10	Risk Title: Information Governance				
Source / cause of risk With New Ways of Working, flexible working and increased information sharing across agencies there are increased risks in relation to data protection.	**Risk Event** The success of health and social care integration is dependent upon organisations being able to share information across agencies boundaries. Such working means that client information may be shared with other organisations which may have an implication on information sharing protocols. Also flexible working could lead to increased risk of loss of data or equipment.	**Consequence** This could lead to breaches of the Data Protection Act if protocols and procedures are not followed.	**Risk Owner** Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	**Current Likelihood** Possible (3) **Target Residual Likelihood** Possible (3	**Current Impact** Significant (3) **Target Residual Impact** Moderate (2)

Control Title	Control Owner
Caldicott Guardian in place for SCHWB and Caldicott Guardian Guidance and register in place.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/Mark Lobban, Director Commissioning/Anne Tidmarsh, Director Older People and Disability/Penny Southern, Director Learning Disability and Mental Health
Clause in employment contracts requiring compliance with data protection requirements.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/Mark Lobban, Director Commissioning/Anne Tidmarsh, Director Older People and Disability/Penny Southern, Director Learning Disability and Mental Health
E Learning training for staff to raise awareness. All staff to complete the e-learning training.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/Mark Lobban, Director Commissioning/Anne Tidmarsh,

		Director Older People and Disability/Penny Southern, Director Learning Disability and Mental Health
Information sharing agreements and protocols for some specific projects are in place.		Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/Mark Lobban, Director Commissioning/Anne Tidmarsh, Director Older People and Disability/Penny Southern, Director Learning Disability and Mental Health
Organisational policies on IT security and the principles of Data Protection in place.		Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/Mark Lobban, Director Commissioning/Anne Tidmarsh, Director Older People and Disability/Penny Southern, Director Learning Disability and Mental Health
Action Title	**Action Owner**	**Planned Completion Date**
In SCS regular communication with staff to remind them of data protection requirements and the need to use secure e-mails etc. Also topic discussed at SCS Div MT.	Mairead MacNeil, Director Specialist Children's Services	1.10.2014
Information Governance reports to DMT with updates.	David Oxlade, Head of Operational Support	1.10.2014
All projects need to have information protocols and agreements where information is to be shared across agencies.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	1.10.2014
On-going work with health partners regarding information sharing through the Pioneer Programme.	Anne Tidmarsh, Director Older People and Disability	1.10.2014
Standard operating procedures being produced with organisations that are to be data processors with access to adult social care client database information.	Anne Tidmarsh, Director Older People and Disability	1.10.2014
Need to continue to raise awareness across staff groups	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	1.10.2014

Risk ID: SCHW 11	Risk Title: Business Disruption				
Source / cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Possible disruption to services	Impact of emergency or major business disruption on the ability of the Directorate to provide essential services to meet its statutory obligations.	Such an event would impact on the customers of our services and possibility the reputation of the service would suffer	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Penny Southern, Director Learning Disability and Mental Health	Possible (3) **Target Residual Likelihood** Possible (3)	Significant (3) **Target Residual Impact** Significant (3)

Control Title	Control Owner
Business continuity planning forms part of the contracting arrangements with private and voluntary sector providers	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Penny Southern, Director Learning Disability and Mental Health
Business Continuity Plans in place	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Penny Southern, Director Learning Disability and Mental Health
Business Impact Analysis is reviewed at least every 12 months or when substantive changes in processes and priorities are identified.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Penny Southern, Director Learning Disability and Mental Health
Good partnership working at all levels for emergency planning.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/ Penny Southern, Director Learning Disability and Mental Health
Crisis/emergency planning training available for staff.	

Action Title	Action Owner	Planned Completion Date
Learn lessons from the response to the adverse weather events that occurred in	David Oxlade, Head of Operational Support	1.8.2014

winter/spring.		
Workplace management team to work with strategic commissioning to ensure contracted services have business continuity arrangements in place.	David Oxlade, Head of Operational Support	1.10.2014
Business Continuity Risk Assessment identifies actions at divisional level	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	1.11.2014
Regular review and update of continuity plans	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	1.10.2014

Risk ID: SCHW 12	Risk Title: KCC KMPT partnership agreement				
Source / cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Partnership agreement with KMPT to deliver mental health services.	Risk that a failure to meet mental health statutory requirements would have legal, financial and reputational risks for the Local Authority and would impact on service quality for service users.	Legal, financial and reputational risks for the Local authority and impact on service users.	Penny Southern, Director Learning Disability and Mental Health	Possible (3) **Target Residual Likelihood** Possible (3)	Significant (3) **Target Residual Impact** Moderate (2)

Control Title	**Control Owner**
Improved governance and performance monitoring arrangements in place.	Penny Southern, Director Learning Disability and Mental Health
Safeguarding posts in place. Safeguarding audits take place and regular performance monitoring.	Penny Southern, Director Learning Disability and Mental Health
Operating Agreement developed and established between KCC and KMPT.	Cheryl Fenton, Head of Mental Health Social Work
Div Mt oversight of the joint operating plan and improved data quality to monitor services.	Cheryl Fenton, Head of Mental Health Social Work

Action Title	**Action Owner**	**Planned Completion Date**
Improve the supervision and support for social care staff - Arrangements for professional supervision in place. Induction for restructured posts in place and being implemented. Supervision audits on-going. Various workforce reviews undertaken - to monitor outcomes. Targeted recruitment plan re posts that are hard to recruit to.	Cheryl Fenton, Head of Mental Health Social Work	1.10.2014
Operating Agreement between KCC and KMPT monitored through Div MT on an on-going basis.	Cheryl Fenton, Head of Mental Health Social Work	1.10.2014
Continue to promote the personalisation agenda with social care clients in mental health services. Including increase in social care clients with a personal budget - some increase in the number of DPs. SDR service restructured. Training on personalisation provided, teams producing action plan re promoting personalisation.	Cheryl Fenton, Head of Mental Health Social Work	1.10.2014

Monitor KPIs -focus on red indicators and exception reports. Address IT issues - action plan to do this. On-going monitoring, discussion and action planning re KPIs in place. Learning from audits.	Cheryl Fenton, Head of Mental Health Social Work	1.10.2014
Develop the mental health social care responses in primary care; project management arrangements developed. A steering group is looking at models for the delivery of primary care/social care (clusters 1, 2 and 3)	Penny Southern, Director Learning Disability and Mental Health	1.10.2014

Risk ID: SCHW 13	Risk Title: Preparation for legislative change				
Source / cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Care Act and Children and Families Act.	Care Act - Significant implications for adult social care services. It establishes a new legal framework for care and support services. An emphasis on early intervention, prevention and increasing choice and control and changes to charging. New duties to be introduced to provide support services to carers. Children and Families Act introduced, implications for - assessments for children with SEN, adoption services and contact and residence plans.	The Care Act when implemented will have a significant impact on services. The Children and Families Act has implications for some SCS services and a significant impact on SEN services.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/Michael Thomas-Sam, Strategic Business Advisor	Possible (3) **Target Residual Likelihood** Possible (3)	Significant (5) **Target Residual Impact** Moderate (2)

Control Title	**Control Owner**
Transactional, activity and financial implications of the Act are reported to DMT. Implications of the Act also reported to CMT to inform the 2015/16 budget. On course to present a Programme Plan to the Transformation Board, Corporate Board and Cabinet Committee in July.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing/Michael Thomas-Sam, Strategic Business Advisor
Reports to Corporate Board and DMTs. Also to Policy and Resources Committee and Kent Joint Chiefs meeting.	Michael Thomas-Sam, Strategic Business Advisor
Children and Families Act implemented. Working with colleagues in SEN services on the changes.	Mairead MacNeil, Director Specialist Children's Services/Penny Southern, Director Learning Disability and Mental Health
A Care Act Programme established to ensure KCC is well placed to deliver the new responsibilities. A programme board in place with representatives from across KCC and the efficiency partner. Regular briefings for elected Members and other stakeholders held.	Michael Thomas-Sam, Strategic Business Advisor

Action Title	**Action Owner**	**Planned Completion Date**

To continue to prepare for the Care Act. Project plans in place with work streams for key areas. To determine the implications of the Act and the associated regulations and guidance for KCC. To prepare for implementation when the Act in enacted in 2015. To present the Programme Plan through Governance arrangements in July.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	1.10.2014
To keep DMT and Div Mts informed of developments and preparations for the Care Act. To communicate through briefings and updates to staff.	Michael Thomas-Sam, Strategic Business Advisor	1.10.2014
An outline programme plan in place with a number of projects including: costs modelling; communications; workforce capacity; commissioning; financial assessment and charging; safeguarding; IT and information systems	Michael Thomas-Sam, Strategic Business Advisor	1.10.2014
The principles contained in the Care Act to inform the Transformation programme.	Michael Thomas-Sam, Strategic Business Advisor	1.10.2014
Further input to an SEN pathfinder project and development of a "local offer".	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	1.9.2014
Workshops and training to be arranged on the implications of the Care Act.	Michael Thomas-Sam, Strategic Business Advisor	1.10.2014

Risk ID: SCHW 14	Risk Title: Organisational change				
Source / cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Significant amount of organisational change.	Several major change programmes underway at the same time.	Possible impact on service delivery and could lead to unclear responsibilities	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing Mark Lobban, Director Commissioning Mairead MacNeil, Director Specialist Children's Services Anne Tidmarsh, Director Older People and Disability Penny Southern, Director Learning Disability and Mental Health	Likely (4) **Target Residual Likelihood** Likely (4)	Significant (3) **Target Residual Impact** Significant (3)

Control Title	Control Owner
Programme Management arrangements in place with implementation groups and careful communication and engagement of stakeholders. Phase 3 of the Boundary Re-alignment project is in progress. Working closely with the Efficiency Partner on the Optimisation Programme and Transformation. Staff briefings have taken place and the formal consultation period is taking place in June 2014.	
New ways of working is leading to changes in KCC accommodation arrangements and where people are based. A New Ways of Working Risk Register exists to log risks. FSC has representation on the New Ways of Working Programme Board.	
Business support arrangements in place. On-going engagement in management team.	
Facing the Challenge: Delivering Better Outcomes. Transformation Plan - version 1 produced and disseminated. Phase	

2 now in progress - report went to the county council on 27 March with a progress report and update		
Action Title	**Action Owner**	**Planned Completion Date**
Phased approach to the project. Links to other programmes including Transformation, Access to Services and the HASCIP Pioneer Programme. Phase 3 of the project is underway. Formal consultation is taking place in June with feedback and final proposal expected to be announced in July 2014.	Anne Tidmarsh, Director Older People and Disability	1.10.2014
To continue to communicate the implications of New Ways of working for the Directorate and workplace management team to develop a NWW risk register. Key risks will then escalate to the SCHW risk register.	Penny Southern, Director Learning Disability and Mental Health	1.10.2014
Continue to maintain close working with support services e.g. finance, ICT, training, communication.	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	1.10.2014
Corporate transformation team set up, further workshops being delivered for staff. New Directorates took effect from 1 April 2014. Phase 2 of Facing the Challenge in progress	Andrew Ireland, Corporate Director, Social Care Health & Wellbeing	1.10.2014

Risk ID: SCHW 15	Risk Title: MCA and Deprivation of Liberty Assessments				
Source / cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
A judgement by the Supreme Court has implications for the number of Deprivation of Liberty Assessments that are required.	The number of Deprivation of Liberty assessments has significantly increased. This could lead to DOLs applications and Best Interests Assessments not being done within the statutory framework.	This could result in some people living in circumstances where they are deprived of their liberty based on the new legal interpretation but without a DoLs assessment. This could be detrimental to the individual and could result in a challenge based on the Supreme Court judgement.	Mark Lobban, Director Commissioning	Likely (4) **Target Residual Likelihood** Likely (4)	Serious (4) **Target Residual Impact** Moderate (2)

Control Title	Control Owner
DMT briefed on the judgment and its implications.	Andrew Ireland
Briefing issued by Corporate Director.	Andrew Ireland
Extension to 14 Days for urgent authorization of MCA assessments	Mark Lobban

Action Title	Action Owner	Planned Completion Date
To include staff currently on BIA training on the rota when they complete their training in June. Explore possibility of commissioning interim/agency staff to complete BIA work and the possibility of secondments providing the posts can be backfilled.	Mark Lobban, Director Commissioning	31.7.2014
Review the MCA/BIA work to identify any efficiencies that can be made in the processes or ways of working.	David Oxlade, Head of Operational Support	31.7.2014
As this risk is the result of a national judgment - most Local Authorities will be facing similar challenges. To keep abreast of any national (DH) or regional developments.	Mark Lobban, Director Commissioning	31.7.2014
An initial analysis to identify the likely extent of demand. The number of referrals has doubled and some providers have requested assessments of all their residents.	Mark Lobban, Director Commissioning	31.7.2014

From: Peter Sass, Head of Democratic Services

To: Children's Social Care and Health Cabinet Committee – Wednesday, 9 July 2014

Subject: **Work Programme 2014/15**

Classification: **Unrestricted**

Past Pathway of Paper: None

Future Pathway of Paper: Standard item

Summary: This report gives details of the proposed work programme for the Children's Social Care and Health Cabinet Committee

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 2014/15.

1. Introduction

1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decision List; from actions arising from previous meetings, and from topics identified at agenda setting meetings, held 6 weeks before each Cabinet Committee meeting in accordance with the Constitution and attended by the Chairman, Mrs Allen, Vice Chairman, M Crabtree and 3 Group Spokesmen, Ms Cribbon, Mr Vye and Mrs Z Wiltshire.

1.2 Whilst the Chairman, in consultation with the Cabinet Member, is responsible for the final selection of items for the agenda, this item gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Terms of Reference

2.1 At its meeting held on 27 March 2014, the County Council agreed the following terms of reference for the Children's Social Care and Health Cabinet Committee "*To be responsible for those functions that sit within the Social Care, Health and Wellbeing Directorate which relate to Children*". The functions within the remit of this Cabinet Committee are:

Children's Social Care and Health Cabinet Committee

Commissioning
- Children's Health Commissioning
- Strategic Commissioning - Children's Social Care
- Contracts and Procurement - Children's Social Care
- Planning and Market Shaping - Children's Social Care

Specialist Children's Services
- Initial Duty and Assessment
- Child Protection

- Children and young people’s disability services including short break residential services
- Children in Care (Children and Young People teams)
- Assessment and Intervention teams
- Family Support Teams
- Adolescent Teams (Specialist Services)
- Adoption and Fostering
- Asylum
- CRU/OoH
- Family Group Conferencing Services
- Virtual School Kent

Child and Adolescent Mental Health Services

Transition planning

Health – when the following relate to children

- Children’s Health Commissioning
- Health Improvement
- Health Protection
- Public Health Intelligence and Research
- Public Health Commissioning and Performance

2.2 Further terms of reference can be found in the Constitution at Appendix 2 Part 4 paragraph 21 and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2014/15

3.1 An agenda setting meeting was held on 22 April 2014 and at which items for this meeting’s agenda and future agenda items were agreed. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in appendix A to this report, and to suggest any additional topics that they wish to considered for inclusion to the agenda of future meetings.

3.3 When selecting future items the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any ‘for information’ or briefing items will be sent to Members of the Cabinet Committee separately to the agenda or separate member briefings will be arranged where appropriate.

4. Conclusion

4.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme to help the Cabinet Member to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions for future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings for consideration.

5.	**Recommendation:** The Children's Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 2014/15.

6. Background Documents

None.

7. Contact details

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Appendix 1

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE - AGENDA PLANNING 2014

Adapted from the former SCAPHCC work list – Adults items have been removed but Public Health items remain as they may relate in part to Children

Agenda Section	Items
23 SEPTEMBER 2014	
C – Children's Social Care	•
D – Public Health	• **School Health Service** final decision report, for endorsement or rec (part-exempt) *include child obesity and healthy weight* • **Update on breast feeding take up** (added at 22 April mtg) •
E – Performance Monitoring	• **Financial Monitoring Report** • **Action Plans arising from Ofsted inspection** (replaces former CSIP update) • **SCHW Performance Dashboards** (incl Annual Public Involvement and Consultation and Engagements Report) • **PH Performance Dashboard - Health Improvement Programme Performance report Annual Complaints and Compliments Report** • **Kent Safeguarding Children Board Annual report** • **Monitoring of links between Health Visitors and Youth Offending Service** (added at 22 April mtg)
F – for Comment or Recommendation	
G - Briefings	
3 DECEMBER 2014	
C – Children's Social Care	•
D – Public Health	•
E – Performance Monitoring	• **Financial Monitoring Report** • **Action Plans arising from Ofsted inspection** (replaces former CSIP update) • **SCHW Performance Dashboards and mid-year business plan Monitoring** • **PH Performance Dashboard - Health Improvement Programme Performance report**
F – for Comment or Recommendation	• **Budget**
G - Briefings	•
JANUARY 2015	
C – Children's Social Care	• **Children/Adults – Transition update** *(12 months on from report at Jan 2014 mtg)*
D – Public Health	• **Health Inequalities update** *(12 months on from report at Jan 2014 mtg)*
E – Performance Monitoring	• **Financial Monitoring Report** • **SCHW Performance Dashboards** • **Action Plans arising from Ofsted inspection** (replaces former CSIP update) • **PH Performance Dashboard - Health Improvement Programme Performance report**
F – for Comment or	• **Draft Revenue and Capital Budgets 2013/14**

Recommendation	
G - Briefings	•
SPRING 2015	
C – Children's Social Care	•
D – Public Health	•
E – Performance Monitoring	• **Strategic Priority Statements** incl **Risk Registers** • **Financial Monitoring Report** • **Action Plans arising from Ofsted inspection** (replaces former CSIP update) • **SCHW Performance Dashboards** • **PH Performance Dashboard - Health Improvement Programme Performance report**
F – for Comment or Recommendation	
G - Briefings	

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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