

**CHILDREN'S SOCIAL CARE AND HEALTH CABINET
COMMITTEE**

Tuesday, 20th January, 2015

10.00 am

Darent Room, Sessions House, County Hall, Maidstone





AGENDA

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 20 January 2015 at 10.00 am
Darent Room, Sessions House, County Hall,
Maidstone

Ask for: **Theresa Grayell**
Telephone: **03000 416172**

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

Membership (14)

- 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 (3) 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 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present

A3 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

A4 Minutes of the meeting held on 3 December 2014 (Pages 7 - 16)

To consider and approve the minutes as a correct record.

A5 Minutes of the meeting of the Corporate Parenting Panel held on 24 October 2014 (Pages 17 - 26)

To note the minutes.

A6 Verbal updates (Pages 27 - 28)

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

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

B1 Briefing - Health Visiting and Family Nurse Partnership (Pages 29 - 34)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Interim Director of Public Health on the operation of services which will become a responsibility of the County Council in October 2015, prior to a formal decision being taken by the Cabinet Member later in the year.

B2 Public Health Services for Children and Young People (Pages 35 - 40)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Interim Director of Public Health on an opportunity to develop a transformed and integrated approach to improving health outcomes for children and young people.

B3 Transformation of Children's Services and the 0-25 Unified Programme implementation decision (Pages 41 - 68)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Directors of Social Care, Health and Wellbeing and Education and Young People's Services, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to appoint Newton Europe to support the County Council in delivering the implementation phase of the 0-25 Unified Programme.

B4 Establishment of a Voluntary Adoption Agency (Pages 69 - 76)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing, and to comment and endorse or make recommendations to the Cabinet Member on the proposed decision to establish a voluntary aided agency to ensure the sustainability and continued improvements in the adoption service for Kent.

B5 Representation Rights and Advocacy service - contract award and pilot of Social value (Pages 77 - 80)

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

decision to award a contract for the recently-commissioned services to the successful bidder.

B6 Care Leavers Support Policy (Pages 81 - 128)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing, and to comment and endorse or make recommendations to the Cabinet Member on the proposed decision to adopt the approach set out in the report.

B7 Children's Emotional Wellbeing and Mental Health Services (Pages 129 - 136)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing, and to comment and endorse or make recommendations to the Cabinet Member on the proposed decision to extend the Children in Care element of the mainstream Children and Young People Mental Health service contract.

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

C1 Budget 2015/16 and Medium Term Financial Plan 2015/18 (Pages 137 - 170)

To receive a report from the Deputy Leader and Cabinet Member for Finance and Procurement, the Cabinet Member for Specialist Children's Services, and the Corporate Directors of Finance and Procurement and Social Care, Health and Wellbeing, to note the draft budget and medium term financial plan and make recommendations to the Cabinet Members on other issues which should be reflected in them, prior to the budget being considered by the Cabinet and County Council.

D - Monitoring of Performance

D1 Public Health Performance - Children and Young People (Pages 171 - 174)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Interim Director of Public Health, outlining the performance of services delivered to children and services which aim to improve the health and wellbeing of children and young people.

D2 Work Programme (Pages 175 - 182)

To receive a report from the Head of Democratic Services on the Committee's work programme.

EXEMPT ITEMS

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

Monday, 12 January 2015

Please note that any background documents referred to in the accompanying papers may be 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 Wednesday, 3 December 2014.

PRESENT: Mrs A D Allen, MBE (Chairman), Mrs M E Crabtree (Vice-Chairman), Mr R E Brookbank, Mrs P T Cole, Ms C J Cribbon, Mrs V J Dagger, Mrs M Elenor, Mrs S Howes, Mr G Lymer, Mr B Neaves, Mr C P Smith, Mr M J Vye and Mrs Z Wiltshire

ALSO PRESENT: Mr G K Gibbens and Mr P J Oakford

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health & Wellbeing), Mr A Scott-Clark (Interim Director Public Health), Mr P Segurola (Interim Director of Specialist Children's Services) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

16. Apologies and Substitutes
(Item A2)

No apologies or notice of any substitutes had been received.

17. Declarations of Interest by Members in items on the Agenda
(Item A3)

There were no declarations of interest.

18. Minutes of the meeting held on 23 September 2014
(Item A4)

RESOLVED that the minutes of this committee's meeting held on 23 September 2014 are correctly recorded and they be signed by the Chairman. There were no matters arising.

19. Minutes of the meeting of the Corporate Parenting Panel held on 4 September 2014
(Item A5)

RESOLVED that these be noted.

20. Meeting Dates for 2015
(Item A6)

The dates reserved for the committee's meetings in 2015 were noted, as follows:-

Tuesday 20 January
Tuesday 21 April
Thursday 4 June
Wednesday 22 July
Tuesday 8 September
Wednesday 2 December

All meetings would commence at 10.00 am. If an earlier start time were to be required for any meeting, this would be announced nearer the time.

21. Verbal updates
(Item A7)

1. Mr P J Oakford gave a verbal update on the following issues:-

Child Sexual Exploitation awareness session for Members of this Committee and the Corporate Parenting Panel on 18 December

Visits with principal practitioner to Folkestone had been very enlightening. He would shortly start a series of visits to all children's centres in the county, in alternate weeks with visits with social workers.

Kent Safeguarding Children Board Annual Conference on 13 November – 'Voice of the Child'

E.safety – he had recently seen Becky Avery's excellent presentation on e.safety and the effects of cyber-bullying and recommended it to the committee. He undertook to arrange for this committee and the Corporate Parenting Panel to see Becky's presentation.

2. He responded to comments and questions, as follows:-

a) the presentation on Child Sexual Exploitation for all Members, and the opportunity to discuss the issue at future meetings of this committee, was welcomed. Schools had a major role to play. Reporting of alerts was vital, and there was much work to be done in this area. Mr Oakford explained that he had met with the Director for Education and Young People's Services to discuss how schools could best train their teaching staff to handle the issue. The House of Commons report of a recent investigation into Child Sexual Exploitation gave a good summary of the issue, *and Members of the committee would be sent a link to the report*; and

b) the value of making a presentation to Members on cyber-bullying was questioned, if Members were not able to hear at first hand the views of young people on the issue. It would be more helpful for Members to be briefed in a school setting or at a Youth Advisory Group, where young people could contribute their views.

3. Mr A Ireland then gave a verbal update on the following issues:-

0 – 25 Programme Transformation Update – the design phase of work with Newton Europe had been very successful and the implementation stage would end shortly, with a presentation being made to the Portfolio Board and a key Cabinet Member decision being taken in the new year.

Child Sexual Exploitation – Ofsted themed inspection - the report of the recent inspection had been written in general terms, without highlighting any of the eight local authorities, including Kent, which had been inspected. The report included a number of recommendations, both for local authorities and for its own inspectors, on how to manage the issue. *Members of the committee would be sent a link to the report.*

Virtual School Kent Awards for 16+ and Care Leavers – the first such awards ceremony had recently taken place and, it was hoped, would come to have the same profile as the awards ceremony for younger children in care.

4. He responded to comments and questions, as follows:-

- a) asked about possible wider publication of the Ofsted themed report, Mr Ireland said that he had discussed with Ofsted the possibility of publishing the report once the current criminal proceedings had finished. Media coverage of the trials would draw some attention to some of the issues. The Kent Safeguarding Children Board had undertaken an independent review of Operation Lakeland, and this would also be published once criminal proceedings had finished;
- b) asked about coverage in the report of the issue of unaccompanied asylum seeking children (UASC) who had gone missing, Mr Ireland said there was no specific mention of any UASC, only mention of missing children in general; and
- c) asked about Kent's record in addressing cases of Child Sexual Exploitation, in comparison to other local authorities, Mr Ireland said that staff were well attuned and alert to the issue via training, which was mandatory for social work staff. He explained that victims of exploitation often did not see themselves as being exploited, believing themselves to be in a relationship, and could often only recognise exploitation in hindsight.

5. Mr G K Gibbens gave a verbal update on the following issues:-

School Public Health Service – contract extensions

Contract awards for Community Sexual Health Service, round 1 (November 2014)

1 October - attended Kent Malnutrition Conference at Ashford International Hotel

10 October - attended Public Health Mental Wellbeing Celebration Day at Sessions House – the aim of World Mental Health day on 10 October was to highlight mental health issues across all age groups and sections of society, as research had shown that one in four people would experience some sort of mental ill health during their lifetime. Early diagnosis was key, and, for young people, GP support and good transition from children's to adult service was key.

15 October - hosted Professor Chris Bentley's Health Inequalities briefing for Members at Sessions House – this had highlighted the seven stages of life and the importance of a child's early years. Health inequality was a huge issue to be tackled.

19 November - spoke at the Wellbeing Symposium at Detling Showground

26 November - attended Environment, Health & Sustainability Conference at Ashford International Hotel

6. Mr A Scott-Clark then gave a verbal update on the following issues:-

Update on health visiting – the Healthy Child programme would commence in October 2015 and would include both the health visitor and family nurse partnership services. Much work had gone into identifying current patterns of service delivery, and the condition of the service that the County Council would inherit in October 2015. The funding allocation for the service would also become clear at that time.

Family nurse partnership - this service worked with new mothers under the age of 19 and gave support to a child for the first 2½ years of life. It was designed to provide support around a family, including a child's father, with support being gradually reduced over time to allow a family to function on its own.

Work with preventative services – this service also worked with young parents and children in the first 2½ years of life.

Maternity – the County Council was currently working with clinical commissioning groupss to identify the best way for the two to collaborate to run key public health programmes, eg the BabyClear programme, which sought to reduce babies' exposure to cigarette smoke before birth and in their early years.

7. He responded to comments and questions, as follows:-

a) asked about the family nurse partnership service, he explained that:-

- the service would be commissioned by public health and would be part of its provider arm, delivered via the Kent Community Health Trust,
- it was a licensed, national programme and was very prescribed, eg in terms of monitoring, and was subject to national evaluation,
- the service would consist mainly of former health visitors with a public health background,
- where the service would be located was not yet known, but it was expected that family nurses would spend most of their time on home visits, rather than being based at an office or centre,
- families would be told about by, and be able to access the service via, their midwife, but all professionals working in the preventative and early help services would be aware of it, and
- the service would cover the whole of the county so all families were able to access a universal, common service. However, the time it would take to roll out the service over the whole county was, as yet, unclear;

b) it was important to make the best of available opportunities to establish links between families and the health visitor service, to minimise as far as possible the scope for a child to come into care. Mr Scott-Clark agreed that it was vital to check that the planned services to young families were actually being delivered and that there was good local integration of service;

c) good coverage of service was important, so that all areas of the county, including remote and deprived areas, could access them. It was important that service delivery be properly monitored. *An update on service delivery would be made to this committee in six months' time;*

- d) the promptness of parents receiving information about the health visitor and family nurse partnership services, at the start of a pregnancy, was important, and Mr Scott-Clark explained that information on the service would be given to any expectant mother who was eligible for the service at her first appointment with a midwife, the aim being to facilitate a meeting between a family nurse and mother as soon as possible;
- e) the service itself was not mandatory, although some elements of it were services which the County Council was required to deliver; and
- f) the aim of the health visitor and family nurse services, under the Healthy Child Programme, was that every young mother and child should receive support and advice until the child reached five and the school nurse service took over, ensuring good assessment supported by good planning.

8. The verbal updates were noted, with thanks.

22. The Way Ahead: Draft Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25) in Kent - Part 1
(Item B1)

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this item.

1. Ms Sharp introduced the report and explained that the draft strategy was being presented to Members for their comment and endorsement. This strategy represented the start of much work on emotional wellbeing, and regular updates would be made to the Committee. The strategy sought to address how best young people with emotional wellbeing issues could be given early support via the most appropriate route, before their needs escalated to require a referral to the Child and Adolescent Mental Health service (CAMHS). Ms Sharp and Mr Ireland responded to comments and questions, as follows:-

- a) the strategy and its clarity were welcomed. It set out why a service was needed and then how that service would be delivered;
- b) in response to a question about the number of family liaison officers in each school, able to offer early intervention, *Ms Sharp undertook to respond to the questioner outside the meeting.* Young people had said that they wished to be able to access support at school but not from a teacher. The role of trusted confidante should be kept separate from a teaching role;
- c) the offer to supply case studies mentioned in the report was welcomed as useful illustrations, and the delivery plan was eagerly awaited. *Ms Sharp undertook to supply these outside the meeting;*
- d) it was important that, amongst a number of professionals around them, a family had one person to whom they could link and from whom they could receive first-hand support;
- e) being able to access the right help, early on, would help prevent an issue escalating to a more advanced and distressing stage; and

- f) the Health Overview and Scrutiny Committee had been looking at CAMHS in depth over some months, and would be looking again at the whole contract in the new year. It was vital that regular monitoring of the issue be maintained.

2. RESOLVED that:-

- a) the draft Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25) be welcomed and endorsed; and
- b) the Health Overview and Scrutiny Committee be thanked for its work on scrutinising the Child and Adolescent Mental Health service (CAMHS).

23. Ofsted Inspection Mapping: Single Inspection Framework
(Item C1)

1. Mr Segurola introduced the report and responded to comments and questions from Members, as follows:-

- a) the timing of the next inspection was, as yet, unknown, but the Directorate was preparing for it to take place in the new year;
- b) the hope was expressed that the next inspection would review and acknowledge the vital role of the IRO service and the improvements made to this service, eg recruitment of two new IROs and the ongoing drive to reduce the average caseload, which would allow each IRO to spend more time engaging with each child;
- c) asked about peer reviews, Mr Segurola explained that the system of peer reviews and the allocation of authorities to undertake them was managed by a regional agency, so the County Council was not able to state a preference of which other local authority it wished to review its services; and
- d) it was confirmed that elected Members would be engaged by Ofsted inspectors as part of the review, and those who had taken part in past reviews confirmed that they had been interviewed.

2. RESOLVED that the findings outlined in the report, and given in response to questions, be noted, and the County Council focus attention on these areas when preparing for the next inspections of its specialist children's services.

24. Recruitment and Retention of Children's Social Workers
(Item C2)

Ms K Ray, Human Resources Business Partner, was in attendance for this item.

1. Ms Ray introduced the report and summarised key areas of work since the previous report to the committee's meeting on 23 September 2014. In addition to the recruitment activity figures presented in the report, one team manager post had been

offered, 50.5 FTE newly-qualified social workers had been recruited (some of whom had started work; some would start very shortly) and several more were being interviewed. The next wave of recruitment was expected in April and May 2015. Ms Ray responded to comments and questions from Members, as follows:-

- a) the newly-appointed social workers were of a good calibre and good feedback had been received about the new recruits. Newly-qualified social workers were easier to recruit, but to encourage more experienced social workers to move to Kent from other local authorities was more of a challenge;
- b) the number of social workers that Kent needed to have to meet its needs was approximately 430, so the latest intake of 50.5 FTE represented a significant proportion of this total;
- c) newly-qualified social workers would work with a reduced caseload and would need more support and training than more experienced workers. There was currently a good number of newly-qualified social workers completing university courses and seeking employment and it was hoped that this would continue;
- d) research had been undertaken on how long experienced social workers tended to stay in any one post, and to identify common patterns of career moves. The County Council had made tangible changes to its retention package in an effort to keep experienced social workers for as long as possible;
- e) asked about the possibility of re-training existing staff, who may not have the exact social work qualifications required but could be supported to study for them, Ms Ray explained that a scheme to sponsor staff to undertake social work degree courses with the Open University had been in place for the last few years. Mr Segurola added that the County Council also worked with colleges to offer training placements to social work students, who were then more likely to want to work for the Council when qualified. The benefit for the Council was that these newly-qualified staff would already be familiar with its work practices;
- f) asked about the apparent low success rate of only one appointment being made from 30 applications, set out in the recruitment activity in the report, Ms Ray explained that, although the Council advertised the requirements of a post very clearly, often applications were received from a number of candidates who did not have the required qualifications and were unsuitable to proceed to shortlisting and interview;
- g) there would always be some level of turnover of social workers, due to retirement and career moves, and the aim was to retain experienced social workers for as long as possible and to balance new recruitment with retention of existing staff;
- h) asked about continuous professional development for existing social workers, to allow the Council to 'grow its own' team managers, and how many such managers were needed, *Ms Ray undertook to check the*

number of current team manager vacancies and supply the information outside the meeting. Some team manager posts had been offered but the successful applicants had not yet taken up post. Most team managers were currently either employed by agencies or were existing staff who were acting up into the role. Any internal applicant who had been unsuccessful in applying for a team manager post would be given supportive feedback;

- i) asked about the imbalance between east and west Kent, in terms of attracting new recruits, Ms Ray explained that, when research had been undertaken nationally to identify issues, the main issue for east Kent had been the distance that workers would have to travel to work there. This applied to both permanent appointments and agency workers. Promoting the benefits of living in east Kent would help address this;
- j) asked about the possibility of County Council employees moving to work for agencies to access better rates of pay, Ms Ray replied that a few staff had moved for this reason and some others had moved to achieve more flexible employment; and
- k) asked about the car premium offered as part of the recruitment and retention package to social workers in receipt of the market premium, Mr Ireland said that it was too early to identify any impact of this, although he expected that it would have a positive effect. He added that recruitment and retention packages were targeted to address key stages in a social worker's career, ie starting out and moving on, which research had shown tended to be after three or four years in any post.

2. The Cabinet Member for Specialist Children's Services, Mr Oakford, commented that the early results of the recruitment measures being put in place were encouraging, with the number of permanent social workers having increased by 6% and the number of agency workers having decreased by 2% since the issue was last reported to the committee in September. He said that focus should now be directed towards retention of existing staff. The issue was not one just of money but of maintaining staff's interest in remaining in Kent, by minimising caseloads and offering continuous professional development. He asked that *a further report be made to the April meeting of the committee.*

3. RESOLVED that the information set out in the update report, and given in response to questions, be noted, and a further update report be made to the committee's April meeting.

25. Action Plans arising from Ofsted inspection - progress update *(Item D1)*

1. Mr Segurola introduced the report and set out key challenges, eg achieving consistency of practice and the need to increase post-adoption support to keep up with a rise on the number of adoptions. Monthly data monitoring was helping to map good practice and areas of development, so that evidence would be ready to share with Ofsted at the next inspection. He responded to comments and questions from Members, as follows:-

- a) asked what the committee could do to help officers prepare for inspection, Mr Segurola offered to share improvement documents with Members, as well as sharing with a local Member any issues which had arisen in their division. Mr Ireland added that the Member Improvement Panel had a valuable scrutiny role; and
 - b) asked if Kent's size and diversity made it difficult to share and spread best practice, or to keep track of issues such as the number of children placed in the county by other local authorities, Mr Ireland replied that it was possible to be confident of only about 60% of the available data on these placements. It was important that presentation of this issue at the next inspection was frank and robust, so the extent of the problem experienced by Kent would receive appropriate recognition. Ofsted might even be able to lend its weight to Kent's lobbying of government about this issue.
2. RESOLVED that information set out in the report, and given in response to questions, be noted.

26. Annual Report on Complaints and Representations - 2013/2014
(Item D2)

1. Mr Segurola introduced the report and responded to comments and questions from Members, as follows:-
- a) the term 'explanation', listed as an outcome to the largest number of complaints, meant that some level of clarification had been required in response to a complaint that information supplied to a service user or their family had been unclear. The lesson from this type of complaint was that information and advice given to service users should be as clear and user-friendly as possible, eg avoiding the use of jargon; and
 - b) another issue to be addressed was to reduce delay wherever possible, and as far as possible, in dealing with service user complaints. Tracking processes had been improved in the past year.
2. RESOLVED that information set out in the report, and given in response to questions, be noted.

27. Specialist Children's Services Performance Dashboard
(Item D3)

RESOLVED that the information set out in the dashboard report be noted.

28. Public Health Performance - Children and Young People
(Item D4)

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this item.

1. Ms Sharp introduced the report and said that most areas of performance had met targets, with the exception of breastfeeding. It was hoped that the recently-improved contract for community infant feeding would soon show an improvement.

Ms Sharp and Mr Scott-Clark responded to comments and questions from Members, as follows:-

- a) the Chairman said that her local Healthy Living Centre was undertaking work to promote breastfeeding but did not make available any data. Mr Scott-Clark agreed that data flow had been identified as a problem and that it was difficult to see a clear picture of progress;
- b) asked about mothers who were not able to breastfeed, and how they could be recorded in the data amongst those who did not breastfeed, Mr Scott-Clark explained that the prescribed way in which data was collected did not have scope to record those who could not feed so, sadly, this cohort was not reflected;
- c) similarly, mothers who started to breastfeed but did not continue would show up only by identifying the difference between the figures for the number of women initiating breastfeeding and for those still breastfeeding at 6 – 8 weeks, although the finer detail of when and why they had stopped would not be recorded;
- d) schemes to encourage mothers to breastfeed in public, and building support for and acceptance of this, would help. Premises could label themselves as being 'breastfeeding friendly'. Advice on breastfeeding in public places could be issued by children's centres. The Chairman added that the County Council aimed to provide facilities at County Hall for mothers to breastfeed and express milk, and she undertook to check on this. Ms Sharp advised that it was the responsibility of a line manager to support a returning mother to express milk at work; and
- e) a view was expressed that statistics on the rates of teenage pregnancy were not helpful in identifying trends as they were not as current as the data for other areas of activity, and that it was also not possible to make any comparison between areas. *Ms Sharp explained that future reports could include more detail.*

2. The Cabinet Member for Adult Social Care and Public Health, Mr Gibbens, endorsed the comments made about encouraging breastfeeding and making facilities available to support this and said that District Councils and schools needed to consider how they would make available such facilities. The Chairman added that committee Members' offers to support local schemes and distribute promotional material locally would be useful in spreading the message across the county. *Ms Sharp undertook to make available some promotional material to the next meeting of the committee.*

3. RESOLVED that the information set out in the dashboard report, and given in response to questions, be noted.

29. Work Programme *(Item D5)*

RESOLVED that the work programme for 2015 be agreed.

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 Friday, 24 October 2014.

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

ALSO PRESENT: Mr P J Oakford

IN ATTENDANCE: Mr P Segurola (Interim Director of Specialist Children's Services), Mr P Brightwell (Head of Quality Assurance, Children's Safeguarding Team), Mr T Doran (Head Teacher of Looked After Children - VSK), Mrs S Skinner (Service Business Manager, Virtual School Kent) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

38. Apologies and Substitutes
(Item A1)

The Democratic Service Officer announced that apologies had been received from Stuart Griffiths, Geoff Lymer, Roger Truelove and Jenny Whittle. No substitutions had been announced.

39. Minutes of the meeting held on 4 September 2014
(Item A2)

RESOLVED that the minutes of the Panel meeting held on 4 September are correctly recorded and they be signed by the Chairman. There were no matters arising.

40. Minutes of the meeting of the Kent Corporate Parenting Group (KCPG) held on 4 September 2014
(Item A3)

1. RESOLVED that these be noted.
2. Matters arising: Mr Vye raised two issues:-
 - a) Foster Carers often needed and sought a different type of support from CAMHS from that given to the children in their care, and their needs would need to be covered in any future debate of this issue; and
 - b) the KCPG had received a useful presentation from the Share Foundation about Junior ISAs for children in care, and the Panel was due to consider the same issue at its December meeting, with the aim of raising the profile of the issue. Mr Brightwell added that the County Council was hoping to be able to encourage Kent businesses to offer additional support to Kent children in care, in the form of charitable donations to savings, which would be shared between all children in care for them to access when they turned

18. The Chairman asked about the possibility of making a bid to Children in Need for a contribution to children in care but Mrs Skinner explained that this had previously been considered and discounted. The Share Foundation had been set up by the Government with the express purpose of helping children in care to prepare financially for their future.

41. Chairman's Announcements

(Item A4)

The Chairman made the following announcements:-

- a) Sophia Dunstan had recently given birth to a beautiful baby girl and the Panel agreed to send its congratulations and best wishes to her;
- b) the Health Overview and Scrutiny Committee had been looking into CAMHS and had received a report to its 10 October meeting, which would be copied to all Panel members. Mr Brookbank added that Greg Clarke MP had taken a great interest in CAMHS and had committed to press for the issue to be debated in Parliament; and
- c) the Panel had a number of afternoon meetings planned for 2015 (listed on the agenda and in minute 44, below) and she hoped that the start times could be brought forward to 1.00 pm wherever possible, to help those Panel members who needed to collect children from school.

42. Verbal Update from Our Children and Young People's Council (OCYPC)

(Item A5)

1. Mrs Skinner gave a verbal update, as follows:-

- a) while the Chairman of the OCYPC, Sophia Dunstan, was away on maternity leave, the Vice-Chairman would take over her role;
- b) an agenda for a 'Speak Up, Be Heard' workshop to be held in half-term, on 30 October, was tabled. The aims of the workshop were to increase awareness and the effectiveness of the OCYPC, to write a constitution for it and to encourage new members to join. A good attendance was expected;
- c) events arranged for half-term included a taster day for the work of the OCYPC, a Halloween event at Hever Castle and an event at Kingswood activity centre;
- d) three new VSK apprentices were shortly to be recruited, making a total cohort of six by the end of November. Two of the new apprentices were care leavers and the other had first-hand experience of the issues faced by care leavers. VSK also supported the care leavers apprentice scheme as part of the assisted apprentice scheme; and
- e) Sophia's replacement on the Panel would attend the Panel's December meeting. An informal meeting would first take place between the new VSK apprentices, the Panel Chairman and Mr Segurola.

2. In response to a question about trying to integrate young people in care with other young people in their area, perhaps by encouraging them to enrol in projects such as the Duke of Edinburgh award scheme, Mrs Skinner said that some young people in care did not wish to be picked out as such or treated differently from any other young person. Some children in care were on the Youth County Council and

attended bodies such as Youth Advisory Groups, but not as representatives of the care population. Their participation in such groups gave them a way of expressing a view on issues which were part of 'normal' teenage life. However, many young people were unaware of the issues faced by their contemporaries who were in care, so could benefit from some awareness-raising.

3. Panel members expressed a wish to resurrect the meetings which had taken place between young people in care and the former Children's Champions Board, at which informal discussion had been possible. It was important that the Panel should be able to hear first-hand how young people in care wished to relate to and be supported by their corporate parents.

4. The verbal updates were noted, with thanks.

43. Cabinet Member's Verbal Update (Item A6)

1. Mr P Oakford gave a verbal update on the following issues:-

Ofsted review of Children's Centres – the outcome of this review had been varied, with some centres scoring well and some not.

Adoption Activity Day – this had been a great success, with 12 or 13 of the 19 children who attended being matched with prospective adopters. The children involved had been those who were traditionally harder to place, and the success of this day challenged the previous negative media criticism of adoption events.

Meeting with Tim Smith, lead Police Officer for child sexual exploitation (CSE) and Trafficking – Mr Smith had offered an informal briefing for members and Mr Oakford asked Panel members to contact him if any wished to take up this offer.

Day out with principal social worker – a day spent at the local office, at a disability centre and on house calls around the Swale area with a principal social worker had been very enlightening, and he recommended that other elected Members take up the opportunity to do the same. He expressed his admiration for the professional and calm way in which the young female social worker dealt with the aggressive parents of a difficult family. He had seen at first-hand how much of a social worker's time (approximately 70%) was spent on administrative tasks.

Ofsted CSE review – Mr Segurola added that Kent had been one of eight local authorities to receive a thematic review of safeguarding practices and the way in which it dealt with child sexual exploitation issues. Four inspectors had spent a week in the directorate in mid-October, and initial verbal feedback had been very useful. Operation Lakeland and multi-agency working had been praised and there were constructive points around the quality of practice. There would be no formal written report for each local authority but an overall written report on all eight authorities.

2. Mr Oakford and Mr Segurola responded to comments and questions, as follows:-

- a) Mr Segurola undertook to follow up a request by a Panel member to spend a day shadowing a social worker. He supported Mr Oakford's comments about the value of accompanying a social worker for a day and added that social workers were also very pleased to be accompanied as it made them feel valued and supported;

- b) concern was expressed about the level of liaison between Ofsted and the Home Office about the placing of sex offenders. The pattern of placements in Kent by other local authorities meant that children with complex needs and higher risks were concentrated in some areas of the county. Mr Segurola explained that a placing authority was now required to consult the host authority before placing a child, and the effectiveness of this new requirement would hopefully soon be seen; and
- c) a related concern was raised about other local authorities placing vulnerable children in privately-run children's homes in Kent, and the difficulties of monitoring standards of care and safeguarding in those homes. Ofsted needed to be persuaded of these difficulties. Mr Segurola assured Panel members that the issue of other local authorities placing large numbers of children in Kent had been raised as part of the recent inspection, and Mr Oakford said that he and Mr Ireland would be writing to the Government to continue the lobbying about this issue and its impact, particularly in Thanet, which Mrs Whittle had pursued as the previous Cabinet Member. It was vital that the restriction upon placing children further than 20 miles from their home was enforced and taken seriously. Mr Doran added that the placement of many children with complex needs also had an impact on the schools in which they were placed. The new schools inspection regime meant that all schools would now be judged in the same way, with no account being taken of the disproportionate number of children in care or UASC which some Kent schools were required to accommodate.

- 3. The verbal updates were noted, with thanks, and the concerns expressed were generally supported by the Panel.

44. Meeting dates 2015

(Item A7)

- 1. The Panel noted that the following dates had been reserved for its meetings in 2015:-

Friday 13 February - 10.00 am
Thursday 9 April – 2.00 pm
Thursday 18 June – 2.00 pm
Thursday 3 September – 2.00 pm
Friday 23 October – 10.00 am
Tuesday 8 December – 2.00 pm

- 2. The Chairman said she hoped that the start times of afternoon meetings could be brought forward to 1.00 pm wherever possible. *This change was made following the meeting.*

45. CQC Review of Health Services - West Kent, Dartford, Gravesham & Swanley and Swale CCGs

(Item B1)

Ms N Sayer, Designated Nurse for Looked After Children, Kent and Medway, and Mr G Wheat, Chief Nurse of North Kent CCG, were in attendance for this item.

1. Ms Sayer introduced the report and summarised the key parts of the CQC report, in particular the areas which had been praised as good, such as initial health assessments to measure a child's state of health when entering care, and areas identified as needing improvement, such as health services for UASC and a central record of a child's health history to which they could refer back in later years. Ms Sayer, Mrs Skinner and Mr Brightwell responded to comments and questions from Panel members, as follows:-

- a) Mrs Carpenter said that, as a Foster Carer, she was always careful to keep medical records for her foster children so they could take complete and reliable information when they moved on. Maintaining good medical records would be helped if there were a requirement in the placement plan to check that records were up to date. Mrs Skinner clarified that every child in care had an extended version of the 'red book' which was issued to any mother upon the birth of a child, in which the child's medical records and other information could be recorded for posterity. She clarified that the new Liberi data management system included a facility to 'cut and paste' medical and other information about a child from one record to another so records could be kept complete and up to date. She reassured the Panel that if a foster carer did not receive such information at the start of a new placement they were encouraged to ask the social worker to provide it;
- b) in response to a question about checking that a child attended medical appointments, Ms Sayer explained that, for a statutory health assessment, it was the joint responsibility of a social worker, foster carer and health visitor to ensure that a child attended, and for other types of appointment, eg outpatients, it was a shared health and social care responsibility. She added that a child would be encouraged to view attendance at a health check as a positive activity, although the difficulty and discomfort experienced by some children having to attend frequent health checks, perhaps due to frequent placement changes, was acknowledged. Mr Brightwell added that, as part of their role, an IRO should check that medical checks for any child had been undertaken and were up to date;
- c) Mrs Skinner explained that all local authorities were required to return the carers' section of the 'strengths and difficulties' questionnaire. Kent had a good record of returning these. A new carer could find it difficult to complete the carers section for a newly-placed child whom they did not yet know well. For this reason, the strengths and difficulties' questionnaire was not the most reliable record;
- d) responding to a question about the responsibility for encouraging good health among UASC, Mr Brightwell explained that there were IROs who specialised in the issues experienced by UASC and who would take on issues around health, as well as educational attainment, eg by reviewing after-school activity. As the number of UASC had increased, the challenge of keeping abreast of these issues had also increased. However, challenges in maintaining good health and fitness were not limited to UASC. Mr Segurola added that impending structural changes to UASC services would seek to integrate them more closely with services for all children in care early in 2015;

- e) the importance to all children in care of undertaking the initial health assessment was emphasised, as they would be coming into care at a particularly vulnerable time of their lives. Initial health assessments should be completed within 20 days of a child coming into care;
 - f) in response to a question about the priority placed upon a UASC's mental health when coming into care, Ms Sayer explained that the initial health assessment would cover all aspects of health and a joint health and social care plan would be established to address any issues arising from the assessment. Vaccinations were a particular priority as many UASC would have come from countries in which organised vaccination programmes did not exist. Mental health issues were not a particular priority. An assessment of all issues would be undertaken at once and referrals to specialised services made, all at the same time. It was possible that some services would take up the referral earlier than others;
 - g) the challenges in addressing mental health issues for UASC were outlined. For support to be effective, a young person would need to be ready to talk about their mental health issues and be open to accepting support. To attempt to address issues too early might lead to the young person withdrawing and refusing to engage. Mr Brightwell added that a fine balance was needed. UASC may have witnessed and experienced traumatic events but could often appear to be less traumatised by them than might be expected. It was very difficult to judge the ability of UASC to cope with trauma. A green paper produced as part of Care Matters in 2006 had included a good description of emotional and physical health issues of UASC and children in care, which had estimated that some 60% of children in care had some existing emotional health and wellbeing issues, and coming into care could add to these. *Mr Brightwell undertook to supply a copy of this paper to Panel members. This was done following the meeting;*
 - h) the Panel had heard previously about the challenges of assessing the true age of UASC, partly due to a lack of formal paperwork available and partly because UASC often did not wish to reveal their age. Ms Sayer added that newly-arrived UASC had apparently been well informed about the checks which would be made when they arrived in the UK and would often refuse to attend dental appointments as this would involve the taking of X-rays, which could reveal their true age;
 - i) the Panel asked that a follow-up report on the outcomes of the CQC review be submitted in six months' time, and that this report include the review work being undertaken by Newton Europe.
2. RESOLVED that the information set out in the report and given in response to comments and questions be noted, the action plan be supported, a follow-up report on the outcomes of the CQC review be submitted in six months' time.

46. Head Teacher of Virtual School Kent (VSK) Annual Report
(Item B2)

1. Mr Doran introduced the report and highlighted the key areas of progress against national performance indicators and the challenges in meeting some of these, including:
 - a) Kent had three times the national average number of UASCs in its schools but no account was taken of this in measuring its GCSE results (many UASCs arrived at a time when they could not reasonably be expected to have settled sufficiently to score well at GCSE);
 - b) the method of measuring GCSE outcomes had changed in the last year, so a clear comparison this year had not been possible; and
 - c) the drop in the rate of GCSE passes had been exacerbated by the fact that resits in November could not be counted towards the overall total.

2. He responded to comments and questions from Panel members, as follows:-
 - a) special schools had a different financing structure to state schools and would apply the pupil premium differently. Foster carers wishing to help children to access services such as music therapy could apply for pupil premium plus. Mr Doran clarified that statutory guidance stated that pupil premium plus was to be used only to support attainment or accelerate progress. *He undertook to send information to Foster Carers about the website which detailed how to apply for such funding, and the Chairman asked that social workers also be reminded of how to apply for this so they could advise other foster carers.* Mrs Carpenter confirmed that many foster carers had struggled to access such funding, for example to help build social skills. *Mr Doran also undertook to respond to individual queries about access to specialist funding outside the meeting;*
 - b) arising from the apparent lack of clarity around the purpose of the pupil premium plus, Panel members asked that an explanation of the use of this fund, the challenges of accessing it, and how its use could be audited, be included in the next report; and
 - c) VSK had recently acquired responsibility for working with 16 to 18 year olds, and Panel members asked that the next report also include an explanation of how engagement with this age group would be approached.

3. RESOLVED that the progress made be noted, and that the next update report to the Panel include an explanation of the use of pupil premium plus, the challenges of accessing it, and how its use could be audited, and an explanation of how engagement with the 16 to 18 age group would be approached.

47. The Views of Young People in Care *(Item B3)*

1. Mrs Skinner and Mr Brightwell introduced the report and summarised the key points, in particular the ongoing challenge of finding ways of engaging with young people and seeking their views without adding to the 'survey fatigue' which had become apparent in recent years. Use of social media and instant messaging technology was an obvious alternative way of engaging, and the IRO service was currently developing an app, but encouraging social workers to embrace new technology was an ongoing challenge. Mr Brightwell responded to comments and questions from the Panel, as follows:-

- a) a new medium called 'liquid drop' would potentially be very useful as it could convert text to email. This had the advantage of being quick and easy to access and use from a mobile while giving a written record of conversations in the form of an email string. Kent already had a licence to use this technology as it was used by other services;
- b) key corporate parents and service directors needed to find a means of meeting up with young people informally to hear their views. It was suggested that the custom of the former Children's Champions Board, of meeting regularly with young people from the Young Lives Foundation and the 16+ provider, be resurrected. Mr Brightwell suggested that the Panel invite representatives of the OCYPC to a Christmas meal;
- c) it was important to measure young people's contentment but finding a way to do this would be a challenge. Mr Brightwell acknowledged the challenge of doing this and said that, although those who worked closely with young people could usually identify signs of content and comfort, measuring them was a challenge;
- d) although apps were a good way to communicate and gather feedback, a method of collating that feedback, and who should undertake that role, had yet to be identified;
- e) social networking media were less useful for engagement as they brought with them a level of risk around safeguarding issues;
- f) the way in which questions were worded was important; it was difficult to ask questions in a way which could identify the real picture; and
- g) reducing duplication between surveys by different bodies nationally was also important, as young people would not want to answer the same questions repeatedly. However, co-ordination would be a challenge.

2. RESOLVED that the report and the proposed actions be noted and a further update report be submitted to the Panel in six months' time.

48. Independent Reviewing Officer (IRO) Manager's Annual Report 2013-14
(Item B4)

1. Mr Brightwell introduced the report and explained that it was a statutory requirement that elected Members receive an annual report on the work of the IRO service, with the content of the report being prescribed. The aim of the IRO service was to provide subtle support to social workers and encourage improvement of practice. An ongoing challenge was the drive to reduce caseloads, although the average caseload for each IRO had been reduced from 120 (in 2010) to 86 (in July 2013) to a current target of 74. Caseload size was dictated by the number of children in care, which, it was hoped, could be reduced further, although the high and volatile number of UASC in Kent would make such a reduction difficult to achieve. Another ongoing challenge was to decrease the amount of time IROs spent on administration so the time spent with children could be maximised.

2. In responding to a comment that the challenge which IROs were able to bring to social work practice was robust, with the percentage of cases reviewed having risen from 23% to 30% in the last two years, Mr Brightwell explained that an IRO workshop in November would explore the issue of providing an effective balance of robust challenge and support. The IRO service was the only one to have this important dual role; Ofsted challenged service provision but did not have a support role.

3. RESOLVED that the annual IRO management report, and its findings, be noted, and the Panel's thanks for and appreciation of the role that IROs undertake in supporting young people in care, be recorded and conveyed to them.

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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 of Social Care, Health and Wellbeing
Mr A Scott-Clark, Interim Director of Public Health

To: Children's Social Care and Health Cabinet Committee -
20 January 2015

Subject: **Verbal updates by Cabinet Members and Corporate Directors**

Classification: Unrestricted

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

Children's Social Care

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

1. Meeting with Barnardo's – 4 December
2. Tunbridge Wells Youth Meeting, Swattenden – 13 December
3. Visits with Principal Practitioners – Ashford & Canterbury
4. Newton Europe Implementation
5. Meeting with Essex County Council – 22 January

Corporate Director of Social Care, Health and Wellbeing – Mr A Ireland

1. Emotional health and wellbeing summit
2. Peer review, Kent Safeguarding Children Board

Children and Young People's Public Health

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

1. 20 January – attending conference in London

Interim Director of Public Health – Mr A Scott-Clark

2. Healthy Child Programme Transfer
3. Campaigns

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

Andrew Scott-Clark, Interim Director of Public Health

To: Children's Social Care and Health Cabinet Committee

20 January 2015

Subject: Briefing – Health Visiting and Family Nurse Partnership

Classification: Unrestricted

Past pathway: This is the first committee by which this issue will be considered.

Future pathway: This committee will be asked to consider a Key Decision in June 2015 to enter into the contracts discussed at section 4.1

Electoral Division: All

Summary:

The transfer of responsibility of the commissioning of Health Visiting in October 2015 offers huge opportunity for the County Council to lead a whole system approach to provision for families with children aged 0-5, along with its partners across the Health and Wellbeing Board. The commissioning of health visiting and the Family Nurse Partnership will transfer from NHS England to local authorities in October 2015. This paper highlights background and performance data of the health visiting service and family nurse partnership in Kent.

Recommendation(s):

The Children's Social Care and Health Cabinet Committee is asked to comment on the report and endorse option 2, which is outlined in the paper.

1.0 Introduction

1.1 Our vision is for Kent to be a county which promotes independence and maximises opportunity for all residents, businesses and communities. The services we commission and provide must focus on promoting personal and family responsibility. Our aim is for individuals and families to be resilient and support themselves without the need for support from the Council. Where support is needed, our services should be focused on pro-active interventions that allow individuals and families to become independent quickly, and not require long-term support from the Council. For the most vulnerable in our

communities, where long-term support is required, then our services should always enable people to live as independently as possible.

The Healthy Child Programme provides an outcome based framework for services and support, outlining key actions and interventions that can be made in particular by Health visiting, GPs and the wider early help workforce. It recognises the receptiveness of families is unusual at this time and there is therefore a window of opportunity to intervene. The review of the programme will ensure that opportunities for integration and of provision are maximised and children, young people and their families receive integrated services.

- 1.2 In October 2015 the commissioning of the Health Visiting service (including the Family Nurse Partnerships service) will transfer from NHS England to Public health. The current provider of both services is Kent Community Health Trust (KCHT). The Public Health team is negotiating with the NHS England Area Team to ensure the smooth transition of the service into the council. This includes joint performance management and the joint negotiation of contracts for 2015 onwards. The annual contract value for both services is £20.5 (£20m is Health Visiting). There is work taking place currently between KCC public health, finance and NHS England on the exact amount at point of transfer.
- 1.3 The responsibility to commission these programmes brings further opportunity for an integrated approach for both commissioning and delivery moving forward in services for 0-5's.

2. Health visiting

- 2.1 Health visitors have a crucial role in the early years of a child's development providing ongoing support for all children and families. They lead the delivery of the Healthy Child Programme (HCP) during pregnancy and the early years of life. They also have key roles in developing communities, in early help and contributing to more complex care.
- 2.2 The Department of Health has set out five mandated areas of the Health Visiting service that councils must carry on providing for at least 18 months after they take on the new responsibility in October 2015. Under the new legal obligation, councils will have to make sure parents receive five visits from health visitors;
 - Antenatal health promoting visits
 - New baby review
 - When the child is aged six to eight weeks
 - One year assessment
 - Two to two-and-a-half year review
- 2.3 Evidence shows that these are key times to ensure that parents are supported to give their baby/child the best start in life, and to identify early, those families who need extra help (early interventions). These elements are delivered by health visitors or (less often) through FNP as part of an ongoing relationship with families and communities.

2.4 The Health Visiting service's current universal offer includes;

- Antenatal visit
- New birth visit
- Three to four month maternal mood assessment uptake
- One year assessment
- Two to two and half year development and family reviews.

The Universal Plus offer focuses on breast feeding, immunisation, healthy weight, sexual health and smoking cessation all key performance indicators within the Public Health Outcomes Framework.

2.5 The Health Visitor Implementation Plan 2011- 15 has a major focus on growing the workforce at scale and pace. Latest data from KCHT show the current trajectory of WTE posts by March 2015 is 329.6 against the original target of 342.2.

3. Family Nurse Partnership

3.1 The Family Nurse Partnership (FNP) is an evidence based, preventative programme offered to vulnerable young mothers having their first baby. It is a nurse led intensive home-visiting programme from early pregnancy to the age of two. It has four aims:

- Improved maternal health
- Improve pregnancy outcomes;
- Improve child health and development;
- Improve parents' economic self-sufficiency.

The criteria for women to be offered FNP are:

- First time mothers aged 20 and under at conception
- Eligible if previous pregnancy ended in miscarriage, termination, still birth;
- Enrolment should be as early as possible in pregnancy and no later than the 28th week of pregnancy.

3.2 International evidence has demonstrated that the programme can cost-effectively improve health, social and educational outcomes in the short, medium and long term.

3.3 The FNP was introduced in Kent in 2011. Two programmes were initially established in Swale and Thanet. The programme was expanded to Maidstone and Tonbridge & Malling in 2012 and further development is currently underway to deliver programmes in Gravesham, Dover and Shepway.

FNP Current service capacity:

- Thanet - 2 x Full Time Equivalent (FTE) FNP Nurses with a total capacity for 50 families
- Swale - 2 x FTE FNP Nurses with a total capacity for 50 families

- Maidstone - 2 x FTE FNP Nurses with a total capacity for 50 families
- Tonbridge and Malling - 2 x FTE FNP Nurses with a total capacity for 50 families.

3.4 There have been staff vacancies within the services which has resulted in a reduction in available capacity levels.

The capacity of FNP across Kent has recently increased and services are in the process of being established in the following areas;

- Gravesham – 1 x FTE FNP Nurse with a total capacity for 25 families
- Shepway – 1 x FTE FNP Nurse with a total capacity for 25 families
- Dover – 1 x FTE FNP Nurse with a total capacity for 25 families

3.5 The transfer of the commissioning of this programme offers significant opportunity for an integration of approach. For example, it has clear similarity with the Troubled Families programme in the delivery approach. It is intensive, in the home and focused on a particular cohort.

4. Contract options

4.1 It is important that NHS area teams work with local authorities to put in place contracts with existing providers to commence on 1 April 2015. Two alternative approaches have been proposed as highlighted below.

- Option 1. The area team can put in place a single contract for the full-year of 2015/16, with a deed of novation being approved by the relevant local authority at the same time as the contract is signed, confirming that the contract will transfer to the local authority on 1 October 2015.
- Option 2. The area team can put in place a six-month NHS England contract with the provider (KCHT) for the period from April to September 2015 and can help the local authority put in place a similar, but separate, contract with the provider for the period from October 2015 to March 2016.

4.2 Local Authorities have been asked to confirm to NHS England by 22 January 2015 their preferred approach to contracting for 2014-15 and where appropriate sign a deed of novation.

4.3 Option 2 is the preferred choice, given the time limitations and the need for Kent County Council Public Health Department to have an increased understanding of the health visitor and Family Nurse Partnership services and performance issues provided Kent Community Health Trust. Kent County Council Legal services have also been consulted and they also recommend that option 2 is followed.

5. Financial Implications

5.1 For 2015-16, the public health grant will additionally include a half year's cost of delivering the 0-5 children's public health services which are being transferred to

Local Authorities. The additional amount that Kent County Council are scheduled to receive is £10,816,000 for the period of October 2015 to March 2016

5.2 From April 2016, the public health grant will include all public health responsibilities transferred to Local Authorities from 1 April 2013 including 0-5 public health services based on advice from the Advisory Committee on Resource Allocation (ACRA).

6. Conclusion

6.1 The transfer of the health visiting service including the Family Nurse Partnership offers a great opportunity to drive a transformed integrated approach to delivery of the Healthy Child Programme. It aligns with key developments across KCC including the development of the KCC outcomes framework and the 0-25 transformation programme and also offers huge scope to drive integration across wider partners of the Health and Wellbeing Board.

7. Recommendation

7.1 The Children's Social Care and Health Cabinet Committee is asked to note the report and endorse option 2. Option 2 is the preferred choice given the time limitations and the need for Kent County Council Public Health Department to have an increased understanding of the health visitor and Family Nurse Partnership services and performance issues provided Kent Community Health Trust. Kent County Council Legal services have also been consulted and they also recommend that option 2 is the preferred choice.

8. Background Documents:

None

9. Contact Details

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From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
Andrew Scott Clark, Interim Director of Public Health

To: Children's Social Care and Public Health Cabinet Committee
20th January 2015

Subject: Public Health Services for Children and Young People

Classification: Unrestricted

Past pathway: This is the first committee by which this issue will be considered.

Future pathway: Cabinet Member Decision

Electoral Division: All

Summary

This paper outlines the opportunity to develop a transformed and integrated approach to improving outcomes for children and young people. It recommends that the current contracts for School Public Health Services are extended whilst the review of the Healthy Child Programme and 0 – 25 transformation works continue. The transfer of the Health Visiting service including the Family Nurse Partnership offers a great opportunity to drive a transformed integrated approach through delivery of the Kent Healthy Child Programme across the system with Health and Wellbeing Board partners.

Recommendation

Children's Social Care and Health Cabinet Committee is asked to comment and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend the contracts with Kent Community Health Trust and with Medway Foundation Trust. This will allow the review of the Healthy Child Programme and 0 – 25 transformation work to inform the future procurement of these services in line with the Healthy Child Programme and an integrated system.

1 Introduction

1.1 This paper presents further development on the planning and implementation of Public Health Services for Children and Young People, aged 0 -19. It follows the paper presented to the Children's Social Care and Public Health Cabinet on the 23rd September 2014.

1.2 The paper proposes that a decision is taken to extend the current contract with Kent Community Health Trust (KCHT) and with Medway NHS Foundation Trust (MFT) to allow for a Public Health transformation programme to deliver innovation, quality and further value from commissioned services.

1.3 Whilst the contracts are extended there will be three pieces of work. This will be the development of a new integrated model, development of the models of service delivery and a rigorous focus on contract monitoring.

2 Background

2.1 On 23rd September 2014 Cabinet Committee endorsed the decision to extend the contracts with Kent Community Health Trust and Medway Foundation Trust for 6 months. Both organisations are current providers of the School Public Health Service. The extensions mean existing contracts now end in September 2015.

2.2 Rigorous contract monitoring of the providers is in place as is scrutiny on adherence to the key requirements of the service specification and improvements to the service.

2.3 Contract extension will also allow for the outcome of the Children's Health and Wellbeing Board's review of the Healthy Child Programme (0 – 19) to influence the final model and the procurement of the new integrated service model for children and young people.

2.4 The Healthy Child Programme provides an outcome based framework for services and support, outlining key actions and interventions that can be made in particular by Health visiting, GPs and the wider early help workforce. It recognises the receptiveness of families is unusual at this time and there is therefore a window of opportunity to intervene. The review of the programme will ensure that opportunities for integration and of provision are maximised and children, young people and their families receive integrated services.

3 Transforming Kent Public Health Services for Children and Young People (0-19)

3.1 Since the Committee meeting on 23rd September 2014 a number of the reviews in relation to the Healthy Child Programme have begun including a significant maternity service review. The recommendations of these pieces of work will be crucial in the modelling of integrated public health services for children and young people.

3.2 The recommended standard for the delivery of the Healthy Child Programme depends on services for children and families being fully integrated. If effectively implemented, the Healthy Child Programme should lead to delivery of the following outcomes:

- Strong parent-child attachment and positive parenting, resulting in better social and emotional well-being in children
- Care that helps to keep children healthy and safe
- Prevention of serious communicable diseases
- Improve readiness for school and learning
- Provide early recognition of growth disorders and risk factors for obesity
- Early detection of developmental delay, abnormalities and ill health

A core element described in the programme is the delivery of service provision through a Healthy Child Programme Team. This team can be multiple providers or a partnership arrangement that can involve a number of agencies.

- 3.3 There will be further opportunity to develop the Kent Health Child Programme presents as the commissioning of Health Visiting services, including the Family Nurse Partnership service, is transferred to the Local Authority in October 2015. Once the safe transition of the contract from NHS England has occurred a period of scrutiny will allow opportunity to develop an integrated model that enables children and young people in Kent to get the best start in life.
- 3.4 Deferring the procurement of the School Public Health Service will bring opportunity to design and deliver a comprehensive and integrated service for children and young people aged 0 -19, in line with the Healthy Child Programme. This will allow opportunity for integration of the inherited Health Visiting service and the School Public Health service. Service re-design will be delivered through extensive stakeholder consultation and engagement, incorporating the 0-25 transformation programme across the local authority and Health and Wellbeing Board partners.
- 3.5 A recent review of learning within the Public Health team has concluded that the market for Public Health services remains immature and commissioning intentions should consider this. Delaying the procurement of the School Public Health service will allow for a programme of pro-active market creation and engagement to take place working with current and potential providers of services for children and young people.
- 3.6 It is recommended that the contracts with KCHT and MTW are extended to ensure continuity of service whilst transformation work takes place, including the review of the Health Child Programme and resultant modelling. A key decision will be required to extend the contracts further.

4 Financial Implications

The current annual value of the two contracts is £5,375,273

5 Conclusions

- 5.1 This paper identifies the opportunities which can be realised through deferring procurement of the School Public Health Service in order to pursue significant market development and integrated service design to develop public health services for children and young people, aged 0 -19. This work will be delivered alongside continued robust contract monitoring with an extension of existing contracts for School Public Health.
- 5.2 The transfer of the Health Visiting service offers a great opportunity to drive a transformed integrated approach to delivery of the Healthy Child Programme. It aligns with key developments across KCC including the development of the KCC outcomes framework and the 0-25 transformation programme and also offers huge scope to drive integration across wider partners of the Health and Wellbeing

6 Recommendations

- 6.1 The Children's Social Care and Public Health Cabinet Committee is asked to comment and either endorse or make recommendations to the

Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend the contracts with Kent Community Health Trust and with Medway Foundation Trust School Public Health Services to allow transformation and integration work to influence the future procurement of services that align with the Healthy Child Programme.

Contact details

Karen Sharp
Head of Public Health Commissioning
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Karen.sharp@kent.gov.uk

Relevant Director:

Andrew Scott-Clark: Interim Director of Public Health
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Andrew.scott-clark@kent.gov.uk

Background Papers

School Public Health – 23rd September Children’s Social Care and Health Cabinet Committee

A Model for School Public Health – 9th July Children’s Social Care and Health Cabinet Committee

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Adult Social Care & Public Health

DECISION NO:

For publication

Subject: Contract Extensions for Kent Community Health Trust and Medway Foundation Trust – School Public Health Service

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to agree that the County Council extend the current contracts with Kent Community Health NHS Trust (KCHT) and Medway NHS Foundation Trust (MFT) to deliver the School Public Health Service until 31st March 2016. This will allow the review of the Healthy Child Programme and 0-25 transformation work to inform the future procurement of these services in line with the Healthy Child Programme and the work toward creating an integrated system.

Reason(s) for decision:

Decision exceeds key decision financial criteria

Cabinet Committee recommendations and other consultation:

The Children’s Social Care & Health Cabinet Committee will consider the matter at its meeting of 20th January 2015

Any alternatives considered:

An earlier competitive tendering process was considered, but for the reasons outlined in the report this was not followed

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

.....
signed

.....
date

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From Peter Oakford, Cabinet Member for Specialist Children's Service

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

Patrick Leeson, Corporate Director of Education & Young People's Services

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

Date: 20th January 2015

Decision No: 14/00138

Subject: **Transformation of Children's Services, and the 0-25 Unified Programme Implementation Decision**

Classification: Unrestricted

Past Pathway: 0 – 25 Unified Programme Board

Future Pathway: Key Decision by Cabinet Member

Electoral Division: All

Summary: Following Kent County Council's successful improvement journey and exit from Ofsted Improvement notice, Children's Services have committed to continuing to improve, and to become more efficient through an ambitious Transformation Programme.

This report summarises the conclusions of Service Design activity that took place between August and December of 2014. The report accompanies a set of slides that will be presented to the Committee to outline the Business Case for implementation. In addition the report focuses on proposals to engage Newton Europe as a partner to support implementation.

Recommendations: Children's Social Care & Health Cabinet Committee is asked to:

1. Consider the outcomes of the Service Design phase of the 0-25 Unified Programme, and endorse the plans set out in the Business Case for Implementation
2. Comment and either endorse or make recommendations to the Cabinet Member on the proposed decision:
 - 1). To appoint Newton Europe to support KCC in delivering the Implementation Phase.

- 2). To delegate authority to the Corporate Director for Social Care, Health and Well Being and the Corporate Director for Education & Young People, to enter into the necessary contracts following initial confirmation of funding details and the satisfactory negotiation of detailed terms and conditions.
- 3) That the Corporate Director for Social Care, Health & Wellbeing and the Corporate Director for Education & Young People, or other suitable delegated officer, undertake the necessary actions to implement this decision.

1 Background

- 1.1 The council has been undertaking the 0-25 Unified Programme - an ambitious transformation programme designed to improve outcomes for vulnerable children by improving efficiency. This is the most recent part of our continuing improvement journey for children's services, and is in line with "Facing the Challenge". The programme is directly led by the council's relevant Corporate Directors through the 0-25 Portfolio Board, and reports to the Transformation Advisory Group, which is a member led body.
- 1.2 Children's services have been working in partnership with our efficiency partner Newton Europe to deliver this programme. Through an integrated approach, Specialist Children's Services (SCS), Early Help and Preventative Services (EH&PS) Divisions and Strategic Commissioning are re-designing the way that we deliver to children and families through the programme.
- 1.3 The programme has been following a staged approach. We commenced with an Assessment phase during which a detailed diagnostic of the way the council's services operate was undertaken. This has been followed by 20 weeks of Service Design activity, building on the diagnostic to fully test opportunities identified, and trial new approaches in a test environment.
- 1.4 The Service Design phase of the programme ended in December 2014, with the completion of a Full Business Case for Implementation. This means we have now reached a key point in the Programme, and need to take decisions about the implementation of the business case and the support and resources required to do this.
- 1.5 This report, along with the presentation, provide Cabinet Committee with the information needed to understand the work undertaken during Service Design, and the proposals outlined both for Implementation and for on-going support from Newton Europe.

2 Policy Framework

- 2.1 **Facing the Challenge, Whole Council Transformation:** The 0-25 Unified Programme is a key strand of the 0-25 Portfolio established as part of Facing the Challenge. This sets the context for the transformation of Kent County Council in light of financial constraints facing local government.
- 2.2 The programme is designed to deliver the objectives of Facing the Challenge, notably with regard to integration of services around client groups or functions, single-council approach to projects, programmes and review, and embedding commissioning authority arrangements.
- 2.3 **Ofsted framework for the inspection of services for children in need of help and protection, children looked after and care leavers (single inspection framework) and reviews of Local Safeguarding Children Boards:** This framework outlines the expectations for the way that children’s services should be delivered and the outcomes that they should achieve for vulnerable children, specifically including:
- A focus on the effectiveness of local authority services and arrangements to help and protect children, the experiences and progress of children looked after, including adoption, fostering, the use of residential care, and children who return home
 - The arrangements for permanence for children who are looked after and the experiences and progress of care leavers.
 - The effectiveness of leadership, management and governance arrangements and the impact they have on the lives of children and young people
 - The quality of professional practice locally

3 The Report

The 0-25 Unified Programme

- 3.1 The programme represents a key part of our Children’s Services Improvement journey – marking a transition from improving the service to transforming the way that we deliver outcomes for children and families.
- 3.2 A critical aspect of transformation is that it is rooted in the improvement of outcomes first and foremost, with efficiency savings being realised as a result of reducing need for expensive specialist and institutionalising services.
- 3.3 The Slides entitled “0-25 Vision”, “0-25 Ways of Working” and “0-25 Programme” demonstrate the key principles that underpin this programme. They provide more detail about the thinking behind the vision statement: “We will have fully integrated children’s services that deliver the best outcomes and safeguards for children, young people and families”.

- 3.4 The current programme represents the first stage in delivering this vision; this is the stage in which we seek to improve our core internal services and processes. However, our ambition is to have a fully integrated approach, and we will be working with partners both in terms of implementing this phase and in planning for further stages of transformation.

Service Design Phase

- 3.5 Following on from the Assessment Phase, Service Design was commenced on 30th June, and ran until the end of December. The activity has been undertaken in partnership between Newton Europe and KCC, led by three Service Design Teams made up of Officers selected for their relevant skills and experience.
- 3.6 Service Design set out to develop a robust business case for implementation, based on the following activities:
- To refine the opportunities identified during the diagnostic assessment;
 - Offer design solutions across areas of activity within Specialist Children's Services and Early Help;
 - Test solutions in a live pilot environment or 'sandbox'; and,
 - To establish an approach for the implementation phase of activity.
- 3.7 Sandbox is the name given to the test environment used to trial new methods identified in service design. The Sandbox is a physical environment, in KCC offices, in which KCC staff work together to implement new ideas. By closely monitoring and evaluating progress we are able to identify how an approach is working and whether we need to make further changes to have the intended impact.
- 3.8 For the purposes of Service Design there have been three key strands of activity with the programme. These have each focused on the delivery of a set of Opportunities for improving outcomes and efficiency. They are:
- Specialist Children's Services – Led by Philip Segurola
 - Early Help – Led by Florence Kroll
 - External Spend – Led by Thom Wilson
- 3.9 The Slides outline the key outcomes of Service Design. They include information about the areas of focus in the design process, as well as identifying key improvements evaluated during the Sandbox testing process.

Business Case for Implementation

- 3.10 The development of a Full Business Case has been a key product from the Service Design Phase. It outlines fully tested and implementable savings of between £17.7m and £28.2m. These savings were initially

identified during Assessment, further explored during the Design phase, and tested during the Sandbox.

- 3.11 The plan for implementation outlines a robust process to ensure the delivery of the savings in a way that delivers long-term sustainable outcome improvements. The case is built upon experience gained during Service Design, both in terms of the models and processes to be implemented and of working with KCC practitioners to achieve change in an operational setting.
- 3.12 The scale of change required to implement and sustain the new approaches is substantial, this is reflected in key aspects of the proposed approach:
- Implementation is proposed to commence in February 2015, and is not scheduled to complete until June 2016. This is to allow for a period of time for processes to embed and be tested in each area
 - A dedicated period of training and culture change activity to support leaders and managers to enhance the skills needed to implement change
 - Staggering implementation, rolling out in different areas at different times so that intensive work can take place in each area and each district can learn from the experiences of those that have been involved at earlier stages
 - Coordinating work with other activity within the 0-25 Portfolio, and ensuring internal resource such as finance and human resource support are in place and prioritised accordingly
- 3.13 The Business Case articulates the key risks the programme faces that could potentially affect implementation, and critical factors for success. These have been highlighted to the 0-25 Portfolio Board, and have helped to shape the nature of the approach to implementation.

Involvement of Newton Europe

- 3.14 Following their successful involvement in Adult Transformation, Newton Europe have been involved in the 0-25 Programme since the start. Phase 1 of transformation in adult services is complete, with the achievement of £30m of annual savings. The service is now engaged in Phase 2, in which Service Design activity is taking place, following an Assessment of opportunities for further outcome improvements and efficiencies.
- 3.15 Initially engaged by the 0-25 Portfolio to undertake the diagnostic assessment, Newton Europe were contracted to support KCC during Service Design by offering specialist skills and additional capacity to support the Council to deliver its transformation objectives.
- 3.16 The programme has been a success to date, and has led to the identification and testing of opportunities to improve outcomes and deliver efficiency savings. Newton Europe have worked closely with the

0-25 Portfolio Board throughout and have demonstrated an ability to create and embed changes to policy and practice in an operational environment.

- 3.17 Following consideration by the Portfolio Board it is now proposed that the Portfolio Holder take a decision to appoint Newton Europe to support the Implementation Stage of the Programme. This appointment would be on a Contingent Fee model (see Financial Implications section) and would be for delivery of a number of work streams, programme management support to a further two, and support to the core delivery of the programme.
- 3.18 A key aspect of the work with Newton Europe has been the involvement of KCC staff alongside external consultants. Our staff have benefitted greatly from this, gaining new skills to improve the way they work. Already in the 0-25 Programme this has involved training in using the skills and methodologies at the core of the transformation approach for 40 KCC staff. Implementation will include the design and delivery of a skills development and culture change programme which will further enhance the ability of KCC staff at all relevant levels to manage change.

4 Financial & Legal Implications

Financial Implications

- 4.1 As identified in 3.8 above, the implementation of the Business Case is expected to deliver between £17.7m and £28.2m. These savings will be delivered over three financial years from April 2015. The savings will be annual savings – such that they will recur each year. The savings are expected to accrue as follows:

	2014/15	2015/16	2016/17	2017/18	2018/19	Cumulative Total
Target	£0.0m	£7.6m	£16.9m	£17.7m	£17.7m	£59.9m
Stretch	£0.0m	£12.1m	£27.4m	£28.2m	£28.2m	£95.9m

- 4.2 Support from Newton Europe to the Implementation phase will require a support contract, with the majority of the fee established on a contingent basis. The cost of this support will be negotiated during January 2015, and will be within a maximum of £5.5million. This would be a one off fee – meaning that it would only affect the council’s budget in the year it is paid and is not recurrent. This cost would be met from a

provision that has been made within the council's draft budget for 2015/16 for Transformation purposes.

- 4.3 The level of saving achieved (£17.7m to £28.2m) when compared to investment (£5.5m) provides a return of between 3.2:1 and 5.5:1. This means that at worst, KCC would achieve a £3.20 saving each year for every pound invested.
- 4.4 However this comparison does not account for the fact that savings are annual whereas support is a single fee. As such we can calculate a Return on Investment for cumulative savings over a five year period. Using this approach the total level of saving is between £59.9m and £95.9m – or a saving to investment ratio of between 10.9:1 and 17.4:1.
- 4.5 A contingent fee means Newton Europe will be paid only if they deliver the savings, both cashable and non-cashable. This will limit the Councils' exposure. The contingent element of the fee is linked to the delivery of the efficiencies identified in the programme, and will only be payable in full if the whole of the £17.7m saving is achieved.
- 4.6 The Council's Section 151 Officer for the council will closely scrutinise the programme in order to ensure all savings which are accounted for have been achieved directly through the delivery of the programme. In this way the council can be assured that the fee will only be paid on the basis of successful delivery.
- 4.7 Subject to agreement to proceed, the Head of Procurement will negotiate the final terms of the contract.
- 4.8 The Cabinet Member for Specialist Children's Services will delegate responsibility to the Corporate Directors for Social Care, Health & Wellbeing and for Education and Young People's Services to ensure the necessary contracts are in place following final confirmation of funding details and negotiation of terms and conditions.

Legal Implications

- 4.9 The terms and conditions of the Partnership arrangement are defined within KCC's current Contract with Newton Europe as specified by the Health Trust Europe Framework.
- 4.10 The 0-25 Portfolio Board acts as managers of the relationship for the 0-25 programme and oversees the delivery of that programme. If any changes are required to the contract, this will be managed by the Board and Head of Procurement, with reference to the Partner Organisation for consideration. The wider strategic relationship with Newton Europe is managed by the Head of Procurement. This includes any variation to previous commercial arrangements, payments models and contract requirements across the piece.

- 4.11 The council controls Governance arrangements, giving it the ability to change them, in consultation with Newton Europe, if required.

5 Conclusions

- 5.1 The 0-25 Transformation Programme is an ambitious programme aimed at improving the life chances of the most vulnerable children in Kent at the same time as reducing inefficiency and therefore costs.
- 5.2 Following the Service Design phase the 0-25 Portfolio Board have proposed that the council continues to receive support from Newton Europe for the Implementation of the Full Business Case in order to improve outcomes and deliver annual savings of between £17.7m and £28.2m.

6. Recommendations

Children's Social Care & Health Cabinet Committee is asked to:

1. Consider the outcomes of the Service Design phase of the 0-25 Unified Programme, and endorse the plans set out in the Business Case for Implementation
2. Comment and either endorse or make recommendations to the Cabinet Member on the proposed decision:
 - 1). To appoint Newton Europe to support KCC in delivering the Implementation Phase.
 - 2). To delegate authority to the Corporate Director for Social Care, Health and Well Being and the Corporate Director for Education & Young People, to enter into the necessary contracts following initial confirmation of funding details and the satisfactory negotiation of detailed terms and conditions.
 - 3). That the Corporate Director for Social Care, Health & Wellbeing and the Corporate Director for Education & Young People, or other suitable delegated officer, undertake the necessary actions to implement this decision.

7. Background Documents

Appendix 1: Proposed Record of Decision – Appointment of Newton Europe as a partner organisation for the Children's 0-25 Programme Implementation Phase.

Appendix 2: 0-25 Programme Design Phase and Implementation
Presentation

8. Contact details

Thom Wilson – Head of Strategic Commissioning, Children’s, Strategic
Commissioning thom.wilson@kent.gov.uk

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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.

14/00138

If decision is likely to disclose exempt information please specify the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act 1972

Subject: : Transformation of Children's Services – Implementation Phase Partner Appointment

Decision:

As Cabinet Member for Specialist Children's Services, I AGREE:

- 1). To appoint Newton Europe to support KCC in delivering the Implementation Phase.
- 2). To delegate authority to the Corporate Director for Social Care, Health and Well Being and the Corporate Director for Education & Young People, to enter into the necessary contracts following initial confirmation of funding details and the satisfactory negotiation of detailed terms and conditions.
- 3) That the Corporate Director for Social Care, Health & Wellbeing and the Corporate Director for Education & Young People, or other suitable delegated officer, undertake the necessary actions to implement this decision.

Any Interest Declared when the Decision was Taken

None

Reason(s) for decision, including alternatives considered and any additional information

Transforming Children's Services will improve outcomes for vulnerable children. Additionally, efficiency savings will be realised as a result of reducing need for expensive specialist and institutionalising services. The development of a full business case for Implementation has been a key outcome from the previous Service Design Phase, with implementable savings of between £17.7m and £28.2m.

The programme has been a success to date, and has led to the identification and testing of opportunities to improve outcomes and deliver efficiency savings. Newton Europe have worked closely with the 0-25 Portfolio Board throughout and have demonstrated an ability to create and embed changes to policy and practice in an operational environment.

Due to the complexity of the business, the knowledge that Newton Europe has built up during the Programme and their track record to date, it is proposed that KCC procure (single source) Newton Europe for the Implementation Phase, through the HTE framework.

Background Documents:

Recommendation Report from Corporate Director to Cabinet Member

Cabinet Committee recommendations and other consultation:

The 20 Jan 2015 Children's Social Care & Health Cabinet Committee will consider the recommendation report and make comments to the Cabinet Member.

Any alternatives considered:

If Newton Europe are not appointed to support KCC for this phase, gaining alternative resource to deliver implementation will delay the transformation of Children's Services. Additionally it will delay the realisation of savings and put pressure on KCC to find alternative and potentially larger savings for 2015/16 and 2016/17.

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

None

.....
signed

.....
date

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Decision Referred to Cabinet Scrutiny			
YES		NO	

Cabinet Scrutiny Decision to Refer Back for Reconsideration			
YES		NO	

Reconsideration Record Sheet Issued			
YES		NO	

Reconsideration of Decision Published			



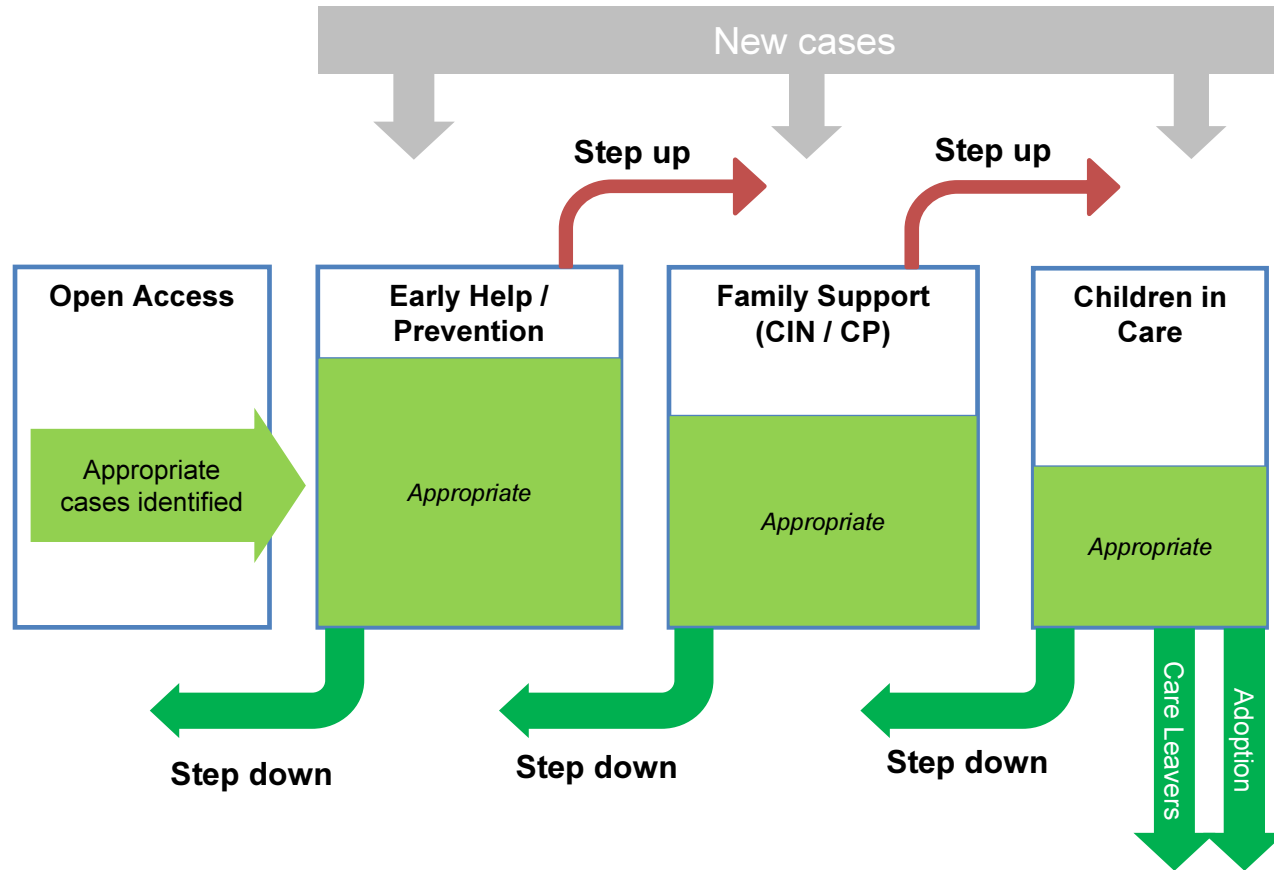
0-25 Programme

Design Phase and Implementation



0-25 Vision

“We will have fully integrated children’s services that deliver the best outcomes and safeguards for children, young people and families”

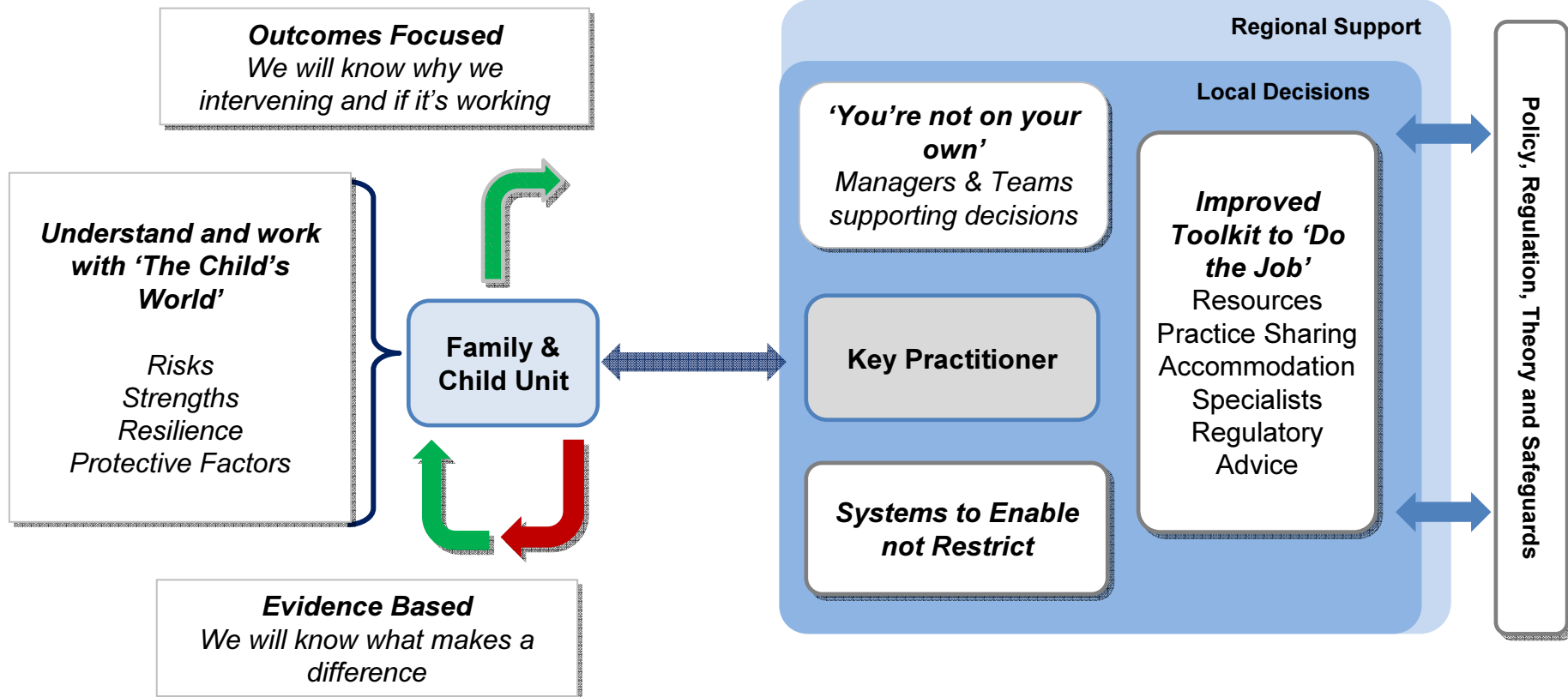




0-25 Ways of Working

“We will have fully integrated children’s services that deliver the best outcomes and safeguards for children, young people and families”

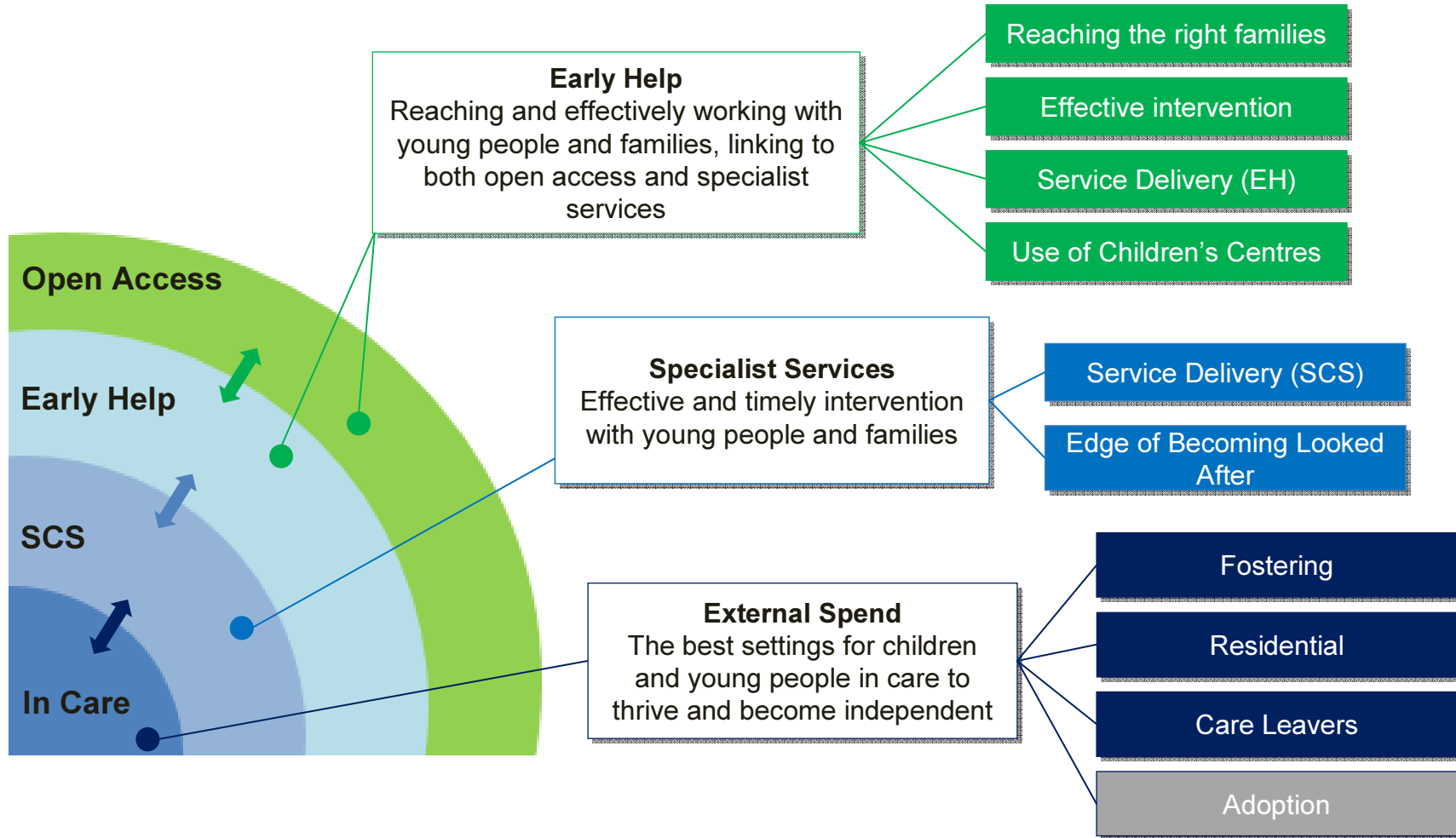
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0-25 Programme

“We will have fully integrated children’s services that deliver the best outcomes and safeguards for children, young people and families”



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Programme Aims

The programme objective is to deliver the first stages of the vision above. This first phase of transformation focuses on the areas that will make the biggest difference to children and families, where a large impact can be quickly seen, and where social worker time can be freed from non-contact work. It also targets the areas where the improvements would result in the greatest financial benefit. This breaks down into the delivery of several specific programme aims:

Fostering	Provide the best quality placements for children and young people, and work with Kent's foster carers to maximise the capacity and quality of the fostering service.
Residential	Place young people in the most appropriate placement to meet their needs, with the right support. Provide these placements quickly and with value for money, building relationships with the marketplace.
Care Leaver Pathways	Use the most appropriate support to promote independence for Care Leavers and Looked After Children
Specialist Children's Service Delivery	Children and families are directed to the right service at the front door to Specialist Children's Services. Teams work with the right child to achieve outcomes over the right timescale, where teams are supported by the right processes and information.
Edge of Becoming Looked After	Adolescents are fully supported to stay at home where possible and appropriate
Early Identification in Early Help	Fewer children with needs that meet SCS threshold through improved early identification & support in Early Help
Effectiveness in Early Help	Fewer children with needs meeting the SCS threshold through a more effective Early Help offering
Early Help Service Delivery	Appropriate interventions for the right amount of time to achieve sustainable outcomes, in a structure that supports and enables teams to do the best job possible



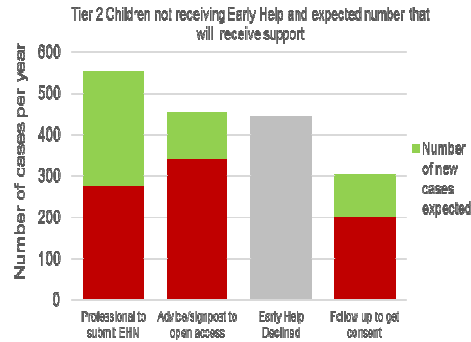
Opportunity Matrix - Savings

Programme	Workstream	Final opportunity: target (£m)	Final opportunity: stretch (£m)	Delivery plan (ownership)
SCS	Adoption	£0.30	£0.50	Not in implementation - descoped
Early Help	Universal Review	£0.50	£1.70	Not in implementation - KCC to deliver
	Service Delivery	£1.50	£1.97	NE
Early Help (saved in SCS)	Effectiveness Improvement	£1.08	£2.16	NE
	Early Identification	£0.95	£1.66	NE
	Step Downs and C&F	£7.00	£10.20	NE
Service Delivery				
SCS	Edge of Becoming Looked After	£4.10	£6.20	NE
	Fostering	£1.30	£2.20	NE
External Spend	Residential	£0.71	£0.90	Option KCC
	Care Leavers	£0.30	£0.71	Option KCC
	Total (all)	£17.74	£28.20	
	Total (excluding adoption and universal)	£16.94	£26.00	



Early Help

Early Identification (CDT)

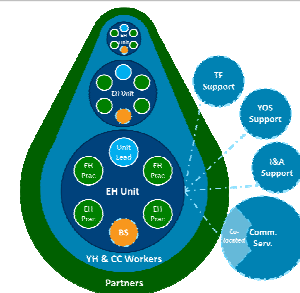


Through improved routing at CDT, an additional 430 - 500 families (640 – 740 children) will appropriately receive Early Help support

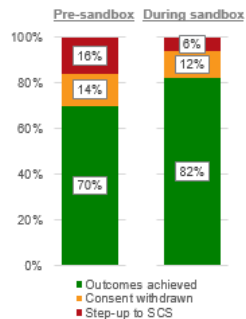
Service Delivery

Average duration of cases down from 41 weeks to 14 weeks through improved practice

- **Team structures**
 - Right mix of practitioners in a team
- **Workload and team capacity**
 - Workload per case
 - Reduced paperwork time
- **Preventing drift**
 - Actioning 'stuck' cases



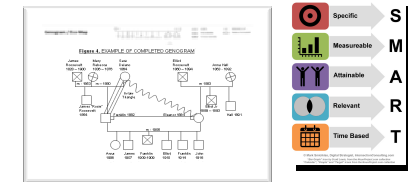
Effectiveness of Early Help



Increase from 70% - 82% achieving (tougher) outcomes

Ofsted mentioned sandbox approach after visiting group supervision – specifically highlighted as area of strength

- **Skills of teams**
 - Framework of intervention
- **Structure of teams**
 - Supporting teams through mgmt. and supervision
- **Supporting systems**
 - Shared practice, fair workload
 - Links to open-access services





Case Examples: Effective Intervention in Early Help

Complex adolescent case being held successfully by practitioner with 0-11 background through effective sandbox unit support.

Such a case would not previously have been safely worked within Early Help

Case Study: Young Person 'B'

Background

14 y/o boy, EH-N due to attendance

Identified issues:

- School attendance ~50%
- Behaviour issues (fighting in & out of school)
- Concerns around knife carrying incident

Early Help Intervention

Case being worked by Unit 1 EWO

- 'B' not engaging well
- Practitioner identified good relationship with Police Community Support Officer
- Group Supervision used to escalate need for greater PCSO intervention

Actions

Borderline case being held successfully & safely by Early Help Unit

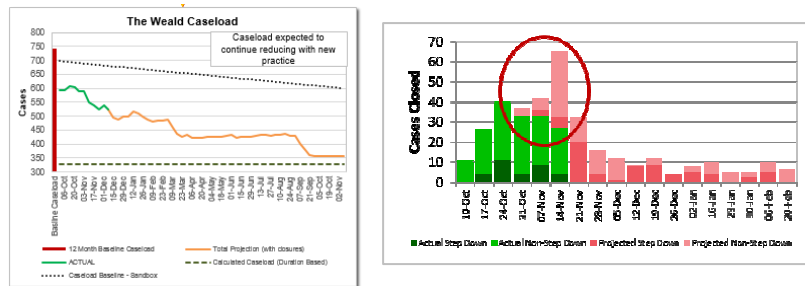
- Using Group Supervision effectively (esp YOT expertise)
- Building risk mitigation plan
- Consultation with SCS around threats made to 'B'



Specialist Children's Services

Assessment and Family Support Teams

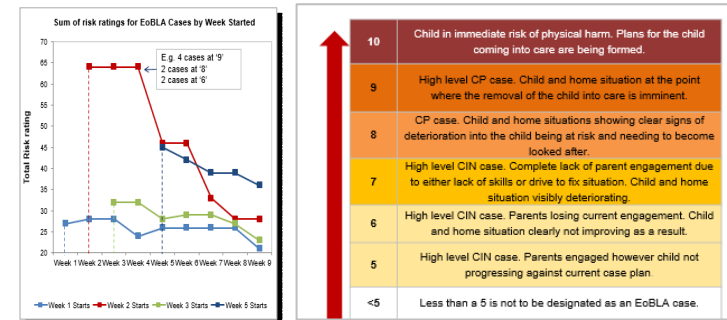
Actual caseload reduction of 18% over 12 weeks. Increase in step-downs from 4 a month to over 10 per week



- **Incoming cases**
 - Experience and confidence in applying threshold at CDT
- **Pathway for the child or family**
 - Ensuring right timescale of intervention and key decisions
- **Supporting processes**
 - Minimise closure and other delays
 - Structured approach to work

Edge of Becoming Looked After

88% of cases receiving a plan have decreased in risk rating



Impact across Kent will be achieved by new ways of working within districts:

- Identifying cases
 - Crisis intervention
 - Management support
 - Culture and creativity
- **Services and support available**
- District resources for adolescents
 - Relationships with resources



Case Examples: Safe Step Down from SCS to Early Help

Example of effective step-down case where practitioner coordinated with other partners to safely close case in 6 weeks.

Staff member: "I would not previously have had the confidence to hold this case, but the new structure has allowed me to access greater support."

Case Example: Step Down

Background

Step-down case from CIN in sandbox week 2.

7 y/o twins, one with behavioural issues, undiagnosed ASD & ADHD tendencies, misophonia (anxiety linked to noise)

Twin 'T' damaging property at school. Household debts leading to issues paying for food. Mum not secure in home (swords & axes in & around home)

Early Help Intervention

- iPod with calming sounds identified as effective way to tackle misophonia
- Support CAB visits with mum leading to debt management plan; Support with DLA form
- Coordinated with police & housing to ensure safety in home
- M4S referral to help twins access activities & build peer relations

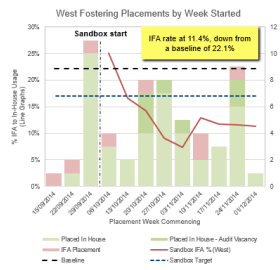
Outcomes

- Building time in classroom from complete isolation to spending 30 minute periods of time in class. Dedicated 1-1 worker in school, building towards statement
- Police & housing dealing with home safety issues
- Case closed 17/11/14 (6 week intervention)



External Spend

Fostering



- **Placing in the correct placement**
 - Visibility of vacancies
 - Control of process
- **Supporting families to take placements**
 - Social worker decisions
 - Recruitment and support

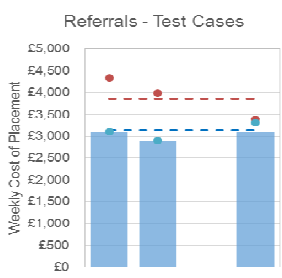
West IFA rate dropped from 22% to 11.5%

Equivalent to 5 fewer new IFAs in West over 10 weeks

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Residential

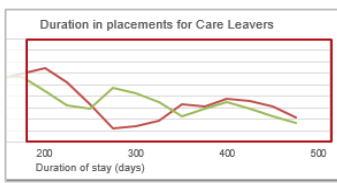
Placing with providers £275 per week below the average quotes received and historical baselines.



- **Lotting strategy**
 - Which providers are contacted
- **Costing elements**
 - Care provision breakdown
 - Other cost breakdown
- **Negotiation approach**

Care Leavers

Cases that exceed the average pathway to independence could be reduced by 33% in duration, providing improved outcomes for young people



- **Care leaver readiness**
 - Skills for independence
 - Training received
 - Clear objectives
- **Availability of accommodation**
 - Housing timelines



Practitioner and OFSTED Responses

New step down process, improved Early Help offer through sandbox, and better communications have increased confidence in stepping down

“Early Help are so much more receptive to our cases.”

“The new process really cuts down the red tape”

Quote from OFSTED on sandbox effectiveness:

“The children’s centre group is currently trialling a new way of working to manage the support for child protection cases. The ‘sandbox’ model has only been in place since September this year, but already improved working arrangements are in place with different agencies. This ensures all cases are frequently monitored and reviewed, and relevant prevention work is carried out to keep children safe”

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(Pre-Sandbox Start)

“You can never find your feet. There’s always something new to read or something to do and different interpretations.”

“Prior to this people just worked in silos I think the isolation in my role was just incredible because you really were completely disparate”

“The double district doesn’t work [...] you’re not enabled to make links because you’ve got to travel two hours to the next meeting and you can’t spare the time in your district to get to know the services and things that are available.”



(After Sandbox Start)

“I actually feel my self-esteem has risen within this new model. You feel you have the voice, you are listened to, it is shared, it is valued and all for the benefit of the young person or family.”

“The communication we’ve had in the past six weeks is far beyond the communication we’ve had in the previous six months”

“Here they ask so many questions, they want to know so much, that there’s no perceived threat in giving your real honest opinion.”

Practitioner Quote

“I love the tracker. Before, I was just allocated a load of cases without anyone knowing how much work it was. Now I can see exactly how much time I’ve got available”



What Will the Projects Do?

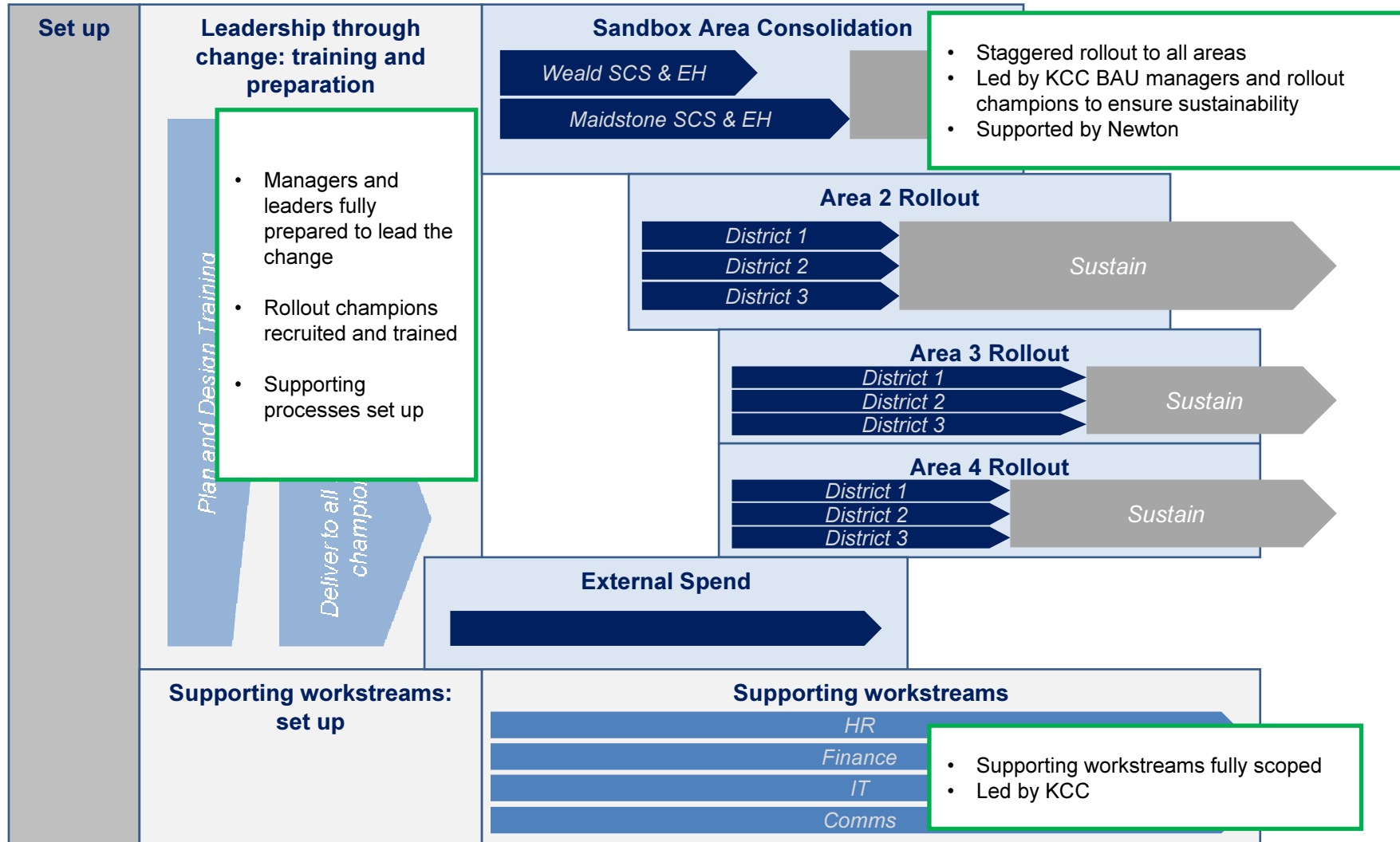
Project	Original State (Why)	What is the project going to do? (Summary)
Fostering	<ul style="list-style-type: none"> Inconsistent placement process; 38% vacancies not visible to teams High use of IFAs at extra £500 p.w. Sandbox evidence of reduction in IFA rate from 22% to 11.5% 	<ul style="list-style-type: none"> Introduce accurate visibility of all vacancies; embed consistent process for placement Gather the right information about why we cannot place in-house to develop the service further
Residential	<ul style="list-style-type: none"> No placement process for residential placements High variability in cost paid (swinging by >£1000 per week) Sandbox evidence of reduction in weekly cost of £275 through improved process 	<ul style="list-style-type: none"> Introduce robust residential placement process; tool with all residential homes listed by Ofsted rating and suitability factors; breakdown cost and care
Care Leaver Pathways	<ul style="list-style-type: none"> High variation in the duration a Care Leaver stays in supported accommodation Sandbox case reviews of 'long duration' cases show that leavers are not well supported with skills for independence, and housing planning lags behind 	<ul style="list-style-type: none"> Introduce an 'ideal pathway' plan for all Care Leavers Train CL team social workers on the ideal pathway Introduce visible data tracking for each pathway
Specialist Children's Services – Service Delivery	<ul style="list-style-type: none"> High drift; 40% potential reduction in pathway duration Poor relationships with Early Help; Average 4.5 week lag in closure of cases Sandbox showed case reduction of 18% in FAST teams and resource reduction in CIC/SWAs 	<ul style="list-style-type: none"> Introduce daily and weekly review cycle of case progress within teams Build new step-down process Smooth workload across CIC and SWA teams
Edge of Becoming Looked After	<ul style="list-style-type: none"> High variability in the volumes of adolescents entering care by district, proportional to caseload No 'Kent way' of managing adolescent crisis cases Sandbox showed 88% of cases de-escalated when receiving an EOBL plan 	<ul style="list-style-type: none"> Introduce flagging and escalation process for all adolescent 'edge of care' cases Introduce common crisis intervention process across Kent



What Will the Projects Do?

Project	Original State (Why)	What is the project going to do? (Summary)
Early Identification in Early Help	<ul style="list-style-type: none"> Cases being identified at CDT as needing early help but never accessing a service: Sandbox showed an additional c.650 children should be receiving EH every year 	<ul style="list-style-type: none"> Introduce new routing process for Early Help cases directly from CDT into EH Triage or districts
Effectiveness in Early Help	<ul style="list-style-type: none"> 30% of cases stepped up or withdrew from Early Help services Outcomes not SMART, and inconsistently written Sandbox showed improvement of 10% in cases achieving outcomes 	<ul style="list-style-type: none"> Focus on setting SMART objectives and weekly actions that move cases towards those objectives Introduce tool that tracks the progress of every case to ensure 'stuck' cases are clearly visible
Early Help Service Delivery	<ul style="list-style-type: none"> Fractured structures, practitioners operating in silos Low morale among teams; Practice not shared between workers High case durations causing inflated caseloads 	<ul style="list-style-type: none"> Introduce Early Help Unit structures to all locations Introduce workload tracking to inform allocation and ensure all practitioners are well utilised but not over-stretched Improve practice (in effectiveness section) to lower drift in case durations

Implementation Overall Model





Key Considerations for Implementation

Changes will not be sustainable or manageable without these key factors in place

- **Change is owned and driven by the Cabinet Members, the Corporate Directors and Directors**
 - Single coherent message of what's changing and why
- **Change is led by the Assistant Directors / Heads of Service and District leads**
 - Fully bought into the changes
 - This is their programme, they lead the drive and they are accountable for results
 - Able to explain metrics and how they will be able to impact them
- **Team managers and district leads know their role and expectations in the change process, and are equipped to do the job**
 - Newton act as support, but not as leadership
 - Skills profiling exercise
- **Training fully developed and delivered to all managers and leads in advance of roll out**
 - Tool / process specific training
 - Practice training
 - Leadership and management training

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 – 20 January 2015

Decision No: 15/00004

Subject: Establishment of a Voluntary Adoption Agency

Classification: Unrestricted

Past Pathway: 0-25 Portfolio Board

Future Pathway: N/A

Electoral Division: All

Summary: This report provides Cabinet Committee with the outline of a proposal to establish a new Voluntary Adoption Agency working in partnership with our improvement partners, Coram. The aim of the project is to achieve further progress in the Adoption services we offer, and to achieve earlier permanence and improved outcomes for children in the care system in Kent.

'Facing the Challenge' has identified adoption as a service to be considered for Phase 2 of the Transformation Programme. The proposal to establish a Voluntary Adoption Agency will follow the principles of service redesign outlined within the Facing the Challenge programme.

Recommendation(s):

Children's Social Care and Health Cabinet Committee is asked to note the content of this report and to endorse or make recommendation to the Cabinet Member for Specialist Children's Services on the proposal to:

- 1) AGREE to establish Coram Kent Adoption, a voluntary aided agency (VAA), be undertaken to ensure the sustainability and continued improvements in the Adoption Service for Kent.
- 2) DELEGATE to the Corporate Director for Social Care, Health & Wellbeing, or other suitable officer, responsibility to implement this decision.

1. Background and Context of Kent's Adoption Service

1.1 The Adoption Service in Kent has been on a significant improvement journey since 2011. In July of that year, Martin Narey, the former Chief Executive of Barnardos was commissioned by the Council to carry out a review of its adoption services. This review was to establish what could be done to significantly increase the number of adoptions in the County and ways that the Council, working with the family courts, and improving its own processes, could speed up and streamline the process.

1.2 This report contained a number of recommendations, including one which suggested that KCC commission an independent provider specialising in adoption improvement services to manage the Council's adoption services and deliver the suggested improvements. As a result the County Council entered into partnership with Coram, a highly regarded children's charity with an established and successful track record. As well as working successfully in Kent, Coram have been successful in working under the sponsorship of the DFE and in partnership with other local authorities e.g. Harrow and Cambridgeshire.

1.3 The improvement journey of the partnership has been rapid and successful to date. Between 1 April 2013 and 31 March 2014 145 children were adopted in Kent, which is significantly higher (38.1%) than the number of children adopted in 2012/13 (105) and over double (107.1%) the number of adoptions achieved in 2011/12 (70). In addition to this, a summer 2014 follow up review of the service by Jonathan Pearce who had led the Independent Improvement Board for Ofsted found that adoption in Kent now has considerable strengths.

1.4 A report on the progress review of Children's Services in Kent for the Parliamentary Under Secretary of State for Children and Families by Liz Railton CBE concluded that "impressive progress has been made in the Adoption Service, mainly due to a very effective contract between KCC and the voluntary organisation Coram.....Jonathan Pearce reports that there is strong evidence of drive, aspiration and ambition among the leaders, managers and staff to keep this service on a course of continuous improvement".

1.5 Concurrently the Department for Education (DfE) established a fund for the start-up of new Voluntary Adoption Agencies to generate more adoptive families and improve the effectiveness of adoption processes.

2. Establishing a Voluntary Adoption Agency in Kent

2.1 Coram with Kent as contributing partner has successfully submitted a bid to the Department for Education (DfE) for a Voluntary Adoption Agency (VAA) start-up grant. Details of the grant will be confirmed in due course. The existing strategic improvement partnership between Coram and Kent County Council, in which Coram has been catalysing developments and adding expertise, is a positive basis to develop further into a new type of partnership in delivering permanence to children in need of adoptive families. It is now proposed to consolidate the existing arrangement with Coram by moving towards a fully managed service configured as a Voluntary Adoption Agency.

2.2 The setting up of a new VAA is an important step. It has a clear aim to provide a stronger supply of suitable adopters for often highly vulnerable children in immediate need of a placement. In doing so it must meet legal and statutory requirements of a VAA, be registered with Ofsted and perform to high standards in the recruitment, assessment and approval of adopters. It must also have robust systems for market advertising, handling enquiries, adopter preparation and training and post adoption support; it must have systems for effective leadership to induct, manage and support staff, supervise work to high professional standards and sustain effective and successful delivery.

2.3 Council's are encouraged to enter into such arrangements, and supported by central Government through the establishment of the fund. This is considered to be the most effective means for the council to establish a new service, and to meet the needs to children in care. The Council will discuss and negotiate with Coram to set up the most appropriate commercial method for contracting for these services. The Council will need to ensure that all the services requirements, risks and benefits are understood both and roles are clear on both parties and the obligations for achieving a robust commercial model for delivery is clearly documented and understood. If for any reason, that the Council is unable to negotiate with Coram the Council would need to look at other routes for contracting these services in the wider market place.

2.4 The stated objectives are to:

- increase adopter recruitment by adding capacity to attract and assess adopters to give a permanent home to children wherever they come from;
- achieve earlier permanence for children in the care system in Kent by increasing use of concurrent planning and fostering for adoption widening placement choices and options;
- increase productivity and sustainability through a shared delivery infrastructure.

Additionally a new VAA must progressively achieve propensity for increasing the supply of adopter placements within three years of it operating. To do this is likely to involve an innovative model of delivery agreed between the parties.

2.5 Alongside its key aim to deliver more adoptive placements the new organisation will enable best practice in the recruitment, assessment and training of prospective adopters, will increase the use of concurrent planning and fostering for adoption, widening placement choice and options and forging a strong communications approach that capitalises on existing networks and opens up new potential to the system.

2.6 The setting up of the VAA will include registration with Ofsted, the appointment of an Interim Manager, a subsequent appointment of a VAA Service Director. It will require infrastructure and professional resourcing with robust transition planning to ensure continuity of delivery as the VAA becomes established.

2.7 The new VAA will be developed in the context of related adoption reforms including resourcing of post adoption support that in turn should attract more people willing to adopt in the confidence of relevant support, as well as other national strategies aimed to change public attitudes.

The schedule of activities in the development of the VAA involves three key stages with significant interdependencies,

- i) formation and start-up,
- ii) coterminous investigation and options appraisal and decision, and
- iii) mobilisation and transformation for continued and enhanced delivery

Risk and contingency strategies will be put in place together with a Memorandum of Understanding to endorse the workings of the partnership.

3. Governance of the VAA

3.1 The governance of the VAA would be through a Coram Shadow Board with formal co-opted representation from Kent County Council, and legal, human resource and adoption practice leads in attendance. Both parties will have in place reporting and delegated authority arrangements within respective services. For Kent County Council this would include elected members, ensuring clarity of communication and decision making and effective harnessing of resources at all stages.

4. Links to Facing the Challenge – Whole Council Transformation

4.1 The Council wide transformation programme, 'Facing the Challenge' has included the Adoption Service for a service review as part of phase two. The aims of the programme are:

- place the customer at the heart of service delivery
- shape services around people and place
- look again at our services, the difference they make and whether there's a better way, taking a prompt from our customers and the people working close to them
- place a greater focus on outcomes - being clear on what we're trying to achieve
- a more coordinated approach to project and programme management

4.2 The project to create a VAA for Kent will meet all of these key aims. It will be stringently project managed through the Project Steering Group. The project has an appointed Project Manager in both KCC and Coram to ensure that delivery is effectively managed.

5. Financial Implications

5.1 An Executive level Project Board has been established to assess feasibility, and manage the development and establishment of a VAA in Kent. The Board includes representation from Lead Member for Specialist Children's Services and the Corporate Director for Social Care, Health & Wellbeing, with support from Officers representing different functions in the council.

5.2 The Board will have a remit to fully scope out all financial implications. Work is now underway between Coram and Kent County Council finance teams to identify the potential financial implications as part of the work of the project board. The financial envelope for the current Adoption Service and the expected costs for the

new VAA are comparable. In the longer-term this development is expected to deliver savings and significantly increase value for money – through improving outcomes for children in the care system.

5.3 There are start-up costs associated in the development of the VAA. The successful bid to the DfE is for funding to enable the set-up of the VAA, so the financial impact on the County Council will be cost neutral.

5.4 It is expected that KCC staff will transfer to the new VAA following establishment. When this happens, the pension liabilities for existing staff will remain with KCC. This is the approach that Coram has agreed where this model has been adopted elsewhere, and is considered as essential in order for them to manage the financial risks associated with this innovative arrangement.

6. Statutory, Risk and Legal Implications

6.1 Further work is required to consider the long term legal, contractual and procurement implications of a transfer of any of the functions currently within the Adoption Service to a VAA.

6.2 Key risks and issues are being identified as part of this work. A risk and issues log is being established as part of the Board workings, and will be regularly monitored and updated.

6.3 A full Equality Impact Assessment will be undertaken in relation to the impacts of the new arrangements.

7. Location of the Voluntary Aided Agency

7.1 Currently, the Adoption Service is located at Oakwood House, Maidstone, which is part of the County Council's property portfolio. The Project Manager is working in conjunction with Property and Infrastructure Services within the County Council to assess the feasibility of the new VAA remaining at Oakwood House. This would ensure service continuity, and enable potential adopters to maintain the ability to travel easily to access the Adoption Service from all parts of the County due to its central location.

8. Conclusions

8.1 The council is proposing the formation of a new Coram and Kent County Council Voluntary Adoption Agency to capitalise on the improvements already made to the Adoption Service in Kent through the partnership in existence with Coram.

8.2 To put this in place will require a range of statutory, staffing and infrastructural arrangements. A Project Board is in place to oversee this development, with membership including the Corporate Director for Children's Services and The Cabinet Member for Specialist Children's Services. The board has now met twice, and progress is being made across all areas of the project and is on course to be in place by the Summer of 2015.

9. Recommendation:

Children's Social Care and Health Cabinet Committee is asked to note the content of this report and to endorse or make recommendation to the Cabinet Member for Specialist Children's Services on the proposal to:

- 1) AGREE to establish Coram Kent Adoption, a voluntary aided agency (VAA), be undertaken to ensure the sustainability and continued improvements in the Adoption Service for Kent.
- 2) DELEGATE to the Corporate Director for Social Care, Health & Wellbeing, or other suitable officer, responsibility to implement this decision.

10. Background Documents

Appendix 1: Proposed Record of Decision

11. 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:

15/00004

For publication or exempt – please state: For Publication

Subject: Establishment of Coram Kent Adoption – A Voluntary Aided Agency for Kent.

Decision:

As Cabinet Member for Specialist Children’s Services, I:

- 1) AGREE to establish Coram Kent Adoption, a voluntary aided agency (VAA), be undertaken to ensure the sustainability and continued improvements in the Adoption Service for Kent.
- 2) DELEGATE to the Corporate Director for Social Care, Health & Wellbeing, or other suitable officer, responsibility to implement this decision.

Any Interest Declared when the Decision was Taken: *None expected*

Reason(s) for decision:

The report outlines a project to establish a new Voluntary Adoption Agency working in partnership with our improvement partners, Coram. The aim of the project is to achieve further progress in the Adoption services we offer, and to achieve earlier permanence and improved outcomes for children in the care system in Kent, while ensuring the sustainability of the service long term.

‘Facing the Challenge’ has identified Adoption as a service to be considered for Phase 2 of the Transformation Programme. The proposal to establish a Voluntary Adoption Agency will follow the principles of service redesign outlined within the Facing the Challenge programme.

Cabinet Committee recommendations and other consultation:

The Children’s Social Care Health Cabinet Committee on the 20th January 2015 will consider a paper outlining the project to establish Coram Kent Adoption.

The Corporate Director for Social Care, Health and Wellbeing and the SCHW DMT have been consulted and confirm the recommendations in the report which to be considered at the Cabinet Committee.

Any alternatives considered:

All consulted parties believe that the proposed establishment of the Coram Kent Adoption will enable continued improvements to the service available to adopters and children who are to be adopted in Kent. A summer 2014 review of the service by Jonathan Pearce who had led the Independent Improvement Board for Ofsted found that adoption in Kent now has considerable strengths.

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

.....
signed

.....
date

FOR LEGAL AND DEMOCRATIC SERVICES USE ONLY

Decision Referred to Cabinet Scrutiny			
YES		NO	

Cabinet Scrutiny Decision to Refer Back for Reconsideration			
YES		NO	

Reconsideration Record Sheet Issued			
YES		NO	

Reconsideration of Decision Published			

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

To: Children Social Care & Health Cabinet Committee
20 January 2015

Subject: Representation Rights and Advocacy Service – Contract Award and pilot of Social Value.

Non-Key decision

Classification: Unrestricted

Summary:

The Council has recently commissioned a group of services, known as the Representation Rights and Advocacy Service (RRA). The services were previously commissioned separately and across directorates, through a range of grants, and a contract.

For the first time, social value criteria were embedded into the tender evaluation process. The Social Value Act requires commissioners and procurers – at the pre-procurement stage - to consider how the services they commission and procure might improve the economic, social and environmental well-being (e.g. “social value”) of their area.

The services within the Representation Rights and Advocacy Contract are county wide.

Recommendation(s):

The Children's Social Care and Health Cabinet Committee is asked to note the decision to award the Contract to the successful bidder, and note the way that Social Value criteria have been used in the procurement process to arrive at this decision.

Introduction

A commissioning review of the existing representation, rights and advocacy services identified that agreements had been extended year on year and did not meet the standards set out in Spending the Council's Money. The review increased our understanding of the market and identified that the current volunteer and employee model of the services worked well and was a strength that should be built on. It also supported the case to jointly commission the services, rather than have separate arrangements.

The services included in the Representation Rights and Advocacy tender were;

1. Independent Visitors for Children in Care and Care Leavers
2. Independent Person for children and families in contact with Specialist Children's Services, who need resolution to their complaints.
3. Advocacy for children in care, care leavers, children in need and children and young people making a complaint under the Children Act (1989)
4. Appropriate Adult Service for young people being interviewed by the Police in accordance with the Police and Criminal Evidence Act 1984 (PACE)
5. Accompanying Adult Service for young people being interviewed as part of the Age Assessment Process.

Procuring these services together under a longer term 3 year contract was intended to provide service stability for children, young people and vulnerable adults that use them, and be sustainable for the organisations providing the support.

Financial Implications

The budget for these services was agreed by the full County Council in the budget approved in February 2014, and was delegated to the Corporate Director, Social Care, Health and Wellbeing who approved four of the five lots of this contract as they relate to budgets within Social Care Health and Wellbeing.

The final lot, which was within the budget approved by full council, was delegated to the Corporate Director for Education and Young People's Services. The value of the contract was within the Director of Education and Young People's Services authority to award as a Director of the council.

The Report

Procurement Pathway

A procurement plan was presented at the Procurement Board in March 2014. Members were content that these services were required and should be put to the market. In particular, they asked for a Social Value criteria to be included in selection, as a means to test how procurement can be used to progress this council priority. A revised plan was presented in April 2014 and approved.

Providers were required to demonstrate how they would drive efficiencies though the life of a 3 year contract and submit their proposals as part of the quality criteria. These efficiency proposals were tested in the procurement process.

Submissions were evaluated by KCC Managers with specific experience in relation to the services. Following evaluation, the Head of Strategic Commissioning Children's and the Procurement Category Manager completed a moderation process.

The Corporate Director Social Care, Health & Wellbeing, and Corporate Director Education and Young People's Services, approved the award for the Representation Rights and Advocacy Service Contract in December 2014.

The Head of Strategic Commissioning - Children's, has on behalf of the Corporate Directors, taken steps to implement the decision.

Social Value

Local authorities are required through the Social Value Act to consider how the services we commission support social value. Currently the Act, which is under review, only requires this consideration at pre-procurement stage, and not during the procurement evaluation itself.

However Social Value is considered a key priority within KCC and so procurement board requested a trial to help understand how this could be factored into evaluation. It was anticipated that this could be a means of increasing social value and this enabling community engagement, economic value and sustainable development, within Kent.

The process was therefore designed to ensure that all organisations were given the opportunity to demonstrate the social value they offer. This included:

- Evaluating and awarding each lot individually - thereby ensuring that small specialist providers that could not provide the full range of services would be able to compete on a level playing field
- Engaging the market pre-procurement to ensure that all providers understood the criteria we were using and how we would expect a submission to be completed
- Extending the timings of the process – ensuring organisations have sufficient time to prepare submissions, and for contract implementation
- Having a “minimum quality score” that any submission must achieve. This ensures that providers cannot provide an artificially low cost at the expense of quality that specialist organisations cannot compete with
- Including specific Social Value questions within the evaluation criteria

This question had a weighting of 30% of the Quality Score for the submission. The responses to this question were evaluated by the Cabinet Member for Specialist Children’s Services, along with two KCC managers.

An evaluation of the use of social value will report to the Council’s Social Value working group and will be considered by the council’s Commissioning & Procurement Board. Initial feedback is that this has been a very useful aspect of the process, and has enabled providers to outline the added value they will be able to bring to communities in Kent. Examples cited included the use of volunteers to develop employability skills, and organisations working together with large enterprises to establish pathways for vulnerable groups into work.

In previous tender processes this value would not have been reflected in the scoring. One important consideration for the future will be to maintain a balance to ensure that social value is applied in a proportionate manner and tailored to reflect the services to be procured.

Conclusions

An Award Report, based on the procurement process, was developed by Strategic Procurement in December 2014 and made the recommendation to the Corporate Director - Social Care, Health and Wellbeing and Director of Early Help and Preventative Services, to award the contract to the successful bidder.

The Head of Strategic Commissioning - Children’s, has on behalf of the Corporate Directors, take all such steps as are necessary to implement the decision.

The Representation Rights and Advocacy Service will be mobilised with the successful provider and KCC staff between January and March 2015, with a commencement date of 1st April 2015.

Recommendation(s): (select relevant wording from below)

The Children's Cabinet Committee is asked to note the decision to award the Contract to the successful bidder and how Social Value criteria have been used to evaluate the tenders.

Contact details

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From: Peter Oakford: Cabinet Member for Specialist Children's Services Agenda Item B6

Andrew Ireland: Corporate Director for Social Care, Health and Wellbeing

To: Children's Social Care and Health Cabinet Committee – 20 January 2015.

Decision No: 15/00005

Subject: **CARE LEAVERS SUPPORT POLICY**

Classification: Unrestricted

Summary: Provides information on the new Care Leavers Support Policy and makes recommendations for the policy to be unified for both indigenous and previously asylum seeking children.

Recommendation(s):

The Cabinet Committee is asked to

Endorse or make recommendations on the proposed decision to be taken by the Cabinet Member for Specialist Children's Services to agree and adopt the Care Leavers Support as attached on behalf of Kent County Council as attached at appendix A"

Introduction

1 (1) The Children Act 1989 Guidance and Regulations Volume 3 (2011), sets out the requirements on all Local Authorities to provide all eligible Care leavers with both personal advisor support and ongoing financial assistance. In May 2013, the Government published further guidance for local authorities in regards to their arrangements for facilitating care leavers to "stay put" in their foster placements after their reach the age of 18 years.

(2) Care leavers support has previously been provided by two separate services, Catch 22 and the Service for Unaccompanied Asylum Seeking Children. The creation of a county wide Integrated 18+ Care Leavers Service on the 1st December 2104 now requires that the Council's offer to care leavers is transparent and easily accessible to all.

(3) The 2011 and 2013 statutory guidance has been applied in different ways within the two old services. This difference has led to multiple challenges from care leavers and was not compliant with Statutory Guidance or the rating of a "Good" Ofsted judgement in this area of work.

(4) The council has not previously published any policy in regards to care leavers. This lack of a policy is both contrary to the requirements of statutory guidance and has led to a number of complaints from Coram Voice on behalf of care leavers in the recent past.

(5) This policy document sets out the Council's proposed Care Leaver Offer and addresses the eligibility criteria for access to an assessment for Care Leavers Services.

2. New Policy.

(1) The aim of providing Care Leavers support is to ensure that young people leaving care and preparing to leave care receive support and help to assist them in making a successful transition to adulthood. Ofsted's single inspection framework, introduced in November 2013 also now includes a specific grade judgement on local authorities' services to care leavers, and requires that the plans for young people leaving care are effective and address their individual needs. Local authorities are required to ensure that young people feel safe, particularly where they live and that they acquire the necessary skills and emotional resilience to successfully move towards independence.

(2) The Council has no legal alternative but to provide equitable Care Leavers Services to all eligible young people irrespective of their route into care. Previously unaccompanied asylum seeking children with Leave to Remain (LTR) in the UK must be afforded the same level of services as indigenous young people in accordance with their need.

(3) We are proposing a consistent policy that will:

- Create a single policy for all care leavers.
- Provide consistency of application of the policy between indigenous and previously unaccompanied asylum seeking care leavers.
- Provide clear guidance for staff, care leavers, foster carers, partner agencies and third sector organisations.
- Be clear about the amount of funds available and any legal process that may apply.

(4) The policy sets out which services will be provided to all care leavers, and which will be based on an assessment of need. All financial support is non-repayable, and has been set in line with national minimal guidelines.

Financial Implications.

3 (1) The total cost of supporting Care Leavers to the Council in 2014/15 is forecasted as follows:

UASC Care Leavers	£4.97 m
Indigenous Care Leavers	£4.72 m
Total	£ 9.7 m

These costs are made up of indirect costs of £2.6m for staffing and infrastructure costs, and £7.09m of direct costs for individuals concerned.

The new policy aims to reduce the overall direct costs for eligible care leavers by 5% in 2015/16. In addition to these, work is being undertaken to reduce the £834K costs currently attributable to non-eligible UASC care leavers through the undertaking of Human Rights Assessments.

The Council receives as income £1.89 m from the Home Office towards the cost of supporting Care UASC care leavers.

(2) There are currently 1,873 children in care in Kent. Their age range is between 0-17 years and dependant on their permanence plan could, as post 18 young adults request a care leaver's service from the County.

(3) Based on current data, there are **308** 17 year olds will become eligible for care leaver services during 2015, and a further **239** 16 year olds eligible in 2016. There are **236** 20 year olds who will no longer be eligible for any or full service during 2105 and a further **263** 19 year olds who will leave the service in 2016.

(3) There are currently **905** young people who are currently eligible to request Care leaver Services from Kent County Council. Of these **855** are aged over 18 years with the remaining being under the age of 18 years, no longer in care but classed as relevant children. **338** of the cohort were previously unaccompanied asylum seeking children.

(4) The adoption of the policy will ensure that all financial provision is awarded on the basis of assessed need in line with Children Act statutory guidance and not on the basis of immigration status alone.

(5) The policy will enable the expenditure currently accrued for the over 21 cohort in UASC to be rationalised and reduced in line with Statutory Guidance.

Alternatives and Options

4. (1) Maintain the status quo - this does not address the Council's non – compliance with Statutory Guidance or the differences between the support available to indigenous young people and those with leave to remain in the UK.

(2) Develop two separate policies based on the route into care – This could invite Judicial Review and would not meet the requirements of the Ofsted Single Inspection Framework.

Progress to date

5	(1)	Briefing to lead member	6 th November 2014
		Legal sign off for Policy Document	17 th November 2014.
		Integrated Service restructure complete	1 st December 2014

Legal Implications

6 (1) KCC legal services has reviewed the policy and confirm that it is in line with the minimum requirements of relevant statutory guidance.

(2) The policy meets the requirements of the Children Act, the Immigration Act and the Human Rights Act.

(3) The risk of Judicial Review and /or sanctions by the Local Government Ombudsman are assessed as high if the Council does not publish and implement an inclusive and transparent Care Leavers policy.

Personnel and Training Implications.

7. (1) Once the policy is approved Procedural Guidance will be produced and training offered to children's Social Workers and Personal Advisors.

Property Implication

- 8 (1) None

Customer Impact Assessment.

- 9 (1) An Equality Impact Assessment has been prepared and the risk is determined as low.

Implementation Proposals

- 10 (1) The policy will be implemented from the 1st February 2015.
- (2) Team based workshops will be facilitated during January 2015 to familiarise staff with the new policy.
- (3) Interested 3rd Parties will be signposted to the policy link on the 1st February.

6. Recommendation(s)

Recommendation(s):

The Children's Social Care and Health Cabinet Committee is asked to:

Endorse or make recommendations on the proposed decision to be taken by the Cabinet Member for Specialist Children's Services to agree and adopt the Care Leavers Support as attached on behalf of Kent County Council as attached at appendix A"

7. Contact details

Report Author

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KENT COUNTY COUNCIL POLICY:
Care leavers and transition to adulthood

1. Introduction

Kent County Council, in partnership with other agencies who have a responsibility to support young people, recognises its responsibility to assist and support our young people who are leaving care make a successful transition to adulthood; either through re-integrating with their families or becoming as self-supporting as possible.

This document refers to care leavers who were looked after by Kent County Council following their 16th birthday and are entitled to leaving care support from the local authority. The aim of this document is to set out how Kent County Council will meet its responsibilities to these care leavers.

2. Legislative Framework

The Children Act 1989 and its support regulations and statutory guidance place a legal duty on local authorities to provide support for care leavers. The local authority is the “corporate parent” for children in care and therefore has a responsibility for their wellbeing. The precise level of care required by each care leaver will depend on their assessed needs and on their leaving care “status”, as defined by statute.

The 2010 (and 2011, 2014) regulations set out under Volume 3 of the Children Act 1989 have strengthened an emphasis on leaving care as being a transitional period rather than something that occurs at a particular point in time. Care leavers are expected to receive support from their responsible authority (the local authority that last looked after them) up to their 25th birthday if they so wish and are eligible. The aim of such continuing support is to ensure that care leavers are provided with comprehensive personal support so that they achieve their potential as they make the transition to adulthood.

[Further examples legislation and guidance that underpin Volume 3 of the Children Act 1989 are set out in Appendix 1].

3. Definitions

Volume 3 of the Children Act 1989 regulations and statutory guidance define 5 categories of care leavers entitled to leaving care services.

[See Appendix 2].

4. Equality and Diversity

This policy has been subject to an equality impact assessment, as set out in the equality impact assessment guidance.

All staff are subject to the [Kent County Council Equality & Diversity Policy Statement and Objectives 2012-2016](#) and all work is undertaken in accordance with the [Cultural Competence in Kent Policy and Guidance](#).

All interactions with care leavers should consider the “About You” monitoring guidance and templates and will be in line with the Kent Code.

5. Care leaver’s entitlement to support from Kent County Council.

The type and level of support a care leaver can expect from their responsible authority will vary according to their legal status as a care leaver. These areas of entitlement to support are summarised in Volume 3 of the Children Act 1989 statutory guidance.

Eligible children

These are children in care and they will continue to receive children in care services, including;

- The allocation of a social worker,
- An Independent Reviewing Officer and
- Compliance with statutory minimum timescales regarding visits to them by their social worker.

The responsible authority must provide a range of services dedicated to their successful transition to adulthood. These are:

- A personal advisor
- A pathway plan; this is to be in place at least 3 months following becoming an eligible child (this is to be formulated by the care leaver’s personal advisor or other appropriate worker and based on a comprehensive assessment with the care leaver). Regular reviews and a revision of the pathway plan at least every 6 months (It is usual practice for the review of the pathway plan to take place at child in care statutory reviews, which are overseen by the care leaver’s Independent Reviewing Officer.)

- A duty to keep in touch with the care leaver
- [Kent's Pledge and Leaving Care Charter Commitments](#)

Relevant children

These are no longer children in care and their legal entitlements to services and support from the responsible authority derive solely from the Leaving Care Regulations outlined under Volume 3 of the Children Act 1989.

These are:

- To provide a personal advisor
- To provide a pathway plan (this is to be formulated by the care leaver's personal advisor or other appropriate worker and based on a comprehensive assessment with the care leaver).
- To review and update (where necessary) the pathway plan at least every six months
- A duty to keep in touch with the care leaver
- To provide the maintenance and accommodation costs of the care leaver up to their 18th birthday (No relevant child other than single parents and those with a disability can claim state benefits)
- [Kent's Pledge and Leaving Care Charter Commitments](#)

Qualifying children and young people under section 24 of the Children Act 1989

These care leavers are not entitled to a personal advisor or pathway plan. The local authority has a duty to provide advice and support (which at the discretion of the local authority can be financial) to this group of care leavers under section 24 of the Children Act 1989. This also includes:

- A duty to keep in touch
- Provision of vacation accommodation or the means to secure it where needed for young people who are in Higher or Further Education.

Former Relevant Children

Care leavers aged between 18 to 21 years, which can extend up to their 25th birthday if they are disabled or engaged in a Higher Education Course that began prior to their 21st birthday. The responsible authority is not responsible for meeting all financial needs of former relevant children, although they are expected to provide financial support to assist in

promoting their welfare; especially in relation to maintaining suitable accommodation and promoting their education and training. The responsible authority must provide:

- A personal advisor
- A pathway plan, which must be reviewed and updated every 6 months (this is to be formulated by the care leaver's personal advisor or other appropriate worker and based on a comprehensive assessment with the care leaver).
- To provide assistance with expenses arising from education and training
- The provision of vacation accommodation (only) or the means to secure it for care leavers in Higher or Further Education where needed.
- A duty to keep in touch with the care leaver
- [Kent's Pledge and Leaving Care Charter Commitments.](#)

Former Relevant Children pursuing further education post 21 years

The support for this group of care leavers is focused primarily on assisting them in pursuing their further education needs. The responsible authority must provide the following:

- A personal advisor
- A pathway plan focussed on identifying and promoting the care leaver's further education needs (this is to be formulated by the care leaver's personal advisor or other appropriate worker and based on a comprehensive assessment with the young person).
- To revise and update the pathway plan (at least every 6 months)
- Assistance where a young person incurs expenses arising from their further education course.
- [Kent's Pledge and Leaving Care Charter Commitments](#)

6. Personal Advisors

All **eligible**, **relevant** and **former relevant children** are required to be provided with a personal advisor. By the time a care leaver reaches the age of 18 the local authority should have appointed a personal advisory to support them. The personal advisor will act as a focal point to ensure that young people are provided with the right kind of personal support.

For **eligible children**, their personal advisor will be their allocated social worker.

For **relevant** and **former relevant children**, an appropriate personal advisor will be appointed for them from the range of professionals/staff within the Care Leaver Service from which they are receiving support. For this group of care leavers, the personal advisor need

not be a qualified social worker but will meet the requirements of a personal advisor set out under volume 3 of the Children Act 1989 statutory guidance (see paragraphs 3.20 to 3.26).

Examples where the personal advisor will be the care leaver's initial source of advice might include:

- i) Basic information and assistance to develop the practical skills they will need as they assume the responsibilities of greater independence;
- ii) Information about financial capability;
- iii) Information about the housing options potentially available to the care leaver and how to access accommodation and advice;
- iv) Support to the care leaver to develop their confidence and decision-making capacity;
- v) Information about education, training and employment opportunities;
- vi) Support in finding and sustaining employment;
- vii) General information about maintaining positive health and wellbeing; knowledge about how to access targeted and specialist health services;
- viii) Information about leisure, sporting and cultural opportunities to enable care leavers to enjoy and participate in community life.

7. Pathway Plans

A pathway plan must be prepared with and for care leavers (Children Act 1989).

The pathway plan should be prepared prior to the care leaver ceasing to be looked after and should be considered at each statutory review. In developing the plan, the personal advisor should involve the care leaver and consult with various others such as parents, current carers, teacher or tutor, nurse, reviewing officer and any advocate.

Ideally, the pathway plan should be produced before the care leaver reaches the age of 18 but if there isn't a pathway plan in place, the personal advisor should develop a plan with the care leaver. The pathway plan is to be reviewed and revised regularly. The care leaver should be asked who they want to contribute to the plan and it will usually include the care leaver's carer along with someone able to advise on the care leaver's education, training and employment pathway.

Each care leaver's pathway plan will be based on and include their care plan and will set out the actions that must be taken by the responsible authority (in this case Kent County

Council), the care leaver, their parents, their carers and the full range of agencies involved/needing to be involved with them.

Pathway plan needs assessment

The pathway plan will be based on an up-to-date and thorough assessment of the care leaver's needs, which will be completed in the following timeframes:

- A) For children in long term care where it is confirmed in their plan more than 6 months prior to their 16th birthday that they will continue to be looked after, the pathway plan assessment will be completed prior to their 16th birthday so that a pathway plan can be put in place immediately.
- B) For any child in care not coming under (A), the pathway plan assessment should, start prior to their 16th birthday, once it is expected they will become an eligible child, and no later than 3 months following the care leaver becoming an eligible child.

The pathway plan must address in particular:

- The care leaver's health and development, (building on the information included in the care leaver's health plan, identified within their care plan)
- The plan should support the care leaver's access to positive activities.
- Education, training and employment. Information within the care leaver's Personal Education Plan (PEP) will feed directly into the pathway plan.
- Contact with the care leaver's parents, wider family and friends and the capacity of this network to encourage and enable the care leaver to make a positive transition to adulthood.
- The care leaver's financial capabilities and money management capacity, with strategies to develop the care leaver's skills in this area.
- The pathway plan should include details about the kind of support that the care leaver can expect their personal advisor to provide.
- The pathway plan will also need to include scope for contingencies that might be required to be followed as the relationship changes over time.

Where the care plan for the care leaver has been maintained and kept up to date, the development of the pathway plan should build on information and services set out in the care plan, incorporating the services that will be provided to the care leaver to develop their resilience and equip them to make a positive transition to adulthood so that they can manage the challenges of more independent living.

A copy of the pathway plan must be given to the care leaver.

Care leavers who are service users of adult social care services should have their own support plan. The additional requirements set out in the pathway plan should be supplementary to the adult social care support plan.

8. Review of the Pathway Plan

It is necessary for every care leaver's pathway plans to be reviewed and updated regularly and at least every 6 months.

For **eligible children**, the review of the pathway plan would normally coincide with the statutory child in care review and would be overseen by the care leaver's Independent Reviewing Officer.

For **relevant** and **former relevant** children, the timeframe for reviewing the pathway plan is the same as it is for eligible children although these care leavers will not have an Independent Reviewing Officer to oversee the review.

For **eligible, relevant** and **former relevant children**, it is recommended that the review of the pathway plan is undertaken by a qualified social worker who is not the allocated personal advisor.

9. Eligible and Relevant Children who return home (Regulation 3(2) (B))

When an eligible person not subject to a care order (section 31 of the Children Act 1989) or a relevant child is successfully living at home for more than 6 months they become a qualifying child/ young person under section 24 of the Children Act 1989.

If the return home breaks down and they are aged 16/17 years old, they will automatically revert to being a relevant child.

10. Staying Put arrangements

The intention of 'Staying Put' arrangements is to ensure that care leavers can remain with their former foster carers until they are 21 or adequately prepared for adulthood, whichever is first. This allows for the care leaver to experience a transition similar to their peers, avoid social exclusion and be less likely to experience a subsequent housing and tenancy breakdown.

It is important that the term 'arrangement' is used rather than 'placement' as once a care leaver reaches 18 they are no longer legally 'in care', and the Care Planning Regulations and Fostering Services Regulations and guidance no longer apply.

Kent County Council's Staying Put arrangements are applicable to all care leavers in the care of the local authority who are living with foster carers on their 18th birthday. The carers may be Kent Foster Carers, Connected Person's Carers or Independent Fostering Agency Carers.

This arrangement also applies to unaccompanied asylum seeking children who reach the age of 18, and who have 'leave to remain'.

Care leavers in residential placements are not covered by Staying Put arrangements.

Regulatory Framework

Staying Put enables, supports and encourages care leavers to remain with their former foster carers beyond their 18th birthday and is set out in Section 23CZA of the Children Act 1989.

Standard 12.4 of the National Minimum Standards for Fostering Services sets out the service standards to be applied to local authority Staying Put arrangements.

Definition of a Staying Put Arrangement

In the 'Staying Put' Guidance 2013, the Department for Education outlines when the term 'staying put' arrangements can be used, which is as follows:

1. A care leaver who was looked after immediately prior to their 18th birthday (as an eligible child) continues to reside with their former foster carers;
2. The carers were acting as foster carers to the child immediately prior to the care leaver's 18th birthday, (that is, the carers were approved as foster carers in accordance with the Fostering Service (England) Regulations 2011, and the child had been placed with them by the local authority, or via an Independent Fostering Agency);
3. A care leaver is deemed an eligible child, within the meaning of paragraph 19B(2) of Schedule 2 of the Children Act 1989, immediately before he/she reached 18;
4. The 'Staying Put' arrangement is needs led and is set out in the care leaver's pathway plan;

5. A proportion of the allowance paid to the 'Staying Put' carer is paid by the Local Authority's Children's Services under section 23C of the Children Act 1989;
6. The 'Staying Put' arrangement extends until:
 - The care leaver leaves the 'Staying Put' arrangement;
Or
 - The care leaver reaches their 21st birthday, if continuously, and still living in the arrangement;
Or
 - The care leaver completes the agreed programme of education or training being undertaken on or before their 21st birthday, if continuously living in the arrangement since their 18th birthday.

Planning for Staying Put Arrangements

The leaving care 'assessment of need' undertaken around a care leaver's 16th birthday should begin to establish the timescale required for a care leaver to be adequately prepared for moving into independence. This will be reviewed via the statutory review of the care leaver's pathway plan, and consideration will be given to the appropriateness of a 'Staying Put' arrangement being agreed once the care leaver reaches 18.

If it is agreed that a 'Staying Put' arrangement is appropriate, the care leaver's pathway plan should set out in detail all the practical arrangements regarding the care leaver remaining as a young adult in the 'Staying Put' arrangement. This will cover arrangements such as:

- Preparation for adulthood and independence skills
- Education, training and employment activities
- Financial issues, such as income and benefits claims
- Health arrangements
- Friends/partners visiting and staying at the address
- Moving on arrangements
- Safeguarding issues including consideration of any younger foster children in placement at the same address

The change from foster child to an adult member of the household, and for the carer from foster carer to landlord (Staying Put Carer), should be carefully and sensitively planned in order to ensure that both parties understand the nature of the arrangement. The positive aspects of the earlier foster placement should not be diminished by the new legal and financial arrangements and terminology.

Following a care leaver's 18th birthday, the legal basis on which they occupy the property changes, and they become an 'excluded licensee' who is effectively lodging in the 'Staying Put' carer's home. In accordance with this change, fostering payments will be replaced by funding for a lodging arrangement.

Consideration will need to be given to the impact on the foster carers' terms of approval.

11. Financial arrangements for Kent County Council care leavers entering Higher Education

Principles

- For the purposes of this document Higher Education is divided into two parts:
 1. **Further Education** (FE) includes any study after secondary education that is not part of higher education (that is, not taken as part of an undergraduate or graduate degree). Courses can range from basic English and Maths to Higher National Diplomas (HNDs). FE also includes [technical level qualifications](#) and [applied general qualifications](#), which replace diplomas and vocational qualifications.
 2. **Higher Education** (HE) primarily describes post-18 learning that takes place at universities, as well as other colleges and institutions that award academic degrees, professional qualifications and Continuing Professional Development (CPD).
- The Care Leaver Service, children in care teams and fostering service will work together to ensure that children in care begin preparation for financial independence as early as possible and receive guidance on developing the necessary skills.
- The Care Leaver Service will provide an assessed package of financial support for all care leavers that will contribute to maintaining them up to independence and support their overall pathway plan by meeting their identified needs and helping them to achieve their potential.
- All decisions on eligibility and levels of financial support will be based on a thorough assessment of all the care leaver's needs. The level of financial support available to care leavers will be reviewed on a yearly basis and will involve input by the Children in Care council (OCYPC). The document will be made available to all stakeholders including the care leaver.

- Social workers and personal advisors will ensure that young people are aware of and fully understand the criteria and how decisions have been made regarding any financial support package.
- In order to encourage care leavers to learn budgeting skills, financial support will, where possible, be paid directly to care leavers unless assessment shows that this is not in their best interest.
- Decisions on how financial support will be delivered to a care leaver will be taken by their allocated social worker or personal advisor following assessment of their budgeting skills during the pathway planning process.
- The Care Leaver Service will help care leavers access sound financial advice in relation to investing any other monies they receive.
- Care leavers who are the responsibility of Kent County Council and who live outside of Kent will not be financially disadvantaged and will receive the same level of financial support as if they were care leavers living in Kent.

Policy statement

A key purpose of financial support is to help care leavers transition successfully into adult life, so much of the focus of financial support is around enabling care leavers to make the most of their opportunities for education, training and employment as well as ensuring their maintenance and accommodation and health promotion.

Much of the work carried out with care leavers will focus on learning key budgeting skills so that they are able to manage their finances in the future. Kent County Council believes it is essential that care leavers are aware of their own responsibilities and that financial support is used for the purpose it is given.

The Care Leaver Service will attach conditions, such as attendance at college, to any discretionary payments, and will use a variety of financial sanctions such as reducing maintenance allowances for care leavers who fail to co-operate with the service or do not engage with the pathway plan process. Equally, the Care Leaver Service may also consider payment of incentives to encourage care leavers to commit to education and training plans.

Eligibility

Eligibility for financial support packages is based on the care leavers leaving care status which is described as follows:

- **Eligible children** are eligible for accommodation and living expenses and support with education, training and employment costs if assessed accordingly.
- **Relevant children** are eligible for accommodation and financial maintenance if not living at home, and support with education, training and employment costs if assessed accordingly. Single parents and disabled care leavers can apply for income support but not housing benefit.
- **Former relevant children** are entitled to support with education, training and employment costs and vacation accommodation if in higher education and if assessed accordingly.
- Adults who come within this category are those aged 21-24 years who were former relevant children to Kent County Council and who are looking to return or begin another course of FE/HE or training. They may receive support with education or training costs including support for higher education costs for the duration of the course. This would include any former relevant child whose status as such went past 21 years of age while they were continuing to study for a FE/HE course that began prior to their 21st birthday.
- **Qualifying children under Section 24 of the Children Act 1989**; care leavers aged between 16 and 21 who were looked after by Kent County Council but do not qualify as an eligible or relevant child. These care leavers can be assessed for support needs relating to their education and training including travel expenses.

Process for agreeing financial support

Financial support can only be agreed as part of the care leaver's pathway plan. The care leaver's needs regarding financial support should be assessed within the pathway needs assessment and areas of support plus amounts to be paid, along with the frequency of payment, will be set out in the care leaver's pathway plan.

Many payments made by the Care Leaver Service are discretionary and the amount paid will be dependent on the care leaver's need; payment of discretionary allowances will only be authorised following an assessment of need.

Financial support will be reviewed every 6 months at the pathway plan review but care leavers can ask their social worker or personal advisor to review their support needs earlier where their circumstances have changed or where they are having difficulty in managing their finances.

Payments

All care leavers will be expected to have a bank account and payment of all allowances and grants from the Care Leaver Service will be made directly into this bank account unless there are concerns about the care leaver's ability to manage their money. For those care leavers who are unable to access mainstream banking services, payments will be made through the use of a payment card administered by Kent County Council.

For those individuals about whom concerns exist, the social worker or personal advisor may agree with the care leaver to release small amounts of allowances to them at more regular intervals while they develop the skills to budget more effectively. Social workers and personal advisors should regularly assess how the care leaver is managing their money and whether they need extra support in learning how to budget.

In a crisis or other emergency where a care leaver makes a request for emergency funds, the social worker or personal advisor must carry out an assessment to look into the circumstances of the request before agreeing any support.

Requests for emergency payment may also be indicative of other issues, for example substance misuse or debt, and this should be explored during the assessment. Wherever possible, emergency assistance should be given in the form of a food parcel rather than cash.

In exceptional circumstances, and following assessment, the Care Leaver Service can provide payment for clothing or emergency accommodation, but this must be authorised by the Care Leaver Service Manager.

If payments are to be stopped for any reason, this must be discussed with the social worker or personal advisor's line manager and the social worker or personal advisor should write to the care leaver to explain the reasons for this.

Change of circumstances

It is important that social workers and personal advisors remind care leavers of the need to notify the Care Leaver Service of any change of circumstances that may affect their entitlement to financial support or payments, for example, where they:

- start or finish employment
- start at or leave an educational course or an unpaid training provision

- receive benefits or have benefits stopped
- become pregnant or have a baby
- change accommodation
- Any change to their immigration status.

Also, social workers and personal advisors should be aware of those care leavers who are approaching their 18th birthday when eligibility for financial support changes, and ensure that the care leaver receives the right kind of support ahead of this change. This should be addressed at the pathway plan review prior to the care leaver's 18th birthday.

11 Financial support for eligible young people in foster care

Eligible care leavers who live with their foster carer will continue to have all payments made directly to their foster carer. However, in order to help them learn budgeting and financial management skills as part of their next steps assessment, care leavers and their foster carers will agree any sums of money to be paid to the care leaver by their foster carer for specific items such as clothing, travel, books or equipment.

12 Financial support for eligible and relevant children aged 16 and 17 living in semi-independent accommodation

Accommodation and maintenance

Care leavers will receive a weekly allowance [*see Appendix 3*] for their maintenance subject to their continued engagement with their education, training or employment plan. The care leaver's social worker or personal advisor will actively seek information from colleges, trainers and employers regarding the young person's level of attendance and commitment to their plan.

The care leaver's social worker or personal advisor should discuss with their supervisor whether or not to reduce the young person's allowance, if any of the following circumstances arise,:

- failure to comply with conditions relating to education, training or employment plans
- failure to stay in pathway accommodation or failure to meet the terms of the licence agreement, including causing damage to the property.
- Failure to engage with the pathway process or attend pathway reviews
- Failure to meet regularly with their social worker, personal advisor (if different) and keyworker.

Care leavers who can demonstrate a commitment to their pathway plan and comply with regulatory requirements to attend statutory medicals, dental check-ups and engagement in Education, Employment or Training can receive up to an additional **[see Appendix 3]** incentive payment per week, on the recommendation of their social worker.

Support for education, training and employment

Care leavers remaining in further education or training will be expected to apply via their school, college or training provider for a 16-19 vulnerable student bursary to fund their education. The social worker or personal advisor will be expected to support care leavers to make the necessary applications in accordance with the [bursary guidance](#).

In the event that a care leaver is refused a bursary, the social worker should actively investigate the reason for this. The Care Leaver Service can contribute towards enrolment costs and equipment for courses following an assessment of the care leaver's need if a bursary is not received.

It is likely that the school, college or training provider will place conditions on the bursary such as levels of attendance and behaviour. Social workers and personal advisors should liaise with colleges to ensure that the care leaver is able to meet the conditions set.

Clothing

- Additional payments may be available to assist with clothing needs **[Appendix 3]**

Contact

The Care Leaver Service has a duty to support contact for eligible care leavers. Any financial support for contact will be based on an assessment of need.

13 Financial Support for former relevant children aged 18 to 21 years old.

Accommodation and maintenance

The use of supported accommodation will be explored where it is identified via the pathway plan that a young person reaching 18 years of age has not yet acquired adequate independent living skills or the emotional resilience to live alone. A support fee will be paid to the supported lodgings provider by Kent County Council and the care leaver will pay the rent element via the housing benefit paid for that area or from the income received if in employment. If a care leaver is in an apprenticeship then consideration will be made to

'topping up' the rent. The placement will be kept under regular review and the development of the necessary skills will be monitored.

At 18, the Care Leaver Service will no longer provide for the care leaver's maintenance and the care leaver will be expected to be self-supporting either through working, claiming benefits or a combination of both unless they are in higher education.

Where appropriate, care leavers will be expected to apply for either Income Support or Job Seekers Allowance and Housing Benefit to cover whole or part of the costs of their accommodation.

The Care Leaver Service will ensure that all care leavers get expert advice on maximising their income and claiming any benefits to which they are entitled. Social workers should ensure all benefits have been applied for prior to handing over the case to the personal advisor.

The Care Leaver Service will pay up to 4 weeks subsistence **[Appendix 3]** while a benefit claim is being processed. If payment of benefit is delayed following 4 weeks, the Care Leaver Service will continue to pay a subsistence rate but only if the care leaver has complied with all the requirements from the DWP regarding the claim. After 4 weeks the payments would be reduced and a food voucher to a specified value **[Appendix 3]** plus utility meter card would be provided rather than money.

In individual circumstances and depending on assessment, the care leaver may be expected to sign a "benefit waiting loan agreement" stating that they will pay back any monies advanced by the Care Leaver Service once benefits are paid, and should agree to share information about the claim with the Care Leaver Service so that their personal advisor can liaise with the DWP regarding the progress of the claim.

If the loan is not repaid, the Care Leaver Service may deduct the amount from the care leaver's setting up home allowance and any further requests for financial help may not be considered until the money is repaid.

The exception to this are UASC care leavers who are all rights exhausted and have no recourse to public funds prior (NRPF) to a human rights assessment being undertaken.

Support for education, training and employment

The Care Leaver Service will carry out a needs assessment and may make a contribution to the young person's enrolment, travel and equipment costs.

Savings and other monies

Any savings that have been accrued on behalf of the care leaver whilst in care will be paid to them on their 18th birthday unless there are concerns about a care leaver's lifestyle, for example substance misuse, that means it would not be in their interests to do so. A decision may then be taken by the Care Leaver Service to hold the money until it is thought the care leaver is financially competent.

Where a care leaver has received other monies, either from the Criminal Injury Compensation Board or by way of inheritance, the Care Leaver Service will help them to access independent financial advice on investing this money.

14 Financial support for former relevant children aged 21-24 (incl) years returning to education or training

The Care Leaver Service can consider providing financial support for care leavers aged 21 to 24 who wish to pursue a programme of education and training for the duration of the course.

The provision of financial assistance will be based on a needs assessment and may be agreed in order to cover enrolment fees, equipment and travel allowances. Other alternative funding streams will be also sought by the personal advisor. The level of financial support provided would be identified in the amended pathway plan.

If the care leaver is not provided with financial assistance based on their needs assessment, the care leaver would be expected to be self-funding through income or savings.

If the care leaver wishes to pursue a higher education course, see section 19 onwards.

15 Birthday allowances

Birthday gifts, gift vouchers or a cash payment will be given to the care leaver by their social worker or personal advisor following a discussion as to what their preference is but only if

the care leaver has remained in contact with the 16+ service. ***[The gift rates are set out in Appendix 3]***

16 Travel expenses

All eligible care leavers in foster care or children's homes have their travel costs met through the allowances provided.

All care leavers aged between 16 and 21 years who are in care or are care leavers are eligible for a passport. The care leaver will be expected to provide a passport photograph and the social worker or personal adviser will then forward the application.

If the care leaver travels to College in an area not covered by their Young Persons Travel Pass then the Care Leaver Service will assess the travel costs and all available options for paying for travel. The best route and cheapest means of travel will be taken into consideration as will their income. A care leaver may also be expected to use part of the bursary payments as a contribution to the travel costs.

Transport costs can be supported in order to maintain a care leaver in education training or employment. This payment is discretionary and based on the care leaver's continued engagement with their education, training and work programme.

Social workers and personal advisors should therefore regularly check with colleges, training providers and employers to monitor engagement.

Where the care leaver is not engaged, the social worker or personal advisor will discuss this with their supervisor and a decision made about whether or not to stop the payment.

The costs of any travel will not be routinely paid for unless:

- The necessary travel is not covered by the Kent Young Persons Travel Pass (or equivalent)
- The travel is to support contact arrangements for an eligible child
- Where assessment shows the care leaver needs support for travel due to any additional needs.

17 Allowances related to accommodation

Setting up home allowance

A setting up home allowance [*as specified in Appendix 3, with conditions*] is available to care leavers aged 18 plus who have been nominated for their own tenancy or approved long-term private rented property before their 21st birthday (up to 24 years if the care leaver is engaged in a HE course that began prior to their 21st birthday).

It is expected that care leavers moving on from foster care will have basic items. Other funding streams to compliment the allowance will be sought by the social worker or personal adviser.

Deposits for private rented accommodation

The Care Leaver Service will:

- Pay any accommodation related administration fee to the landlord or agent. (In addition to the Setting up Home allowance.)
- Pay for the first month's rent, which will be deducted from the Setting up Home allowance on the assumption that the young person will recoup this money from benefits, salary if in paid employment or a mixture of both.
- Pay the deposit for the private rented accommodation if all other avenues to pay for this have been exhausted.

It is important that care leavers and their social worker or personal advisor check that the rent payable will be covered by housing benefit before taking on any tenancy. The Manager of the Care Leavers Service must agree to any advance under this scheme having considered all the facts.

Moving costs

Costs incurred by 16 and 17 year olds moving on and former relevant children aged 18 plus who are moving to their own independent tenancy will be paid on a discretionary basis following an assessment of need by the Care Leaver Service.

Staying Put arrangements

Kent County Council's "Staying Put" arrangement allows care leavers to remain with their foster carer post 18 because they are classed as vulnerable and unable to move on to independence, because they need continuity while completing higher or further education or simply because both the care leaver and the foster carer are in agreement to the arrangement continuing until the care leaver reaches the age of 21 and this is thought to be in the care leaver's best interest.

- Care leavers remaining with their foster carer during Year 13 (A Level) or final year BTEC year will continue to receive their fostering allowance up to their 18th birthday or until the end of June to cover the exam period. If they are going on to university in the September/October of this same year the Care Leaver Service will pay a Staying Put Allowance for the summer period, with it being specified in each circumstance what this allowance is paid to cover.
- Former relevant children remaining with their former foster carers because they are still in further education can claim benefits. Care leavers in full time further education can also claim income support. Care leavers in part time education need to claim Job Seekers Allowance and seek part time employment.
- Care leavers who are eligible to claim benefits will be expected to make the necessary claims, supported by their personal advisor, including a claim for Housing Benefit that should be paid in full to the carer. Disability allowance must be retained by the young person. If the foster carer is claiming benefits, being in receipt of Housing Benefit for the care leaver will have to be taken into account for their own benefit entitlement.
- Care leavers who work will be expected to pay a contribution to the carer for their rent and maintenance.

18 Care leavers in exceptional circumstances

It is recognised by the Care Leaver Service that care leavers have a variety of needs stemming from exceptional circumstances and to reflect this, the finance policy will be as flexible as possible based on assessment of the care leaver's circumstances.

Young Parents

Care leavers who are single parents are expected to maximise their income and may claim the following benefits:

- 16 and 17 year old eligible and relevant children may claim income support but not housing benefit; accommodation costs will be met by the Care Leaver Service.
- Care leavers aged 18 and over may claim income support if they are a lone parent with a child under the age of 5 and will also need to claim housing benefit. Once the child is 5 years the care leaver will be expected to transfer to Job Seekers Allowance.
- Mothers to be aged 16 or 17 living in semi-independent accommodation will receive a one-off payment from the Care Leaver Service once they have passed 20 weeks of the pregnancy ***[specified in Appendix 3]***.

- Young parents may also claim a Maternity Grant ***[specified in Appendix 3]*** on the birth of their first baby (or subsequent multiple births e.g. twins) if they are in receipt of benefits to help pay for essential equipment. A claim should be made as soon as a claim for income support is submitted.

The Care Leaver Service will help parents who wish to take up education, training or employment opportunities to identify possible funds to cover child-care costs. The Care Leaver Service will carry out an assessment of the young parent's needs and decide what contribution will be made to other costs of education such as enrolment fees, travel and equipment.

- Care leavers in higher education who have dependent children can claim a Childcare grant available from the DWP for help with childcare costs.
- Care leavers who wish to return to or remain in further education can apply for a Care to Learn grant available from the DWP for help with child-care costs.

Unaccompanied Asylum Seeking Children (UASC)

Ordinarily, the Care Leaver Service will support UASC aged 16 and 17 in a manner consistent with all children in care and the provisions mentioned above. In circumstances where additional support is required this will be subject to agreement by the relevant Assistant Director.

At, or immediately before the age of 18 the care leaver's immigration status will be determined. When applying the guidance above, it is important that planning for UASC reflects the various options around that determination of immigration status. It is also important to understand that post 18, the status will affect their entitlement to benefits in the UK.

It is important that in order to ensure the care leaver can access financial support, their personal advisor encourages them to pursue relevant immigration applications and appeals to secure their right to residence in the UK. This includes supporting them to access a solicitor so that they can get legal advice.

The cost of access and advocacy support from a solicitor in relation to their asylum claim/immigration status is funded solely by legal aid and KCC will not ordinarily provide any additional funding for this.

Once UASC are 18, their entitlement is as follows:

- UASC whose immigration status beyond the age of 18 has been resolved and who have right of residency in the UK are expected to claim benefits and can receive support from the Care Leaver Service as for any other former relevant child.
- UASC who are still waiting to hear the outcome of their application for asylum or extension of leave to enable them to remain in the UK beyond the age of 18 can be supported by the Care Leaver Service as a former relevant child.
- UASC whose application for asylum has failed or who are unlawfully in the UK because they have exhausted all rights to appeal will have no recourse to public funds and legally, should not be supported by the Care Leaver Service. They should agree to a voluntary return to their country of origin and be referred to the National Asylum Support Service (NASS).
- However, the care leaver could be entitled to support under the Human Rights Act 1998. The social worker or personal advisor will carry out a human rights assessment in all cases where this is applicable to ensure that the young person's basic needs are met up to the point that they are removed from the UK by the Home Office or choose to leave independently, in which case the Home Office should be informed by the social worker or personal advisor.

Social workers and personal advisors should seek specialist advice if necessary given the complexity of immigration law.

Eligible Children returning home

Eligible children aged 16 or 17 who are returning home as part of a planned reconciliation become relevant children and will receive financial support from the Care Leaver Service initially whilst their parents re-apply for appropriate benefits such as child benefit.

The care leaver will be expected to be in education, training or employment and should be receiving a bursary or other financial support or income or should be being supported by their parents. However, the Care Leaver Service can carry out an assessment of need and provide financial support in order to support the reconciliation plan.

Where the care leaver returns home in an unplanned manner, the Care Leaver Service will continue to pay their weekly allowance and any other discretionary payments for 6 weeks until it is established whether the care leaver will remain at home. In these circumstances, the social worker should convene an early pathway review to consider the situation and adjust the pathway plan.

Once a child remains at home for 6 months, their status under the Children (Leaving Care) Act 2000 (amending the Children Act 1989) changes to Qualifying Young Person and the Care Leaver Service will cease to provide financial support except under exceptional circumstances and following an assessment of need.

If the placement breaks down prior to the care leaver's 18th birthday, and they need to be provided with accommodation, they would return to being a former relevant child.

Care leavers who are detained

Care leavers who are detained are likely to need financial support to cover the costs of clothing, personal items and toiletries but all other payments will be suspended.

All eligible children who receive a custodial sentence will be entitled to an assessment of their needs while detained regardless of their care status, and this assessment should include what personal allowance they will need subject to any rules the secure establishment has on what monies young people are allowed to receive.

Relevant children will also be entitled to an assessment of need and will receive pocket money each week at a set rate [**see Appendix 3**] a lower amount if this exceeds the rules of the youth detention institution.

If the care leaver is subject to a care order or is a relevant child who will continue to be eligible for birthday and Christmas allowances, these allowances should continue to be paid into their bank account or set aside for them on release.

Care leavers who are sentenced to more than 6 months in custody will receive if the need arises their clothing allowance entitlement on release or during sentence if the secure establishment does not provide a uniform.

Whilst detained in prison, care leavers will be expected to take up and engage fully with any education and training opportunities and to earn money by working in the institution where possible.

19 Higher education costs

Care leavers entering higher education will receive:

- A yearly grant. The amount paid for the duration of the 3 year degree course is inclusive of the government bursary [**see Appendix 3 for rates**]
- Travel costs to return during holiday periods
- Reasonable accommodation costs during holiday periods.
- All relevant Pledge commitments, including the provision of a lap-top (from the 2nd year of A level or equivalent BTEC).
- Assistance from their personal advisor to apply for all available student loans and bursaries to cover fees and maintenance.

The costs of term time accommodation must be met by the student through the use of the student maintenance loan, the yearly grant and/or part time working.

20 Identification documents

The Care Leaver Service will ensure that all care leavers are supported to obtain important documents such as birth certificates, passports and other documents that prove their identification.

The Care Leaver Service will pay for each care leaver's copy birth certificate and fund applications for passports or travel documents on a discretionary basis following an assessment of need.

21 Suitability of accommodation

In determining the suitability of accommodation for relevant children (under schedule 2 of the Care Leavers Regulations 2010 and Schedule 6 of the Care Planning, Placement and Case Review Regulations 2010) regard should be had to:

- A. In respect of accommodation:
 - a) The facilities and services provided
 - b) The state of repair
 - c) The safety
 - d) The location
 - e) The support
 - f) The tenancy status, and
 - g) The financial commitments involved for the relevant child and their affordability
- B. In respect of the relevant child:
 - a) His or her views about the accommodation
 - b) His or her understanding of their rights and responsibilities in relation to the accommodation, and

- c) His or her understanding of funding arrangements

22 Children in Care with a disability – transition to Adult Services

This section applies to Children in Care with a Disability (CWD) meeting Specialist Children's Service eligibility criteria who are supported by the Disabled Children's Service (DCS).

At the age of 16 or shortly after, DCS start the planning of a child's leaving care with a Year 11 (Y11) review and the development of a pathway plan.

- A. If a Kent Child in Care with a Disability at 18 is assessed as being eligible for Kent Adult Service Support (KASS) then KASS are responsible for their:
- Eligible adult service support
 - Care leaving support entitlements (18-25)
- B. If a Kent Child in Care with a Disability at 18 is not eligible for (KASS) then the Kent 18+ Care Leaver Service are responsible for their:
- Care Leaving support entitlements(18-25)

Service Procedures

See Appendix 4

APPENDIX 1

Examples of legislation and guidance that underpin Volume 3 of the Children Act 1989

- The Care Leavers (England) Regulations 2010
- The Children Act 1989
- The Children (Leaving Care) Act 2000
- Volume 2 of the Children Act 1989 regulations and statutory guidance: Care Planning, Placement and Case Review
- The Carers and Disabled Children Act 2000
- Valuing People: The Learning Disability Strategy for the 21st Century
- Promoting the educational achievement of looked after children; statutory guidance for local authorities, 2010
- Working Together to Safeguard Children, 2013

APPENDIX 2

DEFINITIONS OF CARE STATUS FOR FORMER RELEVANT CHILDREN AND QUALIFYING YOUNG PEOPLE

Eligible Children

Young people aged 16 and 17 years of age who have been looked after for at least 13 weeks (with at least one episode of care lasting more than 4 weeks) since the age of 14 years and who continue to be looked after for at least 24 hours following their 16th birthday.

Children or young people receiving a number of short term breaks, none longer than 4 weeks and who return to their parents or someone with parental responsibility, do not meet the criteria of an eligible child.

Time spent by a young person in a hospital or in custody immediately prior to being looked after does count as time looked after for the purposes of defining entitlement to services and support as a care leaver. These young people would become eligible if they met the 13 week requirement and, after discharge/release from hospital/custody, they become Relevant Children following their 16th birthday if under 18 years, and a former relevant child following their 18th birthday.

Relevant Children

Children and young people aged 16 and 17 years of age who met the criteria as an eligible child but ceased to be looked after prior to their 18th birthday.

Qualifying children and young people over 16

This refers to young people between the ages of 16 and 21 who have been looked after for at least 24 hours following their 16th birthday and do not meet the 13 week criteria necessary to become an eligible or relevant child.

Young people who have been privately fostered or were looked after immediately prior to becoming subject to a Special Guardianship Order also come under these criteria following their 16th birthday.

An eligible or relevant child who successfully returns home to their parents would revert to the care leaver status of a 'qualifying child/young person' if their return home was deemed permanent (usually determined as a minimum of 6 months);

- If a young person was looked after following their 16th birthday for any period over 24 hours but less than a total of 3 months.

- If a young person, since age 14 years has been looked after but has not been looked after for more than a month in any single period.
- Young people who were eligible but returned home permanently, prior to 18th birthday.
- Any young person who is subject to a Special Guardianship Order who was immediately prior to the making of the order looked after.

This status lasts until the young person's 21st birthday. Other than those in Higher Education (university) where there is an entitlement for the Local Authority to pay for their accommodation costs over the vacation periods, the level of support provided by the Local Authority is significantly less than it is for former relevant children.

Former Relevant Children

Young people who are not children but rather young adults aged between 18 and 20 who met the criteria of an eligible and/or relevant child prior to their 18th birthday and who have subsequently reached 18 years of age.

The category extends up to a young person's 21st birthday or 25th birthday if they are disabled or engaged in Higher Education and (since April 2011) if after 21 they wish to pursue some form of Further Education.

Former Relevant Children pursuing Further Education post 21 years

This refers to young people aged 21 to 24 years of age who met the criteria of a former relevant child prior to their 21st birthday and who have subsequently returned to further education or expressed a desire, to the responsible authority, to pursue further education beyond their 21st birthday.

Responsible Authority

This is the council/local authority that last looked after the young person and therefore remains responsible for providing the Care Leaver Service to the young person as a qualifying, relevant or former relevant child wherever they are living.

APPENDIX 3

Financial Support to Care Leavers

For eligible and relevant children aged 16 and 17 living in semi-independent accommodation; a weekly allowance of £57.35 for accommodation and maintenance is payable.

Care leavers can receive up to an additional £20 per week incentive payment on the recommendation of their social worker for demonstrating a commitment to their pathway plan and compliance with regulatory requirements and engagement in Education, Employment or Training

Subsistence payments paid at a rate of; £57.35 per week, while a benefit claim is being processed (for up to 4 weeks). Then at a rate of £25 plus utility meter card thereafter (if benefit payments are still delayed).

Clothing

- Care leavers living in supported lodgings or semi-independent accommodation will receive a clothing allowance of £100 per annum.
- Emergency clothing to the value of £50 will be given to Unaccompanied Asylum Seeking Children if they arrive in the UK with limited clothing. This will be based on an assessment of their needs.
- If a care leaver has no suitable clothes, a discretionary £50 one off allowance may be provided to purchase clothing on a needs basis.

Birthday Allowances:

17 th birthday	£30
18 th birthday	£60
19 th birthday	£30
20 th birthday	£30
21 st birthday	£75

Setting up home allowance:

A setting up home allowance of up to £2000 (or £2200 for single parents)

The following conditions apply:

- The allowance should only be used to purchase household items.

- Up to £500 can be accessed in advance to buy essential items (as defined by the Care Leaver Service).
- At least £50 should be spent on health and safety items such as smoke alarms.
- Some of the money should be used to purchase a TV licence and home contents insurance.

Young Parents:

- Mothers aged 16 or 17; living in semi-independent accommodation will receive £150 one-off payment from the Care Leaver Service once they have passed 20 weeks of the pregnancy.
- Maternity Grant rate of £500

Care leavers who are detained

- Pocket money is payable at a rate of £7 a week or a lower amount if this exceeds the rules of the youth detention institution.

Care leavers entering higher education payments:

- A £1000 yearly grant. The £3000 paid for the duration of the 3 year degree course is inclusive of the £2000 government bursary.

Appendix 4

Service Procedures

A. Child in Care with a Disability – Eligible for Adult Service Support at 18

Refer to: Kent Transition Protocols - Supporting Disabled Young People from Adolescence to Adulthood. Handbook for Professionals 2008

If after the Y11 Review the DCS case manager thinks that the 16 year old child may meet the eligibility criteria for Kent Adult Social Service (KASS) support when they are 18, they will notify the KASS service manager by completing a Y11 Transition Notification Form (Appendix 1b, Kent Transition Protocol 2008). This will be signed off by the Team Manager or Service Manager.

They will record this on the electronic case management information system (Liberi).

KASS will be able to assess information on those CWD in care potentially eligible for future KASS support and give them early consideration.

The following year the DCS case manager will invite a KASS representative to the 17 year old child's Y12 Transition Review and receive information on the child's progress, ongoing development needs and Pathway Plan.

After the Y12 Transition Review meeting the DCS case manager will follow this up by making a formal referral for KASS support for the child as soon as practicable after his/her 17th birthday via the County Duty Service. They will record this on the electronic case management information system (Liberi).

KASS will undertake an assessment of the 17 year olds needs and if eligible for KASS support when they attain adult status at 18, a KASS care manager will be allocated by the time they are 17 years and 6 months old to support the transfer in collaboration with the DCS case manager.

The child's Transition Plan and Pathway Plan should be amended accordingly.

On the care leaver's 18th birthday they become an adult and if eligible for adult service support, case responsibility transfers to the KASS Case Manager who leads the Y13 Transition Plan Review. The care leaver also becomes a care leaver on his/her 18th birthday. The KASS is responsible for coordinating actions agreed to implement the eligible care leaver's Community Care Plan and Pathway Plan. The KASS is responsible for implementing the care leaver's Leaving Care entitlements in the 18-25 phase. These are detailed in a corresponding KASS protocol for Care Leavers with a Disability eligible for adult service support.

B. Child in Care with Disability – Not Eligible for Adult Service Support at 18

If after the Y11 Review the DCS case manager thinks that the 16 year old child is unlikely to meet the eligibility criteria for (KASS) support when they are 18, they will notify the Kent 18+ Care Leaver Service Manager by completing a Y11 Transition Notification Form. This will be signed off by the Team Manager or Service Manager. They will record this on the electronic case management information system (Liberi). The Kent 18+ Care Leaver Service will give early consideration to the individual's future support needs.

The following year the DCS case manager will invite a Kent 18+ Care Leaver Service representative to the 17 year old child's Y12 Transition Review and receive information on the child's progress, ongoing development needs and Pathway Plan. The Kent 18+ Care Leaver Service will allocate a case manager to each case before the child is 17 years and 6 months old to support the transfer in collaboration with the DCS case manager. The child's Transition Plan and Pathway Plan should be amended accordingly by the DCS case manager and recorded by them on the electronic case management information system (Liberi).

On the care leaver's 18th birthday they become an adult and if not eligible for (KASS) support, the case responsibility transfers to the Kent 18+ Care Leaver Service who leads the Y13 Transition Plan Review. The Kent 18+ Care Leaver Service is responsible for coordinating actions agreed to implement the care leaver's Pathway Plan and delivering the care leaver's Leaving Care entitlements in the 18-25 phase. The Kent 18+ Care Leaver Service may seek specialist advice from Children's and Adult's Disability Services to help them support care leavers in the 18-25 phase.

March 2014

**KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)**

Directorate: SOCIAL CARE, HEALTH AND WELL BEING.
Specialist Childrens Service.

Name of policy, procedure, project or service

KCC Care Leavers Offer.

What is being assessed?

A new Policy

Responsible Owner/ Senior Officer

Sarah Hammond: Assistant Area Director West Kent.
Lead AD for Care Leavers

Date of Initial Screening:

17th November 2014

Date of Full EqIA :

Not Required

Screening Grid

Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age Page 18	NO	None	None	This policy applies to all care leavers between the ages of 18-24. It is not relevant to individuals under the age of 18 as they would not be classed as Care leavers. The policy sets out the entitlements for Care leavers in accordance with Statutory Guidance. No further assessment required.	YES. The development of this policy has resulted in a method within which all care leavers, be they from the indigenous or Asylum seeking population will have access to the same range of Care leavers support in accordance with their needs and not based on their route of entry into care.
Disability	NO	Medium	None	The policy sets out how young disabled adults who have also been in care will receive Care Leavers support, including access to a personal adviser in accordance with their needs. No further assessment required.	YES. A Care leavers service has not previously been available to care leavers who were previously children open to the Disabled Children's Service. This policy sets out which part of Social Care will provide appropriate care leavers support dependant on current need and not route into care.
Gender	NO	None	None	Male and female care leavers are afforded equal opportunity to access Care Leavers services. No further assessment required	
Gender identity	NO	None	None	The entitlement to care leavers services is wholly based on that being the status acquired prior to become an adult. There is no other	

				<p>requirement, and individuals where gender identity is a characteristic would be equally entitled and encouraged to access the service. All staff working in the Service are appraised of the need tailor the service they provide to meet the needs of all individuals regardless of their protected characteristics.</p> <p>No Further assessment required.</p>	
<p>Race</p> <p>Page 119</p>	NO	High	Low	<p>Young people seeking asylum in the UK have the protected characteristics of race and religion or belief. This policy now gives this group full access to all the care leavers services which Kent will provide equally to all care leavers regardless of how their route into care.</p> <p>The policy places a strong emphasis on the assessment of need, which also includes the likely chronological delay in being able to access further and higher Education.</p> <p>No Further assessment required.</p>	<p>YES: Social workers and Personal advisors will take into account the challenges faced by this group of individuals with these protected characteristics when assessing the need for ongoing support. This will include their need for further Education at a later stage of their development as their first language is not English.</p>
<p>Religion or belief</p>	NO	High	Low	<p>Young people seeking asylum in the UK have the protected characteristics of race and religion or belief. This policy now gives this group full access to all the care leavers services which Kent will provide equally to all care leavers regardless of how their route into care.</p> <p>The policy places a strong emphasis on the assessment of need, which also includes the likely chronological delay in being able to access further and higher Education.</p>	<p>YES: Social workers and Personal advisors will take into account the challenges faced by this group of individuals with these protected characteristics when assessing the need for ongoing support. This will include their need for further Education at a later stage of their development as their first language is not English.</p>

				No Further assessment required.	
Sexual orientation	NO	None	None	<p>The entitlement to care leavers services is wholly based on that being the status acquired prior to become an adult. There is no other requirement, and individuals where sexual orientation is a characteristic would be equally entitled and encouraged to access the service. All staff working in the Service are appraised of the need for all individuals to access the service regardless of their protected characteristics.</p> <p>No further assessment required.</p>	
Pregnancy and maternity Page 120	NO	Medium	Low	<p>Care leavers who are either pregnant or expecting a baby are highlighted as a special group in the policy and their additional needs are identified as requiring additional support.</p> <p>No further assessment required.</p>	
Marriage and Civil Partnerships	NO	None	None	<p>There are no exclusions to accessing Care Leavers support if the individual is married or in a Civil Partnership.</p> <p>No further assessment required.</p>	
Carer's responsibilities	NO	Low	None	<p>There are no exclusions to accessing Care Leavers support if the individual has carer's responsibilities.</p> <p>No further assessment required.</p>	

Part 1: INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what weighting would you ascribe to this function – see Risk Matrix

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

State rating & reasons

A low rating of relevance to the protected characteristics group has been attributed to the process of initial screening. This policy relates to a group of individuals who the Council know well on a personal basis and for whom they hold statutory responsibilities for. The Council is able to identify and name each of the individuals who would be impacted upon by this policy. On this basis the information contained in the initial screening tool should be given a high degree of

The initial screening indicates that there will be a low impact on individuals with the protected characteristics as a result of the development and implementation of this new policy. The screening also indicates that for some individuals with the protected characteristics there will be a positive impact.

Context

Kent County Council, in partnership with other agencies who have a responsibility to support young people, recognises its responsibility to assist and support our young people who are leaving care to make a successful transition to adulthood; either through re-integrating with their families or becoming as self-supporting as possible. The Council is required to publish a policy document indicating the level and type of support they will provide to Care Leavers. This is the first policy document which sets out the Care Leaver Offer and will ensure that all Council staff and Care Leavers are fully aware of the eligibility for services and ensure that equality of opportunity for all care leavers is achieved. The policy will also ensure transparency to members of the public and other interested parties in regards to how the Council spends public monies to support care leavers.

The Children Act 1989 and its support regulations and statutory guidance place a legal duty on local authorities to provide support for care leavers. The local authority is the “corporate parent” for children in care and therefore has a responsibility for their wellbeing. The precise level of care required by each care leaver will depend on their assessed needs and on their leaving care “status”, as defined by statute.

The 2010 (and 2011, 2014) regulations set out under Volume 3 of the Children Act 1989 have strengthened an emphasis on leaving care as being a

transitional period rather than something that occurs at a particular point in time. Care leavers are expected to receive support from their responsible authority (the local authority that last looked after them) up to their 25th birthday if they so wish and are eligible. The aim of such continuing support is to ensure that care leavers are provided with comprehensive personal support so that they achieve their potential as they make the transition to adulthood.

Aims and Objectives

This policy refers to care leavers who were looked after by Kent County Council following their 16th birthday and are entitled to leaving care support from the local authority. The aim of this document is to set out how Kent County Council will meet its responsibilities to these care leavers.

The objectives of the policy are that all care leavers will receive a tailored level of support in accordance with individual need and to ensure wherever possible that they make a smooth and positive transition into adulthood.

Beneficiaries

The intended beneficiaries of this policies are

- young adults who were previously children in care to Kent County Council and meet the eligibility criteria as Former Relevant Children in accordance with The Children Act 1989 Guidance and Regulations: Volume 3 Planning Transition to Adulthood for Care Leavers.
- Young people(under 18's) who were previously children in care to Kent County Council and meet the eligibility criteria as Relevant Children in accordance with The Children Act 1989 Guidance and Regulations: Volume 3 Planning Transition to Adulthood for Care Leavers.
- young adults who were previously children in care to Kent County Council and meet the eligibility criteria as Qualifying Children in accordance with The Children Act 1989 Guidance and Regulations: Volume 3 Planning Transition to Adulthood for Care Leavers.

Information and Data

This policy is only relevant to individuals who were previously in the care of Kent County Council, and not the general population of the County.

Information about the numbers of individuals that this policy will impact on have been drawn from the Council's own data records of children in care and care leavers.

There are currently 1,873 children in care in Kent. Their age range is between 0-17 years and dependant on their permanance plan could, as post 18 young adults request a care leavers service from the County.

March 2014

There are currently 905 young adults who are eligible to request Care leaver Services from Kent County Council. Of these 855 are aged over 18 years with the remaining being under the age of 18 years, no longer in care but classed as relevant children.

In regards to the protected characteristics of race, ethnicity and religion, 338 of the cohort were previously unaccompanied asylum seeking children.

Of the 855 individuals eligible for a care leaver service, 311 are female and 544 are male.

There are currently 20 individuals recorded as having a disability in the cohort of care leavers.

Information relating to sexual orientation, gender identity, marriage/civil partnership and carer's responsibilities is not recorded by the Council for this cohort. However, the policy refers very specifically to the assessment of need for each individual to which the policy refers. Any individual with the protected characteristics above would have these addressed in the assessment and resulting pathway plan.

Involvement and Engagement

This policy has been developed as a result of the Council's statutory obligation to do so. It is heavily influenced by Statutory guidance and Primary Legislation. The policy has been reviewed by the Council's Legal Services Department and found to be compliant with current legislation and guidance. The policy is also compliant with the OFSTED requirements to provide a "Good" or "Outstanding" inspection rating for Care Leavers.

Consultation has taken place with the Specialist Children's Services Divisional Management Team as well as the Children in Care Quality Assurance Manager.

Potential Impact

Overall the policy will positively impact on all the the individuals it is relevant to. The initial screening tool indicates that no individual with any of the protected characteristics will be negatively impacted.

Adverse Impact:

There will be no adverse impact on the affected group with protected characteristics.

Positive Impact:

The most significant positive impact of this policy will be, that regardless of an individual care leavers entry route into the care system, they will be afforded an equal opportunity to accessing services on the basis of need. The policy

March 2014

Signed: 

Name: SARAH HAMMOND

Job Title: WEST KENT ASSISTANT DIRECTOR, SPECIALIST
CHILDREN'S SERVICES

Date: 17TH November 2014

DMT Member

Signed: 

Name: PHILIP SEGUROLA

Job Title: ACTING DIRECTOR, SPECIALIST CHILDREN'S SERVICES

Date: 8th December 2014

KENT COUNTY COUNCIL – Proposed RECORD OF DECISION

DECISION TAKEN BY
Peter Oakford, Cabinet Member for Specialist Children’s Services

DECISION NO.
15/00005

If decision is likely to disclose exempt information please specify the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act 1972

Subject: : Care Leavers Support Policy

Decision:

As Cabinet Member for Specialist Children’s Services, I:

- 1) AGREE that Kent County Council adopt the new Care Leavers Support Policy as attached to the recommendation report.
- 2) DELEGATE to the Corporate Director for Social Care, Health & Wellbeing, or other suitable officer, responsibility to implement this decision.

Any Interest Declared when the Decision was Taken: *None expected*

Reason(s) for decision, including alternatives considered and any additional information
 The new policy is needed to meet the council’s statutory responsibilities by creating a policy for all children in care that will:

- Provide consistency of application of the policy between indigenous and previously unaccompanied asylum seeking care leavers.
- Provide clear guidance for staff, care leavers, foster carers, partner agencies and third sector organisations.
- Be clear about the amount of funds available and any legal process that may apply.

Background Documents:
 There will be a decision recommendation report from Corporate Director to Cabinet Member.

Cabinet Committee recommendations and other consultation:

The comments and endorsement or recommendations of the Children’s Social Care & Health Cabinet Committee will be added after the 20 January 2015.

Any alternatives considered:
 The policy is required to meet the council’s statutory responsibilities.

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

.....
 signed

.....
 date

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Decision Referred to Cabinet Scrutiny			
YES		NO	

Cabinet Scrutiny Decision to Refer Back for Reconsideration			
YES		NO	

Reconsideration Record Sheet Issued			
YES		NO	

Reconsideration of Decision Published			

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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 – 20 January 2015**

Decision No: **15/00006**

Subject: **Children's Emotional Wellbeing and Mental Health Services**

Classification: **Unrestricted**

Future Pathway **Corporate Director decision recommendation report to the Cabinet Member for Specialist Children's Services**

Electoral Division: **All**

Summary: This report gives an update on the development of the draft Emotional Wellbeing Strategy in Kent and its role in relation to the commissioning and development of emotional wellbeing and mental health services in Kent. Specifically, the report asks the Committee to endorse extensions to two key contracts in order that this strategy can be implemented effectively.

The work currently being undertaken to develop the Emotional Wellbeing Strategy and Delivery plan is a positive example of a partnership approach with service users and professionals from across the agencies working together to design and influence future commissioning plans.

Both the Children in Care element of the Children and Young People Mental Health Service contract and Emotional Wellbeing contract (Young Healthy Minds) are due to end at the same time in 2015; it is proposed that these are extended to allow this work to be concluded effectively, such that partners in Kent are able to implement a new and improved system of support for young people with emotional and mental health problems.

Recommendation(s):

The Children's Cabinet Committee is asked to:

- (i) NOTE the content of the report and that the Clinical Commissioning Groups have already agreed to extend the contract for the mainstream Children and Young People Mental Health Service.
- (ii) ENDORSE the extension of the Children in Care element of the mainstream Children and Young People Mental Health Service contract.

(iii) ENDORSE the extension of the Emotional Wellbeing Service.

(iv) ENDORSE that the Cabinet Member for Specialist Children's Services takes the decision to extend the contracts and complete the necessary paperwork to record this decision.

(v) NOTE that should contract extensions be agreed, Officers will engage with Service Providers to update specifications to reflect feedback from practitioners and young people.

1. Introduction

In July 2011, Kent County Council Cabinet Members and NHS Kent & Medway agreed to align funding in order to jointly commission new emotional wellbeing and mental health services for children and young people. This decision was made in response to significant evidence identifying the need to establish a more integrated system that would enable interventions to be delivered to children and young people in a targeted and timely fashion.

The Children's Health and Wellbeing Board has been overseeing the development of an Emotional Wellbeing Strategy. (See paper to Children's Social Care and Cabinet Committee on 3rd December 2014). The strategy has been developed by a multiagency task group including Education and Young People's services, schools, Public Health, GP's/Clinical Commissioning Groups, Safeguarding, district councils, Adult Services and Strategic Commissioning. There have been two summits to inform the strategy and wide public and professional consultation. Part 2 of the strategy will be a Delivery Plan. This is currently in development.

The Health and Wellbeing Board on 19th November 2014 was advised that the contract for the Children and Young People Mental Health service and the Emotional Wellbeing service come to an end at the same time in 2015. The Board was informed that the CCGs were in agreement in their intention to extend the contract for the mainstream Children and Young People Mental Health service for one year to allow time for the work on the strategy to be completed and the procurement of a new model. At this point Officers confirmed that Kent County Council would consider whether to do the same.

2. Financial Implications

The budget for the CIC service was agreed by the full County Council in the budget approved in February 2014, and was delegated to the Corporate Director, Social Care, Health and Wellbeing. The funding for the Emotional Wellbeing service is from the Public Health Grant.

Service	Provider	CCG Funding	KCC funding
Children and Young Peoples Mental Health (mainstream)	SPFT	£14m	0
Children and Young People Mental Health (Children in Care)	SPFT	0	£1m
Emotional Wellbeing	Young Healthy Minds	£302k	£882k

3. Member Involvement

At the request of the Cabinet Member for Specialist Children's Services, Officers have been briefing Members of the Children's Health and Social Care Cabinet Committee and Members of Health Overview and Scrutiny Committee, to gauge their views about a possible extension.

Extensions to the CIC element of the Children and Young People Mental Health and the Emotional Wellbeing contracts are a Key Decision. A copy of the Forward Executive Decision is attached.

4. Commissioning Options

The Emotional Wellbeing Strategy and Delivery Plan will inform future KCC and CCG commissioning intentions. It will be taken to the Children's Health and Wellbeing Board for consideration in February 2015. It is anticipated that to complete the work, undertake further consultation and develop a new specification will take until Spring/Summer 2015. After which point a procurement process would commence.

Whilst this work is taking place, a decision is needed whether or not to extend the KCC elements of the services in line with the extension of the mainstream contract.

4.1 Emotional Wellbeing

The contract for the existing Emotional Wellbeing service is due to end 31.8.15. The contract has an option to extend for 12 months.

Options appraisal – whether or not to extend the emotional wellbeing contract

Options	Advantages	Disadvantages
Option 1 – Extend	Opportunity to redesign service in line with strategy. Current provider performing well.	
Option 2 – Not extend		Loss of stability. Missed opportunity to align services and embed the work from the strategy Limited amount of time to procure an effective alternative

4.2 Mental Health services for Children in Care

The contract for the Children and Young People Mental Health services is also due to end 31.8.15. The contract has an option to extend for up to 24 months.

The CCGs have all agreed to extend the contract for the mainstream Children and Young People Mental Health service, and will proceed whichever decision the Council takes.

Options appraisal – whether or not to extend the CIC service contract.

Options	Advantages	Disadvantages
Option 1 – Extend CIC contract in line with mainstream contract	Opportunity to redesign service in line with strategy. Continuity as service improvements continue. Continued partnership	There have been concerns about performance of the current service. Despite improvement some of these concerns remain.

	working.	
Option 2 – Not extend	Opportunity to seek a provider for a dedicated CIC service.	Loss of stability. Missed opportunity to align services and embed the work from the strategy Limited amount of time to procure an effective alternative Market is untested for providers who could provide this in isolation. There will be efficiency losses by not using the same provider for both services as children/staff can move between services as needed.

As well as informing future commissioning intentions the Delivery Plan for the Emotional Wellbeing Strategy, will identify opportunities for short term service improvements which could be achieved by the existing providers within the timeframe of the extension.

If an agreement to extend the contracts is made, Officers within the Strategic Commissioning team will engage operational colleagues in Specialist Children’s Services and Education & Young People’s Services to review and adjust the current specification to ensure they deliver the short term changes and benefits that have been identified by young people.

5. Conclusions

In order to complete the work on the Emotional Wellbeing Strategy, Delivery Plan and development of a new service model with service user and market engagement it is proposed that:

- The contract for the Emotional Wellbeing service provided by Young Healthy Minds is extended for a year and
- The contract for the Children in Care element of the mainstream mental health contract is extended in line with the extension of the mainstream service contract.

Recommendation(s): (select relevant wording from below)

The Children’s Cabinet Committee is asked to

- (i) NOTE the content of the report and that the Clinical Commissioning Groups have already agreed to extend the contract for the mainstream Children and Young People Mental Health Service.
- (ii) ENDORSE the extension of the Children in Care element of the mainstream Children and Young People Mental Health Services.
- (iii) ENDORSE the extension of the Emotional Wellbeing Service.

(iv) ENDORSE that the Cabinet Member for Specialist Children's Services takes the decision to extend the contracts and complete the necessary paperwork to record this decision.

(v) NOTE that should contract extensions be agreed, Officers will engage with Service Providers to update specifications to reflect feedback from practitioners and young people.

6. Background Documents

Appendix A – Proposed Record of Decision

Contact details

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KENT COUNTY COUNCIL – Proposed RECORD OF DECISION

DECISION TAKEN BY

Peter Oakford, Cabinet Member for Specialist Children's Services

DECISION NO.

15/00006

If decision is likely to disclose exempt information please specify the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act 1972

Subject: : Children's Emotional Wellbeing and Mental Health Services

Decision:

As Cabinet Member for Specialist Children's Services, I:

- 1) NOTE that the Clinical Commissioning Groups have already agreed to extend the contract for the mainstream Children and Young People Mental Health Service.
- 2) AGREE to extend the contracts for the Children in Care element of the Children and Young People Mental Health Service and for the Emotional Wellbeing Services for a year.
- 3) DELEGATE to the Corporate Director for Social Care, Health & Wellbeing, or other suitable officer, responsibility to implement this decision, including engaging with Service Providers to update the specifications to reflect feedback from practitioners and young people.

Any Interest Declared when the Decision was Taken: *None expected*

Reason(s) for decision, including alternatives considered and any additional information

In 2011, KCC and the then health commissioners agreed to jointly commission emotional wellbeing and mental health services due to evidence that an integrated system would improve outcomes for children and young people.

Subsequently the multi-agency Children's Health & Wellbeing Board has been overseeing the development of a joint Emotional Wellbeing Strategy and Delivery Plan. Extension of these contracts will maintain the joint commissioning approach and will enable the strategy and plan to be completed and the procurement of services along the new model.

Background Documents:

There will be a decision recommendation report from Corporate Director to Cabinet Member.

Cabinet Committee recommendations and other consultation:

The comments and endorsement or recommendations of the Children's Social Care & Health Cabinet Committee will be added after the 20 January 2015.

Any alternatives considered:

To not extend the contracts and to re-procure the services independently of health partners. This will end the joint commissioning approach.

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

None expected

.....
signed

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.....
date

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Decision Referred to Cabinet Scrutiny			
YES		NO	

Cabinet Scrutiny Decision to Refer Back for Reconsideration			
YES		NO	

Reconsideration Record Sheet Issued			
YES		NO	

Reconsideration of Decision Published			

From: John Simmonds, Deputy Leader and Cabinet Member for Finance and Procurement

Peter Oakford, Cabinet Member for Specialist Children's Services

Andy Wood, Corporate Director for Finance and Procurement

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

To: Children's Social Care & Health Cabinet Committee – 20 January 2015

Subject: Budget 2015/16 and Medium Term Financial Plan 2015/18

Classification: Unrestricted

Summary:

This report sets out the proposed draft budget 2015/16 and Medium Term Financial Plan (MTFP) 2015/18 as it affects Children's Social Care & Health Cabinet Committee. The report includes an extracts from the proposed final draft budget book and MTFP relating to the remit of this committee although (these are exempt until the Budget and MTFP is published until 12th January). This report also includes information from the KCC budget consultation, Autumn Budget Statement and provisional Local Government Finance Settlement as they affect KCC as a whole as well as any specific issues of relevance to this committee.

Recommendation(s):

The Children's Social Care & Health Cabinet Committee is asked to note the draft Budget and MTFP (including responses to consultation and Government announcements) and make recommendations to the Cabinet Member for Finance and Procurement and Cabinet Member for Specialist Children's Services on any other issues which should be reflected in the budget and MTFP prior to Cabinet on 28th January 2015 and County Council on 12th February 2015

1. Introduction

- 1.1 Setting the annual budget and three year MTFP remains one of the most important and challenging strategic decisions that the council has to make. Over recent years the council has to tackle the conflicting impact of reduced funding from central government as it seeks to eliminate the budget deficit, rising demand and cost of providing services, and a desire to keep Council Tax increases low. At the same time the Council has also had to respond to significant changes in responsibility passed down from central government and significant changes in the way local authorities are funded. This means the council has had to make unprecedented levels of year on year savings in order to balance the budget.

- 1.2 This challenge is unlikely to abate for the foreseeable future. When we set the 2014/15 budget and 2014/17 MTFP we anticipated there would be further significant reductions in Revenue Support Grant (RSG) for 2015/16 as a result of the Spending Round 2013 announcements. These reductions were anticipated to be on a similar scale to 2011/12 when the first round of reductions in public spending were front-loaded onto local government. The provisional Local Government Finance Settlement announced on 18th December confirmed that these reductions were as per the amounts we had anticipated (other than some minor technical adjustments which have no material impact).
- 1.3 The outlook beyond 2015/16 looks equally grim with predictions of further public spending reductions if the Government is to meet its deficit elimination targets, with commentators suggesting that these reductions would see public spending as a proportion of the overall economy reducing to levels not seen since the 1930s. We do not have any Government spending plans beyond 2015/16 so we have no detail where these reductions might be achieved, or if an incoming government may change its stance on levels of spending and taxation. However, whatever the outcome it is clear that any new government is highly unlikely to run a large deficit and that substantial savings will have to be delivered beyond 2015/16.
- 1.4 Section 2 of the published MTFP provides a much fuller analysis of the national financial and economic context.

2. Financial Implications

- 2.1 The initial draft budget was published for consultation on 9th October 2014. This set out our forecasts for the overall funding likely to be available for the next 3 financial years, estimated spending based on the current year's performance and future predictions for additional spending demands, and additional savings/income necessary to balance the budget. The funding estimates were unchanged from the 2014/17 MTFP (these were based on the indicative settlement for 2015/16 from central government published at the same time as the 2014/15 settlement) and KCC estimate for 2016/17. The consultation included a new estimate for 2017/18.
- 2.2 The financial equation presented in the consultation is set out in table 1 below. The consultation identified proposed savings of £85.8m leaving a gap of £7.4m still to be found before the budget is finalised.

Table 1	2015/16		3 years	
Grant Reductions	-£55.8 m	-15.40%	-£118.0 m	-32.60%
Council Tax/Business Rates	£11.5 m	1.99%	£42.0 m	7.20%
Spending Demands	£48.9 m	5.20%	£130.0 m	13.80%
Savings	-£93.2 m	-9.90%	-£206.0 m	-21.90%

- 2.3 As indicated in paragraph 1.2 the provisional Local Government Finance Settlement for 2015/16 was announced on 18th December and was largely unchanged from the previous indicative settlement. There were some minor technical adjustments and changes in business rates which affected both the RSG and business rate top-up, but these will be compensated by changes in

other grants. At the time we published the MTFP we had no indicative figures for other grants outside the main settlement e.g. New Homes Bonus, Education Services Grant (ESG), etc., and thus included our best estimate. These estimates have now been updated from the provisional settlement although the amount for ESG is recalculated during the year to take account of academy transfers (and we have to estimate the impact) and the business rate compensation grant for the changes in business rates included in the Autumn Statement has not yet been announced.

- 2.4 As well as the provisional settlement, which includes un-ring-fenced grants where the council has complete discretion how the money is spent, there are still a number of ring-fenced grants allocated by government departments. These ring-fenced grants are announced both before and after the provisional settlement according to individual ministerial decisions. The County Council's financial strategy is that any reductions (or increases) in ring-fenced grants are matched by spending changes and therefore there is no overall impact on the net spending requirement. This means the County Council will not generally top-up ring-fenced grants from Council tax or general grants.
- 2.5 At this stage we have not had notification of the Council Tax or business rate tax bases from all districts. The existing MTFP and budget consultation included an estimated 0.5% increase in the Council Tax base and no increase in the business rate base. Under the new funding arrangements introduced in 2013/14 the County Council receives 9% of any increase in the business rate base, and for budget planning purposes this is considered to be marginal and we assume no increase/decrease until we receive the final tax base at the end of January. We are planning to include an updated estimate of the Council Tax base in the final draft budget to be published on 12th January but due to the late settlement and uncertainty around Council Tax referendum thresholds it was not possible to include an update in papers for Cabinet Committees which have to be published before the final draft (and therefore the draft for committees is based on the previous 0.5% assumption). The final draft budget will confirm the intention to increase the KCC precept for all Council Tax bands by 1.99%, increasing the County Council Band D rate from £1,068.66 to £1,089.99.
- 2.6 Appendix 1 sets out the high level picture of the revised funding, spending and savings assumptions which are proposed for 2015/16 and will be included in the draft MTFP to be published on 12th January, pending any final last minute changes. This appendix is exempt from publication until the final Budget and MTFP is published. There may be further changes to the final draft budget for 2015/16 following final notification of all Government grants and final tax bases (including collection fund balances). As in previous years any changes from the amounts published will be reported to County Council in February. At this stage we have not revised the assumptions for 2016/17 and beyond (despite some very dire forecasts included in the Autumn Statement and accompanying outlook from the Office for Budget Responsibility) until we have more detail following the next spending review.
- 2.7 Appendix 2 sets out a more detailed extract from the MTFP setting out the main changes between 2014/15 and 2015/16 relating to the remit of Children's Social Care & Health Cabinet Committee. This information will be included in the draft MTFP to be published on 12th January, pending any final last minute changes. This appendix is exempt from publication until the final

Budget and MTFP is published. The council's budget and MTFP is structured according to directorate responsibilities. This means presenting information that is relevant to individual Cabinet Committees is not straight forward. We moved from publishing budget information on a Cabinet portfolio basis to a directorate basis for 2014/15 budget. This was introduced to enhance budget planning and control in the difficult financial climate. The information in appendix 2 is based on the budget responsibilities for the following directors/directorates (note this does not include budgets held by Corporate Directors or any unallocated amounts) – *delete as appropriate*:

Children's Social Care Cabinet Committee

ASC&WB – Director of Specialist Children's Services

ASC&WB – Director of Commissioning?

E&YP Directorate – Director of Early Help and Preventative Services

- 2.8 Appendix 3 sets out an extract from the draft Budget Book setting out the relevant budgets for 2014/15 and 2015/16 for the A to Z entries relating to the remit of Children's Social Care & Health Cabinet Committee. This information will be published on 12th January, pending any final last minute changes. This appendix is exempt from publication until the final Budget and MTFP is published. The information in appendix 3 is based on the budget responsibilities for the same directors/directorates as appendix 2 but does not include budgets for Directorate Management and Support or budgets held by other directors.
- 2.9 Appendix 4 sets out the draft capital programme for Social Care, Health and Wellbeing Directorate. This appendix is exempt from publication until the final Budget and MTFP is published. Due to the way the capital programme is constructed the budget and funding cannot be broken down into more detail to more closely match the remit of individual cabinet committees.

3. Budget Consultation

- 3.1 The consultation and engagement strategy for 2014 included the following aspects of KCC activity:
- Press launch on 9th October
 - 3 questions seeking views on Council Tax, approach to savings and balancing the 2015/16 budget open from 9th October to 28th November
 - On-line budget modelling tool comparing 22 areas of front line spending open from 9th October to 28th November
 - A simple summary of 3 year budget published on KCC website
 - Web-chat on 24th October with Cabinet and Deputy Cabinet members for Finance & Procurement
 - Workshops with business and voluntary & community sectors on 27th November
 - Staff workshops
 - Presentation and discussion with Kent Youth County Council on 16th November

A full analysis of the responses to the consultation will be reported to Cabinet on 28th January and circulated to members of the Policy and Resources Cabinet Committee in advance. This will also be available as background material for the County Council meeting in February. This section of the report covers the main results from the 3 questions and on-line tool to assist Committees in scrutinising the budget proposals set out in the exempt

appendices. The responses to the 3 questions and on-line tool are set out in appendices 5 and 6. These appendices are not exempt.

- 3.2 In addition the council employed market research experts to validate the responses with a representative sample of residents via more in depth research and analysis. This included an e-mail survey using the same on-line tool as the Kent.gov.uk website which enables a direct comparison of views between those responding on-line a survey with a representative sample. This analysis in appendix 6 does not highlight any marked differences. The full consultant's report is unlikely to be available in time for cabinet committees but will be available as background material for the full County Council budget meeting in February.
- 3.3 In total we have received 1,962 responses to the 3 questions and 853 responses to the on-line tool. Although responses to the individual questions were less than last year this is still a high level of engagement compared to previous years when more detailed questions were included. There is no evidence that asking an additional question compared to last year affected responses levels, and the evidence shows that we did not get the same surge of responses at particular times as we had last year. This indicates that we need to find more effective ways to promote awareness throughout the campaign in order to increase response levels. The responses to the on-line tool are higher than last year, which is encouraging. The responses to the 3 questions and the online tool via the Kent.gov.uk website include those from residents and staff. The more detailed analysis has not shown up any marked differences between staff and residents at this stage although more work is needed on this analysis for the final reports.
- 3.4 The responses to the 3 questions clearly indicate support for a 1.99% Council Tax increase in order to preserve valued services as result of reduction in government funding. This conclusion is fully supported by the market research evidence. Although there is some support for higher increases there is not enough evidence that a referendum would be successful. This too was borne out by the market research and the more in depth analysis. Around ¼ of respondents would prefer a Council Tax freeze. These responses are remarkably consistent with last year's responses.
- 3.5 The responses to the question on the approach to making savings show support for a mixed approach, with the highest level of support for a transformation approach, but also significant support for efficiency savings and stopping/reducing the lesser valued services. This is similar to responses from last year although the question was phrased in better way to get a clearer picture. Support for restricting access to services continues to receive the lowest support as an approach to savings.
- 3.6 Responses to the options to close the unresolved gap in the 2015/16 budget showed clear for raising additional income either through increased charging or increasing the Council Tax base through tackling avoidance. We have placed a high priority on the latter and have recently had a successful bid to the Government's £16m anti-fraud fund. We will continue to work with district councils and other major precepting authorities to maximise the tax base. The next most popular option was to deliver further savings and options for higher Council tax increase (in excess of 1.99% already proposed), use of reserves and pay/price freeze were less popular.

- 3.7 All these results are consistent with the initial analysis from other engagement activities (particularly workshops and market research). The Children's Social Care & Health Cabinet Committee may be interested in the findings from ??? (*insert anything from workshops or market research of particular note for individual committees*).
- 3.8 All of the responses above are supported by initial analysis from the market research and other KCC led activities.

4. Specific Issues for ?? Cabinet Committee

- 4.1 Appendices 2, 3 and 4 set out the main budget proposals relevant to Children's Social Care & Health Cabinet Committee. These proposals need to be considered in light of the general financial outlook for the county council over the medium term, and in particular the need for significant savings in 2015/16 as a result of the 25% reduction in RSG within the provisional settlement (13% within overall settlement). Committees will also want to have regard to consultation responses in considering budget proposals.
- 4.2 *Include any further details within the Autumn Statement/Provisional settlement relevant to individual committees e.g. Public Health, Social Care Act, welfare reform funding, business rates, highways capital, DSG, basic need, etc.*
- 4.3 *Include anything else for specific committees in the public domain – note the content of appendices are exempt until 12th January and cannot be included in main report.*

5. Conclusions

- 5.1 The financial outlook for the next 3 years continues to look challenging. The reductions in the provisional settlement for 2015/16 are as severe as we anticipated from the indicative settlement last year, and the only changes relate to marginal technical issues. These make the settlement look slightly better but are offset by changes in other grants outside the settlement which mean the effective reductions are around 13%. We continue to reject the Government's "change in spending power" figures within the settlement. These include some specific grant increases (which bring with them additional spending requirements) and ignore the impact of unfunded and unavoidable spending increases (see below).
- 5.2 At this stage we have not changed our forecasts for 2016/17 and 2017/18 even some commentators have expressed the view that meeting the deficit elimination objectives up to 2018/19 will require even greater spending reductions than 2010/11 to 2014/15. Nonetheless, committees should be aware of this potential, particularly when considering additional spending demands for 2015/16 which add to the council's base budget, and therefore, future spending levels.
- 5.3 Appendix 2 includes the latest estimates for unavoidable and other spending demands for 2015/16 and future years. These estimates are based on the latest budget monitoring and activity levels as reported to Cabinet in December (quarter 2). Committees no longer receive individual in-year

monitoring reports and therefore members may wish to review the relevant appendices of the Cabinet report before the meeting.

6. Recommendation(s)

Recommendation(s):

The Children's Social Care & Health Cabinet Committee is asked to note the draft Budget and MTFP (including responses to consultation and Government announcements) and make recommendations to the Cabinet Member for Finance and Procurement and Cabinet Member for Specialist Children's Services on any other issues which should be reflected in the budget and MTFP prior to Cabinet on 28th January 2015 and County Council on 12th February 2015

7. Background Documents

- 7.1 Consultation materials published on KCC website
<http://www.kent.gov.uk/about-the-council/have-your-say/budget-consultation>
- 7.2 The Chancellor of the Exchequer's Autumn Statement on 3rd December 2014 and OBR report on the financial and economic climate
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382327/44695_Accessible.pdf
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382525/December_2014_EFO.pdf
- 7.3 The provisional Local Government Finance Settlement 2015/16 announced on 18th December 2014
<https://www.gov.uk/government/collections/provisional-local-government-finance-settlement-england-2015-to-2016>
- 7.4 Any individual departmental announcements affecting individual committees

8. Contact details

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- Andrew Ireland, Corporate Director Social Care, Health & Wellbeing
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Appendix A (i) - High Level 2015-18 Budget Summary

2014-15 (revised) £000s	£000s		2015-16 £000s	£000s	2016-17 £000s	£000s	2017-18 £000s	£000s
	954,304	Revised Base Budget		940,313		905,648		887,206
		Additional Spending Pressures						
11,472		Pay & Prices	11,363		20,121		16,365	
10,487		Demand & Demographic	8,600		9,800		15,200	
14,369		Government & Legislative	26,813		10,785		0	
0		Base Budget pressures from previous year	9,819		195		0	
20,215		Service Strategies and Improvements	5,787		3,076		3,798	
0		Reduction in grants used for specific purposes	3,418		0		0	
	56,543	Total Additional Spending		65,799		43,976		35,363
	24,870	Replacement for use of One-Off Savings		12,557		12,379		2,700
	81,413	Total Pressures		78,356		56,355		38,063
		Savings & Income						
		<u>Transformation Savings</u>						
-13,050		Adults Transformation Programme	-14,725		-9,194		-5,088	
-10,622		Children's Transformation Programmes	-5,583		-11,700		-7,600	
-12,708		Other Transformation Programmes	-6,990		-3,922		-3,311	
-5,217		Income Generation	-5,816		-3,865		-3,631	
-14,001		Increases in Grants & Contributions	-23,235		-10,785		0	
		<u>Efficiency Savings</u>						
-9,800		Staffing	-9,512		-2,607		-1,030	
-422		Premises	-2,522		-956		-1,056	
-13,102		Contracts & Procurement	-16,316		-2,565		-4,040	
-3,000		Other	-1,004		-390		-50	
-8,861		Financing Savings	-21,052		-2,700		-1,700	
-4,621		Policy Savings	-6,266		-3,765		-4,535	
	-95,404	Total Savings & Income		-113,021		-52,449		-32,041
	0	Unidentified		0		-22,348		-21,704
	940,313	Net Budget Requirement		905,648		887,206		871,524
		<u>Funded by</u>						
529,125		Council Tax Yield	548,840		562,606		576,724	
4,018		Council Tax Collection Fund	0		0		0	
46,924		Local Share of Retained Business Rates	47,601		48,800		50,000	
-1,236		Business Rate Collection Fund						
		<u>Un-ring-fenced Grants</u>						
213,092		Revenue Support Grant	159,524		128,000		94,000	
120,634		Business Rate Top-Up Grant	122,939		126,000		129,000	
27,756		Other Un-Ring-Fenced Grant	26,744		21,800		21,800	
	940,313	Total Funding		905,648		887,206		871,524

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Appendix A (ii)
Detailed 2015-16 Budget Plan by Directorate

Heading	Description	Preventative Services £000s	Specialist Children's Services £000s	Total Children's Social £000s
2014-15 Base	Approved budget by County Council on 13th February 2014	37,461.9	122,009.4	159,471.3
Base Adjustments (internal)	Approved changes to budgets which have nil overall affect on net budget requirement.	-2,841.4	2,977.3	135.9
Base Adjustments (external)	Approved changes to budgets from external factors e.g. grant changes and may affect net budget requirement.	0.0	0.0	0.0
Revised 2014-15 Base		34,620.5	124,986.7	159,607.2
Additional Spending Pressures				
Pay and Prices				
Pay and Reward	Additional contribution to performance reward pot and impact on base budget of uplifting pay grades in accordance with single pay reward scheme.	0.0	0.0	0.0
<i>Specific Price Increases:</i>				
Non specific price provision	Non specific provision for inflation on other negotiated contracts without indexation clauses	11.7	574.9	586.6
Demography				
<i>Additional spending associated with increasing population and demographic composition of the population</i>				
Specialist Children's Services	Impact on children's services of current year placements of children in care	0.0	1,400.0	1,400.0
Government & Legislative				
Other				

Appendix A (ii)
Detailed 2015-16 Budget Plan by Directorate

Heading	Description	Preventative Services £000s	Specialist Children's Services £000s	Total Children's Social £000s
Deprivation of Liberty Safeguards	Estimated additional assessment costs following Supreme Court judgement in March 2014 in relation to the Mental Capacity Act 2005 or Mental Health Act 1983	0.0	100.0	100.0
Adoption and Special Guardianship Fees	Revised financial allowances for the provision of support for children, their families and carers as they relate to Child Arrangements Orders, Special Guardianship Orders and Adoption Orders.	0.0	1,000.0	1,000.0
<i>Budget Realignment</i>	<i>Necessary adjustments to reflect current and forecast activity levels from in-year monitoring reports</i>			
Specialist Children's Services	Unachievable prior year savings	0.0	3,350.0	3,350.0
	Total Additional Spending Demands	11.7	6,424.9	6,436.6
<u>Savings and Income</u>				
<i>Transformation Savings</i>				
Specialist Children's Services	Reduction in the number and length of time children are in care following improved targeting of preventative services including reduction and improvement in assessment activity	0.0	-2,400.0	-2,400.0
Children's Preventative	Range of initiatives across children's preventative services to ensure activities are better focussed including children's centres, youth services, supporting people and troubled families programme	-3,183.0	0.0	-3,183.0
<i>Income</i>				
Enforcement Income	Increased contribution from penalty notices and proceeds of crime	-200.0	0.0	-200.0

Appendix A (ii)
Detailed 2015-16 Budget Plan by Directorate

Heading	Description	Preventative Services £000s	Specialist Children's Services £000s	Total Children's Social £000s
<i>Efficiency Savings</i>				
<i>Staffing</i>				
Staff restructures	Reduction of approx. 250 to 400 fte following detailed consultation on revised staff structures to include service re-design, integration of services and more efficient ways of working.	-2,219.0	0.0	-2,219.0
<i>Contracts & Procurement</i>				
Non front-line non staffing	Savings across a range of non staffing budgets including consultants, ICT infrastructure and contracts and other procured activities	0.0	-62.0	-62.0
<i>Policy Savings</i>				
Full year effect of previous policy savings	Impact of previous decisions to remove discretions on home to school transport policy and Young Persons Travel pass	-98.0	0.0	-98.0
Total savings and Income		-5,700.0	-2,462.0	-8,162.0
Proposed Budget		28,932.2	128,949.6	157,881.8

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Appendix 3 - Director/Division specific A-Z Service Analysis

Specialist Children's Services

Row Ref	2014-15 Revised Base	Service	2015-16 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Children's Services								
		<i>Children in Care (Looked After)</i>								
1	21,552.3	Fostering - In house service	1,465.5	21,281.9	22,747.4	0.0	-25.0	-16.0	22,706.4	Short and medium term family based care (including longer term care for older children) for Kent children (includes payments to connected persons) for 978 children. The County Fostering Team is included here.
2	8,485.0	Fostering - Commissioned from Independent Fostering Agencies	0.0	7,295.2	7,295.2	0.0	0.0	0.0	7,295.2	Short and medium term family based care (including longer term care for older children) for 195 Kent children.
3	6,332.7	Legal Charges	0.0	6,601.7	6,601.7	0.0	0.0	0.0	6,601.7	Costs for in-house legal support and external legal fees for care proceedings for Specialist Children's Services.
4	7,733.1	Residential Children's Services - Commissioned from Independent Sector	0.0	8,972.5	8,972.5	-238.6	-684.8	0.0	8,049.1	Independent sector residential care for 77 children (both looked after and non looked after children, including those with a disability).
5	1,399.9	Virtual School Kent	1,563.6	3,139.2	4,702.8	-12.0	-2.8	-3,288.1	1,399.9	Supporting approx. 1,880 looked after children (including Unaccompanied Asylum Seeking Children) focussing on their education & health needs.
		<i>Children in Need</i>								
6	161.5	Family Support Services	0.0	398.3	398.3	0.0	-86.8	0.0	311.5	Community based family support services including day care, direct payments and payments to voluntary organisations.
		<i>Other Children's Services</i>								
7	10,705.2	Adoption & other permanent care arrangements for children	2,030.6	11,195.5	13,226.1	0.0	-104.0	-1,257.8	11,864.3	Permanent care for Kent children who are unable to live with their birth families. Includes adoption payments, child arrangement orders & special guardianship orders.
8	280.0	Asylum Seekers	2,924.7	8,958.6	11,883.3	0.0	0.0	-11,603.3	280.0	Supporting unaccompanied asylum seekers.
9	5,246.2	Care Leavers	0.0	5,559.1	5,559.1	0.0	0.0	-265.3	5,293.8	A service for young people aged 18+ who have previously been in care.

Appendix 3 - Director/Division specific A-Z Service Analysis

Specialist Children's Services

Row Ref	2014-15 Revised Base	Service	2015-16 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
10	4,568.9	Safeguarding	4,585.2	444.1	5,029.3	-88.0	-372.4	0.0	4,568.9	Performance management of services for vulnerable children in Kent. Statutory education safeguarding functions with services commissioned by schools and other settings providing additional support and challenge.
11	66,464.8	Total Direct Services to the Public	12,569.6	73,846.1	86,415.7	-338.6	-1,275.8	-16,430.5	68,370.8	
		<u>Assessment Services</u>								
12	33,678.9	Children's Social Care Staffing	34,792.2	1,909.0	36,701.2	-801.5	-285.8	0.0	35,613.9	Social Care staffing providing assessment of children & families needs and ongoing support to looked after children.
13	33,678.9	Total Assessment Services	34,792.2	1,909.0	36,701.2	-801.5	-285.8	0.0	35,613.9	
		<u>Management, Support Services and Overheads</u>								
		Directorate Management and Support for:								These budgets include the directorate centrally held costs, which include the budgets for, amongst other things, the strategic directors and heads of service.
14	2,553.7	Social Care, Health & Wellbeing (SCH&W)	1,064.5	1,664.2	2,728.7	0.0	0.0	-175.0	2,553.7	
15	2,553.7	Total Management, Support Services and Overheads	1,064.5	1,664.2	2,728.7	0.0	0.0	-175.0	2,553.7	
16	102,697.4	TOTAL	48,426.3	77,419.3	125,845.6	-1,140.1	-1,561.6	-16,605.5	106,538.4	

Appendix 3 - Director/Division specific A-Z Service Analysis

Children's Disability Services

Row Ref	2014-15 Revised Base	Service	2015-16 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Children's Services								
		<i>Children in Care (Looked After)</i>								
1	1,233.5	Fostering - In house service	0.0	1,255.4	1,255.4	0.0	0.0	0.0	1,255.4	Short and medium term family based care (including longer term care for older children) for Kent children (includes payments to connected persons) for 978 children. The County Fostering Team is included here.
2	1,074.1	Fostering - Commissioned from Independent Fostering Agencies	0.0	1,074.1	1,074.1	0.0	0.0	0.0	1,074.1	Short and medium term family based care (including longer term care for older children) for 195 Kent children.
3	167.3	Legal Charges	0.0	167.3	167.3	0.0	0.0	0.0	167.3	Costs for in-house legal support and external legal fees for care proceedings for Specialist Children's Services.
4	2,507.8	Residential Children's Services - In house service (Short Breaks Units)	2,706.4	483.8	3,190.2	-12.7	-669.7	0.0	2,507.8	Provision of 5 in house units for short breaks (for both looked after and non looked after children, including those with a disability).
5	3,009.1	Residential Children's Services - Commissioned from Independent Sector	0.0	4,653.4	4,653.4	0.0	-1,644.3	0.0	3,009.1	Independent sector residential care for 77 children (both looked after and non looked after children, including those with a disability).
		<i>Children in Need</i>								
6	8,973.0	Family Support Services	0.0	10,546.2	10,546.2	-882.2	-691.0	0.0	8,973.0	Community based family support services including day care, direct payments and payments to voluntary organisations.
		<i>Other Children's Services</i>								
7	44.2	Adoption & other permanent care arrangements for children	0.0	44.2	44.2	0.0	0.0	0.0	44.2	Permanent care for Kent children who are unable to live with their birth families. Includes adoption payments, child arrangement orders & special guardianship orders.
8	17,009.0	Total Direct Services to the Public	2,706.4	18,224.4	20,930.8	-894.9	-3,005.0	0.0	17,030.9	

Appendix 3 - Director/Division specific A-Z Service Analysis

Children's Disability Services

Row Ref	2014-15 Revised Base	Service	2015-16 Proposed Budget							
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	Affordable Activity
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		<u>Assessment Services</u>								
9	5,280.3	Children's Social Care Staffing	4,409.8	1,360.5	5,770.3	-80.0	-310.0	0.0	5,380.3	Social Care staffing providing assessment of children & families needs and ongoing support to looked after children.
10	5,280.3	Total Assessment Services	4,409.8	1,360.5	5,770.3	-80.0	-310.0	0.0	5,380.3	
11	22,289.3	TOTAL	7,116.2	19,584.9	26,701.1	-974.9	-3,315.0	0.0	22,411.2	

Appendix 3 - Director/Division specific A-Z Service Analysis

Commissioning

Row Ref	2014-15 Revised Base	Service	2015-16 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Adults and Older People								
		<i>Other Services for Adults and Older People</i>								
1	856.3	Safeguarding	1,562.3	270.5	1,832.8	0.0	-111.1	-124.5	1,597.2	A multi agency partnership/framework to ensure a coherent policy for the protection of vulnerable adults.
2	0.0	Support & Assistance Service (Social Fund)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	This service supports residents, with immediate need and who are in crisis, to live independently by signposting to current services and helping with the purchase of equipment and supplies to ensure the safety and comfort of the most vulnerable in our society. The grant for this service ceases in 2015-16. However, through efficiency savings the service is currently anticipating an underspend of approximately £2.7m in 2014-15. If there is sufficient underspend across the whole Council at the end of the 2014-15 financial year, this £2.7m underspend will be rolled forward and will be available in 2015-16 to enable the Council to maintain support despite the loss of funding (subject to Member approval), whilst alternative longer term solutions are considered.
		Housing Related Support for Vulnerable People (Supporting People)								
3	440.0	Administration	312.3	68.9	381.2	0.0	0.0	0.0	381.2	Provides staffing and other support including commissioners and analysts.
		Public Health								
4	544.2	Drug & Alcohol services	419.2	5.7	424.9	0.0	0.0	0.0	424.9	Includes provision for approximately 5,000 adults across Kent to access structured alcohol and drug treatment services and in excess of 8,000 to receive brief interventions; in excess of 3,000 young people to be engaged by substance misuse early intervention and specialist services. This also covers prescribing related costs for adult and young people substance misusers.
5	1,840.5	Total Direct Services to the Public	2,293.8	345.1	2,638.9	0.0	-111.1	-124.5	2,403.3	

Appendix 3 - Director/Division specific A-Z Service Analysis

Commissioning

Row Ref	2014-15 Revised Base	Service	2015-16 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Management, Support Services and Overheads								
		Directorate Management and Support for:								These budgets include the directorate centrally held costs, which include the budgets for, amongst other things, the strategic directors and heads of service.
6	2,351.3	Social Care, Health & Wellbeing (SCH&W)	1,934.1	29.9	1,964.0	0.0	0.0	0.0	1,964.0	
		Support to Frontline Services:								
Page 156	3,445.9	Adult's Social Care Commissioning & Performance Monitoring	3,367.0	437.4	3,804.4	-40.0	-441.0	0.0	3,323.4	Responsible for developing and delivering a commissioning strategy and procurement priorities for both Accommodation Solutions and Community Support for all vulnerable adults; responsible for performance monitoring and information services for adults social care.
8	5,797.2	Total Management, Support Services and Overheads	5,301.1	467.3	5,768.4	-40.0	-441.0	0.0	5,287.4	
9	7,637.7	TOTAL	7,594.9	812.4	8,407.3	-40.0	-552.1	-124.5	7,690.7	

Appendix 3 - Director/Division specific A-Z Service Analysis

Early Help & Preventative Services

Row Ref	2014-15 Revised Base	Service	2015-16 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Children's Services								
		<i>Early Help</i>								
1	8,390.4	Children's Centres	5,824.2	2,374.5	8,198.7	-1,548.4	-28.1	0.0	6,622.2	Children's centres offer help and support to an average of 13,000 families per month. 65,355 children aged 0-4 are registered with a Children Centre.
2	14,336.7	Early Intervention and Prevention	12,604.7	5,744.8	18,349.5	-179.4	-356.4	-4,317.9	13,495.8	This service intervenes as soon as possible to tackle emerging problems, ensuring that every child and young person, from pre-birth to age 19 and their family, who needs early help services, will receive them so that they are safeguarded, their educational, health, social and emotional needs are met and outcomes are good. This is done by working together with multi-disciplinary and multi-agency services to target individuals, groups at high risk or those showing early signs of a particular problem to try to stop it occurring or escalating, and to redress the situation.
		<i>Education and Personal</i>								
3	356.3	Attendance & Behaviour	1,465.0	214.8	1,679.8	0.0	-255.0	-1,366.5	58.3	The service provides advice and direct early help intervention to reduce exclusion from school, to improve pupil attendance and to facilitate good quality Pupil Referral Units/alternative provisions for those who would otherwise not be able to attend schools due to exclusion or health needs.
4	-1.5	Early Years and Childcare	540.2	0.0	540.2	-420.2	-208.5	0.0	-88.5	Provision of advice, support, challenge and training to secure sufficient high quality early education and childcare, incorporating over 900 group providers in the private, voluntary and independent sectors and approximately 1,500 childminders.

Appendix 3 - Director/Division specific A-Z Service Analysis

Early Help & Preventative Services

Row Ref	2014-15 Revised Base	Service	2015-16 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
5	2,173.7	Youth Service	1,968.5	2,062.1	4,030.6	-946.0	-804.8	-245.0	2,034.8	Direct delivery and commissioning of open access youth work provision in youth centres, in schools, and street-based. In addition, opportunities for outdoor educational and adventurous activities, delivery of the Duke of Edinburgh's Award and ensuring the voice of young people is heard through the work of Kent Youth County Council. As a key element of early help, youth workers also provide targeted work with more vulnerable young people. In excess of 395,000 attendances each year by young people in all youth work settings.
6	2,646.8	Youth Offending Service	1,752.1	571.9	2,324.0	-389.4	-1,552.1	0.0	382.5	Targeted partnership work in relation to children and young people who are subject to criminal youth court orders, with the primary aim of reducing re-offending, safeguarding the individual and managing the risk within the community. In a year, the service works with 1,400 children and young people who are subject of youth court orders.
		Community Services								
7	0.0	Troubled Families Programme	542.1	1,694.8	2,236.9	-100.0	-150.0	-1,986.9	0.0	The Kent Troubled Families Programme works closely with Partner Agency and Districts Councils to provide a joined up approach to improve the life chances and independence of disadvantaged families in Kent and a cohort of in excess of 8,900 families will be engaged over the coming years.
		Housing Related Support for Vulnerable People (Supporting People)								
8	3,968.9	Young People	0.0	3,677.9	3,677.9	0.0	0.0	0.0	3,677.9	Includes provision for 600 vulnerable young people to receive support to enable independent living in their own home through the provision of short term supported accommodation and floating support.
		Schools & High Needs Education Budgets								
9	0.0	Exclusion Services	0.0	2,082.4	2,082.4	0.0	0.0	-2,082.4	0.0	Payments to schools for the provision of education services to excluded pupils where there are no Pupil Referral Units.
10	31,871.3	Total Direct Services to the Public	24,696.8	18,423.2	43,120.0	-3,583.4	-3,354.9	-9,998.7	26,183.0	

Appendix 3 - Director/Division specific A-Z Service Analysis

Early Help & Preventative Services

Row Ref	2014-15 Revised Base	Service	2015-16 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Management, Support Services and Overheads								
		Directorate Management and Support for:								These budgets include the directorate centrally held costs, which include the budgets for, amongst other things, the strategic directors and heads of service.
11	2,959.3	Education & Young People (E&YP)	2,733.4	1,250.6	3,984.0	-20.0	-5.0	-999.7	2,959.3	
12	2,959.3	Total Management, Support Services and Overheads	2,733.4	1,250.6	3,984.0	-20.0	-5.0	-999.7	2,959.3	

13	34,830.6	TOTAL	27,430.2	19,673.8	47,104.0	-3,603.4	-3,359.9	-10,998.4	29,142.3	
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Row Ref	SOCIAL CARE, HEALTH & WELLBEING						
	SECTION 3 - CAPITAL INVESTMENT PLANS 2015-16 TO 2017-18 BY YEAR						
		Three Year Budget £'000		Cash Limits			
				2015-16 £'000	2016-17 £'000	2017-18 £'000	
	Rolling Programmes	Description of Project					
1	Home Support Fund & Equipment*	Provision of equipment and/or alterations to individuals homes	9,360		3,120	3,120	3,120
2	Total Rolling Programmes		9,360		3,120	3,120	3,120
		Total Cost of Scheme £'000	Previous Spend £'000	Cash Limits			
				2015-16 £'000	2016-17 £'000	2017-18 £'000	Later Years £'000
	Individual Projects	Description of Project					
Children's Services:							
3	Transforming Short Breaks	Projects providing additional short break facilities/equipment for children	550	480	70		
Liberi System Enhancements:							
4	ConTROCC	Foster Payment System replacement	1,315	759	556		
5	Early Help Module (EHM)	System enhancement to allow secure and timely data sharing	1,114	838	276		
Adults Services:							
6	Wheelchair Accessible Housing	Adaptations to homes to allow wheelchair access	600		600		
7	Developer Funded Community Schemes	A variety of community schemes to be funded by developer contributions	889		889		

Row Ref	SOCIAL CARE, HEALTH & WELLBEING						
	SECTION 3 - CAPITAL INVESTMENT PLANS 2015-16 TO 2017-18 BY YEAR						
		Total Cost of Scheme £'000	Previous Spend £'000	Cash Limits			Later Years £'000
				2015-16 £'000	2016-17 £'000	2017-18 £'000	
	Individual Projects	Description of Project					
	Kent Strategy for Services for Older People (OP):						
9	<i>Lowfield St (formerly Trinity Centre, Dartford)</i>	Provision of Community Hub in Dartford for Families & Social Care services	1,073	105	968		
10	<i>OP Strategy - Specialist Care Facilities</i>	Older Persons Care Provision - Accommodation Strategy	4,089		4,089		
11	PFI - Excellent Homes**	Excellent Homes for All - Development of new Social Housing for vulnerable people in Kent	37,778	18,707	19,071		
12	<i>Community Care Centre - Ebbsfleet</i>	Provision of Community Care Facility at Ebbsfleet	500				500
13	<i>Community Care Centre - Thameside Eastern Quarry</i>	Provision of Community Care Facility at Thameside Eastern Quarry	544				544
	System Enhancements:						
14	Care Act ICT Implementation	To ensure systems are Care Act compliant	1,312		1,312		
15	Total Individual Projects		49,764	20,889	27,831	0	1,044
16	Directorate Total		59,124	20,889	30,951	3,120	3,120
							1,044

Italic font: these are projects that are relying on significant elements of unsecured funding and will only go ahead if the funding is achieved.

* Estimated allocations have been included for 2016-17 and 2017-18.

** Reflects construction value.

	Total Cost of Scheme £'000	Previous Spend £'000	Cash Limits			
			2015-16 £'000	2016-17 £'000	2017-18 £'000	Later Years £'000
Funded by:						
Borrowing	0					
Grants	8,222	480	3,502	2,120	2,120	
Developer Contributions	2,830		1,786			1,044
Other External Funding	0					
Revenue and Renewals	3,000		1,000	1,000	1,000	
Capital Receipts	7,294	1,702	5,592			
PFI	37,778	18,707	19,071			
Total:	59,124	20,889	30,951	3,120	3,120	1,044

Row Ref	SOCIAL CARE, HEALTH & WELLBEING												
SECTION 3 - CAPITAL INVESTMENT PLANS 2015-16 TO 2017-18 BY FUNDING													
		2015-18 Funded By:											
		Three year budget	Borrowing	PEF2	Grants	Dev Contrs	Other External Funding	Revenue & Renewals	Capital Receipts	PFI	Total 2015-18		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
ROLLING PROGRAMMES													
1	<i>Home Support Fund & Equipment*</i>	9,360			6,360			3,000				9,360	
2	Total Rolling Programmes	9,360	0	0	6,360	0	0	3,000	0	0	9,360		
		2015-18 Funded By:											
		Total cost of scheme	Previous Spend	Borrowing	PEF2	Grants	Dev Contrs	Other External Funding	Revenue & Renewals	Capital Receipts	PFI	Total 2015-18	Later Years
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
INDIVIDUAL PROJECTS													
Children's Services:													
3	Transforming Short Breaks	550	480			70						70	
Liberi System Enhancements:													
4	ConTROCC	1,315	759							556		556	
5	Early Help Module (EHM)	1,114	838							276		276	
Adults Services:													
6	Wheelchair Accessible Housing	600					600					600	
7	Developer Funded Community Schemes	889					889					889	
Kent Strategy for Services for Older People (OP):													
9	<i>Lowfield St (formerly Trinity Centre, Dartford)</i>	1,073	105				241			727		968	
10	<i>OP Strategy - Specialist Care Facilities</i>	4,089					56			4,033		4,089	
11	PFI - Excellent Homes	37,778	18,707								19,071	19,071	
12	<i>Community Care Centre - Ebbsfleet</i>	544											544
13	<i>Community Care Centre - Thameside Eastern Quarry</i>	500											500

Row Ref	SOCIAL CARE, HEALTH & WELLBEING													
	SECTION 3 - CAPITAL INVESTMENT PLANS 2015-16 TO 2017-18 BY FUNDING													
			2015-18 Funded By:											
			Total cost of scheme	Previous Spend	Borrowing	PEF2	Grants	Dev Contrs	Other External Funding	Revenue & Renewals	Capital Receipts	PFI	Total 2015-18	Later Years
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
INDIVIDUAL PROJECTS														
System Enhancements:														
14	Care Act ICT Implementation		1,312				1,312						1,312	
15	Total Individual Projects		49,764	20,889	0	0	1,382	1,786	0	0	5,592	19,071	27,831	1,044
16	TOTAL CASH LIMIT		59,124	20,889	0	0	7,742	1,786	0	3,000	5,592	19,071	37,191	1,044

Italic font: these are projects that are relying on significant elements of unsecured funding and will only go ahead if the funding is achieved.

* Estimated allocations have been included for 2016-17 and 2017-18.

Analysis of the responses to the 3 consultation questions

In total 1,979 responses were submitted. Generally the views expressed remained largely consistent throughout the 51 day consultation period

Question 1: Council Tax			
To preserve the most valued services (especially those we aren't required to provide by law) we are planning to raise additional income through council tax (note this would not entirely remove the need for savings as this would require a 19% increase in council tax). What would you prefer? Please select one option only:			
	Frequency	Percentage	Valid Percentage
a) I don't want an increase in council tax and the council should make more savings to balance the budget.	484	24%	25%
b) I'd accept a minimal increase of 1.99% (1.99% would increase band C charge by £19 a year –the maximum increase allowed without a referendum).	876	44%	44%
c) I'd accept a rise between 2% to 5% rise in order to protect more services from the reductions in funding (this would require a referendum and each 1% would increase band C charge by £9.50 a year).	450	23%	23%
d) I'd accept an increase in excess of 5% to provide greater protection for council services.	159	8%	8%
Left blank / No response	10	1%	
Total	1979	100%	100%

Question 2: Savings over the next three years			
What approaches should we adopt to making these savings? Please tick one or more options:			
	Frequency	Percentage	Valid Percentage
a) Find more efficient ways to deliver the same level of service at a lower cost e.g. by buying in more services from the private and voluntary sectors, sharing services with other public agencies, etc.	770	26%	26%
b) Transform services so they are delivered in a different way with the same or better outcomes at reduced cost e.g. rely more on digital services rather than telephone or face to face contact, support social care clients so they can avoid residential care.	998	34%	34%
c) Remove or stop services which are least valued by Kent residents as identified through evidence-based research.	759	26%	26%
d) Restrict access to services to only the most needy	254	9%	9%
e) None of the above	144	5%	5%
Left blank / No response	20	1%	
Total	2945	100%	100%

Note respondents could choose more than 1 option for this question hence the higher number of responses

Question 3: balance of savings for 2015/16			
We have yet to identify around £7.5m of the savings estimated to be needed to balance the 2015/16 budget. What approach do you think the council should take to close this gap? Please select one option only:			
	Frequency	Percentage	Valid Percentage
a) Increase council tax by a further 1.5% (in addition to the 1.99% already mentioned). Note – this would require a formal and binding referendum which could cost in the region of £1.5m.	176	9%	9%
b) Use money held in the council's reserves. Note – our level of reserves is low compared with other similar councils.	167	8%	9%
c) Raise additional income from other sources e.g. charges for services, tackling council tax avoidance, etc.	842	43%	43%
d) Deliver more savings from the areas identified in question 2.	365	18%	19%
e) Introduce a pay / price freeze for KCC staff / suppliers.	236	12%	12%
f) Other (please specify)	175	9%	9%
Left Blank / No response	18	1%	
Total	1979	100%	100%

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Analysis from 853 responses to on-line budget tool and 514 responses to consultants e-mail survey using the same tool

		Overall Appeal
GROWTH, ENVIRONMENT & TRANSPORT	100 miles of road gritted in bad weather over the course of the winter	8.59%
ADULT SOCIAL CARE	2 ½ weeks of residential care for one older person whose needs are judged substantial or critical and who cannot meet the full costs themselves	8.40%
ADULT SOCIAL CARE	69 hours of home care for an older person whose needs are judged moderate or substantial and who cannot meet the full costs themselves	8.18%
SPECIALIST CHILDREN'S	2 weeks of foster care for a child who cannot live safely at home, provided by a KCC registered foster carer	7.66%
SPECIALIST CHILDREN'S	1 week of foster care for one child who cannot live safely at home and whose needs are greater than those that can be met by a KCC registered foster carer	7.19%
GROWTH, ENVIRONMENT & TRANSPORT	30 average sized potholes in the road repaired	6.61%
GROWTH, ENVIRONMENT & TRANSPORT	10 tonnes of waste disposed of, enough to support 17 average Kent Households	5.75%
ADULT SOCIAL CARE	4 days of residential care for one adult with learning disabilities whose needs cannot be met by family or other carers	5.42%
EDUCATION & YOUNG PEOPLE	1 week's support for 150 children in children's centres	5.32%
SOCIAL CARE	1 week of social worker time for the assessment of vulnerable adults or children	5.23%
ADULT SOCIAL CARE	100 hours of support and assistance for vulnerable people not assessed as needing formal care packages to help promote their independent living	5.06%

		Overall Appeal
ADULT SOCIAL CARE	4 weeks of Learning Disability Direct Payments to someone with learning disabilities to enable them to live more independently	3.96%
GROWTH, ENVIRONMENT & TRANSPORT	22 faulty street lights investigated and repaired	3.62%
GROWTH, ENVIRONMENT & TRANSPORT	Keeps a household waste recycling centre open for a day	2.72%
GROWTH, ENVIRONMENT & TRANSPORT	Approximately 500 fare paying journeys on subsidised bus routes which are considered "socially necessary but uneconomic routes"	2.58%
EDUCATION & YOUNG PEOPLE	2 days of specialist advisor support for a school identified as failing by Ofsted	2.72%
EDUCATION & YOUNG PEOPLE	4 children given free transport on buses or trains to and from their nearest secondary school for one term, where the school is more than three miles from their home	2.13%
EDUCATION & YOUNG PEOPLE	1 child with Special Educational Needs transported by taxi to and from school for 9 weeks	2.06%
EDUCATION & YOUNG PEOPLE	62 attendances by a young person at their local youth centre or interactions with a youth worker in their local community	1.95%
GROWTH, ENVIRONMENT & TRANSPORT	3 annual bus passes for young people aged 11 - 15 to access educational or recreational activities via free bus travel across Kent Monday to Friday	1.74%
CORPORATE	Responding to 280 email or telephone calls to the KCC Contact Centre	1.55%
GROWTH, ENVIRONMENT & TRANSPORT	430 separate library visits, enough for 16 regular library users over the course of a year	1.53%

From: Graham Gibbens, Cabinet Member, Adult Social Care and Public Health
Andrew Scott-Clark, Interim Director of Public Health

To: Children's Social Care and Health Cabinet Committee
20th January 2015

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.

National Child Measurement Programme figures for 2013/14 show a slight decrease in the proportion of Year R measured as having excess weight compared to the previous 3 years; The proportion of Year 6 measured as having excess weight remained stable, however within this, the proportion measured as obese has increased slightly on 2012/13.

Extensive partnership work is continuing between Public Health, NHS England Area Team and the Child Health Information System surrounding the ongoing data quality issues around the recording and reporting of breastfeeding prevalence, the work is focusing on finding long-term solutions to a system wide problem.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to note the current performance and actions taken by Public Health.

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 is 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 key to the tables is available in appendix 1.

Indicator Description	2010/11	2011/12	2012/13	2013/14	Direction of Travel
Prescribed Data Return					
National Child Measurement Programme (NCMP) - Participation Year R	95.0% (G)	93.7% (G)	92.2% (G)	95.8% (G)	↑

Indicator Description	2010/11	2011/12	2012/13	2013/14	Direction of Travel
NCMP Year R Excess Weight (overweight or obese)	22.9%	21.7%	21.7%	20.8%	↑
NCMP - Participation Year 6	93.2% (G)	95.0% (G)	95.4% (G)	93.9% (G)	↓
NCMP Year 6 Excess Weight (overweight or obese)	33.3%	32.7%	32.7%	32.7%	↔

- 2.2 2013/14 child measurement data was released early December 2014; participation rates continue to exceed the 85% national target rate which ensures the significance of the figures. There was a decrease in the proportion measured in Year 6; this was expected following notification by the provider of 2 schools having the Year 6 group unmeasured by the end of the 2013/14 programme. Measures have been taken by the provider to ensure that this will not happen in the 2014/15 cohorts.
- 2.3 There was a slight decrease in the proportion of children in Year R measured as having excess weight from the previous 3 years. Within the excess weight category, 12.6% were overweight and 8.2% were obese; both of which were below national rates of 13.1% and 9.5% respectively.
- 2.4 For Year 6 the excess weight proportion continued to remain stable at 32.7%, and just below the national rate of 33.5%. Within the excess weight category, there has been an increase in the proportion who are obese, increasing from 18.2% in 2012/13 to 18.5% in 2013/14; this has not followed the national obese proportion which decreased slightly from 19.2% in 2012/13 to 18.9% in 2013/14
- 2.5 For all categories within the NCMP programme (underweight, healthy weight, overweight, obese) Kent remains either better or similar to national proportions in 2013/14.
- 2.6 Continuing data quality problems have meant that breastfeeding prevalence figures in Kent continue to fail the validation process and therefore have not been nationally published for 2013/14 and into 2014/15; extensive partnership work between Public Health, NHS England Area Team and the Child Health Information system (CHIS) provider across Kent and Medway are ongoing to identify where problems occur and find solutions to remedy this. This forms part of the wider partnership work on transitioning the Health Visiting service from NHS England to KCC commissioning.
- 2.7 The table below provides the proportion of women totally or partially breastfeeding at the 6-8 week check, with the unknown statuses removed from the equation, they show the proportions for Q1 2014/15 against the same time period last year. These proportions should be used with caution as they may substantially change once the unknown statuses are completed.

Proportion of women who totally or partially breastfeeding at 6-8 week check		
	Q1 2013/14	Q1 2014/15
Ashford CCG	42.7%	41.5%
Canterbury & Coastal CCG	48.2%	47.3%
Dartford, Gravesham & Swanley CCG	41.3%	40.4%

South Kent Coast CCG	39.9%	36.8%
Swale CCG	35.3%	25.9%
Thanet CCG	33.9%	37.7%
West Kent CCG	51.4%	53.4%

2.8 The level of unknown statuses across the CCGs exceed the 5% threshold for unknown, in Q1 2014/15 the unknown proportions range from 11.3% in Ashford CCG to 38.4% in Thanet CCG. The national proportion of unknown statuses was 11.8%.

2.9 A new community infant feeding service has commenced which offers peer support to new mothers and families, with a focus on areas of most need, and will provide access to a specialist lactation consultant where necessary. The new service will also support GP practices to improve the quality of data and the process of data transfer between GPs and the Child Health Information system.

3. Annual Public Health Outcomes Framework (PHOF) Indicators

3.1 There have been no updates or additions to the annual PHOF indicator on conception rates; 2013 conception rates are expected to be released early 2015.

Annual PHOF Indicators	2008	2009	2010	2011	2012	DoT
Under 18s conception rate (per 1,000)	36.5 (G)	34.1 (G)	34.6 (A)	31.0 (A)	25.9 (A)	↑

3.2 The table below outlines the proportion of women with a smoking status at time of delivery by CCG and England for comparison purposes. Not only is there variety between the CCGs there is also variety within the CCGs from quarter to quarter.

Health & Social Care Information Centre	Q2 2013/14	Q3 2013/14	Q4 2013/14	Q1 2014/15	DoT
Ashford CCG	10.2%	9.0%	13.9%	10.1%	↑
Canterbury & Coastal CCG	12.6%	13.7%	15.4%	8.6%	↑
Dartford, Gravesham & Swanley CCG	11.2%	15.0%	12.3%	14.9%	↓
South Kent Coast CCG	15.2%	15.2%	18.7%	13.8%	↑
Swale CCG	26.1%	9.1%	26.8%	17.4%	↑
Thanet CCG	17.0%	16.7%	17.0%	18.8%	↓
West Kent CCG	9.6%	9.7%	7.5%	9.4%	↓
England	11.8%	12.0%	12.0%	11.5%	↑

4. Health Visiting

4.1 As outlined in the previous performance report to Cabinet Committee, In October 2015, KCC will assume responsibility for commissioning health visiting services in Kent. As a separate paper on Health Visiting is on the agenda for this Cabinet Committee, please refer to the relevant sections within that report for performance figures.

5. Conclusion

5.1 The 2013/14 NCMP figures continue to show Kent as being either better or as having similar proportions to national; Excess weight in Year R has decreased and Year 6 has maintained. Further analysis is underway to look into variation within Kent and across the categories. Extensive partnership work across the agencies involved in Health Visiting in Kent continues in readiness for transition of commissioning the service, alongside this is a multi-agency effort to remedy poor breastfeeding data quality.

6. Recommendations

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to note the current performance and actions taken by Public Health.

7. Background Documents

7.1 None

8. Contact details

Report Author

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- Andrew Scott-Clark: Interim Director of Public Health
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Appendix 1:

Key to KPI Ratings used:

(G) GREEN	Target has been achieved or exceeded
(A) AMBER	Performance at acceptable level, below Target but above Floor
(R) 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.

From: Peter Sass, Head of Democratic Services

To: Children's Social Care and Health Cabinet Committee – 20 January 2015

Subject: **Work Programme 2015**

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 2015.

1. Introduction

- 1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decisions List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting, in accordance with the Constitution, and attended by the Chairman, Mrs Allen, the Vice-Chairman, Mrs Crabtree, and three Group Spokesmen; Ms Cribbon, Mr Vye and Mrs 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
- Commissioned Services - 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 (Unaccompanied Asylum Seeking Children (UASC))
- Central Referral Unit/Out of Hours
- Family Group Conferencing Services
- Virtual School Kent

Child and Adolescent Mental Health Services

Children's Social Services Improvement Plan

Corporate Parenting

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 2015

3.1 An agenda setting meeting was held on 3 December 2014, at which items for this meeting's agenda were agreed and future agenda items discussed. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in an appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion in 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 of 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 2015.

6. Background Documents

None.

7. Contact details

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**CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME
2015/16**

Agenda Section	Items
21 APRIL 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	<ul style="list-style-type: none"> • Public Health Strategy – for approval • Children's Rates and Charges 2015/16 • Children's/Adults Transition update (delayed from January agenda)
C – Other items for Comment/Rec to Leader/Cabinet Member	<ul style="list-style-type: none"> • Health Inequalities update (12 months on from report at Jan 2014 mtg) • Impact of services on particular client groups (arose during Equalities discussion at Sept mtg)
D – Performance Monitoring	<ul style="list-style-type: none"> • Business Planning/Strategic Priority Statement • Action Plans arising from Ofsted inspection (replaces former CSIP update) to alternate meetings • SCS Performance Dashboards • PH Performance Dashboard • Social Worker Recruitment Update • Work Programme
E – for Information - Decisions taken between meetings	
4 JUNE 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	<ul style="list-style-type: none"> • Emotional Health and Wellbeing Strategy – 6 monthly update • Post Sexual Abuse Service re-tendering (June or July) • Novation of Health Visitor service – key decision
C – Other items for Comment/Rec to Leader/Cabinet Member	
D – Performance Monitoring	<ul style="list-style-type: none"> • SCS Performance Dashboards • PH Performance Dashboard • Work Programme
E – for Information - Decisions taken between meetings	
22 JULY 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST	<ul style="list-style-type: none"> • ? Update re Millbank centre

DECISIONS	
C – Other items for Comment/Rec to Leader/Cabinet Member	<ul style="list-style-type: none"> • Action Plans arising from Ofsted inspection (replaces former CSIP update) to alternate meetings • Teenage Pregnancy Strategy one year on update
D – Performance Monitoring	<ul style="list-style-type: none"> • SCS Performance Dashboards • PH Performance Dashboard • Work Programme
E – for Information - Decisions taken between meetings	
8 SEPTEMBER 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions	
CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
C – Other items for Comment/Rec to Leader/Cabinet Member	
D – Performance Monitoring	<ul style="list-style-type: none"> • SCS Performance Dashboards and ? Strategic Priority Statement (previously mid-year business plan Monitoring) • PH Performance Dashboard • Work Programme
E – for Information - Decisions taken between meetings	
2 DECEMBER 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions	<ul style="list-style-type: none"> • Emotional Health and Wellbeing Strategy – 6 monthly update
CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
C – Other items for Comment/Rec to Leader/Cabinet Member	<ul style="list-style-type: none"> • Action Plans arising from Ofsted inspection (replaces former CSIP update) to alternate meetings
D – Performance Monitoring	<ul style="list-style-type: none"> • SCS Performance Dashboards • PH Performance Dashboard • Work Programme
E – for Information - Decisions taken between meetings	
JANUARY 2016	
B – Key or Significant Cabinet/Cabinet Member Decisions	
CURRENT/FUTURE	

DECISIONS AND MONITORING OF PAST DECISIONS	
C – Other items for Comment/Rec to Leader/Cabinet Member	<ul style="list-style-type: none">• Budget Consultation and Draft Revenue and Capital Budgets
D – Performance Monitoring	<ul style="list-style-type: none">• SCS Performance Dashboards• PH Performance Dashboard• Work Programme
E – for Information - Decisions taken between meetings	

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